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Chapter 8: Attachment Matching and Coparental Interactions in Same-Sex and Different-Sex Couples Planning Parenthood

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Abstract

The present study focuses upon an early step in the transition to parenthood when partners start to plan their pregnancies. We aim to understand the determinants of coparenting in a triadic interactive system prior to conception, exploring the role of partners' attachment histories in their coordination of pre-conception coparenting behaviours. We also wondered how dyadic adjustment of the conjugal couple might interact with partners' attachment similarity in predicting coparenting behaviour. We recruited 111 unmarried Lesbian, Gay and Heterosexuals couples across Italy ($N = 49$) and Belgium ($N = 62$), resulting in 222 total participants (64 Gay; 62 Lesbians; 96 Heterosexuals). For each couple, we computed a *Couple Average Attachment Security* (CAAS) score and a *Couple Difference in Attachment Security* (CDAS) score. Our results revealed a significant interaction effect between couples' average attachment security and their intra-couple differences in attachment security. We found that partners' average level of attachment security impacted their pre-conception coparental alliance, only when both partners had similar levels of attachment security. Results showed that similar patterns of attachment security between partners predicted the quality of coparental interactions irrespective of whether the potential parenting couple comprised two mothers, two fathers or a heterosexual mother and father.

Keywords

Coparenting, Attachment, Prenatal Lausanne Trilogue Play, Coparental Intuitive Interactions, Same-sex Couples, Pre-conception Family Alliance, Couple relationship

Introduction

Becoming a parent represents a major life transition that, even when desired and appropriately planned, usually involves complex changes. As Cowan and Cowan (1992) said, “The transition to parenthood constitutes a period of stressful and sometimes maladaptive change for a significant proportion of new parents” (p. 412). The stress future parents may experience refers to “both the expected and unexpected strains involved in the bearing and rearing of children” (Kline et al., 1991, p 287). The transition to parenthood obliges future parents to make constant adjustments both at the individual (Delmore-Ko et al., 2000) and the dyadic level (i.e., parental unit) (Lawrence et al., 2008; McHale & Irace, 2011; Simonelli et al., 2012). The experiences linked to the transition of parenthood vary from couple to couple, and from individual to individual (Delmore-Ko et al., 2000). Individuals who are more “cognitively ready” to become parents have been found to experience lower levels of stress and to adapt better in their parenting style (Sommer et al. 1993, p. 389).

More than three decades ago, Jay Belsky (1984) developed a process model called "*The determinant of parenting*" which describes multiple factors involved in the parenting role. For Belsky, parenting is directly influenced by three general sources of influence: characteristics of parents' personality, children's characteristics (e.g. their development), and the broader social context in which parent-child relationships are embedded. Part of this

social context involves the marital and coparental relationships, but also social networks that can offer support to new parents as well as parents' professional experiences (Belsky & Jaffee, 2006). Belsky theorized that parents' psychological status is in part the result of their developmental histories and influences marital relations, social network functioning, and experiences at work. Parental personality shapes parenting indirectly, as well as directly, by first influencing the broader context in which parent-child relations exist. The etiological perspective underscores the importance of parents' own developmental histories, especially their experiences of being parented as children themselves, in conceptualizing why parents parent the way they do (Belsky & Jaffee, 2006, De Carli, et al. 2017); attachment studies have been profoundly influenced by this kind of thinking, an issue we will turn to in the next section.

Some researchers suggest that possible factors that may affect future parenting and parent-child attachment relationships are parents' intentions and expectations regarding their future parental role (Vertsberger & Knafo-Noam, 2019). Before birth, future parents start to imagine and create representations about the positive and negative affect they will show toward their child (i.e., warmth, acceptance, aggressiveness, and neglect) (Abramson et al., 2014).

Couples' expectations are very important in predicting how future parents will adjust to these changes. Studies have suggested that there is an association between individuals' expectations concerning parenthood and how successfully they negotiate the transition; unrealistic expectations on some aspects of parenthood can harm adjustment (Belsky, 1985) and vice-versa; those having a balanced representation in pregnancy ultimately displayed higher levels of parent-child interactions and child outcomes (Ammaniti et al., 2013; Korja et al., 2010). A recent meta-analysis by Foley and Hughes (2018) revealed that prenatal thoughts and feelings (assessed with both questionnaires and interviews) showed a modest,

but significant, association with observed postnatal ratings of parent-child interaction quality. Individuals' personhood, psychodynamics, and belief systems do affect family members' actions within the family group, actions that themselves over time come to be regularised as recurring patterns of interaction (McHale et al., 2004).

Within family subsystems, the coparenting relationship, which refers to "the ways that parents and/or parental figures relate to each other in the role of parent" (Feinberg, 2003, p. 96), begins to emerge during the transition to parenthood, in the prenatal period (Shapiro et al., 1995). In our opinion, it starts even before the couple conceives the child when parents are planning pregnancy; expectant parents imagine themselves and their partners in their relationship with the baby. The assumption is that the family is an already created concept in couples' minds even before a real family is formed (Miscioscia et al., 2017). Parenthood representations are linked to individuals' expectations regarding both their own future role as parent as well as their partners' parental role.

Many researchers have focused studies on coparenting subsystem and the related family process (e.g., Frascarolo et al., 2012; Tissot et al., 2019; see chapters 3 and 9 for further details) and child adjustment (Favez et al., 2012; Favez et al., 2019; McHale, 2007; Schoppe et al., 2001; Teubert & Pinquart, 2010;). Within these studies, researchers have recognized the importance of studying coparenting from the beginning of its formation, during the prenatal period, or even prior to conception. Parents' expectations concerning their future family process, with the prenatal marital quality, set the stage for coparental cohesion observed in the three-person family interaction at three months postpartum (McHale et al., 2004). In their longitudinal study with a community sample of families, Schoppe-Sullivan and colleagues (Schoppe-Sullivan et al., 2004) assessed both coparenting and marital behaviour when children were six months and three years of age, to show that the quality of parenting alliance tends to be stable over the first year of parenthood and beyond. In line with

other studies (Fivaz-Depeursinge et al., 1996; Gable et al., 1995; Van Egeren, 2003) these researchers found evidence for modest to moderate stability in coparenting behaviours across this 2.5-year phase, which spanned developmental periods from infancy to the preschool years.

All of these studies recognized the role of couples' adjustment quality (or marital quality) within family processes during the transition to parenthood. Prior to the birth of couples' first child, the primary task for couples is to establish themselves as a dyad (Bouchard, 2014). The intimate relationship with the partner represents the most critical proximal context, and many studies have shown that parenthood typically lowers couple satisfaction (Huston & Holmes, 2004). During the transition to parenthood, partners undergo an intense transformation, differentiating their relationship into two subsystems: the marital or romantic subsystem and the coparenting one (Carneiro et al., 2006; Schoppe-Sullivan et al., 2004; Simonelli et al., 2012). Early psychological studies of marriage focused on identifying patterns of spousal behaviours that might predict marital outcomes (Flanagan et al., 2002). A satisfying marital relationship is crucial to a family's health and marks effective parenting, both directly and indirectly (Kargar Jahromi et al., 2014).

In this chapter, we present a study that focuses on a particularly early step in the transition to parenthood: the moment in which partners start to plan their pregnancies. Specifically, our study aims to contribute to the understanding of the determinants of coparenting in a triadic interactive system prior to conception. We explore the role of partners' attachment security in their coordination of pre-conception coparenting behaviours while they interact with a doll representing their future child. While previous research has consistently identified attachment security as a protective factor for adaptive parent-child relationships at the dyadic level, little is known about the role of couples' attachment style matching in their triadic interactions prior to and during pregnancy.

In general, mental representations are considered important predictors of behaviours. However, partners' pregnancy intentions, one important aspect of their representations of future family life, and the role they play in their future coparenting behaviours has rarely been studied and, to our knowledge, has never been studied in connection with partners' attachment. As others have observed, parents' expectations and representations regarding their behaviours toward their children may be important predictors of their actual behaviours (Vertsberger & Knafo-Noam, 2019). Along with that, dyadic adjustment within a conjugal couple is another important characteristic associated with early coparental functioning (Simonelli et al., 2016). In this study we addressed the possibility that the dyadic adjustment of the conjugal couple might interact with partners' attachment similarity in affecting coparenting behaviour.

A second major focus in our chapter is on coparenting behaviors in same-sex versus heterosexual couples. Coparenting, dyadic adjustment and the transition to parenthood have been found to be both similar and different for same-sex compared to opposite-sex couples, as we will discuss in the next section. As coparenting before and during pregnancy has little been explored in same-sex couples (Miscioscia, D'Amore, Delvoe, 2013), our study included observations of this underrepresented group in the transition to parenthood literature. Specifically, we observed three groups of couples: two groups with same-sex couples (lesbians and gay individuals) and one group with couples composed of heterosexual individuals.

Transition to Parenthood for Same-Sex Couples

Over the past 50 years, significant medical progress in addition to cultural changes have allowed couples of the same sex to experience parenthood (Patterson, 1992). Different options are available to same-sex couples such as assisted medical procreation, surrogacy, adoption, and elective coparenthood. For example, elective coparenthood through being

granted a formal or informal relationship as additional parental figures to the child, perhaps in conjunction with self-insemination (Jadva, et al. 2015).

A consistent body of research on the transition and access to parenthood for lesbian and gay couples has accumulated in the latest decades outlining multiple identity challenges for LGBT parents (Cao et al., 2016). Of note is that these studies have found no differences in terms of psychosocial adaptation between children raised by same-sex versus different-sex headed families (for a review, see Goldberg, 2010). The initial debate on whether LGB parents are as “good as” traditional heterosexual parents has shifted to the possibility that some LGB parents may be better, on average, than heterosexual parents (Biblarz & Stacey, 2010). Herek et al. (2009) describe *heterosexism* like an ideological system that denies, denigrates, and stigmatizes any non-heterosexual form of behaviour, identity, relationship, or community (Baiocco & Laghi, 2013). Despite the sheer number of studies that have confirmed LGB parenting skills (Goldberg et al., 2011; Patterson, 2009), and adaptive psychosocial developmental outcomes for children of same-sex parents (Tasker, 2013, these homonegative attitudes remain (Baiocco et al., 2019; Webb et al., 2019) and affect the functioning of LGB families. The legal climate and internalized homophobia can influence changes in mental health among new gay or lesbian parents (Goldberg & Smith, 2011; Herek & Garnets, 2007).

Past studies have identified a series of challenges for same-sex parents (D’Amore et al., 2013; D’Amore & Baiocco, 2014). As Ritenhouse (2011) explained, LGB parents may have to face social stigma or legal biases concerning their suitability as parents or simply be unrecognized as parents because of heteronormativity (the social bias assuming that everyone is heterosexual). Same-sex couples may have to work hard to achieve social acceptance: same-sex couples encounter challenges in gaining validation and support from families of origin and the mainstream community, and have to justify their chosen family and their

partner as family member in front of others (Green & Mitchell, 2008). Becoming a parent involves more difficulties and challenges for gay or lesbian couples than it does for heterosexual couples, as same-sex couples experience pressures and prejudice from the social context in which they enter parenthood often in the absence of support from their families of origin (Chabot & Ames, 2004; Ross, 2005). Furthermore these parents need to overcome legal and other costs related to surrogacy and other ARTs that need a level of organization and financial commitment that are generally not required for heterosexual parents (D'Amore & Baiocco, 2014).

Using nationally representative data, Riskind and Patterson (2010) studied parenting intentions and desires in a sample of childless lesbian, gay, and heterosexual Americans. The authors found that 37% of childless lesbian participants expressed a desire for children, compared to 68% of heterosexual females. Conversely, 54% of childless gay men participants expressed a desire for children compared to 67% of heterosexual men (Baiocco & Laghi, 2013). Among gay or lesbian couples, only one parent at most has a genetic link to their child (Goldberg & Smith, 2008) and the nonbiological parent may feel that she lacks recognition as a mother (Cherguit, Burns, Pettle, Tasker, 2013). Gay men have long been stereotyped as uninterested in children and parenting (Carone et al., 2018; Mallon, 2004); they seem to challenge gendered parenthood expectations more so than lesbian mothers (Stacey, 2006) and are judged more harshly because they are perceived as violating traditional gender roles linked to hegemonic models of masculinity (Wells, 2011). Heterosexual men and women hold more negative attitudes toward gay men than toward lesbians (Carneiro et al., 2017).

Cultural changes suggest that more LGB individuals may pursue parenthood in the future (Baiocco & Laghi, 2013; Goldberg et al., 2012; Risking & Patterson, 2010) and that many LGB parents accomplish it through adoption (Gianino, 2008; Ryan & Whitlock, 2007) or have had children through a previous heterosexual relationship (Tasker 2013). Lewin's

(1993) study of 73 lesbian mothers and 62 heterosexual mothers found that both groups explained their desire to be a parent based on psychologically-oriented reasons, such as the belief that parenthood is an important part of personal development, as well as on gender-related reasons, such as the belief that motherhood enables one to achieve the status of a complete woman (Goldberg, 2012).

Studies have shown that even when desired and planned, the transition to parenthood implies increased stressor for same-sex and different-sex couples (Elek et al., 2002; Medina et al., 2009). Couples decrease their sexual activity and couple satisfaction (Foux, 2008; Gianino, 2008), have to balance domestic and other priorities, face the challenge of dealing with crying infants (Meijer & van den Wittenboer, 2007), and experience the transformation of their own identities (Gianino, 2008; Goldberg & Perry-Jenkins, 2007). Of note is that a decline in relationship satisfaction and mental health problems, such as postpartum depression, are as common for lesbian mothers as they are for heterosexual mothers (Goldberg & Sayer, 2006; Goldberg & Smith, 2008). Some LGB parents may also experience rejection by the broader LGB community, who view parenting as a “sell-out” to traditional (heteronormative) family models (Gianino, 2008). Lesbians and gay men become parents in a societal context that stigmatises them for their sexuality, and when they become parents, they often find that their parenting is under scrutiny, which may further contribute to their stress and anxiety (Goldberg & Smith, 2014). On the other hand, social support from friends and the LGBT community lowers parenting stress for LGB parents (Titlestad & Robinson, 2019; Tornello et al., 2011).

Italian law does not yet permit the legal rights for child custody for gay and lesbian non-genetic parents. In Italy, the absence of legislative protection for the rights of LGB non-genetic parents means that these parents may feel that they constantly have to prove their parenting abilities (Lingiardi & Carone, 2016). Despite these challenges in Italy, Carone et al.

(2017) have indicated low levels of conflict between same-sex couples who became parents together.

Titlestad and Robinson (2019) described several positive characteristics of same-sex parenting, including negotiating a coparenting relationship in the absence of socially prescribed roles, by shared, collaborative parenting. In fact, the literature consistently confirms that same-sex couples established tasks and organise the division of labour in a more egalitarian manner (Gotta et al., 2011; Kurdek, 2006; Patterson et al., 2004), in contrast to heterosexual couples who report role specialization (Goldberg, 2010). Overall, mothers tend to be more involved in and skilled at childcare than fathers (Stacey & Biblarz, 2001). Patterson (1995) revealed differences in relationship satisfaction among lesbian couples, between biological mother and a non-biological mother. Co-mothers engaged in the same quantity of involvement, but biological mothers spent more time in the real child-caregiving, whereas non-biological mothers proportionately spent more time in activities and playtime. Considering the division of labour, gay fathers tended to divide household and childrearing responsibilities equally; the greater the equality, the more satisfaction gay fathers indicated in their relationship (Tornello et al., 2015). Gay men who became parents through surrogacy reported overall high levels of relationship quality and well-being comparable to those of lesbian mothers through donor insemination and heterosexual parents through IVF (Van Rijn-van Gelderen, et al., 2018). But notwithstanding their differences, same-sex and different-sex couples have been shown to report similar degrees of satisfaction with their relationship and with parenthood (Johnson & O'Connor, 2002; Patterson, 2005; Tasker & Golombok, 1998).

In sum, past studies have identified many commonalities as well as important differences in lesbian and gay parents' coparenting and parenting experiences during and after the transition to parenthood compared to heterosexual couples. However, few studies directly observed same-sex couples' coparenting behaviours during or before pregnancy to

explore factors that might help them to navigate this major life transition. One as of yet unexplored factor is partners' attachment style.

The role of attachment style in couples' romantic relationship

Just as important as partners' own developmental histories in the construction of their romantic relationship is their relational past which shapes their attachment models. A secure attachment strategy is based on a model of an available and responsive attachment figure and is associated with active and flexible coordination of attachment behavior (Bowlby, 1969). A defensive strategy, which is based on a model of an unavailable attachment figure, forms a second continuum ranging from deactivation to hyperactivation of the attachment system. The deactivating strategy is used to actively divert attention from attachment cues and minimizes distress cues, while the hyperactivating strategy is to monitor the attachment figure and maximizes distress cues continually. Shaver and Hazan (1987) applied attachment theory to romantic love, demonstrating that secure adult attachment is associated with intimacy, support, and caring experiences, while avoidant attachment is related to fear of intimacy. Anxious-ambivalent attachment in adults is associated with emotional instability and obsessive preoccupation.

Individual differences in terms of attachment style affect how individuals relate to each other, starting with their choice of partners. Different hypotheses have been proposed regarding the impact of attachment style on partner choice. Many studies report that partner choice confirms individuals' perceptions of self and others and justifies the repetition of their relational models (Bartholomew, 1990, De Carli et al., 2018). In this sense, individuals with secure attachment models would choose partners with equally secure models (Collins & Read, 1990; Feeney, 1994), while insecurely attached individuals would choose partners with a complementary style of insecure attachments (Collins & Read, 1990). This means that

individuals with avoidant attachment styles would be more likely to choose partners with a complementary anxious-ambivalent attachment style in order to balance the relationship.

Even though this notion of complementarity in partners' insecure attachment styles has been generally accepted, some studies show that the criteria of partner choice are based on the similarity of attachment styles. Anxious individuals would tend to mate with other anxious individuals, while avoidant individuals would be attracted to others with equally avoidant attachment styles (Frazier et al., 1996). While there may be debate regarding complementary versus similarity of different insecure attachment patterns between partners, researchers agree that individuals with secure attachment orientations tend to choose other secure people, while individuals with insecure attachment orientations tend to choose partners with insecure attachment orientations thus underscoring the importance of individuals' representations in their partner choices (Simonelli & Bastianoni, 2001). A third hypothesis supported by the literature foresees that all individuals, regardless of their attachment style, tend to choose secure partners, in order to assure better opportunities to create a secure bond (Chappell & Davis, 1998).

Le Poire et al. (1999) propose a conceptualization based on the fears that individuals with different attachment styles experience, which predispose how they handle intimate relationships. The researchers propose that a combination of limited fear of intimacy and limited fear of abandonment favor secure attachment bonds in adult relationships. In contrast, strong fears of abandonment would lead to excessive concerns about relationships and excessive dependence on them. Finally, strong fears of intimacy would favor devaluing intimate relationships and promote avoidance of them (Le Poire et al., 1999).

Le Poire and colleagues' claims are supported by empirical data that shows that partners' secure attachment orientations are associated with better relational outcomes compared to insecure ones. Specifically, security of attachment is associated with higher

levels of relational satisfaction and a greater willingness to listen sensitively to the partner (Cassidy et al., 2013). In contrast, an insecure style is associated with higher levels of conflict and discomfort with intimacy in the relationship (Treboux et al., 2004).

The search for security in the relationship with a partner is the primary function of attachment. Specifically, attachment relationships imply the search for and maintenance of proximity/closeness and resistance to separation, with the attachment figure being used as a secure base for exploration and for a safe haven in times of threat (Carli et al., 2009). Weiss (1986) argues that these typical features of attachment bonds are present in long-lasting love relationships (Carli et al., 2009).

Hazan and Shaver (1994) propose that the motivational system responsible for the child-caregiver bond is akin to that of a romantic relationship between two adults. They suggest that just like the parent-child attachment bond, romantic attachments evolve via the pursuit of physical proximity with the partner and reliance on the partner who becomes a secure base. Heffernan et al. (2012) report that in the initial phase of romantic relationships, the search for proximity was the prevailing characteristic of the bond, followed by the safe haven and the secure base.

Recently Simpson and Rholes (2017) proposed a conception of the couple's well-being based on the Diathesis-Stress Process Model. According to this conceptualization, insecurity in attachment is a diathesis that, if associated with certain types of stressful events, generates maladaptive responses that compromise individual and couple well-being. This implies, for example, that people with avoidant attachments are not always distancing and unsupportive in intimate relationships; their attachment behavior would be encouraged only by particular stressors, such as the pressure to give or receive support, to accentuated intimacy or to express their own emotional experiences (Simpson & Rholes, 2017). Likewise, anxious individuals are demanding, cling to each other and inclined to use dysfunctional

conflict resolution tactics only in the presence of stressful events that trigger their internal operating models, such as events that threaten relational stability (Simpson & Rholes, 2017). The authors also stress that insecure people are less inclined to think, feel and behave in line with their dysfunctional patterns if they perceive the partner as engaged in the relationship; the activation of attachment behaviors, dysfunctional or adaptive, therefore also depends on the behavior of the partner and on how intentions are inflected.

Individuals with secure attachments do not have particularly rigid and defensive mind-sets, and, when partnered with another securely attached individual, will likely experience a couple relationship characterized by flexibility and emotional interdependence that results in acceptable levels of dyadic satisfaction (Carli et al., 2009). If a securely attached individual was partnered with an insecurely attached individual, this attachment dissimilarity might provide a corrective experience for the insecure partner and increase chances for positive marital adaptation. In contrast, the insecure/insecure dissimilar couple is characterized by strong dissatisfaction, conflict and difficulty, but may also - paradoxically - be characterized by various degrees of dyadic adaptation. The reason for these counterintuitive consequences of two insecure partners' adaption is that homologous attachment models do not require partners to face, systematically, relational methods that activate their defensive systems (Carli et al., 2009). As Banse (2004) points out, some effects of insecurity in an attachment are partly offset by positive effects resulting from particular combinations of attachment styles. For example, the distancing/distancing couple can be dysregulated as far as the emotional climate in their relationship is concerned, but their autonomy and reciprocal independence maintain their dyadic satisfaction. However, the worried/worried match is characterized by a high degree of emotional demands, in which both partners try to saturate their need for closeness. The worried/distancing partnership is the one most at risk of developing high levels of couple dissatisfaction, as one partner

obsessively requires care and the other denies the importance of this need, feeding dysfunctional relational patterns that often lead these couples to require therapeutic intervention (Carli et al., 2009). Thus, the attachment relationship between partners may constitute a possible risk or a protective factor, affecting how well the couple adjusts itself to significant life transitions such as parenthood.

The Present Study

In the study we describe in this chapter, our first goal is to explore whether overall adult attachment security and similarities in partners' adult attachment styles within their couple relationship ensure better quality intuitive coparenting prior to pregnancy. Two characteristics of adults' attachment style are considered in this study: 1) the couple's average level of security based on the sum of each partner's attachment; and 2) the difference between partners' attachment security.

Our second goal in this chapter is to compare coparental interactions observed during the decision process to parenthood (i.e., when partners express the intention and desire to be or to become parents) in groups of couples who differ in their sexual orientations. Specifically, we observed a cross-national sample composed of Italian and Belgian couples divided into three groups: heterosexual, lesbian and gay couples. As previous research has not yet explored coparenting prior to birth with respect to partners' sexual orientation, we were interested in comparing couples' pre-conception coparenting alliances, attachment security and attachment matching across the three groups of couples.

Methods

Participants

One hundred and eleven unmarried lesbian, gay and heterosexual couples from Belgium ($N = 62$) and Italy ($N = 49$) were recruited, resulting in a total of 222 participants (64 gays, mean age = 29.05, $SD = 7.22$; 62 lesbians, mean age = 25.98, $SD = 5.15$; 96

heterosexuals, mean age = 25.00, $SD = 4.08$). The three groups of participants differed significantly in age ($F(2,108) = 4.95, p = .01$); on average, gays were older than lesbians ($t(114) = 2.75, p = .010, 95\%CI [0.85;5.27]$, Bonferroni corrected) and heterosexuals ($t(89.95) = 4.07, p < .001, 95\%CI [2.07;6.02]$, Bonferroni corrected). Participants were recruited by each collection site as follows: in Belgium, we recruited 16 gay, 19 lesbian and 27 heterosexual couples; in Italy, we recruited 16 gay, 12 lesbian and 21 heterosexual couples. Inclusion criteria were: (i) a minimum duration of the couple relationship of 1 year (in order to ensure the stability of the couple); (ii) no previous marriages; (iii) no current children in the couple and neither partner had any prior children; (iv) both partners' support of the idea of becoming parents in the near future. Participants were recruited in Northern Italy and Liège County in Belgium through web-posted advertisements and through activist associations; prospective participants who contacted the researchers to express their interest in participating in the study were then invited to the respective laboratories in each country for the assessment.

Procedures¹

After signing consent forms, participants were observed during the Prenatal Lausanne Trilogue Play (PLTP; Carneiro et al., 2006) and completed a set of questionnaires on psychological well-being (i.e., attachment), relationship and socio-demographic characteristics. Using the standard PLTP role-play procedure, couples were invited by a facilitator to interact with a doll representing their baby, for an average time of 5 minutes (Carneiro et al., 2006; also see Chapter 3 for details).

Measures

¹ Ethics committee of "Faculté de Psychologie, Logopédie et Sciences de l'Éducation" University of Liege. Project accepted the 10/31/2013.

Lausanne Trilogue Play Prenatal Coparenting Alliance Scale. The pre-conception coparenting alliance in couples was assessed using Carneiro et al.'s (2006) coding system for the PLTP, which consists of five scales ranging from 1 to 5 on a Likert Scale: (1) Coparent Playfulness; (2) Structure of the Play; (3) Intuitive Parenting Behaviors; (4) Couple Cooperation Scale; (5) Family Warmth. Scores on the five scales were added to obtain a total score for couples' pre-conception coparenting alliance ranging from 5 to 25 with higher scores signifying better quality pre-conception coparenting alliances.

Security in Adult Attachment. Each partner's level of attachment security was measured by the Attachment Style Questionnaire (ASQ; Feeney et al., 1994). The ASQ has 40 items partitioned into five dimensions: Confidence, Discomfort with Closeness, Need for Approval, Preoccupation with Relationships, and Relationships as Secondary. ASQ items are rated on a 6-point scale ranging from 1 (totally disagree) to 6 (totally agree). Prior research has supported the use of the ASQ to tap into both broad attachment dimensions (anxiety and avoidance) as well as the five-facet attachment styles initially identified by Feeney et al. (1994) (Karantzas, Feeney, & Wilkinson, 2010). The relationship anxiety dimension consisted of 15 items (from the Need for Approval and Preoccupation with Relationships subscales; possible range = 15–90), whereas the avoidance dimension comprised 25 items (from the Discomfort With Closeness, Relationships as Secondary, and [low] Confidence subscales; possible range = 31–94). In this study, we focused on the variable "Confidence" as a measure of attachment security of the participants, independently of their anxiety and avoidance scores. In order to operationalize the variables aimed at measuring the levels of attachment matching within each couple, we combined each partner's confidence scores within the couple, as described below in our Plan of Analysis section.

Couple Satisfaction. Couple satisfaction was assessed for each participant using the Dyadic Adjustment Scale (DAS; Spanier, 1976). The Italian version of the DAS originally

translated and validated by Gentili et al. (2002) and the French version validated by Vandeleur et al. (2003) were used. The 32 items of the DAS assessed several aspects of the couple's life, such as the frequency and intensity of disagreements and/or agreements on the marital emotions, actions, and activities. The total score across all responses ranged between 0 and 151, with higher scores reflecting partners' higher satisfaction with the couple relationship. Scores for each partner were averaged to compute one couple score for couple satisfaction.

Plan of Analyses

After presenting descriptive analyses, we performed different multilevel models in order to test the differences in individual characteristics, taking into account the nested structure of the data (i.e., participants were nested in couple relationships). To study the interplay of personal characteristics in predicting each couple's combined parenting ability, we could not use multilevel models because there was no dyadic variability in the outcome variable. We used the Confidence Scale of the Attachment Style Questionnaire (ASQ), to operationalize the construct of attachment matching within the couple. Notably, this scale does not measure the attachment toward the partner, but gives a more general level of attachment security for the individual. For each couple, we computed two composite scores: the average attachment security scores (i.e., *Couple Average Attachment Security, CAAS*) and the absolute value of the difference of attachment security scores between the two members of each couple (i.e., *Couple Difference in Attachment Security, CDAS*). The Couple Average Attachment Security (CAAS) score described how secure the couple was on average, irrespectively of each partner's contribution and identified the couple's average level of attachment security. The Couple Difference Attachment Security (CDAS) score measured how much each individual differed from his or her partner on general attachment security. The CDAS score was defined as the difference in attachment style within the couple. In this

way, we obtained two variables representing the quality of attachment within each couple relationship that were each independent of the particular attachment style of the individual. Notably, these two variables were not correlated ($r = -.14, p = .13$).

We performed two multiple regression analyses to separately test the interaction between the average couple relationship satisfaction and the two attachment-matching couple scores, the CAAS and the CDAS scores, in predicting couples' pre-conception coparenting alliance. The first multiple regression analysis was tested for the main effects of the CAAS and CDAS scores as well as the interaction between these two attachment-matching scores in predicting the pre-conception coparenting alliance, controlling for the following confounding effects: average age, length of the relationship, cohabiting status (i.e., living together vs non-living together), collecting site (i.e., Belgium vs Italy) and sexual orientation (i.e., heterosexual vs homosexual). Then we tested the role of couple satisfaction (DAS) in interaction with couples' attachment-matching scores in predicting couples' pre-conception coparenting alliance, while controlling for the same previously listed confounding variables.

Results

At the individual level, results of the multilevel analyses showed significant between-group differences for participants' couple satisfaction ($F(2,108) = 3.62, p = .03$); lesbians showed greater couple satisfaction with partners than did gay men ($t(123.20) = -3.13, p = .004, 95\%CI [-13.48; -3.04]$, Bonferroni corrected) and heterosexuals ($t(123.91) = 3.31, p = .003, 95\%CI [3.21; 12.73]$, Bonferroni corrected). No differences in attachment confidence on the ASQ were found between groups.

Table 8.1 presents descriptive statistics of variables aggregated for couples by their sexual orientation and results from sets of ANOVAs comparing the three types of couples with respect to their attachment style, couple satisfaction, coparenting subscales and total pre-conception coparenting alliance observed during the prenatal LTP. No differences in the

distribution of cohabiting status across groups were found (Gay couples living together: 15 [47 %]; lesbian couples living together 20 [65 %]; heterosexual couples living together 29 [60 %]; $\chi^2(2) = 2.27, p = .32$). Bonferroni corrected post hoc analyses showed that gay couples were older than heterosexual ones ($b = -4.05, SE = 1.16, t(102) = 3.48, p = .003$, Bonferroni corrected), while lesbian couples reported greater satisfaction compared to heterosexual ones ($b = -7.97, SE = 3.18, t(102) = -2.51, p = .04$, Bonferroni Corrected). Notably, no differences in attachment style matching between couples and no differences in pre-conception coparenting alliance measures were found.

Table 8.2 shows the results from the first multiple regression analysis testing for main effects of and interaction effects between the CAAS and CDAS scores on pre-conception coparenting alliance. A significant main effect for the length of the relationship emerged, meaning that longer relationships resulted in lower pre-conception coparenting alliance scores. Although no main effects of the target variables were found, we found a significant interaction effect between the CAAS and the CDAS scores, controlling for all confounding variables. The CAAS score effect resulted in a negative but non-significant effect when the CDAS score was high ($b = -0.12, SE = 0.14, t(102) = -0.89, p = .37$) and a positive and marginally significant effect when the CDAS score was low ($b = 0.23, SE = 0.12, t(102) = 1.87, p = .06$). This means that when couples' CDAS scores were low, higher CAAS scores were associated with greater pre-conception coparenting alliances, while when CDAS scores were high, no association between CAAS scores and pre-conception coparenting alliances was found.

In our last set of analyses, we separately examined the role of the CAAS and CDAS scores in interaction with couples' average relationship satisfaction. Results from these analyses are presented in Table 8.3. No main nor interaction effects were found for the CAAS score and couple satisfaction. In contrast, the interaction effect between the CDAS score and

couple relationship satisfaction was significant. Couple satisfaction showed a marginally significant negative effect when the CDAS score was high ($b = -0.07$, $SE = 0.04$, $t(102) = -1.89$, $p = .06$) and a significant positive effect when the CDAS score was low ($b = 0.08$, $SE = 0.04$, $t(102) = 2.06$, $p = .04$).

Discussion

In our study we explored whether it was possible to find associations between couples' intuitive coparental alliance, attachment matching and dyadic relationship satisfaction during the phase in the couple relationship when partners plan to have children. We were especially interested in determining whether the overall level of attachment security in the couple relationship was important for the coparental alliance and whether similarities in partners' adult attachment styles ensured a higher quality of coparental alliance prior to conception. We were also curious to see whether gay, lesbian, and heterosexual couples would differ in either their attachment style or in their pre-conception coparenting alliances.

Our results revealed a significant interaction between our measure of couples' average attachment security and our measure of intra-couple differences in attachment security. We found that partners' average level of attachment security impacted the pre-conception coparental alliance, only when both partners had a similar level of attachment security. Our findings also showed how a similar pattern of attachment security between partners predicted the quality of coparental interactions irrespective of whether the parenting couple comprised two mothers, two fathers or a heterosexual mother and father. In addition, the only between-group differences in outcome measures we uncovered between gay, lesbian, and heterosexual couples planning parenthood were in their couple satisfaction, which we found to be higher for lesbian couples compared to the other two groups. Thus, our findings indicated that neither couples' attachment similarity, nor their pre-conception coparenting alliances are associated with the sexual orientation of partners.

Notwithstanding the challenges that same-sex couples faced, especially for our subsample of gay and lesbian Italian couples who had no legal method for registering their partnership at the time of our study, the lesbian, gay and heterosexual couples provided similar responses to our measures in this study. Our findings are consistent with the vast majority of studies comparing family functioning in LGB and heterosexual parents for the postpartum period when there are already children partaking in family interactions. While others have shown that lesbian and gay couples appear to divide childcare and household labor along more egalitarian lines than do heterosexual couples (Gotta et al., 2011; Kurdek, 2006; Patterson et al., 2004), our findings indicated that the formation of the coparenting alliance and couples' attachment security are relational qualities that operate similarly across couples with varying sexual orientations, at least prior to conception. While others found no differences in decline in couple relationship satisfaction or mental health problems post-birth between lesbian and heterosexual mothers (Goldberg & Sayer, 2006; Goldberg & Smith, 2008) with equal similarities reported for new fathers (Van Rijn-van-Geldereren et al., 2018), we found that lesbian couples in our study rated their couple satisfaction higher than gay and heterosexual couples. We can only speculate as to why these differences in findings may have occurred; perhaps the fact that our couples were just contemplating parenthood but were not yet pregnant or had given birth like couples in previous studies may have played a role. However, other researchers also reported higher couple satisfaction in lesbian Italian samples (Sommantico et al., 2019), along with lower levels of internalized stigma for sexuality and affectional relationships (Sommantico et al., 2018). Therefore, we speculate that this group difference might reflect a potential interplay between the role of disclosure of sexual orientation and group differences in perceived levels of sexual stigma (Jordan & Deluty, 2000).

Our findings indicate that irrespective of their sexual orientation, when both partners display a similar pattern of attachment, the role of attachment security in coparenting behaviors prior to couples' conception emerges, with more secure couples showing better coparental abilities in their role-play interactions. On the other hand, when partners show a noteworthy difference in their attachment security, their level of attachment security does not affect their coparenting behaviors. These results suggest that it is not just the security of each partner's attachment per se that matters but rather a dyadic matching between both partners comprising the couple, which determines the quality of coparental abilities prior to conception.

As we described above, one attachment theory proposes that differences in partners' attachment styles within a given couple, such as a secure/insecure partnership, could constitute a corrective experience for the insecure partner and in this way help to promote marital adaptation. While we did not observe marital adaptation but coparenting behaviors, our results show that dyadic matching of couple's secure attachment is most influential in providing a foundation from which couples build strong coparental alliances. In other words, both partners need to have a matching and more secure attachment style in order to show high pre-conception coparenting alliances.

As most research has shown, even when both partners desire to become parents, they experience challenges in their romantic relationship that can alter their dynamics. This may negatively impact the creation of their new coparenting subsystem in the family, for example, when one partner shows no support towards the other and competes with the child for the partner's care and attention. In contrast, when both partners' sense of security experienced early in their relationship allows them to better regulate their affect, this facilitates receiving protection, support and comfort within their romantic relationship during periods of stress, such as may be experienced during the transition to parenthood (Mikulincer & Shaver, 2004).

Another noteworthy finding in our study was that relationship satisfaction with the partner positively impacted coparenting alliances when partners' attachment security was similar, though it showed a trend in the opposite direction when differences between partners' attachment security were great. Attachment security facilitated the satisfaction of basic psychological needs within the relationship, and it makes sense that partners with similar attachment styles, who feel greater satisfaction in their couples' relationship, would also show a better propensity for a strong coparenting alliance at the pre-conception stage.

In line with findings of Young et al. (2017), our results confirm the importance of conceptualizing individual attachment, marital, and coparental subsystems within a multidimensional systemic framework, suggesting that a healthy dyadic adjustment is a significant intervening factor that helps explain links between attachment security and the coparenting alliance. The dyadic adjustment seems to positively affect coparenting interactions only within the context of a small difference between partners' attachment security. Previous research has emphasized that parents with higher attachment anxiety and avoidance reported lower levels of marital adjustment, less coparental cooperation, and greater coparenting conflict (Young, et al., 2017). Our study extends these findings and suggests that an individual's level of attachment anxiety or avoidance may not be as relevant to coparenting behaviors as the dyadic match between partners' levels of attachment security.

The quality of affective regulation, which is associated with dyadic adaptation, would therefore, be the result of what Monguzzi (2006) has defined as a "slot couple". Considering all the possible combinations of partners' attachment styles within a couple relationship, and in light of our findings, it seems that a secure/secure matching is more adaptive than all other combinations. A secure-secure partnership should give rise to a balanced relationship, in which the mental state of the partners is expressed coherently and consciously, facilitating both individuals' affective regulation as well as dyadic adjustment.

Romantic relationships evolve within a social network, and social support is an important aspect of that context (Elizur & Mintzer, 2003). For this reason, we conducted our study in two different legal contexts for same-sex couples. However, country of residence (Belgium or Italy) did not affect the role of attachment matching and security in couples' pre-conception coparenting alliance. In a previous report of this research, we observed that sexual stigma had an impact on partners' capacity to manage coparenting (Miscioscia et al., 2017). In our Italian subsample, we observed that LG participants with better coparental alliances had higher dyadic satisfaction scores possibly due to experiencing lower levels of internalized homophobia and greater social support (Miscioscia et al., 2017). Recent work by Calvo et al. (in press) reported that in gay men, their level of attachment anxiety rather than their attachment avoidance was directly linked to internalized homophobia, though both attachment anxiety and avoidance may also indirectly influence internalized homophobia mediated by perceived social support. Negative effects of homophobia on gay men can be reduced by improving social support, which could mitigate detrimental fallout from an insecure attachment style and consequently support the coparenting alliance.

This study has some limitations we would like to acknowledge. First, we do not have longitudinal follow-up observations of couples in our study either during their pregnancy or their postpartum period. Such data would have been invaluable in demonstrating links between the early coparenting alliance we observed even before a child was conceived during the time when partners started to imagine themselves in the role of parents and later points in their family development when parenthood would have become more of a reality for them. Nonetheless, all participants had expressed their desire for parenthood and had begun to negotiate this as couples. In the future, a longitudinal design could investigate this further by observing intentions and behaviors during the pre-pregnancy and the pregnancy stages of family life. Another limitation in our study is that our sample was not representative of the

population because of its size and method of sampling; in fact, participants were recruited only in convenient cities and a fair number of them were involved in activist associations.

Conclusion

Our research has shown that similar patterns of attachment between partners predict the quality of coparental interactions irrespective of whether the parenting couple comprised two mothers, two fathers, or a heterosexual mother and father. Our research contributes to a better understanding of the aspects of family structure that are relevant for understanding coparenting alliances that form before pregnancy. Certainly, our results require replication to better understand if differences observed between lesbian, gay and heterosexual couples may be due to the specific time period we sampled in our study, that is, due to the fact couples were not yet pregnant or parents but planning parenthood. As indicated by our findings, partners' sexual orientation does not play a role in the relationship between partners' attachment matching and intuitive coparenting behaviors and alliances despite the fact that the transition to parenthood can harbor additional stressors for lesbian and gay partners.

Couples' desire to become parents and their negotiation of pregnancy plans (timing, number of children, etc.) are aspects of a particularly exciting field to explore further in order to better understand the role of family constellations in children's well-being. Child development needs to be studied within the context of family systems starting when the couple plans pregnancy. Researchers have just begun to focus on coparenting behaviors during this pre-conception stage (Rasmussen, Corner & Margolin, 2019). Future investigations should continue to utilize longitudinal and multimethod assessments that include coparenting observations from pre-conception through the postpartum period and expand their scope beyond the two-parent, heterosexual family.

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Table 8.1. *Descriptive variables and ANOVA results for couples' relationship length, age, attachment style, couple satisfaction, PLTP Scale Scores and Pre-Conception Coparenting Alliance Score by type of couple*

	Gay Couples (N = 32)		Lesbian Couples (N = 31)		Heterosexual Couples (N = 48)		F (2,108)	P
	M	SD	M	SD	M	SD		
Couple Variables:								
Relationship Length (months)	45.72	43.34	33.94	19.55	42.15	26.42	1.22	.30
Average Age (years)	29.05	6.61	25.98	4.78	25.00	3.79	6.44	.002
CAAS	33.96	4.42	33.08	5.68	34.60	3.93	1.03	.36
CDAS	5.48	3.94	5.84	4.73	6.42	3.71	0.54	.59
Couple Satisfaction	110.16	13.17	118.42	14.60	110.45	13.24	3.95	.02
Prenatal LTP Scale Scores:								
Coparent Playfulness	3.47	1.14	3.48	0.96	3.62	0.96	0.30	.74
Structure of the Play	4.00	1.08	4.00	1.00	4.33	0.97	1.48	.23
Intuitive Parenting Behaviors	3.38	1.34	3.03	1.28	3.15	1.46	0.51	.60
Couple Cooperation	3.72	0.85	3.77	0.76	3.69	0.99	0.09	.92
Family Warmth	3.66	1.10	3.35	1.05	3.38	1.00	0.88	.42
Pre-Conception Coparenting Alliance	18.22	4.17	17.68	3.66	18.13	4.16	0.17	.85

Note. The last two columns are the results of each univariate ANOVA models to test the differences between groups on each variable.

CAAS = Couple Average Attachment Security

CDAS = Couple Difference Attachment Security.

Table 8.2. Multiple regression models testing the role of CAAS, CDAS, their interaction and their interaction with sexual orientation, on pre-conception coparenting alliance observed during the Prenatal LTP.

	Model 1				Model 2				Model 3			
	b	SE	t	p	b	SE	t	p	b	SE	t	p
Relationship Length (months)	-0.05	0.01	-3.43	< .001	-0.05	0.01	-3.63	< .001	-1.45	1.03	-1.40	.16
Collecting Site (Italy vs Belgium)	-0.28	0.99	-0.28	.78	-0.20	0.97	-0.21	.84	-0.31	0.99	-0.32	.75
Average Age (years)	0.17	0.10	1.72	.09	0.17	0.10	1.78	.08	-0.04	0.01	-2.87	.01
Cohabiting Status	-0.64	0.81	-0.79	.43	-0.72	0.80	-0.90	.37	-0.63	0.80	-0.78	.44
Lesbian Couples (0 = Gay Couples)	-0.67	1.03	-0.65	.52	-1.04	1.02	-1.02	.31	-0.62	0.98	-0.64	.53
Heterosexual Couples (0 = Gay Couples)	0.26	1.00	0.26	.79	0.04	0.99	0.04	.97	0.11	0.10	1.09	.28
CAAS	0.08	0.10	0.77	.45	0.06	0.10	.58	.56	0.27	0.19	1.43	.16
CDAS	0.01	0.09	0.07	.94	-0.01	0.09	-.12	.91	0.36	0.18	2.04	.04
CDAS*CAAS					-0.05	0.02	-2.21	.03	-0.05	0.05	-1.04	.30
CAAS*Heterosexual Couples									-0.24	0.21	-1.13	.26
CAAS*Lesbian Couples									-0.32	0.23	-1.42	.16
CDAS*Heterosexual Couples									-0.66	0.24	-2.75	.01
CDAS*Lesbian Couples									-0.42	0.24	-1.76	.08
CDAS*CAAS*Heterosexual Couples									0.00	0.06	0.03	.98
CDAS*CAAS*Lesbian Couples									0.00	0.06	0.06	.95
R2				R2 = .12				R2 = .16				R2 = .25
F				$F(8,102) = 1.80, p = .08$				$F(9,101) = 2.20, p = .03$				$F(15,95) = 2.08, p = .02$
F for change in R2								$F(1,101) = 4.87, p = .03$				$F(6,95) = 1.75, p = .12$

Note. CAAS and CDAS are centered on the grand mean. CAAS = Couple Average Attachment Security. CDAS = Couple Difference Attachment Security. Dummy coding was used to test the difference between the categorical variable “Sexual Orientation”. The reference group is always Gay Couples (set to 0).

Table 8.3. Multiple regression models testing the role of couple relationship satisfaction in interaction with CAAS and CDAS on the pre-conception coparenting alliance observed during the Prenatal LTP

	Model 1				Model 2				Model 3			
	b	SE	t	p	b	SE	t	p	b	SE	t	p
Relationship Length (months)	-0.05	0.01	-3.49	< .001	-0.05	0.01	-3.58	< .001	-0.04	0,01	-2.63	.01
Collecting Site (Belgium vs Italy)	-0.02	0.92	-0.02	.98	-0.07	0.89	-0.08	.94	-0.54	0,91	-0.59	.56
Average Age (years)	0.19	0.10	1.92	.06	0.14	0.09	1.52	.13	0.07	0,10	0.76	.45
Cohabiting Status	-0.64	0.82	-0.78	.44	-0.58	0.79	-0.73	.47	-0.48	0.79	-0.60	.55
CDAS	-0.01	0.09	-0.06	.95	2.28	0.79	2.89	.005	0.16	1.65	0.10	.92
Couple Satisfaction	0.01	0.03	0.32	.75	0.01	0.03	0.42	.68	0.12	0.05	2.21	.03
Lesbian Couples (0 = Gay Couples)	-0.74	1.07	-0.69	.49	-1.20	1.05	-1.14	.26	9.21	7,96	1.16	.25
Heterosexual Couples (0 = Gay Couples)	0.40	0.98	0.41	.68	0.04	0.96	0.04	.97	19.12	7.48	2.56	.01
CDAS*Couple Satisfaction					-0.02	0.01	-2.91	.004	0.00	0.01	0.10	.92
CDAS*Heterosexual Couples									1.23	2.03	0.61	.55
CDAS*Lesbian Couples									3.75	2.15	1.75	.08
Couple Satisfaction*Heterosexual Couples									-0.10	0.07	-1.38	.17
Couple Satisfaction*Lesbian Couples									-0.17	0.07	-2.57	.01
CDAS*Couple Satisfaction*Heterosexual Couples									-0.02	0.02	-0.86	.39
CDAS*Couple Satisfaction*Lesbian Couples									-0.04	0.02	-1.89	.06
R2				R2 = .12				R2 = .19				R2 = .29
F				F(8,102) = 1.73, p = .10				F(9,101) = 2.60, p = .01				F(15,95) = 2.65, p = .002
F for change in R2								F(1,101) = 8.48, p = .004				F(6,95) = 2.40, p = .03

Note. CAAS, CDAS and couple satisfaction are centered on the grand mean. CAAS = Couple Average Attachment Security. CDAS = Couple Difference Attachment Security

