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Published in	European Journal of Social Psychology
DOI	<a href="https://doi.org/10.1002/ejsp.2591">10.1002/ejsp.2591</a>
Publication Date	2020
Document Version	publishersversion
Link	<a href="https://research.tilburguniversity.edu/en/publications/f0c480dc-faae-4b6b-bf39-db22e9c5376c">https://research.tilburguniversity.edu/en/publications/f0c480dc-faae-4b6b-bf39-db22e9c5376c</a>
Citation	Turner-Zwinkels, F & Spini, D 2020, '(Mis#)Coordinating identities in the transition to parenthood: Investigating the co#development of partners' parenting, domestic and provider identities before and after the birth of the first child', European Journal of Social Psychology, vol. 50, no. 1, pp. 1-17. <a href="https://doi.org/10.1002/ejsp.2591">https://doi.org/10.1002/ejsp.2591</a>
Download Date	2026-06-18 17:35:08
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## RESEARCH ARTICLE

# (Mis-)Coordinating identities in the transition to parenthood: Investigating the co-development of partners' parenting, domestic and provider identities before and after the birth of the first child

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## Funding information

Swiss National Science Foundation, Grant/Award Number: 51NF40-160590

## Abstract

This research takes a *socio-psychological* perspective to studying the transition to parenthood, by longitudinally investigating how couples *dyadically coordinate*: (a) the changing centralities of parenting domestic and provider identities, and (b) the consequences of this for stress and relationship satisfaction. We collected longitudinal data from a Swiss community sample of 213 heterosexual, first-time parents, in approximately the 24th week of pregnancy (T1) and 2 years later (T2). Participants completed a sociogram task, sketching the centrality of parenting, domestic and provider identities, for themselves and their partner. We applied actor partner interdependence models to model changing identity centralities at T2, from the (coordination) of T1 identities, distinguishing effects due to one's partner and the individual. Results support identity coordination in couples, especially in the development of the domestic identity. This coordination also had longitudinal effects for couples' well-being. Results emphasize the social forces that structure the self-concept, and their health consequences.

## KEYWORDS

coordination, health, parenthood, social identity

## 1 | INTRODUCTION

People usually go through important life transitions (e.g., becoming a parent, marriage, etc.) alongside others. Because life transitions often challenge adaptation and threaten people's well-being (Ethier & Deaux, 1994), sharing the experience, support and advice with others can be practically and psychologically beneficial (Jetten, Haslam, Iyer, & Haslam, 2009). As such, key theories of transitions have recognized the crucial role of groups and significant others in life-transitions (e.g., co-agency; Salmela-Aro, 2009). But despite this, empirical research usually focuses on individuals going through

life transitions separately from others. In this research, we take a *socio-psychological perspective* to studying the transition to first time parenthood, by exploring this process dyadically, in heterosexual couples. This approach proposes that life transitions can be conceptualized psychologically as periods of *identity change*. Indeed, such transitions challenge a person's fundamental understanding of who they are, what groups they belong to, and how they fit in their social world (Iyer, Jetten, Tsivrikos, Postmes, & Haslam, 2009). But crucially individuals should go through these identity changes together with others (e.g., Mead, 1934; Tajfel & Turner, 1979). As such, we seek to investigate not only how an individual's identities change as they

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become parents, but the extent that couples *dyadically coordinate* this process.

In this article, we explore if and the extent to which heterosexual couples coordinate identity changes as they become parents and the consequences of this for their well-being. This research focuses on identity changes in three identities relevant to the transition to parenthood—the parenting, domestic and provider identities—and tests their changing *centrality* (i.e., defined as differing degree to which identities are central or peripheral to the self; Ashmore, Deaux, K., & McLaughlin-Volpe, 2004, p. 87, see also Stryker & Serpe, 1994). We propose that socio-psychological coordination (defined here as interdependence between two individuals' identities in expressed influence on each other; e.g., if an identity is important to one individual, and that same identity becomes more important to the partner later; cf. Malone & Crowston, 1994) may be visible in two key ways: First, if partners exhibit *similar* identity centralities (i.e., positive relation; referred to as *similarity-matching*); second, if partners have *complementary* identity centralities (i.e., negative relation, suggesting specialization, e.g., one partner focusing on the home the other on providing; referred to as *complementarity-matching*); while no relation suggests the absence of coordination. Furthermore, we will test for these two forms of coordination in both intersubjective coordination (i.e., the influence an individual's self-perceptions have on their partner) and subjectively perceived coordination (i.e., how an individual's perception of their partner influences their own identity change). This crucially sheds light on whether coordination 'actually occurs' between partners or if partners simply think they are coordinating, allowing a cleaner interpretation of effects. Finally, because transitional changes often bring negative psychological consequences for individuals (e.g., increased stress, reduced well-being), at least in the short-term, we also test the consequences of possible dyadic identity coordination for well-being.

In order to test for partner coordination of identities in the transition to parenthood, we utilize longitudinal data collected in Switzerland, with heterosexual couples both before (approximately 16 weeks) and after (approximately two years) the birth of the first child. This is an ideal context in which to study socio-psychological processes: Parenthood not only requires substantial identity change (Katz-Wise, Priess, & Hyde, 2010), but is a transition which is usually entered into as a couple and as such also involves substantial relational management (Worthington & Buston, 1986). Crucially, the outcome of this process can affect not only how people enact their parenting identities (Jetten et al., 2009), but potentially also how a family functions overall.

## 1.1 | Socio-psychological coordination in the transition to parenthood

Becoming a first time parent is one of the biggest transitional moments in adult life (Deutsch, Ruble, Fleming, Brooks-Gunn, & Stangor, 1988). Indeed, this transition can be characterized by new situational demands and challenges (e.g., planning, conceiving, pregnancy, childbirth and child rearing). The self-concept—as a dynamic

and contextually responsive psychological structure (Turner, 1985)—changes both in anticipation of and in response to such new demands (Amiot, De la Sablonnière, Terry, & Smith, 2007; Kling, Ryff, & Essex, 1997). As such, new parents undergo significant identity changes in this period. Most prominently those identities that impact family life undergo change (Kling et al., 1997), including the meaning and importance of parenting, domestic and professional/work identities (Burke & Cast, 1997; Katz-Wise et al., 2010; Le Goff & Levy, 2016). These changes have been demonstrated in both men and women (McHale & Rotman, 2007), and primary and secondary caregivers (Glikman, 2004). Although all parents tend to experience psychological changes with the birth of a new child, it is especially first time parents, for whom these challenges are new, that go through the most substantial psychological changes (Katz-Wise et al., 2010).

Importantly, identity changes undergone in the transition to parenthood should also be *socially* coordinated. When the transition to parenthood is made in a couple, partners can influence each other in their ideas and aspirations about what sort of parents they want to be. Indeed, Salmela-Aro's (2009) life-span model argues that an individual's development through a life transition is not only influenced by their own goals and choices, but also by other people's behaviors, goals and choices. Although such social coordination is usually defined as occurring where individuals manage the dependencies between *activities* (Malone & Crowston, 1994)—and as such is usually studied as practical management or visible organization (e.g., coparenting research; Schoppe-Sullivan, Mangelsdorf, Frosch, & McHale, 2004)—recent evidence suggests that such coordination should also be visible in an individual's psychology. For example, this research has demonstrated that over time members of the same working group can converge in the importance of an identity (Jans, Leach, Garcia, & Postmes, 2015) and the values they endorse (Meeussen, Delvaux, & Phalet, 2014), facilitating improved group performance and collaboration. Together, this suggests that practical coordination evoked by parental demands could give rise to (coordinated) psychological processes which bind individuals together, and should in turn facilitate subsequent coordinated action. However, we know of no such research which tests coordination via identity changes in new parents. Given this, the main aim of this research is to establish if such socio-psychological coordination occurs in couples during the transition to parenthood.

There are at least two reasons why new parents are an ideal population in which to test socio-psychological coordination. First, couples demonstrate high levels of psychological interdependence (Cross, Bacon, & Morris, 2000; Neyer, 2002). Indeed, partners' sense of self is usually constituted partly through each other: cognitive representations of the self and partner are often directly linked (Aron, Aron, Tudor, & Nelson, 1991), memories can be socially distributed across partners (Harris, Barnier, Sutton, & Keil, 2014), while partner opinions (Cross et al., 2000) and emotions (Reed, Randall, Post, & Butler, 2013) tend to be strongly related. Building on this baseline psychological interdependence, new coparenting demands (e.g., regulation of labor and family management) are likely to catalyze this with an increased need for psychological coordination.

Second, parenthood is a context of psychological and relational change. Not only do new parents change psychologically in how they see themselves (Burke & Cast, 1997), but they also change in their relationship with each other. Indeed, most new parents experience temporary disruption in their relationship (Doss, Rhoades, Stanley, & Markman, 2009; Worthington & Buston, 1986). This disruption highlights a need for partners to renegotiate their expectations toward each other. Bringing this together, in a context of pre-existing psychological interdependence, new parents go through substantial changes in their own identity and the way they relate to their partner, which should promote the need to *coordinate these psychological changes socially* in order to both manage the transition and to maintain or restore their psychological connection.

## 1.2 | Expected forms of socio-psychological coordination in new parents

We propose that socio-psychological coordination should express itself in the emergence of a (longitudinal) relationship between the centrality of partners' identities. In line with Durkheim's (1984) distinction between mechanistic and organic solidarity, we test for two key forms of coordination. First, *similarity-matching* involves a positive relation between the centrality of partners' identities (e.g., both partners have high parenting identity centrality). This mirrors the convergence of values and beliefs shared by partners engaged in similarity based mechanical coordination (Durkheim, 1984). Moreover, similarity-matching may be beneficial for partners because it increases the likelihood that partners have a shared vision on child rearing, with similar priorities. Second, *complementarity-matching* entails negative relations between the centrality of partners' identities (e.g., when one partner has high parenting identity centrality the other's is low). In the same way as organic cooperation emerged through the need of individuals to use one another's services, complementarity-matching means that different identity centralities in partners allows each partner to contribute complementary identity resources. This should be beneficial for couples given practical time constraints facing new parents because it allows each to specialize.

Although these forms of mechanical and organic coordination have been observed across a variety of group settings (Koudenburg, Postmes, & Gordijn, 2017; Van Mourik Broekman, Koudenburg, Postmes, & Gordijn, 2018), testing this coordination (and especially organic/complementarity-matching) among the *structures* of partners' self-concepts (i.e., in the coordinated centrality of multiple identities) is an unexplored research area. In the context of the transition to parenthood we will test for these two forms of socio-psychological coordination among three identities: the parenting, domestic (i.e., housewife/househusband) and provider identities. We apply the provider identity as an identity rooted in the alternative professional domain (in contrast to the household domain captured in the domestic identity; Humbert, Ladge, & Harrington, 2015). Importantly, the provider identity comes with the advantage that it is more strongly related to the household context. Specifically, providing for one's child is considered to be part of the role of parents, which both men

and women aspire to (Loscocco & Spitze, 2007), and thus it may be more acceptable for partners to value this provider identity than the professional identity.

Importantly, we will test if effects of identity coordination are driven by intersubjective coordination (i.e., partners exhibit similar/complementary identity centralities; e.g., an individual's self-perception is associated with their partner's self-perception) or subjectively perceived coordination (i.e., partners *think* they exhibit similar identity centralities; e.g., an individual's perception of their partner is associated with their self-perception). This is important because both "objective reality" (e.g., Meeussen et al., 2014) and subjective perceptions of it (Crosby, 1976; Mead, 1934) can be important determinants of individuals' behavior. Moreover, there may be asymmetries between intersubjective and perceived coordination in men and women which are important to account for (Jowett & Clark-Carter, 2006; Reed et al., 2013), caused by differential tendencies of self-expression or empathy in men and women (Reed et al., 2013). Thus, by measuring coordination intersubjectively and in subjective perceptions we can disentangle these effects and gain clearer insight into identity coordination in couples. Although it is possible that subjective and intersubjective coordination could differ we did not have any theoretical reasons to expect specific differences. As such, our hypotheses laid out below will be tested for both intersubjective and subjectively perceived forms of coordination.

First, our *parenting coordination hypothesis* (H1) predicts that partners coordinate the centrality of parenting identities. However, we were unsure if this coordination would be expressed as similarity- or complementarity-matching, so we tested for these two possible alternatives. First, similarity-matching would suggest a positive relation between the centrality of partners' parenting identities (H1a). Indeed, the partnership literature suggests that similarity is highly likely to emerge in couples. For example, partners often show similarity in personality (Gonzaga, Campos, & Bradbury, 2007) and the contents of their identities (Aron et al., 1991), which also become more similar over time (Gruber-Baldini, Schaie, & Willis, 1995). Alternatively, complementarity-matching suggests that parenting identities would be negatively related between partners, so that if it is more central for one it is less central for the other (H1b). This form of coordination is less frequently explored within the identity literatures, which largely assume that interdependence is akin to similarity (for exceptions see Harris et al., 2014; Postmes, Haslam, & Swaab, 2005). However, such specialization is strongly reinforced by a social structural perspective (Eagly & Wood, 1999) or functionalist sociology, which suggest that men and women take different, complementary roles in society (e.g., one person specializes as the primary caregiver).

Second, our *specialization hypothesis* (H2) tests for complementarity-matching (i.e., negative relations) in partners' coordination of their domestic and provider identities. This expectation is motivated by research in the social-structural perspective (Eagly & Wood, 1999) and role-conflict theory (O'Neil, Helms, & Gable, 1986), which suggest that social and practical (time) constraints encourage parents to specialize in different roles. From a socio-psychological perspective,

such specialization should be visible in a pattern of complementarity-matching among partners' provider and domestic identities (i.e., one partner sees the identity as very important, the other does not). Thus, H2 tests for identity specialization in two ways: First, we test if partners show a negative relation between each other's domestic identity centralities (H2a), between each other's provider identity centralities (H2b), and/or a negative relation between partners' domestic and provider identities (H2c). Furthermore, traditional gender orientations might be likely to emerge in this specialization, because our data was gathered in Switzerland, a country with relatively persistent traditional gender roles (Bühlmann, Elcheroth, & Tettamanti, 2009; Girardin, Bühlmann, Hanappi, Le Goff, & Valarino, 2016; Levy, Kellerhals, & Widmer, 2002). For example, women frequently experience conflict between their household (e.g., housewife) identity with their professional identity (i.e., Belsky, Lang, & Huston, 1986; Veldman, Meeussen, Van Laar, & Phalet, 2017). As such, H2d predicts that women should show a substantively more negative relation between their self-reported provider and domestic identity than men. This highlights an expected pattern of conflict between women's provider and domestic identities (i.e., women cannot have it all).

Finally, our *coordination-outcomes hypotheses* (H3) explores the psychological consequences of socio-psychological coordination for the well-being and relationship satisfaction of parents. There is substantial evidence that the structure of the self-concept has implications for an individual's well-being (e.g., Iyer et al., 2009). For example, Linville (1987) demonstrated that having more differentiated identities helps to make the individual less susceptible to stress because they have more resources at their disposal. However, because this research has only been conducted within individuals, and not across dyads, it remains an empirical question if such differentiation is also beneficial in couples. Concretely, this would suggest that differentiation of roles across partners (i.e., specialization) could reduce stress and increase relationship satisfaction because the couple can more effectively utilize and benefit from different resources. However, given that similarity in couples is often shown to have strong positive relational consequences (Gaunt, 2006), it is equally plausible that similarity in partners might increase relationship satisfaction and reduce stress. In line with this, H3 predicts that identity coordination among partners—via either similarity-matching or complementary-matching—will be associated with positive psychological consequences, increasing relationship satisfaction (H3a) and reducing levels of stress (H3b).

## 2 | STUDY OVERVIEW

In this study, we investigate the socio-psychological process bound up in the transition to first time parenthood by exploring the extent to which couples coordinate the centrality of their parenting, domestic and provider identities and the consequences of this for well-being. We investigate first time, heterosexual parents, before and after the birth of the first child, longitudinally tracking

the centrality of the parenting, domestic and provider identities. We predict that new parents will coordinate the centrality of their identities with their partners (i.e., intersubjective coordination) or coordinate their identities with their subjective perceptions of their partner (i.e., subjectively perceived coordination) in the following ways. First, we expect partners will coordinate the centrality of their parenting identity showing either similarity-matching (H1a) or complementarity-matching (H1b). Second, parents will coordinate their domestic identities (H2a), provider identities (H2b), and domestic and provider identities (H2c) via complementarity-matching and follow traditional gender roles (H2d). Finally, identity coordination will impact partners' relationship satisfaction (H3a) and stress (H3b).

We test these hypotheses using the LIVES Swiss Parenthood data (Le Goff & Levy, 2016). We measure identity centrality using a novel sociogram task (see Fasel & Spini, 2016), which allows individuals to sketch their identities and how central they are to the self. Crucially, we measure not only each partner's own identity centrality, but also their perceptions of their partner. This enables the distinction between each partner's subjectively perceived self- and partner-perceptions, and therefore allows us to test for intersubjective coordination and coordination in subjective perceptions. Furthermore, we analyze data using actor partner interdependence models (APIM) to accurately model and distinguish the extent to which each individual influences their own and their partner's identity development. Together, this allows us to make a unique contribution to the literature, advancing our knowledge on the social construction of the self through the transition to parenthood.

## 3 | METHOD

### 3.1 | Sample and design

The design of the study was a three-wave, longitudinal survey. However, this research focuses on the first (T1) and third (which will be referred to henceforth as T2) time points in which the key identity centrality items were measured: T1 was approximately the 24th week of pregnancy ( $M = 24.30$ ,  $SD = 7.19$ ; range: 9–40); T2 was approximately two years later ( $M = 23.03$  months,  $SD = 5.81$ ).

A total sample of 235 couples was recruited through advertisements in hospitals and via newspapers. Of these, 13 couples were not first time parents, one was missing, and in eight couples only one partner participated. This left a final sample of 213 couples ( $M_{\text{age}} = 30.91$ ,  $SD_{\text{age}} = 4.31$ , range: 20–47). Men ( $M_{T1} = 31.83$ ,  $SD = 4.57$ ) were slightly older than women ( $M_{T1} = 29.98$ ,  $SD = 3.88$ ). Levels of employment were comparable between men (T1 = 93.43%; T2 = 94.44%) and women (T1 = 92.42%; T2 = 84.95%) at T1 ( $\chi^2 = 0.17$ ,  $p > 0.69$ ) but not T2, where more women were unemployed than men ( $\chi^2 = 9.26$ ,  $p < 0.003$ ). Of the sample, 66.20% were married (of those currently unmarried, 61.10% were planning to marry), and couples had generally been living together for several years ( $M_{\text{months living together}} = 51.80$ ,  $SD = 36.15$ ). The majority of

couples (94.6%) had planned their pregnancy (2.8% did not; 2.6% were unsure). Demographics (see below for measurement information) showed that 69.5% were Swiss, 29.1% other, 1.4% non-response (of this the largest group 41.4% were French and 13.2% were Italian). The average monthly household income was 8,001–10,000 Swiss Francs ( $M = 8.00$ ,  $SD = 1.57$ ), and participants were on average slightly right leaning in political orientation ( $M = 2.59$ ,  $SD = 0.82$ ).

Attrition was low, with 77.70% participants returning at T2. Non-returning participants had slightly lower monthly income ( $M = 7.67$ ,  $SD = 1.60$ ) than returning participants ( $M = 8.09$ ,  $SD = 1.55$ ; difference:  $-0.42$ , 95% CI  $[-0.78, -0.06]$ ,  $(417) = 2.30$ ,  $p < 0.03$ ,  $d = 0.27$ ), and slightly longer relationships ( $M = 59.35$ ,  $SD = 43.19$ ,  $M = 49.61$ ,  $SD = 33.59$ , 95% CI difference  $[0.23, 19.24]$ ;  $t(128.78) = 2.03$ ,  $p = 0.05$ ,  $d = 0.25$ ). No other demographic differences were found ( $p$ 's  $> 0.16$ ). Thus, where differences existed, they were small. However, the identity centrality scores for key variables showed a systematic difference in that the participants who dropped out consistently rated these (parenting, domestic and provider) identities as more central to the self and their partner ( $t$ 's =  $1.86$ – $4.02$ ,  $p$ 's  $< 0.06$ ,  $d = 0.22$ – $0.44$ ), with a small to medium effect size. Thus, data do not show strong systematic biases in sample demographics, but may show a slight over-representation of those who found these identities slightly less important.

### 3.2 | Measurements

*Identity centrality* of three—parenting, domestic and provider—identities was measured using a sociogram task. Every participant completed the sociogram task twice per time-point. First, they were asked to complete the task representing perceptions of the self; second, and separately, they completed the task for perception of their partner. Although the sociogram task measured the centrality of 14 different identities, we focus on three parenting, domestic and provider identities to reduce complexity and facilitate modelling with sufficient degrees of freedom. Participants were presented with an A3 sheet of paper with the word “me” in the center for the *self-perception* task and “him/her” for the *partner-perception* task. Participants were also given a set of 14 stickers for each sociogram task, each with the name of one identity printed on it. All 14 identities were presented simultaneously, allowing participants to place the identities relative to each other. The *parenting*, *domestic* and *provider* identities were referred to (in French) as mother/father, housewife/husband and financial provider, respectively. Participants were asked to arrange the labels on the sheet placing closer to the center “those that characterize [you/your spouse] the most and those further that characterize [you/him/her] the least”. The distances of each label from the center were measured as an index of identity centrality and comprised the key dependent variable. This resulted in six variables per partner: *self-perceptions of parenting*, *provider and domestic identity centrality*, and *partner-perceptions of parenting*, *provider and domestic identity centrality*.

Importantly for longitudinal analyses, a paired samples  $t$ -test (see Table 1 for means and standard deviations)<sup>1</sup> confirmed that self-perceptions of parenting ( $t(328) = 12.25$ ,  $p < 0.001$ ) and domestic ( $t(328) = 7.23$ ,  $p < 0.001$ ) identities and partner perceptions of parenting ( $t(327) = 9.30$ ,  $p < 0.001$ ) and domestic ( $t(327) = 2.81$ ,  $p < 0.006$ ) identities changed significantly from T1 to T2. However, self-perceptions ( $t(328) = 1.21$ ,  $p = 0.23$ ) and partner-perceptions ( $t(327) = 0.33$ ,  $p = 0.74$ ) of the provider identity did not.

#### 3.2.1 | Psychological outcome measures

*Stress* was measured using a six-item scale, assessing the extent to which an individual was worried about the different possible concerns listed (i.e., problems with money, health, rights, concerns about my child, own professional status, spouse's professional status), rating each on a six-point scale (1 = Not one worry, 6 = Major concern). *Relationship satisfaction* was measured using ten items from Spanier (1976) dyadic satisfaction subscale of the dyadic adjustment scale. This subscale assesses the frequency of occurrence of positive or negative behaviors (e.g., confiding/quarrelling) or if they consider separation (e.g., “Do you sometimes consider divorce, separation or ending your current relationship?”; “Have you ever regretted getting married (or living together)?”). In line with scale design, items were scored on a six point Likert-type scale (1 = Always, 6 = Never), with one item on a four-point scale and one item on a seven-point scale. All items were averaged into the final scale.

#### 3.2.2 | Demographics

Gender, age, nationality, relationship length, household income, employment status and political orientation were measured at T1. Nationality was coded as 1 for Swiss and 0 for other. Political orientation was rated on a 5-point scale (anchored at 1 = extremely left, 5 = extremely right and 9 = uncertain/refusal). Monthly household income was rated on an 11 point scale (1 = <1,000, 2 = 1,001–2,000, ... 7 = 6,001–8,000, 8 = 8,001–10,000, 9 = 10,001–15,000, 10 = 15,001–20,000, 11 = >20,000). Employment status was recorded as yes (employed) or no (unemployed) at T1. At T2 employment was recoded as yes if participants reported that they an employment episode occurring in the same year as they completed the survey, and no if they did not. Relationship length was indicated indirectly by a count of the number of months living together. Participants' religion was recorded as 1 = Catholic, 2 = Protestant, 3 = another religion, 4 = no religious affiliation, 7 = don't know ( $n = 1$ ). This was recoded so that participants responding 1–3 were coded as 1 (religious) and

<sup>1</sup>A  $3(\text{self-perceived identity: parent vs. domestic vs. provider}) \times 2(\text{time point: T1 vs. T2}) \times 2(\text{gender: male vs. female})$  repeated measures analysis of variance revealed that although men and women reported significantly different identity centralities ( $F(1, 327) = 14.33$ ,  $p < 0.001$ ,  $\eta^2 = 0.04$ ), their change over time did not differ substantively ( $F(1, 327) = 2.19$ ,  $p = 0.14$ ,  $\eta^2 = 0.007$ ). A similar  $3 \times 2 \times 2$  RM-ANOVA on partner perceptions showed similar results, with men and women reporting significantly different identity centralities ( $F(1, 326) = 19.99$ ,  $p < 0.001$ ,  $\eta^2 = 0.06$ ); their change over time was reasonably similar ( $F(1, 326) = 3.68$ ,  $p = 0.06$ ,  $\eta^2 = 0.01$ ). As such we report change statistics for men and women pooled.

**TABLE 1** Means, standard deviations and bivariate correlations of self-perception and partner-perception identity centralities for men and women across T1 and T2

	Men		Women											
	M (SD)		1	2	3	4	5	6	7	8	9	10	11	12
Self-perception														
1 T1 Parent id.	2.23 (1.44)	2.42 (1.50)		0.41**	0.10	0.17*	0.20**	0.22**	0.73**	0.33**	0.09	0.06	0.14	-0.01
2 T1 Domestic id.	3.62 (2.03)	5.06 (2.49)	0.20**		0.03	0.10	0.56**	0.02	0.30**	0.63**	0.335**	0.03	0.28**	0.21**
3 T1 Provider id.	2.81 (1.54)	3.18 (1.71)	0.26**	0.05		0.02	-0.16*	0.24**	0.14*	0.24**	0.06	-0.03	-0.02	-0.11
4 T2 Parent id.	1.44 (0.55)	1.38 (0.67)	0.16*	0.07	0.175*		0.28**	0.10	0.09	0.13	0.03	0.27**	0.21**	0.21**
5 T2 Domestic id.	3.24 (2.06)	3.98 (2.7)	0.00	0.44**	-0.06	0.13		-0.17*	0.12	0.31**	0.31**	0.04	0.43**	0.3**
6 T2 Provider id.	2.57 (1.53)	3.50 (2.02)	0.19*	-0.04	0.33**	0.15	-0.18*		0.15	0.13	0.04	-0.02	0.16*	-0.03
Partner-perception														
7 T1 Parent id.	1.72 (1.12)	2.38 (1.52)	0.51**	0.17*	0.16*	0.05	0.05	0.20*		0.35**	0.02	0.03	0.05	0.09
8 T1 Domestic id.	3.09 (1.78)	4.70 (2.48)	0.17*	0.42**	0.39**	0.09	0.14	0.13	0.30**		0.13	0.09	0.43**	0.04
9 T1 Provider id.	3.17 (1.56)	2.17 (1.20)	0.15*	0.148*	0.27**	0.10	0.14	-0.09	-0.02	0.15*		0.02	0.16*	0.42**
10 T2 Parent id.	1.31 (0.55)	1.36 (0.82)	-0.02	0.03	0.06	0.40**	0.06	0.06	0.11	0.08	0.07		0.13	0.09
11 T2 Domestic id.	2.83 (1.74)	4.65 (2.52)	0.01	0.18*	0.18*	0.18*	0.35**	0.28**	0.10	0.44**	-0.06	0.11		0.09
12 T2 Provider id.	3.24 (1.59)	2.04 (1.24)	0.19*	0.24**	-0.09	0.17*	0.24**	-0.01	0.10	0.06	0.35**	0.07	-0.01	

Note: Women's bivariate correlations are above the diagonal, men's are below, \* $p < 0.05$ , \*\* $p < 0.01$ .

the rest were coded as 0 (non-religious). Finally, week of pregnancy was recorded at T1, whether the child was planned (0 = no, 1 = yes/unsure), and age and gender of child was recorded at T2.

### 3.3 | Analysis method

To disentangle self and partner influences we used an APIM (Kenny, Kashy, & Cook, 2006). We applied a two intercept, multi-level model, with distinguishable dyads (i.e., allowing effects to differ for males and females) to test and control for the interdependent nature of the data (i.e., within couples). Three separate longitudinal models were run, with outcome variables of the centrality of self-reported parenting, domestic and provider identities at T2. T1 predictors were (grand mean centered) self-reported parenting, domestic and provider identity centrality, partner perceptions of parenting, domestic and provider identity centrality. Controls of age, nationality, months living together, income, employment status (T1), political orientation, being religious, week of pregnancy (T1), whether the pregnancy was expected, age of child (T2) were added to all models. Controls were then removed in step-wise fashion when non-substantively related (due to limitations in degrees of freedom). The majority of controls were not substantively related within the model; this resulted in a maximum of two control variables reported in final models. Notably, results with and without these controls did not differ substantively.

The distinguishable dyad APIM allows us to split the effects of each predictor into actor and partner effects, testing if the influence comes from the self (i.e., actor effects) or the other (i.e., partner effects) for both men and women. All models were run using the generalized least squares method, with correlated errors and restricted maximum likelihood estimation in R via DyadR (Kenny, 2015).

The longitudinal APIM model allows partner coordination to be assessed in three key ways. First, *partner effects* (i.e., effects originating from one's partner) for self-reported identity centrality shows coordination among how partners see themselves (i.e., does how my partner sees himself later influence how I see myself). We refer to this as *intersubjective coordination*. Second, *actor effects* for the partner-perception variables show how couples coordinate with an image they have of the other (i.e., does how I see my partner influence how I see myself later). We refer to this as *coordination of subjective perceptions*. Third, (residual) correlations between self-report variables shows the remaining relation between how partners see themselves, which is unexplained by the model and may therefore represent baseline similarities or differences. We refer to this as (intersubjective) *compositional coordination*. In line with our definition of identity coordination, we will interpret a positive relation between partners on any of these parameters as coordination via *similarity-matching* (i.e., intersubjective similarity-matching, subjective perceptions similarity-matching, or compositional similarity-matching); a negative relation will be interpreted as coordination via *complementarity-matching* (i.e., intersubjective complementarity-matching, subjective perceptions complementarity-matching, or

compositional complementarity-matching), and no relation suggests no discernible coordination.

## 4 | RESULTS

### 4.1 | Descriptives

Analyses aimed to gain insight into whether partners coordinate their identities as they become parents. As such, our descriptive analysis focuses on relations among identity variables. Table 1 displays zero-order bivariate correlations among identities *within* individuals in addition to means and standard deviations of all variables at T1 and T2, all for men and women separately. The upper left quadrant tells us the structure of the individual's self-concept. This shows predominantly positive relations between identities, except domestic and provider, which tend to be null or negatively related. The lower left and upper right quadrants show how an individual's self-concept is related to their partner-perceptions, and as such speaks to the *perceived* partner coordination (H1/2). Positive correlations along the diagonals suggest participants perceive relatively strong levels of similarity based coordination, especially before the birth of the child (i.e., T1).

Table 2 displays correlations *between* partners, highlighting the intersubjective partner influence observed (H1/2). As such, all substantive relations point to non-independence in the data—supporting our expectation that couples influence each other's identities. The diagonals across the lower left and upper right quadrant show correlations among how individuals see themselves and are perceived by their partners. Small positive relations along diagonals suggest a degree of similarity in ratings—in other words, some consensus or accuracy in partners' ratings of each other. Importantly, the diagonal across the upper left quadrant shows correlations among partners' self-rated identity centrality. This correlation is often negligible and where present is usually negative for the same identities or positive for different identities, suggesting specialization. For example, the more the woman values her provider identity the more the man values his househusband identity, or vice versa. Together with Table 1, this suggests that partners' intersubjective coordination among identities diverges from their subjectively perceived coordination: Partners generally expect to be similar to each other (i.e., similarity matching), but seem to be specializing (i.e., complementarity matching).

### 4.2 | Main analyses: statistically modelling partner influence within the self-concept

#### 4.2.1 | Coordination predicting the parenting identity (H1)

First, we examined if change in the parenting identity at T2 was predicted by coordination among identities at T1 (see Model 1, Table 3). Results show that there is substantial discontinuity in the parenting identity between T1 and T2. Indeed, T2 parenting identity centrality

**TABLE 2** Bivariate correlations between men and women for self and other perceived identity importance across T1 and T2

Women	Men											
	1	2	3	4	5	6	7	8	9	10	11	12
Self-perception												
1 T1 Parent id.	0.04	-0.07	-0.04	0.04	0.04	-0.18*	0.06	-0.05	0.07	0.01	0.06	0.13
2 T1 Domestic id.	0.12	-0.03	0.16*	0.05	-0.06	0.04	0.17*	0.19**	-0.03	-0.01	0.20*	-0.20*
3 T1 Provider id.	-0.01	-0.03	-0.09	0.05	0.04	-0.07	-0.04	-0.10	0.17*	-0.12	-0.06	0.14
4 T2 Parent id.	0.16*	0.11	0.15	0.07	0.03	0.12	0.27**	0.21**	0.00	0.08	0.19*	0.10
5 T2 Domestic id.	0.06	-0.10	0.21**	-0.06	-0.19*	0.161*	0.08	0.15	-0.10	0.02	0.22**	-0.25**
6 T2 Provider id.	0.02	-0.01	-0.08	0.02	0.00	-0.25**	-0.04	-0.04	0.19*	0.03	-0.13	0.32**
Partner-perception												
7 T1 Parent id.	0.18**	-0.05	0.02	0.09	-0.01	-0.06	0.01	-0.08	0.11	-0.01	0.08	0.14
8 T1 Domestic id.	0.14*	0.12	0.02	0.03	0.14	-0.01	0.13	0.03	0.08	0.01	0.05	0.04
9 T1 Provider id.	0.01	-0.04	0.26**	0.12	-0.05	0.25**	0.05	0.22**	-0.15*	-0.08	0.27**	-0.19*
10 T2 Parent id.	0.15	0.02	0.12	0.24**	0.09	0.02	0.10	0.04	0.08	0.01	0.02	0.09
11 T2 Domestic id.	0.04	0.17*	-0.11	0.01	0.12	-0.12	0.06	0.04	-0.08	0.02	-0.03	-0.03
12 T2 Provider id.	0.13	-0.13	0.34**	-0.09	-0.19*	0.30**	0.06	0.16*	-0.09	-0.07	0.24**	-0.29*

Note: \* $p < 0.05$ ; \*\* $p < 0.01$ .

was only substantively (positively) predicted by its T1 rating in women, not men. Additionally, the explained variance of Model 1 was low at only 7.3% for women and 3.1% for men. This reinforces the interpretation that individuals undergo substantial psychological change in the transition to parenthood, such that the structure of the self at T1 is relatively unrelated to itself at T2. Given these substantial changes, it is perhaps not surprising that, counter to H1, we found no substantive coordination on the parenting identity over time.<sup>2</sup>

However, the lack of longitudinal effects does not mean there is no partner coordination on the parenting identity at all. Unplanned, cross-sectional models at T1 and T2 suggested various instances of coordination (see Table 4). The explained variance was very high for Model-T1 (56.8% for women, 31.7% for men) and moderate for Model-T2 (15.9% for women, 24.4% for men). Controlling for all actor and partner effects in the model, the remaining partial correlation between men and women's parenting was significantly negative at T1 ( $r = -0.18$ ,  $p < 0.01$ ) although not at T2 ( $r = -0.04$ ,  $p = 0.65$ ). This *compositional coordination* (i.e., of variance unexplained by the model at T1) indicates intersubjective, *complementarity matching* in men's and women's parenting identities, although this effect disappears after the birth of the child. We did not observe any other intersubjective partner coordination, except one partner effect (from men's provider identity) was

present in women at T1, so that the higher centrality of the man's provider identity was associated with lower centrality in the woman's parenting identity. However, actor effects on partner-perceptions showed a very strong *coordination of subjective perceptions*, in strong positive relations between how partners perceive their own and their partner's parenting identity (i.e., partners see each other as similar). This was especially strong before the birth of the child ( $\beta_{\text{women}} = 0.61$ ,  $\beta_{\text{men}} = 0.56$ ), but also after the birth ( $\beta_{\text{women}} = 0.20$ ,  $\beta_{\text{men}} = 0.40$ ).<sup>3</sup> This indicates that especially before the birth of the child new parents have a strong *desire* to coordinate by *similarity-matching*: The more important the man or women finds their parenting identity, the more they see their partner as finding this identity important. This effect exists despite there being no clear tendency for partners to actually coordinate these identities via similarity-matching intersubjectively. Thus, most prominently we found that partners had a strong *desire* to coordinate on their parenting identity on the basis of similarity matching, but no discernible intersubjective coordination was observed.

#### 4.2.2 | Specialization in the domestic identity (H2)

Next, we tested for specialization (H2), expressed in complementarity-matching in partners' coordination of their domestic identities (at T2) predicted by identities at T1 (see Model 2, Table 3). Here, we

<sup>2</sup>Only one marginal *social influence* effect emerged in women (i.e., a partner effect from the man's perception of her), where the more central the male sees his partner's parenting identity is to her, the more important it becomes to her in the future ( $\beta = 0.17$ ,  $p = 0.07$ ). This hints at influence dynamics where men may play a role constructing their significant other. But this relation is not robust: It is primarily driven by one data point, although inspection of this data point suggested that it was a genuine data point (i.e., it was not extreme and fits into the distribution).

<sup>3</sup>Model T1 also shows positive partner effects in men on parenting identity partner-perceptions, whereby the more a woman sees her partner's parenting identity as centrally important to him, the more central he sees the identity to himself ( $\beta = 0.15$ ,  $p < 0.008$ ). However, the cross sectional nature of this effect means that it is unclear if this is an "empathy effect" (i.e., where the woman is simply perceiving her partner accurately) or (short-term) influence. Notably, this effect does not persist in the longitudinal model ( $p = 0.57$ ), which hints that the former explanation is most appropriate.

**TABLE 3** Longitudinal Actor-Partner Interdependence Models predicting parenting, domestic and provider identity centrality for Women and Men, with beta estimates and 95% confidence intervals

Role	Effect	Model 1: T2 parenting id.			Model 2: T2 domestic id.			Model 3: T2 provider id.				
		Estimate	Lower	Upper	Estimate	Lower	Upper	Estimate	Lower	Upper	$\beta$	
Women	Intercept	0.56*	0.09	1.04	3.69***	3.22	4.16	3.37***	2.97	3.77		
Men	Intercept	0.81***	0.41	1.22	3.60***	3.19	4.01	2.75***	2.44	3.05		
Self-perceptions												
T1 Parent id.	Actor	0.13*	0.02	0.23	0.02	-0.35	0.38	0.01	0.34*	0.03	0.65	0.25
	Partner	0.02	-0.07	0.10	0.10	-0.19	0.39	0.06	0.06	-0.18	0.31	0.05
Men	Actor	0.06	-0.05	0.16	-0.12	-0.48	0.24	-0.08	0.08	-0.23	0.39	0.08
	Partner	0.00	-0.09	0.08	0.16	-0.12	0.45	0.10	-0.27*	-0.52	-0.03	-0.25
T1 Domestic id.	Actor	-0.03	-0.09	0.03	0.47***	0.27	0.67	0.45	-0.09	-0.26	0.07	-0.12
	Partner	0.01	-0.05	0.06	-0.17	-0.36	0.03	-0.16	-0.02	-0.19	0.14	-0.02
Men	Actor	0.02	-0.04	0.07	0.40***	0.21	0.60	0.39	-0.03	-0.20	0.14	-0.04
	Partner	0.00	-0.06	0.05	-0.14	-0.33	0.05	-0.13	-0.03	-0.19	0.14	-0.04
T1 Provider id.	Actor	0.02	-0.05	0.08	-0.25*	-0.46	-0.04	-0.16	0.18 <sup>^</sup>	0.00	0.36	0.16
	Partner	0.07	-0.02	0.15	0.12	-0.17	0.41	0.08	-0.17	-0.42	0.08	-0.13
Men	Actor	0.06	0.00	0.12	-0.06	-0.27	0.15	-0.04	0.31***	0.13	0.49	0.29
	Partner	0.02	-0.07	0.10	0.01	-0.28	0.30	0.00	-0.04	-0.28	0.21	-0.04
Partner-perceptions												
T1 Parent id.	Actor	-0.06	-0.16	0.05	-0.12	-0.39	0.32	-0.02	-0.09	-0.39	0.22	-0.06
	Partner	0.10 <sup>^</sup>	-0.01	0.20	-0.07	-0.43	0.28	-0.04	-0.05	-0.35	0.26	-0.03
Men	Actor	-0.03	-0.13	0.08	0.03	-0.32	0.38	0.02	0.17	-0.13	0.47	0.13
	Partner	0.02	-0.09	0.12	-0.10	-0.45	0.26	-0.05	0.10	-0.20	0.41	0.10
T1 Domestic id.	Actor	0.03	-0.02	0.09	0.10	-0.08	0.28	0.09	0.08	-0.08	0.23	0.10
	Partner	0.04	-0.03	0.11	0.08	-0.16	0.33	0.08	0.00	-0.21	0.21	0.00
Men	Actor	-0.02	-0.08	0.03	0.04	-0.15	0.22	0.03	-0.06	-0.22	0.10	-0.07
	Partner	0.00	-0.08	0.07	0.13 <sup>^</sup>	-0.11	0.38	0.12	0.02	-0.19	0.23	0.03
T1 Provider id.	Actor	-0.03	-0.12	0.06	-0.07	-0.04	0.56	0.16	0.18	-0.08	0.44	0.12
	Partner	-0.03	-0.10	0.04	-0.08	-0.32	0.16	-0.05	0.25*	0.04	0.45	0.20
Men	Actor	0.01	-0.07	0.10	0.03	-0.22	0.39	0.05	-0.11	-0.37	0.15	-0.12
	Partner	0.06	-0.01	0.13	0.14	-0.24	0.25	0.00	0.23*	0.03	0.44	0.20
Controls	Religious	0.20*	0.04	0.36	0.14							

Note: Standardized betas are calculated with the standard deviation pooled across all participants to allow comparison. <sup>^</sup> $p < 0.10$ ; \* $p < 0.05$ , \*\* $p < 0.01$ , \*\*\* $p < 0.001$ .

**TABLE 4** Actor-Partner Interdependence Models predicting parenting identity centrality cross-sectionally at T1 and T2 for Women and Men; presenting beta estimates and 95% confidence intervals

	Role	Effect	Model T1				Model T2			
			Estimate	Lower	Upper	$\beta$	Estimate	Lower	Upper	$\beta$
	Women	Intercept	2.10***	1.92	2.28		1.37***	1.24	1.51	
	Men	Intercept	2.39***	2.17	2.60		1.48***	1.38	1.58	
Self-perceptions										
Domestic id.	Women	Actor	0.15***	0.07	0.23	0.23	0.06*	0.01	0.11	0.22
		Partner	-0.02	-0.09	0.06	0.02	0.00	-0.06	0.06	0.00
	Men	Actor	0.10*	0.03	0.18	0.16	0.00	-0.05	0.05	0.01
		Partner	-0.01	-0.09	0.06	0.02	-0.02	-0.08	0.04	-0.07
Provider id.	Women	Actor	-0.01	-0.09	0.08	0.01	0.04	-0.02	0.10	0.11
		Partner	-0.12*	-0.22	-0.02	0.13	0.03	-0.05	0.10	0.08
	Men	Actor	0.18***	0.10	0.27	0.20	0.06*	0.00	0.12	0.17
		Partner	-0.02	-0.12	0.08	0.02	0.01	-0.07	0.08	0.02
Partner-perceptions										
Parent id.	Women	Actor	0.67***	0.57	0.77	0.61	0.18***	0.06	0.30	0.20
		Partner	0.06	-0.07	0.19	0.06	0.08	-0.11	0.26	0.08
	Men	Actor	0.62***	0.53	0.72	0.56	0.36***	0.23	0.48	0.40
		Partner	0.16*	0.03	0.29	0.15	0.14***	-0.04	0.33	0.16
Domestic id.	Women	Actor	-0.05	-0.12	0.03	0.07	0.02	-0.03	0.07	0.06
		Partner	-0.02	-0.12	0.08	0.03	0.04	-0.03	0.11	0.14
	Men	Actor	-0.08	-0.16	-0.01	0.12	0.04	-0.01	0.09	0.15
		Partner	0.01	-0.09	0.10	0.01	0.01	-0.06	0.08	0.03
Provider id.	Women	Actor	0.06	-0.06	0.19	0.06	0.06	-0.03	0.16	0.14
		Partner	0.06	-0.04	0.15	0.06	0.06	-0.01	0.13	0.13
	Men	Actor	0.08	-0.05	0.20	0.07	0.02	-0.08	0.11	0.04
		Partner	-0.02	-0.12	0.07	0.23	-0.06	-0.13	0.02	-0.13
Controls	Religious					0.16	0.02	0.30	0.11	

Note: Model 1 cross-sectionally predicts T1 parenting identity centrality from T1 identity predictors. Model 2 cross-sectionally predicts T2 parenting identity centrality from T2 identity predictors; Standardized betas are calculated with the standard deviation pooled across all participants to allow comparison.

\* $p < 0.05$ , \*\*\* $p < 0.001$ .

found more substantial continuity in the centrality of the domestic identity over the two-year observation period: Both men and women demonstrated significant positive actor effects with domestic identity centrality at T1. Additionally, the explained variance of Model 2 was good (32.4% for women, 17.1% for men). In support of H2, significant complementarity coordination was found. Men and women's domestic identities were weakly negatively correlated at T2 ( $r = -0.19$ ); this *compositional coordination suggests a pattern of intersubjective complementarity-matching*. Notably, the partial correlation between men and women's domestic identity controlling for the actor and partner variables in the model still remained substantive ( $r = -0.16$ ,  $p < 0.05$ ). Overall, Model 2 explained 43.07% of total non-independence—thus a reasonable degree of coordination on men and women's domestic identities at T2 was explained by identities at T1.

In line with H2a, there was evidence of *intersubjective coordination*, in marginally significant, negative partner effects on the

domestic identity for both men and women. Notably, the combined partner effect across both men and women was significant ( $\beta = -0.15$ ,  $p < 0.02$ ). This means that the more important one partner's domestic identity is to them at T1 the less important the domestic identity is to the individual at T2. Importantly this effect was driven intersubjectively, not via subjective partner-perceptions (which showed no relation; i.e., there was not a negative relation between the actor effect of partner-perceptions on the domestic identity). This supports the expected pattern of *complementarity-matching* coordination (H2a) where, if one partner highly values the domestic identity at T1, then the other values it less at T2.

Although, counter to H2c, we did not find a negative relation between partner's self-reported provider identity and domestic identity, we did find that the women's partner-perception of the provider identity (i.e., the actor-effect) showed a marginal positive relation with their domestic identity. This highlights *coordination among*

**TABLE 5** Longitudinal Actor-Partner Interdependence Models predicting relationship satisfaction and stress for Women and Men, with beta estimates and 95% confidence intervals

	Role	Effect	Model 4: T2 relationship satisfaction				Model 5: T2 stress			
			Estimate	Lower	Upper	$\beta$	Estimate	Lower	Upper	$\beta$
T2 relationship/stress	Women	Intercept	4.67***	4.61	4.73		2.56***	2.41	2.70	
	Men	Intercept	4.64***	4.58	4.71		2.72***	2.57	2.87	
T1 Relationship/Stress	Women	Actor	0.88***	0.70	1.06	0.67	0.58***	0.44	0.73	0.59
		Partner	-0.09	-0.27	0.09	-0.067	0.02	-0.11	0.15	0.02
	Men	Actor	0.74***	0.56	0.92	0.56	0.31***	0.16	0.45	0.31
		Partner	0.31***	0.13	0.50	0.24	0.07	-0.06	0.20	0.07
Self-perceptions										
Parent id.	Women	Actor	-0.01	-0.05	0.03	-0.03	-0.05	-0.15	0.04	-0.09
		Partner	0.02	-0.03	0.06	0.06	-0.05	-0.14	0.03	-0.09
	Men	Actor	0.01	-0.03	0.06	0.03	-0.03	-0.13	0.06	-0.05
		Partner	0.02	-0.02	0.06	0.06	0.07	-0.01	0.16	0.12
Domestic id.	Women	Actor	0.01	-0.02	0.04	0.04	0.01	-0.06	0.08	0.02
		Partner	0.00	-0.02	0.03	0.02	-0.01	-0.07	0.05	-0.03
	Men	Actor	0.02	-0.01	0.05	0.10	0.04	-0.03	0.10	0.09
		Partner	0.00	-0.03	0.03	0.00	-0.05	-0.11	0.01	-0.12
Provider id.	Women	Actor	0.01	-0.02	0.04	0.03	0.02	-0.07	0.11	0.04
		Partner	0.02	-0.02	0.06	0.06	0.04	-0.05	0.14	0.08
	Men	Actor	-0.01	-0.04	0.02	-0.05	0.00	-0.08	0.09	0.01
		Partner	0.03	-0.01	0.06	0.09	-0.01	-0.10	0.08	-0.02
Interactions										
T1 parent continuous	Women		0.01	-0.05	0.06	0.02				
	Men		0.03	-0.02	0.09	0.10				
T1 parent dichotomous	Women		-0.01	-0.15	0.13	-0.01				
	Men		-0.14 <sup>^</sup>	-0.29	0.00	-0.16				
T1 domestic continuous	Women		-0.02	-0.07	0.03	-0.08	-0.13*	-0.25	-0.01	-0.30
	Men		-0.04	-0.09	0.01	-0.19	-0.01	-0.13	0.11	-0.02
T1 domestic dichotomous	Women		0.05	-0.15	0.24	0.05	0.37	-0.09	0.84	0.21
	Men		0.21*	0.02	0.40	0.24	0.17	-0.29	0.63	0.09
T1 provider continuous	Women						-0.03	-0.15	0.09	-0.06
	Men						-0.01	-0.13	0.11	-0.01
T1 provider dichotomous	Women						0.31 <sup>^</sup>	-0.03	0.66	0.17
	Men						-0.12	-0.46	0.22	-0.07
Controls										
Child planned	Women		0.21 <sup>^</sup>	-0.01	0.43	0.10	-0.78*	-1.38	-0.18	-0.20
	Men		0.00	-0.19	0.19	0.00	-0.29	-0.83	0.25	-0.07
Religion	Women						0.30 <sup>^</sup>	-0.02	0.62	0.14
	Men						0.28*	0.00	0.56	0.13

Note: Standardized betas are calculated with the standard deviation pooled across all participants to allow comparison.

<sup>^</sup> $p < 0.08$ , \* $p < 0.05$ , \*\*\* $p < 0.001$ .

*subjective perceptions*, in that the more central the woman sees her partner's provider identity is to him at T1, the more central her domestic identity becomes to her at T2. This suggests that women try to compensate by doing more in the home if they see their partner as being more focused on work. This reinforces the presence of

*complementarity-matching* in men and women and also underscores the traditional gender specializations anticipated in H2d.

Finally, we assessed traditional gender specializations by investigating if the self-reported domestic identity was more negatively related to the self-reported provider identity in women than men. In

line with H2d, women's T1 self-reported provider identity negatively and substantively predicted their T2 domestic identity, so the less important the provider identity, the more important the domestic. Although this effect was not substantively stronger in women than men ( $Z = 1.07, p = 0.28$ ), the effect for men was smaller and non-substantive, suggesting important differences between men and women nonetheless. This points to women's cognitive management of provider and domestic identities, suggesting that particularly women see these identities as less compatible, and try to specialize on one identity. So altogether, this model highlights good support for complementarity-matching coordination of identities in couples, showing specialization both within the individual (for women, between the domestic and provider identity; H2d) and crucially also between partners (H2a/c), which also highlight some traditional gender orientations.

#### 4.2.3 | Specialization in the provider identity (H2)

Finally, we examined the extent to which change in the provider identity was predicted by coordination among identities at T1 (see Model 3, Table 3). There was reasonable continuity in the centrality of the provider identity over the transition to parenthood: Both men and women demonstrated positive actor effects with provider identity centrality at T1. The explained variance of Model 3 was reasonable (8.4% for women, 16.7% for men). A small negative correlation existed between women's and men's provider identities ( $r = -0.27$ ). Model 3 explained 31.25% of this interdependence. With actor and partner effects controlled for, this total partial correlation reduces, but it remains substantive ( $r = -0.24, p < 0.004$ ), reinforcing this pattern of compositional coordination of complementarity-matching

Counter to H2, there was little evidence of complementarity based coordination in the development of the provider identity with T1 identities: There was no negative relation between provider identities (H2b) or between domestic and provider identities (H2c; neither in self-reports or partner-perceptions) among partners. Additionally, counter to H2d, there were no differences between the domestic-provider identity relations ( $Z = 0.60, p = 0.55$ ) in men and women. So, although we found evidence of contemporaneous, *intersubjective, complementarity-matching* in partners' provider identities at T2, this was not substantively explained by coordination of identities at an earlier time point. Thus, counter to H2, the development in the provider identity did not support complementarity-matching in partners' provider identities.<sup>4</sup>

<sup>4</sup>Some evidence of partner coordination emerged for men. A partner effect from the women's self-reported parenting identity substantively, negatively predicted the man's provider identity centrality. This coordination does not conform to any of those predicted, being closest to similarity matching where men do not want to put too much value on their provider identities at T2 when their partner finds parenting highly important at T1. Notably, however, we also observed a marginal positive relation between women's provider and parenting identities, so the centrality of her parenting identity at T1 positively predicted the importance of her provider identity at T2. Putting these two effects together, coordination between partners may reflect complementarity-matching—as the centrality of a women's parenting identity goes up, so does her provider identity centrality, and her partner's provider identity centrality in turn decreases. Partner based *social influence* was observed in both men and women, in a significant, positive partner effect on partner-perceptions of the provider identity. This shows that the more women and men see their partner's provider identity as important to him/her, the more important it becomes to him/her in the future.

### 4.3 | Psychological consequences of coordination (H3)

Next, we tested the consequences of partners' identity coordination for psychological outcomes of relationship satisfaction and stress. We ran two longitudinal APIMs with these variables at T2 as the outcome variables, and their T1 scores as controls (see Table 5). Self- and partner-perceptions of parenting, domestic and provider identity centrality at T1 were predictors, and all controls were checked. The main test of the hypothesis was new interaction variables between partners' self-reported and partner-perception identity centralities. Due to our theoretical interest in similarity or differences in centrality, we calculated the interaction variable as the absolute difference scores between men and women's centrality scores per couple. As such, low scores on interactions can be interpreted as more partner similarity (i.e., more similarity-matching) and high scores as greater partner differences (i.e., more complementarity matching). Following post hoc inspection of the distribution (revealing a positive skewed distribution) of these difference scores we decided to add both a continuous version of the interaction and a dichotomized version of the interaction to the model simultaneously. The dichotomized variable was constructed so those equal to or below the median (range = 1.00–2.66) were coded as 0 (i.e., more similar) and those higher were 1 (i.e., more different). We did this because our inspection of data highlighted a probable theoretical difference between being a little different from your partner from being very different from your partner. Indeed, even though including this alternative specification spreads the variance across two variables and therefore reduces the power to detect an effect, it is in fact when only continuous effects are modelled that no substantive effects emerge (see Appendix S1). Also, one final note on model building: Because the ratio of observations to parameters in the model was low, we report a stripped down model with non-significant variables removed (retaining lower-order main effects of significant interactions). Importantly, effects in the full model do not differ notably from the reduced model (see Appendix S2).

In both models, the main effects for the identity variables were not substantive, suggesting that absolute levels of identity centrality were not impactful for partners (all  $\beta < 0.12$ , all  $p$ 's  $> 0.12$ ). However, both models provide some first evidence that identity coordination might influence long-term relationship satisfaction and stress.

First, we inspected the relationship satisfaction model. In support of hypothesis 3a, for men, higher levels of intersubjective difference (than the median) between partners on the centrality of their domestic identity predicted a medium sized, substantive increase in relational satisfaction approximately two years later ( $B = 0.21, 95\% \text{ CI } [0.02, 0.41], p = 0.03$ ). A smaller and opposite tendency emerged for the parenting identity: For men, the more different partners were on their parenting identities (than the median), the greater the reduction in relationship satisfaction two years later ( $B = -0.14, 95\% \text{ CI } [-0.29, 0.00], p = 0.052$ ). Thus, in support of H3a, intersubjective identity coordination impacted

couples' well-being two years later. Both forms of similarity and complementarity coordination lead to positive consequences for relationship satisfaction two years later, depending on identity. For men, greater differentiation on the domestic identity was associated with more relationship satisfaction, but there was also the suggestion that more similarity on the parenting identity predicted greater relationship satisfaction.

Finally, we tested the stress model. In support of H3b, this model revealed that, for women, greater differentiation in the centrality of partners' domestic identities (continuously) predicted a reduction in stress two years later ( $B = -0.13$ , 95% CI  $[-0.25, -0.01]$ ,  $\beta = 0.30$ ,  $p = 0.04$ ). In contrast, for women, greater differentiation in the centrality of the provider identity (than the median) marginally predicted an increase in stress two years later ( $B = 0.31$ , 95% CI  $[-0.03, 0.66]$ ,  $\beta = 0.17$ ,  $p = 0.075$ ). So, intersubjective similarity-matching in the provider identity might be beneficial in helping to reduce stress in this case. Thus, results suggest that intersubjective similarity- and complementary-matching of identities between partners might help reduce stress, depending on what identity is involved. Together, results suggest that the extent and type of coordination between partners has small but marked psychological consequences for their relationship satisfaction and experience of stress.

## 5 | DISCUSSION

Results present some initial support for partner-based coordination in the co-development of multiple identities in the transition to parenthood. Importantly, we tested both self-reports and partner perceptions, which allowed us to disentangle intersubjective coordination from subjectively perceived coordination. In support of partner coordination, and in line with H2, we found strong evidence for *intersubjective complementarity coordination* on the domestic identity. First, supporting H2a, the centrality of an individual's domestic identity was predicted negatively by the centrality of their partner's domestic identity two years earlier. This highlighted intersubjective complementarity coordination, so that the more important an individual's domestic identity was to them, the less important this identity became to their partner later. Second, in line with H2c we found some complementary based partner coordination across provider and domestic identities, but only in women. More specifically, women's domestic identities became more central at T2 when they saw their partner's provider identity as more central to him at T1. Specifically, the more important the woman saw her partner's provider identity was to him at T1 the more important her domestic identity became to her later. Third, in line with H2d, women also evidenced more traditional gender specialization, with slightly stronger negative relations emerging between their provider and domestic identity centralities than in men. Moreover, supporting H3a and H3b, couples' complementary-matching in the domestic identity was associated with positive health outcomes, increasing relationship satisfaction in men, and reducing stress in women two years later. Thus, strong evidence of complementarity matching was

observed in the development of the domestic identity, and in the positive consequences of this for couples' well-being.

For the provider identity patterns of partner coordination were observed but they did not strongly support the expected complementarity matching (counter to H2c/d). This all adds credibility to our null findings on partners' longitudinal coordination in the development of the parenting identity. Here, we found a strong discontinuity between couples' parenting identities pre and post the child's birth. So, counter to expectations (H1), there was no substantial longitudinal relation among parenting identities. However, we did find strong cross-sectional orientations toward similarity-matching in couples' parenting identities before and after the birth of their child, which aligns with H1a. Thus, overall we found some important initial support for couples' coordination in their identity centralities during the transition to first time parenthood, and in the consequences of this for partners' well-being.

### 5.1 | Theoretical implications

Most prominently, the results suggest that partners engage in a psychological process of coordination of their identities during their transition to parenthood. Across multiple—parenting (cross-sectionally only), domestic and provider—identities we found evidence that a partner's identity centrality before the birth of the child was associated with the other partner's identity centrality after the birth. Substantial evidence in the developmental literature has confirmed that parents engage in coordination of activities in rearing their child (e.g., Schoppe-Sullivan et al., 2004). This coparenting research has demonstrated that through shared activity, interaction, and observation parents can develop methods of coordinating their childcare. The present research adds to this by showing that coordination is not only practical but also psychological, expressed in interdependence between partners' parenting, domestic and provider identities. Thus, results support the claim that individuals not only coordinate the structure of multiple identities within the self (Amiot et al., 2007), but they coordinate these structures socially with their partners, potentially to optimize functioning as a couple. This confirms that social factors have a broad and far reaching impact on individuals, not only shaping how they see certain identities (Turner, 1985), but also shaping the structure of the self-concept in the centrality of different identities.

We observed two key forms of social coordination of identities in couples. First, we found the clearest evidence for complementary coordination, which was especially visible in the coordination surrounding the domestic identity, and at times was suggestive of traditional gender roles. Although most identity research to date has focused on similarity in partners, our results chime with a growing body of research that argues that groups can find strength in the differences of their members (Postmes et al., 2005). This also aligns with structuralist perspectives (Eagly & Wood, 1999) that parents specialize so that only one focuses on domestic tasks. Moreover, the present research adds to this by showing that not only does one partner value their domestic identity more, but that

this is associated with the extent to which the second partner values this identity, potentially encouraging them to *devalue* their own domestic identity. It is precisely this compensatory dynamic between partners which characterizes structuralist conceptualizations of specialization, but which research rarely offers an insight into. Indeed, it is only through dyadic data analysis that we are capable of testing such compensatory dynamics. Thus, although the outcome of specialization may be that one partner values an identity more, the process which creates this psychological asymmetry perhaps paradoxically involves both partners coordinating their identities together. As such, this research provides new evidence supporting specialization of identities in parents in terms of complementarity coordination.

Second, although evidence was weaker, we also found some suggestion of similarity matching (cross-sectionally) between partners' perceptions of their parenting identities. This was especially pronounced before the child's birth. This suggested that new parents have a very strong desire to "be on the same page", in the sense that they see each other as equally valuing their parenting identities. This finding adds to a large body of research which has shown the presence of similarity in couples (e.g., Aron et al., 1991). However, we add to this in at least two ways. First, in line with the findings discussed above, results suggest that desires for similarity may be domain specific: Although short-term similarity in the parenting identity may be desired, this tendency was not present in the domestic identity. Thus, couples may seek convergence in some identities and divergence in others. Second, we also show that this subjectively perceived coordination in the parenting identity persisted despite any observable similarity matching in partners' intersubjective coordination. This highlights a risk of mis-coordination in new parents. Although we did not directly test the origin of such mis-coordination, it is possible that the cause of this artificially inflated self-other overlap in the parenting identity is due to self-projection, where the individual projects his or her own identity centrality onto their partner. This process may be facilitated by the lack of concrete evidence to go on when estimating the partner's parenting identity centrality at T1 (Van Veelen, Otten, & Hansen, 2013), but may become less possible at T2 when more information is available (i.e., resulting in a reduction of perceived similarity at T2). Thus, altogether, results suggest the presence of similarity matching but also its potential risks in perpetuating mis-coordination—an interesting avenue for future research.

Together, our results reinforce an image of the self-concept as a complex network of interconnected identities, where changes in one identity have implications for others. First, an individual has to manage these identities, negotiating their position within the self-concept. In other words, changes in one identity can cause entropy in the self-concept, motivating changes in other identities (e.g., the provider identity impacting the domestic identity in women). Notably, this research seems to suggest that some identities were stronger *predictors* of change than others (e.g., provider identity more strongly predicted the domestic identity than vice versa). This aligns with research on master statuses (Krüger & Levy, 2001), that those groups that are particularly defining in one's life may have more

influence within the self-concept shaping the development of different identities (see also Turner-Zwinkels, Postmes, & van Zomeren, 2015). Second, an individual also has to coordinate these identities socially. In this case, we focused on partners' coordination. But such social coordination should also take place more broadly among other group members (e.g., colleagues; Meeusen et al., 2014). Thus, processes of both intrapersonal and interpersonal coordination of identities are crucial in shaping people's ultimate understanding of who they are and how they fit into their social world. In this way, this research takes an important step toward empirically recognizing the dynamic, social processes that structure the self-concept.

Finally, our results also have implications for research on the role of social identity in health. Findings suggest that social factors, bound up in the dyadic coordination of identities within couples, might have an important impact for well-being. The burgeoning literature on the impact of social identities in health has provided substantial support for the idea that more and stronger social identities can offer crucial protection of well-being through life transitions (Iyer et al., 2009), and also in other difficult times (e.g., managing an illness; Jetten, Haslam, & Haslam, 2012). The present research adds to this by showing that it may not only be the *absolute* level of identification which can impact an individual's well-being, but the way that these identities fit with those of significant others. Indeed, the present findings show that identity centrality itself did not predict well-being, but in some cases the form of coordination between identities was predictive. Although effects were not strong, one interesting, consistent effect emerged where, for men, more complementarity between partners' domestic identities predicted a substantive increase in relational satisfaction. This effect was also mirrored in women, in whom such complementarity reduced stress. This adds to previous research (e.g., Postmes et al., 2005) to show that complementarity in identities not only within individuals (cf. Linville, 1987) but across partners might be beneficial. Thus, findings suggest that in order to fully understand the impact of social identities on health, we also need to consider the impact of social context, in how partners coordinate the centrality of their identities as a couple.

## 5.2 | Practical implications

The present research speaks to the value of sociogram-style measures in assessing the relations between identities and partners. This measure is relatively simple for participants to complete, but provides a rich source of data for researchers on the structure and development of multiple identities over time. There is a growing research interest in how people can manage a multifaceted concept, with many and potentially conflicting identities. In line with this, new methods have been proposed to measure (Cruwys et al., 2016) and statistically model the relation between identities (e.g., using network analysis; Turner-Zwinkels et al., 2015). In the present research, both partners were asked to complete the sociogram task for themselves and each other, giving a more detailed dyadic test of identity change in the transition to parenthood. As such, this research showcases the value of modelling interpersonal influences of

identity change: Together, the sociogram task with APIM allows us to separate individual- from other-originating effects and deepen our understanding of how psychological interdependence develops.

Finally, our results have practical implications for how partners should manage the transition to parenthood. Our analyses suggest that partners may be at risk of experiencing negative consequences of identity mis-coordination after the birth of the child. Indeed, our findings confirm that the transition to parenthood requires substantial psychological change—especially in the parenting identity. Indeed, there was very little continuity between the centrality of the parenting identity before the birth and after, especially for men. This meant that new parents' connection with their past self was low. Moreover, there was also no discernible tendency for partners to coordinate on this identity over time, despite a very strong subjective perception that they were similar. This has the potential to increase tension during the transition to parenthood as partners discover that they have different expectations of parenting, despite hopes or expectations that they are on the same page. Thus, our method and approach highlight some of the potential pitfalls and stresses that are likely to impact a couple as they become parents—and knowledge of which could potentially help them to better prepare for what is to come.

### 5.3 | Limitations

Three key limitations should be considered in the interpretation of the results. First, there was a large time gap between T1 and T2 measurement. Given the substantial changes that individuals go through in this two-year period, this gap may be too large to track the longitudinal changes of identities thoroughly. This means that it should not be concluded that there is no longitudinal coordination on the parenting and provider identity at all, but that coordination may take place over a shorter time-frame (as suggested by cross-sectional analyses). On the one hand, this may mean that longitudinal effects that did emerge can be seen as a conservative, lower estimate of the long-term influence of identity centrality and their coordination over time. On the other hand, the reader should be cautious not to draw strong causal conclusions from analyses, as time-ordered effects may not indicate causality. Although we checked that observed effects could not be explained by various controls (e.g., religiosity, political ideology, etc.) in order to effectively rule out as many spurious relations as possible, there may have been other lurking variables not tested. Thus, future studies should be run in order to further probe questions of causality. In a similar vein, it is plausible that relationship satisfaction/stress is not only a result of but also an antecedent of coordination. Indeed, both causal directions are highly likely, reflecting a feedback cycle between these variables. We hope that future work expands on these findings, seeing them as part of a more complex dynamic model of life transitions.

Second, our data were gathered in Switzerland. As such it is possible that more traditional gender orientations might have been expressed in this sample (e.g., Bühlmann et al., 2009) than would be visible in more progressive countries. Nevertheless, we would still expect partners to coordinate their identities in these countries,

but perhaps in a different form (e.g., both valuing the domestic and provider identity similarly as an expression of equality). However, this would need to be verified in future research. Third, sociogram measures rely on single item measures per identity. This can somewhat reduce the reliability of estimates and impact model estimates. Although there is research which suggests that sociogram tasks such as these are valid and reliable measures (Cruwys et al., 2016), it remains important for future research to replicate results with different scale measurements.

## 6 | CONCLUSION

This research demonstrates that the transition to parenthood is bound up with psychological processes, which are both coordinated and mis-coordinated among couples. First time parenthood strongly impacts the development of the parenting, domestic and provider identities, forcing new parents to reconsider the importance of these identities and how they position themselves on these identities relative to their partner. This results in a process of identity change and identity coordination in new couples. However, heterosexual partners coordinate these identities in different ways (e.g., similarity vs. complementarity) and with varied success. While we found clear evidence of coordination on some identities (e.g., complementarity coordination in domestic identities), we found less coordination on others (i.e., on the parenting identity, where limited observed coordination was similarity based). This highlights the crucial variation between identities that may facilitate or block the ability of partners to coordinate in moments of transition in their life, and may ultimately impact the health and well-being of the new family.

### ACKNOWLEDGEMENTS

This publication benefited from the support of the Swiss National Centre of Competence in Research LIVES—Overcoming vulnerability: Life course perspectives (NCCR LIVES), which is financed by the Swiss National Science Foundation (grant number: 51NF40-160590). The authors are grateful to the Swiss National Science Foundation for its financial assistance. We also thank Jean-Marie Le Goff for his help in providing information on the study and Tomas Turner-Zwinkels for his help in the development of this manuscript.

### CONFLICT OF INTEREST

The authors can confirm that they have no conflict of interest or relationship, financial or otherwise that might be perceived as influencing their objectivity.


### TRANSPARENCY STATEMENT

The data is publicly available at <https://forsbase.unil.ch/project/study-public-overview/15352/0/>.

## ETHICAL STATEMENT

The survey was approved by the ethical committee of the University Hospital of the Canton of Vaud ethical committee of the "Department of women-mother-child".

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## SUPPORTING INFORMATION

Additional supporting information may be found online in the Supporting Information section at the end of the article.

**How to cite this article:** Turner-Zwinkels FM, Spini D. (Mis-) Coordinating identities in the transition to parenthood: Investigating the co-development of partners' parenting, domestic and provider identities before and after the birth of the first child. *Eur J Soc Psychol*. 2020;50:1–17. <https://doi.org/10.1002/ejsp.2591>