

Exploring Labour Division and Parental Stress During Early Parenthood

by

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I began this master's journey in 2021 and learned shortly after that I was pregnant. I had mixed feelings about whether I could complete a master's program and become a mother at the same time. Though it took longer than I intended to finish my capstone, I am deeply proud to say that I accomplished both. This would not have been possible without the unwavering support of my incredible community.

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Abstract

The transition to parenthood is a critical period marked by high stress, particularly when caregiving and household responsibilities are unequally divided. This capstone explores how the equitable division of unpaid labour between partners impacts chronic stress and mental well-being in new parents. Guided by the question How does an equitable distribution of co-parenting tasks impact chronic stress in new parents? the author synthesises empirical studies from psychology and family research. Using thematic analysis of 13 peer-reviewed articles selected through comprehensive database searches, the author identifies recurring themes related to gendered labour inequities, their psychological effects on mothers and fathers, and the central role of partner support. Major findings indicate that unequal labour division elevates parental stress, emotional exhaustion, and depressive symptoms, which in turn affects family functioning and child development. The review highlights a notable gap in the literature concerning the protective and relational benefits of equitable labour sharing. In response, in Chapter Four the author examines clinical interventions and recommendations for counsellors who support clients who are navigating these inequities and their associated mental-health impacts. Drawing on feminist and systemic frameworks, the author emphasises that relational therapy models can help couples to recognise and renegotiate the power dynamics embedded in caregiving roles. The author concludes by underscoring the importance of integrating these perspectives into research and practice to promote relational equity, reduce chronic stress, and enhance family well-being, with implications for adaptation across diverse family structures.

Keywords: division of labour, equitable co-parenting, parental stress, gendered labour, counselling psychology

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Chapter One: Introduction

Background Information

Despite decades of progress toward gender equality, traditional roles still quietly shape how partners divide responsibilities at home, especially after the birth of a child (Faircloth, 2021; McConnon et al., 2022). The reemergence of these patterns during early parenthood raises urgent questions about fairness, partner support, and psychological strain. This period often marks a shift back toward more conventional norms, in which women take on a disproportionate share of domestic, emotional, and caregiving responsibilities (Aviv et al., 2024; Carian & Abromaviciute, 2023; Kamp Dush et al., 2018; Kaplan & Offer, 2022; Koster et al., 2022). These imbalances increase stress and diminish the well-being of mothers. In this capstone I examine how unequal divisions of emotional and domestic labour—defined here as unpaid household work, childcare tasks, and the associated mental load—during the transition to parenthood primarily affect mothers' stress and mental health, while also considering the impacts on fathers, relationship dynamics, partner support, and children's emotional and developmental outcomes.

Despite the negative effects of unpaid domestic labour on mental health being well documented, the literature on how a more equitable distribution might alleviate psychological distress is limited. This gap is particularly relevant to counselling psychology, because unequal divisions of unpaid labour can have far-reaching consequences not only for individual mothers' well-being but also for couple relationships and overall family functioning.

Beyond the physical and cognitive demands of domestic labour, women are also frequently responsible for managing relational and emotional tasks during this pivotal transition (Gillis & Roskam, 2019; Meier et al., 2020). These gendered disparities have been linked to increased marital conflict, as well as lower levels of marital and sexual satisfaction (Khalsa et al.,

2022; Koster et al., 2022; Ruppener et al., 2018). Notably, this pattern appears to be specific to heterosexual couples, because research has not shown similar inequities among same-sex partnerships (Feugé et al., 2019; Perry-Jenkins & Gerstel, 2020).

The transition to parenthood is a particularly stressful time for couples (Im & Ispa, 2022; Kamp Dush et al., 2018; Lim & Shim, 2021; McPherson et al., 2022). Parental stress is associated with a variety of mental-health conditions and can have far-reaching effects on individual parents, the couple, and their children (Gillis & Roskam, 2019; Khalsa et al., 2022; Meier et al., 2020; Mikolajczak et al., 2018).

Given the extent of these impacts, effective partner support plays a critical role in maternal mental health. However, existing research has largely focused on emotional reassurance but overlooked the practical assistance required with daily responsibilities (Lebert-Charon-Lebert et al., 2022; Gillis & Roskam, 2019; Meier et al., 2020). This underappreciation of practical support contributes to ongoing stress and is often overlooked in therapeutic interventions. Consequently, there is a growing need for strategies that promote shared responsibility across all dimensions of unpaid labour to better support maternal well-being during early parenthood.

The consequences of this imbalance in support extend beyond maternal mental health in that parental stress and emotional strain significantly influence the quality of parent-child interactions and overall family dynamics (Im & Ispa, 2022; Khalsa et al., 2022; Lim & Shim, 2021; McPherson et al., 2022). These dynamics can have lasting effects on children and contribute to behaviour problems, emotional dysregulation, and developmental challenges (Mikolajczak et al., 2018).

To address these interconnected issues, in this study I examine the nuanced contributions of different unpaid labour tasks and partner involvement to the psychological well-being of new mothers, with the goal of informing more effective, targeted interventions.

Research Problem

When caregiving and household tasks fall disproportionately on one parent—typically, the mother—it places that parent at heightened risk for chronic stress, emotional exhaustion, and poor mental health (Aviv et al., 2024; Mikolajczak et al., 2018). This imbalance also disrupts family functioning and affects partner relationships, co-parenting quality, and children’s well-being (Gillis & Roskam, 2019; Im & Ispa, 2022; Khalsa et al., 2022; Koster et al., 2022; Lim & Shim, 2021). Despite extensive evidence on the negative effects of unequal labour, it remains unclear whether a more equitable division of co-parenting tasks can meaningfully reduce chronic stress for new parents. Therefore, in this capstone I investigated the question, How does equitable distribution of co-parenting tasks impact chronic stress in new parents?

Rationale

Although most of the existing research highlighted the negative consequences of unequal task sharing (Carian & Abromaviciute, 2023; Khalsa et al., 2022; Koster et al., 2022), no researchers have explored the potential benefits of equitable labour division. Based on the established harms of imbalance, it is reasonable to hypothesise that a more equal distribution of responsibilities could reduce maternal stress and improve well-being. Establishing greater equity could also improve fathers’ involvement and the co-parenting dynamics (Cowan et al., 2022; McDonnell et al., 2019).

Without addressing these structural dynamics in both research and clinical settings, the risk is that persistent inequalities will continue to drive parental burnout and relationship strain

and have intergenerational impacts on child well-being. A better understanding of how equity in unpaid labour affects family systems can inform more effective, strengths-based approaches to support parents during the critical transition to parenthood.

Significance

Chronic stress in new parents is both a mental-health concern and a relational challenge, which makes it highly relevant to the field of counseling psychology (Aviv et al., 2024; Gillis & Roskam, 2019; Khalsa et al., 2022; Meier et al., 2020; Mikolajczak et al., 2018). Although prior research has thoroughly documented the negative consequences of unequal parenting and household labour—particularly for mothers—researchers have paid far less attention to the potential benefits of equitable task-sharing. In this study I addressed this gap by exploring whether a more balanced division of labour can reduce chronic stress and improve relational outcomes for new parents.

My research has built on theoretical frameworks such as family systems theory (Minuchin, 1974) and equity theory (Walster et al., 1978), which I have extended to the postpartum period. Rather than a focus solely on individual psychological symptoms, this approach emphasises how structural household dynamics—such as labour distribution—shape both personal well-being and couples' functioning.

This study offers important implications for counseling psychology because it moves beyond the documentation of parental stress to highlight actionable, system-aware clinical strategies. The findings suggest that therapists who work with new parents should routinely assess the division of household and parenting responsibilities during intake to uncover hidden sources of stress or resentment. Furthermore, interventions that integrate equity-focused approaches—such as facilitating open dialogue on task distribution and supporting the

renegotiation of roles—can help couples to build resilience and prevent burnout. In emphasising how structural household dynamics influence both individual well-being and couples' functioning, this research creates a framework for the promotion of fairness and psychological health in families during the critical postpartum period.

Definition of Key Terms

To ground this discussion and ensure clarity, it is important to define key terms that I use throughout this paper. These concepts, such as *unpaid labour* and/or *domestic labour*, *mental load*, and *parenting stress*, are central to an understanding of how gendered expectations shape the experiences of new parents and are foundational to the feminist analysis that I applied in this study. For the purposes of this paper, unpaid labour and domestic labour refer to all responsibilities and tasks performed to maintain a household and care for its members, without any form of monetary compensation (Ervin et al., 2022). This includes both housework and childcare, which together fall under the broader category of domestic labour. Housework involves tasks such as cleaning, doing laundry, and washing dishes (Koster et al., 2022); whereas childcare includes supervision, feeding, bathing, dressing, and the emotional engagement required to care for children (Kamp Dush et al., 2018; McDonnell et al., 2019). These responsibilities are closely interrelated; for example, feeding children often generates additional housework, such as cooking and dishwashing. Mental or cognitive load refers to the often invisible burden of organising, anticipating, and planning household and family needs (Aviv et al., 2024). Finally, parenting stress refers to the emotional distress or discomfort that arises from the ongoing demands and pressures associated with parenting (Gillis & Roskam, 2019; Meier et al., 2020).

Theoretical Framework

This capstone is grounded primarily in feminist theory, which offers a critical lens to examine how cultural norms, institutional practices, and interpersonal dynamics uphold gender-based inequalities in caregiving and domestic labour (Tong, 1998). Key elements of feminist theory relevant to this topic include gender inequality, patriarchy, and the unequal distribution of power within heterosexual households. These concepts map directly onto the inequities in domestic, emotional, and cognitive labour that new mothers disproportionately carry.

Feminist theory helps to explain why these patterns persist and why they are harmful: When caregiving and household responsibilities fall primarily on mothers, the resulting power imbalance contributes to chronic stress, parental burnout, and strained relational dynamics (Aviv et al., 2024; Carian & Abromaviciute, 2023; Hochschild & Machung, 2012; Kamp Dush et al., 2018; Knudson-Martin et al., 2021; Koster et al., 2022; McDonnell et al., 2019). It directly informs the research question by challenging traditional gender-role expectations and highlighting how inequitable divisions of invisible, emotional, and domestic labour place mothers at increased risk of psychological distress. This framework also supports a counselling-focused understanding of parental stress as a systemic and relational outcome of gendered power structures, rather than merely an individual concern.

In addition to feminist theory, this capstone draws on equity theory (Walster et al., 1978) and family systems theory (Minuchin, 1974) as complementary frameworks that extend and deepen the primary feminist lens.

Equity theory proposes that individuals evaluate relationships based on perceived fairness between their contributions and the benefits that they receive. Applied to domestic and caregiving labour, this theory helps to explain why mothers who feel under-benefited—doing

more tasks, carrying more mental load, or receiving less partner support—experience greater emotional strain. Conversely, when both partners perceive the division of tasks as equitable, relational stability and emotional well-being are more likely. This directly supports the research question by illustrating why equitable co-parenting arrangements can reduce chronic stress for new parents.

Family systems theory positions the family as an interdependent emotional unit in which the stress of one member can disrupt the functioning of the entire system (Minuchin, 1974). Unequal division of caregiving and household tasks creates systemic strain by heightening maternal overload, disrupting couple dynamics, and shaping the emotional climate in which children develop (Aviv et al., 2024; Im & Ispa, 2022; Kamp Dush et al., 2018; Koster et al., 2022; Lim & Shim, 2021; McDonnell et al., 2019). This framework reinforces the importance of examining task sharing as a relational and family-level issue rather than an individual problem.

These complementary theories each fill a gap that feminist theory alone cannot address. Although feminist theory identifies the structural and gendered roots of inequality, equity theory explains the psychological processes through which perceived unfairness leads to emotional strain. Family systems theory clarifies the relational and systemic ripple effects of inequitable labour within the family. Together, these frameworks offer a more comprehensive and clinically relevant understanding of the problem than any single theory could provide.

Finally, these theories informed how I interpreted the themes—rather than how I generated them. In this project I used inductive thematic analysis: I derived the themes from patterns that emerged directly from the 13 empirical studies, not from predefined theoretical categories. After identifying the themes inductively, I drew on feminist theory, equity theory, and family systems theory to deepen and contextualise their significance. Feminist concepts such

as gendered expectations and invisible labour helped to clarify why inequalities persist. Equity theory illuminated how perceptions of fairness relate to emotional strain, and family systems theory highlighted the systemic and relational consequences of one parent's overload. These theoretical perspectives guided my interpretation and critique of existing research, which ensured that the analysis addressed both the structural and relational dimensions of co-parenting stress that are essential to inform clinical applications in counselling psychology.

Researcher's Positioning Statement

As a White, middle-aged mother of a young child, my personal experience with the emotional and cognitive demands of early parenthood inspired my focus on the psychological impacts of unpaid domestic labour. This positionality informed my feminist theoretical lens, which centers gender equity and frames parental stress as a structural and relational issue rather than an individual problem.

I acknowledge that this perspective could have introduced bias into my study, particularly in my emphasis of maternal experiences and heterosexual parenting roles. Additionally, although I incorporated research on fathers' involvement, same-sex parenting, and cross-cultural family systems to broaden the analysis, the primary focus of this study remains on heterosexual couples, which limits the generalisability of the findings. Future researchers should continue to explore these dynamics across diverse family structures to enhance inclusivity.

Throughout the research I remained critically reflective of my positionality to ensure that the findings and clinical recommendations would be inclusive, balanced, and applicable across diverse family contexts.

Overview

The remaining chapters of this capstone paper are organised to systematically present the research process and its clinical relevance. In Chapter Two I outline the methods that I used to conduct the literature search, including the databases that I accessed, the search terms, and the inclusion and exclusion criteria. In Chapter Three I present my thematic analysis of the literature, in which I synthesise and critically evaluate key studies to identify four major themes related to unpaid labour, mental health, and gender dynamics in parenting. In Chapter Four I discuss the practical application of these findings within clinical settings and offer insights into how therapists can help couples to achieve a more equitable division of labour and reduce parental stress. Finally, in Chapter Five I summarise the key messages of the paper and highlight areas for future research to promote more balanced and healthy relationships among heterosexual parents.

Chapter Two: Methods of Literature Search

This chapter details how I conducted the literature review, including the databases that I accessed, the search parameters and criteria that I applied, the evaluation strategies to select key studies, and the methodological limitations that I encountered during the process. I explain how I developed and refined the research question and narrowed the focus to identify themes related to the division of labour and existing inequities in parenting. Additionally, I reflect on the challenges that I faced during the search and how they influenced my interpretation of the findings, all within the context of the study's feminist framework.

Databases Accessed

I explored the City University library catalogue extensively to access a broad range of peer-reviewed literature across disciplines. This general search tool enabled me to retrieve books, academic journal articles, and grey literature relevant to maternal mental health, unpaid labour, and family dynamics. In addition to the library's general catalogue, I conducted more targeted searches within the psychology-specific databases, Psychology and Behavior Sciences Collection, PsycINFO and PsycARTICLES. I selected these databases because of their comprehensive coverage of research in psychology, mental health, family systems, and interpersonal dynamics, which are central to the focus of this capstone project. Their inclusion ensured that the literature that I reviewed was both relevant and grounded in psychological research. I excluded databases such as PubMed that focus primarily on biomedical and physical health research, because they were less relevant to my focus on mental health and relational dynamics. Together, these databases provided the initial pool of studies that I screened before applying more detailed search terms and inclusion criteria.

Search Terms and Boolean Combinations

The search process involved using Boolean operators to refine the results. For example, I combined keywords such as *division of labour AND mental health, parenting stress OR parental burnout*, and *unpaid labour AND psychological distress*. This strategy helped to identify studies on the relationships among labour division, mental health, and parental stress.

Because the terminology used to describe domestic and caregiving work varies across studies, I also searched for conceptually related terms to ensure comprehensive coverage. Researchers use phrases such as *unpaid labour, domestic labour, household tasks, gendered division of labour, care work, invisible labour, and mental load* to describe overlapping aspects of the same phenomenon. Including these synonymous and related terms in my search helped to reduce the risk of missing relevant studies simply because authors used different language and strengthened the accuracy and completeness of the resulting literature pool.

The literature review revealed limited research on Canadian marriages and the impact of domestic labour. As a result, I broadened my search to include terms such as *married women's mental health and division of labour and mental health*. This led to a growing body of research on the inequity of labour in heterosexual partnerships and its impact on women's psychological well-being (Aviv et al., 2024; Carian & Abromaviciute, 2023; Faircloth, 2021; Gillis & Roskam, 2019; Kamp Dush et al., 2018; Koster et al., 2022; McDonnell et al., 2019; Meier et al., 2020; Mikolajczak et al., 2018). Canadian studies were rare, therefore the research was geographically diverse.

I refined the search further to focus on common mental-health symptoms in parents, such as stress, depression, and anxiety. Terms such as *parenting stress, parent mental health, and parental burnout* helped to deepen my understanding of parental stress. The studies often

identified the transition to parenthood as a particularly stressful period (Im & Ispa, 2022; Kamp Dush et al., 2018; Lim & Shim, 2021; McPherson et al., 2022).

I then expanded the search to include terms such as *gender equality in parenting*, *equity in childcare tasks*, and *gender norms*. Using a snowballing technique, I identified additional relevant studies, which highlighted the gap in the research on how therapists address parental and partner inequity. I focused on terms such as *reducing the second shift*, *labour division and empowerment*, and *interventions for gender inequality*, but I found limited research on therapeutic interventions.

This iterative search process produced approximately 120 initial records, which were then evaluated using the inclusion and exclusion criteria described in the next section.

Inclusion and Exclusion Criteria

After generating the initial pool of studies, I applied formal inclusion and exclusion criteria to determine which articles met the requirements for the thematic analysis. I prioritised primary sources to enable a thematic analysis of the literature and the identification of recurring patterns and gaps related to the gendered division of labour and parenting stress. Focusing on primary data helped to reduce the risk of secondary interpretation bias and fostered a more direct and nuanced understanding of how household labour and gender norms are represented in the findings themselves, rather than in others' summaries or critiques.

I restricted my search to peer-reviewed articles in English published from 2018 onward, in accordance with City University's five-year rule. Because my search process began in 2023, this resulted in a range that included studies from 2018. This timeframe was selected to capture the most recent and relevant research, which reflected the ongoing shifts in gender norms toward more egalitarian structures. Societal and theoretical understandings of gender roles are

continuously evolving, which ensures that the literature that I reviewed accurately represented the latest trends and developments in gender equality.

Although I focused on recent literature to ensure contemporary relevance, it also meant excluding some foundational studies published before 2018. To address this, I incorporated key pre-2018 works into the theoretical framework and literature review to provide necessary historical and conceptual context.

Additionally, I included only primary-source articles and focused on studies on heterosexual parents to directly address the central research question regarding the gendered division of labour. This scope narrowing resulted in a more targeted exploration of how gender norms shape household labour dynamics in traditional family structures. However, this exclusion limited the generalisability of the findings to diverse family structures, such as same-sex couples or single-parent households, in which different dynamics could exist. While the age of the children varied, not all of the studies specifically addressed parents of newborns or young children.

To ensure the study's quality, I prioritised studies with relatively large sample sizes and assessed methodological rigour by evaluating the study design's clarity, the data-collection methods, and the validity of the measurement tools. While Carian and Abromaviciute (2023) used a smaller sample, I included it because of its strong methodological transparency and its direct relevance to gendered labour division and parental stress. These decisions also ensured that the studies were directly relevant to the research question by including only research that examined labour division, partner involvement, parenting stress, or the psychological outcomes associated with these dynamics. These criteria ensured that all studies included in the final

review were methodologically sound, relevant to the research question, and aligned with the project's theoretical and temporal scope.

Search-Refinement Decisions

Once the inclusion criteria were established, I conducted a step-by-step screening process to refine the pool of studies. Although I initially retrieved approximately 120 sources, the screening process involved a systematic review of titles and abstracts to assess their relevance to the research question. I then subjected studies that appeared to meet the criteria to full-text review. I included only 13 studies in the final analysis, which I selected based on their alignment with the central research question, the methodological rigour, and the recency of the data. This narrowed focus ensured a manageable and high-quality set of sources that directly addressed the gendered division of labour and parenting stress. Although this process reduced the initial pool, I included all relevant articles that fit the scope of the analysis.

In total, the capstone draws on 44 sources: the 13 studies included in the thematic analysis and an additional 31 empirical, theoretical, and foundational works used throughout the background, theoretical framework, measurement discussion, and intervention chapters. This exceeds the 30-source requirement outlined in the handbook while allowing the thematic analysis to remain focused on the primary empirical studies.

Although I aimed to include both qualitative and quantitative studies, the final selection consisted primarily of quantitative research because of its greater prevalence in recent primary sources. I could more easily categorise these studies into the four themes that emerged during my analysis. This emphasis on quantitative studies influenced my interpretation of the findings, which were more focused on measurable outcomes and statistical analyses. Although this

process reduced the pool substantially, it allowed for a focused and rigorous thematic analysis grounded in high-quality, directly relevant empirical studies.

Significant Studies

I selected these studies for their direct relevance to the central research question and their methodological strengths. Kamp Dush et al. (2018) used a sample of 182 dual-earner couples who were transitioning to parenthood and employed minute-to-minute diary reporting to minimise self-report bias and provide a real-time account of the labour division. Faircloth (2021) conducted a longitudinal study with 30 couples and used repeated in-depth interviews about pregnancy and early childhood to capture how labour division evolves over time. Aviv et al. (2024) surveyed 300 pregnant women who were transitioning into motherhood, which offered a large, focused sample to examine the effects of labour division on maternal mental health. However, the study's cross-sectional design and reliance on maternal self-report limited causal conclusions and excluded partner perspectives. Carian and Abromaviciute (2023) conducted semi structured interviews with 31 employed heterosexual couples with children under 12, which incorporated both of the partners' voices, and the sample was racially diverse to provide culturally sensitive insights into family dynamics. Meier et al. (2020) screened their participants for preexisting mental-health conditions, which strengthened their findings on dyadic coping and isolated the effects of labour division on parental well-being.

In two key quantitative studies researchers also examined parental stress and its impact on children's emotional development. Khalsa et al. (2022) recruited 300 child-parent dyads from a pediatric setting and focused on children aged 16 to 18 months. Although the researchers carefully selected their study's sample, their reliance on self-report data and overrepresentation of mothers limited the diversity and introduced potential bias. The study's cross-sectional design

also restricted causal interpretations. In contrast, Lim and Shim (2021) conducted a longitudinal study with 1,707 randomly sampled families, which resulted in a stronger foundation to observe changes over time and infer causal pathways. However, their reliance on mailed self-report questionnaires introduced similar biases and the potential for nonresponse. Together, these studies offer valuable insights into the effects of parental stress on child outcomes and underscore the need for longitudinal designs in this research.

Challenges

The literature search process posed several significant challenges that influenced both my selection of studies and my interpretation of the findings. One major challenge was the limited availability of research in the Canadian context. Given Canada's unique parental-leave policies and cultural dynamics, this gap made it difficult to fully contextualise the findings within a Canadian framework and potentially obscured the systemic factors that affect gendered labour division and parental mental health in this context.

Another challenge was the predominance of Western, heterosexual, White, middle-class samples in the literature. This narrow demographic focus framed labour division and parenting stress primarily within traditional family structures and often excluded LGBTQ+ families, single parents, and those from diverse cultural or socioeconomic backgrounds. The lack of diversity in the study samples limited the generalisability of the findings and excluded experiences that could differ from the dominant cultural and familial norms.

Limitations

Several methodological limitations in the studies that I reviewed also impacted the interpretation of the findings. A key limitation was publication bias, because studies with significant or positive results are more likely to be published than those with null findings. This

bias potentially exaggerated the perceived impact of gendered labour division on parental mental health and resulted in a skewed understanding of the issue.

Many researchers also relied heavily on self-report measures of stress and mental health, which are vulnerable to biases such as social desirability and recall bias. These biases could have distorted the accuracy of the data and might not have fully reflected the complexities of parental experiences. Additionally, many researchers employed cross-sectional designs, which restricted the ability to establish causal relationships between labour division and parental well-being. For example, Aviv et al. (2024) used a cross-sectional approach, which limited the ability to draw conclusions about long-term effects or causal links and thereby reduced the strength of the study's findings.

Summary

Although the literature on labour inequities in heterosexual parenting is extensive, it consistently showed that the unequal division of labour negatively impacts parental mental health, particularly that of mothers. These findings highlight the importance of exploring how themes such as parenting stress and partner support emerged in the existing research. In Chapter Three I present a thematic analysis of the selected studies, followed by a critical examination of their methodological and ethical approaches.

Chapter Three: Literature Review

The transition to parenthood is a stressful period for both mothers and fathers (Kamp Dush et al., 2018; Lim & Shim, 2021; Meier et al., 2020). It is also a time when gender inequities in unpaid labour often become more pronounced (Faircloth, 2021). Although much of the existing literature examines the negative effects of unequal labour division, far less research explores how an equitable distribution of co-parenting tasks might *reduce* chronic stress—and, in turn, the relationship strain and family challenges that often accompany elevated stress levels. Therefore, in this thematic analysis I examined how unpaid labour, gender inequality, parenting stress, and maternal mental health intersect, guided by search terms such as division of labour, parenting stress, and gendered household responsibilities.

I used an inductive thematic analysis approach to evaluate the 13 primary empirical studies. I did not predetermine the themes; instead, they emerged from repeated patterns, concepts, and findings across the studies themselves. Based on the patterns that appeared consistently across the 13 studies, I identified four themes: (a) impact of parental stress, (b) inequity in domestic labour, (c) role of partner support, and (d) impact of parental stress on children. These themes informed my analysis of how gender norms, task-sharing patterns, and partner dynamics shape the experiences of new parents.

Although I developed these themes inductively, I used the broader literature that I reviewed for this capstone to contextualise and support their interpretation. After I identified the themes inductively, I then drew on feminist theory, equity theory, and family systems theory to interpret their significance and situate them within a broader structural and relational context. These theoretical perspectives helped to interpret the patterns, contradictions, and gaps within the literature.

This capstone is grounded in a feminist framework, and I sought to challenge traditional gender norms and emphasise the importance of labour equity in family life. Table 1 summarises the themes that I identified across the primary empirical studies.

Table 1

Themes in the 13 Chosen Articles

| Themes/subthemes | Impact of parental stress | Inequity in domestic labour | Role of partner support | Impact on children |
|------------------------------------|---------------------------|-----------------------------|-------------------------|--------------------|
| 1. Meier et al. (2020) | X | | X | |
| 2. McDonnell et al. (2019) | | X | | |
| 3. Koster et al. (2022) | X | | | |
| 4. Kamp Dush et al. (2018) | | X | | |
| 5. McConnon et al. (2022) | | X | | |
| 6. Lebert-Charron et al. (2021) | X | | X | |
| 7. Lim & Shim (2021) | X | | | X |
| 8. Khalsa et al. (2022) | X | | | X |
| 9. Im & Ispa (2022) | X | | | X |
| 10. Gillis & Roskam (2019) | X | | | X |
| 11. Aviv et al. (2024) | X | X | | |
| 12. Carian & Abromaviciute (2023). | X | X | | |
| 13. Faircloth (2021) | X | X | | |

Theme 1: Impact of Parental Stress

This theme argues that chronic parental stress—especially when intensified by inequitable divisions of labour—undermines both psychological well-being and relationship satisfaction. Because the literature consistently identifies inequity as a central source of strain, it

is reasonable to infer that more equitable coparenting arrangements may support lower stress levels by distributing demands more evenly.

The first child born is particularly significant because both mothers and fathers must navigate many life changes, such as new roles, increased demands, and shifting expectations (Kamp Dush et al., 2018; Meier et al., 2020). Contemporary parents also face heightened societal pressure to be fully engaged, intensive caregivers responsible for managing all aspects of their children's development (Faircloth, 2021; McDonnell et al., 2019). These cumulative expectations increase daily stress and narrow the coping resources available to new parents. This theme focuses on two subthemes identified across the literature: (a) emotional and psychological outcomes for parents and (b) relationship satisfaction under conditions of unequal labour.

These subthemes illustrate how the heavy load of early parenthood heightens parents' risk for chronic stress and shapes both individual well-being and relational functioning.

Emotional and Psychological Outcomes for Parents

This subtheme argues that chronic stress created by early parenting demands—particularly when labour is unevenly distributed—heightens parents' risk for depression, burnout, and emotional exhaustion.

Parental stress is consistently linked to negative psychological symptoms such as depression, anxiety, and exhaustion (Gillis & Roskam, 2019; Khalsa et al., 2022; Meier et al., 2020). Parents exposed to sustained stress, particularly in the early stages of parenthood, are more vulnerable to clinical mental-health challenges. Stress and depression reinforce one another: elevated stress predicts later depressive symptoms (Lim & Shim, 2021), and parents

who experience depression also report greater stress (Khalsa et al., 2022). This reciprocal relationship suggests a cyclical pattern that can intensify over time.

Across multiple studies, research has consistently shown that depression is prevalent in both mothers and fathers during the transition to parenthood, although maternal stress is more extensively studied (Khalsa et al., 2022; Lim & Shim, 2021; Meier et al., 2020). Emerging research highlights parental burnout as an additional consequence of the intensive demands of childrearing (Gillis & Roskam, 2019; Lebert-Charron et al., 2021). Parental burnout is characterised by physical, emotional, and mental exhaustion specifically tied to the parenting role. This condition often manifests in reduced enjoyment of parenting, heightened irritability and frustration, and pervasive feelings of inadequacy or failure as a parent. Continuous feelings of being overextended and depleted can also lead to difficulties in showing children affection and emotional distancing (Lim & Shim, 2021). These findings demonstrate how ongoing stress affects not only parental well-being but also the emotional climate within the home.

One consistent pattern emerges across the literature reviewed for this theme: parental stress intensifies when caregiving and domestic responsibilities are unevenly distributed. However, the evidence documenting this relationship is strongest for mothers (Aviv et al., 2024; Carian & Abromaviciute, 2023; Kamp Dush et al., 2018; McDonnell et al., 2019). These studies show that inequitable labour—particularly the cognitive load—is associated with higher levels of depression, burnout, and overall psychological distress for mothers. Comparable evidence for fathers is more limited.

While most studies identify a strong link between inequitable labour and elevated psychological distress—especially for mothers—a few studies note limited evidence for fathers, suggesting more research is needed to understand variability across family systems.

Together, these findings show how equitable task-sharing may reduce chronic stress by distributing emotional and cognitive workload more evenly, thereby protecting parents' mental health.

The mental-health literature demonstrates how chronic parental stress accumulates under unequal caregiving conditions. This provides a foundation for the research question by showing why equitable co-parenting may protect parents—especially mothers—from long-term psychological strain and contribute to healthier family functioning.

Relationship Satisfaction Under Conditions of Unequal Labour

This subtheme argues that labour inequity and heightened parental stress reduce relationship satisfaction by increasing conflict, lowering perceived fairness, and undermining emotional connection.

Researchers consistently found that as couples adjust to the new roles and responsibilities that accompany the birth of their first child, relationship dynamics often shift (Faircloth, 2021; Koster et al., 2022; McPherson et al., 2022). Across studies, parents report a decline in relationship satisfaction during this transition. This decline is characterised by increased conflict, reduced emotional connection, and difficulties coordinating new responsibilities. Evidence also demonstrates a clear link between relationship dissatisfaction and inequitable divisions of labour, with women reporting resentment and animosity when they shoulder the majority of caregiving and household responsibilities (Kamp Dush et al., 2018).

Perceptions of fairness play a central role in this decline. Koster et al. (2022) found that women experience a sharper drop in fairness perceptions immediately after childbirth, particularly when they assume disproportionate responsibility for the mental load (Aviv et al., 2024). This pattern aligns with equity theory, which suggests that individuals experience

emotional strain when they perceive themselves as *under-benefited* in a close relationship (Walster et al., 1978). Importantly, men's relationship satisfaction also declines—not necessarily when they personally feel overburdened, but when they perceive their partner to be overwhelmed (Meier et al., 2020). This indicates that inequity affects the couple system as a whole, not just individual well-being.

However, the literature also reveals a limitation: although the majority of studies document declines in satisfaction associated with inequitable labour, relatively few directly examine the relational benefits of equitable arrangements. This gap suggests that while inequity is clearly harmful, more research is needed to confirm the positive relational effects of balanced task-sharing (Lebert-Charron et al., 2021).

Overall, these findings demonstrate that equitable task-sharing can support healthier relational dynamics, reinforce collaboration, and strengthen the couple's capacity to co-parent effectively. This directly addresses the research question by showing how equitable labour divisions may reduce chronic stress through enhanced relational functioning, increased fairness, and reduced emotional overload for both partners.

Theme 2: Inequity in Domestic Labour

While Theme 1 demonstrates how chronic stress affects parents' mental health and couple functioning, Theme 2 examines one of the central drivers of that stress: the unequal division of domestic labour. Across the literature, inequity in the distribution of housework, childcare, and cognitive load consistently emerges as a key source of strain, particularly for mothers (Aviv et al., 2024; Carian & Abromaviciute, 2023; Koster et al., 2022). Understanding

the specific dimensions of this inequity is essential for answering the research question, as it clarifies how and why uneven task-sharing contributes to chronic stress among new parents.

Gendered Patterns and Expectations

This subtheme argues that traditional gender expectations and persistent cultural norms shape domestic labour in ways that place mothers at greater risk for chronic stress.

From a feminist theory perspective, domestic labour inequities reflect broader gendered norms that assign caregiving and household management to women. Faircloth (2021) described the transition to parenthood as a critical “pressure point” where traditional gender roles re-emerge despite couples’ egalitarian intentions. McConnon et al. (2022) similarly found that even college-aged participants—who often endorse equality—expected mothers to take primary responsibility for childcare. These findings illustrate how systemic gender expectations shape behaviour within families, reinforcing inequitable divisions of labour.

Research repeatedly demonstrates that mothers consistently carry more responsibilities across housework, routine childcare, and emotional labour (Aviv et al., 2024; Faircloth, 2021; Kamp Dush et al., 2018; Koster et al., 2022; McDonnell et al., 2019). Routine housework—such as laundry, cooking, and cleaning—tends to be repetitive, time-sensitive, and less rewarding, while fathers more often perform occasional or task-oriented jobs. Childcare reflects a similar gendered pattern: mothers engage more frequently in physically and emotionally demanding daily caregiving tasks, while fathers more often participate in play or weekend care (Kamp Dush et al., 2018; McDonnell et al., 2019). These gendered patterns reduce mothers’ opportunities for rest and limit shared positive interactions, increasing both daily stress and risk for burnout.

McDonnell et al. (2019) further clarified that mothers’ and fathers’ childcare experiences differ not only in quantity but also in “care context.” Mothers were more likely to engage in

childcare during routine, time-sensitive, and emotionally demanding moments—such as managing bedtime, coordinating schedules, or soothing distress—often while simultaneously overseeing household logistics. Fathers participated more frequently in lower-demand or recreational contexts, such as play or weekend care, which were associated with higher enjoyment and fewer time pressures. These contextual differences help explain why mothers report greater stress and lower positive affect during caregiving: the same category of “childcare” carries unequal emotional and psychological burdens depending on when and how the care occurs (McDonnell et al., 2019).

However, the literature offers limited insight into how couples negotiate these expectations over time, highlighting a gap in understanding how gendered patterns persist even among parents who endorse egalitarian values.

Therefore, these findings support the research question by showing that gendered expectations—manifesting through unequal housework and childcare—create conditions of chronic stress for mothers, thereby illustrating why equitable task-sharing is essential for reducing parental strain.

Perceptions of Fairness vs Actual Distribution

This subtheme argues that chronic stress is intensified when there is a mismatch between parents’ perceptions of fairness and the actual distribution of labour, especially within the domain of cognitive load.

Cognitive labour, or mental load, refers to the invisible and continuous mental work of anticipating needs, planning, organising, and ensuring the smooth functioning of family life (Aviv et al., 2024). Unlike housework, cognitive labour is unbounded, diffuse, and often performed alongside other tasks, making it more difficult to capture in traditional time-use

studies (McDonnell et al., 2019). A pattern emerges among the literature that cognitive labour emerges as the most unequal domain: even when couples divide physical tasks more evenly, mothers overwhelmingly assume responsibility for planning and managing daily routines.

Aviv et al. (2024) found that mothers were responsible for the planning component of 29 out of 30 routine household tasks, suggesting that execution alone does not capture the full burden of domestic work. This domain is also strongly tied to psychological outcomes: inequity in cognitive labour is associated with higher levels of stress, depression, burnout, and lower mental-health scores for mothers (Aviv et al., 2024). Whereas unequal housework more strongly predicts relationship dissatisfaction, the mental load directly predicts emotional exhaustion and chronic stress.

Importantly, the cognitive load also carries a substantial emotional-labour component: mothers are not only planning, organizing, and anticipating needs, but also managing the emotional climate of the household, absorbing relational strain, and regulating children's and partners' emotional states. This integration of cognitive and emotional labour helps explain why the mental load is experienced as especially overwhelming and why it is strongly linked to chronic stress.

Research also shows that perceptions of fairness differ from actual distribution. Partners may believe they share tasks equitably, yet objective measures reveal significant imbalance—

particularly in cognitive labour and routine childcare (Koster et al., 2022). This discrepancy contributes to resentment, feelings of being under-supported, and increased emotional strain.

A limitation across studies is the lack of longitudinal research examining how fairness perceptions change as children grow, leaving questions about how couples revise or reinforce task-sharing patterns over time.

Collectively, these findings directly support the research question by demonstrating that inequity—especially in the invisible domain of cognitive and emotional labour—creates persistent emotional and cognitive overload, clarifying why equitable division of domestic tasks is essential for reducing chronic stress among new parents.

Theme 3: Role of Partner Support

While Theme 2 examined gendered inequities across housework, childcare, and cognitive labour, the literature offers limited insight into how these imbalances intersect with partner support. Although studies often treat domestic labour and partner support as separate domains of parental well-being, the two are conceptually intertwined. How supported parents feel—emotionally or practically—shapes how they experience the strain created by unequal domestic responsibilities.

Accordingly, Theme 3 argues that partner support is a key relational process that influences how parents experience and cope with chronic stress arising from domestic labour inequity. The research reviewed here shows that the quality, equity, and reliability of support meaningfully affect parents' psychological well-being. Understanding partner support is

therefore essential for answering the research question, as it clarifies how attuned, shared, and consistent support can reduce chronic stress during early parenthood.

Protective Dimensions of Partner Support

This subtheme argues that partner support functions as a protective factor that reduces psychological distress when it is equitable, reliable, and attuned to parents' emotional and practical needs.

Evidence from several studies identifies partner support as a buffer against the psychological distress associated with parenting stress (Gillis & Roskam, 2019; Lebert-Charron et al., 2021; Meier et al., 2020). Much of this research focuses on emotional support—empathy, validation, responsiveness, and encouragement—and its association with lower depressive symptoms during early parenthood.

Gillis and Roskam (2019) organized support into three categories: emotional support, concrete or problem-solving support, and role approval. Emotional support includes empathy, active listening, and trust; role approval includes affirming and appreciating a partner's parenting efforts; and problem-solving support involves practical assistance with caregiving tasks. Support across all three domains was linked to reduced parental exhaustion, though the authors did not determine which type was most influential. Their findings highlight the multidimensional nature of partner support and the need for further research examining the differential impact of each support type.

Meier et al. (2020) expanded this understanding by examining dyadic coping skills—collaborative strategies partners use to manage stress. Supportive dyadic coping includes emotional reassurance and empathy, whereas delegated coping involves temporarily taking over tasks to reduce a partner's load. Both forms of coping were associated with better mental-health

outcomes, particularly when partners perceived the distribution of support as equitable. These findings align with Equity Theory (Walster et al., 1978), indicating that parents experience greater distress when they perceive inequity in emotional labour or supportive contributions.

However, despite these insights, research offers limited evidence on how partner support functions over time. Few studies examine how partner support functions over time or how couples adapt support behaviours as stress levels fluctuate, leaving gaps in understanding long-term protective processes.

Together, these findings support the research question by demonstrating that equitable, reliable partner support—both practical and emotional—plays a critical protective role in reducing chronic stress for new parents.

When Support Is Absent or Harmful

This subtheme argues that inconsistent, unequal, or gendered patterns of partner support can intensify chronic stress and undermine parental well-being.

While some research conceptualizes support as a set of behaviours or coping strategies, other studies emphasize how parents perceive the availability and reliability of support. Lebert-Charron et al. (2021) found that inconsistent or unreliable support may be more detrimental than its absence because it increases emotional uncertainty and diminishes parents' sense of stability. This emphasizes that support must be both present and dependable to reduce stress.

Research also identifies gendered inequities in supportive behaviours. Meier et al. (2020) found that women contributed more frequently to supportive dyadic coping and emotional labour than men, even when they were experiencing greater parenting stress. Women who perceived lower equity in emotional support reported higher depressive symptoms, demonstrating that imbalances in emotional labour function as a relational stressor. Although Koster et al. (2022)

examined fairness within the broader division of labour rather than partner support specifically, their findings reinforce the broader principle that perceived inequity—not just the objective distribution of tasks—plays a central role in shaping emotional strain. Together, these results align with Equity Theory (Walster et al., 1978), which emphasizes that individuals experience distress when relational contributions feel imbalanced, helping explain why unequal provision of emotional support heightens parents' psychological strain.

Despite this growing evidence, the literature offers limited insight into how different forms of support—behavioural, emotional, perceived—interact to shape parents' stress experiences. Few studies directly compare behavioural support (what partners do) with perceived support (how support feels), leaving gaps in understanding how these domains interact to influence chronic stress.

These findings support the research question by showing that inconsistent, unequal, or emotionally imbalanced partner support intensifies stress, clarifying why equitable and dependable support is essential for reducing chronic strain during early parenthood.

Theme 4: Impacts on Children

While Theme 3 demonstrated how partner support and relational processes shape parents' psychological well-being, the effects of parental stress extend beyond the couple subsystem. Family Systems Theory emphasizes that stress experienced by one member of the family reverberates throughout the system (Minuchin, 1974), influencing parent–child interactions and

children's developmental environments. Theme 4 therefore examines how the chronic stress generated by inequitable caregiving arrangements affects children's socioemotional outcomes.

Stress Transmission to Children

This subtheme argues that parental stress—often intensified by uneven caregiving demands—alters parenting behaviours in ways that directly affect children's emotional environments.

High parental stress is consistently associated with less nurturing and less responsive parenting behaviours (Khalsa et al., 2022; Lim & Shim, 2021). Lim and Shim (2021) found that stressed parents were more likely to engage in harsh discipline, emotional withdrawal, or inconsistent involvement. Mothers experiencing elevated stress were particularly likely to rate themselves as less positive in their parenting role, aligning with earlier themes showing their disproportionate exposure to domestic labour. These behavioural shifts reflect the cumulative emotional burden described in previous themes: when parents shoulder disproportionate cognitive, emotional, or practical labour, they risk becoming depleted in ways that reduce their capacity for attuned caregiving.

A key limitation in this body of research is that studies rarely examine the mechanisms linking labour inequity to parenting behaviours directly. Most studies measure parental stress and parenting outcomes but do not assess how unequal housework, childcare, or cognitive labour

produce this stress. As a result, the field lacks clarity on the specific pathways through which domestic labour inequity influences parenting responsiveness.

This subtheme reinforces the research question by demonstrating that inequitable divisions of emotional, cognitive, and practical labour increase parental stress, which reduces parents' capacity for attuned caregiving and shapes children's emotional environments.

Developmental and Relational Consequences

This subtheme argues that chronic parental stress contributes to both socioemotional difficulties and relational disruptions for children, revealing how inequitable domestic labour can have downstream developmental effects.

Children rely on parental co-regulation and emotional stability, especially in early childhood (Khalsa et al., 2022; Lim & Shim, 2021). Studies consistently show that parental stress and depressive symptoms predict both internalising behaviours (e.g., anxiety, withdrawal) and externalising behaviours (e.g., aggression, defiance) in children. Notably, maternal depressive symptoms showed stronger associations with children's behavioural difficulties, a finding likely linked to mothers' greater exposure to repetitive, demanding, or invisible forms of labour such as cognitive load.

Methodological issues in the literature further reinforce gendered assumptions: Lim and Shim (2021) measured both parents' distress but relied only on mothers' reports of children's behaviour. This approach centres mothers as the primary observers and caregivers, limiting insight into fathers' contributions and obscuring how more equitable divisions of labour might

buffer child outcomes. This gap mirrors the broader lack of research connecting domestic-labour equity directly to child development, despite clear theoretical pathways linking the two.

Collectively, the findings show that when parents become emotionally depleted—often because they shoulder disproportionate labour—children experience the relational consequences through reduced emotional availability, inconsistent caregiving, and heightened family tension. From a Family Systems perspective, these spillover effects highlight that inequitable divisions of labour influence not only parental well-being but the functioning of the entire family system.

Thus, this theme reinforces the relevance of the research question by showing that equitable task-sharing may buffer children from the negative consequences of parental stress, supporting healthier relational and developmental trajectories across generations.

Critical Discussion

Theme 1: Impacts on Mental Health

The studies included in this thematic analysis examined various aspects of domestic labour and their psychological impacts; however, determining the overall mental-health consequences of gender imbalances remains complex. There are inconsistencies across studies regarding which factors contribute most strongly to declines in well-being. For example, while Meier et al. (2020) and Gillis and Roskam (2019) emphasised emotional support as a protective factor against parental stress, Aviv et al. (2024) highlighted cognitive labour as a distinct domain with particularly pronounced mental-health effects. In contrast, Koster et al. (2022) argued that it is not any single domain of inequity but rather partners' perceptions of fairness across multiple forms of labour—including paid work—that best predict well-being. These discrepancies suggest that the field has not yet established a unified conceptualisation of which aspects of domestic labour matter most for mental health or how they interact.

These tensions can be partially explained by the fact that each study operationalised domestic labour differently. Studies focused on emotional support tended to measure relational processes (Gillis and Roskam, 2019; Meier et al., 2020) whereas studies examining cognitive labour (Aviv et al., 2024) or fairness (Koster et al., 2022) captured more structural aspects of household inequity. Because these constructs are theoretically distinct and measured with different tools, they are likely capturing different mechanisms through which stress emerges. This helps explain why findings appear contradictory even though they may be describing parallel pathways to psychological distress.

Notably, few of the studies included in this review highlighted resilience, adaptability, or neutral outcomes. While this pattern may reflect the specific sample analysed here, it also raises the possibility that research in this area more commonly foregrounds distress than coping, making positive or nuanced experiences less visible within the broader literature. This potential publication bias, combined with inconsistent definitions of “fairness” and “support,” complicates efforts to identify which relational processes most effectively buffer against mental-health decline.

The existing literature predominantly framed high levels of stress and the associated symptoms as individual pathologies (Aviv et al., 2024; Carian & Abromaviciute, 2023; Kamp Dush et al., 2018; Koster et al., 2022; McDonnell et al., 2019). However, feminist scholars would contend that this perspective overlooks the longstanding systemic and structural factors that contribute to the prevalence of these symptoms, particularly among mothers (Tong, 1998).

Critiques of Theme 2: Inequity in Labour

Although traditional gender norms persist, researchers often overlook the fact that women’s growing participation in paid work has created a “double burden” in which many

mothers juggle both employment and the majority of domestic tasks (Lim & Shim, 2021). This imbalance shapes couples' perceptions of fairness, and Koster et al. (2022) found that even when one partner works more paid hours, couples may still view domestic divisions as equitable. Despite aspirations for equality, systemic gender norms continue to shape expectations and practices with regard to parenting and housework (McConnon et al., 2022; Faircloth, 2021).

The findings on the role of fathers in domestic labour remain inconsistent and reveal a discrepancy between empirical data and ideological perceptions among research participants. Im and Ispa (2022) suggested that although fathers are increasingly contributing to household tasks, their involvement in direct childcare remains limited. In contrast, Kamp Dush et al. (2018) and Koster et al. (2022) contended that women often alleviate their domestic burden not through increased paternal participation but by outsourcing household responsibilities. This tension raises critical questions regarding the nature of meaningful participation and whether fathers' contributions are being overestimated—or whether the tools used to measure involvement obscure important qualitative differences in caregiving.

These contradictions can be partly explained by the differing ways that researchers operationalise “contribution.” Studies using quantitative measures—such as task counts, daily diaries, or structured self-reports—tend to capture the volume of labour completed (Kamp Dush et al., 2018; Koster et al., 2022). In contrast, qualitative or interview-based studies illuminate parents' subjective experiences of fairness, responsibility, and cognitive strain (Faircloth, 2021; Im & Ispa, 2022; McConnon et al., 2022). Because fathers often participate in more flexible or optional household tasks, whereas mothers complete more time-sensitive and cognitively demanding work, measurement approaches focused solely on tasks or time risk overstating

paternal involvement. This helps explain why some studies conclude that fathers are more engaged, while others highlight ongoing inequity.

Moreover, these findings reinforce cultural narratives that position fathers as “helpers” rather than equal partners, thereby perpetuating gendered divisions of labour. Taken together, the inconsistent evidence underscores that perceptions of fairness cannot be understood without also examining who carries the mental load, delegation responsibilities, and emotional labour associated with maintaining the household. For the purposes of the present research question, these discrepancies illustrate how deeply gendered expectations shape the experience of domestic labour, even when task distribution appears superficially balanced.

Critiques of Theme 3: Role of Partner Support

When they studied the emotional aspects of partner support, Gillis and Roskam (2019) and Meier et al. (2020) found that emotional support within partnerships promotes better mental-health outcomes, whereas Lebert-Charon et al.’s (2021) findings contradict this narrative. Their research showed that mothers have lower levels of stress, emotional exhaustion, and depression when they are single compared to those in relationships with partners who are either moderately or wholly unavailable. This raises important questions about the assumption that a stable relationship inherently protects against parental depression. Lebert-Charon’s study challenges the prevailing idea, according to Meier et al.’s findings, that partnership stability is always a protective factor. This contradiction underscores the complexity of partner support and highlights that the nature of the relationship, including emotional availability, can play a more significant role in maternal well-being than previously recognised. Additionally, none of these researchers explored how partners can provide more effective support. This oversight suggests a gap in the

understanding among couples of the importance of mutual support and highlights the need for educational interventions that equip couples with strategies for more effective support.

These contradictory findings can be partly reconciled by recognising that each study conceptualises and measures “support” differently. Gillis and Roskam (2019) and Meier et al. (2020) operationalised support as observable emotional and dyadic coping behaviours within functioning partnerships, whereas Lebert-Charon et al. (2021) examined mothers’ subjective perceptions of partner availability, including experiences of inconsistency or emotional absence. These differing operational definitions—behavioural support versus perceived availability—capture distinct relational processes, which helps explain why partner presence appears protective in some studies but harmful in contexts where support is unreliable or insufficient.

A notable limitation across the three studies is the lack of attention to the underlying social and cultural factors that discourage men from participating equally in the emotional labour of parenthood (Gillis & Roskam, 2019; Lebert-Charon et al., 2021; Meier et al., 2020). Rather than questioning traditional masculine norms that discourage emotional labour and intimacy (Kaplan & Offer, 2022), they simply acknowledged the existing imbalance without addressing its root causes. Research has suggested that men might be more hesitant to engage in relational tasks because of their concerns about threats to their masculinity. A deeper investigation into the effects of cultural socialisation and the expectation that men will avoid vulnerability, which contribute to this inequity, is needed to fully understand the dynamics at play.

Critiques of Theme 4: Impact on Children

Although Theme 4 expands the lens beyond mothers to consider the broader familial impact of caregiving burdens, the methodologies used in the cited studies (Im & Ispa, 2022; Lim & Shim, 2021; Meier et al., 2020) still remain heavily centered on maternal perspectives. Many

of these studies relied on maternal self-reports for assessing both parenting stress and children's outcomes, which reflects persisting assumptions that mothers are the primary—and most valid—informants. This recruitment pattern introduces selection bias and limits insight into paternal or nontraditional caregiving roles. Im and Ispa (2022) attempted to incorporate fathers' involvement, but even their design still relied primarily on mothers' reports to assess children's regulatory development. A more methodologically inclusive approach—such as purposive sampling to recruit fathers, or mixed-methods designs that triangulate maternal, paternal, and child perspectives—would produce a more accurate and holistic understanding of how caregiving burdens shape children's emotional environments.

Methodological Considerations

Quantitative Study Design

A significant methodological limitation of many of the studies that I reviewed for this paper is the overwhelming reliance on quantitative research methods. The dominance of quantitative approaches can be limiting in contexts that involve complex, emotionally nuanced, and socially embedded experiences such as caregiving. Quantitative methods, by design, often rely on predetermined variables and standardised instruments, which can fail to capture the depth, fluidity, and contextual specificity of parents' lived experiences (Creswell & Creswell, 2018). This is especially problematic in the exploration of gendered dynamics in caregiving, which sociocultural norms, individual identities, and interpersonal relationships shape—dimensions that are difficult to reduce to numerical data.

The researchers of all of the quantitative studies employed purposive sampling to ensure that their participants had children, who were often young, although the specific parental stage varied notably across the studies, which complicated cross-study comparisons and

generalisability. This broad range in the participants' stages of parenthood introduced variability in the transition to the experience of parenthood and potentially affected the reported psychological distress, because the emotional and psychological impacts of parenthood can differ significantly at various stages.

Another notable methodological limitation across the studies that I reviewed is the lack of consideration for the participants' preexisting mental-health conditions. With the exception of Meier et al. (2020), the researchers failed to screen for psychological disorders such as depression or anxiety. This omission created a significant challenge in interpreting the relationships among the inequities in domestic labour, partner support, and mental-health outcomes. Without accounting for the participants' prior mental-health histories, it becomes difficult to determine whether symptoms such as stress, depression, or emotional exhaustion are a consequence primarily of unequal labour division, or whether they are influenced by underlying conditions that predate the transition to parenthood. This weakens the internal validity of the findings and complicates efforts to draw conclusions about the psychological impact of domestic-labour inequity.

Another limitation worthy of consideration is that the variation in the tools that the researchers used to measure mental health across the studies raises important concerns about the consistency and relevance of their data-collection methods. Meier et al. (2020) used the Depression-Anxiety-Stress Scale, a general instrument not specifically designed for parents, which could limit its sensitivity to the unique stressors of early parenthood. In contrast, Lim and Shim (2021) and Khalsa et al. (2022) employed the Parenting Stress Index–Short Form, a tool specifically developed to assess parenting-related pressures, including role strain and guilt.

Notably, this tool has demonstrated cross-cultural reliability, which makes it especially useful in diverse samples such as Lim and Shim's Korean-based population.

However, despite the more appropriate use of parenting-specific tools in some studies, few addressed the psychological impact of cognitive overload or parental burnout, both of which are central to an understanding of the emotional toll of gendered domestic labour (Khalsa et al., 2022; Lim & Shim, 2021). Although stress and depression are often treated as distinct symptoms, researchers such as Khalsa et al. (2022) highlighted their strong correlation. Aviv et al. (2024) used the Beck Depression Inventory to assess depressive symptoms in mothers who bore the majority of the cognitive labour and adapted the Maslach Burnout Inventory to explore emotional exhaustion. Yet this approach remains uncommon. The lack of standardised tools to measure burnout or cognitive strain across the studies highlights a methodological gap that suggests the need for more nuanced and targeted assessments that reflect the invisible demands of parenting.

The researchers whose studies I reviewed employed a range of research designs, with many opting for longitudinal approaches to track parenting dynamics over time. For instance, Im and Ispa (2022), Kamp Dush et al. (2018), Meier et al. (2020), and Gillis and Roskam (2019) used longitudinal methods to observe changes in partner support, dyadic coping, and the division of domestic labour across multiple timepoints. This design strengthened the internal validity by capturing evolving patterns rather than relying on single-point data. However, not all of the researchers adopted this approach. Koster et al. (2022), for example, used a cross-sectional design to assess the perception of fairness in household and childcare labour. Though it is useful in identifying general trends, this design limits the ability to understand how such perceptions can shift over time, particularly as children age or family structures change.

Similarly, Aviv et al.'s (2024) longitudinal design was well suited to an examination of the changes in mental health and labour distribution during the transition to parenthood, especially in the unique context of the COVID-19 pandemic. Overall, even though longitudinal designs provide valuable insights into temporal changes, the predominance of quantitative approaches—even in these designs—meant that the researchers often underexplored the nuanced, lived experiences of parents. This highlights the need for more mixed-method or qualitative designs to capture the complexities of gendered labour, emotional burden, and evolving parental roles.

Qualitative Study Design

Qualitative methods, such as interviews and open-ended responses, offer insight into the emotional and relational nuances of household labour that structured surveys often overlook. For example, researchers such as Carian and Abromaviciute (2023) revealed how their participants made sense of gender roles and labour division in their own words, which exposed internal contradictions and unspoken assumptions about fairness. These accounts help to illuminate not just what labour parents do or how much but also how it feels. These lived experiences are critical to understanding the deeper psychological impacts of domestic labour inequities, particularly from a feminist perspective that prioritises voice and subjectivity.

Faircloth (2021) conducted a longitudinal study over five years and used criterion sampling to recruit first-time parents who expressed a commitment to an equitable division of labour. This specific inclusion criterion shaped the sample to include parents already oriented toward egalitarian ideals and potentially influenced the understanding of fairness and labour distribution. Notably, not all couples were married, which allowed for some variation in the relationship structure. In contrast, Carian and Abromaviciute (2023) used purposive sampling

from a larger dataset of married mixed-sex parents with at least one child under the age of 12 and one partner working full time. These key differences in sampling, particularly regarding marital status and employment dynamics, can significantly impact how the participants rated their perceptions of fairness. This comparison underscores that sampling choices shape both the scope of the findings and their relevance to broader populations.

The researchers of both studies conducted semistructured interviews to hear the participants' shared personal experiences and give the researchers the flexibility to explore emerging themes. Faircloth (2021) conducted interviews at several stages of early parenthood which enabled the researchers to capture changes over time, though it might have introduced recall bias or participant attrition. In contrast, Carian and Abromaviciute (2023) used a phenomenological approach and applied thematic coding to explore how the traditional ideals of masculinity shaped men's reluctance to engage in unpaid labour during COVID-19. Although this lens offers rich insight into gendered dynamics, the study's pandemic context might have limited the generalisability of its findings to other time periods.

Ethical Considerations

This review evaluated the included studies according to the TCPS2 (CIHR, 2022) and the CPA Code of Ethics (2017). Most researchers reported obtaining informed consent, though details about ongoing consent or withdrawal procedures were rarely described. For example, Koster et al. (2022) noted that participants needed to read and speak English, which supports informed consent, but the process for maintaining consent throughout the study was not discussed.

Across studies involving children, parental consent was documented, but procedures for child assent were often unclear. In Im and Ispa (2022), children aged 5–7 contributed

behavioural data, yet the researchers did not indicate whether assent was obtained, despite TCPS2 guidelines recommending age-appropriate involvement when possible.

Confidentiality procedures were also insufficiently detailed in several studies. Couple-based interviews in Meier et al. (2020) and Koster et al. (2022) did not specify how partners' disclosures were kept separate, which presents potential relational risk. More explicit explanations of data storage, anonymisation, and access would have strengthened adherence to TCPS2 recommendations.

Finally, although some studies identified participants experiencing elevated stress or depression (e.g., Aviv et al., 2024), few described procedures for supporting participant well-being or providing referrals. This absence limits understanding of how risks were monitored or mitigated, despite CPA guidance encouraging proactive support when distress is identified.

Cultural Competence and Inclusivity Practices

Most of the researchers of the primary studies that I reviewed generally upheld core ethical practices such as informed consent and confidentiality. However, I found inconsistencies in the application of cultural competence and inclusive practices. Despite the studies originated in diverse regions, including the United States, Belgium, London, and South Korea, few researchers addressed the importance of cultural diversity.

The homogeneity of the participant samples, predominantly middle-class, well-educated, dual-income parents, presents an ethical concern. Research has shown that women of different races and ethnicities often engage in household labour more, whereas well-educated White women tend to have the means to outsource childcare and housework, typically to minority groups (McConnon et al., 2022).

Higher-educated women tend to place greater value on gender equality (Faircloth, 2021), but research is mixed on whether this increases tension in heterosexual couples over unequal labour division or encourages a more equitable distribution (Koster et al., 2022). Women with lower educational attainment often report poorer mental health (Ervin et al., 2022), which could be linked to additional stressors such as economic hardship, limited access to resources, and fewer coping opportunities. These factors could compound the effects of labour inequities, which lead to worse mental-health outcomes despite potentially lower expectations of equity.

An intersectional approach highlights that gendered divisions of labour are not uniform; factors such as race, class, education, and immigrant status significantly shape the allocation and perception of domestic roles. This lack of inclusivity excludes important perspectives and perpetuates biases in the research. Such omissions could pose significant risks to underrepresented populations, including the misapplication of the findings and the reinforcement of systemic inequities.

Other inclusive practices that could have increased the generalisability of the results include conducting interviews and surveys in participants' primary languages. For instance, in their U.S.-based study Khalsa et al. (2022) required that their participants speak English as part of the inclusion criteria. Similarly, Kamp Dush et al. (2018) restricted participation to those who could read and speak English. This lack of linguistic diversity limited the range of perspectives that the researchers captured in their data and potentially overlooked important insights from non-English-speaking participants.

An important aspect to consider in the research on the division of domestic labour is the potential influence of researchers' characteristics, including gender, on their participants' responses, because gendered power dynamics could have been at play in how the parents

discussed sensitive topics related to gender roles and domestic labour. For instance, if male researchers conduct interviews, their presence might influence the responses, especially in interviews with women who might feel constrained or differently positioned when they discuss gender inequality and domestic duties. This potential bias underscores the importance of recognising the researcher-participant relationship and its impact on the data collected.

Chapter Summary and Transition

In conclusion, this chapter presented a thematic and critical examination of the existing literature on the division of labour among heterosexual couples, with a focus on stress, equity, and partner support during the transition to parenthood. The analysis demonstrated that unequal divisions of domestic, childcare, and cognitive labour consistently heighten parenting stress and affect the mental health of both partners, while also influencing relational satisfaction and children's developmental outcomes (Aviv et al., 2024; Carian & Abromaviciute, 2023; Faircloth, 2021; Im & Ispa, 2022; Kamp Dush et al., 2018; Khalsa et al., 2022; Koster et al., 2022; Lim & Shim, 2021; Meier et al., 2020; McDonnell et al., 2019). Overall, these findings highlight that inequitable labour division is not only a practical imbalance but a relational and mental-health concern, underscoring its relevance to the guiding research question: how equitable distribution of co-parenting tasks may reduce chronic stress for new parents.

The chapter also identified several ethical and methodological limitations across the literature, including homogenous samples that underrepresented same-sex couples, single parents, families with lower socioeconomic resources, and culturally diverse households. These

gaps point to the need for more inclusive, intersectional, and reflexive research approaches that better capture the range of family experiences during early parenthood.

The themes developed in this chapter deepen our understanding of how domestic labour inequities shape parents' well-being and relational dynamics, while also illuminating important areas for future inquiry. In the following chapter, I build on these insights to explore how they can inform therapeutic interventions and provide clinicians with practical, evidence-informed strategies to promote equity, reduce stress, and support healthy relationship functioning during this critical developmental transition.

Chapter Four: Application to Clinical Practice

Introduction: From Research to Practice

The longstanding inequity in the division of domestic labour among heterosexual couples is clear, particularly among new parents (Faircloth, 2021; Kamp Dush et al., 2018; Koster et al., 2022; McDonnell et al., 2019). As I discussed in Chapter Three, this inequity contributes to higher levels of stress in new parents, particularly in mothers (Aviv et al., 2024; Carian & Abromaviciute, 2023). Higher levels of stress are correlated with a variety of psychological distress within this population (Gillis & Roskam, 2019; Khalsa et al., 2022; Lim & Shim, 2021). Unfortunately, this inequity presents across all areas of labour associated with parenthood, such as household labour, childcare, and cognitive and emotional labour. Partner support is particularly crucial during early parenting, and researchers have identified it as a protective factor for mothers (Gillis & Roskam, 2019; Meier et al., 2020). However, support during this time is often perceived as inconsistent or insufficient. When maternal mental-health declines, it can affect that of the partners and can contribute to higher rates of depression in men, which indicates a reciprocal effect. Higher levels of parental stress also impact the well-being and development of children (Im & Ispa, 2022; Lim & Shim, 2021).

In this chapter I translate the thematic and theoretical insights from Chapter Three, grounded in a feminist framework, into practical, ethical, and culturally responsive strategies for clinicians who work with new parents. In the following sections I first examine microlevel interventions at the couple and family level before I expand my discussion to macro/systemic factors, cultural considerations, and broader implications for clinical practice.

Clinical Applications at the Couple and Family Level

In this section I discuss the microlevel interventions designed to improve couples' relationship satisfaction and mental health by targeting co-parenting dynamics as well as gender and power imbalances. I also highlights tools such as mindfulness practices and support groups that provide parents with the coping skills necessary to manage the stress associated with new parenthood.

Co-parenting

Although limited therapy models specifically address labour inequity for new parents, several studies have highlighted the importance of improving the co-parenting relationship. Co-parenting can be understood through four key dimensions: (a) agreement on childrearing, (b) mutual support or undermining of each other's parenting, (c) division of unpaid labour, and (d) shared family-management responsibilities (Lee et al., 2021). Research has indicated that supportive co-parenting reduces the psychological stress of both partners. However, therapy often focuses more on relational dysfunction rather than addressing co-parenting dynamics specifically, which can limit its effectiveness in reducing parenting-related conflict (Darwiche et al., 2022). The enhancement of co-parenting dynamics can serve as a pathway toward addressing broader domestic inequities.

Given these findings, clinicians should intentionally assess co-parenting processes—not just marital satisfaction—and work with both partners to identify imbalances, renegotiate roles, and build collaborative parenting practices that reduce stress and promote equitable family functioning.

Integrative Brief Systemic Intervention

Because couples with children face distinct challenges, Darwiche et al. (2022) recommended the integrative brief systemic intervention model (IBSI) to address both co-parenting and romantic-relationship dynamics. In practice, clinicians should assess each couple's satisfaction and expectations in both areas to identify specific interventions to improve their relationship and co-parenting effectiveness. These approaches align with feminist theory in that they focus on how power dynamics, gendered roles, and mutual responsibility shape relational functioning and parental well-being.

As with all of the therapeutic models, it is essential to consider the ethical underpinnings of the IBSI. In line with the CPA's (2017) *Code of Ethics*, clinicians must obtain informed consent from both partners and ensure that participation is voluntary. Therapists should practice within their competence, seek supervision when needed, and maintain objectivity by avoiding personal bias or value imposition. Adhering to the CPA's principles of respect, integrity, and responsible caring ensures that therapy remains ethical, balanced, and client centered and reflects feminist relational priorities of equity, mutual respect, and attention to relational power dynamics.

Psychoeducation on the negative impact of parental conflict on children can help couples to understand how unresolved issues in the relationship can affect their children's well-being (Darwiche et al., 2022). Framing therapeutic goals with regard to the benefits to children can motivate both partners to address marital problems that they might otherwise avoid. This strategy is also crucial in tackling labour inequities, because psychoeducation on the mental-health consequences of parenting stress and the factors that contribute to it can encourage more equitable sharing of parenting responsibilities.

Clinicians can also use techniques such as the “miracle question” to help each partner to visualise how positive changes, such as a more equitable distribution of household tasks, can benefit not only the couple but also the entire family. This exercise is particularly effective in helping the less-involved partner to recognise that increased participation contributes to relational harmony and models healthier dynamics for the children.

Clinicians can use a technique in which the partners each articulate their motivations and values with regard to parenting and household management (Darwiche et al., 2022). This exercise promotes empathy and validation and lays the foundation for collaborative decision making. Clinicians can guide the couple in clearly defining areas of responsibility and ensure that each partner agrees not to intervene or criticise the other’s tasks. This approach helps not only to address maternal gatekeeping, a common barrier to male involvement in domestic labour (Kaplan & Offer, 2022) but also to support the feminist relational emphasis on equitable power sharing in family systems.

While IBSI offers a structured and accessible framework for improving co-parenting collaboration, it is not without limitations. Its strength lies in its ability to help couples clarify expectations, communicate more effectively, and develop concrete agreements about shared responsibilities. These features are particularly useful for new parents, who often benefit from practical strategies that reduce day-to-day tension. However, IBSI is most effective when both partners are relatively aligned in their willingness to engage and when the primary concerns are behavioural rather than deeply rooted in gendered or relational power dynamics. For couples experiencing longstanding inequity, entrenched gender norms, or emotional disengagement, IBSI may not fully address the sociocultural influences that shape the division of labour.

Socioemotional Relationship Therapy

As IBSI offers practical tools to improve co-parenting collaboration and equitable task sharing, it is important to also address the deeper sociocultural roots of relational inequality. Socioemotional relationship therapy (SERT) builds on this by addressing the relational and sociocultural dimensions of inequality that shape couples' experiences. SERT, a power-conscious framework, cultivates emotionally attuned, mutually supportive relationships through an examination of the cultural forces that shape couples' dynamics (Knudson & Huenergardt, 2010). This aligns with feminist theory, which explicitly involves an examination of the power imbalances, gendered expectations, and sociocultural influences that affect relational functioning and caregiving equity. This approach is particularly valuable for heterosexual couples, because traditional gender roles often contribute to relational distress. In applying SERT, clinicians must also align with Principle I: Respect for the Dignity of Persons and Peoples (CPA, 2017) to situate power and vulnerability within their cultural and systemic contexts to ensure culturally safe and ethically grounded practice.

SERT focuses on four key processes for equitable relationships: relational responsibility, vulnerability, attunement, and influence (Knudson-Martin et al., 2021). These processes help both partners to recognise and share emotional and practical responsibilities. Many couples, particularly in cases of gendered power imbalance, are unaware that one partner (often the woman) carries the majority of the caregiving and household tasks, often without support or recognition. To address this, clinicians can use tools such as relational power mapping or guided interviews to surface hidden expectations with regard to caregiving and influence. This helps partners to identify power imbalances and visualise the distribution of responsibilities. Following this, therapists can facilitate collaborative goal setting and psychoeducation to promote equitable

engagement and shared understanding and operationalise feminist relational principles by promoting equity, mutual respect, and co-constructed relational dynamics.

Knudson-Martin et al. (2021) emphasised the importance of sociocultural attunement in therapy and urged clinicians to explore how societal messages shape clients' experiences and responses. This approach goes beyond basic reflection and requires therapists to actively elicit how broader societal influences, such as gender norms, affect couples' dynamics. In practice, clinicians might use structured prompts or genogram-based tools to help clients to trace how their families of origin modeled gendered expectations. Additionally, therapists can invite each partner to reflect on internalised beliefs about parenting roles. A key element of this work is the exploration of each client's vulnerabilities, particularly those that societal scripts shape. Acknowledging and expressing these vulnerabilities can help partners to attune to each other's emotional needs and disrupt patterns of unequal emotional labour.

Although SERT offers a helpful framework for addressing relational inequity and the sociocultural forces that shape caregiving, its usefulness depends on the couple's readiness for emotionally vulnerable work. One of its key strengths is its clear focus on gendered power dynamics and internalised cultural expectations, which aligns well with feminist relational theory. At the same time, this depth can feel overwhelming for couples who are already under significant stress or who have limited emotional capacity because of the demands of early parenthood. SERT also requires clinicians to have strong skills in managing discussions about gender, power, and culture, which may not be accessible for all practitioners or appropriate for all clients. For some families, especially those from cultural backgrounds where discussing emotions or relational power is discouraged, SERT may need to be adapted or introduced slowly.

Clinicians therefore need to consider cultural values, trauma histories, and relational safety when determining whether SERT is an appropriate fit for each couple.

Together, IBSI and SERT offer a complementary approach that bridges microlevel therapeutic work and macrolevel sociocultural awareness. Both models align closely with the feminist relational framework because they address the relational dynamics and power structures that shape couples' experiences. IBSI provides tools to assess and improve co-parenting and romantic dynamics within the family system and focuses on immediate relational behaviors and collaboration. Building on this foundation, SERT situates couples' challenges within broader sociocultural and power structures and explicitly addresses deep-rooted gender inequities. IBSI emphasises skill building and concrete interventions such as psychoeducation and communication techniques, whereas SERT highlights relational power, vulnerability, and cultural attunement. This integration underscores a feminist commitment to transforming not only individual relationships but also the societal structures that perpetuate inequity.

Considering how these models address the research question on the impact of an equitable distribution of co-parenting tasks on chronic stress in new parents, IBSI's focus on improving co-parenting satisfaction and task sharing offers concrete strategies to reduce relational stressors by fostering collaboration and shared responsibility. Meanwhile, SERT's emphasis on addressing sociocultural power imbalances highlights that internalised gender roles and cultural expectations can perpetuate inequities that contribute to chronic stress.

Employed together, these models have the potential to generate lasting change in the division of labour among new parents. However, the busyness of new parenthood can create significant time constraints for couples and therapists engaged in this work. Couples must also attend therapy together, which can create practical challenges such as securing childcare.

Parents—particularly first-time parents—might find it difficult to remain emotionally present when they are away from their infants, which can limit the depth of the sociocultural exploration that SERT requires.

Clinicians who apply IBSI or SERT must assess whether they have adequate systemic or feminist training before they integrate these models to ensure competence. Therapists who recognise limited experience with power-conscious frameworks might seek consultation or co-facilitation when they use SERT with couples who are navigating cultural or gendered inequities. Such actions demonstrate responsible caring and help to ensure ethically grounded practice in implementing complex relational models. Additionally, cultural mismatches between therapists and clients can challenge the applicability of standardised interventions, particularly in diverse or nontraditional family constellations. Although IBSI tools might be more easily adaptable for same-sex couples, SERT requires heightened clinician reflexivity, because power dynamics and expressions of inequality can manifest differently across sexual orientations, racialised contexts, and cultural backgrounds. Although these models address primarily dyadic systems, it is also important to acknowledge their limited applicability to single-parent families, in which inequities and stressors are often shaped by broader structural than relational dynamics.

Mindfulness as a Resource

Although therapy models such as IBSI (Darwiche et al., 2022) and SERT (Knudson-Martin et al., 2021) emphasise relational patterns between co-parents, individual-level approaches such as mindfulness offer a complementary path to strengthen each parent's emotional regulation, a critical skill for healthier interactions (Morin et al., 2023). Framing mindfulness within a trauma-informed lens highlights its role in fostering safety, self-awareness, and emotional regulation and helps parents to respond to stress without retraumatising

themselves or others (Bockmann, 2022). Tools such as guided meditation can enhance therapeutic interventions because they help parents to stay present and less reactive during moments of conflict or stress. For parents with limited time or high stress, conducting short, accessible meditation sessions via mobile apps or videos can be a flexible way to integrate mindfulness into daily life. Clinicians can encourage clients to use these tools as part of a consistent practice and help parents to regulate their emotions even amid the demands of daily parenting.

Researchers have widely studied mindfulness for its benefits at the individual level, such as to reduce emotional reactivity and enhance self-awareness (Morin et al., 2023). Clinicians can leverage these personal benefits to improve family dynamics, particularly in intimate partnerships. By helping individuals to stay present and regulated, mindfulness fosters more responsive and supportive interactions between partners, especially during stressful moments (Morin et al., 2023). It enhances partners' attunement, reduces conflict, and increases their relationship satisfaction by promoting empathy, calmness, and intentionality. For co-parenting couples, for whom shared stressors such as unequal labour division often lead to conflict, mindfulness can be an effective tool not only to promote cooperation and reduce tension, which ultimately support healthier family relationships but also to promote awareness of power dynamics in line with feminist relational principles. Thus, integrating mindfulness into therapy supports both individual self-regulation and trauma-informed principles of safety and empowerment and ultimately enhances relational functioning in high-stress family contexts (Bockmann, 2022).

Though mindfulness can strengthen emotional regulation and improve relational functioning, it is not universally accessible or appropriate. Some parents—particularly those with

trauma histories—may find that slowing down or noticing bodily sensations increases distress rather than reducing it (Bockmann, 2022). Others may struggle to meaningfully engage in mindfulness because of time constraints, sleep deprivation, or limited privacy during early parenting. These limitations highlight that mindfulness should be adapted rather than assumed to be helpful for all families. From a feminist relational perspective, therapists must consider how gendered labour expectations shape a parent's capacity to practise mindfulness; for example, mothers who carry the majority of domestic and cognitive labour may have fewer opportunities to engage in sustained practice. When clinicians introduce mindfulness with attention to trauma, context, and relational power, it can be a supportive tool—yet its effectiveness depends heavily on how well it aligns with each parent's lived realities.

Support Groups

Mindfulness supports individual regulation and enhances couple dynamics, but it does not fully address the importance of social connection and shared experience during early parenthood. Support groups can offer critical benefits such as normalisation, peer support, and shared skill building, which are particularly important in a life stage that can feel isolating. Ethically, group facilitation aligns with the CPA's (2017) principles, which promote beneficence through shared emotional support, respect autonomy through voluntary participation, and uphold integrity and dignity by ensuring confidentiality and inclusivity within the group process (Yalom & Leszcz, 2020).

Clinicians can recommend groups for mothers that focus on self-care and leisure as protective factors against stress and depression (Kamp Dush et al., 2018; McDonnell et al., 2019). However, because many mothers already understand the concept of self-care, psychoeducation should also address the structural and relational barriers that prevent them from

accessing it—such as gendered expectations, role overload, and internalised guilt (Dugan & Barnes-Farrell, 2020). These norms can reduce both attendance and engagement in group spaces. Therapy can help mothers to reframe self-care as essential to the family system rather than as a personal indulgence. Educating mothers on the effect of chronic parental stress on children’s emotional development can further empower them to reclaim time for rest and peer support (Im & Ispa, 2022; Lim & Shim, 2021).

To accommodate busy new parents, clinicians might offer brief, structured groups for mothers that focus on emotional resilience and the reclamation of rest. A six- to eight-week group could integrate mindfulness practices and SERT-based discussions and create space to explore topics such as guilt, role overload, and the myth of the “good mother.” Sessions might include guided grounding exercises, shared reflection on emotional labour, and strategies for boundary setting and self-compassion. Framing rest and emotional regulation as strengths can help mothers to challenge their internalised narratives and engage more fully in both caregiving and self-care.

Clinicians can also implement similar support group models for fathers to address personal distress, promote relational equity, and support the emotional challenges often shaped by traditional masculine norms. These groups, which typically run for six to eight weeks, combine mindfulness practices with SERT-informed discussions. The primary objectives include to normalise vulnerability and emotional expression among fathers, to improve emotional regulation skills, and to foster healthier relationships with children and partners. Session themes might include managing anger and anxiety, exploring masculinity and emotional expression, navigating co-parenting dynamics, and building supportive peer connections. In these safe and

nonjudgmental spaces, these groups encourage fathers to engage more openly with their emotions and caregiving roles.

While support groups can offer meaningful connection and reduce parents' sense of isolation, their benefits are not uniform. Group dynamics can sometimes mirror gendered patterns that shape caregiving and emotional expression in different ways—for example, mothers' groups may reproduce expectations to provide emotional support for others, while fathers' groups may reflect norms that discourage vulnerability or emotional disclosure. From a feminist relational perspective, these patterns are not individual shortcomings but reflections of broader sociocultural messages about caregiving, responsibility, and emotional expression. For this reason, support groups require skilled facilitation to ensure that all voices are invited, power imbalances are addressed, and cultural values are respected. When facilitators intentionally create an equitable and inclusive environment, groups can become a powerful setting for shared insight and mutual support; without this structure, they risk reinforcing the very inequities they aim to reduce.

Limitations and Risks

Even though these interventions collectively offer meaningful avenues to reduce parental stress and promote equity, it is important to note several overarching risks and limitations. Mindfulness-based practices can evoke trauma responses if grounding and containment strategies are not incorporated. SERT requires advanced clinician competence to navigate power and gender dynamics, but IBSI might overlook sociocultural influences unless it is deliberately adapted for diverse family contexts. Similarly, support groups—though valuable for connection and normalisation—can unintentionally reproduce gendered expectations if they are not intentionally inclusive and balanced. Trauma-informed grounding, regular supervision, ongoing

competence development, and continued attention to cultural responsiveness and power dynamics mitigate these limitations. The use of inclusive language and frameworks that recognise diverse family structures further strengthens ethical integrity and clinical safety.

Together, these interventions address both relational and individual aspects of parental stress and offer clinicians complementary strategies to reduce caregiving inequities, enhance family functioning, and promote awareness of gendered power dynamics in line with feminist relational principles. Observing patterns of relational imbalance, stress, and engagement in therapy can also help clinicians to gain insight into the broader structural and cultural factors that influence families' experiences. However, the effectiveness of these models depends heavily on how well they are adapted to the wider legislative, cultural, and relational contexts in which families live. To bridge this clinical focus with systemic realities, in the next section I examine the legislative, structural, and cultural factors that shape families' experiences and access to support.

Barriers and Cultural Considerations

Despite microlevel clinical interventions ability to meaningfully support parents by improving their relational dynamics and emotional well-being, broader systemic forces often constrain these efforts. In the following section I explore the impact of cultural expectations, policy frameworks, and structural inequities on caregiving experiences and outcomes.

Cultural Norms and Gendered Expectations

Although policy plays a significant role in shaping caregiving decisions, broader cultural norms and gendered expectations also profoundly influence parents' experience and response to therapeutic interventions (Knudson-Martin et al., 2021). In particular, unequal labour division often reflects entrenched gender norms, which can create resistance to shared-care interventions

that overlook underlying power dynamics (Faircloth, 2021; McConnon et al., 2022). Clinicians who apply co-parenting or mindfulness-based models must remain attuned to these relational imbalances, because failing to do so risks reinforcing the very inequities that these interventions aim to address (Knudson-Martin et al., 2021).

Cultural values also shape parents' engagement with therapeutic work. In many Western contexts, dominant cultural ideals, such as autonomy, competitiveness, and individual achievement, are often framed as masculine strengths; whereas emotional expression and interdependence are viewed as feminine (Knudson-Martin et al., 2021). These norms can make relational interventions such as mindfulness or emotional attunement appear less relevant, especially for men who strongly identify with traditional masculine roles. Thus, clinicians might encounter reluctance or disengagement when such interventions misalign with clients' values and identities.

To apply Principle I: Respect for the Dignity of Persons and Peoples (CPA, 2017), clinicians might actively adjust intake procedures or session prompts to ensure that they hear all parents' perspectives, validate diverse parenting styles, and avoid assumptions based on gender or culture. For example, during co-parenting discussions psychologists could specifically invite fathers to describe their caregiving challenges and encourage mothers to reflect on unseen emotional labour. Screening for both physical and emotional labour, including the often invisible mental load, enables clinicians to identify hidden caregiving imbalances and collaboratively develop strategies to redistribute tasks fairly (Aviv et al., 2024).

Similarly, to apply Principle III: Integrity in Relationships (CPA, 2017), clinicians might monitor for potential bias—such as overidentifying with the parent who expresses more visible distress—and deliberately maintain neutrality. For instance, if one parent frequently dominates

the conversation, the psychologist might redirect attention to the quieter parent to ensure equitable participation and foster a collaborative and balanced therapeutic environment.

Policy and Legislation

Among the structural forces that shape caregiving dynamics, parental-leave policy plays a critical role in enabling or limiting parents' ability to share responsibilities equitably. For example, in Canada, federal parental-leave policies allow up to 69 weeks of shared leave, with an incentive structure that encourages both parents to participate by offering additional weeks if the leave is divided (Government of Canada, 2025). This "use-it-or-lose-it" approach is designed to promote more equitable caregiving and reduce the disproportionate burden on mothers. However, research has suggested that uptake among fathers remains low, in part because of workplace cultures, income-loss concerns, and persistent gender norms (Findlay & Koshan, 2021).

To apply Principle IV: Responsibility to Society (CPA, 2017), clinicians might explore with fathers how workplace policies and cultural expectations influence their caregiving roles and collaboratively develop advocacy or negotiation strategies. For instance, psychologists could help fathers to identify options to request flexible work hours or communicate the benefits of shared leave to supervisors. Clinicians might also use this knowledge to educate couples about the systemic barriers that contribute to stress and inequitable labour distribution. By integrating policy awareness into clinical practice, psychologists not only support individual and relational well-being but also align interventions with ethical responsibilities to address the structural inequities that perpetuate caregiving stress.

Diverse Populations

In Canada's multicultural landscape, clinicians must consider the complex cultural, structural, and systemic factors that shape family dynamics and parenting roles. For immigrant families, additional stressors such as language barriers, acculturative stress, and financial instability often intersect with cultural or gender norms that influence the division of labour. For instance, in many collectivist cultures, caregiving might be distributed across extended family networks, which can shift traditional power dynamics and expectations within the nuclear family. To apply Principle I: Respect for the Dignity of Persons and Peoples (CPA, 2017), clinicians could actively ask families about their caregiving structures and adapt interventions to honour these arrangements and ensure that they do not inadvertently impose the Western norms of parenting or independence.

When they work with Indigenous families, practitioners are ethically obligated to approach care through culturally grounded, relational, and holistic frameworks. This includes integrating Indigenous knowledge systems, respecting traditional parenting practices, and involving community members when appropriate. To apply Principle IV: Responsibility to Society (CPA, 2017), clinicians might collaborate with Elders or community leaders to codevelop interventions that address parenting stress and respect cultural protocols. These practices help to reduce structural inequities and foster culturally safe care (CPA, 2017; Linklater, 2014).

Culturally responsive care also requires that clinicians adapt assessments and interventions to each family's context. For example, psychologists might modify screening tools, use inclusive language, or adjust session formats to align with families' literacy, language, or relational structures. These steps demonstrate applied ethical decision making and ensure safety,

relevance, and respect in the therapeutic relationship. Such considerations are not merely theoretical; they also have direct implications for day-to-day practice, particularly for new clinicians who are navigating complex family systems.

Attuning to cultural and contextual factors not only supports ethical care but also informs the clinical judgement required to select interventions that best meet each family's needs. Effective intervention planning requires clinical discernment with regard to when and why to apply each approach. The choice of intervention depends on clients' readiness, presenting concerns, and relational context. For instance, clinicians might prioritise mindfulness for parents who experience acute stress or emotional overload, whereas SERT might be most appropriate when inequity stems from entrenched power dynamics. IBSI can support couples who seek structured skill building with regard to communication and shared responsibility, and group-based interventions can reduce the feeling of isolation of those who crave peer connection. Using these models flexibly, guided by supervision and cultural awareness, enables clinicians to tailor care while they remain responsive to the unique needs of each family.

Outcome Measurement

Thoughtful intervention selection highlights the importance of outcome measurements to ensure that the chosen approaches effectively reduce stress and promote relational equity. For immigrant families, additional stressors such as language barriers, acculturative stress, and financial instability often intersect with cultural or gender norms that influence the division of labour provides insight into overall stress levels. Relational indicators can be tracked through the Co-parenting Relationship Scale (Feinberg et al., 2012), which measures cooperation, support, and conflict within the parenting partnership.

To capture the lived experience of change, daily task-sharing logs or mental-load diaries can help couples and clinicians to observe evolving patterns of caregiving and emotional labour over time. Qualitative indicators such as mutual validation, shared decision making, and increased awareness of equity can further highlight meaningful relational growth.

Assessing outcomes in this way fulfills the capstone requirement of demonstrating how to measure the effectiveness of interventions in practice. As a developing clinician, I would integrate these tools collaboratively with clients to monitor progress, guide treatment planning, and remain accountable to evidence-informed care. This reflective approach not only supports ethical and transparent practice but also lays the groundwork for the applied recommendations that follow for aspiring clinicians.

Practical Recommendations for Aspiring Clinicians

As a new clinician, one of the most valuable applications of this research for me is learning to identify and address labour inequities early in the therapeutic process. During intake or early sessions, I would assess how household and parenting responsibilities are divided and how each partner feels about that arrangement. Using tools such as the Couple Satisfaction Index (Funk & Rogge, 2007) or a modified task-sharing inventory can make these patterns visible.

I would also work to normalise discussions on caregiving and emotional labour, particularly for couples whose gendered expectations might be unspoken. Drawing on therapy models such as SERT, I would guide couples in setting shared goals and exploring underlying values. When they are appropriate, mindfulness or support groups can serve as adjunctive strategies to build emotional regulation and social connection. These approaches can support relational equity while they also address parental stress at both individual and systemic levels.

As an emerging counselling psychologist, I recognise the many complex layers that shape labour inequity within families and the importance of approaching these issues with empathy and systemic awareness. This understanding strengthens my ability to remain neutral toward both partners while I address the inequitable dynamics that affect families' well-being. The ability to remain neutral and manage my own biases is ethically sound and aligns with the CPA's (2017) ethical principles. I also recognise that my own internalised gender assumptions can influence how I interpret clients' relational dynamics. As a feminist-oriented clinician, I am mindful that my commitment to gender equity can shape my conceptualisation of clients' challenges and couples' dynamics. Engaging in continual reflexivity enables me to balance advocacy with attunement and ensure that my values inform but do not overshadow clients' lived experiences. This awareness reinforces my ethical commitment to equity and relational balance and supports my growth as a reflective and socially responsive practitioner.

Conclusion and Transition to Chapter Five

In summary, this research will equip practitioners to recognise and intervene in caregiving inequities early by applying a combination of evidence-based models and culturally sensitive approaches. It emphasises that effective clinical work requires that practitioners address not only relational dynamics but also the broader social and systemic factors that influence family roles. Integrating these insights will enable clinicians to better support families in their aim to achieve equitable, satisfying co-parenting relationships. This foundation paves the way for Chapter Five. In my final discussion I synthesise these findings, offer actionable recommendations for future research and clinical practice, and reflect on the implications for professional growth and the support of new parents.

Chapter Five: Recommendations and Conclusion

In this capstone project I set out to examine how counselling psychologists can better understand and respond to the inequitable distribution of labour in early parenthood. By exploring how this imbalance affects maternal mental health, relationship satisfaction, and child development, I aimed to identify therapy models and practical strategies that promote greater relational equity. Although much of the existing literature focused on the negative impacts of unequal labour division, research on the benefits of an equal or shared division of caregiving responsibilities is limited, which is an important gap that I sought to address. Finally, I highlight the deeply rooted gendered, systemic, and cultural barriers that clinicians must consider when they support parents who are navigating these dynamics.

Therefore, in the concluding chapter of this capstone I summarise the key findings on the inequitable distribution of labour among new parents. In this chapter I revisit the original purpose and research question that guided the project and highlight the persistent gendered patterns of domestic and caregiving responsibilities in early parenthood. Based on the methodological review of relevant studies, I make recommendations for future research to address existing gaps and limitations. Finally, I offer a reflection on the learning that I gained through the research process and consider how these insights can inform and enhance professional practice to support new parents.

Summary of Findings

In this capstone I critically analysed the literature on the division of labour among new parents to answer the research question, How does an equitable distribution of co-parenting tasks impact chronic stress in new parents? The literature highlighted a disconnect between evolving attitudes toward gender equity and the persistent imbalance in co-parenting roles (Aviv et al.,

2024; Carian & Abromaviciute, 2023; Faircloth, 2021; Kamp Dush et al., 2018; Koster et al., 2022; McDonnell et al., 2019; Meier et al., 2020). This imbalance contributes significantly to chronic stress in new parents, particularly mothers, and affects not only parental mental health but also child development and family dynamics (Im & Ispa, 2022; Khalsa et al., 2022; Lim & Shim, 2021). These patterns persist not because of individual failings, but as a result of the enduring influence of gendered socialisation, unequal workplace structures, and cultural narratives that continue to position caregiving as primarily a maternal responsibility. Despite the evolution of more egalitarian attitudes, policy and workplace conditions that support shared caregiving remain stagnant. This tension between changing values and static systems sustains relational inequities and contributes to chronic stress during the transition to parenthood.

My synthesis of the current literature to expose how inequities in caregiving impact stress, relational health, and family well-being contributes to counselling psychology. It identifies the absence of therapeutic models that directly address unequal domestic labour and highlights emerging frameworks—such as SERT (Knudson-Martin et al., 2021)—that may help shift these dynamics in practice. By integrating feminist, systemic, and relational therapy perspectives, this project positions equity as both a therapeutic goal and a measure of family wellbeing. The systemic lens reveals how social and structural forces shape stress and relational imbalance, while the relational lens focuses on how these forces manifest in couple interactions and emotional connection. Together, they illustrate that lasting change requires both social awareness and interpersonal transformation.

Though researchers have extensively documented the emotional and relational toll of unequal labour (Aviv et al., 2024; Carian & Abromaviciute, 2023; Faircloth, 2021; Kamp Dush et al., 2018; Koster et al., 2022; McDonnell et al., 2019; Meier et al., 2020), their notable lack of

focus on the protective benefits of equitable parenting partnerships remains. In future clinical and research efforts, it is imperative to explore not only what harms families but also what helps them to thrive. Equitable co-parenting is not just a matter of fairness; it is a critical factor in reducing chronic stress, supporting parental mental health, and fostering healthy family systems (Darwiche et al., 2022; Lee et al., 2021). The unequal division of labour in early parenting should not be viewed solely as a personal or relational issue but rather as a systemic one with direct clinical implications. Clinicians have a role to play in addressing these dynamics proactively. To advance gender equity and family well-being, clinical practice must move beyond symptom-focused care to engage with the structural and relational factors that shape family stress and resilience. These findings reinforce that equitable division of labour is not only a marker of social progress but also a critical dimension of mental-health intervention, which invites counsellors to view relational equity as a measurable outcome of therapeutic success.

Recommendations for Practice

Based on these findings, clinicians who work with new parents have an ethical duty to address inequitable labour division as part of supporting client well-being. In alignment with Principle II: Responsible Caring and Principle IV: Responsibility to Society (CPA, 2017), counsellors are called to both minimise harm and address systemic contributors to distress. Attending to caregiving inequities fulfills both aims by reducing chronic stress and promoting healthier, more sustainable family systems.

Using integrative frameworks such as the integrative behavioral systems intervention (Darwiche et al., 2022) and SERT (Knudson-Martin et al., 2021), clinicians can take action at multiple levels: relational, sociocultural, and systemic. Assessing how domestic and caregiving tasks are divided should become a routine part of early intake or postpartum care, because these

patterns are tightly linked to stress and relational strain (Aviv et al., 2024; Carian & Abromaviciute, 2023; Faircloth, 2021; Kamp Dush et al., 2018; Koster et al., 2022; McDonnell et al., 2019; Meier et al., 2020).

In practice, a clinician might invite both partners to map the “invisible load” by asking, “Who plans, initiates, and follows through on daily caregiving tasks; and how do those patterns feel for each of you?” Such discussions normalise inequity as a systemic issue rather than a personal failure and opens space for shared problem solving. Psychoeducation on gendered expectations and equitable task sharing can reframe caregiving as a relational practice of mutual care rather than a maternal obligation. Clinicians can also take on advocacy roles consistent with Principle IV of the *Canadian Code of Ethics for Psychologists* (CPA, 2017) by supporting structural solutions such as paid parental leave and flexible workplace policies or by connecting clients with community programs that reinforce shared caregiving norms.

Clinicians will inevitably encounter barriers to implementation, including limited session time, discomfort with discussing gender dynamics, and cultural resistance to shifting caregiving norms. It is important that they acknowledge these barriers openly to normalise the struggle for clients and to reframe inequity as a systemic rather than a personal challenge. Framing equity through the lens of family health and stress reduction rather than as an ideology can reduce defensiveness and foster collaboration in therapy. Addressing these practical challenges in clinical settings also highlights the broader need for continued research to strengthen the evidence that supports equitable co-parenting interventions. Although these recommendations outline actionable steps for practice, advancing this work will require empirical research to test and refine these approaches, a need that I address in the following section.

Recommendations for Future Research

In this capstone project I relied solely on a synthesis of existing literature; my research did not involve original data collection or empirical testing. Although I identified consistent themes and research gaps, the findings are limited by the quality and scope of the literature that I reviewed. For a student researcher who was working within time and access constraints, a fully comprehensive review was not feasible. These limitations shaped the recommendations that follow, which I have made to inform future empirical research rather than offer definitive conclusions.

An important limitation relates to the sampling patterns in the existing research. As I outlined in Chapter Three, many of the studies that I reviewed relied primarily on mothers as the main participants or drew heavily from maternal self-reports (Aviv et al., 2024; Koster et al., 2022; Khalsa et al., 2022; Lim & Shim, 2021; McDonnell et al., 2019; Meier et al., 2020). Even researchers who included heterosexual couples often centred mothers' experiences or interpreted findings through a mother-dominant lens (Kamp Dush et al., 2018; Meier et al., 2020). This overrepresentation narrows the understanding of co-parenting dynamics and stress, because it reflects maternal perspectives far more than those of fathers or nonbirthing parents. The majority of the samples were also composed of well-educated, middle-class, White, heterosexual couples, which limited the generalisability of the findings and risked reinforcing heteronormative assumptions about family life. My analysis therefore focused on heterosexual couples because this was the structure represented in the literature—not because these dynamics are universal. Future research should intentionally include more diverse family structures, cultural and socioeconomic contexts, and caregiving arrangements to more accurately reflect the range of experiences that shape labour division and parental stress.

Another notable gap in the literature was the emphasis on the negative effects of unequal co-parenting roles (Aviv et al., 2024; Carian & Abromaviciute, 2023; Faircloth, 2021; Kamp Dush et al., 2018; Koster et al., 2022; McDonnell et al., 2019; Meier et al., 2020); the researchers of a few studies explored the protective potential of equitable labour division. Partner support is commonly framed in emotional terms—such as dyadic coping or responsiveness (Gillis & Roskam, 2019; Meier et al., 2020)—but researchers have rarely examined the practical sharing of caregiving and domestic tasks as a distinct and meaningful form of support. Future researchers should investigate the contribution of equitable labour division to maternal mental health, relationship satisfaction, and overall family well-being. Such work would help to shift the research lens from documenting harm to identifying what enables new parents to thrive.

This shift in focus could meaningfully change clinicians' understanding by challenging the long-standing tendency to individualise solutions to gendered labour inequity. Traditional advice, such as encouraging mothers to “delegate” or “make a list,” implicitly reinforces the idea that the problem lies in women's organisation or assertiveness rather than in relational and structural imbalance. Viewing these dynamics through a feminist lens reframes the issue as one of social power and systemic conditioning rather than personal failure. Such a perspective complements systemic and relational frameworks because it highlights how cultural narratives on gender shape family roles and mental health. Future researchers who adopt this lens could advance counselling psychology by moving from symptom management to empowerment-oriented, equity-focused intervention.

Potential Research Questions

Lebert-Charron et al. (2021) found that mothers who perceive their partners as highly available report less exhaustion, depression, and anxiety than those with partners who are

physically present but who are perceived as emotionally or practically unavailable. This suggests that the mere presence of a partner is not inherently protective; rather, it is the quality and perception of support that matters.

These findings point to the need for future studies to investigate the function of equitable labour division as a meaningful form of partner support and its influence on mental-health outcomes. Addressing this gap could significantly shift clinicians' understanding: rather than conceptualising "support" only as emotional attunement, a feminist and systemic lens invites researchers to view the distribution of labour itself as an expression of care and power. This perspective positions equity not only as a fairness ideal but also as a measurable determinant of psychological well-being.

I recommended the following research questions for further exploration:

1. How does equitable division of domestic and caregiving tasks function as a form of partner support during the transition to parenthood?
2. What are the mental-health outcomes for mothers in relationships in which domestic labour is shared more equally?
3. How does equal labour division influence the perceived partner support and relationship satisfaction of new parents?

The first question, how equitable division of caregiving tasks functions as a form of partner support, might be the most impactful to pursue next, because it directly reflects the experience of many new parents in their daily lives. Understanding this connection could expand clinical practice beyond a focus on emotional communication to include practical, relational behaviors that meaningfully reduce stress and foster shared responsibility.

Grounded in a feminist and systemic lens, these inquiries challenge the traditional assumption that maternal well-being depends primarily on individual coping or emotional attunement. Instead, they position equity as both a structural and a relational health issue, which broadens the focus of counselling psychology to include family systems that are emotionally connected and materially balanced.

In addition to broadening the focus of future studies, researchers should also address the limitations within participant sampling. As I noted in Chapter Three, many studies relied on participant samples that were primarily well-educated, middle-class, White, heterosexual couples. Future research would benefit from the inclusion of more diverse participant samples, such as individuals from different cultural backgrounds and educational levels, same-sex couples, and blended families. By diversifying the participants' demographics, researchers could gain deeper insights into the influence of various social and cultural contexts on the division of labour and how alternative family structures can challenge or reshape traditional gendered patterns of caregiving and domestic responsibilities. Therefore, I recommend the following research question for further exploration: How does the division of caregiving and domestic labour function within diverse family structures (e.g., same-sex couples, blended families, and culturally diverse households), and what are the implications for parental stress and relationship satisfaction?

Furthermore, future research would also benefit from longitudinal studies in which researchers explore how the division of domestic and caregiving labour, along with its psychological impacts, shift over time. Because existing evidence shows that mothers tend to be more engaged in childcare than fathers during the early stages of parenthood, tracking couples

beyond the perinatal period could offer insight into whether these patterns persist, intensify, or equalise as children grow (Faircloth, 2021; McDonnell et al., 2019).

Finally, there is a clear need for more qualitative research that captures the lived experiences and underlying beliefs that shape labour division. For example, Carian and Abromaviciute (2023) highlighted men's frequent evaluation of household tasks based on enjoyment, which reveals deeper gendered attitudes that quantitative measures tend to overlook. Although in quantitative studies such as those of Aviv et al. (2024) and McDonnell et al. (2019), researchers have effectively measured the psychological effects of specific types of labour, they have often failed to explore why these imbalances persist. A mixed-methods approach or a greater emphasis on qualitative inquiry would enable researchers to uncover the meaning making and relational dynamics behind unequitable labour division, insights that are critical to develop more effective interventions.

Self-Reflection and Conclusions

Personal Learning

Throughout this capstone project, engaging with a range of perspectives on the division of labour in new parenthood highlighted both my initial assumptions and the broader systemic forces that shape family dynamics. When I reviewed the evidence on the mental-health impacts on women, I initially noticed a tendency to view male partners with frustration. The research process, however, fostered a more nuanced understanding of the systemic and relational factors that contribute to these imbalances. Concepts such as maternal gatekeeping, dominant-gender discourses, and threats to masculinity and self-image clarified the influence on these dynamics of broader cultural and psychological forces rather than individual intent alone (Faircloth, 2021; Kaplan & Offer, 2022; McConnon et al., 2022). Studies on parental leave policies have further

illustrated how structural supports—or their absence—can reinforce mothers’ roles as the default parent (Carian & Abromaviciute, 2023). Engaging with this topic also required reflexivity with regard to my own positionality as a woman and a mother; it illuminated that my lived experience both sensitised me to gendered inequities and required careful balance to maintain objectivity and professional curiosity. This engagement deepened my awareness of subtle power dynamics and gendered expectations within family systems and challenged my initial assumptions.

Academically, this project also strengthened my ability to critically engage with literature by not only evaluating content but also assessing methodological rigor. Synthesising diverse studies into coherent themes required moving beyond summary to identify patterns, tensions, and gaps across conflicting findings and varied methodologies. Grappling with differences in study design, sample limitations, and qualitative versus quantitative approaches honed my analytical skills. This process also reinforced the ethical importance of transparency and humility in research interpretation, and I recognise that both methodological limits and researchers’ perspectives shape evidence. Overall, it enhanced my capacity to construct meaningful syntheses of research, an essential skill to inform evidence-based practice and advance professional knowledge.

Clinical and Research Application

These insights will shape how I approach my future clinical work with parenting couples. I now recognise the importance of holding space for both partners’ experiences while also identifying and gently challenging patterns that can contribute to stress and inequality in caregiving roles. Clinicians can use this research to better recognise how power dynamics and unspoken expectations for caregiving responsibilities contribute to psychological distress. It also underscores the importance of normalising conversations on the division of labour in early

parenthood. Rather than focusing solely on a mother's physical or emotional needs postpartum, professionals should also assess how caregiving and household tasks are distributed, because these patterns have significant implications for maternal mental health and relationship satisfaction (Aviv et al., 2024; Carian & Abromaviciute, 2023; Kamp Dush et al., 2018; Khalsa et al., 2022; Koster et al., 2022; McDonnell et al., 2019). Integrating these insights into practice will also require continued ethical reflection and supervision, particularly in navigating the gendered power differences or systemic barriers that emerge in therapy. This project has strengthened my professional competency by fostering a greater awareness of how evidence, ethics, and advocacy intersect in socially responsive counselling practice.

Conclusion

By illuminating both the negative impacts of unequal co-parenting responsibilities and the potential benefits of equitable labour division, I believe that this capstone contributes a clinically relevant and socially informed perspective on reducing parental stress, strengthening family dynamics, and advancing gender equity. This project contributes to the field of counselling psychology in that it positions relational equity as both a therapeutic outcome and an ethical imperative. It bridges the research on gendered socialisation, systemic inequity, and family well-being with clinical practice and encourages counsellors to consider how power and labour distribution shape emotional health within intimate relationships.

Beyond its academic contribution, this work highlights the potential for counselling psychology to play a transformative role in public discourse and professional training. Integrating conversations on caregiving equity into clinical education, supervision, and advocacy can shift cultural norms that continue to burden mothers and obscure the relational benefits of shared care. Future practice and research grounded in feminist and systemic principles can

further expand the capacity of the field to promote well-being not only through emotional healing but also through the pursuit of social and structural balance.

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