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AN EXAMINATION OF PARENTAL CONCERNS REGARDING SIBLING ADJUSTMENT BEFORE AND AFTER BIRTH OF A SIBLING

A Thesis

Presented for the

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Donna L. Stuber

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ABSTRACT

Adjustment of the family to birth of a second child has not been widely researched. Much of the literature is based on experiential rather than research findings. These articles tend to be suggestions for and outlines of siblinghood classes for the older sibling. However, it has not been documented what parents' concerns are, nor that the prenatal period is the most appropriate time for addressing these issues. Both preschoolers and their expectant parents may be unable to incorporate the information prenatally.

This descriptive study was designed to examine the concerns of parents regarding their preschooler's adjustment to the life crisis of sibling birth, both prenatally and postnatally. Subjects studied were expectant parents attending a siblinghood class at a large urban hospital with their two to six year old firstborn child. Inclusion criteria required that prospective parents be within three months of the estimated date of delivery. The parents were requested to complete a series of three questionnaires primarily composed of open-ended items: the first before the class began; the second when the class ended; and the third at two to three weeks postpartum. This study entailed encoding and summarizing data largely via content analysis.

Results indicated that during the prenatal period parental concerns regarding firstborn adjustment were primarily centered on the impending hospitalization for childbirth. Postnatally, concerns shifted to longer-term sibling relations and broad issues of parenting. Implications of the study include the need to expand interventions for this population to address concerns related to parenting two children, particularly in the postnatal period. Further research is needed to explore some of the interacting variables within this complex area of family dynamics.

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CHAPTER I

INTRODUCTION

The birth of a first baby is a major milestone in an individual's, as well as a family's, lifecycle. Typically, it is heralded with anticipation, excitement, and congratulations. The second pregnancy, however, may be quite different. The sense of momentous significance may be overshadowed by a more realistic attitude, including an awareness of exactly how much hard work is involved in caring for an infant, concern for the older child's needs, and possibly, financial strains. This particular phase in the family's growth has traditionally been overlooked. It is not unusual for parents to comment that the transition to second-time parenthood was more difficult than the initial parenthood transition. This difficulty is theoretically logical: if one considers the family as a system, and an addition of a new member to the system as a stressor to all other parts or members, then it is easy to project an exponentially greater amount of stress with each new addition.

The birth of a sibling may be the first major crisis a firstborn child experiences (Moore, 1969). Learning to share one's main source of security and comfort is a

difficult task at best. The adjustment period, the first three months postpartum or "fourth trimester" (Jennings & Edmundson, 1980) is often the most difficult time, as parents and infant spend much of their time in close contact. Many dethroned oldest children are encouraged, subtly or otherwise, to shed babyish behaviors and become "helpers." The seeds of sibling rivalry may be planted in this early adjustment period, as jealousy and ambivalence mount. Parents may be vaguely aware of this potential, yet can hardly be expected to know how to minimize the difficulty and facilitate the transition through the adjustment period and beyond.

Apparently, professionals working with growing families tend to make the assumption that second-time parents need less support: they "know the ropes" (Mercer, 1979) having been through childbirth once. Prepared childbirth educators may offer a "refresher" for multiparas and their support persons. These short courses consist of brief summaries of preparatory content at reduced rates. Perhaps the assumption is made that childbearing is a repetitive event and having once experienced it, couples are childbirth experts. Obviously, this is not the case. Any parent with more than one child can testify to the immense variation not only in the conduct of their births and in the individual and personal characteristics of the children themselves, but

also in the meaning of the experience to them personally and especially, the impact of each particular birth on the family as a whole.

In an effort to offer a more "family-centered" orientation to maternity care, many hospitals in the U.S. are beginning to recognize the uniqueness of the repeat-parenting experience, especially as it impacts the older sibling. Sibling visitation programs, begun in the late 1970s, have been followed by siblinghood classes in hospitals and birthing centers, and even by classes for children attending the birth of a sibling. Prenatal siblinghood classes may include parents as well as future siblings, or may focus primarily on the children with parents as spectators. There are a variety of approaches detailed in the literature, in terms of structure and content of these classes. Most childbirth educators appear to be in agreement that siblings need information in regard to three major areas: infant needs and behavior, safety issues, and jealousy or rivalry. However, there is not at present a research basis for these claims. Information desired or needed prenatally by parents regarding their firstborns' adjustment to birth of a sibling has not been determined.

Statement of the Problem

This investigation was designed to assess the concerns of parents regarding firstborn adjustment to a sibling's birth. It is not known when parents and their children can best make use of information about and assistance with specific adjustment problems. The lack of research in this area dictated an open-ended format which could assess what parents' concerns were prenatally and postnatally. The identification of parental concerns would provide a broader foundation for future research in this area, and also a more secure basis for clinical interventions with families expecting a second child.

Theoretical Framework

The systems model of Betty Neuman provided a theoretical basis for this study. It was amplified by contributions from Anna Freud's theories of child development.

The Neuman Systems Model

Systems theory presents the person as a whole comprised of interdependent parts, such that a change in one part necessarily impacts both the other parts and the whole.

Betty Neuman's systems model defines the client as an individual person, a family, a group, or a community. This theory was derived from Neuman's clinical observations as well as from a synthesis of knowledge from other disciplines. These included general systems theory, Selye's conceptualization of stress, and gestalt and field theories (Neuman, 1974).

There are four concepts of the metaparadigm of nursing, addressed by nursing theorists. These concepts are: "the person receiving nursing; the environment within which the person exists; the health-illness continuum within which the person falls at the time of the interaction with the nurse; and finally, nursing actions themselves" (Brink, 1980). The Neuman model conceptualizes the person or client system as having a central core of survival factors, which although unique are within a common range of experience with other human beings. This central core is protected by three levels of defense. They may be visualized as a series of concentric rings around the central core (Neuman, 1982, p. 13). The outermost is the flexible line of defense, conceived of as a dynamic protective buffer for preventing invasion of stressors. The normal line of defense is the second barrier, which is seen as the person's equilibrium state. This barrier is maintained by both innate and learned responses. Neuman (1974) explains that if a

stressor is particularly strong, it may exhaust the cushioning protection of the flexible line of defense and thus break through the normal line of defense. When this happens, the third layer of protection, the lines of resistance, are mobilized. These internal factors attempt to stabilize the person and foster a return to the normal line of defense.

Environment is defined by Neuman (1982) as "the internal and external forces surrounding man at any point in time" (p. 9). The person is an open system constantly in interaction with these forces, which are termed stressors. Neuman (1974) uses Selye's definition of stressors: "tension producing stimuli with the potential of causing disequilibrium, situational or maturational crises, or the experience of stress within an individual's life" (p. 103).

Health is the state of harmony wherein the person's flexible line of defense has prevented penetration of the normal line of defense by stressors. If penetration and disequilibrium have occurred, a process of restitution will initiate return to a state of equilibrium, either at the usual level, or a higher or lower than usual, level of wellness.

Nursing is a profession which concerns itself with "all the variables affecting an individual's response to stressors" (Neuman, 1974, p. 102). Preventive interventions

may be primary, secondary, or tertiary. Primary prevention is aimed at reduction of potential stressors, and at strengthening the individual's line of defense. Secondary prevention is selected when reaction to a stressor has already taken place. Current stressors are prioritized and hopefully reduced. Tertiary prevention is used when some degree of reconstitution has followed the initial stress reaction. It emphasizes maintenance of present homeostasis and mobilization of the person's energy resources.

For the purposes of this study, the client systems addressed were the child as a system, and the child within the family system. The stressor studied was an intrafamily change: the second child's birth. Neuman did not directly apply her theory to children. It may be suggested, however, that preschool-aged children have a less-developed normal line of defense. They have had fewer experiences with stress to contribute to the learned components of the line of defense. Equilibrium balancing at this age may be largely a reflection of innate rather than learned capacities. The behavioral stress response of children within a developmental framework is not addressed by Neuman.

Anna Freud's Assessments of Development

Children have unique reactions to stress. For this reason, the Neuman model was expanded for this study by

incorporating the psychological theory of Anna Freud to further describe children in relation to stress reaction.

Freud addressed the birth of a sibling specifically, considering the event to be a "taxing life experience" (Freud, 1965, p. 137), which would result in either progressive or regressive tendencies, largely based on the child's innate capacities. Children were seen to grow along parallel "lines of development" (Freud, 1965, p. 88) which cover all areas of personality, and encompass growth from immature egocentricity to mature ego functioning. If a child reacts with progressive behavior to the stressor, this behavior reflects a developmental leap. Regressive reactions indicate a backward move to a more comfortable developmental stage, for protection of ego integrity.

Summary of Theoretical Framework

Birth of a sibling is, for a firstborn child, a stress to integration of the self as a system. It also entails a stress to the child as a part of the family system: the child must attempt to redefine her or his position within the family as a whole. These stresses provoke reactions which, in the child, may result in progressions or regressions along the lines of development.

The siblinghood class can be viewed as an example of primary preventive nursing intervention. It attempts to

reinforce the lines of defense of both child-system and family-system. It also attempts to modify components of an anticipated stressor so as to lessen its impact.

The Research Question

What are the major concerns of second-time parents regarding sibling adjustment; how do these concerns change from the prenatal to the postnatal period?

Subsidiary Questions

1. Are there differences in mothers' concerns and fathers' concerns about sibling adjustment?

2. Are there differences in parents' perceptions of younger preschoolers' and older preschoolers' adjustment?

3. What are the concerns of parents regarding their firstborns' separation from mother, both (a) physically, during the hospitalization and (b) psychologically, after the hospitalization?

4. What is the relationship between anticipated prenatal concerns about the child's adjustment, and postnatal adjustment problems experienced?

5. What impact do parents indicate a siblinghood class has on their child's adjustment?

6. Are there other concerns of parents regarding sibling adjustment, not addressed in the siblinghood class, that are being overlooked?

Nominal Definitions

For the purpose of this study the following terms were used:

1. Preschooler: a child between the ages of two and six years.

2. Concerns: "something of interest or importance; anxiety, worry" (American Heritage Dictionary, 1973, p. 149). Possible examples of parental concerns include lack of time for two children, firstborn's jealousy, and firstborn's separation anxiety during the hospital stay.

3. Sibling adjustment: the process of adaptation to stress, requiring emotional and behavioral change, which takes place in the firstborn subsequent to the birth of a sibling.

Assumptions

1. Parents accurately interpreted their children's behavior and needs. Dunn and Kendrick (1980a) have demonstrated a high correlation between mothers' and

observers' ratings of child behavior and temperament, which offers some support for this assumption.

2. Responses of the participants were honest and accurate.

Chapter Summary

This study was designed to address questions regarding parental concerns about their firstborns' reactions to the stress of sibling birth. Progressions and regressions in child behavior were expected to be of concern to parents. Chapter I included the rationale for this study, research questions, definitions and assumptions. Theoretical constructs developed by Betty Neuman and Anna Freud were presented. A review of relevant literature is discussed in the following chapter.

CHAPTER II

REVIEW OF LITERATURE

This chapter reviews the literature related to the following areas: an introduction to stress; transition to parenthood or parenthood as a stressor; sibling reactions to the birth event; and siblinghood preparation classes. It should be noted that much of the literature in these areas exists in the form of clinical monographs rather than research studies.

Introduction

There are many definitions of stress to be found in the literature. Sutterley (1986) proposed the following holistic definition:

> Stress is a dynamic state of imbalance within the individual that results from: any demand to adapt or change; a perceived threat; a challenge to one's ability to cope or perform; or unmet needs or lack of resources (p. 42).

A sibling's birth may provide stress in any or all of these forms. In a frequently quoted article, Terence Moore (1969) wrote that birth of a sibling is one of the major stressors in normal childhood, often entailing numerous minor stressors as well. Some of the additional stressors include

a move to a new home, a move to a new room, or to a new bed; pressure to give up regressive habits; and usually a short-term separation from mother for the birth event. Moore (1969) noted the following:

> These events not only make demands on the child, whatever his stage of development, for adaptation to unfamiliar situations and altered routines; they also tend to affect the behavior of all members of the family, so that the whole pattern of personal interaction to which he is accustomed may be changed. (p. 236)

Rutter (1981) concurred with this view, stating, "in the case of the birth of a sibling, the stress to the elder child seems to lie largely in the effects that this has on the patterns of family interaction" (p. 332).

This stress provokes an adaptation, which, depending on many factors, may result in positive growth or regression to earlier behavior patterns. Anna Freud (1965) wrote that a sibling's birth is the classic stressor provoking a progressive or regressive response, or some combination of both, in the young child.

Some of the factors impacting on a child's response have recently been explored. Nelms (1985) reviewed some of the research related to childhood stress and proposed that a "goodness of fit" (p. 97) between the temperament style and environmental expectations is a major predictor of direction of stress response, either progressive or regressive. This would seem to be a promising line of research to pursue.

The stressful nature of the birth of a second child impacts both parents and firstborn children. The following sections consist of a review of the literature related to the stress of parenthood and the stress of siblinghood.

Transition to Parenthood

The birth of a second child is a stress for the family system as a whole. Parents must progress to a new level of parenthood while also assisting their child's adaptation to siblinghood. There is a large body of literature relating to the initial transition to parenthood surrounding birth of a first child, but very little has been written on later transitions to other levels of parenthood.

Several early studies were initiated by LeMasters (1957), who concluded that parenthood is a major crisis event, involving the loss of roles relating to non-parental status. Rossi (1968) considered the concept of a "normal crisis" to be somewhat incongruous, and proposed replacing it with "transition to parenthood" (p. 433). She outlined the role cycle changes unique to parenthood, noting that there is often little role preparation, few guidelines for success, and a very abrupt transition compared to other role changes. In the last twenty years, however, a plethora of books, popular magazine articles, and classes for new

parents-to-be have appeared to ameliorate this state of affairs.

Traditionally, women and their psychological adaptation to parenthood have been the subject of study (Bibring, 1959; Leifer, 1977). Current research interest in parenthood seems to be turning toward fathers. The development of father identity and the particular adjustments of men to fatherhood are distinctly different than adjustments of women (Lips, 1983; Soule, Standley, & Copans, 1979). Specifically, preparation for parenthood and amount of exposure to infant care before the birth, consistently correlated with men's positive attitudes toward their infants (Jennings & Edmundson, 1980).

Prenatal preparation has been proposed as a means to lessen the stress of transition to parenthood. Jennings and Edmundson (1980) emphasized the importance of including the postpartum adjustment period of about three months, which they termed "the fourth trimester" (p. 1093). They stressed the necessity for prenatal anticipatory guidance related to fourth trimester difficulties. These authors also noted, however, that many of the changes of parenthood are not easily anticipated prenatally. Offering support to parents throughout the entire transition period was suggested as an important interventive strategy.

Although the phrase "transition to parenthood" suggests a change from the non-parental to the parental state, the case can be made that it may also include later transitions--from parenting one child to parenting two; from parenting an older child, to parenting an infant plus an older child. LaRossa and LaRossa (1981) noted the almost exclusive focus on primary rather than multiple parenthood in the literature. They commented: "we see the transition to parenthood as a 'dynamic process of becoming' that theoretically can extend the whole length of the childbearing phase" (p. 12).

Interestingly, the lay literature has begun to reflect a concern with the particular adjustments of second-time parents (Weiss, 1981). It is unfortunate that there is as yet little research to guide these efforts.

Some specific parental concerns during the transition to parenthood have been documented in the literature. Bull (1981) recorded maternal physiologic changes, maternal emotional lability, and infant caregiving as being the most vital concerns of first-time mothers in the first week postpartum. The marital relationship during the transition period was studied by Broom (1984), who concluded that increasing communication between spouses eases the transition to parenthood. It has not been established

which, if any, of these concerns apply to multiparous women and their husbands or partners.

Westbrook (1978) reviewed research findings which indicate that many, but not all, aspects of childbearing are experienced more positively by women having their first children than women having later children. Multiparas, though often less fearful, may be more irritable, rejecting, and apprehensive than first-time mothers (Doty, 1967; Gordon, 1967; Sears, Maccoby, & Levin, 1957). Similarly, Walker, Crain, and Thompson (1986) reported a distinct difference in maternal role attainment for primiparous and multiparous mothers. The multiparas scored higher on a self-confidence scale, but this did not correlate with positive mothering behaviors. These researchers presented the possibility that new indices need to be developed to indicate role attainment for multiparous mothers.

Social support for multiparas has been compared to that of primiparas. Norr, Block, Charles, and Meyering (1980) reported significantly less support from husbands for multiparas. Support was quantified as percent of women unattended by husbands during labor and delivery.

An interesting case study entitled "Conflicts of a Secundigravida" was presented by Jenkins (1976). The researcher noted three themes in the subject's discussions. They were: (1) her ability to physically care for two

children at the same time; (2) her feelings of betrayal and guilt as she anticipated her firstborn's reaction to his sibling; and (3) her ability to love two children equally. This early descriptive study requires elaboration and replication before conclusions can be drawn.

Sibling Reactions to the Birth Event

Sibling relationships begin with the birth of the younger sib. To paraphrase Vestal (1979), although the influence of siblings may not be as profound as that of parents, children do create a richer, more complex, and more differentiated social environment for one another within the family.

The traditional knowledge base regarding sibling relationships is psychoanalytic in origin. Neubauer (1983), writing from that perspective, distinguished three affects experienced between siblings: rivalry, envy, and jealousy. All have a basis in the competition among siblings for love or exclusive care from the mother they share. He noted that these are "triadic relationships" (p. 327) consisting usually of mother and the two siblings, which is inherently imbalanced, as one is always potentially excluded.

The traumatic reaction of the elder sibling to birth of the next child includes disappointment due to expectation of

a playmate, aggression aimed at the child for monopolizing the mother, and envy, rivalry, and jealousy (Neubauer, 1983, p. 331). It has been suggested that jealousy is more likely to be severe when the age difference between children is from one and one half to three years than when it is greater (Podolsky, 1954). Clinically, children presenting with symptoms of jealousy and withdrawal or aggression, within the context of recent sibling birth, have been labeled as having "displaced older child syndrome" (Greenbaum, 1962). In contrast, Provence and Solnit (1983) have suggested that the elder child may identify with the infant's helplessness and become the baby's interpreter, which meets needs of both children. In any case, it has been suggested that young siblings are unable to comprehend fully the impact of a new sibling on their lives until the actual arrival of the baby (Vestal, 1979). Preschool children are in a concrete phase of cognition. The ability to conceptualize what is not yet physically present has not developed (Piaget & Inhelder, 1969).

Beyond this conceptual literature, the research literature regarding children's adjustment to birth of a sibling is rather sparse. An interesting qualitative report, a case study of six families with children under age three, analyzed the stressfulness of this event (Griffiths, 1985). Extensive interviews and observations were conducted

in subjects' homes longitudinally, prenatally and throughout the first six months postnatally. The data confirmed the stressfulness of the life change. Firstborns showed an increase in sleep and eating problems and physical ill health. Negative behaviors in the social-emotional area increased. The researcher noted that the firstborn's developmental level, gender, and aspects of temperament appeared to influence the child's vulnerability and coping. Interestingly, the longitudinal data from the above case study demonstrated increased family coping by three months postpartum, but the highest level of personal stress expressed by mothers was at six months postpartum. These results would tend to support the theory that adaptation is ongoing and fluctuates over time.

Lamb and Sutton-Smith (1982) have referred to the paucity of research in the area of sibling relations and have attempted to ameliorate the lack. These researchers have explained that their work is based on a trend toward family systems theory and "interdependence of individual life cycles" of family members (p. 14) rather than personal intrapsychic events. This family systems research is necessarily multidisciplinary and multifactorial, and therefore quite extensive.

One area being examined in the field of family systems is the behavioral reaction of the firstborn after the birth

of the second child. Two notable family systems studies in this area have been reported, by Nadelman and Begun (1982) and Dunn and Kendrick (1980b; 1980c). The Nadelman and Begun study comprised 53 families expecting their second child. The elder children's ages ranged from 26 to 66 months at the time of the second child's birth. A pre-post design was utilized, with a multi-measure battery for data collection three to four weeks before and three to four weeks after the second child's birth. The battery included doll play materials, behavioral recording sheets, and mothers' ratings of children's behaviors. Results derived from these measures demonstrated that there was "considerable distress in the firstborn" (p. 31), including prebirth ambivalence, ambivalent reactions to reunion with mother, ambivalent reactions to the baby, and general behavioral changes.

Dunn and Kendrick (1980b) studied 40 families over a period from one to three months before birth of a second child until the second child was 14 months old. The sample was British and utilized pre-sib-birth and post-sib-birth observations, interviews, and ratings of temperamental characteristics. One test battery was administered before the birth, and three after the birth (two to three weeks after, eight months after, and 14 months after the birth of the second child). Results demonstrated that about 75%

of the elder children engaged in some regressive behaviors, and about 60% displayed some indication of being "more grown up" (p. 4). Obviously, some children exhibited both types of behaviors at different times. There were certain temperamental differences, in that children with a proneness toward negativity and intensity showed more severe regressions. These researchers commented that considerable difficulties for mother and firstborn existed even when there was no separation for the second child's birth. (In 33% of the families studied, the mothers had a midwife-attended home birth.)

There are many possible variables interacting to affect the adjustment of a firstborn child to the birth of a sibling. Some of these variables have been suggested in an early study by Legg, Sherick, and Wadland (1974), including preparation of the elder child for the birth, both timing and type; techniques for aiding preparation; changes in sleeping arrangements; introduction of a pet; arranging for the separation; role of the father; contact with mother during hospitalization; gift giving to the elder child; breast versus bottle feeding of the infant; gender of older child and newborn; and parental attitudes. Potential researchers may have been discouraged by the overwhelming nature of these interacting variables, as reported by these authors. The intent of this open-ended pilot study was to

generate future research directions. A limitation of the study was the diversity of the sample. It included 21 families with varied ethnic and socioeconomic backgrounds and with firstborn children ranging in age from 11 months to five years two months.

Maternal perceptions of their children's behavior after birth of a sibling have been assessed by several researchers. Kayiatos, Adams, and Gilman (1984) used a telephone interview protocol to gather data retrospectively three to six weeks postpartum from 29 randomly selected subjects. Preschooler behavior was categorized into four areas: eating, toileting, sleeping, and general behaviors. Range of length of separation was not specified. The questionnaire was included in the article; however, reliability and validity were not addressed. Again, significant increases in regressive behaviors were reported, particularly in the area of sleeping. This study serves to provide support for the thesis that birth of a sibling is a stressful event for the child, and that mothers may perceive their children's behavior to be regressive. The tool has limited generalizability as a research instrument, since retrospective ex post facto data has low external validity.

The method of exploring maternal perceptions of children's behavior is often disparaged, in favor of less biased researcher observation. In fact, Dunn and Kendrick

(1980a) have commented that "there are strikingly few careful comparisons of parental interview and direct observational data on aspects of young children's behavior at home" (p. 484). They performed such a comparison and concluded that correlations between mothers' and observers' ratings of child behavior are quite strong. Unfortunately, the interview protocol was not included in the report of their study (Dunn & Kendrick, 1980c).

Several studies have attempted to elucidate the reactions of preschoolers to separation for childbirth. This separation from mother may have consequences for the development of sibling relations (Bank & Kahn, 1982). Trause and associates (1981) compared children allowed to visit their mothers in the hospital with those children without sibling visitation privileges. Data were collected on children's behavior two to four weeks before the hospitalization, on reunion with the mother at discharge, and one to two weeks after mother returned home. Home visits were utilized for the first and third data collection points, during which time the mothers completed a written questionnaire and the researcher performed time-sampled observations. For the discharge reunion, a three-minute film was made and analyzed. Results showed "significantly more problems" (p. 35) for both groups after hospitalization. The sibling visitation group fared only

slightly better than the non-visitation group one to two weeks after separation, but did show significantly fewer ignoring or avoiding behaviors at reunion. It was concluded that visitation may help children cope, at least immediately, with separation stress. The data collection methods were not clearly outlined. No reference was made to interrater reliability for observation or film analysis.

An adaptation of the Trause instrument was developed by Knicely (1982). Like the Kayiatos protocol, it identified maternal perceptions of preschool behavior. It was also similar to the Kayiatos research in that the study was divided into behavioral categories: eating, sleeping, toileting, and general behaviors. These behaviors were checked off on a five-point Likert-type scale. This instrument has the advantage of brevity. Content validity was established by review of a panel of "experts in preschool children's behavior" (Knicely, 1982, p. 59). This study did not support previous findings. No significant increases in regressive behaviors were found for either the group of children separated for 24 hours or less or for the group separated for several days. The methodology may be flawed: the groups compared were taken from two different populations, the short stay subjects from a birthing center and the longer stay mothers from a hospital.

Psychobiological methodologies have enabled researchers to assess physiological and neurochemical parameters of reaction to separation. This data provides triangulation with behavioral and interview reports regarding the stress of separation for birth of a sibling. Field and Reite are pioneers in the area of psychobiology research. One of their most important findings is reinforcement of the concept of a biphasic (agitation/depression) response to separation. This phenomenon had been reported in primates as well as humans. Field and Reite (1984) followed preschoolers via home visits before, during, and after a brief separation from mother for birth of a sibling, with behavioral and physiologic monitoring of play, sleep, and overall affect. Measures included observation of organized play sessions with parents, biotelemetric measures of continuous heart rate and actometer-assessed activity level, and time-lapse videotaping of nighttime sleep. Questionnaires were also administered to the parents. The observations had several reported interrater reliability coefficients, which were within acceptable range (.87 to .93). Findings corroborated biphasic movement of children from increased agitation, heart rate, activity, and fantasy play to decreased activity and heart rate, and sleep restlessness, followed by ambivalence on reunion (both avoidance and increased clinging). This elegant study has

been replicated with toddlers ages 15 to 24 months with similar results (Field, 1986).

The concept of a "psychological separation" of the child from the mother has been addressed by Yarrow (1964). This type of separation, he proposed, may have positive as well as negative aspects:

> Looking at separation from the perspective of normal developmental experiences, there are many kinds of partial, physical separations, such as when the child goes to school or the mother is employed, as well as psychological separations which may occur with the arrival of a new sibling. In terms of their meaning to the child, these experiences may be on a conceptual continuum with the permanent or recurrent separation experiences detailed above, but clearly they cannot be equated with them. From a developmental perspective such separation experiences may have constructive as well as destructive aspects. The infant's differentiation of himself from the mother, the child's development of a separate identity and increased autonomy in coping with the environment, are aspects of growth which are dependent on mild doses of separation. (pp. 92-93)

Both forms of separation, physical and psychological, are involved when a sibling is born. More research in the area of separations from mother for birth of a sibling is needed in order to differentiate constructive and destructive aspects.

Another current research trend is in the area of early sibling attachment. Marecki, Wooldridge, Dow, Thompson, and Lechner-Hyman (1985) coined the term "sibling bonding" (p. 419) to denote the early acquaintance process of siblings, similar to that of parents with their infants. These

researchers videotaped the family's reunion on the day of discharge from the hospital. Children in the experimental group attended a series of four prenatal sibling preparation classes; a control group did not attend. No children visited their mothers in the hospital. Behavioral categories were developed according to criteria describing the positional placement of the child in relation to the infant, and the sensory approaches used to make contact with the infant. There were no significant differences along these parameters between children who attended the sibling classes and those who did not attend. This is an interesting line of research, but one that perhaps needs a strong descriptive base before further experimental studies are attempted.

Siblinghood Preparation Classes

Due to the paucity of the literature in this area, it is not surprising that many of the suggestions regarding nursing and psychological interventions with older siblings are based on clinical experience and educated conjecture rather than on research findings.

Jiminez, Jones, and Jungman, in a 1979 article, commented that "few resources are available in either the literature or the community for the multiparous woman and

her family" (p. 308). These childbirth educators outlined an approach for a two-session prenatal class for multiparous women, focusing on both the physical and emotional changes of pregnancy and on the facilitation of the transition for their eldest children. In evaluating the class, the participants were unanimous in their satisfaction, but many wished the class would continue into the postpartum period. It was not stated whether the evaluation took place at the last session, or postnatally, a factor which could have influenced the results.

Another childbirth educator (Sweet, 1979) explained her approach to individualized instruction for preparation of children soon to become siblings. She requested evaluation both after the class and again postnatally, and reported that parents indicated this class helped reduce children's anxiety and increased their sense of involvement.

A sibling preparation class held by the University of Wisconsin-Milwaukee School of Nursing (MacLaughlin & Johnston, 1984) was created to increase understanding of both parents and children regarding sibling birth. The theoretical framework for the class included the concept that "arrival of a sibling is a crisis with potential for either increased psychological vulnerability or opportunity for personal growth" (p. 373). This class began with a group discussion time, followed by having parents and

children divided and assigned to separate areas. The children (ages two through seven) participated in directed doll play, while the parents meanwhile discussed safety issues and normal reactions of children to their new sibling, and received suggestions to facilitate this transition. Clinicians in this setting commented that "while much more research on this vital topic is to be encouraged, intervention by health professionals into the situational and maturational crisis of new siblinghood is strongly urged" (p. 375).

In a study by Wilford and Andrews (1986), children who attended a siblinghood class and controls who did not were compared. The children were two to five years of age. Seventeen children attended the class, while 16 did not participate. A pretest-posttest format was used. The preschoolers' behaviors were categorized by their mothers on a five-point Likert scale during the siblinghood class. Both groups of children demonstrated some regressive and some progressive behaviors. Although frequencies were recorded, specific behavior changes between the two groups were not statistically calculated, which would have been illuminating.

Johnsen and Gaspard (1985) outlined five objectives for parents and children participating in yet another prepared sibling class for three to twelve year olds. For the

children, the objectives centered on recognizing feelings and lowering anxiety. For the parents, formulation of strategies for coping with stress was emphasized. Suggestions were presented for meeting these objectives. They included reading stories about new babies, taking a hospital tour, and viewing a film such as "I'm a Little Jealous of That New Baby" by Kids Korner. This program was evaluated by an "End-of-Class Questionnaire" completed by parents. Although a low return rate (33%) precludes generalization, 81% of respondents felt the class was helpful in meeting their needs. An "After-Birth Questionnaire" attempted to address the impact of the class over time, as assessed by parents in the postpartum period. Again, a response rate of 8% is not very meaningful. Of those who did respond, 96% reported no major upheaval when the newborn came home. The researchers noted, "since many of the parents did not share many of their specific strategies for preparing their children or for coping with an additional child, it is difficult to measure the achievement of the...objectives" (p. 241). This difficulty would seem to indicate a need for more qualitative, descriptive research regarding the transition to second-time parenthood and to first-time siblinghood.

It would be helpful to have an assessment of parents' concerns regarding the adjustment of their children: not

merely a report of parents' evaluations of a class, but an analysis of what parental concerns are in relation to their children. Further, the prenatal period is not the only period of interest; parental concerns in the postnatal period are also vital to examine. It seems likely that some siblinghood classes are not making a positive impact on the postpartal transition. A more sound basis for siblinghood classes could be developed by analyzing parental concerns before and after the second child's birth.

Chapter Summary

This review of the literature focused on adjustment to the birth of a second child. Following an introduction to the concept of stress, three areas were reviewed: transition to parenthood; sibling reactions to the birth event; and siblinghood preparation classes. The literature regarding stress in childhood has demonstrated that birth of a sibling is a stressor. Adaptation to this stressor may result in progressive or regressive behavior, or both. Transition to parenthood has been studied extensively, but has focused almost exclusively on first-time parents. Data indicate that second-time parents experience parenthood changes differently than first-time parents and may also have less social support. Studies of sibling reactions to the birth

event provided support for its stressful nature. Many variables impinge upon the event. Separation from mother for the birth is one variable which seems to add stress to the situation. Some studies have been observational, some have utilized questionnaires, and some have interviewed mothers in relation to their children's behavior. Siblinghood preparation classes have been conceptually described in the literature. The few studies related to their impact on adaptation for firstborn children are inconclusive. A descriptive study of parental concerns regarding children's adjustment is indicated.

Chapter III explains the research methodology of the present study. A description of the sample, the setting, instruments used, data collection methods, data analysis methods, and the researcher frame of mind are included.

CHAPTER III

METHODOLOGY

This chapter consists of a description of the methodology of the study. The research design, the sample, the setting, instruments used, data collection methods, data analysis methods, and the researcher frame of mind are described.

Research Design

Based on the present status of the literature and the multivariate nature of the study question, a nonexperimental approach was chosen. A descriptive prospective study was deemed to be most appropriate, as little information existed from which to base hypotheses. This design was intended to generate rather than test hypotheses.

Sample

The subjects studied were a convenience sample of 23 parents (16 mothers and 7 fathers) attending one of two siblinghood preparation classes for two to six year olds, with their firstborn child. Subjects had freely chosen to

attend the class, having been given information about it from their physician. Inclusion criteria required that parents were expecting their second child within three months of the class date. Firstborns were between two years (24 months) and six years (up to 83 months) of age at the time of the class.

Setting

The classes were held at a large, religiously affiliated urban hospital in Tennessee. Because of the broad range of educational approaches to siblinghood preparation, a detailed description of the class which served as this study's setting is presented below.

The siblinghood preparation classes were one-time sessions held in a conference room. There was a session for two to six year olds and another, separate session for seven to twelve year olds. The session for two to six year olds was offered twice a month, on the first Saturday morning and the second Thursday afternoon of each month. The classes chosen for this study were held on June 6, 1987 and June 11, 1987. There was a $5.00 charge per family for the class. Classes were ninety minutes in length, and children and parents remained together for the duration. Children were given name tags and asked to sit together on mats with the

instructor. Parents sat around the circle and observed the discussion, which involved questions about infant behavior, safety issues, and an orientation to hospital procedure. The following materials were utilized: pink and blue bassinet cards, a diaper, a teeshirt, baby food jars, baby toys, and cover gowns to be worn by siblings and fathers. This was followed by a tour, including a look through the nursery windows and a visit to a postpartum room representative of the one they would visit after the birth.

Following the tour, a snack was provided and participants watched a ten-minute movie entitled "I'm a Little Jealous of That New Baby," produced by Kids Korner. A packet was then passed out to each child, which included bassinet cards, a measuring tape, a diaper, a booklet of baby names, a box of crayons, and a coloring book entitled "Our Family is Going to Have a Baby!" designed by L. Brickley, RN, ACCE. The children were given a certificate and a sticker as they left.

The goals of this class have evolved since its initial inception in 1982. The class began by focusing on sibling interactions and the processes of prenatal growth and birth. Its founders reported that this was not well received by the attendees, who preferred a focus on the immediate hospitalization period. At the time of the study, goals of the class were to promote familiarity with the hospital and

its routine and increase awareness of how to maintain contact with the mother while she is hospitalized. Although the jealousy film was used, this was because the instructors felt it should be part of the class, rather than being shown due to its acceptance by parents.

This class, then, was rather dissimilar to many of those outlined in the literature. Its focus was immediate, not extending very much beyond the journey of the baby from hospital to home. The instructors reported a clinical impression that parents are unwilling to consider problems beyond the birth and hospitalization. Their idea was that this late prenatal period is very difficult, enough so to preclude parents' ability to focus on future difficulties. Consequently, the instructors have attempted to tailor the class to perceived parental needs.

Instruments

Subjects were asked to complete a series of three primarily open-ended questionnaires. Two of these were to be completed at the time of the siblinghood classes, and the third was to be completed after the birth of the second child.

As no similar instruments existed to collect the desired data, the researcher designed the following series

of tools. Content validity was addressed via peer and expert review, and by field testing. The instruments were reviewed by a group of fellow nursing graduate students completing theses, and by three doctorally-prepared College of Nursing faculty members engaged in research in the areas of maternal and child health and family dynamics. Revisions were made, largely consisting of shortening the instruments and simplifying the questions. A pilot study was then conducted using the first two sets of questionnaires, with the same conditions prevailing under which the actual study would be conducted. The pilot study took place at the siblinghood class for two to six year olds held at the hospital in May of 1987. Six parents (five mothers and one father) were present; all consented to participate. Based on their responses, the questionnaires were further revised and shortened to their present form.

Questionnaire #1, the Pre-Class Questionnaire (see Appendix C), included basic demographic data related to the subject and the subject's firstborn. Five open-ended questions addressed prenatal preparation of the child, reasons for attending the class, and present concerns regarding the child's postnatal adjustment.

Questionnaire #2, the Post-Class Questionnaire (see Appendix D), was more brief. Five open-ended questions related to the class itself were included.

The Postnatal Questionnaire, #3 (see Appendix E), was the longest. Demographic data related to the birth and the child's experiences during the mother's hospitalization were collected. This was followed by eight open-ended questions regarding the firstborn's behavioral reactions, feelings about changes in family relationships, and other concerns.

Data Collection Methods

A cover letter introducing ideas relevant to the research proposal was sent to the institution. Consent to gather data was obtained from the Vice President for Patient Care Services (see Appendix A). The pilot study was conducted as described above, on May 14, 1987. The actual study was conducted at the two siblinghood classes for two to six year olds held on June 6 and June 11, 1987. Signed consent was obtained from participants by distributing a form for this purpose (Appendix B) with the Pre-Class Questionnaire. All class attendees at both sessions signed a consent form, thus agreeing to participate. A phone number for postpartum followup was obtained on this form. The consent form and questionnaires were encoded with identification numbers. A list of subjects' names, code numbers, and phone numbers was kept separately from the raw data, and was destroyed following data collection.

The Pre-Class Questionnaires and consent forms were distributed before the class began. Parents completed these in about a ten minute time frame. The Post-Class Questionnaire was distributed to parents during the time that their children were called to one corner of the room to receive a certificate. Both sets of questionnaires were collected at the end of the class as parents left the room. The Postnatal Questionnaire was originally intended to be completed during a postpartum home visit, but this was not possible. Approval was obtained from the researcher's thesis committee and from the University's Office of Research Compliances to revise the data collection procedure and collect the postnatal data by mail.

Subjects' actual delivery dates were obtained by periodic reviews of the institution's Newborn Nursery census log. Telephone contact was made with subjects at approximately ten days postpartum, and verbal consent was obtained to mail the Postnatal Questionnaire. All 23 subjects consented to continue with the study. A 39.1% response rate was obtained following the mailing. A 78.3% response rate was obtained following a telephone reminder call. Data collection was completed by October 5, 1987.

Data Analysis Methods

Demographic and multiple choice data were tabulated via frequency computations. Open-ended responses were analyzed via content analysis. This data analysis method is based in the grounded theory method developed by two sociologists, Glaser and Strauss, in the 1960s (Munhall & Oiler, 1986). It involves generation of theories or hypotheses directly from the data, rather than beginning with hypotheses which data either support or fail to support.

The questionnaires were photocopied, with the original kept for reference. The photocopies were cut apart per item response, then sorted and resorted to gain a sense of the emergent themes from different perspectives. Following a method described by Field and Morse (1985), the responses were coded with highlighter pens to assist in retrieval of theme categories once the slips of paper were replaced in their envelopes. As suggested by Munhall and Oiler (1986), memoing was used to record ideas and reactions regarding responses. This was an ongoing process; data collection and analysis occurred simultaneously. This latter aspect of descriptive research was explained by Taylor and Bogdan (1984) as essential to content analysis methodology.

To answer the research question, predominant themes which emerged were analyzed with reference to the subsidiary

questions listed in Chapter I. Table 1 addresses the relationship between subsidiary questions and specific items from the questionnaires. As the emergent themes are presented in Chapter IV, example responses will be included to enrich the presentation.

Researcher Frame of Mind

Taylor and Bogdan (1984), in their guide to qualitative research methodology, listed several items which should be addressed in a research report. One of these is unique to qualitative research: the researcher's particular "frame of mind" (p. 152). Munhall and Oiler (1986) offer further support for the importance of values clarification in qualitative methodology, as analysis of data is subjective in nature.

Attitudinally, the researcher's purpose included a desire to demonstrate the importance of analyzing the family as a whole system. Fathers are often overlooked and are a nonseparable part of family interactive processes. Further, it was believed that parents may have unclear ideas regarding sibling adjustment prenatally and may have greater need for professional intervention postnatally. Overall, the belief was held that parents can influence the adjustment of their children to the sibling's birth and that

Table 1. Questionnaire Items Addressed in Answering Subsidiary Questions

Subsidiary Question	Questionnaires		
	Pre-Class	Post-Class	Postnatal
1	12, 13, 14, 15, 16		12, 13, 14, 16, 17
2	12, 13, 15, 16		12, 13, 14, 16
3	10, 11, 15		3-10, 12, 13, 14
4	12, 15, 16		12, 13, 14, 16
5	14	1, 2, 3, 4, 5	15, 17
6		4	16, 17

nursing interventions can influence parents' abilities in this regard.

Chapter Summary

A description of the methodology of this nonexperimental study was provided. The research design, the sample, the setting, instruments used, data collection methods, data analysis methods, and the researcher frame of mind were outlined. The following chapter presents an analysis of the data collected. The research question and the six subsidiary questions are addressed and answered.

CHAPTER IV

DATA ANALYSIS

This chapter consists of a description of the demographic characteristics of the subjects studied followed by an analysis of the data. Each of the six subsidiary questions are addressed through content analysis of themes that arose from the open-ended questionnaire items. Content analysis is enriched with direct examples from the data. The overall research question is then addressed, followed by a summary of the results.

Demographics of the Sample

The sociodemographic characteristics of the subjects are presented in Table 2. A total of 28 subjects attended the two siblinghood preparation classes with their firstborn child. Five parents were excluded due to nonconformity with inclusion criteria. The final N consisted of 23 subjects. All consented to participate in the study. All subjects were Caucasian parents between the ages of 20 and 40, and were predominantly middle class. The number of years of education and occupation were the measures used to reflect socioeconomic status. Of the 23 participants, 12 attended

Table 2. Percentage Distribution of Sociodemographic Variables for Parents Responding Prenatally

Variable	N	%
Parent Gender		
Male	7	30.4
Female	16	69.6
Total prenatal respondents	23	
Age		
20 - 25	2	8.7
26 - 30	8	34.9
31 - 35	9	39.1
36 - 40	3	13.0
No answer	1	4.3
Educational Level		
Less than high school	0	0
High school	3	13.0
1 - 4 years college	17	74.0
Advanced study	3	13.0
Employment Status		
Employed full-time	15	65.2
Employed part-time	4	17.4
Not employed	4	17.4
Occupational Category		
Professional	9	39.1
Technical	6	26.1
Clerical	4	17.4
Manual	0	0
Homemaking	4	17.4

Table 2. (Continued)

Variable	N	%
Class Attendance Status		
With spouse	12	52.2
Mother only	10	43.5
Father only	1	4.3
Parent of:		
Younger (2 - 3 year old) preschooler	12	52.2
Older (4 - 5 year old) preschooler	11	47.8
Firstborn Gender		
Male	6	35.3
Female	11	64.7
Total firstborns	17	
Firstborn Age		
2 years	6	35.3
3 years	4	23.5
4 years	5	29.4
5 years	2	11.8
6 years	0	0
Firstborn's Usual Child Care		
Home with mother	4	23.5
Daycare	8	47.1
Babysitter	4	23.5
Extended family	1	5.9

with their spouses (six couples) and 11 attended singly. Most subjects were mothers; about a third were fathers.

The 23 subjects had 17 preschool-age children in attendance. Although children up to age six were to have been included, in fact, the oldest child was 69 months; thus their age range was two to five years. About one-half were ages two to three and one-half were four to five. More were girls than boys. About three fourths of the children were involved in some sort of out-of-home day care arrangement.

Of the 23 subjects participating, all completed the Pre-Class and Post-Class Questionnaires. Eighteen of these subjects completed the Postnatal Questionnaire. Nine of the latter parents attended the class with their spouses and nine were single attendees. Thus parents of 14 sibling pairs were reported on postnatally. Most were born without complication. Firstborn children tended to visit their mothers in the hospital daily. This data is summarized in Table 3.

Mothers' and Fathers' Concerns About Sibling Adjustment

Subsidiary Question 1 addressed the variable of parental gender as affecting the nature of concerns reported, both prenatally and postnatally. The

Table 3. Percentage Distribution of Sociodemographic Variables for Parents Responding Postnatally

Variable	N	%
Parent Gender		
Male	5	27.8
Female	13	72.2
Total postnatal respondents	18	
Class Attendance Status		
With spouse	9	50.0
Mother only	8	44.4
Father only	1	5.6
Parent of:		
Younger (2 - 3 year old) preschooler	11	61.1
Older (4 - 5 year old) preschooler	7	38.9
Firstborn Gender		
Male	4	28.6
Female	10	71.4
Total firstborns	14	
Firstborn Age		
2 years	6	42.9
3 years	4	28.6
4 years	3	21.4
5 years	1	7.1
Newborn Gender		
Male	9	64.3
Female	5	35.7

Table 3. (Continued)

Variable	N	%
Intrapartum Complications*		
Caesarean section	2	14.3
Premature delivery	2	14.3
None	11	78.6
Length of Hospital Stay		
2 days	6	33.4
3 days	4	22.2
4 days	4	22.2
5 - 7 days	4	22.2
Number of Firstborn Visits to Hospital		
2	4	22.2
3	7	38.9
4	4	22.2
5 - 7	3	16.7
Firstborn's Care During Hospitalization		
Father	1	7.2
Extended family	5	35.7
Both father and extended family	6	42.8
Babysitter	2	14.3

*Will not total 100%: one infant was prematurely delivered by caesarean section.

questionnaire items which directly requested this information were, on the Pre-Class Questionnaire, items 15 and 16; on the Postnatal Questionnaire, item 16. Important information was provided in answer to several other items which supplemented these direct requests, and was thus included in analysis. The paragraphs below consist of an item-by-item analysis of the following items: from the Pre-Class Questionnaire, 12, 13, 14, 15, and 16; from the Postnatal Questionnaire, 12, 13, 14, 16, and 17. Predominant differences in themes based on gender will be summarized following this analysis.

The data demonstrated considerably more detailed concerns for mothers than fathers, both prenatally and postnatally, as will be shown below. Prenatally, 16 mothers and 7 fathers responded. Postnatally, 13 mothers and 5 fathers responded.

Concerns Regarding Reaction to Pregnancy

In reporting their firstborn's reaction to the pregnancy, fathers often described their children as interested, excited, or pleased. One father mentioned, "later she became more apprehensive." Several (4 of the 16) mothers reported that their firstborns demonstrated some confusion regarding knowledge of the impending birth of the new sibling. A mother commented, "she wanted to know which

baby at her babysitter's we were going to get." A few mothers also reported either an initial or a later period of apprehension in their child regarding the unborn infant. For example, one mother described her child as "not real excited to begin with--displayed jealousy--took a while for the adjustment before she actually got excited." Conversely, another mother's firstborn was "excited at first then not so sure about another child around grandparents." Nine of the 14 mothers who answered this question reported some degree of confusion, apprehension, or disinterest in their preschooler, as did one of the seven fathers. Overall, mothers reported that their children had a broader range of emotional reaction to the news of the pregnancy than did fathers.

Concerns Regarding Sibling Preparation

In reporting methods of preparation of their firstborn for siblinghood, again mothers listed a wider range of more specific responses, whereas fathers tended to answer more generally. Six of the seven fathers reported talking to the firstborn, and one added "children's books" to his response. The seventh father reported having his son "help us fix up the nursery." In contrast, mothers listed a variety of methods to facilitate transition to siblinghood, including books (mentioned by six mothers); preparation of the nursery

(four mothers) and other baby supplies such as clothing (three mothers); visiting with other babies (three mothers); and helping the child listen to the baby's heartbeat or feel the baby kick (four mothers). One mother reported: "We have read baby books together, played pretend mommy, big sister and baby with her dolls taking turns being all of the roles." Perhaps these activities indicate a deeper understanding on the part of this parent of the child's need to be physically involved in the adjustment to the impending change. This role playing contrasts with the passive role of the child in interactions with these two fathers: "talked to her and explained what was going to happen"; "we have talked a little (not overdone) about the new addition."

Concerns Regarding the Siblinghood Class

Expectations for the siblinghood class ranged from very general to specific for both fathers and mothers. Fathers' general responses included: "I hope that it will make him a little more comfortable with the new situation when the baby arrives." More specifically, one father wanted the class "to help explain how the baby is born." Another theme was what the immediate postpartal period would be like for the child and family: "a familiarization of hospital, rules, etc." Mothers' expectations were similar, with a major addition: 8 of the 16 mothers reported a desire for their

child to understand "where mom [or 'I'] will be" for childbirth. Another response reported by two mothers was a desire for the class to provide a "special experience" just for the firstborn.

Prenatal Concerns Regarding Adjustment During Hospitalization

The item requesting anticipated concerns regarding hospitalization revealed one predominant theme: separation. Four of five fathers reported the firstborn's being away from mother as a concern. One father added, "he will have to become more use (sic) to Dad caring for him." Nine of the 16 mothers responded with concern regarding separation. One mother wrote: "she sleeps with me; she wants me when she's hurt, tired, upset and I won't be there." Beyond concerns regarding maternal separation, mothers reported two other themes: the child feeling "left out" (four mothers) and anxiety regarding disruption of the child's normal routine (three mothers).

Prenatal Concerns Regarding Adjustment During the First Month Postpartum

Anticipated concerns regarding the first postpartal month included two main themes for fathers: the firstborn no longer being the "center of attention" (four of seven

fathers) and the firstborn's feelings of jealousy (three fathers). Again, mothers reported these two themes plus others: the firstborn's change in routines and anxiety related to having enough time to care properly for both children. Time and attention was a concern expressed by seven mothers. "She will need as much attention as the baby," wrote one mother.

Prenatal Concerns Regarding Behavioral Changes

Behavioral indicators of jealousy were grouped into the following themes: aggression; regression; "attention-seeking" behavior; parent unsure what to expect; and no concern. "Attention-seeking" was often mentioned by parents of both genders. This term may be widely interpreted to include either aggressive and/or regressive behavior. Due to the vague nature of this phrase, it was given a separate grouping. Of seven fathers, four reported little or no concern regarding behavioral changes in the firstborn. One mentioned "temper tantrums," and two other fathers were concerned about attention-seeking behavior, as per this response: "he is going to show off to get Mom and Dad's attention." Mothers' responses were quite similar to fathers'. Four were not concerned or were unsure about behavioral changes. One mother wrote, "I expect anything...I understand there's no way to predict."

Attention-seeking behavior was mentioned by four mothers as a theme that concerned them. Aggressive reactions were a concern of four mothers, who mentioned hitting, pinching, and "throwing things at the baby" as possible behaviors their firstborn might exhibit. Regressions were also a prominent theme, noted by six mothers as concerns. The behaviors anticipated were clinging, pouting, crying, wanting a bottle, and toileting accidents. One mother anticipated an increase in "quietness, he seems to want to be held even more now than usual." Overall, these responses ranged along similar lines for fathers and mothers.

Postnatal Concerns Regarding Behavioral Changes

Postnatal responses of both mothers and fathers were more specific than prenatal responses, as might be expected. In recording their firstborn's actual behavioral changes, responses of fathers and mothers did not differ greatly. Progressive and regressive behaviors were reported by both mothers and fathers. One father and five mothers reported both types of behavior exhibited by their firstborn. Interestingly, however, three mothers noted that their firstborn's regressive behavior began prenatally. One child was reported to have continued toileting problems postnatally, and the other two mothers reported that

regressions ended at the infant's birth. Prenatal adjustment behavior was not noted by fathers.

Concerns About Sibling Relations

Parents' responses regarding their two children's relationships seem to show little gender difference. Many responses of both fathers (three of five) and mothers (7 of 13) described loving as well as jealous interactions. One father and four mothers felt that jealousy was not apparent. Responses of fathers were detailed: "[our child] loves his little sister, and we let him participate in her care (hands us diapers, etc.). Also he kisses his sister a lot..." Responses of mothers were similarly detailed: " There has been no jealousy. She is able to get me a bowl of warm water, she puts desitine (sic) and powder on him. She is also able to get his bottle for me and help me feed him. She checks on him in his room periodically." One mother noted that "her aggression seems to be directed more to me than the baby." This response may be indicative of a more intimate relationship between some firstborns and their mothers than between firstborns and fathers.

Concerns About Parent-Firstborn Relations

As regards relationships between parent and firstborn, fathers' responses differ from mothers'. Of the four

fathers responding, one noted the relationship "has strengthened for us all." Two report no change in the relationship, and one father noted spending less time with his firstborn now than prior to the infant's birth. Mothers, however, often reported that family relationships had changed. Most discussed their spouses, often noting an increased involvement of fathers with their firstborns: "he seems to enjoy her more than previously & really throws himself into his time with her." Mothers reported their feelings more specifically here, noting: "I have less tolerance for some of his outbursts"; "I...expect more from my 4-year old"; and "I've been frustrated with her and I've lost my patience."

Major Postnatal Concerns

The major postnatal concerns of fathers and mothers showed some differences. One father merely wrote "discipline," and another father was concerned "that they acquire the tools to become what they desire when the time comes." Interestingly, two fathers had general concerns which involved keeping the children "physically and mentally healthy." Mothers' responses tended to be more specific, and were more often oriented towards family interaction. Sibling and family closeness was an issue for most (9 of 13) mothers: "I hope that she continues to love him as much as

she does now." Returning to work was also mentioned by several, as was the time factor: for daily chores and for caring for both children. One mother had the following paramount concern: "wondering when and if our older child will want to be back in her own room. I'd like her to feel secure but I'd also like privacy with my husband again, and soon." Overall, fathers were concerned about very general parenting issues more often than were mothers. Mothers more frequently mentioned sibling relations and time management themes within this questionnaire item. This finding seems to be reflective of fathers' apparently more global, less specific perspective on family interactions.

Concerns Regarding Further Professional Support

Concerning the possibility of a postnatal class, parents were split. Fewer fathers than mothers considered this a helpful idea. One of five fathers responded affirmatively. One of the negative responses suggested that "it may be important for other couples," however. Of the mothers, seven were interested in a postnatal class. Talking to other parents of two children was noted as a benefit by three mothers. Two of these seven mothers reported that although it seemed like a good idea, not having the time was a problem. Six mothers were not interested in postnatal classes, one of whom qualified her

response by suggesting that classes may be appropriate for those with "more trouble adjusting" to second time parenthood.

Section Summary

Overall, mothers seemed to have wider variety and a greater depth of concern regarding sibling adjustment. There may be many reasons for this outcome. One possibility is that there were more mothers in the study, which obviously would result in a wider response range. Another possible explanation is that 4 of the 16 mothers were fulltime homemakers. Half of the mothers, however were employed on a fulltime basis. Yet another reason may have to do with the fact that it is the woman who carries the baby, and who is separated from the family for childbirth. This connection may help to explain why many of the responses (prenatal responses particularly) are more detailed for mothers than fathers. Given a larger sample size of fathers, their specific concerns may become amplified more readily. The main thematic difference in mothers' and fathers' responses was regarding major postnatal concerns. Fathers reported global parenting issues, and mothers wrote of sibling relations and time management issues.

Concerns of Parents of Younger and Older Preschoolers About Sibling Adjustment

Subsidiary Question 2 asked: are there differences in parents' perceptions of younger preschoolers' and older preschoolers' adjustment? As mentioned, "younger" is here defined as a child aged two or three years; "older" is a child aged four or five years. The following questionnaire items were analyzed: on the Pre-Class Questionnaire, items 12, 13, 15, and 16; on the Postnatal Questionnaire, items 12, 13, 14, and 16. The paragraphs below consist of examinations of each of these questionnaire items in turn.

Concerns Regarding Reaction to Pregnancy

Although excitement was a prominent response of children of both age groups to the news of the pregnancy, parents reported a wide range of other responses. Confusion was reported by 5 of 12 parents of younger preschoolers, although none of the older preschoolers' parents reported this response. One parent reported her three year old was "confused--not really understanding what we meant about having a baby." Parents of older preschoolers reported a broader range of responses. Of the 11 parents in this group, four noted apprehension in their child, either immediately or evolving later in the pregnancy. Examples of

older preschooler adjustment are reflected in these responses: "not real excited to begin with...took a while for the adjustment"; "excited at first then not so sure"; "later she became more apprehensive." Other than apprehension, two parents of older preschoolers reported that their children wanted a playmate: "he said he would like a little brother to share his toys with." One parent also reported her five year old "wants to help." These responses are logical considering the developmental stage of twos and threes versus that of fours and fives. The ability to understand a complex topic such as pregnancy, especially during the first trimester when physical signs are not yet apparent, has not developed in a young preschooler. By age four or five, conceptualization of another child sharing one's parents is possible, and is doubtless capable of provoking apprehension.

Concerns Regarding Sibling Preparation

Parents of younger children reported a large variety of prenatal preparatory methods. Ten of the 12 mentioned talking to the child. Five noted reading books; five elicited the child's help in preparing the nursery; and three visited babies. One mention was made of each of the following: role playing with the child; reviewing the child's baby pictures; listening to the heartbeat; and

feeling the baby's movements. Most parents mentioned several of these techniques, for example: "she has helped to get the room ready, helped to unpack clothes, wash bottles. We have also talked a lot about going to the hospital, and some about how babys (sic) are born." Aside from discussions with the child, other preparation methods were mentioned 17 times by parents of twos and threes.

In contrast, discussions were by far the main method utilized by parents of older preschoolers (noted by all 11 in this group). Five mentions of other preparation methods appeared: two mentions of books, and one mention each of helping with the nursery, listening to the heartbeat, and feeling fetal movement. Most of the parents' references to talking were discussions of the older sibling's role: helping, playing with the baby, etc. This contrasted with discussions between parents and younger preschoolers, which focused on the conferring of information. A typical response of an older preschooler's parent was: "We have talked with her about it, telling her what a good big sister she will be, how she can help when the baby comes etc. A lot of our close friends have talked to her to help prepare her."

It might be inferred that parents utilized more nonverbal methods of communication with younger preschoolers because language is a less developed skill for twos and

threes. Because of their concerns for their child's feelings of inclusion (discussed below), it is surprising more parents of older preschoolers did not utilize some of the alternate methods described by parents of younger preschoolers.

Prenatal Concerns Regarding Adjustment During Hospitalization

These concerns did not show much distinction based on age of the preschooler. Most parents of both age groups were concerned about the separation from mother (7 of the 12 in the younger group; 6 of the 11 in the older group). One mother wrote: "she hasn't spent any time away from me in her four years. Her father may not be here so she may have to spend several nights away from home." The change in routine was mentioned by several parents of younger preschoolers as well, one of whom expressed concern that her child would be "separated from the events & from normal routine." This two-part comment referred both to change in routine and to the child's need for inclusion. Several parents of older children echoed the latter concern: a desire for the child to "be involved and feel a part of the experience." Overall, physical separation from mother, from normal routine, and from the events were concerns of both groups of parents during hospitalization.

Prenatal Concerns Regarding Adjustment During the First Month Postpartum

The expressed concerns of parents of younger preschoolers showed a much wider range of sibling reaction than those of parents of older preschoolers. Having less time and/or attention for the firstborn was the most frequently recorded response (7 of the 12 respondents). These were grouped together as representations of the theme of psychological separation. This theme also subsumed responses related to firstborn inclusion needs or "feeling left out." One parent noted, "he has been used to having all of our attention and he may have trouble accepting that Mom must spend so much time with the new baby" (emphasis added). Jealousy was mentioned by four parents. Anticipated behavioral changes included aggression (four parents) and regression (two parents). The responses grouped herein included such phrases as "hostility" and "acting like a baby." Overall, younger preschoolers' parents noted the same number of concerns regarding possible behavioral changes as concerns for the firstborn's feelings (eight responses each).

Older preschoolers' parents did not report concern about behavioral changes, within this particular questionnaire item (number 15 from the Pre-Class Questionnaire). Nine of the 11 parents responded to the

theme of psychologic separation, as above. Two reported that jealousy was a major concern. All of these responses obviously relate to the child's emotional adjustment. It would seem that parents do not expect their four or five year old to act out their emotions behaviorally. Further, the distinction between jealousy and need for inclusion is rather artificial. These emotions can be seen to be part of a continuum wherein lack of time and attention for the firstborn will lead to "feeling left out," which may result in jealousy toward the baby. In any case, it is significant that when asked about general concerns, parents of twos and threes anticipated behavioral changes, and parents of fours and fives did not.

Prenatal Concerns Regarding Behavioral Changes

When asked specifically about behavioral responses, 11 of 12 younger preschoolers' parents described behavior. Seven of 11 older preschoolers' parents described behavior in response to questionnaire item 16: fewer than the other group, but in keeping with the fact that none of the older preschoolers' parents mentioned a behavioral change in item 15 above.

Four younger preschoolers' parents mentioned aggressive behavior such as "hitting, pinching," "play[ing] rough," and "throw[ing] things at the baby." Regressions were a concern

of three parents of younger preschoolers: "I am worried he may forget potty training"; "maybe a little reverting backwards." Attention-getting behavior, as mentioned within the Subsidiary Question 1 discussion of this item, was difficult to categorize into either aggressions or regressions, and was mentioned by four parents: "I am afraid he may not obey and do things to get attention." Three younger preschoolers' parents were unsure what to expect.

Of the seven parents of older preschoolers who mentioned behavioral changes, four were in the category of regression: "she may want to take a bottle like the baby." Two mentioned attention-getting behavior, and one had this response: "she will probably want to help so much that she will be in the way a lot." Although progression seemed to be anticipated by this parent, so was maternal impatience. Finally, this 50 month old's mother stated, "I think that he is a little older and will not be too jealous." None of the parents of older preschoolers anticipated aggressive behavioral changes.

Postnatal Concerns Regarding Behavioral Changes

Although concerns of younger and older preschoolers' parents during the pregnancy differed regarding anticipated adjustment of the firstborn, the actual postnatal adjustment behavior reported was similar for both age groups.

Aggression was rarely mentioned by either group. Regressions were noted by two parents in each group. Progressions, often occurring concurrently with regressions, were mentioned by five of the younger preschoolers' parents and four of the older preschoolers' parents. Progressions which followed prenatal regressions were noted by parents of younger and older preschoolers. An example of this mixed behavioral response follows: "she talks more & with pride about the things she can do that mark her as older & bigger. 'Look at my big foot. [Baby] has a teeny foot.' She played at being a baby before [Baby] was born & hasn't increased this behavior since he's arrived." Concurrent regression/ progression was demonstrated by this response: "[she] wanted to use baby bottle like her brother, but also wanted to hold him, feed him, change his diaper, etc."

Concerns About Sibling Relations

Again, little difference in behavior was reported for younger versus older preschoolers. Parents in both groups reported very close but ambivalent feelings most frequently. The following response was particularly evocative of this ambivalence: "she loves him and finds it hard not to 'play' with him. She does defy me when I ask her not to shake him, hug him, wake him--insisting on doing what she's doing more, faster, harder." Further, two parents of younger children

noted the possibility that things may get worse "as the baby got older" or "when my Mom goes back home." Two parents of older children mentioned jealousy regarding extended family members: "she is jealous when grandmother, aunts, etc. hold baby."

Concerns About Parent-Firstborn Relations

Parents of younger preschoolers often mentioned that the father was spending more time with the firstborn than previously (6 of 11 parents). Only one parent of an older preschooler responded thus. An explanation may be that twos and threes need more assistance with tasks and therefore (as one mother wrote) "they have to do more things together because I'm busy. He has to take a bigger role with the basic needs, baths, getting dressed, etc." Special outings with father are mentioned by younger preschoolers' parents: "she wants to go on a bike ride with daddy every night"; "he tries to take him outside each evening to play"; "he's taken her alone with him on several outings."

Older preschoolers' parents most often noted little change in relationships between firstborn and parents (four of seven parents). One mother stated, "I don't think the relationship has changed very much between either parent except she doesn't get all the attention any more and has to do a few more things for herself sometimes." Two mothers

noticed a strain in their relationship with their firstborn: "I miss not being able to spend a lot of time with my older child"; "she gets mad at me because I won't jump up to get her something right when she wants it."

In general, parents of younger preschoolers seemed to share the physical tasks in caring for two children under age four. Parents of children with a wider age difference have less physical problem caring for both, and thus note little change in relationships between firstborn and parents.

Major Postnatal Concerns

Parents of younger preschoolers were most concerned about family, particularly sibling, closeness. For example: "I hope they can be close to each other and us"; "we are very interested in making our family life special and will work hard to do it." In this group, parents also mentioned having enough time (three parents) and returning to work (two mothers) as major concerns. In the following example, this mother's anxiety was quite evident: "I am concerned about returning to work in 6 more weeks and having the time & energy to take care of 2 kids & household duties and still enjoy the kids and my husband and myself."

Parents of older preschoolers almost exclusively mentioned sibling relations under this item. Most responses

were general, i.e. "that they grow up loving each other." This parent had a specific response, however: "the age difference is a big concern. She is 5 1/2. She 'mothers' him more than anything. She gets upset if I don't let her do things with him. However, she does understand more explanations about why we do things."

Section Summary

Several generalizations can be pulled from these data. One is that parents of younger preschoolers were concerned prenatally about postnatal aggression, negative behaviors, and changes in routine. These problems were not anticipated by most older preschoolers' parents. Further, younger preschoolers were reported to experience more confusion prenatally, and older preschoolers more apprehension. Younger preschoolers were exposed to a much broader range of prenatal preparatory methods than older preschoolers. This may have been an effect of: (a) parental assumptions that their older children are more verbally than experientially oriented; and (b) greater anxiety in parents of younger preschoolers over potentially negative adjustment than parents of older preschoolers.

Although parents of younger preschoolers were more concerned about possible negative behavior after the birth, little behavioral difference was actually shown postnatally

between the two age groups. Both younger and older preschoolers were reported to show a tendency to begin adjustment prenatally, and to demonstrate a mix of progressive and regressive behaviors. They also seemed to show a great deal of ambivalence towards their younger siblings, regardless of age.

Parents of older preschoolers were on the whole more concerned about their firstborns' emotional adjustment to the birth of a sibling. Younger preschoolers' parents, while concerned about their firstborns' emotional reactions to some degree, were also preoccupied with behavioral demonstrations. One possible explanation is that parents of older preschoolers are more aware of the child's complexity of emotions. Older preschoolers have a much larger vocabulary and are more comfortable with verbal expression of emotions. Further, parents of older preschoolers are more likely to have experience with their child in an emotionally stressful situation, simply because the child has lived longer. Parents of younger preschoolers may be less aware of their child's emotional range, due to lack of experience with the child in stress, and due to the child's rudimentary verbal expressiveness.

Relationships between firstborn and parents showed more prenatal to postnatal change in younger preschoolers. Mothers reported stress in their relationships and both

mothers and fathers reported the father spending more time with the firstborn. Older preschoolers' parents most often reported little change in relationships. An explanation may be that fours and fives are more independent in activities of daily life and fathers are not as obligated to assist.

Major postnatal concerns of both groups of parents centered on continued positive sibling relations. Parents of younger preschoolers, however, more often mentioned concern regarding time shortage and returning to work.

Concerns of Parents Regarding Separation

Subsidiary Question 3 asked: what are the concerns of parents regarding their firstborns' separation from mother, both (a) physically, during the hospitalization and (b) psychologically, after the hospitalization? Analysis of this question included both short-answer and open-ended questionnaire items. The short-answer items were: from the Pre-Class Questionnaire, items 10 and 11; from the Postnatal Questionnaire, items 3, 4, 5, 6, 7, 8, and 9. The open-ended items were: from the Pre-Class Questionnaire, item 15; from the Postnatal Questionnaire, items 10, 12, 13, and 14.

Concerns Regarding Physical Separation

It was expected that this issue would be a major concern of the prenatal period. It was further projected that possibly, this would not be an issue of major concern postnatally. The reasons for this projection are twofold. Firstly, there are many concomitant stressors during the entire intrapartum period for multiparous families. Concerns are likely to center on immediately anticipated problems, rather than on hurdles already passed. Thus once the physical separation is over, it may cease to be a concern. Secondly, it is likely to be difficult for parents to sort out whether their firstborns' reactions are to the stress of separation, the stress of coping with a new sibling, or the stress of any other possible changes in routine.

Since parents were not expected to respond to physical separation as an issue postnatally, the instruments were designed to assess its effect based on several variables. These were: child care arrangements for the separation; contact with mother during separation; and any complications of the hospitalization.

Child care during hospitalization. Parents were asked on the Pre-Class Questionnaire about usual child care arrangements, and about plans for care of their child during the hospitalization for childbirth. These arrangements were compared to determine if they were similar (see Tables 2 and

3). The most common child care arrangement was day care (8 of the 17 firstborns). Four children stayed with a sitter, four with their mother, and one with a grandmother. During the hospitalization, 14 of 21 parents responded that their child would be cared for be a grandparent, and/or the father (9 of 21 parents). It is assumed that this care may be in combination with normal day care arrangements outside the home. Further, predicted arrangements for the hospitalization corresponded with actual arrangements reported postnatally. With two exceptions, parents reported the child care arrangements during hospitalization to be very satisfactory (circling "1" on item 7 of the Postnatal Questionnaire). The literature suggested that arrangements for the hospitalization period, if disruptive or unfamiliar to the child, added further stress to the separation. It would appear that for the most part, hospitalization care was provided with minimal added stress, based on parents' reports.

Contact with mother during separation. Many parents noted that one reason for attending the siblinghood class was to prepare the child for visiting mother in the hospital. It is therefore not surprising that all parents reported that their firstborn made hospital visits. Overall, numbers of phone calls to mother and visits with

mother corresponded approximately with the length of hospital stay: about one phone call and one visit per day was the norm.

In response to item 10, regarding how parents felt the visits were for the child, many (7 of 18) answered that they were "enjoyable." The reunion with mother was seen to be important by four parents: "I think it was reassuring to her that I was O.K. and still there." Another theme regarding the visits was inclusion: "I think it made her feel wanted and needed," responded one father. Four parents reported disinterest, for example: "she was bored and more interested in playing with her cousins." Very few parents directly addressed the potential of the visits to allay separation anxiety. It is interesting to recall that the major concern from item 15 on the Pre-Class Questionnaire was separation from mother for the hospitalization. Perhaps Postnatal Questionnaire item 10 could have been phrased differently, to more specifically address adjustment to separation. Another possible factor, previously mentioned, also may apply. Intimate involvement in the changes occurring within the family system may cause parents to focus their attention during this immediate postpartal period on the system as a whole. The effects of separation on one member, the firstborn, may take less priority at this point than adjustment to a major shift in the family system.

Complications of the hospitalization. This was addressed by Postnatal Questionnaire items 3, 4, and 5: length of hospital stay, type of delivery, and intrapartum complications. Both physical separation and psychological separation could potentially be impacted. Increased length of stay increases physical separation. Intrapartum complications, including caesarean delivery, increases postpartum recovery and stress, and possibly psychological separation of mother and firstborn.

Six parents reported a two-day hospitalization; four reported a three-day stay; four reported four days; and four reported five to seven days. Of the latter four, the subjects were two couples. One couple reported a five-day stay for an uncomplicated repeat caesarean section. The other couple reported a stay of seven days. Prolonged rupture of membranes led to an emergency caesarean section at 35 weeks. The baby was hospitalized elsewhere for 12 days. The data did not indicate a difference between these children's adjustment (as expressed by parents on Postnatal Questionnaire items 12, 13, and 14) and the adjustment of children with shorter or less complicated separations.

To summarize parental concerns regarding physical separation, a great majority of parents were concerned about this issue prenatally. It seems that for this group of subjects, sibling visitation in the hospital probably

allayed some of the stress of this separation, as indirectly perceived by parents. There were no obvious conclusions to draw regarding type or familiarity of child care, length of separation, or puerperal complications. The physical separation, as expected, did not continue to concern parents postpartally.

Concerns Regarding Psychological Separation

Prenatally, parents were concerned with potential psychological separation, which is operationalized as "less time and/or attention" for the firstborn. Nineteen of 23 parents mentioned this concern prenatally. These parents seemed quite aware of their firstborn's heightened inclusion needs throughout the entire new-siblinghood experience. Some examples follow: "do not want him to feel left out or neglected"; "not being the center of attention"; "jealousy about the amount of time I have to spend with the baby."

Postnatally, these concerns continued, with a slight shift in emphasis, as evidenced by responses to Postnatal Questionnaire items 12, 13, and 14. Feelings of inclusion were not mentioned postnatally. The concern for time and attention did continue. It might be conjectured that the warm hope parents may have prenatally for "one big happy family" is replaced by a realistic assessment that what

their preschooler needs is not so much this sense of family inclusion as direct, continued parental attention.

Expected responses to post-separation reunion included clinging to and withdrawing from the mother as attachment object. Desire for increased physical closeness was mentioned twice: "at times [she] wanted to be held like a baby"; "she began to cry & cling to me more, wanting me to put her to bed where before only Daddy could do it." Withdrawal, possibly passive aggression, is evidenced in this response: "he has stopped listening to us. When we tell him to do something or to stop doing something, he doesn't listen." Other than these references, allusions to behavior related specifically to separation were not present.

Parents did specifically mention having less time and attention for their firstborns. Ten of 18 parents noted that time was an issue postpartally. For example, one mother stated, "we have less time spread out one on one, but when my husband & I split our time, I have more 'quality time' with her, and as a result I enjoy her more." The theme of "attention" also represents psychological separation, and was reported postpartally by 7 of 18 parents. A father wrote: "my wife pays as much attention to [our firstborn] as possible, but she has to divide her time." Unlike this father, many parents stressed the shift

of provision of time and attention from mother to father, as earlier mentioned. Another example: "my wife and I both probably make a more conscious effort to provide her with the personal attention we feel she should get." One mother operationalized attention thus: "she is eager to have the hugs & kisses and I'm trying hard to give her all she needs."

To summarize parental concerns regarding psychological separation, it was anticipated prenatally and manifested postnatally. Having less time and attention for the firstborn was a concern, but by two to three weeks postpartum, many families had dealt with the problem by sharing the burden between spouses. Several reported that their firstborn enjoyed this special time with the father: this is evidence of successful coping on the part of the family system as a whole.

Section Summary

Parental concerns regarding physical separation were abundant prenatally, but not postnatally. Parents seemed satisfied that arrangements made were adequate to minimize the difficulty.

Concerns regarding psychological separation were reported prenatally and continued to be mentioned

postnatally. Many families coped by sharing spousal burden of time and attention for the firstborn.

Prenatal Parental Concerns and Postnatal Adjustment Experienced

Subsidiary Question 4 asked: what is the relationship between anticipated prenatal concerns about the child's adjustment and postnatal adjustment problems experienced? The applicable questionnaire items were 12, 15, and 16 from the Pre-Class Questionnaire and 12, 13, 14, and 16 from the Postnatal Questionnaire. A different method of analysis was used to answer this subsidiary question. Rather than analyzing each response as one of a group of responses to each questionnaire item, for this section each subject's responses were analyzed separately. An individual's prenatal responses were correlated with the same individual's postnatal responses, to determine the relationship of concerns anticipated to problems experienced. Thus the following sections are not categorized per questionnaire item as previously, but per major findings.

Prenatal Sibling Adjustment

As earlier mentioned (p.56), the prenatal period was a time of beginning adjustment for many subjects' firstborns. Initially, several parents reported emotive responses such as jealousy or apprehension when their child was first told of the pregnancy: "he is already jealous because of the baby being in Mom's tummy." Later in the prenatal period, these responses took a more behavioral form, usually regressive. Clinging and toileting accidents were mentioned: "he seems to want to be held even more now than usual"; "our child has been having accidents in his pants starting about 2 weeks before the baby was born." Interestingly, 3 of 18 parents noticed prenatal regressions followed by postnatal progressions: "she 'slipped back' more before the birth than after."

Although it is not known whether parents expected this sibling adjustment to begin to evolve prenatally, the researcher had not anticipated this phenomenon. These findings are fascinating in light of the Piagetan notion that concrete evidence of the infant's existence precedes any reaction or adjustment to it. It may be proposed that the preschoolers were reacting to the changes already occurring in their environment. The parents in this study all discussed the impending arrival, undoubtedly with each other as well as with the firstborn; the mood within their

homes may have begun to reflect excitement, apprehension, anxiety of family members; firstborns were told of new roles to adopt--big brother/sister, helper, playmate; nurseries were being prepared and furniture shifted; mother's lap was disappearing. Although none of these children had previous experience with siblinghood, their cognitive ability seems to have included some capacity for anticipating the event and its impact on their lives, particularly regarding relationships with their parents.

Expectations Regarding Regressive and Aggressive Behavior

As discussed in answer to Subsidiary Question 3, psychological separation as defined by amount of time and attention available was both a prenatal concern and a postnatal observation. For example, the following prenatal responses were reported by one mother: "I think the first month will involve a lot of jealousy after being an only child for so long. She will need as much attention as the baby...She has been the center of attention for too long. I think she may want to take a bottle like the baby--or pacifier--etc. Also want to be held like the baby." In reporting actual postnatal response, the same subject wrote: "Jealousy is a problem. She doesn't get all the attention anymore and has to do a few more things for herself sometimes...There are days she gets along fine with him and

on other days she treats him rough--pulling on his arms or legs, spanking him..." This mother anticipated that psychological separation would lead to regressive behavior. The psychological separation was actually manifested postnatally as anticipated, but the behavior of her child was reported to be more aggressive than regressive.

Overall, most parents' anticipation of psychological separation was realistic. Many parents' predictions of preschooler behavior, however, tended to be more negative than what was actually reported postnatally. (The above example obviously was an exception to this trend of less negative behavior postnatally.) One parent was worried about a variety of problems prenatally: "jealousy, wanting to be held while I'm caring for the baby, giving up 'her' room, change in sleeping patterns,...hitting, pinching--aggressive behavior." After the birth, the same subject noted "very little jealousy problem. She loves him and finds it hard not to 'play' with him..." Another parent wrote, "I am afraid he may not obey and do things to get attention. I am also worried he may forget potty training, etc." The same parent reported postnatally: "He really loves her. The first couple of days he wanted to take her back. Now he loves to hug and kiss her and hold her. He won't let anyone even suggest that they take her home."

Although aggression was a concern of seven parents

prenatally, only two parents mentioned this postnatally. One parent noted the aggression was directed at her rather than the baby, and the other was the example described on the previous page.

Regressions were anticipated by eight of 23 parents. Three of these eight did not return their Postnatal Questionnaires: possibly their lives were more hectic than represented by subjects who did respond. Of the five that did complete the series, only one subject reported mere regression after the birth (toileting accidents). The others reported either progression or mixed regression/ progression. Overall, prenatal concerns regarding aggressive and regressive behavior were more extensive than actual postnatal reports of these negative behaviors. Further, postnatal reports of regressive and aggressive behavior were far outweighed by progressive behavior.

Expectations Regarding Progressive Behavior

Most (18 of 23) of the subjects in this study had prenatal concerns about their children's negative behavior, as described above. Of the five who did not, three stated they did not expect jealousy, and two were "not sure what to expect." Only one parent projected prenatally that her child may demonstrate progressive behavior, and this was qualified as being annoying: "she will probably want to help

so much that she will be in the way a lot." No other projections of progression were reported prenatally. Perhaps parents are subtly influenced by society or professionals that jealousy and negativity are the norm. This attitude may be based on the psychoanalytic concept that the roots of sibling rivalry lie in the envy and jealousy surrounding birth of a second child. Considering the lack of research in this area, the reliance on psychoanalytic theory seems understandable, but is perhaps not always appropriate.

The data in this study demonstrated a large proportion of progressive and mixed progressive/regressive behavior, as observed by parents. Several examples have been reported previously (see p. 8). Others include this mixed reaction: "she wanted to be held like a baby--she also wanted to be a mother to the baby"; and this report of progressive behavior: "she seems more interested in household chores than before the baby was born." This blend of progressions and regressions within many of the children supports Anna Freud's proposition that "progressive as well as regressive forces exist in all children as legitimate elements of development" (1965, p. 137).

Prenatally, none of the parents studied reported concern regarding their children's relations or interactions. An explanation could be that this concern was

not directly addressed on the prenatal questionnaires. The open-ended format would perhaps have allowed ventilation of the concern, however, had it been an overriding one prenatally. The perspective of this researcher is that in the prenatal period, concerns are more immediately oriented. The hospitalization seems to be a higher priority at that point than later sibling relations.

In any case, postnatally, sibling relations were reflected upon by parents. The ambivalence reported by 9 of 18 parents often includes an assessment that the firstborn "loves" the baby, is fascinated, but that play sometimes gets out of control. Extended family members' attention towards the baby may tip the delicate balance in favor of jealousy and consequent negativity. Perhaps preschoolers understand that parents must care for the infant, but that extended family members are not necessary to its survival, and thus feel possessive of the accustomed attention of these loved ones. In general, however, the data reflect the sense that these children were putting forth considerable effort to accept their new siblings into the family system. Many loving behaviors were reported. Six of the 18 postnatal respondents noted only positive attitudes toward the infant: "he loves her and treats her very well. There is no outward sign of jealousy toward the baby." Two of these five appeared insecure with this apparently facile

acceptance: "she is very happy with her sister so far...she might feel more jealous after mom [child's grandmother] goes home"; "she doesn't seem jealous at all...things may change some as the baby gets older and demands more attention." Parents seem tentative in reporting a smooth adjustment, apparently expecting more problems than are evidenced at this point.

The descriptive study by Griffiths (1985) indicated that six months postpartum was a difficult time for her subjects (parents with two children under age three). It is likely that adjustment will be ongoing, as the siblings grow and progress through developmental stages which may at times conflict. But during this first postpartum month, parents generally expected adjustment problems and seemed somewhat surprised by progressive behavior and positive emotions towards the infant.

Several (8 of 18) parents reported a concern that their children would continue growing emotionally closer. "Everyone is adjusting pretty well," reported one mother. Another parent wrote: "I hope that she continues to love him as much as she does now. The other day, she told me that he is her best friend and she wants to keep him forever." These responses demonstrate further evidence of this sense of hesitancy in trusting any positive adjustment made by their firstborn.

Section Summary

Parents reported that sibling adjustment began prenatally, both emotionally and behaviorally. Usually, the initial reaction was regressive: jealousy, apprehension, clinging, or toileting accidents. Often, the prenatal regression was followed by postnatal progression, or by a mix of postnatal progression/regression. Progressions were not anticipated by parents prenatally. Concerns regarding regression and aggression were frequent prenatally, but this behavior was much less often reported postnatally. Many parents seemed hesitant in trusting smooth adjustments and loving behavior between their children, and continued positive sibling relations was reported as a major postnatal concern.

Impact of the Siblinghood Class

Subsidiary Question 5 asked: what impact do parents indicate a siblinghood class has on their child's adjustment? Item 14 from the Pre-Class Questionnaire, regarding expectations for the class, was analyzed. All items from the Post-Class Questionnaire were addressed, as were items 15 and 17 from the Postnatal Questionnaire. The latter offered space for retrospective reflections on the class's utility and its possible expansion.

Expectations for the Class

None of the parents in the study mentioned expectations for personal learning from the class. All seemed to feel that its purpose was for their firstborns alone. It is not known how much information the subjects had about class content prior to attendance, perhaps from friends who had attended previously. This may have influenced expectations to an unknown degree.

The most common prenatal expectation for the siblinghood class (9 of 23 parents) related to preparation of the child for separation during hospitalization. These parents wanted their firstborn to see "where mom will be." Familiarity with the hospital, in effect a preparation for sibling visitation, was an expectation of five parents. To "see the nursery" and "familiarization of hospital, rules, etc." are examples of this expectation. Six parents hoped their firstborns would learn about babies: "how tiny they are"; "how to care for the new baby"; "what the baby will need." Seeing babies was mentioned by four parents; two wanted the class to be a "special experience" for their child; and one parent wrote that she wanted her child to see "that lots of other girls & boys are going to have babies at their house too." Notably absent is any mention of the class's function as a reinforcement of the role of the "big sister/brother" as helper, playmate, the one who can do more

than the baby. No mention of sibling relations was made by these subjects prenatally. In general, parents seemed to expect the class to provide information to their children, rather than assist with emotional preparation for the role of sibling.

Possible explanations include the previously mentioned focus on immediacy which seemed to be present in these expectant parents. One father phrased this attitude thus: "we try to take things one day at a time." Being unwilling to project into the postpartal unknown of sibling relations, these parents' concern was preparation for the hospitalization. Another explanation may be that parents' visualization of the role of the hospital and the nurse (class leader) was merely to prepare for the hospitalization phase, not to support the family's postnatal adjustment.

Immediate Reactions to the Class

The Post-Class Questionnaire consisted of five open-ended items, requesting the following reactions: best and worst aspects of the class; reactions to the movie (I'm a little jealous of that baby"); concerns not addressed by the class; and potential impact of the class on preschooler adjustment.

Class's best aspect. The most-liked aspect of the class varied for parents. Nine of the 23 liked the tour best; both "seeing the babies" and visiting a postpartum room were mentioned. Five parents appreciated the discussion: "having details about the baby discussed"; "the explanation of what they would do when they come to the hospital." Four noted the fact that the class was a special experience for their firstborn: "I liked the way they made the child feel important." Three others noted the instructor's abilities: "the kids were talked to individually and made to feel special"; "her rapport w/the kids made all the difference." The movie was the favorite aspect for two parents, and four "liked it all." Overall, reaction to the class was quite positive. Because it met their expectations, parents seemed satisfied with its content. That it was a "special experience" for the firstborn was more appreciated after than before the class.

Class's least helpful aspect. In response to the question addressing least helpful aspects of the class, 11 of the 23 subjects did not respond. Five reacted similarly to the following: "all was helpful." Six parents complained specifically about the movie, two writing that their child was too young for it, and two that the sound quality was poor and thus their children did not listen. In general,

most parents seemed to feel that the class was very helpful. The only specific aspect disliked was the movie.

Appropriateness of the movie. The third item on the Post-Class Questionnaire addressed the appropriateness of this movie directly. Parents were divided in their reactions to it, which ranged from quite positive to very negative. It was difficult to categorize these responses, as many parents seemed rather ambivalent. Twelve parents were very positive about the film, responding with comments such as "jealousy is my biggest fear" and "it really showed the way kids will act when a new baby somes to the house." One father reported, "we've been reading a book to our daughter that follows a similar pattern. She asks for it to be read to her two to four times a day." Three parents were decidedly negative: "no--she didn't pay attention" or was "too young for the movie." The remaining eight parents were ambivalent. One parent wrote, "I guess so--at 2 yrs old, I don't know how much it means. Probably great for the 3+'s." An older child's parent responded, "it was pretty good but seemed a little bit negative." The ambivalence is slightly latent in this answer: "being jealous would seem to be a very normal reaction that needs to be talked about" (emphasis added). This latter response is intriguing in that the subject appears unsure what is a normal reaction,

yet is willing to believe it would be a negative one. Overall, most parents appeared to believe that the film represented typical postnatal adjustment behavior of an older sibling, but they demonstrated varying levels of certainty and interest in this belief.

Unaddressed concerns. Nine parents reported having no unaddressed concerns and nine left this item blank. There were thus five of the 23 parents who listed concerns they wanted to have addressed. Two of these parents wanted more information on babies, for example, "how to hold a baby." Two wished the birth process had been discussed: "more about how much work having a baby can be. Talk about the older child being in the birthing room." One parent had this suggestion: "maybe a special class for second time parents so we would have some idea of the problems we may run into." In general, as earlier mentioned, the class content fit parental expectations and thus most were satisfied.

Possible effect on sibling adjustment. Twenty of the 23 parents felt the class would help their child's adjustment. Two others merely responded "I hope so" and one answered, "no--she didn't seem very interested." Of the 20 responding positively, nine felt that becoming familiar with the hospital and seeing where mother would be was most

important: "I think just being able to see where the baby will be, and where mom will be has made us feel more comfortable." Four parents again mentioned the special experience: "it seemed to make her feel important." Six others responded with vague comments, such as "she will hopefully understand better why things happen and what to expect." Overall, as before, the emphasis seemed to be on preparation for the hospitalization period. None of the respondents related the class to longer-term sibling adjustment, despite the fact that this was the stated aim of the film. In fact, no one mentioned the film in this item at all.

To summarize immediate reactions to the class, parents generally were pleased with class content. It addressed topics they expected, with a focus on easing the stress of hospitalization. Familiarity with the hospital was many parents' most-preferred aspect of the class. That theme was also the most frequently mentioned response in relation to the class's impact on sibling adjustment. The one aspect of the class which dealt with longer-term sibling adjustment, the film, was received with mixed reactions.

Postnatal Reactions to the Class

Eighteen parents responded to the Postnatal Questionnaire. Of these, 12 had positive comments to make

regarding the siblinghood class's impact on sibling adjustment. Three parents wrote that the class was beneficial in the prenatal period between the class itself and the birth. "It was a reference point for us to use in discussing the event, the hospital visit & stay," wrote one parent. Another reported her child referred back to the class: "she would see something or the baby would do something and she said that is what they said at that class." The majority of the postnatal respondents (7 of 18) felt the class made a difference because it prepared for the hospitalization period: "it helped him understand why I was in the hospital. He wasn't scared of visiting or of me being there."

Six parents were less than enthusiastic. In the case of the couple who used the birthing room, both felt the class was not enough: "the sibling class was barely an introduction for the children. I had to prepare my child because he was going to be in the birthing room with us. I feel that is what made the difference in his acceptance of his sister." The couple who were involved in the emergency caesarean delivery had mixed responses to the class: "she understood why mommy was in hospital but was confused when her brother was not in same hospital." The other two parents felt their children were too young for the class. Both of these children were 24 months. "She is a little

young to be in a class and listen to the instructor...we enjoyed the pack they gave her & she really enjoyed playing with everything in it."

In summary, about two-thirds of parents felt the class was beneficial to their child's adjustment. Most who answered positively felt it was due to the preparation for the hospitalization period. The one-third who did not answer positively had differing reasons: the class did not prepare for birth attendance; there were complications of the immediate postnatal period; or their children were too young (24 months).

When asked postnatally about the possibility of a class or support group for parents of two children, the subjects were divided. Seven of 18 merely answered "no" or "not really," without further explanation. Two responded that perhaps others could use it: "I do not think it is necessary for us, but I can see where it may be important for other couples in other situations." Two parents responded to the lack of time: "I think postpartum time is so busy for the whole family, it would be hard to get participation in a group." Six parents liked the idea: "yes, it would help to talk to parents who have 2 children. It always helps to talk out problems, and to hear how other people handle problems." The parent who had suggested a postnatal parents' class in item 4 of the Post-Class Questionnaire

(see p. 41) commented: "yes--there really is not a lot of written material that addresses the problems we find with birth of a second child."

The negative responses to this item may indicate several points. One is that some parents seemed to assume that a postpartum class would only be for people with problems, or at least, worse problems than they are experiencing. Secondly, it might be inferred that some parents expected a more difficult transition to second time parenthood (or to siblinghood), and are relieved. Thirdly, some parents may feel that although preparation for the hospitalization period is the legitimate domain of a hospital-based class, preparation for siblinghood is not.

Section Summary

Prenatally, parents' expectations for the siblinghood class focused on preparation of the child for the hospitalization: familiarity with the hospital, seeing where mother and baby will be, and a slight emphasis on learning about babies. In general, this particular class fulfilled those expectations, and thus was very well received. In addition to the focus on the hospitalization period, a film about postnatal jealousy was shown, which referred to sibling relations after the hospitalization. Parents did

not anticipate this aspect of the class. It was received with mixed reactions.

Postnatally, parents on the whole reported that the class had been beneficial for their child's adjustment, due to its emphasis on preparation for the hospitalization. Parents were divided on the issue of whether a postnatal parents' class would be helpful for discussion of present concerns.

Concerns Not Addressed by the Siblinghood Class

Subsidiary Question 6 asked: are there other concerns of parents regarding sibling adjustment, not addressed in the siblinghood class, that are being overlooked? The items which relate specifically to this question are: from the Post-Class Questionnaire, item 4, and from the Postnatal Questionnaire, items 16 and 17.

Prenatal Concerns

As earlier reported in answer to Subsidiary Question 5 (p. 94), 5 of 23 parents reported concerns they wished had been addressed by the class. Two of these related to the baby: "how to hold a baby" was one response. The other was, "I wish we would have discussed how an older brother or

sister should treat the new baby." It is not known exactly what this parent's concern was: the class did discuss being gentle and helping with baby care.

Two other responses related to the lack of preparation for birth attendance, as indicated previously. The distinction between types of siblinghood classes is unclear to professionals as well as parents. There is little consistency in the literature regarding objectives. The case may be made that classes preparing siblings for birth attendance should be separate from more general classes that have a focus on hospitalization visits. Birth attendance would seem to require more specific preparation: for the birth process, how to help, what might happen, etc. This may be more information than many clients care to divulge to their children. Implications in this regard will be discussed in more depth in Chapter V.

The fifth prenatal concern was the previously-mentioned suggestion for "a special class for second time parents." This concern seemed to stem from a reaction to the class's singular orientation toward preschoolers rather than their parents. In fact, some of the classes outlined in the literature do divide their attendants into a children's play group and a parents' discussion group. A parents' class was not, however, a popular idea with the subjects involved in this study. The reasons have been alluded to: many parents

seemed unwilling to project concerns regarding postnatal adjustment beyond the hospitalization period.

Postnatal Concerns

As earlier reported in this chapter (pp. 9, 19, & 34), parents' concerns at two to three weeks postpartum focused on sibling and family closeness for 8 of 18 respondents. Although in effect the film shown at this siblinghood class did address this concern, parents did not associate the film with their children's adjustment postnatally. Perhaps sibling relations is a topic that is more appropriately addressed postnatally, when it is being experienced.

Time management problems were mentioned as a concern of four parents. This theme included spending time with each child, having time for spouse and self, household chores, and returning to work.

Other concerns mentioned were general parenting issues such as: discipline; conferring of values ("teaching them right from wrong," as one parent phrased it); and mental and physical health. One father was concerned "that they acquire the tools to become what they desire when the time comes." Perhaps some parents feel the first month postpartum is a time to review parenting goals and look globally towards their children's future; a sort of "deep breath before the plunge" into second time parenthood.

These are the sorts of issues that are not of concern prenatally, when the focus is on the impending "event" (as many parents called it).

Item 17 from the Postnatal Questionnaire, requesting reactions to the suggestion of a postpartum class for second time parents, was included in answer to this subsidiary question based on the above analysis. As earlier mentioned, about one-half of the parents responded positively to this suggestion. It is possible that this setting would be an appropriate one to discuss some of the concerns that were not addressed by the prenatal siblinghood class, such as ongoing sibling relations, time management problems, and general parenting issues.

Section Summary

Prenatally, 5 of 23 parents had concerns unaddressed by the siblinghood class. Two of these related to more information about babies. Two others desired information about sibling birth attendance. The fifth suggested a prenatal class for second time parents.

Postnatally, a majority of reported parental concerns centered on ongoing sibling relations. Time management problems and general parenting issues were also reported. None of these concerns had been directly addressed at the siblinghood class.

Major Concerns Regarding Sibling Adjustment

The Research Question of this study asked: what are the major concerns of second time parents regarding sibling adjustment; how do these concerns change form the prenatal to the postnatal period?

The parents in this study had many concerns about their firstborns' reactions to birth of a second child. With the sample selected, this finding was expected: the subjects' attendance at a siblinghood class provided direct evidence of their concern regarding their firstborns' adjustment to the birth of a second child.

Prenatally, parents were less concerned about adjustment to siblinghood itself than about adjustment to the hospitalization period, which a few parents termed "the event." Some parents reported that adjustment had already begun prenatally, with both emotional and behavioral regressions being the norm. A majority of parents indicated that separation--mostly from mother, but also from the child's normal routine and from the "events"--was a major concern prenatally. Feelings of jealousy and exclusion were anticipated, as were further behavioral changes, both regression and aggression. It was felt by many parents that

having less time and attention for the firstborn postnatally would aggravate these problems.

Postnatally, adjustment to siblinghood itself took priority. Psychological separation, evidenced by having less time and attention for the firstborn, continued to concern parents. Feelings of jealousy and exclusion, however, did not appear to be a major problem. Many parents reported that their children were experiencing fairly smooth adjustments. Regression and aggression were decidedly less than anticipated. Progressive behavior, not anticipated prenatally, was reported by a large portion of parents. Relations with the infant were described as loving by many parents, but sibling ambivalence characterized most of the descriptions. The lack of maternal time and attention available to the firstborn was compensated for by many fathers, who often spent more time alone with their firstborns. At two to three weeks postpartum, major concerns included ongoing sibling relations, time management problems, and general parenting issues such as discipline, values, and health. As specific as concerns were prenatally regarding immediate adjustment to "the event," postnatal concerns were broad and global, reflecting preoccupation with sibling relations and parenthood issues that would continue to be reassessed throughout the lifecycle of the family.

Chapter Summary

This chapter consisted of a demographic description of the subjects studied, followed by an analysis of the data collected. Each of the six subsidiary questions and the overall research question were addressed through content analysis of themes that arose from the open-ended questionnaire items.

Subjects were 23 predominantly middle class Caucasian parents between the ages of 20 and 40, attending a siblinghood class with their two to five year old firstborn child. They were within three months of estimated date of delivery of their second child. About two-thirds were mothers. About one-half of the parents attended with their spouses and one-half attended individually. All subjects completed a Pre-Class and a Post-Class Questionnaire; 18 completed a mailed Postnatal Questionnaire.

Subsidiary Question 1 related to mothers' and fathers' concerns about sibling adjustment. Mothers had more varied, specific and detailed concerns, but generally similar thematic content as fathers' responses. The main thematic difference related to major postnatal concerns reported. Fathers were preoccupied with rather global parenting

issues, and mothers' concerns were more focused: on sibling relations and management of their limited time.

Subsidiary Question 2 involved investigation of firstborn age, with descriptions of concerns of parents with younger (two or three year old) preschoolers and those with older (four or five year old) preschoolers. Results indicated that younger preschoolers demonstrated more confusion during prenatal adjustment to the pregnancy, and older preschoolers were reported to experience more apprehension prenatally. Younger preschoolers' parents described a wide variety of preparation methods to assist with their child's adjustment, and older preschoolers' parents primarily used the method of discussion. Younger preschoolers' parents anticipated postnatal behavioral reactions to jealousy, such as aggression and regression, and older preschoolers' parents anticipated mostly emotional reactions, such as "feeling left out." None of the parents studied anticipated purely progressive postnatal behavior. There was little behavioral difference actually described postnatally between the two age groups. Most parents described progressive or a mix of progressive and regressive behavior predominating in their firstborn postnatally.

Subsidiary Question 3 addressed the issue of separation, both (a) physically, during the hospitalization and (b) psychologically, after the hospitalization.

Prenatally, parental concerns regarding physical separation were abundant. Psychological separation, operationalized as having less time and/or attention for the firstborn, was also a prenatal concern anticipated by many parents. Postnatally, physical separation did not continue to concern parents. No conclusions could be drawn regarding related variables (such as length of separation) and adjustment. Psychological separation, as anticipated, was a postnatal concern. Many families coped by shifting a portion of the burden of time and attention onto the fathers.

Subsidiary Question 4 addressed the relationship between prenatal parental concerns and postnatal adjustment experienced. Parents reported that sibling adjustment began prenatally, with a primary emotional reaction followed by a behavioral change. Usually, this prenatal response was regressive: apprehension, jealousy, clinging, or toileting accidents. Often, the prenatal regression was followed by postnatal progression, or by a mix of progressions and regressions. Progressions were not anticipated by parents prenatally. Many parents seemed hesitant in trusting smooth adjustments and loving behavior towards the infant, and the theme of continued positive sibling relations was reported as a major postnatal concern.

Subsidiary Question 5 assessed expectations for and reactions to the siblinghood class. Prenatally, parents'

expectations for the siblinghood class focused primarily on preparation of the child for the immediate hospitalization period: familiarity with the hospital and seeing where mother and baby would be. In general, the class fulfilled these expectations and thus was well received. One aspect of the class (a film about jealousy in the firstborn) referred to longer-term sibling relations. It was received with mixed reactions by parents. Postnatally, parents on the whole reported that the class had been beneficial for their child's adjustment in the immediate postpartum period. Parents were divided on the issue of whether a postnatal parents' class would be helpful for discussion of present concerns.

Subsidiary Question 6 was a catchall for any expressed concerns as yet unaddressed. Prenatally, there were few: two comments related to desiring more information about babies; two parents wished sibling birth attendance had been discussed; and one subject suggested a prenatal class for second time parents. Postnatally, a majority of reported parental concerns centered on ongoing sibling relations. The other postnatal concerns--time management difficulties and global parenting issues--were also not addressed by the prenatal class.

The Research Question was a broad inquiry into major concerns of second time parents regarding sibling adjustment

and the changes in these concerns from the prenatal to the postnatal period. Prenatally, parents were less concerned about adjustment to siblinghood itself than about adjustment to the hospitalization period. Specifically, separation from mother was the overriding concern. After the birth, adjustment to siblinghood itself took priority. Firstborn adjustment appeared less negative than expected, and loving behavior toward the infant was reported. Parents' postnatal concerns appeared more globally oriented, centering on ongoing sibling relations and philosophic issues of parenting.

Chapter V will explore the implications of these results. Clinical implications, with the emphasis on nursing interventions in the form of client education programs, will be discussed. Research implications of the study will also be suggested.

CHAPTER V

LIMITATIONS AND IMPLICATIONS

This chapter outlines some of this study's inherent limitations, and then discusses implications of the results. Clinical implications focus on client education programs related to families expecting a second child. Research implications are described, relating to possible adaptations of the present methodology as well as further directions for study.

Limitations

Several factors limit the generalizability of the study results. A small sample size, particularly the number of fathers participating, may have limited the range of responses obtained. Further, the socioeconomic status of the sample was not representative of the population of families preparing for a second child. This sample was, in general, educated, literate, and verbally expressive. Other socioeconomic groups may not respond as well to the questionnaire format.

A final limitation was the researcher's inability to visit the homes of the subjects to obtain responses to the

Postnatal Questionnaire. The observations made would have added an important dimension to the qualitative data analysis. It is probable that sample size would also have remained constant from the prenatal to the postnatal period.

Clinical Implications

The results of this study indicate that indeed, birth of a second child involves multiple stresses in the family system requiring a variety of coping devices. In an effort to avoid penetration of the central core (per the Neuman systems model) by the stressors, the family mobilizes its lines of defense. One coping device which seemed to be utilized by the subjects herein studied was the maintenance of a focus on immediately anticipated events; in other words, taking things one day at a time. Prenatally, this device served to allow the family to prepare for the birth and hospitalization period without becoming overwhelmed by preparation for postnatal integration of the new family member.

Unfortunately, it seems possible that professionals have unwittingly added to the prenatal stress of second time parenthood. In attempting to prepare parents for their firstborn's allegedly inevitable jealousy and negativity, parents have begun to expect the worst. This preparation is

a true disservice: it underestimates the resilience and flexibility both of the preschooler and of the family system. Some of the parents in this study appeared relieved but suspicious when adjustment progressed smoothly. Several expected their firstborns to regress at any time. Most of the preschoolers demonstrated a mix of progressive and regressive behavior, as described by Anna Freud. The progressions outweighed regressions, but prenatally, none of the parents expected this behavior.

Further, these data seemed to indicate that parents did not expect to have their prenatal concerns regarding sibling adjustment addressed in the context of a nurse-led, hospital-based class. As mentioned in Chapter IV (p. 91), the reasons for this may vary. Perhaps parents are not yet ready to address these issues prenatally. But it may be that they do not feel it is the role of the nurse and/or the hospital to address adjustment after hospitalization. If the latter is the case, nurses need to educate clients as to the breadth of the nursing role. Postnatal adjustment of the family is certainly a legitimate nursing concern, in the hospital or in the home, and clients need to become aware of this fact.

In this context, then, it seems that support of the family expecting a second child needs to be expanded. Ideally, perhaps a series of classes could be offered to

this population. The first may be quite similar to the class involved in this study, as this format seemed successful. Many parents appear to want to ease the stress of the hospitalization period with a class introducing their firstborn to the hospital, to the nursery and the postpartum room. The children might further benefit by direct contact with a newborn: approval might be obtained from a newborn's parents who had attended the class previously. In consideration of the fact that children learn best through sensory experience, this would surely be a meaningful addition to the class. It might further be noted that research has indicated no increased risk to newborns through contact with young children, even without the use of cover gowns (Renaud, 1983).

Following this first class in the series, some parents will undoubtedly be interested in a second-level class preparing children specifically for birth attendance. The process of labor and delivery could be explained, along with the child's possible role in helping and supporting the mother. It would seem to be important that the child attend this class and the birth with a special sibling support person (Anderson, 1979; Daniels, 1983; Kuhn & Kopcinski, 1984; Lumley, 1983; and MacLaughlin & Johnston, 1984). The presence of this friend would give the child someone to whom questions may be addressed, someone to play with to gain any

needed distance from the event, and would also free parents to concentrate on the work of delivering a baby.

A third prenatal class that this study indicated may be of interest to some parents is a prenatal class emphasizing emotional preparation for longer-term adjustment to the presence of the second child. Although most of the subjects studied were satisfied with the class provided, which focused on the hospitalization period, some parents indicated a readiness to discuss possible problems of parenting two children, and preparation of their firstborn for life with a sibling. Although the present data would seem to suggest that parents may be unwilling to project too deeply into the postnatal period, if some parents are willing it is appropriate that nurses support them in their preparation. Further, prenatal adjustment of preschoolers seems to be a common parental observation: a prenatal class could assist in recognition and facilitation of early adjustment. Neuman suggested that primary levels of intervention may take place before the impact of stressors, and may strengthen the client's lines of resistance to facilitate more independent coping. If prevention is a stronger mechanism to support coping skills, then this type of nursing intervention into parent education should be encouraged whenever possible. Perhaps parents will be more willing to anticipate potential stresses and project useful

strategies to cope, if they view the role of the nurse as encompassing more than just the hospitalization period.

Because many parents seemed unwilling to anticipate postnatal adjustment to life with a second child during the prenatal period, a fourth level of classes may be offered for the postnatal period. This would follow Neuman's model of the secondary intervention, after the impact of stressors has been felt. The program could take the form of a class, with topics, such as sibling relations and time management, presented and discussed. A support group for parents is another possible format, with the nurse assuming the role of group facilitator and parents bringing their own concerns. This could be an ongoing session, and whole families should be encouraged to attend. Perhaps another educator could group firstborns separately in the same area, with equipment such as a dollhouse and roleplay materials available.

This four-tiered approach to nursing support of families expecting a second child would perhaps be best implemented by a patient education coordinator within the maternal-child department of the hospital. The delineation of this nursing role would allow expansion of educational and supportive services for other populations of families as well, for example, first-time parents and parents of prematures.

Expansion of educational and supportive services for growing families is a vital direction for advanced practice nursing. The first step is to become aware of the unique needs of families in different stages of growth. Stereotypes depicting multiparas who "know the ropes" must be recognized and replaced with an awareness of the particular stresses and strengths of multiparity.

Research Implications

There is very little research related to preschooler adjustment to birth of a sibling in the literature at present. Parental concerns regarding sibling adjustment need further exploration to establish a strong descriptive base from which future experimental hypotheses may be derived. A larger group of subjects, particularly fathers, should be studied. The questionnaires utilized for this study might be amended to focus on issues of specific concern, such as separation or sibling interactions. It would be interesting to adapt the methodology of this study to explore parental concerns of those who may not be as attuned to their children as were the subjects involved in this study. Perhaps an interview format would be more informative for certain populations.

Beyond adaptations of this particular study, several other research directions are indicated. One such direction is in the area of separation from mother for childbirth. Studies are needed which would compare children with a standard two- or three-day separation and those either attending the birth or whose mothers opt for short stay. Behavioral reactions to separation (a biphasic agitation/ depression reaction, and post-reunion reactions of clinging or withdrawal) may be impacted, which would certainly suggest clinical implications.

Further, the variable of child temperament should be explored in relation to type of behavioral adjustment to birth of a sibling. Temperament styles may well be correlated with certain blends of progressive, regressive, and aggressive postnatal behavior.

Finally, longitudinal studies are needed to explore parental concerns regarding sibling relations throughout the first year particularly, and indeed, throughout the siblings' childhood. As intimate observers of and interactors with their children, parents are invaluable sources of research data on sibling and family dynamics.

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APPENDIXES

APPENDIX A

CONSENT TO GATHER DATA AT ST. MARY'S MEDICAL CENTER

ST. MARY'S
MEDICAL CENTER

Oak Hill Avenue
Knoxville, Tennessee 37917 (615) 971-6011

May 13, 1987

Ms. Donna Stuber, R.N.
Graduate Program in Parent-Child Nursing
College of Nursing
University of Tennessee
Knoxville, Tennessee 37916

Dear Donna:

I have reviewed the Form A and questionnaires which you submitted as part of your Master's Thesis research project. I have noted that this is a descriptive study involving no experimentation or manipulation of subjects. In the interest of enhancing our sibling program, I will grant approval for you to participate in our expectant parent classes to gather data for your study. We would appreciate a copy of your findings on completion so that the information you obtain can be shared with our staff.

If you have any questions or concerns as you proceed with the project please direct them to Sharon Tanner, Clinical Nurse Specialist for Maternity Services or to Sharon Cox, Director of Maternity Services.

Sincerely,

Dorothy L. Griscom

Dorothy L. Griscom, R.N., M.S.
Vice President for Patient Care Services

DLG:lc

APPENDIX B

INFORMED CONSENT TO PARTICIPATE

ID No. _____

INFORMED CONSENT FORM

Dear Parent:

You are invited to participate in a study designed to explore the particular concerns of second-time parents. Information from this study will help to identify practices which are helpful to families expecting their second child.

Your participation will involve the filling out of a questionnaire at three points in time. The first will be now, before the Sibling Class begins. The second will be right after the Class ends. The third will involve my visiting you in your home, at your convenience, two to three weeks after your baby is born, to have you fill out the final questionnaire. The first and third questionnaires should take about 15 to 20 minutes to complete, and the second will be shorter. They will include, for example, questions about your age, occupation, education, reasons for attending this class, and later, reactions of your child to the new baby. About one to two weeks after your baby is born, I will contact you by telephone to arrange for a visit so that I may bring the third questionnaire for you to complete.

The risks and/or discomforts involved are very small: you may experience some anxiety when writing about yourself or your family. Your participation is entirely voluntary. You may withdraw consent at any time by informing me. A decision to withdraw will not affect the health care you receive.

All data will be kept strictly confidential and will be stored in a locked filing cabinet in the researcher's home. Responses will be identified only by a code number, and the researcher alone will be able to identify individual respondents. A list of matched code numbers and names will be destroyed after the data is collected. All results will be summarized for possible publication, so your identity will remain confidential.

If you have any questions about your participation in the study at any time, please feel free to contact me at the number listed below. I encourage your participation so that we can better design programs to meet the needs of parents with growing families.

Thank you.

I have read and understand the above statements. I freely consent to participate in the project under the above conditions.

Signed_____

Date_____

Donna Stuber, researcher
Phone #: 588-1457

Phone #_____

APPENDIX C

PRE-CLASS QUESTIONNAIRE

ID No._____

Pre-Class Questionnaire

1. Are you expecting your second child right now? ( ) yes
   ( ) no

   If no, please do not continue: this study is designed only for second-time parents.

2. Are you the child's:

   ( ) mother
   ( ) father

3. Your older child's age:

   _____ years & _____ months

4. Your older child's sex: ( ) girl
   ( ) boy

5. Your age: _____

6. Number of years of school you've completed: _____

7. What is your baby's due date?

   _____

8. What is your employment status?

   ( ) not presently employed: please skip to # 11.
   ( ) employed part-time: hours per week: _____
   ( ) employed full-time

9. What is your occupation?

   _____

10. Who cares for your child while you work?

    _____

11. Who will care for your child while you/your spouse is hospitalized for the birth?

    _____

* * *

For the following questions, please give as much detail as possible: your comments are very important to me!

12. During what month of pregnancy did you tell your child about the baby? _____
    How did your child react?

13. Besides the Sibling Class, how have you or your spouse prepared your child for the baby's birth or for being a big brother/big sister?

OVER PLEASE---->

14. What do you expect that you or your child will learn or gain from this Sibling Class today?

15. What is your major concern about your child's adjustment, during--
--the hospitalization period?

--the first month home with the baby?

16. Do you have concerns that your child will be jealous of the new baby? If so, what sorts of behavior do you anticipate?

APPENDIX D

POST-CLASS QUESTIONNAIRE

ID No. _____

Post-Class Questionnaire

1. What did you like best about this class?

2. What was least helpful?

3. Do you feel that the movie was appropriate? Why or why not?

4. What other concerns do you have, that you wish had been addressed?

5. Do you feel this class will help your child's adjustment? If so, how?

APPENDIX E

POSTNATAL QUESTIONNAIRE

ID No. _____

Postnatal Questionnaire

1. What was your baby's birthdate?

   _____

2. The baby's sex: ( ) boy
   ( ) girl

3. Length of hospital stay:

   _____

4. Was it a vaginal delivery? ( ) yes
   ( ) no

5. Were there any complications prenatally, during the birth, or right after the birth?

   ( ) no
   ( ) yes--please explain: _____

   _____

6. Whom did your child stay with for the hospitalization? _____

   _____

7. In your opinion, how satisfactory was that arrangement? (circle one number)

   very satisfactory←---->unsatisfactory
   1 2 3 4 5

8. How many times would you estimate your child talked to his or her mother on the phone during the hospital stay? _____

9. How many times did your child visit the hospital during his or her mother's stay? _____

10. If your child did visit the hospital, how do you feel these visits were for the child?

11. Other than the baby's birth, what changes in your older child's routine have been made, in the last few months?

12. Some parents have said that after the birth of a baby, their older child slips back to earlier kinds of behavior. Often, children will also act more "grown up" suddenly. What behavior changes have you noticed in your older child?

13. How is your older child getting along with the baby? Is jealousy a problem?

14. How do you feel that the relationship has changed between you and your older child? Between your spouse and your older child?

15. Do you feel the Sibling Class made a difference in your older child's adjustment to the hospitalization or to life with a baby? In what way?

16. What are your major concerns at this point, about your children? Other concerns?

17. Would you be interested in a postpartum class or support group for parents of two children, to address some of these concerns?

THANK YOU FOR PARTICIPATING IN THIS STUDY! If you would like a summary of the study results to be sent to your home, please check here: ( ).

VITA

Donna L. Stuber was born in Bryn Mawr, Pennsylvania on August 10, 1955. She attended suburban Philadelphia schools and was graduated from Radnor High School in June 1973. The Bachelor of Arts degree, with a major in Child Psychology, was received from Connecticut College in June 1977. She began study towards the Master of Science in Nursing in September 1985. This degree was awarded in December 1987.

The author received the first East Tennessee Ob-Gyn Society Scholarship in September 1987. She is a member of the American Nurses' Association and the Nurses' Association of the American College of Obstetricians and Gynecologists.