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THE CHILD'S EYE VIEW OF BIRTH OF A SIBLING

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THE CHILD'S EYE VIEW OF BIRTH

OF A SIBLING


by

Margaret Shipley Harrison

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A Thesis Submitted to the Faculty of the

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## APPROVAL BY THESIS DIRECTOR

This thesis has been approved on the date shown below:

_____     _December 10, 1982_
AGNES M. AAMODT                              Date
Professor of Nursing

To my parents, my sister and my husband,
without whose support, this goal would
never have been realized.

# ACKNOWLEDGEMENTS

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# ABSTRACT

This exploratory study of the child's view of sibling birth addressed the question: What cultural knowledge informs the behavior of preschoolers experiencing the birth of a sibling?

The techniques of participant-observation, ethnographic interview and children's drawings were used with four informants between the ages of four and six. Analysis of the data yielded twelve domains which include: "Things that happen to mommies in the hospital; to babies", "Things that happen when baby comes home", "What babies can do", "Things that daddies do for baby; mommies do", "Reasons why babies cry", "Things I do to help"; "Names I give baby" and "What babies do that I don't like; do like."

The domains were analyzed for cultural themes and three were identified: "I'm still important", "Tell me too" and "Babies are OK." Recommendations for nursing practice and further research are then listed.

CHAPTER I

INTRODUCTION

Research on the child and the birth of a sibling has
largely focused on the parent's interpretations of their
child's experience. The need to understand how and why a
child reacts to a newborn brother or sister has been well
established and many studies have addressed themselves to
this area (Cicirelli 1978, Abramovitch, Corter and Lando
1979, Dunn and Kendrick 1980). However, few researchers
have solicited the child's perceptions directly and as a
result, offer suggestions for preparation and intervention
based solely on adult viewpoints.

Examples of the programs used to prepare children
are sibling childbirth orientations and the presence of
children at a sibling's birth. Whether these methods
effectively meet the needs of the child remains an area
for further research. Before comparison studies on the
effectiveness of these programs can be undertaken, more
information on the need for such programs should be
established. A parent may express the desire for a child
to attend delivery, but does a child have the same need or
desire as the parent? Are children interested? Do they
have the need to diaper a doll or taste formula?

This study takes the perspective that the child experiencing the adjustment of becoming a sibling is the "expert" and his viewpoint should not be overlooked in gaining insight into the birth of a sibling. This approach is supported by the detailed information gained by seeking the "native's viewpoint" (Spradley 1979) as expressed in his own words. Defining commonalities in these native perceptions enables the researcher to identify themes which in turn guide the health care professional as to the type of intervention necessary.

In seeking the child's eye view of birth of a sibling, the period of the first several weeks after birth was selected. This time period was chosen because it is the most intense period of adjustment for the older sibling (Legg, Sherick and Wadland 1974). Not only has there been a separation of the child from the mother in the case of a hospital birth, but there is an addition to the family unit which competes with the mother's time and affections. Easing this period of adjustment has been the objective of the interventions found in the literature. The child's perceptions at this time will add another dimension to the understanding of health care providers.

The study not only addresses a specific time period but a specific age group as well. The population chosen represents the majority of first-time siblings who

can express themselves verbally. This criterion was the
basis for choosing the preschooler. The older school age
child may be able to cummunicate feelings more easily and
therefore afford the researcher a greater wealth of infor-
mation. However, the study would make a greater
contribution if preschoolers were targeted since very little
is known about their viewpoint in general.

With these two conditions in mind, the study was
conceived to explore the following areas: What events
during the period of separation in the hospital and the
arrival home were significant to the first-born child?
What were the actions and feelings expressed during this
time and several weeks after?

In addressing these areas, it is hoped that there
will be a greater understanding of the child's view of the
birth experience and thereby a contribution will be made to
sibling birth preparation practices and subsequent inter-
ventions.

## Statement of Problem

The problem to be investigated was the first-born
preschooler's view of the experience of having a sibling
born. The child's perception of this event, as relayed by
words, actions and drawings, was an account of what he has

learned from the experience of going from an only child to an older child.

The significance of the study lies in the identification of themes or principles which will provide additional insight into the meaning that sibling birth has for the first-born. This information could then be utilized by health care providers to guide their decisions in planning for the preparation of this age group. The ability of these individuals to recognize and interpret the behavior of the preschooler within the context of this event will also be enhanced. Interventions subsequent to the birth may be planned with this awareness of the child's perceptions and related behaviors. These interventions should aid in the adaptation of the child to the sibling birth through the minimization of stressful experiences and full utilization of supportive measures.

## Statement of Purpose

The specific question addressed is: What cultural knowledge informs the behavior of preschoolers experiencing the birth of a sibling?

The purpose of this study was to discover the cultural knowledge which preschoolers use to interpret the experience of sibling birth and to generate behavior in adaptation to the newborn. This was accomplished through

the collection of information through participant-observa-
tion, through ethnographic interviews and the analysis of
drawings by the preschoolers. In this way, cultural
knowledge was derived from what children are seen to do,
from what they say about what they do and from what children
can draw about their experience.

## Definitions

Cultural knowledge - "..the acquired knowledge that people
use to interpret experience and generate social behavior"
(Spradley 1979:5).

Informs - A cognitive process which directs or prescribes a
guide for behavior based on cultural knowledge.

Behavior of preschoolers - Observable human activity in the
child between ages four and six.

Birth of a sibling - The birth of the second-born child in
a hospital setting.

## Conceptual Orientation

The concepts of culture, cognitive map, the child's
view, stress and sibling birth constitute the framework of
the conceptual orientation. The meaning each concept has
for this study and the hypothesized relationship between
levels of abstraction will be explored.

The concepts to be discussed have been presented in pictorial form in Figure 1. Levels of abstraction are organized in vertical planes, with concepts of similar abstraction but of different ideas organized horizontally. Broken lines represent a hypothesized relationship but do not imply causality.

When concepts are vague and largely undefined, their identification dictates the structure of a conceptual orientation. A broad orientation to the concepts of study facilitates the exploratory method of defining and describing phenomena surrounding birth in the "real world" of sibling relationships. By describing the child's view of separation and the arrival of the newborn, the concept of sibling birth gains definition.

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 _____
|                                                |
| Culture ------------------- Stress             |
|    !                           !               |
|    !                           !               |
| Cognitive Map -------------- Sibling Birth \    |
|    !                          -             \   |
|    !                     -----               \  |
| Child's View -------- Separation ---------- Arrival of |
|                       from mother           sibling    |
|                                                |
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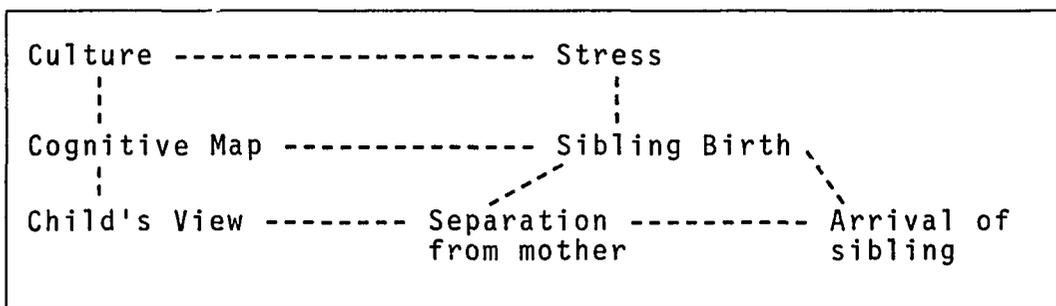
Figure 1. Conceptual Model of a Child's View of Sibling
          Birth

Preschoolers experiencing the birth of a sibling are at risk for stress from the separation of the mother and child and from the changes inherent in reorganizing the

family unit to incorporate a newborn. This framework
credits children with being a cultural subgroup which
utilizes its own set of distinct rules and principles to
determine behavior. The framework links culture as the
cognitive map of this subgroup with the concept of sibling
birth under the more abstract level of stress. On the
operational level, the focus is on the child's view of the
birth, which is broken down into the separation during
labor and delivery and the adjustment required after the
arrival home of the newborn.

Culture

The definition of culture used within this study
is taken from James Spradley (1979:5): "..the acquired
knowledge that people use to interpret experience and
generate social behavior." Within this definition is
incorporated the three fundamental aspects of human
experience; i.e., what people do, what people know and the
things people make and use. These are identified as
cultural behavior, cultural knowledge and cultural arti-
facts (Spradley, 1980).

Cultural knowledge exists as two entities; that of
explicit, which is a level of knowledge easily communicated
and that of tacit, which is knowledge outside awareness.
The task of the researcher is to see not only artifacts but
to discover the meanings people assign to them, to record

not only behavior but also the meanings of these actions
and to seek both the explicit and tacit knowledge acquired
by a group. Culture is, therefore, a commonality of
meanings about experience, knowledge and behavior which
defines a group of people.

The perspective of this study is that preschoolers
experiencing a similar event constitute a culture subgroup
and will exhibit commonalities in their knowledge and
behavior.

## Cognitive Map

A cognitive map is "..a guide for acting and for
interpreting an experience" derived from a cultural scene
or social situation" (Spradley 1980:9). Culture does not
provide a cognitive map but the principles necessary for
map making and navigation. Cognitive maps and therefore,
culture, greatly influence the perception of an event and
thereby the concept of sibling birth.

One determinant of cognitive map is the development
of cognition. It is generally agreed that cognition begins
with perception of a problem, followed by the memory of
previous problems, the utilization of past experience and
concluding with a generation of ideas to resolve the problem
(Lowrey 1978).

In order for this process to evolve, the child must
possess a set of images, which are mental representations

of objects and symbols, which encompass language or the names for things plus concepts, which are characterizations of an action or thing (Lowrey 1978).

Numerous theories exist about how a child thinks, with one of the more well known of these being the work of Jean Piaget. He has theorized that cognitive development occurs in five stages during infancy and childhood in which each stage results in specific goal attainments. Each stage builds on the accomplishments of the previous one and cognition, therefore, is seen as an orderly process.

Adaptation is explained by Piaget as the striving of the individual for balance in his interaction with the environment. This process is dependent upon assimilation, the process of applying old schemes to new objects and accomodation, the modifying of some elements of an old scheme or learning a new one for a new object (Ault 1977). Both assimilation and accomodation occur simultaneously, although one may play a larger role than the other when adapting to a new stimulus. "Although people of all ages have two tendencies, organization and adaptation, an infant organizes and adapts differently from a younger child, an older child, or an adult" (Ault 1977:21). Differences result from the variables of biological maturation and experience with the environment found in each stage of development.

The period of age three to six is included in the stage of preoperational thought, divided between the preconceptual phase of ages two to four and intuitive thought from four to seven. The predominant feature of this stage is egocentricity or the inability of the child to put himself in another's place and see things from any other perspective except his own (Maier 1965).

The child's thinking is tangible and concrete, being dominated by what he sees and hears. Furthermore, he sees his physical and social worlds only in terms of previous experience and assimilation is the predominant process for the child (Maier 1965). The ability to use language and other symbols increases during this period, although the child can only think of one idea at a time. With the acquisition of new symbols, the child is able to convey his experiences, although these symbols have primarily a personal reference for him (Maier 1965).

Play occupies most of the child's hours and is the primary tool for adaptation. Imaginary or symbolic play predominates. "Symbolic play and the playful repetition of actual events bring the child in contact with the questions and objects of everyday life" (Maier 1965). Symbolic play incorporates the use of imitation, whether it be the actions of others or of objects around the child.

He or she imitates what they perceive without concern for accuracy (Piaget and Inhelder 1969).

Another facet of this play involves animism or the attribution of life to inanimate objects; i.e., the stone is alive because it can move, as it rolls down a hill. "To the child, there is no clear line separating objects from living things; and whatever has life has life very much like our own" (Bettelheim 1977:48).

The child in this stage lacks the conceptualization of conservation; that mass can be changed in size, shape, volume or length without losing the original mass; i.e., the same volume of water rises high in a narrow jar and remains low in a wide one (Piaget and Inhelder 1969). The concept of reversibility is also not well comprehended; that addition is the opposite of substraction. Without a firm understanding of such concepts, coupled with the child's egocentrism and symbolic functioning, "..realistic explanations are usually incomprehensible to children .. While giving a scientifically correct answer makes adults think they have clarified things for the child, such explanations leave the young child confused, over-powered, and intellectually defeated" (Bettelheim 1977:48).

## The Child's View

The child's eye view is the information that was sought in this study in an effort to learn the insider's

viewpoint. Inherent in this perspective was the belief
that children interpret experiences differently from
adults. To understand the significance of any one event
to a child, his viewpoint must be sought within the
context of his cognitive system and cultural affiliation.
M. E. Goodman reflects this belief by stating, "It is true
that his perceptions, understandings, and his ability to
handle emotions and problems are likely to differ both
qualitatively and quantitatively from those of the adult"
(1970:3).

The child's eye view can be elicited through the
combined methodologies of the ethnographic interview and
children's drawings. The interview technique encourages
children to talk about what they know. "Children acquire
their culture by watching adults and making inferences
about the cultural rules for behavior; with the acquisition
of language, the learning accelerates" (Spradley 1979:8).

In the preoperative phase of cognitive development,
speech remains the vehicle of egocentric communication.
Preschoolers may use their increasing language skills with-
out fully comprehending the meaning of words, particularly
left, right, time and causality (Piaget and Inhelder 1969).
The child in this stage of language acquisition may associate
one event with a simultaneous event and not base his thinking
on logical principles. An example of this type of reasoning
is the association of the doctor's office with injections.

Preschoolers also believe in the power of words and accept literal meanings. "Verbal arguments become vehement, because words are readily accepted as thoughts and deeds" (Maier 1966:131). An example would be calling a child "bad" and having him interpret this as meaning he is bad, not necessarily his action. Speech is an extension of thinking aloud for the preschooler and gradually becomes a means of social communication.

Because of their self-referenced, egocentric verbal communication, it is often necessary to explore the young child's thinking through other approaches. To gain additional insight into the child's view, children's drawings will be solicited and analyzed. Drawings are well documented as a form of symbolic communication which correlates with a child's developmental and emotional status, thereby serving as an assessment tool (McLeary 1979).

DiLeo makes reference to the important principle "..that drawings by a young child are representations and reproduction, that they express an inner and not a visual realism. The drawings make a statement about the child himself and less the object drawn" (1973:9).

Stress

"A common stressful experience in early childhood and one with lasting implications is the experience of becoming and having a sibling" (Legg, Sherick and Wadland

1974:3). Consistently the literature on sibling relation-
ships draws attention to the premise that sibling birth is
a traumatic event for the preschooler.

Within Erikson's framework of developmental stages,
the preschooler in the stage of initiative versus guilt
exhibits jealousy and rivalry which come to a climax in the
contest for the favored position with the mother. "..the
usual failure leads to resignation, guilt, and anxiety"
(1963:256). However widely accepted the stress of sibling
birth has become, some degree of rivalry is also seen as
part of normal development. "Sibling relationships teach an
acceptance of delayed gratification and provide an oppor-
tunity to become aware of the rights and obligations of the
self and others" (Legg et al. 1974:4).

Stressors may take the form of either maternal
separation or the arrival home of the newborn. Either
event upsets a familiar routine for the preschooler who
must adapt to this change. This adaptation may prove to
be especially difficult since established routines provide
a framework within which new experiences become manageable
(Trause and Irvin 1982).

The most commonly discussed reactions are regression
and withdrawal, although children may invent imaginary
companions to alleviate stress, as well as employ direct
aggression and attention seeking behavior (Dunn and Kendrick
1980; Legg et al. 1974; Dunn, Kendrick and MacNamee 1981).

Examples of these behaviors include a refusal to eat or assume usual self-care activities, sleeping disturbances and an increase in clinging.

Preschoolers' egocentric and magical thinking predisposes them to arrive at fantasy explanations for the unfamiliar which may be more exaggerated or frightening than the actual facts (Piaget 1972). Verbal preparation for an event may be inadequate if not explained in concrete terms since the child at this stage has difficulty with abstraction.

According to psychoanalytic theory, the birth of a sibling is seen as unfaithfulness on the part of the parent due to the child's egocentricity (Freud 1965). The mother is not seen as having an existence of her own and is perceived "..only in terms of a role assigned to her within the framework of the child's needs and wishes" (Freud 1965:58). The child relates to the mother from the context of satisfaction or frustration of these wishes and any preoccupation of the mother is seen as rejection. Therefore, the birth of a sibling is a hostile act and the child reacts with hostility and disappointment. Readiness to adapt to an event such as sibling birth is a direct outcome of developmental progress (Freud 1965).

David Elkind (1981), a child psychologist, has devised a stress test for children. The scale gives a numerical estimate of the impact of various life changes

that stress children. Scoring between 150-300 for an entire
year indicates a better than average chance of displaying
symptoms of stress. Greater than 300 predicts a strong
likelihood. Death of a parent is given a value of 100,
personal injury or illness a fifty-three, birth of a sibling
a thirty-nine, a move to another city is twenty-six and a
change in friends is eighteen. The birth of a sibling is
seen as a crisis in the loyalty-commitment contract of the
parent.

Sibling Birth

The birth of a sibling, apart from its stress
producing components, has the "..potential for specific
maturational gains for the entire family as a group, and
for the individuals.." (Anderson and Simkin 1981:9). Not
all children show regression or withdrawal, but often show
new gains in mastery or independence once they become an
older sibling (Trause and Irvin 1982).

Whether regression or progression is the end result
may not only be a function of the child's cognitive state
but of the preparation received prior to the birth. This
helps to determine with whom the child identifies, the parent
or the newborn (Legg et al. 1974).

Anna Freud recognizes the interplay of regressive
versus progressive tendencies in children regardless of
age. Where the progressive outweighs the regressive, the

child responds to the birth of a sibling by claiming the status and privileges of the "big" brother or sister. In the event of regression, the birth becomes a reason to give up achievements and desire the status of the baby (Freud 1965). Regression is seen as a normal process, providing it does not pervade all of life's challenges.

In summary, the conceptual framework regards the culture of the child from the insider or preschooler viewpoint. During birth of a sibling, the child's view of the separation from mother and the arrival home of the newborn is sought, constituting the empirical level of communicated language and behavior. These two events are viewed as stress producing for the child.

## Assumptions

The following basic assumptions were made in this study:

1. Preschoolers experiencing the birth of a sibling will communicate their feelings and experiences through interviews and drawings.

2. The birth of a sibling has a unique impact on the preschool child.

CHAPTER II

REVIEW OF THE LITERATURE

The concepts considered in the conceptual framework
guided the investigator to review the literature further in
the areas of sibling birth, separation and the child's view.
These three concepts emerged in the literature as the
following topics: The Sibling Experience, The Child's View
of Birth, The Mother-Child Interaction, Separation as a
Stressor During Birth, Prenatal Preparation of the Child and
Children's Drawings. These topics will be discussed below
in their relationship to the studies found in the literature.

## The Sibling Experience

The research on siblings can be approached from two
different viewpoints; the parent's role in sibling develop-
ment or the sibling's role in each other's development. The
focus of this review will be the sibling role and its impact
on a child's development.

Throughout history and literature, the recurrent
theme of sibling adversity has informed generations that
conflict between one's brothers and sisters can be expected.
Examples are Cain and Abel, Jacob and Esau, Joseph and his
brothers and Mary and Martha (Calladine 1979). Folklore,

particularly, is a wealth of sibling conflict and selective
in its outcome; i.e., the favoring of the later-born.  In
one particular study of 112 of Grimm's fairy tales, twenty
percent dealt with three children of which the third child
triumphed ninety-two percent of the time.  Twenty-five per-
cent of the stories involved two children and the second
child triumphed forty-six percent of the time (Sutton-Smith
and Rosenberg 1970).

Children's literature also addresses sibling rivalry
through the theme of youngest child as simpleton.

> A small child, bright though he may be, feels
> himself stupid and inadequate when confronted
> with the complexity of the world...This is why
> many fairy fales begin with the hero depreciated
> and considered stupid.  These are the child's
> feelings about himself, which are projected not
> so much onto the world at large as onto parents
> and siblings.
> (Bettelheim 1977:103)

The child reading Cinderella is able to identify with the
downtrodden main character and gains consolation and hope
that he too will triumph over sibling rivalry as Cinderella
has done.

Although folklore may have sided with the later-born,
the research continues on sibling status with regards to
birth order, sex and age spacing.  The assumption made by
Sutton-Smith and Rosenberg (1970) in their research is that
"..variations in patterns of sibling behavior are a direct
outcome of the nature of sibling statuses" (p. 181). Their
results showed that the preference patterns of either

masculine or feminine traits of a child were influenced by that child's sibling(s). In other words, each sex increases the importance of its own sex role characteristics in the other sibling.

Boys with a sister showed fewer athletic interests and a greater interest in stragegy, where girls with brothers showed more athletic interest and were more social in their interests. Girl siblings heighten affiliation and conformity in second-born boys where first-born boys heighten achievement in second-born girls. First-borns have a greater effect on the second-born than vice versa. The studies of Sutton-Smith and Rosenberg (1970) also support the contention that same sex siblings show more positive responses to each other than opposite sex siblings and that females are more influenced by males than vice versa.

Abramovitch, Corter and Lando (1979) looked at the effect of age spacing. They studied same sex dyads who were either close in age (one to two years) or further apart (two and a half to four years). They found that boys were involved in significantly more acts of antagonism than were girls and that older girls were more likely to engage in nurturant behavior. This finding was congruent with Cicirelli (1978) who found that older sisters gave younger siblings more help on a problem solving task than do older brothers.

The younger child initiates many more prosocial than agonistic acts and imitates the older sibling more than vice versa. Younger males showed as much interest as females in following their older siblings around and imitating them. In the opinion of these three authors, the most striking result of this study was that for all behaviors, age interval had almost no effect on the patterns of interaction, unlike age and sex (Abramovitch et al. 1979).

Lamb (1978) observed the interaction between infants and their preschool sibling in a laboratory playroom. He found that preschoolers generally seemed unconcerned about the presence of their younger sibling and that it was the infant who assumed proximity and took interest in the other's activity. The more sociable the infant, the more social behavior they eventually elicited from the preschooler. Lamb had expected the roles to be reversed. In general, the infants were follower-observers and imitators, utilizing the preschooler as a model. The preschooler led by drawing the infant's attention and by his assertive dominance.

Bryant and Crockenberg (1980) were also concerned with sibling interaction. They concluded from their studies of first- and later-born daughters that sibling behavior does seem to contribute to the frequency of

prosocial and antisocial behavior directed toward each other. The mother's behavior toward one sibling was the best predictor of the other sibling's prosocial behavior but the behaviors of refusal to help or share plus anger were predicted better by the other sibling's actions. It is therefore formulated that child-child relations are more important than parent-child relations in contributing to successful control of aggression.

## The Child's View of Birth

The following review will incorporate the child's conception of birth and his progression in relationships with other children.

Children's questions about birth fall into two categories; questions which ask the "how" of birth and those which are not concerned with "hows." When the child asks the latter, there is no concern for causality. "The baby is assumed to have existed prior to its birth and the child simply asks where it was before that event and how the parents contrived to include it into the family circle" (Piaget 1972:361). The baby's arrival is considered as being wished and arranged by the parents. Babies pre-exist.

Questions of this type are reflected in, "Where was I when you were a little girl?" and "Where was I before I was born?" (Piaget 1972:361). On the other hand, questions

which ask "how" reveal a desire to understand the bond
between parents and children. Children at this stage grasp
the idea that the material used to make babies arises from
within the parents. "What do mummies eat to be able to
make babies? They must eat lots of meat and lots of milk"
(Piaget 1972:365). Babies are manufactured.

According to Piaget (1972), children's questions
about birth in the preoperational stage are the first in a
succession of concerns which follow as an interest in
birth, then in the origin of race and lastly, in the origin
of things in general.

As the child progresses through Piaget's stages of
concern with origin, the child is also seen to progress
from egocentricity to companionship by Anna Freud (1965).
The sequence runs as follows:

1. A selfish, narcissistically oriented outlook
   in which other children either do not figure
   at all or are perceived only in their role as
   disturbers of the mother-child relationship

2. Other children are related to as lifeless objects;
   i.e., toys, which can be handled, pushed around,
   sought out or discarded with no positive or
   negative response expected from them

3. Other children are related to as helpmates in
   carrying out a desired task such as playing,
   building, etc. with the duration of the partner-
   ship being determined by the task

4. Other children are seen as partners and objects
   in their own right, whom the child can admire,
   fear or compete with, whom he loves or hates,
   with whom he identifies, whose wishes he
   acknowledges and often respects, and with whom

> he can share possessions on a basis of
> equality
>
> (Freud 1965:78)

The first two stages are exemplified by the toddler, who is essentially asocial. The third stage represents minimal socialization and the fourth equips the child for companionship as he matures. In summary, the child's view of birth is based on the stage he has attained with respect to origin and the development of companionship.

## The Mother-Child Interaction

The following review will address the significance of the mother-child interaction and the changes which are brought about by birth of a second child.

Irma Hilton (1967) studied the differences between the behavior of mothers toward their first-born children and the behavior of another set of mothers to their later-borns. She suggests that the mothers of the first-borns are more involved with their child when compared to mothers with a later-born child. Her study was able to demonstrate that first-borns and only children are more dependent than later-borns. If any mother were more likely to make an excessive response, whether supportive or critical, it would be the mother with her first-born. She also made significantly more overt demonstrations of love. Hilton feels that interference and inconsistency both undermine

the child's opportunities to develop reference points for
internal evaluation and hence, cause him to be more
dependent.

Levy (1938) contended that overprotection from the
mother decreases with an increase in family size as does
hostility toward the newborn.  Legg et al. (1974) found
that an intermediate child is better able to accept a
sibling birth than the first child.  This they felt was due
to the support and companionship of the older sibling, the
lesser likelihood of maternal overprotection and the
experience of sharing mother's attention.

Dunn and Kendrick (1980) have done extensive work
in the area of first-born reactions to a sibling birth
within the context of the mother-child interaction.  In a
study which focused on the changes in interaction between
mother and first-born from before birth to afterwards,
observations and interviews of the mother were used.  Their
results showed that there were decreases in several measures
which reflected maternal attention.  The measures of time
spent in joint play, in the time for which the child was
held, in maternal affectionate contact and in maternal
giving, showing or helping all decreased by more than
twenty-four percent.

There was also a decrease in the initiation of joint
play and activity by the mother, with a significant increase
in the frequency of verbal prohibitions directed toward the

child. The number of verbal interactions started by the
child increased while the number of positive exchanges
initiated by the mother decreased. The balance of
responsibility for initiating interaction had therefore
changed. These authors feel that individual differences
in child behavior from before birth to afterwards may not
be directly related to changes in maternal behavior but
feel that some of these changes may be due to developmental
changes that occurred during the study. They propose a
direct relationship, however, between the increase in the
child's verbal demands and the increase in prohibition by
the mother.

In a later study by these same authors, Dunn and
Kendrick (1981), they studied the quality of interaction
between the mother and the first-born following the birth
of a sibling and its association with the quality of
interaction between siblings fourteen months later. Their
observations revealed that in families with first-born
girls where the interaction between mother and child was
given to frequent joint play, maternal attention and
infrequent prohibition, there was little positive inter-
action between siblings fourteen months later. This effect
was not explained by the interaction between mother and
second-born, nor was there an association found for first-
born boys.

The explanation for such a finding appears rooted in the observation that when a first child has an intense relationship with an attentive mother, he or more likely she, is apt to be particularly jealous of the newborn. This viewpoint is reflected by Levy (1938) in his classic studies based on doll play. One of his conclusions was that the closer the child was to the mother, the greater the disturbance caused by a newborn and the more likely the overt manifestation of hostility.

Another study which has focused on mother-child interaction is the work of Taylor and Kogan (1973). Eight children between the ages of two and three and a half were studied in interaction with their mothers in a playroom situation both preceeding and following a sibling birth. Their observations yielded a consistent decrease in the expression of warmth on both the part of the mother and the child after birth. In addition, the emotional neutrality or flatness of both increased significantly. Viewing videotapes also revealed that postpartum mothers were fatigued, yawned more often and reacted with more effort to their first-borns which is related to the increased workload and decreased sleep available with a newborn.

> Thus it may be that behavioral differences observed
> in youngsters that have been related to birth
> order...may be the result not only of qualitative
> and quantitative changes in the mother's differ-
> ential response to each of her children but also
> to the ongoing changes individual child-mother
> relationships undergo in response to stressful
> events.
>
> (Taylor and Kogan 1973:57)

Kendrick and Dunn (1980) considered the direct effects of the mother's attention to the new baby on the interaction between mother and first-born. This was done by comparing the interaction in situations where the mother attended to the newborn by feeding, holding, care-giving or interacting and where the mother interacted with fir first-born apart from the baby. Results showed that measures reflecting positive interaction between mother and child increased during times when the mother was feeding or holding the baby as opposed to the interaction with the first-born alone. They spent more time mutually looking at one another and the mother made more frequent high-lighting suggestions, the positive extending comments on the child's current focus. However, there were also more negative interactions as well between mother and child during feeding and holding in the form of more prohibitions and confrontations.

The situation where the mother was occupied with the new baby was not a time when she neglected her other child. For example, Kendrick and Dunn (1980) state:

> The general decrease in maternal attention
> observed to occur with the birth of a new baby
> was not, then, accounted for by the mother's
> direct preoccupation with the baby...it was
> during the period when she was not involved
> with the new baby that the decrease in attention
> to the first child was particularly marked.
>
> (Kendrick and Dunn 1980:309)

Of interest is that in those families where the mother was
breastfeeding, the feeding situation itself did not present
a cause for confrontation. This was not the case with the
bottlefeeding group where there were more incidents of
deliberate naughtiness. Analysis of the interactions
between mother and first-born in the breast and bottle-
feeding groups in other situations showed few differences.
Those that were found indicated a slightly higher level of
positive involvement between the mother and the first-born
in the breastfeeding families.

Legg et al. (1974) collected data on twenty-five
preschoolers' reactions to the birth of a sibling by inter-
viewing parents and employing naturalistic observation.
In the area of progression versus regression, a common
finding was the increased desire for oral gratification in
the form of renewed interest in the bottle, thumb, or
pacifier. In situations where regression occurred in the
area of toilet training, other predominant factors were
present in addition to a new sibling: overprotectiveness
of the mother, difficulties in managing aggressive

impulses on the part of the parent or the stress of moving to a new home. Toilet training was less likely to break down where the mother had been supportive during the time of training. Sleeping disturbances were noted in four of the cases.

In the area of reactions to newborns, these authors contend that "The time of direct aggression or hostility toward the baby seems delayed and is not manifest until he becomes more mobile and capable of interfering with toys and possessions" (Legg et al. 1974:29). Initial aggression was directed most often toward the mother for causing the disruption of the child's world. Children over the age of three, particularly from late four to five, seemed to show interest in the baby immediately by desiring to hold it and care for it. Those children who were aggressive toward a sibling were also more aggressive toward friends and peers.

With regards to breastfeeding, Legg et al. (1974:31) present data in opposition to the findings of Kendrick and Dunn (1980), "..in every situation where breastfeeding occurred the older child responded with jealousy." They recommended that the mother not nurse out of sight of the older child due to the inconvenience to the mother and the confusion of the sibling once he discovers what is taking place. No mention was made regarding bottlefeeding.

The sex of the newborn sibling appears to be an important aspect for the child between four and five years of age. From their data, it was difficult for a boy to experience the birth of a sister and also difficult for an older sister to accept the birth of a much desired boy. "A sibling of the same sex can be easier to accept but may also lead eventually to another means of competition" (Legg et al. 1974:32).

Preschoolers were found to invent imaginary companions during the birth of a sibling in reaction to the mother's decreased attention. A neglected, sensitive child is more prone to develop an imaginary companion under stress which fills the emptiness, loneliness or rejection the child is experiencing.

Another extensive study which utilizes mothers' viewpoints was done by Dunn, Kendrick and MacNamee (1981). Forty families were studied over a period from one to three months prior to the birth of a second child until the second child was fourteen months old. Median age of the first-born was twenty-five months at the second child's birth. The following variables were found to be associated with the different aspects of reaction in first-born children:

1. Temperament - Children who scored above the median on negative mood were more likely to be reported as having increases in withdrawal and sleeping problems.

2. <u>Sex</u> - Boys were more likely to show increases in withdrawal.

3. <u>Mother's state</u> - Mothers who felt extremely tired or depressed were more likely to have children with increased withdrawal.

4. <u>Age</u> - The younger the child, the more evident the clinging behavior.

5. <u>Changes in interaction</u> - With greater increases in confrontation, children were more likely to have increased negative behavior toward the mother. With greater increases in maternal prohibition, children were more likely to show irritating behavior toward the newborn.
   (Dunn, Kendrick and MacNamee 1980:13-14)

The observations of Dunn et al. (1980) suggest that some children individually show a range of behavior toward the baby that includes both affection and behavior that is categorized as irritating. Reports of deliberate aggressive behavior was rarely encountered.

<div align="center">

<u>Separation as a Stressor</u>
<u>During Birth</u>

</div>

The separation that the young child experiences while his mother is hospitalized for birth is identified as a stressor during the adjustment to a sibling by several researchers.

Trause, Voos, Rudd, Klaus, Kennell and Boslett (1981) studied the reactions of fourteen first-borns to the routine two to six day separation encountered with hospitalized childbirth as compared with seventeen children allowed to visit their mothers for an hour each day. All

first-borns were between the ages of one and three and a
half. Their results showed that the entire sample of
children as a group experienced significant problems in
daily routines after maternal hospitalization. Ninety-two
percent showed an increase of at least one problem;
fifty-four percent in three or more. The category with the
greatest increase in problems occurred in sleeping patterns.
Significant increases also occurred in the reported behavior
of temper tantrums and excessive activity, particularly in
girls. Trause et al. (1981) also observed that mothers
used more stern and angry comments after birth as opposed
to presibling observations and yet their children stayed
near them significantly more.

Although the visiting experiences of the children
did not affect the changes in their behavior following
hospitalization, it did affect their response to their
mothers and the newborns at the time of discharge.
Significantly more children who did not visit either ignored
or avoided their mothers at this time, in addition to
refusing requests for a kiss or hug. More non-visitor
children also ignored or responded negatively to their
parent's question of whether they liked the new baby.

The data indicates that children show short term
distress following separation from their mothers. "The
disturbances apparent one to two weeks after mothers

returned home seem, from the mothers' comments, to be related to two factors: the maternal separation and the presence of the sibling" (Trause et al. 1981:37).

In an earlier study by Trause (1978) utilizing the data for the above study, there were no age or sex differences on measures of adjustment. Without further research, she states that it is not known whether children who visited returned more quickly to normal behavior than non-visitors, since observations were done only once after the return home. None of the study children saw their mothers every day, with only one child visiting as much as three days. "These few hours of visiting may have been too little to relieve the distress of several days separation from mothers" (1978:209).

On the subject of separation, Legg et al. (1974) found that the effect of partial daytime separation from mothers who worked part-time prior to sibling birth was not appreciable. The child seemed more able to accept the temporary separation at the time of birth. However, the child who experienced extensive daytime care was more likely to react to sibling birth by withdrawal.

> Extensive maternal substitution, even by one
> regular and known person, seems to promote in
> some instances a tendency to passivity, and
> under the stress of sibling birth such
> children..do not have more appropriate means
> to cope with the experience.
> (Legg et al. 1974:37)

Michael Rutter (1979) in his discussion of separation experiences, claims that separation itself is not a "unitary experience." When considering the consequences, one must consider several important variables: the reasons for separation, the pattern of care during separation, the child's age and maturity and the quality of family relationships both before and after separation. The distress which comes with separation generally involves being left alone or with a stranger in an unfamiliar environment. When a young child is left at home with someone that they know well, the effects are quite different. Rutter feels that a happy series of separations in a familiar environment actually has a beneficial and protective effect.

The Robertsons (1971) studied the response to separation of thirteen young children for periods of time ranging from ten to twenty-seven days. Even when cared for by a devoted and skilled mother substitute in their own home for nine of the subjects, within a couple of days they showed increased sadness, a lowered frustration tolerance, increased clinging and irritability. After an eventual return home, the four who had been cared for outside the home exhibited an increase in hostility against the mother. The Robertsons identify nine factors which contribute to the stress of separation:

1.  strange environment
2.  inadequate substitute caretaker
3.  strange caretaker
4.  multiple caretakers
5.  cues or language not understood or
    responded to
6.  unfamiliar foods or routines
7.  unusual demands and disciplines
8.  illness, pain or bodily interference
9.  bodily restriction
                              (Robertsons 1971:310-311)

Bowlby (1973) discusses the reaction of children during separation as a sequence of protest, despair and detachment. The elements which are typical of how a child responds during and after a separation are the following: "Yearning and searching for the missing mother, sadness, increasing protest at her absence and growing anger with her for staying away, increased ambivalence on return home, and evident fear of being separated again" (1973:21). The duration of the child's detachment from his mother is felt to correlate significantly with the length of his time away from her.

Based on separation experiments, Bowlby concludes that a two year old is as likely to get upset when separated from his mother as a one year old and at neither age is he likely to make a quick recovery. A three year old is less likely to be upset and is able to understand that mother will return soon. On being rejoined, he is relatively quick to recover. A child of four is either affected very little or is very much distressed by a mother's leaving. As the

child becomes older, he is able to use verbal and visual
communication for keeping in contact with mother.

## Prenatal Preparation of the Child

Review of the literature in the area of preparation
of children for the arrival of a sibling reveals a need for
more research.  Knowledge available on sibling childbirth
preparation classes is largely descriptive guidelines for
setting up similar programs.  Joy Bliss (1980) outlines five
objectives for these programs:

1. provide guidance and support
2. develop mutual trust between parents and
   medical staff
3. decrease siblings' fears by increasing their
   awareness of the hospital setting and the
   birth process
4. enhance sibling bonding and acceptance of
   the new baby
5. helps siblings feel "as important" as the
   new baby

(Bliss 1980:30-31)

Her program is designed for children ages three to
nine with a maximum of ten children for class sessions of
two hours duration.  The first portion of the class is
conducted without the parents to enhance participation and
to prepare the child for future separation, Bliss contends.
Afterwards, the parents join their child to view a child-
birth education film which depicts a live birth.  The first
portion of the class is devoted to a tour of the obstetrical
area, a demonstration of the fetal heart monitor, diapering

of dolls, the tasting of formula, watching a mother breast-
feed and receiving especially designed coloring books and
certificates. A followup party with a special T-shirt after
the sibling is born is held in the hospital and the child
receives a balloon and a congratulation letter after the
return home.

These classes are evaluated by a parent questionnaire
to ascertain family adjustment after the class and a second
questionnaire as a followup after the birth. Bliss feels
that her classes have helped the child understand the devel-
opment and birth of a sibling, have reduced the anxiety
connected with hospitalization and have helped the child
become involved in the birth process based on positive
responses to her questionnaires.

Philothea Sweet (1979) is another nurse author who
addresses prenatal classes for children. The program she
has devised differs in several respects from Bliss': one
session lasting an hour is individualized for each family
according to their needs and desires, these are separately
held and all family members participate, children are
between two and ten and there is an emphasis on the birth
process with the use of a birth atlas, a film and a life-
size pregnant model, cut away to show the fetus.

The parents are involved in all aspects of the
class as opposed to Bliss' guidelines because Sweet feels
that parents need to be prepared to answer children's

questions even if this was covered in class. Parents often have difficulty discussing sex and reproduction and she contends that this family session provides the parents with the opportunity to develop lines of communication. Her classes are evaluated by two questionnaires as Bliss has described.

Prenatal classes which focus on the older child for one of the sessions was the topic of an article written by Jimenez, Jones and Jungman (1979), all certified childbirth educators. Without the first-born present, this class is designed for mothers and addresses ways of introducing the older child to what it is like to have a baby in the house. Their suggestions include babysitting for a friend with a newborn so that the child can get used to the idea of his mother caring for a baby or preparing a book specifically for the older child to help him understand the impending changes.

A sample book was titled, "Danny's a Big Brother Now" and tells a story about a two year old who gains a new family member. Pictures include Danny's mother during her first pregnancy, the hospital where he was born, his mother and father caring for him as an infant, then Danny as a child who can feed himself, run and talk. The book ends with, "Our baby will be lucky to have a big brother like you" (Jimenez et al. 1979:308). It was the feeling of

these authors that the ideal time to start preparing a "very young child" is about four to six weeks prior to birth.

Malinowski (1979) is more specific in giving guidelines for telling the first-born about the new baby. "Since preschoolers have a poor concept of time, they might be better off not being told about the coming baby until a few days or weeks after its expected arrival" (p. 79). Her experience with this age group is that they expect the immediate arrival of the baby once they are told. However, as children initiate questions, they should be frankly answered. Calladine (1979) suggests that the time to begin preparation is three to five months before the birth. "Don't tell the child how he will feel. Let him tell you" (p. 22).

Three and four year olds, according to Malinowski (1979) find it difficult to comprehend that babies develop inside the mother's body. They generally express an interest in where babies come from, what they do and where they are before they are born. Five year olds are seen as having strong preferences for either a boy or a girl playmate. They show an increasing interest in their own bodies and in their babyhood, in addition to the father's role in making babies. A child of six usually understands that babies come after marriage but may not connect pregnancy with intercourse. Many of the earlier questions are asked again; i.e., How are babies born? How do they start?

Keeping these age dependent interests in mind, Malinowski proposes six guidelines for answering a child's question:

1. Consider the child's attention span and willingness to accept what you tell him.
2. Give frank honest responses to questions, using a natural factual tone of voice.
3. Give the child an answer that satisfies and stop there. Do not force information on children.
4. Consider not only what the child is asking, but the why.
5. Use the correct terms for body parts and functions.
6. Anticipate that the child will ask the same question more than once.
                        (Malinowski 1979:1965)

The topic of preparation for separation includes telling the child that the mother will go to the hospital, have a new baby, that she will return home in several days and that the child will be taken care of while she is gone. The ideal situation is a familiar caretaker in the child's home.

Legg et al. (1974) found that parents told their children about the expectation of another child around the fourth to fifth month of pregnancy. They solicited from parents how they prepared their child for a sibling birth. The following list includes the techniques that were used:

1. Special trips and visits. - This usually meant the clinic or doctor's office. "While normal visits to the doctor's office may be helpful, it seems that extraordinary trips..may imply to a child that something very bad is expected" (p. 14).

2. <u>Use of children's books</u>. - Few books were
   available or those that were were so poor
   (text too long, pictures unrealistic,
   emphasis too positive) that they were not used.

3. <u>Sleeping arrangements</u>. - Any changes are
   optimally planned and implemented beforehand.

4. <u>Introduction of a pet</u>. - Pets can help a child
   learn gentleness and concern and may also
   provide vicarious satisfaction as a substitute
   for the envied baby.

5. <u>"Substitute Mother."</u> - Parents saw the need to
   familiarize their child with a trusted individual
   in their home prior to the separation.

(Legg et al. 1974:14-17)

If parents use a friend's infant to show their child what a newborn is like, these authors caution that the older child may have difficulty in abstracting and imagining a sibling similar but not identical to this friend's child. As a result, the child may be terribly disappointed if his new brother or sister does not act or look like the other baby. For similar reasons, they do not encourage the use of a doll which they feel only confuses reality testing.

## Children's Drawings

The following review will focus on the preschooler's level of artistic development, the symbolism in his human figure drawings and the interpretation necessary to derive meaning from his art.

The development of the child, both cognitively and in fine motor skills, is seen in the passage of children's art from scribbling to sophistication in form and content. Rubin (1978) proposes stages of normative development in art which progress from manipulation in the toddler stage to experimentation in the preschooler. The child in this latter stage has learned to name his creations, to represent his world in vaguely recognizable form, to contain his expression within boundaries and to experiment with different ways of doing things.

Human figure drawings by the preschooler often reflect this experimental phase, with each drawing being unique over a period of several months. At the same time, fine motor skills increase rapidly and the child becomes more adept at manipulating media. His work becomes more naturalistic and increasingly controlled and aesthetically interesting. This stage ends when the child enters school and finds preferred ways of expression which he repeats rather than to extend on his experimentation.

Kellogg (1969) also recognizes the period of entering school as having an effect on children's art. "Age five is often a time of crisis in child art. The child's spontaneous art is seldom appreciated by kindergarten teachers who are unfamiliar with preschool work" (p. 117). Many children abandon art in elementary school

because of the lack of teacher approval and the lack of
time to allow for self-expression.

Inherent in a discussion of development is
regression.  Rubin (1968) feels that functioning in art is
cyclical, not linear and is best expressed as "two steps
forward, one step backward" (p. 43).  There is a certain
degree of variability at any one time in a child's work.
It is only within a framework of normal development in
art and within the child's narrower framework of past
and present work that regression can be understood.

There exist a variety of reasons for regression,
with the primary factor being a stressful social situation.
Other reasons incorporate a change in medium, fatigue and
a period of awkwardness prior to growth.  The sequence of
behavioral events which preceed and follow the appearance
of regression must be known in addition to the child's
usual work and the norms for that age.

Expanding on the theme of regression from stress,
Keppitz (1968) has studied children's attitudes toward
their families in human figure drawings.  "On a drawing,
a child can reveal unconsciously negative attitudes toward
his family by disguising the shapes of his parents and
siblings and by using signs and symbols he himself may not
be aware of" (p. 128).  Such a drawing offers insight into
a child's relationships with the members of his family

where other methods fail. For a child to verbalize his hostility or ambivalence toward his parents is highly threatening since he depends upon them for security and emotional and social support.

In general, a child will draw fairly realistic representations of himself and his family if the association is positive and distort and disguise the figures if the reverse is true. The child may change the size and position of family members or omit and substitute on a drawing.

Koppitz (1968) interprets the birth of a sibling as a significant event, likely to cause disappointment and resentment from being displaced. Many children are too shy or too upset to ask questions about this change in their lives and their drawings often reveal their confusion. Others may feel hostility toward the mother and reveal this through the omission of the mother or some of her body parts. There may also be a change in the line-up of the family members or a change in one member's size relative to the rest of the family.

Resentment toward the newborn may be manifest by omitting facial features or using brief sketchy lines to draw the body. Another example of resentment was given where the baby was drawn crying because of a spanking by the father. This symbolized the older child's hostility.

Not only what the child creates lends us information but what he says and how he communicates as he creates. Rubin (1978) feels that we must listen to a child's spontaneous verbalizations and discover their form and quality; i.e., their tempo, pitch, intensity and articulation. "For example, the child who piches the clay and breaks off pieces while talking about how his baby sister gets in his way, may be commenting both verbally and gesturally about his negative feelings and aggressive impulses toward her" (p. 64).

The nonverbal is important. The child's closeness or distance from the adult, the position and tone of his body, his facial expressions and his gestures all tell something more about the finished product. How the child interacts with the adult, whether shy, friendly, controlling or helpless is useful information.

One must evaluate not only the communication but the finished product in terms of organization, clarity, completeness, symmetry, movement and color. Rubin cautions against generalizations and suggests that we rely on what is observed and what is congruent with the actual encounter with the child. Kellogg (1969) also cautions against symbolic interpretations which are grounded in a particular psychiatric or religious theory; i.e., that bilateral symmetry means compulsiveness, the right side of the page

is environment oriented and the left, self-oriented. Such generalizations become meaningless when individuality and the social context are not considered.

The importance of color is also down played by Rubin (1978) because of the finding that preschoolers select colors based on their position in the easel tray, usually from left to right. The significance of color to a child is highly variable and the usual symbolic meanings may not apply; i.e., black, usually associated with depression, may mean pride to a black child.

How a child feels about his finished product is useful in regards to his self-image and self-esteem. Children often express inadequacy about their skills and Koppitz (1968) does not see erasures as a negative sign unless excessive. This denotes intense anxiety or hositility toward the person being drawn. The child's sense of ownership and identification varies but is always present and Rubin (1978) suggests that the child's feelings about the quality of his product reflects his feelings about himself.

In order to decode children's drawings, one must interfere as little as possible to avoid influencing the child's ideas. The more observations that are made of the verbal and nonverbal, the interaction and the attitudes, the more information one has. A thorough understanding

of the developmental norms, of the child's usual work and
of his social environment is also paramount before looking
at the finished product and its clues.

## Summary

There are no studies on the preschooler's viewpoint
of being separated from mother and having a newborn arrive
at his home. Most of the research has addressed the
mother's perceptions of this event and its effect on her
first-born. Prenatal preparation of the child for sibling
birth is a reality but as yet, not grounded in referenced
research. The lack of information about the child's view
of sibling birth and the formation of childbirth preparation
programs for this age group establishes the need for a
study which focuses on the viewpoint of the child.

CHAPTER III

METHODOLOGY

The methodology utilized in this study is presented
in the following discussion of the research design, the
sample and the setting, the data collection and the analysis.

## Research Design

An exploratory design was used in response to the
question: What cultural knowledge informs the behavior of
preschoolers experiencing the birth of a sibling?

The criteria as set by Hinshaw (1979) for the
determination of this exploratory design are a conceptual
orientation, ethnography with open-ended questions,
participant-observation techniques, and an analysis to
generate concepts. A function of the exploratory design
is to give definition to the concepts of study; for example
sibling birth, separation and the child's view.

Ethnography has as its goal the understanding of
another way of life from the native point of view (Spradley
1980). This is attempted via empirical data from inter-
views and observations of the lives of individuals in
specific settings. Ethnography requires the existence
of a group of experts within that cultural setting from

which the researcher may learn the native viewpoint. The
researcher, as an outsider, must take the role as a
learner and have "..the ability to appear the fool" (Agar
1980:53).

Participant-observation starts with a conscious
effort at almost complete ignorance. Through learning the
spoken language of a cultural group, the researcher can
then ascribe meaning to words and actions. Human language
is considered both object language and metalanguage, where
the former is "..the flow of behavior that occurs as group
members do the activities they do" (Agar 1980:79).
Metalanguage is used to designate the flow of verbal and
nonverbal behavior. An account is usually given using the
group language as metalanguage.

Not all meanings are expressed explicitly in
language, however, but can be communicated indirectly
through words and events or taken for granted. A large
part of any culture consists of this tacit knowledge.

The data collection technique of the interview is
employed in this effort to derive meanings by encouraging
this informant to speak freely about his knowledge.
"Language is the primary means of transmitting culture from
one generation to the next" (Spradley 1979:9). The inter-
view is one strategy for learning what people know both
tacit and explicit.

According to John Rich (1968), interviewing children
presents a unique challenge because what they notice and
the relative values they give to observations differ from
adults. Therefore, fact finding questions have to be much
more specific and direct. Due to the child's limited frame
of reference, it is necessary to ask for elaboration on
their answers frequently. The interview must have as its
common ground the use of the child's language which consists
not only of knowing the words and idioms, "..but of knowing
the connotations and the subtle implications of the things
that are said" (1968:44).

Not only will cultural knowledge be sought from
interviews within this design, but from children's drawings
as cultural artifacts as well. Children's art, parti-
cularly that of human figure drawings, is felt to reflect a
child's developmental level and his interpersonal relation-
ships, "..that is, his attitudes toward himself and toward
the significant others in his life" (Koppitz 1968:3).
Furthermore, these drawings reveal a child's attitude toward
the stresses and strains of life, his way of coping with
them plus his fears and anxieties at that given point.

In summary, this exploratory study focused on the
culture of the first-born preschooler experiencing the birth
of a sibling. The ethnographic interview, observations and
the use of children's drawings constituted the data

collection. The goals of this study were to learn what knowledge these children acquired and how this knowledge became generated as behavior. The older sibling is seen as the expert and the teacher; the researcher as the learner.

## Sample

Informants for the research study were four pre-school children. The criteria for section of this convenience sample were as follows:

1. The informant and family will speak and understand English.

2. The informant will be between the ages of four and six.

3. The informant will be the first-born sibling of a newborn second child.

4. The newborn sibling will be born in a local hospital and a healthy term infant.

5. The informant will be willing to participate in the study.

Children who met these criteria were identified through the recruiting efforts of the Community Health Nurse at a local Army installation and through a recommendation of a mutual friend. Potential informants and their parents were asked to participate during programs conducted by the Community Health Nurse and a followup phone call was initiated by the investigator to explain the study further. Once individuals agreed to participate, an

information sheet (Appendix A) was read to both parent and
child in their home and permission was obtained to tape
record the interviews.

## Setting

All four participants were recruited from the
military population at a small Army installation in rural
southeast Arizona. The newborns of these families all were
delivered at a 100 bed Army hospital which delivers an
average of thirty to forty infants a month. Despite its
small size, the administration of the obstetrics department
is progressive to the point of permitting sibling visitation
for an hour each evening. A Community Health Nurse is
tasked with the prenatal courses for both expectant parents
and the sibling, in addition to teaching a class on breast-
feeding and performing the two week Well Baby Clinic.
During the data collection, home visits were made to two
study families who lived in post quarters and to two
families who lived in the nearby civilian community.

## Human Subjects Consent

The procedure for protection of human rights for
this study was followed in accordance with the guidelines
set forth by the Human Subjects Committee (Appendix B).
The study was explained to both informants and their parents

in the form of an information sheet. The purpose of the
study, the type of data collection and the time require-
ments were explained as well as the fact that participation
was totally voluntary and withdrawal was possible at any
time. Informants and their families were assured that their
identity would not be revealed and that confidentiality
would be maintained through the coding of all data and its
limited access. Permission to conduct the study was granted
by the Human Subjects Committee.

## Data Collection

### Participant-Observation

The methodology of participant-observation, as
outlined by Spradley (1979), was utilized to supplement and
validate the data. The focus for these observations was
the interaction of the preschooler with his mother and
with the newborn sibling. The period of time after each
interview was reserved for observations of the child's
behavior. Specifically, observations were made of the
preschooler and the newborn without mother present, the
interaction of mother and child both with and without the
newborn in mother's arms and the child's reaction to the
cries of the newborn. These observations generally lasted
from twenty to sixty minutes at each visit.

The Interview Experience

Interviews took place in the informants' home as
did the observations. Permission was obtained to use a
tape recorder for all interviewing done with the child.
A total of three interviews were conducted with each infor-
mant; one with each mother.

Three types of questions were utilized to facilitate
data collection. During the first interview, general or
"grand tour" questions were asked. An example would be:
"Tell me about being a big brother/sister" or "Tell me
about the time the baby came home." This descriptive type
of question was used in an effort to generate a language
sample and find areas of focus for further questions
(Spradley 1979).

Following this first interview, the tapes were
transcribed and the field notes analyzed to develop further
questions for the second interview. Domains or categories
of objects or events were organized and a list of struct-
ural questions was developed. Structural questions were
asked to validate beginning categories and to add further
inclusive terms. Examples of this type of question were:
"Tell me about all the things you do to help your mother"
and "Tell me about the things your dad does for your brother/
sister.

Contrast questions were asked in coordination with the structural ones and were used to discover what the informant means by his terms by soliciting the differences between the terms. An example of a contrast question was: "What is the difference between the baby now and when he/ she was born?". By this point, several cultural domains had been identified as well as included terms with their subsets. The focus was no longer on similarities among things but on differences. Each domain was presented to the child for clarification and verification in successive interviews in order to increase validity.

Children's Drawings

As part of the data collection, the children were asked to draw a picture of the family and a picture of the newborn before he or she was born. At the completion of each drawing, the child was asked to tell a story about what he had drawn and this was tape recorded.

Sketching paper, measuring nine by twelve inches, was used with a wide diameter pencil. Crayons were not considered because color was not an aspect of the drawing that was significant for this study. Drawings were scheduled for the child's second interview. The primary purpose for these examples of the informant's artwork was to validate what was seen and heard by the investigator.

## Data Analysis

Ethnographic analysis is defined by Spradley (1979) as a search for the parts of a culture, the relationship among the parts and their relationship to the whole. The first kind of analysis is domain analysis which enables the researcher to begin organizing the fundamental units of cultural knowledge. A cultural domain is a category of meaning and includes three elements: cover term, included term and a semantic relationship (Spradley 1979). The cover term is the name for the domain, for example, Friend. The included terms are the names for the smaller categories inside the domain, such as neighbor. The semantic relationship links the two categories; i.e., a neighbor is a kind of friend.

The next process is taxonomic analysis which involves the categorization of the terms used by the informants and organizing them into subsets. The major difference between a taxonomy and a domain is that a taxonomy shows more of the relationships among terms inside a cultural domain. A domain and the taxonomy associated with it are always based on a semantic relationship, for example X is a kind of Y (Spradley 1979).

Componential analysis incorporates a search for the attributes of the terms in each domain. "Whenever an ethnographer discovers contrasts among the members of a

domain, these contrasts are best thought of as attributes
or components of meaning" (Spradley 1980:131). Finally,
theme analysis searches for the existence of a recurrent
principle in a number of domains, tacit or explicit and
for the relationships between domains that are linked to
the culture.

## Summary

The interviews of the first-borns were designed to
focus on the knowledge and behavior that this cultural
subgroup uses in reaction to the birth of a sibling. This
knowledge was relayed in the form of "folk terms" and the
interviews sought to discover the meaning these terms had
for the child. Categories of meaning were developed and
related to the ways children utilize this information in
becoming an older sibling. Observations and drawings were
used to support the categories identified. A summary was
then written using the themes that had been identified
across the domains from these four informants.

CHAPTER IV

PRESENTATION AND ANALYSIS OF DATA

In the following pages, selection of the sample,
the researcher-informant experience, which includes inter-
view procedures and problems in the field, and a
description of each informant will follow.  Presentation
of the research findings, domains of analysis and cultural
themes are then identified and explained in terms of
observations, taped interviews and drawings from the pre-
school informants.

## Selection of the Sample

The informants for this study were recruited via
two methods: three families were identified with the
assistance of the Army Community Health Nurse at Fort
Huachuca from the military expectant parent population and
a fourth was contacted after a recommendation from a mutual
friend.  The mothers were contacted by phone several weeks
prior to their delivery date, with followup calls at
intervals thereafter to assess continuing interest in the
study and in their delivery status.

All four initially contacted met the selection
criteria, were dependents of active duty military and

were willing to participate. Eventually, these same four families participated in the study, conducted over a two month period of September to November 1982. Each family unit was intact with four members only: mother, father, preschooler and newborn. Of this group, one family had participated in a prenatal series of classes to include Lamaze and a Sibling Orientation program. A second family had participated in Sibling Orientation only, a third in a breastfeeding class and a fourth, in no classes.

The resultant sample consisted of two boys, aged four years, ten months, and four years, four months and two girls, aged six years, four months and four years, two months at the time of their interviews. Each preschooler had a newborn brother with the exception of the four year, ten month old boy. The oldest girl was recruited prior to starting first grade and had been in school a total of four weeks at the end of her interviewing. Because she had had such limited exposure to school, she was retained for the study.

After this study received Human Subjects Committee approval, the mothers were asked to read an information sheet (Appendix B) on the study in lieu of a consent form. Permission was obtained to use a tape recorder prior to the interviewing. A total of sixteen interviews were completed, three for each informant and one for each mother. All of

the interviews were conducted in the family's home and the
informant's interviews were tape recorded.

## The Researcher-Informant Experience

Interviewing Procedures

The initial interview for each family was conducted
between the second and third weeks postpartum. With the
exception of one informant, one interview a week was
scheduled at a time which suited the mother. The exception
came about as a result of one mother's delivery being
several weeks overdue and this necessitated two interviews
a week to meet data collection deadlines.

In approaching the task of interviewing preschoolers,
I felt that the first meeting should be an informal period
of interviewing the mother for background information and
making preliminary observations. This approach worked well.
Several mothers had expressed concern over their pre-
schooler's shyness or short attention span. After this
initial getting acquainted visit, however, all four children
readily participated at the second meeting, seeming to have
overcome their reservations. This was especially true of
the four year, ten month old boy and the four year, two month
old girl, who hid behind their mothers and averted their
eyes, refusing to speak at first. At the conclusion of the
first visit, which lasted approximately an hour, these two

were much more outgoing and with successive interviews there were no problems. Each child knew to expect me and that I was there "to talk about babies and big brothers/sisters."

For the two girls, taped interviews were conducted in their bedrooms with the door closed and for the boys, discussions were held at the dinner table. In each incidence, the choice was the child's. Parents were elsewhere in the home, although not always out of hearing range. Televisions, radios and stereos were not to be on according to the rules I set with each child. Interviews could last as long or as short as the child wanted and efforts were made to conclude the session when he or she appeared overly restless or tired.

At times, I would turn off the tape recorder and allow the child to discuss an unrelated topic before resuming the interview and this technique also aided data collection. On the average, discussions lasted thirty minutes with longer taped portions at the first interview, the shorter segments at the last. Interest in the subject definitely dwindled as time went on.

In anticipation of this gradual loss of interest, I planned for the children to draw at our second meeting (Appendix D). Even those children identified by their mothers as disinterested in drawing seemed to enjoy this activity and were more than willing to participate. I

quickly found that it was important to tape record the child's comments as he or she drew, despite the long silences that occurred. Originally, I had planned to tape only their "stories" about their drawings once finished but found their unsolicited remarks an essential part of the data.

After the child's first interview, the tape was analyzed for domains and for areas requiring further exploration. Domains quite often followed the line of questioning; i.e., "Things I do to help", Things that babies do." Grand tour questions were utilized at the first interview as well as succeeding ones, with emphasis on the "Tell me about the time..." format.

During the second interview, preliminary domains were shared with the preschooler in the form of validation of the last visit's discussion. This was done through the use of structural questions which gave further focus to a given domain. The structural question, "What are all the things mommies do for babies?" was generated to give further detail to the domain, "Things mommies do for babies." Included or member terms within the identified domains were usually added at this time and rarely were there changes or deletions. In reviewing these lists, the child's own words were used in the example of "chesties" which meant breasts.

At the third and final meeting, attempts were made to clarify the child's meaning for each included term. Additional structural and descriptive questions were used because of the preschooler's difficulty in answering contrast questions. This will be addressed in the section which deals with problems encountered.

## Difficulties Encountered in the Field

The following examples of problems encountered during the data collection phase were derived primarily from the interview process.

With the younger children particularly, distraction was a problem from such sources as the television and from visiting friends of their mother. To counter this effect, a rule was set down which attempted to insure privacy and minimize distraction by disallowing televisions, radios, and stereos to be on and any other individual to be in the same room during the interview. All four informants were amenable to this condition.

As time progressed, each preschooler became less interested in the subject of our conversations as evidenced by frequent changes in the topic of discussion and increased fidgeting. A few would complain, "But we've already talked about that" and for others, their answers would become shorter or typified by, "I don't know." Three interviews

within the time span of two to three weeks appeared to be
the limit of their tolerance.

The exchange of language at times proved difficult.
My choice of words was not always within their vocabulary
or their understanding. Such words as "describe",
"pregnant", "jealous", and "born" were poorly understood.
Contrary to Piaget's assertion (Piaget and Inhelder 1969)
that children in the preoperative cognitive phase do not
understand that they are the brother or sister of their
sibling, all four understood that they were also a brother
or sister in response to the question, "What does your
brother/sister have?".

In addition to my choice of words creating
communication barriers, the child's references at times
created problems for me particularly with the youngest
child. In these incidences, my request for clarification
led me to the meaning the word held for the child. Examples
of their language would be chesties, plugs, bad belly and
duds.

According to Spradley (1980), contrast questions
are a necessary part of ethnographic inquiry, enabling the
researcher to arrive at the meaning of each cultural domain
from the differences as well as the similarities among
terms. This may be accomplished through dyadic contrast
questions; i.e., "What is the difference between how the
baby looks now and when he was born?" and triadic questions;

i.e., "Of these three, feeding the baby, changing diapers
and holding the baby, which two are most alike?".

In general, I found that my preschool informants
had difficulty with dyadic contrasts. I responded to their
puzzled looks and long silences with prompting and found
I was undermining my efforts to obtain their view. Triadic
questioning proved even more difficult. If the child could
even remember the three items, since none could read, he or
she could usually pick two which were more alike but could
not tell me why.

The last difficulty I encountered was with tape
recording. None of the children objected to its presence
and only one was concerned with its operation. All four
had tape recorders of their own. The problems lay with
running out of tape, forgetting to push play and record
both, trying to record a child moving throughout the room,
encountering background noise and forgetting microphones.
All of the children wanted to hear themselves on tape and
enjoyed this novel experience.

## Informants

Each subject will be presented in this section,
incorporating data from the interviews, observations and
the child's drawings to give depth to the findings to
follow. The names of the newborns have been changed to
protect their identity.

Table 1.   Demographic Data of Informants (Age, Sex and Sibling Sex)

| Designation | Age | | Sex | Sibling Sex |
|---|---|---|---|---|
| Child A | 4 yrs. | 10 mos. | Male | Female |
| Child B | 4 yrs. | 4 mos. | Male | Male |
| Child C | 6 yrs. | 4 mos. | Female | Male |
| Child D | 4 yrs. | 2 mos. | Female | Male |

Child A

Child A was a four year, ten month old boy whose newborn sibling was the only female infant in this study. His twenty-nine year old Finnish mother chose to remain home and care for her children, also preferring to breast-feed. His thirty-two year old father was a warrant officer at Fort Huachuca and lived with his family in a home they had bought off-post.

Although shy at first, Child A turned out to be the investigator's most enjoyable informant, whose attention to detail and vivid imagination contributed greatly to the data. He stated a preference for a sister and was pleased with her. "My sister is really cute." Of the four informants, A was the most overtly affectionate toward his sibling, standing quietly in the background while his sister was receiving attention, then wandering over when she was alone to pat her on the head.

Additionally, Child A was very friend-oriented and staying overnight at a friend's house while mom delivered was a special treat for him. Another friend's daddy "helped my mommy take Lisa out of her stomach", referring to the obstetrician. According to A, babies are found in mommy's stomach, lying on their backs with their mouths open "catching all the food and getting fat." When they come out, "they look all bloody" and the reason he knows this is because his father took photographs at the delivery. A was also proud of the photos which featured him holding his newborn sister.

When it came time to draw, A's response to the question, "Where was Lisa before she was born?" was to draw a hospital with many windows and to tell a story about what was "going on" behind several of these windows. In drawing his family (Appendix D), Grandma, a recent visitor, was drawn first, followed by his "sister" who was "laying down", then daddy who is "working", mommy "washing dishes", and lastly himself, "watching T.V.". It is noteworthy that only the older females have hands and feet, that father, son and newborn are drawn similarly and that Grandpa is omitted. Children tend to draw the same sex first, unlike this child and to draw themselves similar to someone with whom they share good rapport and also place themselves next to a favored individual (Dileo 1973).

Child B

Child B was a four year, four month old boy with a newborn brother. His twenty-nine year old mother, born and raised in New England, does not work outside the home although she would eventually like to. She preferred to bottlefeed. B's father, also twenty-nine, was of Puerto Rican heritage and a junior enlisted man, living with his family in post quarters.

Child B, to say the least, was not shy. He was by far the most talkative on any given subject and was bored easily. Interviewing initially went well but as time progressed, keeping B to the subject of discussion became increasingly difficult. On observation, Child B carefully held his brother and was seen to lightly touch Steven on the cheek while he was sleeping. When asked, he readily retrieved things for his mother and was quite proud of the technical skills he possessed; i.e., holding the baby while standing, making "double knots in his hat" strings.

For B, the word "mad" had special significance. Babies cry because they're mad and this occurs when "mothers and fathers don't feed them" or "...he's put in the crib by himself." Babies also make him mad by "screaming and almost blowing my ear off." Child B, with his aunt and father, accompanied mom to the hospital when she began labor. For him, labor meant having "a bad belly" or "cramps", although

having babies only "sometimes hurt." When asked what happens to babies in the hospital, he explained that "they scream when they get a blood test." He remembers his mother saying this and also reports that he was told "the head comes out first" although he wasn't sure from where the head came out. B also remembered when "the thing on his belly button popped off" and explained that once that happened, the baby could "get wet."

Child B, as did the previous child, also felt that babies were in a hospital before they were born but claimed that was too hard to draw (Appendix D). He drew an armless baby instead. As opposed to the other child, he drew himself first in the family, followed by "baby", "daddy" and "one more...mom." He was unwilling to tell me a story about his finished picture and would only say, "Me and Steven look alike...same teeth, same ears." What is striking about B's family picture is the absence of arms. According to Dileo (1973), the absence of arms in drawings by children over six is often a sign of timidity, passivity or intellectual immaturity. Since this child is under six, no such generalization may be made but would be an interesting point to follow.

In addition, there are no sex differences among family members, a distinction which should have begun by the time a child is this age. It is also of note the

presence of exaggerated teeth, even in the baby, and the disproportional size of Child B in relationship to his parents.

Child C

Child C was a six year, four month old girl, the older sister of a newborn boy. Her twenty-seven year old mother, raised in the Southwest, did not work outside the home and preferred to breastfeed. The father was thirty-two and an officer at Fort Huachuca, within days of leaving the service and moving to another town in Arizona. They lived off-post in a home just recently resold and at the time of the study, they had four weeks left before moving.

This was a family of strong religious beliefs. The mother, in her interview, explained that she had told Child C that God sends a package of love with the baby so that there is more love to share, not less. During observations of family interactions, it was evident that there was a lot of physical affection and sharing between father, mother and child. The newborn, however, was rarely in evidence, always sleeping in its room despite different interview times. C was observed to tip-toe into the baby's room and gently put the pacifer or "dud" in his mouth, covering him with a blanket. She was always careful to be quiet.

When it had come time to deliver this baby, the entire extended family plus "Judy, mommy's coach" and Child

C had gone to the hospital and waited till the baby was born. C remembered the wait and how tired she was; "I had to go to sleep for school, but I had to wait and wait and wait." She understood that her mother "was in labor before Brian came out" and "that it hurts bad", because she was told so. Pregnant meant "having a baby" and it lasted a long time..."a couple of days." C had also been told that "babies cry so that they can grow" and consequently, crying was not something she listed as objectionable about babies. Child C felt that having a newborn was "more fun" than being the only child and would like a sister next time.

In her drawing of the family, everybody in the group including the baby, was smiling "because we got Maggie(dog)" (Appendix D). Maggie was drawn first, followed by "Brian," "mommy", "daddy" and "me." It is interesting to note the importance of the dog due to its relative size and first position, as well as the presence of pupils in the last figure drawn, herself. When asked where Brian was before birth, C also drew a hospital with Brian laying in bed crying "because he was crying when I saw him." When asked why the baby was crying, she replied, "Because he just got out of mommy's tummy."

Child D

Child D was the youngest at four years, two months and was the older sister of a newborn boy. Her twenty-eight

year old mother of Mexican parentage, remained at home to
care for the children and bottlefed. Her father, thirty-
three years old, was a senior enlisted man, also of Mexican
parentage and lived with his family in post quarters.

This child proved to be the most difficult to
interview due to her short attention span and uncommon
pronunciation; i.e., hospital was "hosipal", mouth was
"mouse." However difficult the process was, D was a
rewarding informant through her enjoyment of drawing and
her vivid imagination.

Child D equated fatness with pregnancy and to the
consternation of her mother, would point out obese women
in public and announce in a loud voice that they were
going to have a baby. D was the only child observed to
be aggressive toward the newborn in talk and actions. She
would be roughly affectionate, grabbing the baby's head
while he slept and giving him a rough kiss or insisting on
pushing the stroller and almost tipping him over. The word
"mad" also had significance for her. The baby made her mad
by crying and by "getting mad at me." She knew he was mad
because "he puts his mouth out at me."

When her mother left for the hospital, it was at
night after D had gone to bed and the child was left
sleeping with her grandmother. She woke later that night,
discovered her mother missing and cried because she "was

afraid she wouldn't come back." It was discovered at the second interview that D would attribute negative feelings to her stuffed dog, Scooby, that she would also attribute to herself with regards to the baby. "Scooby takes the words right out of my mouth." Later on she told me that Scooby didn't know about the baby yet because she'd kept it a secret. Why? "Because you don't tell dogs. He would bite the baby." At one point she interrupted the conversation to respond to Scooby, "who's barking at me." She then went over to the stuffed animal and spanked him for being a "bad boy."

This was the only child to draw a baby in mom's "stomach", when asked where Christopher was prior to birth (Appendix D). "Mommy is smiling and the baby is doing nothing" in the house she drew. In her family drawing, "mommy" was first in upper left corner, "baby was next in the upper right, followed by "my daddy" center and lastly, herself in the lower left corner. "I'm mad because my real baby is crying." When asked to finish her story, dad is saying, "Don't be made at the baby", and mommy, "Daddy, don't talk about that to the big girl." According to D, "Bodies are made of people and people are made of skin, bones and blood." In her drawing, D is the only one without a mouth, there are no "bodies" let alone sexual differences. Of the four year olds, her drawings were the most immature.

One last point needs to be made.  At our last visit,
D again drew a picture of her family but the story was much
different.  "Everybody is happy because they have a baby.
Me Too."

## Ethnographic Data

The following categories of ethnographic data and
their included terms, presented in the language of the
informant, were confirmed by more than one preschooler
throughout the interviewing.  Where domains and member
terms differed between informants, new categories were
added or data was combined within an existent domain.  The
following domains of meaning were identified:

1. Things that happen when mommy leaves for
   the hospital

2. Things that happen to mommies in the hospital

3. Things that happen to babies in the hospital

4. Things that happen when baby comes home

5. What babies can do

6. Things that daddies do for baby

7. Things that mommies do for baby

8. Reasons why babies cry

9. Things I do to help

10. Names I give baby

11. What babies do that I like

12. What babies do that I don't like

For the purposes of this report, the above domains
have been divided into three categories: The Birthing
Experience, The Family and The Sibling.  The birthing
experience deals with the events that surround the hospital;
for example, leaving for the hospital, the hospital stay and
coming home.  The family category involves those domains
which involve the role of the mother and father as well as
the baby.  The sibling grouping, therefore, incorporates
only those categories which specify the actions and feelings
of the preschooler.  Within each area, relevant domains will
be presented.

The Birthing Experience

Within the section dealing with birthing experience
emerged a chronological sequence:  "Things that happen when
mom leaves for the hospital", "Things that happen to
mommies in the hospital", "Things that happen to babies in
the hospital", and "Things that happen when baby comes
home."

Each preschooler was subject to a different approach
by his parents when it came time to leave for the hospital,
and there were as many different reactions to the experience.
For this reason, the domain (Figure 2) which addressed
leaving for the hospital, has been presented in stages for
each child separately. Child D and Child B are presented

first because they represent a group which had difficulty with being separated. Child A and Child C are then presented as a group experiencing minimal stress from mother's leaving.

| | |
|---|---|
| CHILD D | She had a pain in the night and went to the hospital to get her baby.<br><br>I sneak out of the room and go to mommy's room and feel the bed and say, "Mommy is gone - where did she went?<br><br>I was scared she wouldn't come back |
| CHILD B | She said she had a bad belly. She had cramps.<br><br>She says she's going to the hospital and seein' if she has a baby.<br><br>I cried because I missed her. |
| CHILD A | It was in the daytime.<br><br>I stayed at my friend's house and slept in his bed. |
| CHILD C | She said she was in labor.<br><br>I went to the hospital with everybody.<br><br>We kept on waiting and waiting and waiting. |

Figure 2. Domain of Meaning in Things That Happen When Mommy Leaves for the Hospital

For Child D, the memory of that night remained clear. Discovering her parents gone, she recounted being afraid and crying. Despite the fact that her grandmother was there to

reassure her, she insisted on looking for her mother. Child B, on the other hand, accompanied his aunt to the hospital shortly after his mother left complaining of "cramps." After a period of waiting, the two returned home to await news of the birth and B remembered crying because he missed his mother. Child A only remembered being packed off to a friend's home that afternoon, and the excitement of sleeping over. He had no negative recollections. Child C left home with parents, grandparents and friends when mom started "labor" and maintained the vigil with everyone till her brother was born.

Each of the mothers were aware of their child's reaction to their trip to the hospital and interestingly enough, none thought of changing this aspect of the birthing experience when asked if they'd do something different with hindsight. All had stuck to their original plans.

It would appear from the data that Child A and C had experiences which met their needs as well as those of their parents. For C, the six year old, the waiting was tiring, but she was excited about seeing the newborn "in the window from the daddy's room." Child A, at four years, ten months, was much more interested in staying over with friends, an uncommon occurrence for him and according to his mother, showed little interest when called by his father to tell him he had a sister. Child B and D both missed their

mothers and needed reassurance that their mothers were fine and had not forgotten them.

In the domains features in Figure 3, the child's perception of the hospital became apparent. In the category, "Things that happen to mommies in the hospital", the included terms from each child are combined. All of the informants used the words "come out" with respect to giving birth and all perceived the baby to be in their mother's "stomach", "tummy"or "belly." It is also interesting to note that three of the four children answered the question, "Where was the baby before he/she was born?" by drawing a hospital.

Another finding from this domain was the perception of the nurse's role. Child A was fascinated with the "red button" which would summon a nurse if his mother needed anything, particularly when the baby was crying. Child B knew from his mother that they brought in breakfast trays and saw them check in on his mother, "Do you want something?." Nurses were there to help. Child A was the only one to mention a doctor, "My friend's daddy", because he knew him.

Visiting mom was restricted to one hour each evening from six to seven.Most children reported bringing something for mother, usually flowers and watching television on her bed. Three of the four mothers reported their child to be "shy" or "disinterested" on the first visit but gradually warming up to both mother and baby by the end of the hour.

| | |
|---|---|
| Babies come out | A baby came out of her stomach |
| | Judy helped mommy get the baby out |
| | She pushed the baby out |
| | My friend's daddy helped my mommy take the baby out |
| She had a TV in her room | |
| She could call a nurse | If she needs something |
| | If the baby is crying |
| Nurses | Bring breakfast |
| | Ask, "Do you want something?" |
| Me and my daddy visited | Brought roses from the hospital garden |
| | Sat on her bed |
| They might be in some labor | |
| She wasn't really frightened | |
| She had to stay in bed | |

Figure 3.   Domain of Meaning in Things That Happen to
Mommies in the Hospital

"Things that happen to babies in the hospital" was
a domain that included highly variable terms (Figure 4).
The information the children used to interpret this three
day event was derived from photographs, mother's stories and
their own experience.  The preschoolers who were aware of
the baby's appearance after birth; i.e., "they look all
bloody," "they have wet hair," had seen photographs taken
by their fathers.  A third child, Child D, had seen photos,
not of her brother's birth, but of her own.  Her mother
explained that D had been "worried about the bood" and had

| Look all bloody when they come out | | |
|---|---|---|
| Scream when they get a blood test | | |
| The head comes out first | | |
| Stay three days so they don't get sick | | |
| Lay there | | |
| Have wet hair | | |
| Get presents | | |
| Get bruises and birthmarks | | |
| Nurses | | Wrapped the baby in a blanket |
| | | Washed the baby up |
| | | Put diapers on |
| | | Brings the bottle and nipple |

Figure 4.    Domain of Meaning in Things That Happen to
            Babies in the Hospital

expressed concern about "putting the blood back in."  Of

the two children aware of blood during birth, neither spoke

of being upset by this knowledge; it was not something

they chose to talk about.

Child C was certain that it was in the hospital

that babies got "bruises and birthmarks," although she

claims "Hospitals are nice" and "I wasn't scared" when she

visited.  When drawing her picture of the hospital, however,

C drew the baby crying because that was how she remembered

him.

Child B knew of blood tests which cause babies to

"scream" because his mother told him this.  He also reported

that babies can't go home right away because other children might come over and cause the baby to be sick. After three days, however, this would not occur. Again, this was information from mother as was much of the information on what nurses did.

"Things that happen when the baby came home" (Figure 5) was an area that the preschooler had trouble in remembering. This category was one that was repeated throughout the interviewing in an attempt to add data. For the most part, what was recalled from the day that the baby came home had to do with the baby's appearance, the timing and the circumstances of the event. Babies slept, had pajamas on and sleeves too long. Some children could remember the exact day, where they were and what they had been told to expect.

The youngest four year old, D, strayed from this pattern and was not concerned with appearance or the circumstances involved with homecoming. She was most concerned with the volume of presents her brother had gotten and whether he was staying permanently at their house.

| |
|---|
| Fell asleep even with the TV on loud |
| Got his Christmas presents now |
| Came home from school and there he was |
| Told the whole class he'd be home Tuesday |
| Asked mommy if he was gonna spend the night |
| Had sleeves too long to keep from scratching |
| Had pajamas with stars on them |
| Mom said she had a surprise for me and it was the baby |

Figure 5.   Domain of Meaning in Things That Happen When
           The Baby Came Home

The Family

Domains of meaning included within this area are:
"What babies can do," "Things that daddies do for baby,"
"Things that mommies do for babies" and "Reasons why babies
cry."

It was during the first interview that we discussed
what babies are able to do (Figure 6).  The first response
was usually "nothing" or "cries."  Child B thought for a
minute, then asked, "What can you do with babies?".  From
his perspective, babies demand a great deal, do not return
very much and aren't much of a playmate.  Child D spoke to
the concept of a playmate by stating, "When he's four, he
can go to kindergarten with me" but for now, the baby does
"nothing."

| Move their legs, knees and elbows | |
|---|---|
| Sleep in a cradle | |
| Make their eyes go crazy | |
| Just look | At her hand |
| | At me when I hold her |
| Nothing | |
| Make a lot of noise | Howl when diapers are changed |
| | Scream when they're mad |
| | Cry |
| Roll over when his back hurts | |
| Wear baby clothes | |
| Smile like mine | |
| Take naps | |
| Make funny faces | |

Figure 6.   Domain of Meaning in What Babies Can Do

One thing babies do well is "make a lot of noise," either by howling, crying or screaming.  This aspect of newborn behavior was the most disturbing to the preschooler, who readily added crying to the list of dislikes.  Crying woke them up at night, required mother's attention and "hurt my ears."

Child C was certain that the baby could roll over at the age of six weeks and that he did so when "his back hurts."  Child B was pleased that the baby could smile, and he would also see similarities, not only in their appearance, but in that they both had to take naps.

Child A was the most perceptive in terms of what babies do. He was interested in his sister's eyes because she could "make them go crazy" (cross-eyed) and rarely looked at anything unless it was right in front of her. No other child commented on this. He also detailed the specific parts of the baby's body which moved, the head not being one of them. Apart from this child's comments, the concensus was that babies do very little other than sleep and cry. Interesting enough, nothing which had to do with nursing or feeding was mentioned.

The predominant role of the mother in the domain, "Things that mommies do for baby" (Figure 7) is to feed the infant. In this study, two mothers breastfed, although in these families the father and preschooler are able to feed water or occasional formula. The other included term which all children agreed upon was "change diapers." Bathing the baby was only mentioned by one child as was "putting 'em to sleep." The mothers of these children were not seen as having a great variety of duties but those that were listed were all caretaking activities.

What was interesting was that fathers, in the domain, "Things that daddies do for baby" (Figure 8), were given more credit for baby-oriented activities than mothers. Although all the mothers spent the majority of their time at home and were given the most credit for the feeding and diapering, daddies did a greater variety of tasks. Fathers

| Feed them | Milk and water |
|---|---|
| | Breastfeeds with chesties |
| Change diapers | |
| Help make them burp | |
| Hold a pacifier in his mouth | |
| Put them to sleep | |
| Hold them | |
| Give baby a bath in the little bathtub | |

Figure 7.  Domain of Meaning in Things That Mommies do
for Babies

| Talk | For the baby |
|---|---|
| | With him, say "Hi, Guy." |
| Take pictures of me holding the baby | |
| Pick up babies when they cry | |
| Put baby in the carriage | |
| Burp 'em | |
| Feed the baby | A bottle |
| | Some water |
| Give babies to mommies | |
| Hold babies | |
| Play with them | Talk to them |
| | Tickle them |
| Change Pampers | |
| Babysit | |

Figure 8.  Domain of Meaning in Things That Daddies do for
Babies

were the ones who "played" with the newborns, something
that no mother was given credit for.  Figure 9 represents
a paradigm which contrasts the role of the father with
the mother and preschooler in terms of who does what for
the newborn.

| | Preschooler | Daddy | Mommy |
|---|---|---|---|
| Change diapers | X | X | X |
| Help keep from crying | X | | |
| Feed | X | X | X |
| Play | X | X | |
| Burp | X | X | X |
| Give a bath | X | | X |
| Stick plug in his mouth | X | | X |
| Make double knots | X | | |
| Talk for | | X | |
| Talk with | | X | |
| Pick up | | X | |
| Take pictures | | X | |
| Put in carriage | | X | |
| Hold | | X | X |
| Babysit | | X | |
| Put to sleep | | | X |

Figure 9.  Paradigm of Contrast Dimensions in the Domain of
         Meaning in Things that are done for Babies

Parents were seen to do overlapping things for the baby: feeding, diapering, holding and burping.  Child B had responded, "Mommies do the same things as daddies." Child D only saw her father do overlap duties, giving her mother credit for the majority of the baby activities. Daddies "babysit" was her appraisal.  Child C listed diapers for her father but qualified this by saying, "But he doesn't like it much."  This was the only reference to a parent not enjoying some aspect of child care.  Child A, as did two others, saw dad in the playful role: "He talks for Lisa. He says in a baby voice 'I'm gonna pop you in the nose' when I walk over to her."  This same child also saw his dad pick up his sister but usually this was when he was handing her over to mother.  "They give babies to the mommies."

Since all four informants focused on crying when it was asked what babies do, the domain, "Reasons why babies cry" (Figure 10), was established.  Preschoolers in general, were aware that infants cry because they want to be fed, that their diapers were wet or they were "mad."  Being mad most often meant frustration of their wants; i.e., "When mothers and fathers don't feed them."  Child D claimed her brother got mad but could not explain to me what caused this. She could tell me that babies cry when they're "naked" and also when they're "hungry", judging this by the persistence

of crying with the pacifier in his mouth.  This was con-
sidered an unusual insight for a four year old.

| Want milk and water |
|---|
| Want to sleep |
| Want to be rocked in the cradle |
| When he cries with the pacifier in his mouth, he's hungry |
| When they're naked |
| So that they can grow |
| When they're mad |

Figure 10.   Domain of Meaning in Reasons Why Babies Cry

Child C has been told that "babies cry so that they
can grow" and she offered no other explanation for crying.
This answer apparently satisfied her.  Child A noted that
babies cry when they're sleepy and responded to this by
rocking her.  He also stated that sometimes "She just wants
to be rocked" and crying also signals this need.  No infor-
mant saw babies as having social needs and crying because
they were bored or desired holding.  Child A's comments
about just needing the rocking without necessarily being
tired, was the closest any preschooler came to recognizing
a social need.

The Sibling

Included within this discussion of domains are; "Things I do to help", "Names I give the baby", "What babies do that I like" and "What babies do that I don't like." These categories of meaning are concerned with the role of the older sibling and his or her feelings toward the newborn.

Preschoolers are able to help in a multitude of ways. All four children were permitted to feed their younger sibling and particularly for Child C, this was an area of accomplishment that they were proud of. "I can feed my brother and I know how to hold the bottle so he doesn't get any air." Child A, whose mother breastfed, saw himself as helping by letting her know when the baby was hungry in the domain "Things I do to help" (Figure 12).

As they had related how their fathers engaged in play, the informants also explained how they played with their siblings. Child B recounts "making noises with him" and the others usually played with stuffed animals. Two children took baths with the newborn and saw this activity as helpful; "I watched so he wouldn't drown" and "I sometimes hold the soap." Child B, the child most proud of his technical abilities, was the one who could tie double knots in clothing for the baby.

Diapering was another area in which the preschooler saw himself as a helper. Although one child, Child D,

| The baby |
|---|
| Our tiny baby |
| My baby |
| My sister/brother |
| Little nut |
| Lisa/Steven/Brian/Christopher* |

Figure 11.   Domain of Meaning in Names I give Baby

* Names are changed

| Help with diapers | Give mommy diapers | |
|---|---|---|
| | Help wash | |
| | Throw plastic ones away | |
| | Change Pampers | |
| Help baby keep from crying | Rock the cradle | |
| | Give baby | A teddy bear |
| | | A rattle |
| Feed | Give milk | |
| | Give water | |
| | Tell mommy to give baby milk | |
| Play | Make noises | |
| | Play toys | |
| Burp the baby | | |
| Help take a bath | Hold the soap | |
| | Watch so he doesn't drown | |
| Stick the plug in his mouth | | |
| Make a double knot in his hat | | |

Figure 12.   Domain of Meaning in Things I do to Help

claimed that she "changed Pampers", mother was always there and supervising. The rest of the informants offered that they got diapers for their mother or helped throw them away. None of them expressed any dislike for this activity.

Child C, whose mother put a premium on keeping quiet around the baby, said several times that she put the "plug" in the baby's mouth when he was restless or crying. Child A also helped keep his sister from crying by rocking her or giving her things to look at.

It is interesting to note that there is a close parallel between what mother does for baby and what the sibling does. There is less of a similarity between fathers' activities and the siblings', probably due to the mother and child spending more time together doing care-taking tasks (Figure 9).

"Names I give baby" (Figure 11) is another domain which gives insight into the preschooler's feelings for his newborn sibling. Of those listed, the newborn's name was used most often. Every preschooler at one time or other used "brother" or "sister" in reference to their sibling. "My baby" was used predominantly by Child B, "our baby" by Child A, both boys. Only one child extended a nickname, "little nut", and this was A when he spoke of how his sister looked to him. No child gave a clue that they were using a derogatory term.

What these preschoolers disliked about babies over-whelmingly involved crying in "What babies do that I don't like." (Figure 13)  They claimed to respond by covering their ears, leaving the room, "screaming" back at them or telling them "to be quiet."  During the visits, the mothers made every effort to keep the infants quiet and consequently the investigator was unable to observe this interaction even when the desire to do so was explained.

The only other major complaint voiced was by six year old C, who disliked her brother's propensity to "poopy and potty" on his mother, on blankets or in the bath water.  Even though two other children had brothers, she was the only one to bring the subject up.

When asked what they liked about their siblings (Figure 14) crying again was the focus.  Activities where the baby was quiet and not crying were what siblings found likeable; for example, "sleeping", "drinking milk and water", "smiling" and "not crying."  The informants had problems with suggesting things that they liked about babies and no amount of repeated questioning seemed to yield more data.

| Howl and cry | Wake me up |
| | Almost blow my ears off |
| Wake up and cry | |
| Need milk and water | |
| Poopy and potty | |
| Get mad at me | |

Figure 13.   Domain of Meaning in What Babies Do That I
            Don't Like

| Sleep | |
| Don't cry | |
| Be good | When baby drinks milk and water |
| | When baby is quiet |
| Smile | |

Figure 14.   Domain of Meaning in What Babies Do That I Like

## Cultural Themes

Cultural theme refers to the work of Opler (1945:1981): "...a postulate or position, declared or implied, and usually controlling behavior or stimulating activity, which is tacitly approved or openly promoted in a society." Themes are the common threads within a culture which inform the behavior of its members; in this case, the culture of the preschool child. Through the identification of themes, we are better able to discern patterns which further describe and give meaning to parts of a cultural system.

Themes were derived from the data by reviewing the lists of domains with their member terms and seeking the unifying principles. Immersion in the data aided in this search which culminated in subjective inferences about the tacit knowledge preschoolers use. Three cultural themes were identified from the domains of the informants:

1. I'm still important

2. Tell me too

3. Babies are OK

The first theme, "I'm still important", is seen as the most encompassing theme to emerge from the data. Particularly evident in the domains which incorporate the sibling only, this theme conveys that the preschool child

not only remains as a valued family member, but has a great
deal to contribute.

In discussing this theme, supporting data will be
cited for both aspects of preschooler importance. During
the mothers' interview, they were asked how they had pre-
pared their child for sibling birth. From their responses,
the generalization was made that mothers felt it was
necessary to involve the preschooler in the birthing expe-
rience. They did this in several ways. Two of the mothers
took their children to a Sibling Orientation class and both
felt that the hospital tour was the best feature in terms
of preparation. In ways which showed that they cared about
the reaction of the older child to the newborn, they used
books to explain birth, got out pictures of the preschooler's
birth, introduced their child to newborns in the community,
had the child feel the baby move in the uterus and involved
them in decisions about new furniture, newborn toys and
clothing. In addition, one girl was given a new doll to
"mother."

All four informants visited in the hospital at
least once and this was felt to be a positive experience
by both mother and child. Children were encouraged to
bring gifts for mom and one mother found different ways to
"surprise" her older child with each visit; i.e., hospital
pill cups. One child brought a present for the baby on the

first visit and his mother had "surprises" wrapped ahead of time to present to him. Some children had their pictures taken with the baby and this was another source of positive esteem for them within "Things that Daddies do for Babies" (Figure 8).

Once home, the effort to include the older sibling remained obvious. At a shower for the baby, Child C was allowed to open the gifts and had one hidden in the pile for her only. The fathers of the boys in this study were said to spend more time in planned activities with their sons apart from mother and newborn. One child in particular receives special attention from his dad who talks for the baby to the older sibling in "Things that Daddies do for Babies" (Figure 8).

The four children in this study did a great deal to "help" their mothers with the newborn's care. The domain, "Things I do to Help" (Figure 12), is devoted to this concept of preschooler involvement. From this data and the observations made, it became apparent that in these four families, the preschool child is able to assist with newborn caretaking. They not only feed, assist with diapers and bathing, but helped quiet the baby with rocking or distraction, often playing with them.

The informants were observed in several of the above activities, generally helping out when asked. However, there were several incidences of a child initiating

a helping activity in the examples of giving the baby a pacifier, telling mother that the baby was hungry and responding to the baby's cries by rocking.

The second theme identified was "Tell me too." The informants in this study had a need to know, not only before the birth but all during the birthing experience. Four to six weeks after delivery, these children could recall, for example, what they had been told about how babies are born, about blood being involved and the need for blood tests in the hospital. When provided with factual information, they made sense out of the happenings around them and did not seem upset or overly concerned with this knowledge.

On the other hand, when information was withheld for whatever reason, the cognitive style of the preschooler predisposed him to fantasy explanations that were often more frightening than the truth. An example of this phenomenon occurred when Child D was allowed to continue sleeping when her mother left for the hospital. The child had been certain at the time that her mother was not returning despite her grandmother's reassurances when D woke later, and she vividly remembered feeling abandoned. Had she been a part of this event, the reaction may have been very different.

All of the informants believed that babies were found in mother's stomach, and it was noteworthy that two

of the four were bothered by this. Child D was adamant that she would never have babies herself, "Because I don't want a baby in my stomach." Child B protested about drawing a baby inside his mother when asked where his brother was before birth by saying, "I don't want to make him in your belly" to his mother. Had the terms uterus been explained to these two, again, the outcome may have been different. These are just several examples of what was heard and seen during the course of the data collection which led the investigator to believe that "Tell me too" was important.

The final theme to be discussed is "Babies are OK", a theme less tacit than the others. Inherent in this study was an interest in the relationship between newborn and preschooler. The discovery was that the older child was generally pleased with the family's new addition. The domain, "Names I Give Baby" (Figure 11) conveys the child's acceptance of the newborn with such terms as "my sister", "my baby" and "our baby." The informants were genuinely pleased when the baby smiled at them, when friends said they wanted a baby too, or when they could show off a new found skill by helping the baby.

These children were asked if having a new baby was more fun or being the only child in the family was more fun. Overwhelmingly, having a new baby was "more fun." Child C, whose family drawing focused on Maggie, the dog,

was asked to choose between dog and baby as to who was more fun to have. She refused to choose saying, "Both are." Every child expressed the desire for another brother or sister when asked and stated a preference for its sex. In their drawings, babies were always included and usually among the first drawn. Child D was the only informant who admitted to and demonstrated rivalrous feelings despite her conflicting drawings and often positive statements. For her there were good days and bad days with her sibling, but the distinct impression was that overall, babies were acceptable.

## Summary

This chapter has included a description of each informant and how they were selected, as well as the interview procedures and problems encountered in the field as the researcher-informant experience. Data was then presented in narrative form, as twelve domains and as a paradigm which contrasted family member roles.

Cultural themes were then identified and reviewed. These were: "I'm still important", "Tell me too" and "Babies are OK."

# CHAPTER V

## CONCLUSIONS

In this chapter, the research conclusions will be presented with the following sections to be included: the relationship of the findings to the conceptual framework, implications for nursing practice and recommendations for further study.

The problem investigated by this research was the first-born preschooler's view of the experience of having a sibling born. The specific question addressed was: What cultural knowledge informs the behavior of preschoolers experiencing the birth of a sibling? The procedures of ethnographic interview, participant-observation and drawing were used with four informants to discover culturally relevant domains. Conclusions were drawn based on the investigator's organization and interpretation of this varied data.

### Relationship of the Findings to the Conceptual Framework

The concepts utilized within the conceptual framework for this study were culture and stress at the most abstract level, followed by cognitive map and sibling birth at the next level, with the child's eye view of separation

and sibling arrival home at the lower empirical level. This exploratory study addressed the child's view of sibling birth within the context of the preschooler's cognitive style.

It was proposed that preschoolers experiencing the birth of a sibling were at risk for stress from both the separation imposed by a hospital stay and from the adjustment to a newborn being added to the family. The culture of the preschool child informs the behavior of the child toward the newborn through its set of rules and principles which interpret experience. The child's eye view, therefore, gives insight into these principles which will be explored in their relationship to the conceptual framework.

The first cultural theme, "I'm still important" links most strongly with the child's overall view of this experience, becoming an integral part of his cognitive map. Having learned that he or she is still an important member of the family, as well as possessing valued skills in newborn caregiving, the child has added to the formation of a cognitive guide for subsequent behavior in a similar situation. Throughout the domains, "Things that Daddies do for Babies" (Figure 8), "Things that Happen to Mommy in the Hospital" (Figure 3) and "Things I do to Help" (Figure 12), there are included terms which support the conclusion that the older child remains an important and contributing family member. Family drawings and observations also

supported this theme which goes farthest in expressing the child's view of sibling birth.

"Tell me too" was the second theme to emerge from the data. This finding has greater implications for the child's view of separation since this was the area where lack of information had its greatest impact. Separation became a greater stressor when the child did not have adequate information. The stress of the mother leaving for the hospital and being separated from her first-born for three days was much more acutely felt than the arrival home of the newborn. In a particularly stressful situation, the preschooler who was aware of what was transpiring, managed much better than the child left to find explanations on his own.

The preschooler had the capacity to remember a great deal of what was told to him weeks, sometimes months before, that was unanticipated by the investigator. It became obvious that it was not only how much was explained to them, but the specifics of the discussion that impacted on their interpretation of events.

Apart from this theme, there are domains which provide additional insight into the conceptual framework. "Things that Happen to Mommies in the Hospital" (Figure 3) and "Things that Happen to Babies in the Hospital (Figure 4) contributed the preschooler's view of what transpired for a

large percentage of the time when he or she was not there. The study supports a proposal that the separation of child and mother may be influenced by what the child perceives as occurring during his absence. In other words, the more threatening the hospital environment is perceived, the more stressful the separation between mother and first born.

The final theme was "Babies are OK" which works with the child's view of the arrival of the sibling. Despite the fact that they cry, babies were well accepted by the study children into their families. The overall view that they were still important aided in this acceptance of the newborn whose presence was seen as being "more fun" than being the only child.

The domains which attempted to get at the stress of baby's arrival home were "Things that Happen when Baby comes home" (Figure 5) and "What Babies do that I don't Like" (Figure 13) and neither made a strong case for a stressful adjustment. Mothers' responses to the question, "How has he/she adjusted to the baby?" were overwhelmingly positive. The arrival of the sibling in the conceptual framework is seen as separate from the ongoing adaptation to the baby, a subject for a longitudinal study. The arrival was considered to encompass the period of the first time home to six weeks later, during which time the interviews occurred.

Another area which gives definition to the child's
view of the arrival of the sibling in the framework was
the delineation of roles within the family. Roles became
apparent in "Things that Daddies do for Baby" (figure 8),
"Things that Mommies do for Babies" (Figure 7), "Things I
do to Help" (Figure 12) and "Reasons why babies cry"
(Figure 10). The preschooler sees himself doing more of
what is considered the mother's responsibility than what
is traditionally considered the father's role; i.e., playing,
taking pictures, picking babies up. The sex of the pre-
schooler had no impact on what types of things he did for
the baby; boys as well as girls fed, helped with diapers
and quieted the baby.

Infants cry for specified reasons and a lot of what
parents do is in response to these cries. When looking
for factors that color the relationship between preschooler
and newborn, the division of duties seems less important
to the child than the reason why the baby is crying. If
the infant is crying so that he can grow or is hungry, he
is met with less hostility than if he's crying because he's
mad or wants to be rocked or held.

The following diagram represents the linkages
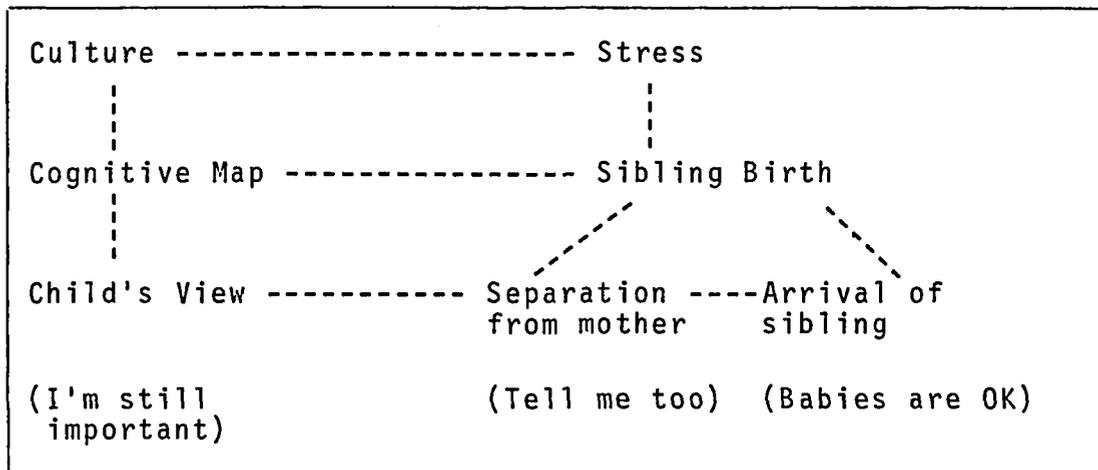between the cultural themes and conceptual framework.

```
┌─────────────────────────────────────────────────────────────────┐
│                                                                   │
│  Culture --------------------- Stress                             │
│        ┊                            ┊                              │
│        ┊                            ┊                              │
│  Cognitive Map --------------- Sibling Birth                      │
│        ┊                          ╱       ╲                        │
│        ┊                        ╱           ╲                      │
│  Child's View ---------- Separation ----Arrival of                │
│                          from mother     sibling                  │
│                                                                   │
│  (I'm still             (Tell me too)  (Babies are OK)            │
│    important)                                                      │
│                                                                   │
└─────────────────────────────────────────────────────────────────┘
```

Figure 15.   Relationship of Themes to the Framework

## Recommendations for Nursing Practice

Nursing is concerned with holistic care of the entire
family, whose individual members may be anywhere along a
wellness to illness continuum.  Professional nursing care
incorporates the cultural as well as the biological, psycho-
logical and sociological aspects of an individual's environ-
ment into a comprehensive plan of care for the entire family
unit.

Increasingly, nurses who care for children and
their families are involving themselves in the prenatal
arenas of orientation, education and decision making.
Previously, the emphasis has been on preparing expectant
mothers for childbirth with a gradual incorporation of

expectant fathers with their special needs and interests. In more recent years, the older sibling is being welcomed into hospitals, birthing rooms and into programs of his own to bridge the information gap from this increased exposure.

The purpose of this study was to discover the cultural knowledge which informs preschooler behavior and to derive implications for nursing practice based on the data. It was found that preschoolers have a need to know what is occurring around them and why. A realistic presentation of the world in which they live aids them in adapting to its demands. Nurses may intervene anywhere along the process of assimilating a new family member: pregnancy, the birthing experience and the adjustment at home.

During pregnancy, the nurse may intervene by advocating an orientation program for the sibling which focuses on where mother will stay and what will happen to both mother and baby in the hospital. The nurse who is familiar with the differing needs, cognitive styles and developmental abilities of child is best suited to the presentation of such information prior to sibling birth.

Wherever possible, nursing intervention should be directed toward the establishment of sibling visitation hours at every hospital which delivers infants. It was

the contention of the mothers and preschoolers in this study that just one hour an evening helped lessen the stress of separation tremendously.

Nurses may also suggest to expectant mothers that they involve the older child in as many activities and decisions as possible to bolster the child's need to feel "I'm still important." Ways in which nurses themselves could facilitate this would be to permit children to accompany their mothers to prenatal clinic visits, allow them to listen to fetal heart tones and by supplying visual materials on fetal development and the birth process in the outpatient areas. Explaining to others the desirability of using proper medical terms such as uterus and vagina is another form of nursing intervention.

Nurses may also aid mothers in deciding the best procedure for care of the child when its time to depart for the hospital. Here again, mothers could be counseled to inform their child of their plans to leave, regardless of the hour and attempt to tailor the experience based on their child's needs as well as their own. A series of short separations, which gradually increase in length and are enjoyable experiences for the child, is recommended as a method of preparation for the separation at childbirth.

During the hospital stay, nursing interventions can be directed toward involving the sibling during his visits only to the extent of his interest. The preschooler was

primarily concerned with his mother on his initial visit
and only with successive trips did some children desire
interaction with the baby.

All too often, once the mother and infant are
discharged home, nursing actions end until either returns
to the health care facility for followup.  The evidence in
this study supports the desirability of home visits at the
time the infant is two weeks of age for several reasons:
to complete a two week well baby history and physical exam,
to answer mother's questions regarding infant care and give
anticipatory guidance, to make a home environment assess-
ment and to direct attention to the adjustment of the older
sibling.  It was the feeling of these study mothers that
interview visits in themselves helped the preschooler gain
importance and assisted them in focusing in on the needs
and views of their first child.

Preschoolers are safely able to perform caretaking
tasks such as feeding, holding, and helping with bathing
or diapers.  Nurses should encourage mothers to allow their
older child to assist in as many ways possible to convey to
them that they have something valuable to offer because
they're older.  The ongoing assessment of sibling inter-
action begins with these interventions and should continue
as the family continues to utilize health care from nurses.

In summary, nurses as a group can foster the positive adjustment of the expectant and postpartum family through consideration of the preschooler's need to be informed and to feel that he remains an important and contributing family member.

## Recommendations for Research

The following recommendations for further research are suggested:

1. Replicate this study over a greater period of time to document changes in sibling patterns of interaction.

2. Replicate this study with greater than three interviews per child to add greater detail.

3. Replicate this study with preschool siblings of newborns with extended health care problems.

4. Replicate this study with the preschool or school age child who is experiencing the birth of the third or fourth child in the family.

5. Replicate this study with mothers of preschoolers who work outside the home; the single parent family; the nonmilitary nuclear family; the nonmilitary extended family; other ethnic or religious groups.

6. Replicate this study with children, preschool or school age, who received minimal to no preparation for sibling birth.

7. Explore the preschooler's view of sibling caretaking.

8. Explore the preschooler's view of adoption of a sibling.

# APPENDIX A

## INFORMATION SHEET

### A Child's Eye View of Birth of a Sibling

I understand that my child and I are being asked to partici-
pate in a study about children's reactions to the birth of a
sibling.

Our participation is voluntary and we may withdraw at any
time. We may refuse to answer an individual question or
refuse to participate in any portion of the study without
jeopardizing our health care.

I understand that there will be interviews conducted in my
home, that they will last approximately one hour and number
between three and five. These will be tape recorded if I
consent.

In addition to being asked about his/her experience with a
newborn, my child will be asked to draw a picture about his/
her feelings toward the newborn and will be asked to tell a
story about the picture. This will also be tape recorded
if I consent.

The drawings and tapes will be kept by the investigator,
although I may ask to hear any of the tapes or ask
questions about the study at any time.

I have been told that our identity will be protected since
our names will not be used. All information will be coded
and the results compiled with other participants so that
our identity is not revealed.

I understand that there is no monetary or other kind of
benefit given for participation. Neither are there known
risks involved.

Our participation in this study will help health care pro-
viders have a better understanding of how children feel
about the birth of a sibling so that they may have a greater
insight into sibling childbirth preparation. The results
from the study may be used in publication, future research
or in classroom teaching.

I plan to explain the study to my child.

APPENDIX B

PERMISSION TO CONDUCT THE STUDY

THE UNIVERSITY OF ARIZONA COLLEGE OF NURSING

MEMORANDUM

TO:  Margaret S. Harrison


FROM: Ada Sue Hinshaw, R.N., Ph.D.-Jan R. Atwood, R.N., Ph.D.
      Director of Research        Chairman
                                  Research Committee

DATE: 8/30/82

RE:   Human Subjects Review:  The Child's Eye View of

      Birth of a Sibling

Your project has been reviewed and approved as exempt from
University review by the College of Nursing Ethical Review
Sub-committee of the Research Committee, and the Director
of Research.  A consent form with subject signature is not
required for projects exempt from full University review.
Please use only a disclaimer format for subjects to read
before giving their oral consent to the research.  The
Human Subjects Project Approval Form is filed in the office
of the Director of Research, if you need access to it.

We wish you a valuable and stimulating experience with
your research.

# APPENDIX C

## DATA COLLECTION TOOLS

### Demographic Data

1. Age and sex of family members.

2. How did you prepare your child for the birth?

3. What arrangements did you make for your child's care during the hospital stay?

4. Do you utilize day care?

5. How did the father participate?

6. Did your child visit you on the ward? How often?

7. Were there any changes in living arrangements made? Sleeping areas?

8. Are you breastfeeding or bottlefeeding?

9. Did you have a sex preference for this newborn?

10. Would you do anything differently looking back?

11. Do you have anything to suggest to other expectant parents or for your next pregnancy?

### Beginning Questions for the Interview

1. Tell me about the time your new brother/sister came home.

2. What does it feel like to be an older brother/sister?

3. Tell me about the time you visited your mom in the hospital.

4. What kinds of things do you do for the baby?

5. What do you like about babies? Dislike?
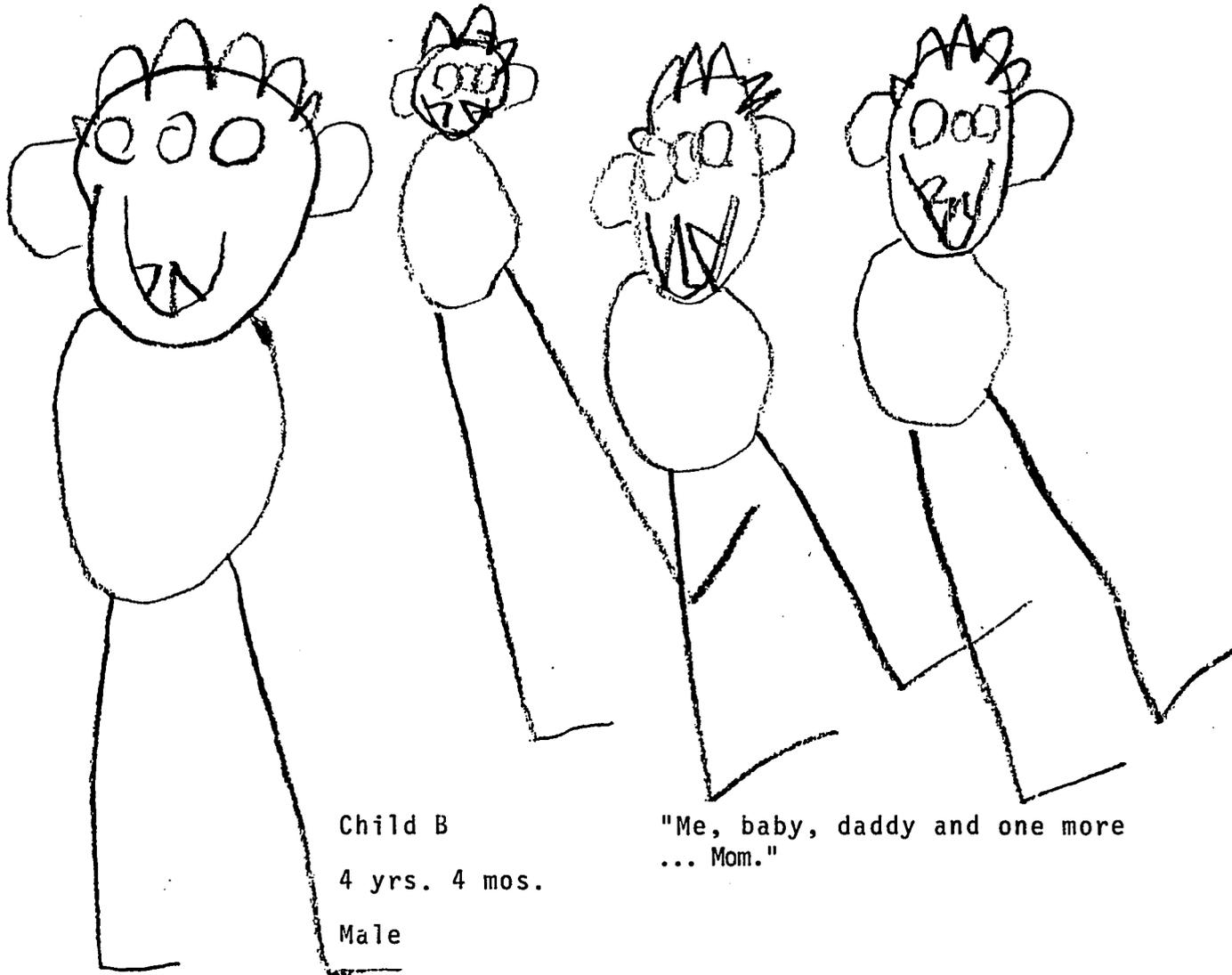
APPENDIX D

CHILDREN'S DRAWINGS

115

Child A

4 yrs 10 mos.

Male

"That's Grandma sittin' down, sister
laying down, my daddy working, my mommy
washing dishes and me watching T.V."

Child A                "That's Lisa and the hospital where she

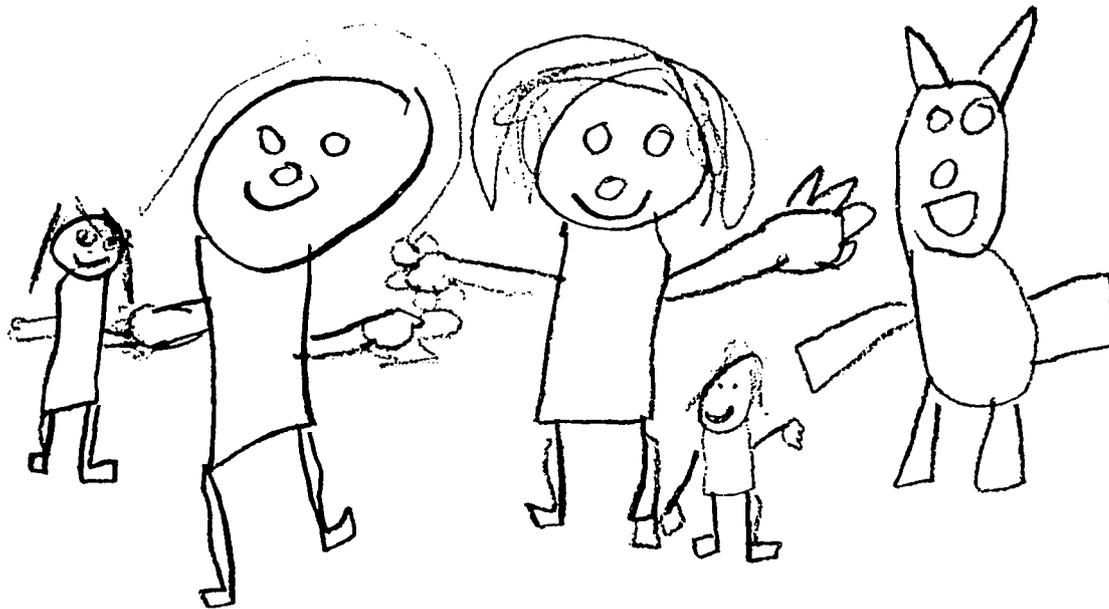4 yrs, 10 mos.         was crying."

Male

Child B

4 yrs. 4 mos.

Male

"Me, baby, daddy and one more
... Mom."

Child B          "Those are fat bellies.  And that
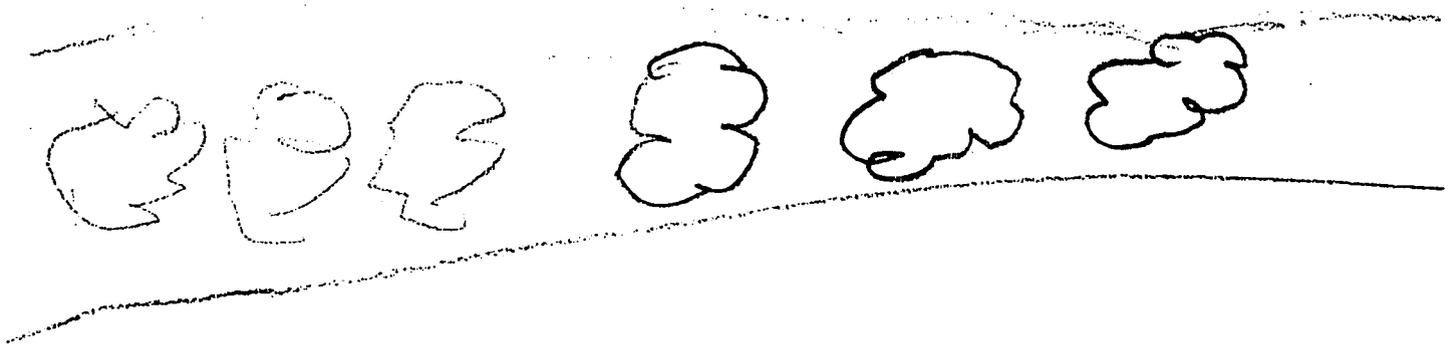
4 yrs. 4 mos.    is Steven."

Male

Child C            "Maggie, Brian, mommy, daddy and me.

6 Yrs. 4 Mos.      We're smiling 'cause we got Maggie,

Female             our dog."
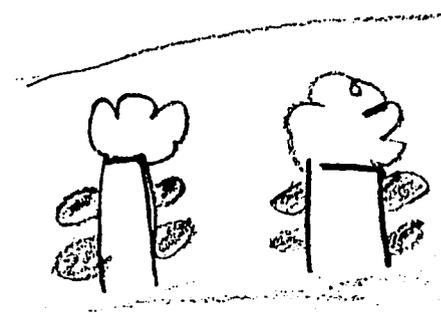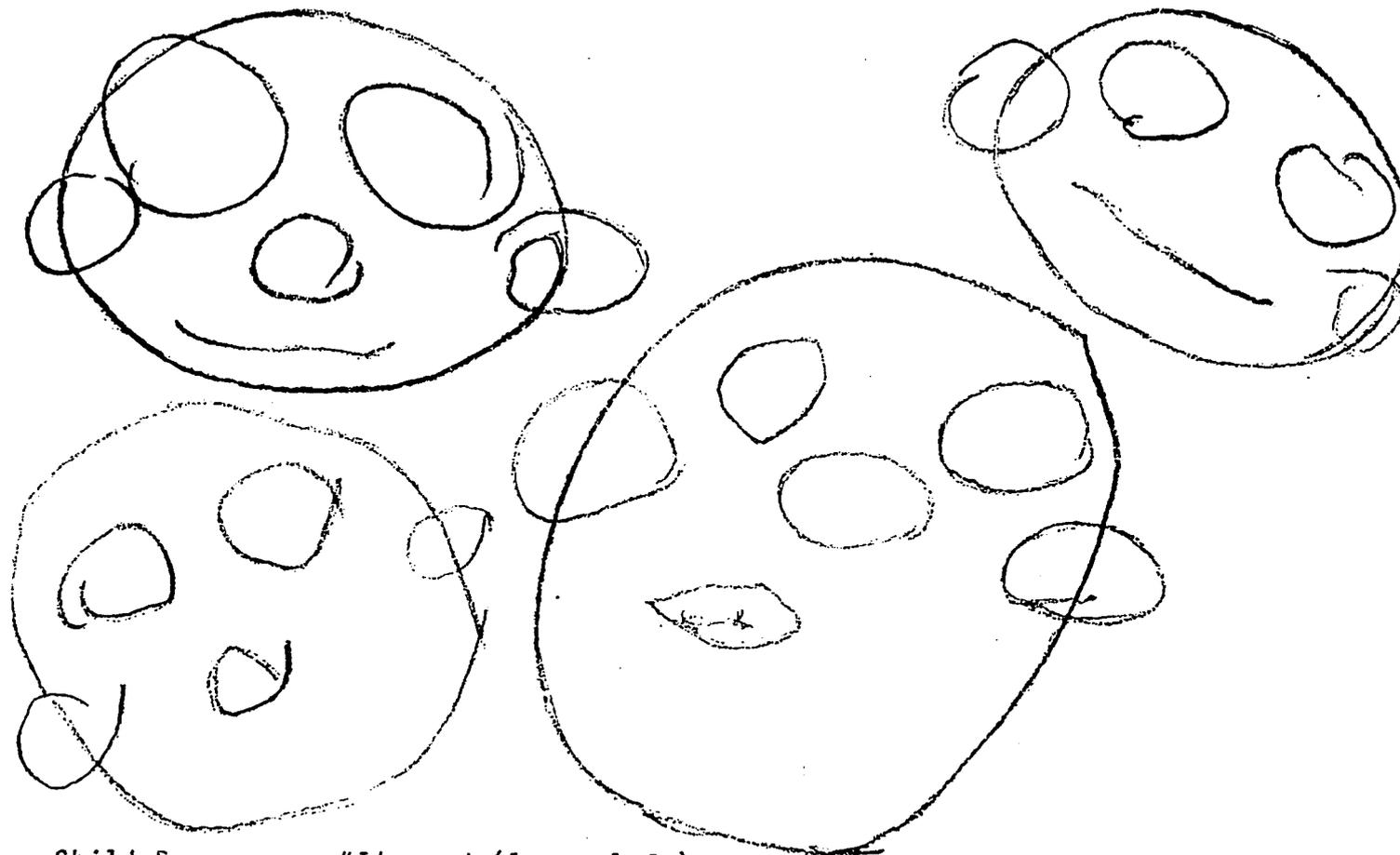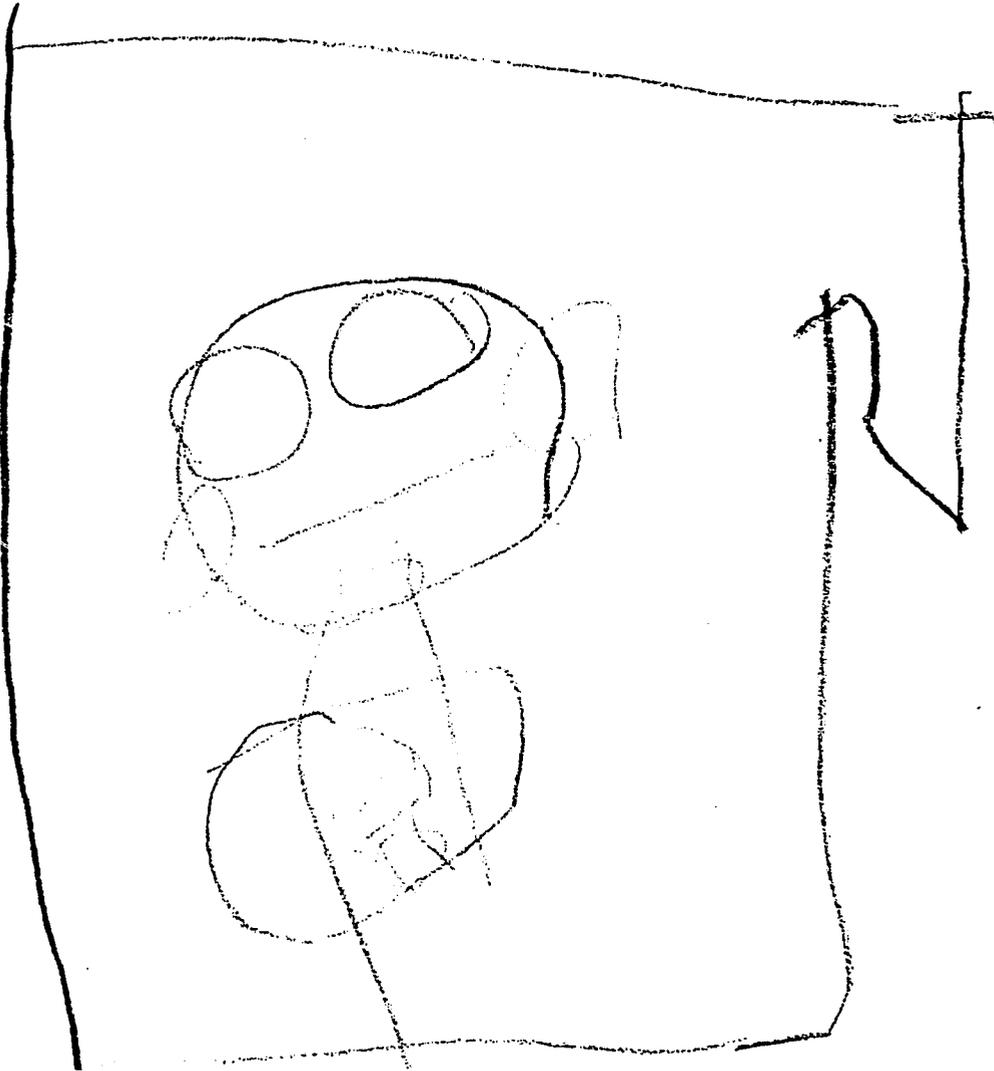
Child C
6 Yrs. 4 Mos.
Female
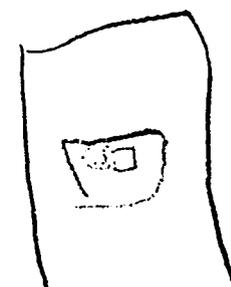
"Brian's lying in the bed
and he's crying because he
was crying when I saw him.

Child D
4 yrs. 2 mos.
Female

"I'm mad (lower left)
because my real baby is
crying (upper right).
Mommy's in the middle
and daddy is here (upper
left)."

Child D

4 Yrs. 2 Mos.

Female

"Mommy is smiling and the baby is doing nothing. That's a house."

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