

PRENATAL SIBLING CLASS EFFECT ON SIBLING RIVALRY

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## PRENATAL SIBLING CLASS EFFECT ON SIBLING RIVALRY

### INTRODUCTION

Within the child development literature is the suggestion that the birth of a new brother or sister is a major event in a young child's life, and can cause many different emotions -- such as jealousy, hostility, loneliness, and hatred -- to surface toward both the new baby and the parents, which the child may not be prepared for or understand. Not only does the birth of a sibling make demands on the child for adaptation to altered routines, but the behavior of all members of the family is affected so that the "whole pattern of personal interaction to which he is accustomed may be changed" (Moore, 1969, p. 236).

It is unusual for a child not to have a sibling (unless an only child is planned) before he/she begins school and begins to transfer relationships to persons outside of the family. Therefore, the arrival of a new baby during the primary developmental years (0 - 6 years) can provoke intense jealousy in the older child, as the infant now has a priority for the parents' attention, and, the older child may feel left out and alone. Even though the child may have anxiously awaited the arrival

of a baby brother or sister, "he/she may now feel deceived: the baby can't join in play, doesn't talk, and is little more than a nuisance" (Lidz, 1976, p. 225). Still, many parents expect the child to take delight in the new baby and to share their enthusiasm, and they do not understand their older child's negative feelings. These feelings of jealousy, rivalry, hatred, etc., may surface toward both the new baby and the parents no matter how great the anticipation of the birth may have been. Most parents are probably prepared for a certain amount of difficulty in the child's adjustment to the new baby's presence, but many are unprepared for the great amount of hostility and jealousy that is likely to occur.

Sibling rivalry is regarded as not only inevitable, it is also an important aspect of the socialization process. Competition among brothers and sisters is a healthy and necessary prerequisite for the competition everyone experiences in the worlds of school and work. Only when there is severe rivalry, that is experienced as a competition for the parents' love and attention, can the situation become unhealthy. As long as parents continue to make the older child's life as normal as possible along with showing that he/she is an important member of the family, the

jealousy and other negative feelings that the child experiences will be kept to a minimum.

#### Statement of Problem

Can the amount of sibling rivalry experienced by young children at the birth of a new brother or sister be significantly decreased as the result of a special Sibling Class that will prepare them for the birth of the new baby and the change in familial relationships that will occur?

Since some sibling rivalry at the birth of a new baby is to be expected, parents and children both should be prepared for its occurrence. Prepared childbirth classes for parents has become a widely accepted practice in promoting the best possible adjustment after the baby's arrival. However, preparing children for the expected new baby has been left totally to the parents, who, in many cases, may not feel competent enough to handle this responsibility. Just as experts teach parents about what to expect before, during, and after childbirth, so should experts teach children what to expect with the arrival of a new baby. "Family-centered maternity care" has been utilized to attract expectant families to certain hospitals, especially since the birth rate has declined. However, unless a program includes provisions to prepare children

and to address their concerns and needs as an integral component, care cannot truly be called "family-centered" (Gardner, 1979).

These prenatal classes for siblings have only recently become fairly widespread across the United States. However, no standard curriculum has been employed. Each hospital uses its own individual curriculum, and the evaluation instruments used to test the effectiveness of the classes have not been validated. As part of this research project, the hope was that not only could a valid evaluation tool be developed, but also a curriculum that may be used in any sibling class in any state.

#### Statement of Hypothesis

Although it is proposed that some sibling rivalry is inevitable with the birth of a new baby, the primary hypothesis of this study was that a structured curriculum that prepares both the parents and the older child for the feelings that will arise with the new baby's birth would make a significant difference in the amount of sibling rivalry and jealous behaviors exhibited by the older child.

"Young child" is a very ambiguous term that can mean something different to every person. However, in this study, the term "young child" will be operationally defined as a child six years of age or younger, especially

between the ages of three and six years, as these will be the ages of the children participating in the study. No children under three years of age will be selected because their limited cognitive ability will not enable them to appreciate the activities of the Sibling Class.

Rivalry is defined as competition, and sibling rivalry is defined as competition between the siblings especially for the parents' love and attention. In this case, there is not a true competition because the baby is not an active participant in the rivalry. The older sibling feels this competition from the baby because the infant requires so much attention from the parents.

Jealousy is defined as "apprehensive of the loss of another's exclusive devotion" (Webster's Seventh New Collegiate Dictionary, 1965). The older sibling's feelings of jealousy are the cause of the rivalry he/she experiences toward the new baby as the competitor for the parents' love and attention. In this study, "jealousy" and "rivalry" may be used synonymously.

The young child's participation in pregnancy is operationally defined as being included in preparations such as choosing the baby's name, shopping for clothes, toys, and furniture, and feeling free to discuss concerns about the new baby and the changes that will occur.

Adjustment period is operationally defined as the amount of time that passes until the older sibling shows an acceptance in having a new member of the family. This acceptance includes verbalizing negative feelings and asking for attention from the parents instead of acting out these negative feelings through aggression, temper tantrums, and regressions (which include thumb sucking, toileting accidents, and asking for a bottle or pacifier).

#### Assumptions and Limitations

Because no control group was used in this study, the significance of the results will be limited to those children who actually participated in the Sibling Class, and no generalizations to the broader population will be made. However, because the families participating in the Lamaze/Sibling Classes were of various ethnic and socio-economic backgrounds, they comprised a cross-section of the general population. Therefore, the assumption will be made that all children expecting a new sibling could benefit from this curriculum.

#### REVIEW OF THE LITERATURE

In a discussion of the preschool child, authors of child development mention the stress and regressions that the birth of a new brother or sister can cause in the older

child's development. "Inevitable" is the word chosen by several authors to describe the occurrence of jealousy and rivalry that the older child feels when parental attentions must be divided and shared with an unwelcome intruder (Baldwin, 1947; Moore, 1969; Smart and Smart, 1972). Legg, Sherick, and Wadland (1974) state that "It seems that there is really no way to avoid the introduction of some strain into a young child's life when a new sibling is expected" (p. 11). Smart and Smart (1972) assert that the reason that sibling jealousy and rivalry are so inevitable is the "same reason which the Book of Genesis puts forth in the story of Cain and Abel; that is, every child wants to be loved best by his parents" (p. 315).

The most commonly discussed immediate reactions to the birth of the sibling, as stated in the literature, are direct aggression toward the baby, attention-seeking, and varying degrees of regression, with the alternative a move toward mastery and independence. In a study on the effects of a sibling birth on a preschool child, Legg et al. (1974) found that one common regression, occurring most often in children of toddler age, was an increased desire for oral gratification, such as a "renewed desire for a bottle, pacifier, or thumbsucking" (p. 25). Another common regression of the toddler age child is in the area of

toilet training. It is not unusual for a child who had been completely toilet trained to begin soiling again or wetting the bed.

Lidz (1976) also comments that a child may use the defense mechanism of reaction formation in order to conform and maintain the parents' approval. In this way they

repress hostility and become overgood or over-demonstrative toward the baby. The defense does not always work, and the child may develop a disturbing slyness, appearing affectionate toward the baby when the parents are about, but pinching, hitting, poking, or otherwise provoking the baby when no one is about (p. 226).

Other children who find the mother's withdrawal of attention following their new sibling's birth react by "creating a more faithful and reliable figure in the form of an imaginary companion" (Nagera, 1969, p. 185).

Robertson and Robertson (1971) studied children separated from the parents for the birth of their new brother or sister. They found that children in this situation often create imaginary companions to offset their loneliness at the separation.

Parents are important factors in their older child's reactions to the baby. Legg et al. (1974) note that "the parents' comfort or discomfort in anticipating the introduction of the sibling sets the stage for the child's

reactions" (p. 35). Parents who anticipate intense problems of sibling rivalry are likely to provide less preparation for the new baby's birth. Studies by Baldwin (1947), Taylor and Kogan (1973), and by Kendrick and Dunn (1980) showed that the birth of a new baby had a major effect on the relationship between the mother and her older child. Baldwin (1947) studied 46 children and their mothers, rating the mother's behavior toward her child before, during, and after pregnancy. Smart and Smart (1972) summarize his findings:

Substantial and continuing decreases were found in child-centeredness, approval, acceptance, affectionateness, and rapport. Declines occurred in duration of contact, intensity of contact, effectiveness of policy and severity of penalties (p. 315).

Taylor and Kogan (1973) studied eight children and their mothers one-to-two months prior to and one-to-two months after the birth of a new baby. They found that "both mothers and children exhibited less warmth and increased neutral affect subsequent to the birth of a sibling" (p. 53). Levy (1937) found that the closer the relationship between the mother and child, the greater is the disturbance caused by the new baby, and hence, the more likely is some overt expression of hostility.

Not every child responds to the birth of a sibling by regressing or displaying negative attention-seeking behaviors. Indeed, in the study by Legg et al. (1974) mothers reported enhancement of development, occurring in ways such as the "rapid achievement of toilet training, the ability to play independently, easier separation from mother, and the relinquishment of a special object such as a pacifier" (p. 27).

Several authors have stated that the age of a child when his/her baby brother or sister is born may make a difference in the amount of jealousy and rivalry experienced. Legg et al. (1974), Moore (1969), and Smart and Smart (1972) state that the first born children are found to show more disturbances following the new sibling's birth than do those who already have a sibling. Levy (1937) states that "in Sewall's group, there is a higher proportion of sibling rivalry in groups where the siblings are 12 to 36 months older than the baby" (p. 10). Consistent with this finding, Legg et al. (1974), found that "18 months is a critical age at which to get a new sibling" (p. 7). Moore (1969) refers to Henchie's study which found that the younger the child, the greater the probability of disturbance: "Overt negative reactions . . . were found in 89% of subjects under three years, but only

eleven percent of those over six years showed this reaction" (p. 24).

There were very few formal studies to be found in the literature concerning solely the topic of interest of this study, namely, are there ways to increase the young child's participation in the parent's pregnancy and, consequently, to decrease the feelings of jealousy and rivalry toward the new baby? In fact, Smart and Smart (1972) state that they are "unaware of studies definitively proving the worth of preparing the older child for the new baby" (p. 314). They do suggest, however, that "common sense and common experience show that the young child feels more loving and less jealous toward the baby who is introduced thus into his family" (p. 314). Legg et al. (1974) conducted interviews with a series of families who experienced a second or third birth in order to "clarify the implications of such an event for the older preschool child" (p. 3). The results of their survey showed that those children who were significantly prepared for the arrival of the new baby showed less sibling rivalry than those who weren't.

In the past year or two, several hospitals have begun having special classes for children who are about to become big brothers and/or sisters. One such class,

conducted at the University of Minnesota Hospital has been published. Sweet (1979) developed the class, which has the purpose of helping to "prepare children for the arrival of a new baby in their family and what this will mean to their lives. It also provides information about reproduction and the birth process" (p. 82). These class sessions are individualized for each family, and include both parents and child. Usually one session, of an hour's duration, is sufficient, but the families are invited to return for more instruction if it is felt to be needed. The parents review the class content in advance and they select the materials and subjects most appropriate for their child. The parents participation in the class is essential so that they may answer any questions the child has about the class content. Parents are also given a list of suggestions for handling sibling rivalry. The classes are evaluated by having the parents complete two questionnaires, one immediately after the session and another three weeks after the baby's birth. "Their responses indicate that the classes give children an understanding of the development and birth of a baby, reduce their anxiety about mother's hospitalization, and make them feel involved in the pregnancy" (Sweet, 1979, p. 83).

In summary, in all the literature reviewed, there is the unanimous opinion that the birth of a sibling is a major stress point in the young child's life. The child often feels that his/her parents do not love him/her anymore or they wouldn't want a "replacement". Although many parents try to prepare their children for the arrival of a new baby, still what feels like a loss of parents' attention and love, is something that is difficult to prepare any child for. Studies that have been done on sibling rivalry have found that the younger the child, the greater the sibling rivalry, and that first born children are more likely to develop these feelings of jealousy toward the new baby than later-born children, probably because they are familiar with having a sibling with whom to share love and attention. Sibling rivalry is expressed in many ways; the literature mentions regressions (such as demanding a return to a bottle or pacifier, toileting accidents), aggression toward the parents and/or the baby, creating an imaginary companion, or by becoming overly nurturant or loving toward the baby. It should be emphasized, however, that not all sibling rivalry is experienced in the negative ways previously mentioned. Some children use their rivalry in constructive ways that allow them to mature further in their development.

The literature also lists procedures that nurses, physicians, or other professionals can suggest to parents to decrease the likelihood of sibling rivalry. However, recently several in the nursing profession have decided that if there can be prenatal childbirth classes for pregnant parents, why should the children of these expectant parents not have their own formal classes preparing them to become big brothers and sisters. Sibling classes exist across the country, however, they have not been formally researched for their effectiveness. The one class that has been written about in a popular nursing journal has been evaluated as being effective "not only to the children, by helping them to adjust to a change in their lifestyle, but also to the family unit as a whole" (Sweet, 1979, p. 83).

#### PROCEDURE

##### Subjects

Twelve children between the ages of three and six years and their parents, who were enrolled in Lamaze prepared childbirth classes, were the subjects for this research project. The majority of the parents were enrolled in the Lamaze classes at Hermann Hospital in Houston, Texas, although some chose to take these classes

at another hospital or through another organization. All of these families, however, delivered their babies at Hermann. These families were single-child families at the time of the beginning of the study. The Sibling Class was offered at no extra charge to all parents enrolling in the Lamaze Class; those parents wishing to deliver their baby at Hermann, but choosing not to participate in the Lamaze classes there, could enroll their child in the Sibling Class for a small fee. The subjects were of various ethnic and socioeconomic backgrounds, and, therefore comprised a cross-section of the population.

The parents were told about the study when they brought their children to the Sibling Class. They were given the opportunity to ask questions and then to volunteer their services as subjects. If they agreed to be subjects they were given a consent form to sign. They were assured that all data would remain confidential and that they could choose to withdraw from the study at any time.

Because the Sibling classes were held in conjunction with the Lamaze classes, several classes were taught over a period of six months before the required number of subjects was obtained. Each Lamaze class had only one or two families that qualified as potential subjects. Other

families had more than one child enrolled in the Sibling class; others had only one child, but he/she did not fit the age requirement; and the majority of the couples were expecting their first child. Because Lamaze classes are six weeks in duration, only one sibling class could be held during that six week period. Therefore, an appropriate number of subjects could be obtained only through teaching several classes.

Letters of approval for using human subjects have been received from the Human Research Committee at Texas Woman's University and from the Committee for the Protection of Human Subjects at the University of Texas Health Science Center, and these are included in Appendix A, along with a copy of the informed consent form.

#### Data Collection

Two questionnaires were developed by the researcher to be used in evaluating the Sibling Classes. Although there are some different questions on the second questionnaire, those that will be used in evaluating the class are the same on both the first and second questionnaire.

(See Appendix E for a complete listing of percentages.)

In order to protect the confidentiality of the subjects, the questionnaires were coded with numbers. These numbers were assigned as the parents signed the consent forms. A

master list was made containing the parents' names and the numbers assigned to them. This list was available to this researcher only, and was referred to only to place the matching number on the follow-up questionnaire. The coding sheet was destroyed after the follow-up questionnaire was conducted, as were both questionnaires as the data was collated. At no time during the course of this research project was the information on the questionnaire matched to the name of the parents.

The first questionnaire was given to the parents as they volunteered to participate in the research project. They were instructed to fill out the questionnaire and return it on the evening of their next Lamaze class where it would be collected by the researcher. Those parents not enrolled in the Lamaze classes at Hermann Hospital received their questionnaires at the time of the Sibling Class and they were asked to return it at the end of the class. The second questionnaire was conducted by telephone contact and was administered three to four weeks after the new baby's birth.

The questionnaires were validated by a team of three, one from Texas Woman's University, one from Hermann Hospital, and one from the University of Texas, who read the curriculum and the questionnaires and, after some

changes were made, agreed that a reasonable evaluation of the class could be made from the answers obtained on the two questionnaires. In order to control for parental bias, an experimental group of five parents of children three to six years old rated the behaviors of the child of one of these parents in a simulated role play situation. This was to determine whether parents rate their child's behaviors in the same way as unbiased observers. The behaviors rated were the same as those on the questionnaires. All parents participating unanimously agreed on the behaviors observed.

The children's participation in the Sibling Class was not rated or assessed per se. The children were encouraged to participate in all of the class activities, however, no one was forced to participate in any activity they did not want to do. The children were also encouraged to ask questions about whatever they wished to know, and they were encouraged to discuss the class with their parents. No children were dismissed from the class until they stated that they felt comfortable with everything they learned in the class.

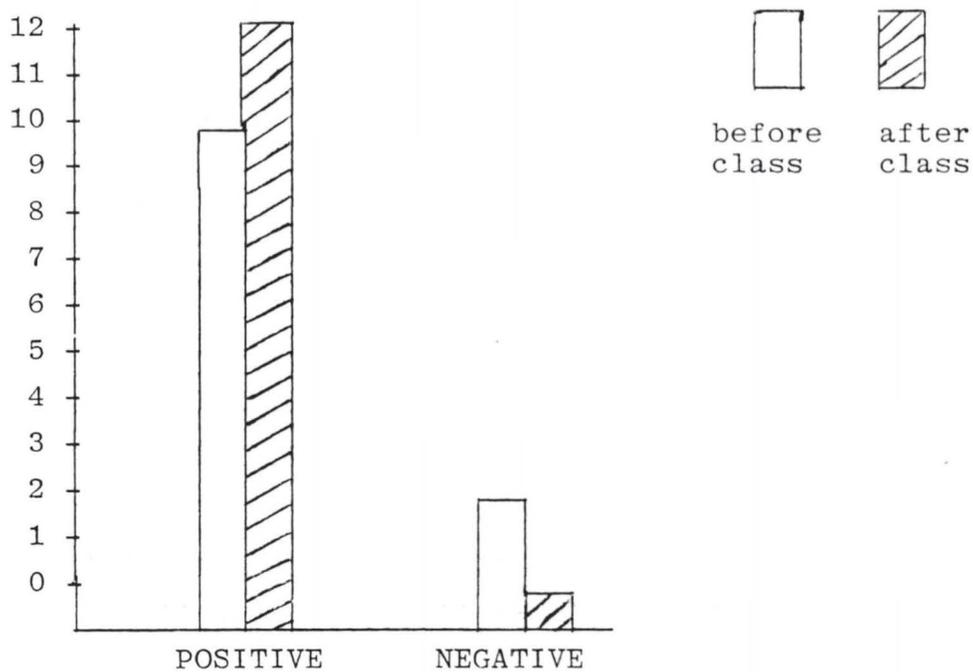
A copy of the Sibling Class curriculum, the parent's list of suggestions and recommendations, and the two questionnaires are included in Appendices B, C, and D.

Analysis

The data from the follow-up questionnaires was contrasted with the data from the questionnaires answered before the Sibling Class, and a frequency count of the six items to be used in evaluating the class was made. The frequencies can be graphically expressed as follows:

Graph 1

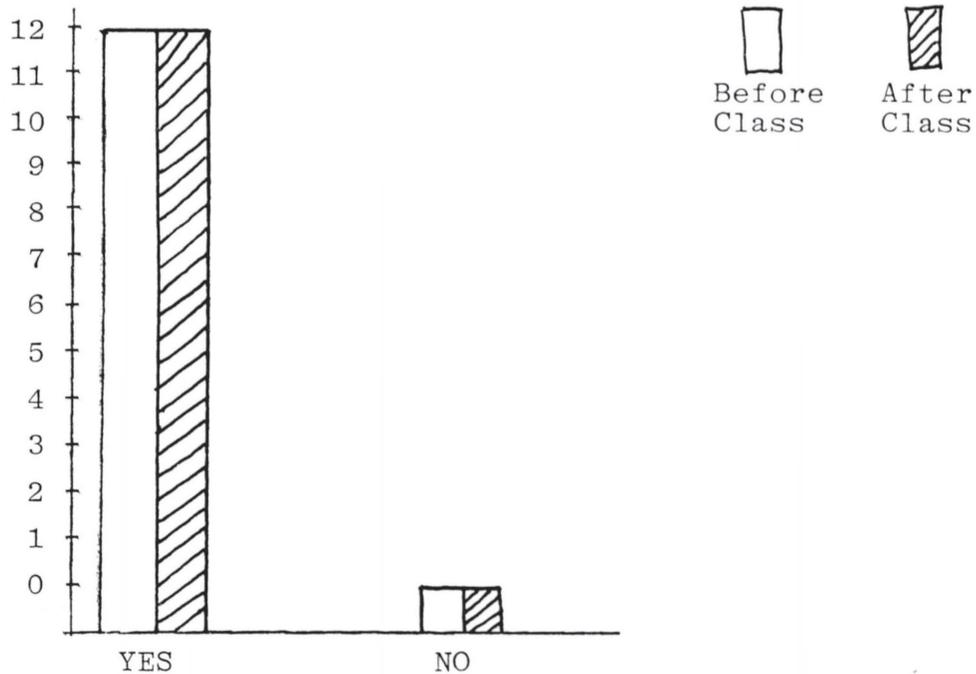
Question 1: Was your child's reaction to the Sibling Class positive or negative?



As shown on Graph 1, the frequencies for the first question are: before the class, 10 positive responses and 2 negative; after the class, 12 positive responses and 0 negative.

Graph 2

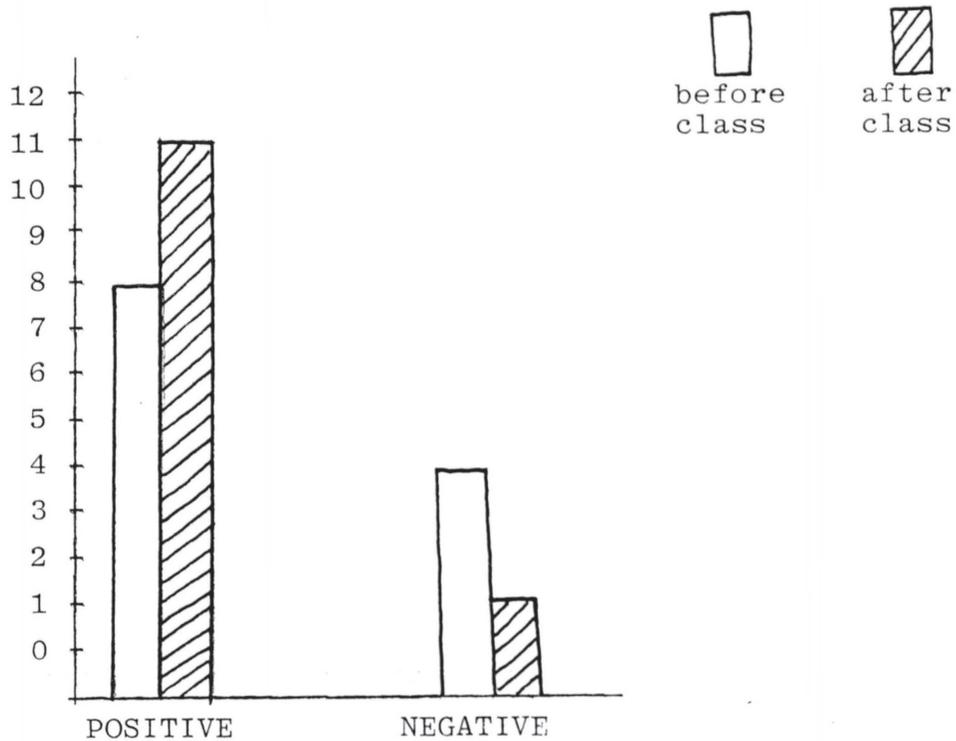
Question 2: Did your child participate in your pregnancy?



As shown in Graph 2, the frequencies for question number 2 are: before the class, 12 yes responses and 0 no; after the class 12 yes responses and 0 no.

Graph 3

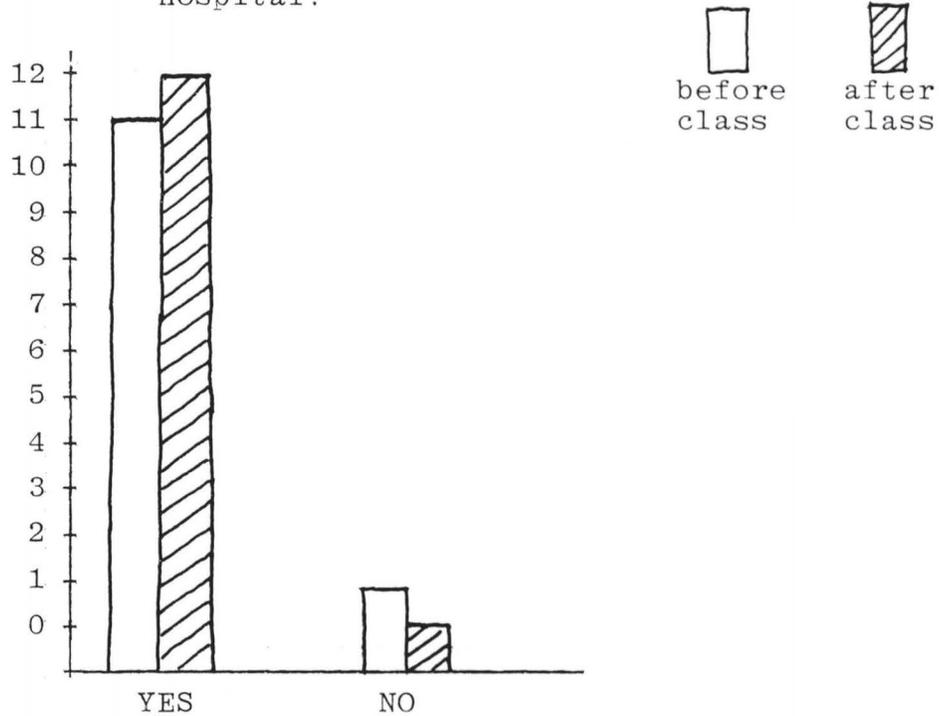
Question 3: Did your child discuss any negative or positive feelings about the expected baby?



Graph #3 shows that before the class 8 children discussed positive feelings about the expected baby and 4 discussed negative feelings. After the class 11 discussed positive feelings about the baby and 1 negative feelings.

Graph 4

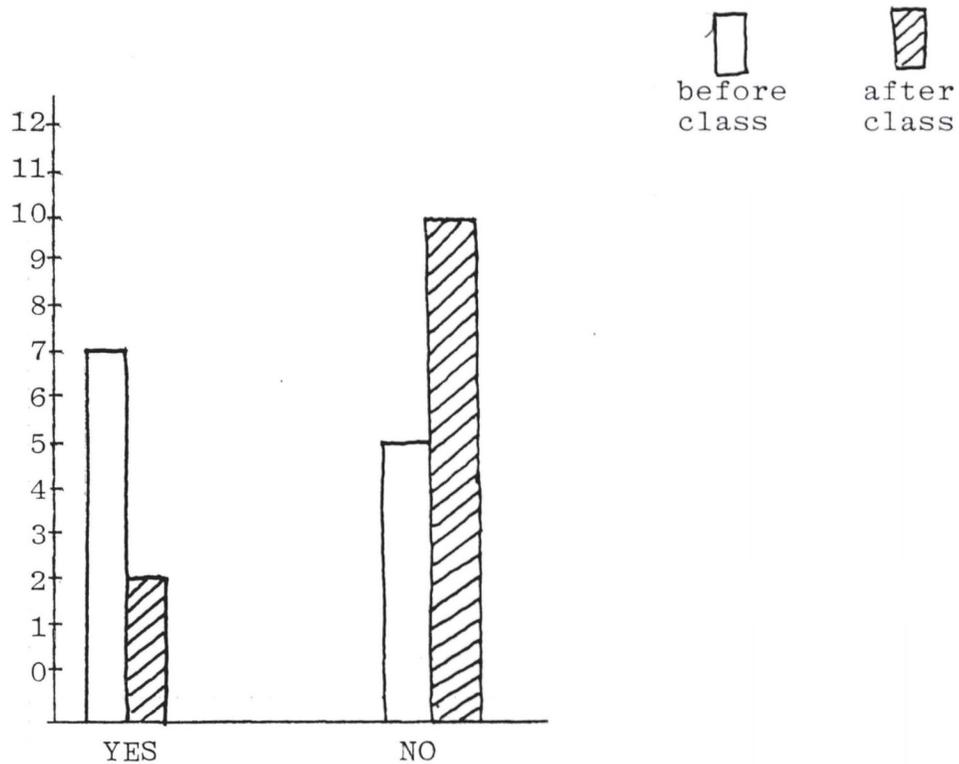
Question 4: Did your child visit you and the baby in the hospital:



Graph #4 shows that before the class 11 parents had plans for the older child to visit the mother and the new baby in the hospital and 1 did not; after the class all 12 children actually did visit in the hospital.

Graph 5

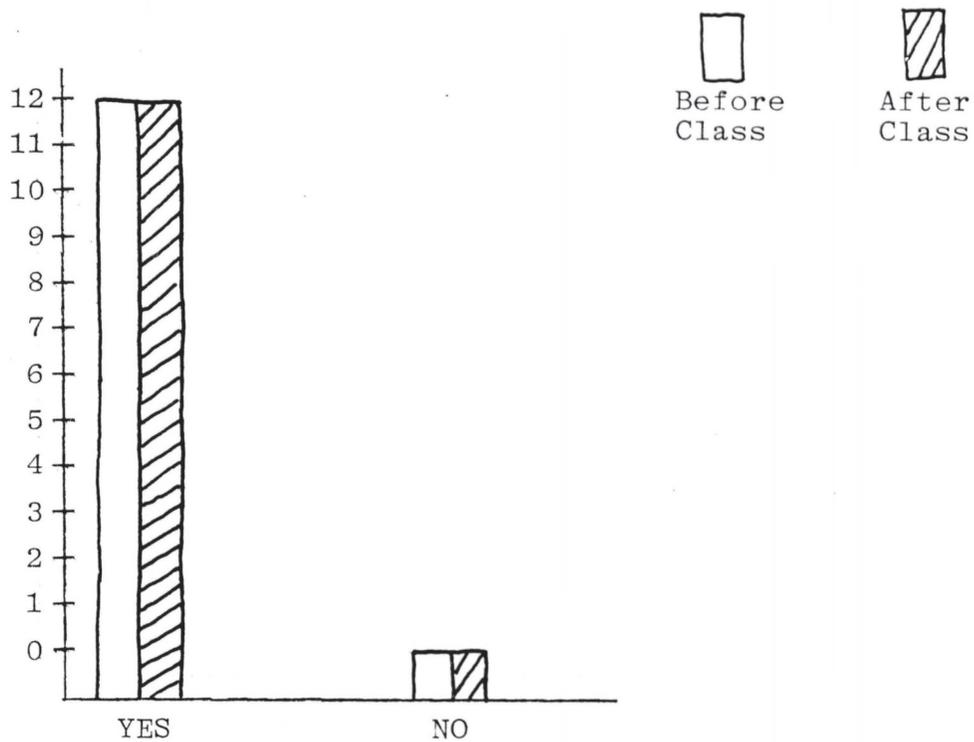
Question 5: Has your child exhibited any behaviors that may suggest jealousy about the new baby?



Graph #5 shows that before the Sibling Class 7 children exhibited behaviors that suggested jealousy about the new baby and 5 children did not; after the class only 2 children continued to exhibit these types of behaviors, and 10 did not show any signs of jealousy toward their new sibling.

Graph 6

Question 6: Do you think that the Sibling Class was successful in preparing your child for becoming a Big Brother/Big Sister?



Graph #6 shows that all 12 parents thought that the Sibling Class would be successful in helping their child become a big brother or sister, and that their expectations were met.

In order to determine whether the differences were statistically significant, a chi square statistic was computed on each of the six questions graphed above. Question #5, "Has your child exhibited any behaviors that

may suggest jealousy about the new baby?", was found to be statistically significant at the .05 alpha level. The other five questions were not found to have statistical significance.

For a df (degree of freedom) of 1, the level of significant at the .05 level is 3.841 (Downey & Starry, 1977, p. 306). For question number one, the result of the chi square computation was  $X^2=2.18$ ; the result of questions 2 and 6 were  $X^2=0$ ; for question 3 the result was  $X^2=2.3$ ; the result of question 4 was  $X^2=1.04$ , all of which are less than 3.841 and, therefore, not significant at the .05 level. Significant results were found in question 5,  $X^2=4.444$ , which is greater than 3.841 (See Table 1), and, therefore, statistically significant.

Table 1  
Chi Square Computation of Question 5

	Before Class	After Class	
Yes	7 (a)	2 (b)	9 (i)
No	5 (c)	10 (d)	15 (j)
	12 (k)	12 (l)	= 24

The formula used for  $\chi^2$  was:  $\chi^2 = \frac{N(ad-bc)^2}{ijkl}$ , or

$$\chi^2 = \frac{24(70-10)^2}{19440} = \frac{86400}{19440} = 4.444.$$

## DISCUSSION AND IMPLICATIONS

### FOR FURTHER RESEARCH

In light of the results of this research project, one can make the statement that, for the population tested; i.e., parents and children enrolled in Lamaze prepared childbirth classes and Sibling Classes at Hermann Hospital, a significant decrease in the amount of sibling rivalry and jealousy was demonstrated by the older child toward his/her new sibling as a result of the Sibling Class. However, these results are based on parents' reports and two possibilities must be considered. The first is the phenomenon of social desirability; that is, did some of the parents not answer the questionnaires truthfully in order to give the most desirable answer, both to endorse their own parenting as well as the benefits of the class. The second consideration is the possibility of the occurrence of the Hawthorne Effect; that is, did the fact that the parents were told of the desired outcome of the class and the study have any effect on their behavior in an effort to reduce or inhibit rivalrous or jealous behaviors in their older children. These two considerations cannot be controlled

for unless a new evaluation tool is used to measure the effects of the Sibling Class.

It is important to consider the size of the sample population when evaluating the results of this study. The sample size for this study was twelve, and Downie and Starry (1976) state that in order to use a chi square statistic, the frequencies should be "at least ten per cell in a table with one degree of freedom" (p. 79). Because the tables in this study did not satisfy this requirement of ten per cell, it is possible that the results were not truly significant. Further research with a larger sample size would validate this study's findings.

Insignificant results could possibly be explained by the following assumption: It is the opinion of this researcher that parents who choose to take Lamaze prepared childbirth classes and/or enroll their children in a Sibling Class would be more likely to include their older children in their pregnancy and would be more aware of their child's reactions to the expected baby. Based on the results of the first questionnaire, 100% of the parents had prepared their child well in advance to the fact that the mother was pregnant, all within the first trimester of pregnancy. One hundred percent of the parents had also already allowed their older child to participate in the

pregnancy by allowing him/her to feel the baby move in the uterus and by allowing him/her to help select clothes, toys, and/or furniture for the new baby. Ninety-two percent of the parents had been discussing what it was like to have a new baby in the family and allowed their child to discuss both positive and negative feelings about this future event. All parents had made advanced arrangements as to whom the child would stay with while the parents were at the hospital and all children had been informed of these arrangements at least one month in advance. Plans were also made for all but one of the children to visit their mother in the hospital. Also, all of the parents felt that the Sibling Class would be beneficial to their child and prepared the child for the class at least three weeks in advance. And, most important, all of the parents were able to recognize symptomatic behavior in their child which suggested feelings of jealousy toward the new baby, and felt comfortable in dealing with their children at these times (verbal report from parents).

The results of the follow-up questionnaire showed an increase in the older child's verbalized positive feelings toward the new baby and a decrease in negative feelings expressed. This corresponded to a significant decrease in the amount and kind of jealous and rivalrous

behaviors. The two parents reporting rivalrous behaviors on the follow-up questionnaire, stated that the behaviors exhibited were clinging behaviors toward the parents and/or withdrawal from the baby. One child began thumbsucking again.

Because the result of the question concerning jealous and rivalrous behaviors was statistically significant, it is this researcher's opinion that the hypothesis stated; that is, that a structured curriculum that prepares both the parents and the older child for the feelings that will arise with the new baby's birth would make a significant difference in the amount of sibling rivalry and jealousy behaviors exhibited by the older child, can be accepted. However, because the sample population was small, and because there was no control group, the results are limited to the children and their parents who actually participated in the Sibling Class. In order to determine whether this class would make a significant difference in all cases, further research must be carried out.

One drawback to the Sibling Class at Hermann Hospital was that the class was held on a night when the parents attended their Lamaze Class. The original thinking in setting up the Sibling Class this way was (1) when the parents came to their class, the children could come with

them one week and have their own special class to attend; and (2) the parents would not have to make an extra trip to the hospital for a class that they were not allowed to attend. This way of scheduling the classes meant that there was one class meeting, but it was a two-hour session. Two hours became a very long time for the instructors because it was very difficult to keep the children's attention focused for that length of time.

Original plans also allowed for a second two-hour session the following week. However, after a two-month trial, it was decided that we could complete the entire curriculum in the first session, so agreement was made to discontinue the second session.

The scheduling of the Sibling Class at Hermann Hospital is currently being revised so that it does not occur concurrently with the Lamaze class, but is held on a separate day and only for a one-hour session. This will allow the children to be able to keep their attention focused on the class for a shorter period of time. It will also enable the instructors to plan for a series of one-hour classes (two-to-three in the series), so that better evaluation of the class from the children's viewpoint can be obtained, based on their willingness to return for the second and third class, on their retention of the materials,

and on their interest in the activities throughout the class sessions.

Two other questions arose during the course of this study that might be answered by further research. One is the possibility that an increase rather than decrease in sibling rivalry behaviors could have been a significant result of the Sibling Class, because one of the major objectives of the class was to increase the children's awareness of their negative, jealous behaviors. If this awareness did occur, and the children expected to have some negative feelings about the new baby, it would follow that jealous and rivalrous behaviors could have increased. This increase in sibling rivalry behaviors was hopefully avoided by teaching the children appropriate outlets for their negative feelings, such as talking with their parents about their feelings, and also by giving the parents suggestions about preventing jealous behaviors. A subsequent study might examine potential increase in sibling rivalry behaviors.

The second question concerns the fact that sibling rivalry is an important aspect of the socialization process and a healthy and necessary prerequisite for competition in school and work. Could the Sibling Class be inhibiting a normal and appropriate response between siblings? The

purpose of the class is not to eliminate feelings of sibling rivalry and competition, but rather to teach children appropriate outlets for these feelings.

There are numerous implications and recommendations for further research in order to not only generalize the results to the broader population, but also to perfect the measure for evaluating the Sibling Class. This pilot study for a new curriculum netted good statistical results and better impressionistic results, and there was enough information gained to suggest a replication of this project on a larger scale. However, there are major problems with the evaluation tool used in this research project (see pages 26-27), and it is this investigator's opinion that a new protocol is needed, hopefully one that is more objective and does not rely solely on parental reports. Therefore, before this study is replicated on a larger scale, a new evaluation tool should be devised.

Recommendations for further study based on this research project include the following as a basis for replicating this study in order to generalize it to the broader population.

1. By utilizing a larger sample population and also a control group. This could be done by conducting the Sibling Class at one or more hospitals in order to have a larger available population, and

also by utilizing a control group which would allow for generalization to the larger population.

2. In order to control for the personality differences that there may be in those parents who choose the Lamaze method of prepared childbirth, it would be appropriate to have four different groups: (a) a control group in which there is no participation in either Lamaze classes by the parents or Sibling class by the children; (b) a group in which the parents are involved in Lamaze classes and the children participate in Sibling Classes; (c) a group in which the parents participate in Lamaze classes but the children do not participate in Sibling class; and (d) a group in which the parents do not attend Lamaze classes but the children do participate in a Sibling Class. A study done in this format, with 15 to 20 subjects per group, should control for all variables and produce the most reliable, and therefore generalizable, results.

#### SUMMARY

The purpose of this study was to devise a curriculum for a prenatal Sibling Class for children who were expecting a new brother or sister, and to evaluate the class's effectiveness. The hypothesis for this research project was that a structured curriculum that prepared both the parents and the older child for the feelings that would arise with the new baby's birth would make a significant difference in the amount of sibling rivalry and jealousy behaviors exhibited by the older child. The subjects were twelve children, ages three to six years, and their parents who delivered their babies at a Houston hospital. The children attended a two-hour Sibling Class while their

parents attended their Lamaze Class. The course was evaluated through the use of pre-post questionnaires, asking parents about their children's exhibition of jealousy and rivalry behaviors. The results of this study suggest that the prenatal Sibling Class does decrease the amount of jealous and rivalrous behaviors exhibited by the older child. However, further research is in order to perfect the evaluation tool and to validate these findings through the use of a larger sample population and a control group.

APPENDIX A

TEXAS WOMAN'S UNIVERSITY  
HOUSTON CAMPUS  
HUMAN RESEARCH REVIEW COMMITTEE  
REPORT

STUDENT'S NAME Deborah C. Klein

PROPOSAL TITLE The Effects of a Prenatal Sibling  
Class on a Young Child's Jealousy and  
Rivalry Toward the New Sibling

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE: Nov. 16, 1979

James H. Robertson  
~~Disapprove~~ Approve

Laura L. Smith  
~~Disapprove~~ Approve

Dana W. Smith  
~~Disapprove~~ Approve

Susan L. Fisher  
~~Disapprove~~ Approve

JAN 24 1980



THE UNIVERSITY OF TEXAS  
HEALTH SCIENCE CENTER AT HOUSTON

COMMITTEE FOR THE PROTECTION  
OF  
HUMAN SUBJECTS

William S. Fields, M.D.  
Chairperson  
3/792-5048

P. O. Box 20036  
Houston, Texas 77025

January 22, 1980

**MEMORANDUM**

TO: Bette Beaudry, Assistant Dean  
Texas Women's University

FROM: William S. Fields, M.D.  
Chairman *WS Fields*

RE: HSC-TWU-HH-79-007-"The Effects of a Prenatal Sibling Class on a Young  
Child's Jealousy and Rivalry Toward the New Sibling"  
P:I: Deborah C. Klein, Graduate Student

The above mentioned proposal was reviewed by the Committee for the Protection of Human Subjects at its meeting on December 20, 1979.

The investigator was requested to make some minor revisions in the consent form. The Chairman is now in receipt of the revised consent form and finds that it fulfills the requirements of the Committee. Approval is hereby granted for Ms. Klein to proceed with this study.

This project is subject to future review by the Committee with respect to the execution of the methods agreed upon by the investigator and approved by the Committee. Such review is in accord with part 46.102 of Title 45 of the code of federal regulations (DHEW) as amended. Should review of informed consent be required by the Committee, prior notification of such review will be given.

In the event that any changes in procedure, number or kinds of subjects, or adverse reactions occur prior to annual review, it is required that the investigator submit a memo indicating such change so that the Committee can determine whether a review for further approval will be required.

It is the Committee's position that all data collected during student research projects must remain with the advisor or immediate supervisor, and upon completion of the study be made available to this Committee for review, if requested.

WSF: rk

cc: William L. Lyons, J.D., Assistant to the President, UTHSCH  
Grants & Contracts Management, UTHSCH  
R. W. Butcher, Ph.D., Special Assistant for Scientific Affairs, UTHSCH  
Deborah C. Klein, Graduate Student, Texas Women's University  
Marjorie Forster, School of Public Health

INFORMED CONSENT FOR PARTICIPATION  
IN SIBLING CLASS RESEARCH PROJECT

The purpose of this study is to evaluate the effectiveness of the Sibling Class on the children's expression of jealousy and rivalry toward your new baby. A certain amount of sibling rivalry is to be expected; however, we feel that our class may reduce the severe feelings of jealousy and the negative jealous behaviors that the children display. The primary focus of the Sibling Class is on the children's feelings, both toward you and the new baby. We hope that the children will accept their negative, as well as their positive, feelings that they have and realize that they are normal. We hope that we can show them some appropriate ways to show you that they are feeling left out or unloved. Our first class session is a time for the children to become comfortable with the hospital, with us, and with each other, so that they can return the second evening and feel safe enough to express their honest feelings, whether directly or through role play. The children's confidentiality will be respected, although they will be encouraged to speak with you about their feelings and concerns. You will receive a list of suggestions/recommendations to reduce sibling jealousy and rivalry at the conclusion of the Sibling Class. This is a general suggestion list and not specific to any information we learned about your child during the Sibling Class.

In order to evaluate the effectiveness of the class, you will be asked to fill out two questionnaires. The first questionnaire will be given to you tonight. I would like for you to fill it out during the week, and return it to me next week when you bring your child to the Sibling Class. The second questionnaire will be either mailed to you or conducted by a telephone interview, 3 to 4 weeks after your new baby's birth. I would like to be able to have a telephone interview with you to ask the questions on the second questionnaire, so that I can be available to answer any questions you have at that time. The telephone interview is optional, and if you do not wish to participate in this interview, the questionnaire will be mailed to you along with a self-addressed, stamped envelope for return mailing. In any case, feel free to telephone me at any time if you have any questions.

The potential risks for you and your family if you participate in this study, are quite minimal. A potential risk

would be that your children will become aware of negative feelings toward you and/or the new baby, that he/she may feel uncomfortable with. The children will be assured that such feelings are normal, and we will not send any children home until we are sure that they are comfortable with any information learned. We will also encourage you to discuss the activities of the Sibling Class with your children, and to encourage them to talk to you honestly about their feelings and concerns around the new baby.

The results of this study will be used in completing my Master's thesis. Hopefully, these results will be published in psychological, child development and/or nursing journals. The Sibling Classes are becoming popular across the United States and we are hoping to copywrite our curriculum and questionnaires for use in all classes. Again, I must emphasize that, at no time will your names be used in any release of information -- your anonymity and confidentiality will be protected at all times. You are also free to withdraw your consent and discontinue participation in this study at any time, and your child may still attend the Sibling Classes, and you may still request the list of suggestions/recommendations.

This study has been approved by Texas Woman's University Human Research Review Committee, the University of Texas Health Science Center Committee for the Protection of Human Subjects, and the Administration of Hermann Hospital.

We will be available at any time to answer your questions.

---

Debi Klein, B.A.  
Graduate Student in Child  
Development  
Texas Woman's University  
666-4332 -- home  
797-1976 ext. 209 -- work

---

Meredith Cowan, R.N.  
Staff Nurse - Labor and  
Delivery  
Hermann Hospital  
669-0585 -- home  
797-3950 -- work

CONSENT TO ACT AS A SUBJECT FOR RESEARCH AND INVESTIGATION

I have received a written and oral description of this study including a fair explanation of the procedures and their purpose, any associated discomforts or risks, and a description of the possible benefits. An offer has been made to me to answer all questions about the study. I understand that my name will not be used in any release of the data and that I am free to withdraw at any time.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

I agree to answer the follow-up questionnaire by telephone.

\_\_\_\_\_ YES

\_\_\_\_\_ NO

If yes, please state telephone number: \_\_\_\_\_

APPENDIX B

## SIBLING CLASS CURRICULUM

The sibling class is a four-hour class, taught in two sessions of two hours each in length. It is designed to coincide with the fourth and fifth or the fifth and sixth weeks of the parents' Lamaze class. The conclusion of the class is approximately one month before the new baby's birth.

PURPOSES:

1. To increase the young child's participation in the pregnancy by increasing parent-child communication regarding thoughts, feelings, and expectations for the new baby.
2. To decrease the adjustment period after the birth of the new baby by preparing the child for the stresses involved in becoming an "older" brother or sister.

OVERALL GOALS:

1. To acquaint the children with the physical surroundings of the Family Center, including Labor and Delivery, the post partum unit, and the newborn nursery by providing a tour of the facilities along with an explanation of sibling visitation policies.
2. To acquaint the children with a range of normal physical characteristics of a newborn by pointing out the various physical characteristics of the babies in the newborn nursery.
3. To stress that being a big brother or sister is an important part of the family by emphasizing that parents loved them so much that they decided to have another baby to love, too, and by discussion of the privileges the older child has and what he/she can teach the baby.
4. To encourage the expression of thoughts and feelings regarding the expected new baby, including expectations for self and parents by utilizing role play, story books, and direct questioning.

5. To acquaint children with basic baby care skills, such as diapering, feeding, holding, etc. emphasizing safety by demonstrations with a doll and providing an opportunity for a return demonstration.

BEHAVIORAL OBJECTIVES FOR CHILDREN:

1. The child will state two rules for visitation of mother and baby in the Family Center.
2. The child will state two rules of preparation for handling the baby.
3. The child will identify the head as the part of the baby's body that must be supported when lifting or holding the baby.
4. The child will demonstrate (with a doll) the correct positioning and support of the newborn when using a cradle hold.
5. The child will demonstrate (with a doll) the correct positioning and support of the newborn when feeding.
6. The child will identify the breast and the bottle as two methods of infant feeding.
7. The child will demonstrate (with a doll) the correct position for burping the baby.
8. The child will demonstrate (with a doll) the secure application of a disposable diaper.
9. The child will state the proper disposal of used diapers.
10. The child will identify two items needed for diaper changes.
11. The child will identify three items needed for bathing the baby.
12. The child will state two safety rules for bathing the baby.

13. The child will state two safety rules for leaving the baby unattended.
14. The child will verbalize two behaviors that he/she thinks will be expected of him/her after the baby is born.
15. The child will verbalize two behaviors he/she expects of parents after the baby is born.
16. The child will verbalize two behaviors he/she expects of the new baby.
17. Utilizing role play, or discussion after reading a story, the child will verbalize, directly or indirectly, a feeling that he/she has about the changes expected in the relationship with his/her parents, and what the relationship with the new baby will be like.

#### TEACHING TECHNIQUES:

1. The instructors will introduce themselves to the parents and children, and explain to the children, in front of their parents, that the children will all be going to their special class and they will be returned to their parents after the class. The instructors will ask the child his/her name, explaining that they want to write it on a name tag and tell the child the name tag means that he/she is the special guest that night.
2. The instructors will ask all the children to stay together and, explaining that there are sick people in parts of the hospital, they must walk quietly through the halls.
3. The instructors will talk to the children about the Family Center explaining that when their mother's come to have their baby they will not be allowed in the Labor and Delivery area, but must wait until after the baby is born before they can visit. They will explain that having a baby is hard work for the mother and since she must concentrate very hard on this work, she will not be able to have the older child in the room with her. They will explain that special permission has

been received to have the children visit the Labor and Delivery area for their class.

4. On the way to the Labor and Delivery area, the instructors will show the children the newborn nursery and will discuss the various characteristics of the babies in the nursery, stressing that all babies look different, and their new baby won't look like any of these babies.
5. The instructors will take the children to their classroom and will help the children dress in gowns, masks, and caps.
6. The instructors will take the children on a tour of the Labor and Delivery Suite:
  - a. The children will be introduced to the doctors and nurses on duty.
  - b. The children will be shown a labor room and will have a chance to sit on the bed and listen to their heart on a fetal monitor and receive a print-out.
7. The children will be taken back to their classroom and, while one instructor is administering the pretest, the other instructor will begin a discussion by asking the children what their parents have told them about the sibling class, the expected baby, and what they would like to do in the class.
8. After the pretest has been administered to all the children, the instructors will ask the children to sit in a circle on the floor. They will emphasize the importance of being an older brother or sister by discussing the rights and privileges that they have that the baby doesn't, and by discussing the things they can do that the baby won't be able to do, and by emphasizing that the parents loved them so much they decided to share that love with a new baby.
9. The instructors will explain that they are going to practice holding the baby correctly, feeding the baby, burping the baby, changing the baby's

diapers, and bathing the baby. All these tasks will be practiced on a doll, but we will pretend it is a real baby.

10. The class will discuss two rules of preparation that must be followed before handling the baby. The instructors will ask the class if anyone knows what should be done before they handle the baby. The two rules are: wash hands and face, and make sure you have on clean clothes.
11. The instructors will ask if anyone knows how to hold a baby correctly and let any volunteers demonstrate. The instructors will ask the volunteer what part of the baby's head needs to be supported. If the child/children do not hold the baby correctly, the instructors will demonstrate the correct hold.
12. The instructors will allow each child to practice holding the baby, emphasizing the neck/head support.
13. The instructors will discuss the two methods for feeding the baby - breast and bottle.
14. Each child will practice feeding the baby with a bottle.
15. Each child will practice burping the baby.
16. The class will discuss what items are needed for changing the baby's diaper, and what the proper disposal of the used diaper is.
17. The children will practice changing the baby's diapers with disposable diapers.
18. The class will discuss safety rules for bathing the baby.
19. The class will discuss the items needed for bathing the baby.
20. The children will practice bathing the baby.
21. The class will discuss safety rules about leaving the baby unattended.

22. The class will discuss how the various children feel about having a new baby brother or sister. The instructors will ask whether the children want a baby brother or a baby sister, and why. The instructors will ask how the child will feel if the opposite-sex baby is born instead.
23. The instructors will read aloud several books about having a new baby in the family and then discuss the feelings brought out by the story.
24. The class will discuss behaviors that will be expected of the children after the baby is born.
25. The class will discuss behaviors that the children expect of the parents after the baby is born.
26. The class will discuss behaviors expected by the baby.
27. The instructors will enhance the discussion by using their own personal examples or third person examples.
28. The instructors will talk about some appropriate ways to ask for their parents' attention after the baby is born.
29. The instructors will act out an example of a role play situation in which one plays the mother with a new baby and the other plays the older child. After this example scene, the class will discuss the scene and the feelings brought up.
30. The instructors will ask for volunteers to act out another scene. The instructors may participate in these scenes if necessary. There should be three characters -- the mother, the father, and the older child. The instructors will set the scene for the children, but will not tell them specifically what to say or do. All children will be able to participate in at least one scene, and if they wish, they may be in more than one and may play various parts.
31. At the conclusion of the last class, one instructor will administer the post-test and the other

instructor will hand out color sheets to those children who want to color, and read to those who wish to hear a story.

32. The instructors will stress the importance of communication with the parents about their feelings about the new baby.
33. The instructors will ask the children if they have any questions, and they will answer them.
34. The instructors will give each child a Big Brother/Big Sister certificate for completing the course.
35. The instructors will take the children back downstairs to their parents.

The two class sessions will be arranged so that the pre-test, the tour, and the baby care skills will be taught the first session. The second session will consist of a brief review of the first night's instruction, the discussion of feelings, role play and story books, and the posttest. This arrangement will allow for the children to establish rapport with the instructors and to feel comfortable with each other and the hospital environment so that they will be able to openly discuss their feelings during the second class period.

#### PARENTS' QUESTIONNAIRE

1. The researcher will explain to the parents the purpose of the study and the way in which the study will be conducted, and then will give the parents the consent forms to sign. This will be done at their Lamaze class the week before the Sibling Class is scheduled to begin. The first questionnaire will also be given at this time and the parents will be instructed to fill it out and return it the night of their child's first Sibling Class.
  - a. This questionnaire will focus on what the parents have already discussed with their child about the pregnancy and the expected baby.

- b. The questionnaire will also be used to ascertain whether the child has discussed his/her feelings about the expected baby, especially any negative feelings.
2. The parents will be given a follow-up questionnaire either by telephone contact with the researcher or by mail three to four weeks after the new baby is born.
  - a. This questionnaire will focus on any amount of discussion between the parents and the older child about the new baby during the time after the completion of the Sibling Class, but preceding the baby's birth.
  - b. The questionnaire will also focus on the older child's behaviors subsequent to the baby's birth - whether there were any regressions or whether the negative feelings were handled appropriately.
  - c. Answers on the follow-up questionnaire will be compared with those on the first questionnaire to see if any plans changed after the parents received the list of Suggestions/Recommendations.
  - d. The parents will be asked their opinions about the success of the class and the suggestions they were given.

## LIST OF SUGGESTIONS/RECOMMENDATIONS

Preparing Your Child for a New Baby

1. Even very young children ( $1\frac{1}{2}$  -  $2\frac{1}{2}$  years) will become aware of the physical changes in mother's body and also the changes being made in preparation for the new baby. Therefore, even though children of this age will not easily understand your explanations, they must be allowed enough time to master their anxieties in play. Children 3 years and older should be told of the pregnancy at least by 4 months.
2. Referring to other babies is a concrete way to help children anticipate the new sibling. It is important to point out the different physical characteristics of the babies so that they will know their new baby will not be just like any of the babies that they see.
3. If new sleeping arrangements -- either a new room or a new bed -- is intended for the older child, this change should be introduced at least one month prior to the new baby's arrival so that the child will have time to adjust. This adjustment period will also help prevent the child from feeling that he/she is being replaced by the new baby. Another suggestion is to associate these new sleeping arrangements with a sense of achievement and not with the necessity of accommodating the new baby.
4. Advanced planning as to who will stay with the child during the parents' absence for the delivery will help the child's adjustment to the separation. The babysitter should be someone who the child cares about, and it is less upsetting for the child to be able to stay at home instead of moving to a less familiar setting.
5. Telling the children about their own infancy and showing them pictures will help them in understanding what babies are like.
6. Emphasize the things the older child can do that the baby won't be able to do. Stress that being a baby isn't all fun.

Suggestions  
Page 2

7. Allow the older child to feel the baby's kicking within the uterus.
8. If the older child accompanies mother to the doctor, he/she might be allowed to listen to the baby's heartbeat.
9. Let the older child help pack mother's suitcase for the hospital.
10. Let the older child help pick out the baby's name.
11. Let the older child help select the baby's clothes, furniture, and toys.
12. Share your Lamaze exercises with your older child if he/she shows interest.
13. Answer all questions from the older child honestly and frankly.
14. Reassure your child often that he/she is not being replaced and that you will always have the same amount of love to give him/her.

Decreasing Jealousy and Rivalry After the Baby:

1. Telephone the child as soon as possible after the baby's birth to assure him/her that everything is all right and to inform him/her of the baby's sex. (This telephone call should be made by the mother if possible).
2. Have the child visit mother and baby in hospital as often as possible. If visits are not possible, for whatever reason, telephone contact is a necessity.
3. Let the child take the baby's and mother's coming home clothes to the hospital and assist in bringing the baby home.

Suggestions  
Page 3

4. The mother should give immediate attention to the older child upon arriving home.
5. Try to continue any activities you shared with the older child before the baby came. If possible, get a sitter for the baby once in a while and just spend time with the older child.
6. Allow the older child to help bathe, feed, and dress the baby if he/she asks to. Also allow the older child to hold the baby or push the baby in the stroller with supervision. However, the older child should never be forced to help with the baby. He/she should be encouraged to smile and talk to the baby, especially when the baby is fussy.
7. Show confidence in the older child's good intentions toward the baby, and arrange for supervised contact.
8. Reassure the older child that the baby will grow past the point of needing constant attention.
9. Give a lot of attention, and even some small gifts, to the older child when friends come visit the baby. This is an especially vulnerable time for the older child when he/she may feel left out and unloved.
10. Be alert for signs of jealousy. Some behaviors that will tell you that the older child feels jealous include: crying, clinging behaviors, withdrawing, temper tantrums, aggression toward you, the baby, or friends, toileting accidents during the day, wetting the bed, asking for a bottle or pacifier, sucking thumb, destructiveness, creating imaginary companions, and becoming overly loving or nurturant toward the baby.
11. If your child shows signs of jealousy, acknowledge these feelings and don't pressure the child about the inappropriate behaviors. Ignore as many of these as is possible. Praise positive, developmentally appropriate behaviors. Encourage the child to express his/her feelings verbally and to ask for attention when

Suggestions  
Page 4

he/she needs it. Make it clear that it is okay to have negative feelings about the baby, but under no circumstances is the child to hurt the baby.

12. Try to see the baby through the older child's eyes, and be sure your child knows that you understand his/her feelings.

These suggestions have been compiled partly from the following sources:

Gardner, S. Letter to the editor. MCN, 1979, 4(5), 276, 319.

Jimenez, S. M., Jones, L. C., & Jungman, R. G. Prenatal classes for repeat parents: a distinct need. MCN, 1979, 4(5), 305-308.

Legg, C., Sherick, I., & Woodland, W. Reaction of Preschool children to the birth of a sibling. Child Psychiatry and Human Development, 1974, 5(1), 3-89.

Smart, M. S., and Smart R. C. Children: Development and Relationships. New York: The Macmillan Company, 1972.

Strickland, S. Unpublished sibling class curriculum. Southwest Educated Childbirth Association (SECA), 1979.

Sweet, P. T. Prenatal classes especially for children. MCN, 1979, 4(2), 82-83.

APPENDIX C

## PARENTS' QUESTIONNAIRE

Please complete this questionnaire and return it to me when you bring your child to his/her first Sibling Class.

1. Sex of older child: MALE \_\_\_\_\_ FEMALE \_\_\_\_\_
2. Age of child: \_\_\_\_\_
3. When in your pregnancy did you tell your child about the new baby?

\_\_\_\_\_ 3 months pregnant or less

\_\_\_\_\_ 4 - 5 months pregnant

\_\_\_\_\_ 6 months pregnant

\_\_\_\_\_ 7 - 9 months pregnant

4. Have you allowed your child to participate in the pregnancy?

\_\_\_\_\_ YES

\_\_\_\_\_ NO

If yes, in what way(s)?

\_\_\_\_\_ allowing him/her to feel the baby move

\_\_\_\_\_ allowing him/her to listen to the baby's heartbeat

\_\_\_\_\_ sharing your Lamaze exercises with him/her

\_\_\_\_\_ allowing the child to participate in naming the baby

(See next page)

Page 2

\_\_\_\_\_ allowing the child to help select toys, furniture, and/or clothes for the new baby

\_\_\_\_\_ other (please explain) \_\_\_\_\_

5. Has your child exhibited any behaviors that may suggest jealousy about the new baby?

\_\_\_\_\_ YES

\_\_\_\_\_ NO

If yes, please elaborate: (Please check only those behaviors either beginning or intensifying after being told of the pregnancy)

\_\_\_\_\_ clinging behaviors (wanting to stay close to you, not liking you to go somewhere without him/her, wanting to sit in your lap more than usual; wanting more hugs & kisses than usual)

\_\_\_\_\_ aggression toward parents (hitting, pinching, kicking, or yelling at you)

\_\_\_\_\_ aggression toward friends (same behaviors as above)

\_\_\_\_\_ temper tantrums (Please define) (jumping up & down, crying, kicking legs, screaming, throwing things)

\_\_\_\_\_ withdrawing and/or seeming depressed (wanting to be by himself; seems sad - doesn't smile or laugh; not wanting you to touch him)

Page 3

\_\_\_\_\_ toileting accidents (daytime)  
(wetting or soiling pants  
during day)

\_\_\_\_\_ wetting the bed

\_\_\_\_\_ asking for a bottle

\_\_\_\_\_ asking for a pacifier

\_\_\_\_\_ sucking thumb

\_\_\_\_\_ destructiveness (breaking or  
tearing up toys, clothing,  
furniture, any of own things or  
other's things)

\_\_\_\_\_ imaginary companion(s)  
(has a friend that really isn't  
there)

\_\_\_\_\_ other (please explain) \_\_\_\_\_

6. Has your child verbalized any feelings about the  
expected new baby?

\_\_\_\_\_ YES

\_\_\_\_\_ NO

If yes, were these feelings asked for by you or were  
they spontaneous from the child?

\_\_\_\_\_ ASKED FOR

\_\_\_\_\_ SPONTANEOUS

If asked for by you, were these feelings positive or  
negative?

\_\_\_\_\_ POSITIVE

\_\_\_\_\_ NEGATIVE

Page 4

If these feelings were spontaneous from the child, were they positive or negative?

\_\_\_\_\_ POSITIVE

\_\_\_\_\_ NEGATIVE

If positive, please elaborate:

If negative, please elaborate:

7. Have advanced arrangements been made as to whom your child will stay with while you are at the hospital?

\_\_\_\_\_ YES

\_\_\_\_\_ NO

If yes, whom?

\_\_\_\_\_ FATHER

\_\_\_\_\_ GRANDPARENT

\_\_\_\_\_ OTHER RELATIVE

\_\_\_\_\_ CLOSE FRIEND

\_\_\_\_\_ OTHER (Please explain) \_\_\_\_\_

Will your child remain in your home or stay at someone else's home while you are in hospital?

\_\_\_\_\_ OWN HOME

\_\_\_\_\_ SOMEONE ELSE'S HOME

Page 5

8. Did you tell your child about the Sibling Class in advance?

\_\_\_\_\_ YES

\_\_\_\_\_ NO

If yes, how far in advance?

\_\_\_\_\_ 2 or more weeks

\_\_\_\_\_ 1 - 2 weeks

\_\_\_\_\_ 5 - 6 days

\_\_\_\_\_ 3 - 4 days

\_\_\_\_\_ 1 - 2 days

\_\_\_\_\_ the day of the class

Was your child given a choice about attending the Sibling Class?

\_\_\_\_\_ YES

\_\_\_\_\_ NO

9. Did you discuss any ideas about the contents of the Sibling Class with your child?

\_\_\_\_\_ YES

\_\_\_\_\_ NO

If yes, what kinds of things did you talk about?

10. Was your child's initial reaction to the class positive or negative?

\_\_\_\_\_ POSITIVE

\_\_\_\_\_ NEGATIVE

Page 6

11. What would you like your child to learn in the Sibling Class?

12. Do you plan for your child to visit you and the baby in the hospital?

\_\_\_\_\_ YES

\_\_\_\_\_ NO

You can reach me at the following telephone numbers if you have any questions about this questionnaire or about the study.

797-1976 ext. 209

666-4332 (home)

APPENDIX D

## FOLLOW-UP QUESTIONNAIRE

Please answer these questions based on the time period since the conclusion of the Sibling Classes and the present time.

1. Sex of older child: MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

2. Age of older child: \_\_\_\_\_

3. Sex of new baby: MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

4. Was your child's reaction to the Sibling Class positive or negative?

\_\_\_\_\_ POSITIVE

\_\_\_\_\_ NEGATIVE

5. Did your child volunteer any information concerning what he/she learned in the class, or was questioning by you necessary in order to gather information about the class?

\_\_\_\_\_ VOLUNTEERED

\_\_\_\_\_ QUESTIONED

6. What specifically did your child discuss about the class?

\_\_\_\_\_ FEEDING BABY

\_\_\_\_\_ BURPING BABY

\_\_\_\_\_ DIAPERING BABY

\_\_\_\_\_ BATHING BABY

\_\_\_\_\_ TOUR OF LABOR & DELIVERY

\_\_\_\_\_ STORY BOOKS

\_\_\_\_\_ ROLE PLAYING

\_\_\_\_\_ OTHER

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7. Did your child participate in your pregnancy after the conclusion of the Sibling Class?

\_\_\_\_\_ YES

\_\_\_\_\_ NO

If yes, in what way?

\_\_\_\_\_ FELT BABY MOVE

\_\_\_\_\_ LISTENED TO BABY'S HEARTBEAT

\_\_\_\_\_ SHARED LAMAZE EXERCISES

\_\_\_\_\_ HELPED SELECT BABY'S NAME

\_\_\_\_\_ HELPED SELECT TOYS, CLOTHES, FURNITURE, ETC. FOR BABY

\_\_\_\_\_ HELPED PACK YOUR HOSPITAL SUITCASE

\_\_\_\_\_ HELPED PICK OUT BABY'S COMING HOME CLOTHES

8. Did your child discuss any negative or positive feelings about the expected baby before it was born?

\_\_\_\_\_ YES

\_\_\_\_\_ NO

If yes, were they negative or positive?

\_\_\_\_\_ NEGATIVE

\_\_\_\_\_ POSITIVE

Were these feelings spontaneous from the child or requested by you?

\_\_\_\_\_ SPONTANEOUS

\_\_\_\_\_ REQUESTED

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Please be specific about what was expressed?

9. Whom did your child stay with while you were in the hospital?

\_\_\_\_\_ FATHER  
 \_\_\_\_\_ GRANDPARENT(S)  
 \_\_\_\_\_ OTHER RELATIVE  
 \_\_\_\_\_ CLOSE FRIEND  
 \_\_\_\_\_ OTHER (Please explain): \_\_\_\_\_  
 \_\_\_\_\_

10. Did your child stay in your own home or at someone else's home while you were in the hospital?

\_\_\_\_\_ OWN HOME  
 \_\_\_\_\_ SOMEONE ELSE'S HOME

11. Was your child prepared in advance for these care-taking arrangements?

\_\_\_\_\_ YES  
 \_\_\_\_\_ NO

If yes, how long in advance?

\_\_\_\_\_ 2 or more months  
 \_\_\_\_\_ 1 - 2 months  
 \_\_\_\_\_ 3 - 4 weeks  
 \_\_\_\_\_ 2 - 3 weeks  
 \_\_\_\_\_ 1 - 2 weeks  
 \_\_\_\_\_ less than one week

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12. How long were you and the baby in the hospital?

13. Did your child visit you and the baby in the hospital?

\_\_\_\_\_ YES

\_\_\_\_\_ NO

If yes, how often?

\_\_\_\_\_ five or more times

\_\_\_\_\_ 3 - 4 times

\_\_\_\_\_ 2 times

\_\_\_\_\_ 1 time

14. Did you room-in with your baby?

\_\_\_\_\_ YES

\_\_\_\_\_ NO

15. Did your child visit with the baby in your room or in the nursery?

\_\_\_\_\_ IN ROOM

\_\_\_\_\_ IN NURSERY

\_\_\_\_\_ DID NOT VISIT WITH BABY

16. Did your child go to the hospital to accompany you and the baby home?

\_\_\_\_\_ YES

\_\_\_\_\_ NO

17. Has your child exhibited any behaviors that may suggest jealousy about the new baby?

Page 5

..... YES  
 \_\_\_\_\_

..... NO  
 \_\_\_\_\_

If yes, please elaborate:

\_\_\_\_\_ clinging behaviors (Wanting to stay close to you, not liking you to go somewhere without him/her, wanting to sit in your lap more than usual; wanting more hugs & kisses than usual)

\_\_\_\_\_ aggression toward parents (hitting, pinching, kicking, or yelling at you)

\_\_\_\_\_ aggression toward the baby (same behaviors as above)

\_\_\_\_\_ aggression toward friends (same behaviors as above)

\_\_\_\_\_ temper tantrums (jumping up & down; crying; kicking legs; screaming; throwing things)

\_\_\_\_\_ withdrawal and/or depressed (wanting to be by him/herself; seems sad - doesn't smile or laugh; not wanting you to touch him)

\_\_\_\_\_ toileting accidents (daytime) (wetting or soiling pants during day)

\_\_\_\_\_ wetting bed

\_\_\_\_\_ asking for a bottle

\_\_\_\_\_ asking for a pacifier

\_\_\_\_\_ sucking thumb

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- \_\_\_\_\_ destructiveness (breaking or tearing up toys, clothing, furniture; any of own things or other's things)
- \_\_\_\_\_ imaginary companion(s) (has a friend that really isn't there)
- \_\_\_\_\_ overly nurturant and/or loving toward baby (wanting to help with baby more than seems usual; seems overprotective of baby; always saying nice and loving things about baby, etc.)
- \_\_\_\_\_ other (please explain) \_\_\_\_\_

18. Does your child seem to enjoy helping with the baby?

\_\_\_\_\_ YES

\_\_\_\_\_ NO

If yes, does your child ask to help with the baby, or do you request his/her help?

\_\_\_\_\_ CHILD REQUESTS

\_\_\_\_\_ PARENT REQUESTS

What does your child enjoy doing the most?

\_\_\_\_\_ HOLDING BABY

\_\_\_\_\_ FEEDING BABY

\_\_\_\_\_ HELPING CHANGE DIAPERS

\_\_\_\_\_ PUTTING LOTION OR POWDER ON BABY

\_\_\_\_\_ HELPING BATHE BABY

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..... OTHER (please explain) \_\_\_\_\_  
 \_\_\_\_\_

If no, does your child ever help after you request it?

\_\_\_\_\_ YES

\_\_\_\_\_ NO

19. Did you find the list of suggestions/recommendations helpful?

\_\_\_\_\_ YES

\_\_\_\_\_ NO

Which ones were the most helpful to you?

20. Do you think that the Sibling Class was successful in preparing your child for becoming a Big Brother/Big Sister?

\_\_\_\_\_ YES

\_\_\_\_\_ NO

21. Do you have any other questions or suggestions to make regarding the Sibling Class or the list of suggestions/recommendations?

APPENDIX E

## PERCENTAGE RESULTS OF QUESTIONNAIRES

Older Child: Males 5 (42%) Femlaes 7 (58%)  
 New Baby: Male 7 (58%) Females 5 (42%)  
 When Child told of Pregnancy: 100% within first trimester  
 Participation in Pregnancy: 100%

	<u>Pre</u>	<u>Post</u>
1. Felt baby move	100%	----
2. Listen to baby's heart	42%	92%
3. Share Lamaze exercises	21%	50%
4. Help name baby	75%	83%
5. Help select clothes, furniture, etc.	67%	75%
6. Helped pack mom's bag	----	67%
7. Helped pick out baby's coming home clothes	----	75%
Exhibited jealousy or rivalry behaviors?		
	<u>YES</u> 58%	17%
	<u>NO</u> 42%	83%
1. Clinging behaviors	50%	17%
2. Aggression toward parent	27%	0
3. Aggression toward peers	0	0
4. Aggression toward baby	----	0
5. Tantrums	17%	0
6. Withdrawal/depression	8%	8%
7. Tioleting accidents (day)	8%	0

8. Wetting Bed	0	0
9. Wants Bottle	8%	0
10. Wants Pacifier	0	0
11. Sucks thumb	8%	8%
12. Destructiveness	0	0
13. Imaginary Companion	8%	0
13. Overly nurturant to baby	----	0

Did child discuss feelings about having a new baby:

1. Yes	92%	100%
2. No	8%	0
3. Positive	92%	100%
4. Negative	17%	8%

Who will/did your child stay with while mother was in the hospital:

1. Father	50%	50%
2. Grandparent(s)	42%	42%
3. Other relative	8%	8%
4. Close Friend	0	0
5. Own home	58%	75%
6. Someone else's home	42%	25%

Are there plans for/did child visit you in the hospital?

1. Yes	92%	100%
2. No	8%	0

Was your child given a choice about attending the Sibling Class:

1. Yes	67%	----
2. No	33%	----

What was your child's reaction to the class:

1. Positive	83%	100%
2. Negative	17%	8%

Does your child ask to help with the baby:

1. Yes	----	92%
2. No	----	8%
3. Hold baby	----	100%
4. Feed baby	----	83%
5. Change diapers	----	17%
6. Lotion or powder on baby	----	42%
7. Bathe baby	----	58%

Do you think the Sibling Class was helpful to your child:

1. Yes	100%	100%
2. No	0	0

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