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EARLY SIBLING RELATIONSHIPS

by
Patricia McCook Rager

B.S.N., Virginia Commonwealth University, 1971

Thesis

submitted in partial fulfillment of the requirements for the
Degree of Master of Science in the School
of Nursing at the Medical College of Virginia

Virginia Commonwealth University

Richmond, Virginia

May, 1978

This thesis by Patricia McCook Rager is accepted in its present form as satisfying the thesis requirement for the degree of Master of Science.

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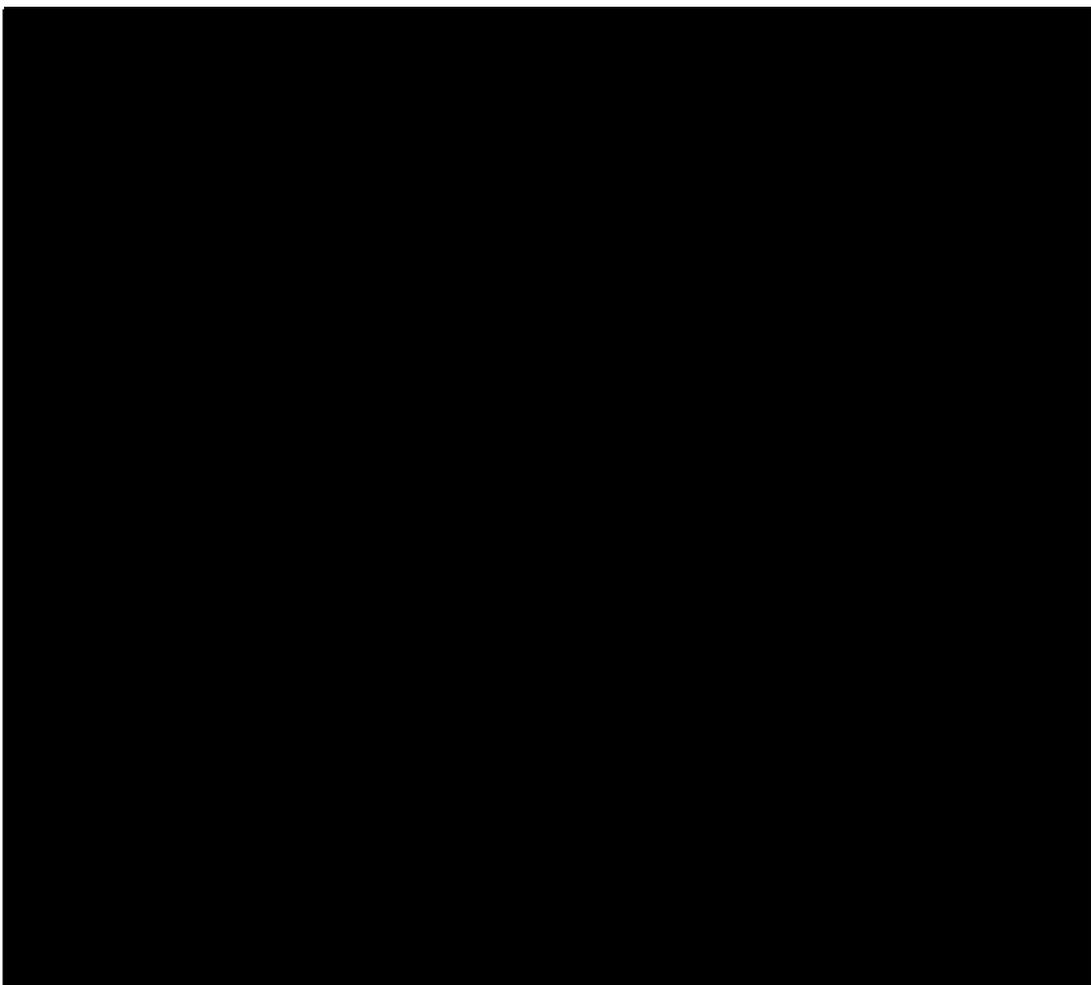
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ACKNOWLEDGEMENTS

The investigator wishes to express her gratitude to Dr. Beauty D. Crummette for her guidance throughout the graduate program and the duration of this study, as well as to the investigator's husband and parents for their support.

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CHAPTER I

INTRODUCTION

Most of the richness and beauty of life is derived from the close relationship that each individual has with a small number of other human beings--mother, father, brother, sister, husband, wife, son, daughter, and a small cadre of close friends. With each person in this small group, the individual has a uniquely close attachment or bond. Much of the joy and sorrow of life revolves around attachments or affectional relationships--making them, breaking them, preparing for them, and adjusting to their loss.¹

This study dealt with one of those special attachments, the relationship a child formed with his newborn brother or sister.

Much literature has been written on sibling rivalry. The Bible attests to hatred and homicidal impulses related to fraternal jealousy between Cain and Abel, Jacob and Esau, and Joseph and his brothers, to name a few. Greek mythology, as well as English literature throughout the ages, abounds in themes of sibling rivalry. Many psychological studies have been done on older children and adults who had extremely poor childhood sibling

¹John H. Kennell and Marshall H. Klaus, Maternal-Infant Bonding (St. Louis: C. V. Mosby Co., 1976), p. 1.

relationships, but they also had many other pathologies, and the studies were done in hindsight.

Few articles have been written on sibling bonding--its manifestations and the types of things that might be done to assist in its development. Nursing research is sadly lacking in this area. The mother-infant relationship has received a great deal of deserved attention; studies have produced volumes of information and implications and applications for clinical practice. The father-infant relationship has only recently been recognized as being extremely important. Many fathers are now enjoying and participating in the care of their children. Currently sociologists and psychologists are examining the child's entire social network, one which includes siblings, grandparents, adult friends and peers all of whom appear to serve important functions in the child's life.

The experience of becoming and having a sibling is a common situation for many preschool children. The addition of a new infant to a family with a preschooler presents a unique challenge to parents. Since professional Nursing is concerned with the well-being of families and their development of healthy, mutually satisfying relationships, it is important that the nurse gain an understanding of sibling relationships. Before she can

help individual family members meet their needs, she must observe interactional patterns. Nurses are often involved with a family. This involvement provides opportunities for obtaining an overview of the life cycle--pregnancy, childbirth, and early days and years of the children's lives. The involvement gives nurses the opportunity to collect data from families directly and to provide anticipatory guidance, e.g., concerning preparation of a child for a sibling and support of healthy coping mechanisms. Certainly the emphasis of pediatric health care today is on prevention rather than simply alleviating the symptoms of diseases. More attention to the needs of the developing family could foster positive relationships and prevent disturbances in family life.

It has been noted by the investigator in her professional experience that parents have questions concerning sibling relationships, especially around the time of childbirth. It was hoped that this study would reveal information which might be helpful to nurses, pediatricians, obstetricians, and others who provide anticipatory guidance for parents.

Statement of the Problem

The problem for study is the effect of the newborn infant upon a preschool-age sibling. What are the behaviors exhibited by a preschooler when a newborn sibling is

brought into the home? Is there a relationship between preparation and the quality of the sibling interaction? Does the age of the preschooler influence his attachment to the sibling? Does the gender of the infant affect the sibling relationship?

Definition of Terms

For the purposes of this study the following terms were defined:

Preschooler--a child who has at least reached his third birthday but has not yet reached his sixth birthday or begun first grade.

Sibling--one of two persons born of the same parents; brother or sister.

Bonding--an attachment; a unique relationship between two people that is specific and endures through time. Behaviors such as fondling, kissing, prolonged gazing are indicators of bonding--they serve to maintain contact and exhibit affection.² Here, the bonding refers to the older child's attachment to the infant.

Rivalry--an angry feeling that results when a person is frustrated in his desire to place first. Rivalry is related to jealousy, the angry feeling that results when

²Ibid., p. 2.

a person is frustrated in his desire to be loved best.³
In this study, the rivalry refers to the older child's rivalry or aggression against the infant.

Limitations

The investigator recognizes the lack of control for intervening variables. Family events prior to the study are unknown to the investigator, unless shared by the mothers. The investigator had no control over other variables, such as families moving, illness, visits by relatives, etc.

The investigator recognizes that in observation, one's perception may have been unconsciously affected during the observation sessions. Also, the children's varied developmental levels and temperaments were uncontrollable variables.

Another limitation of the study is the inability to generalize findings beyond the five families studied, as the sample is not representative of all families with a preschooler and newborn infant.

³Mollie S. Smart and Russell C. Smart, Children: Development and Relationships (New York: Macmillan Company, 1972), p. 214.

CHAPTER II

REVIEW OF RELATED LITERATURE

The literature review related to this study contained the following topics: the normal psychosexual development and cognitive ability of the preschool child; the child's capacity for coping; the concept of attachment; the process of relationship formation; the importance of siblings; and reactions of children to a new baby in the home.

Normal Psychosexual Development of the Preschool Child

Psychoanalytic Theory

The preschool age child of three through five is, according to Freud, in the phallic stage of psychosexual development. During this Oedipal period, the child finds his place as a male or female within his family and develops a gender identity. The Oedipal situation is considered a central event in personality development and critical to the patterning of all subsequent interpersonal relationships.¹

¹Theodore Lidz, The Person (New York: Basic Books, Inc., 1968), p. 77.

Anna Freud found the phallic phase to be characterized by the possessiveness of the parent of the opposite sex and rivalry with the same-sex parent.² Erik Erikson believed that the basic issues of this stage of psychosexual development involved a balance between initiative and guilt. Initiative is concerned with seeking of a parental love object and becoming a person like the parent of the same sex through identification.³ Helene Deutsch pointed out that the child's sexual curiosity reaches its greatest intensity during the phallic phase and is manifested in his preoccupation with the anatomic differences between the sexes.⁴ In addition, the preschool child wants to know the "because" of everything and how things are made, especially where he came from.

Guilt stems from rivalry with father and siblings for the mother. Resultant anxiety over retributions (e.g., castration, abandonment, death) leads to the development of

²Anna Freud, "The Concept of Developmental Lines" in Normality and Pathology in Childhood: Assessments of Development (New York: International University Press, 1965), pp. 63-71.

³Erik Erikson, Childhood and Society (New York: W. W. Norton Co., 1963), p. 256.

⁴Helene Deutsch, The Psychology of Women, A Psychoanalytic Interpretation, vol. 1 (New York: Grune and Stratton, 1944), pp. 1-2.

the superego which serves to regulate initiative.⁵ The capacity to integrate conflicting forces is severely tested during the Oedipal period when the child's fantasized desires and his limited reality-testing ability create situations filled with danger and frustrations. "The family forms a microcosm in which a patterning of ways of relating to others and reacting emotionally is laid down."⁶ The child learns to adjust to competition of siblings for attention and affection. He prepares himself for peer and school participation. He appears more grown up in his daily activities, and plays through imitation. Peller stated that "In Oedipal play, the trappings are taken from the outer world, but the problems the child tries to solve, the deficiencies for which he tries to compensate are his very own."⁷

Hattwick studied preschoolers (ages 2½ to 4) and found distinct behaviors more prevalent for each sex. He observed preschool boys attack others, break and grab toys, rush into danger and be harder to reason with than girls.

⁵Erikson, Childhood and Society, p. 256.

⁶Lidz, The Person, p. 190.

⁷Lili Peller, "Libidinal Phases, Ego Development, and Play," Psychoanalytic Study of the Child IX (1954): 188-189.

He observed preschool girls to avoid risk and avoid playing with others, to boss, misinterpret facts, become jealous, seek praise and tell fanciful stories more often than boys.⁸

Cognitive Ability

According to Piaget, the preschool child is in the preoperational period of thought (this period extends from age two to seven). The child has access to a comprehensive representation of reality that can include past, present, and future events, but he only has the beginnings of an equilibrated system for dealing with concrete reality.⁹ The child learns by social transmission. Lidz agreed that there was an orientation toward the future rather than simply toward gratification of present needs and wishes, and he can use fantasy as a means of gratification and amusement.¹⁰

Fantasy and reality are intermingled. Flavell agreed that the preoperational child does not clearly distinguish play and reality as different cognitive realms possessing

⁸Laberta Hattwick, "Sex Differences in the Behavior of Nursery School Children," Child Development VIII (December 1937):350-351.

⁹John Phillips, Jr., The Origins of Intellect, Piaget's Theory, 2nd ed. (San Francisco: W. H. Freeman and Co., 1975), p. 79.

¹⁰Lidz, The Person, p. 192.

distinct and different "ground rules."¹¹ In his magical thinking, the child believes his wishes will come true. According to Fraiberg, the child superimposed new information given to him upon his old personal theories and the result was a curious mixture of fact and fantasy that is uniquely his own.¹²

Stone and Church reported that the child's first perception of causal relations was animistic and artificial. Animism purports that things are seen to move, act, and react in terms of one's own built-in thoughts (e.g., "Flowers hurt when they are picked from a garden."). Artificialism is seen in children when they perceive purpose and meaning in everything.¹³

Piaget has outlined six characteristics of pre-operational thought. First, concreteness refers to the child's running through symbols for events as though he were actually participating in the events themselves; he does not analyze and synthesize as the adult would. Second, preoperational thought is also irreversible. The young

¹¹John Flavell, The Developmental Psychology of Jean Piaget (New York: D. Van Nostrand Co., 1963), p. 161.

¹²Selma Fraiberg, The Magic Years (New York: Charles Scribner's Sons, 1959), pp. 195-200.

¹³Joseph Stone and Joseph Church, Childhood and Adolescence, A Psychology of the Growing Person (New York: Random House, 1975), p. 304.

child is unable to make simple transpositions that he has visualized. Third, egocentric thinking is the inability to take another person's point of view, of only seeing things one way. The preoperational child needs repeated social interactions of taking into account the viewpoint of others before taking on the role of another. He tends to lack compassion for his contemporaries. Fourth, the preoperational child has the tendency to center his attention on one striking feature of a situation, rendering him unable to process information from other aspects of the event. Fifth, preoperational thought is characterized by states versus transformations, an inability to integrate a series of conditions into a coherent whole. Sixth, the last characteristic is transductive reasoning, thinking not from the general to specific or vice versa, but from the particular to the particular.¹⁴

The Child's Capacity for Coping

Much of the literature concerning children deals with problems. Lois Murphy in the Widening World of Childhood was interested in children's positive ways of dealing with life's challenges. She defined the coping

¹⁴Phillips, Jr., The Origins of Intellect, Piaget's Theory, pp. 70-75.

process as

the steps or sequences through which the child comes to terms with a challenge or makes use of an opportunity. Adaptation is the result. Coping devices involve choices in ways of using resources and also new structures and integrations developed by the individual to master its individual problems with the environment.¹⁵

Defense mechanisms were noted to often be part of the overall coping effort. These are intrapsychic operations utilized by the child to reduce anxiety aroused by inner conflict or conflict between pressures from outside and inside.¹⁶ Coping styles begin in infancy and are refined in each successive developmental phase. The child is constantly learning how to get along in new situations because the environment continually presents new situations. Coping efforts at any one stage contribute to the development of coping skills and the drive toward mastery.¹⁷

Lois Murphy observed midwest preschool children in crisis situations--throughout hospitalizations, divorce, moving, funerals, tornadoes, the Kennedy Assassination, etc.

¹⁵Lois Murphy, Widening World of Childhood (New York: Basic Books, 1962), p. 6.

¹⁶Lois Murphy, "Coping Devices and Defense Mechanisms in Relation to Autonomous Ego Functions," Bulletin of the Meninger Clinic XXIV (May 1960):30.

¹⁷Murphy, Widening World of Childhood, p. 356.

The investigators used natural history observations and records kept by mothers which contributed much to the observations. "Good copers were confident, flexible, and resourceful in their use of the environment and management of frustrations."¹⁸

Murphy recognized that there are many normal expectable stresses of childhood. She stated,

Individual differences in coping resources and resilience within the child, as well as differences in support from the environment, help to determine which children can weather these stresses sufficiently to permit continued growth, and can develop increasing capacity to reach workable relationships with the environment.¹⁹

Effective coping should provide the child with the capacity for gratification, relationships, and growth.

Robert White, in his studies of competence, also stated that adaptation is influenced by securing adequate information about the environment; maintaining internal homeostasis for action and processing information; and

¹⁸Lois Murphy and Alice Moriarity, Vulnerability, Coping and Growth from Infancy to Adolescence (New Haven: Yale University Press, 1976), p. 109.

¹⁹Lois Murphy, "Preventive Implications of Development in the Preschool Years" in Gerald Caplan, Prevention of Mental Disorders in Children (New York: Basic Books, Inc., 1961), p. 220.

maintaining freedom to use one's repertoire of strategies flexibly.²⁰

Anna Freud wrote of another way the ego handles a stressful situation. Temporary regression allows the ego enough time to test solutions that have been effective previously and integrate them into a new response that deals effectively with the stress. Generally, when there is a regression in ego function the most recent achievement is the first to be lost.²¹

Concept of Attachment

As in the previous portions of the review, the literature was not found primarily in research studies, but in books and journals.

Literature related to the attachment process gained impetus in 1956, and has been voluminous for the past twenty years. Sylvia Brody in Patterns of Mothering supported Freud's thesis that one's relationship with a mother was the forerunner of all relationships.²² She stated that the

²⁰Robert White, "Strategies of Adaptation" in George Coelho, David A. Hamburg and John E. Adams, eds., Coping and Adaptation (New York: Basic Books, 1974), p. 82.

²¹Anna Freud, "Regression as a Principle in Mental Development," Bulletin of the Meninger Clinic XXVII (May 1963):130-137.

²²Sylvia Brody, Patterns of Mothering (New York: International Universities Press, 1956), p. 378.

mother-infant bond is biologically important to the survival and well-being of the infant.

Mary Ainsworth coined the term attachment as an affectional tie that one person forms to another specific person, binding them together in space and enduring over time. Attachment is discriminating and specific. One may be attached to more than one person. Positive affects predominate, and we usually think of attachment as implying affection or love.²³

Infant Attachment to Mother

Ainsworth, as Brody, believed that the infant forms his first attachment to his mother. From birth onward, the infant behaves to promote proximity and contact. His cries and smiles are precursors of attachment behaviors.

Ainsworth stated that in order for attachment to occur, one must be able to discriminate the attachment figure from other persons and be able to conceive of a person as having a permanent and independent existence.²⁴ Fondling and prolonged gazing are also attachment behaviors. Although at first, initiation of interaction rests

²³Mary Ainsworth, "The Development of Infant-Mother Attachment" in B. M. Caldwell and H. N. Ricciuti, eds., Review of Child Development Research, vol. 3 (Chicago: University of Chicago, 1973), p. 1.

²⁴Ibid., p. 28.

principally with the mother, interaction is influenced by the characteristics and the behavior of the infant. It is a reciprocal process.

Child Attachment

Bowlby stated that although the child's principal attachment-figure is usually the mother, others can effectively take the role. The child seeks the attachment-figure when tired or ill; he seeks a playmate when he is in good spirits.²⁵

Tiegel studied secondary attachments by infants to their preschool aged siblings. The infants were twelve to eighteen months of age. It was decided that sibling attachment is a useful concept, and able to be differentiated from general sociability and primary attitudes to the mother.²⁶

Weinraub, Brooks, and Lewis reported confusion between the role of attachment in early infancy with the more general role of attachment through the life-span. The characteristics of the bond change as the child does. Weinraub et al., wrote that children's relationships vary

²⁵J. Bowlby, "The Nature of the Child's Tie to His Mother," International Journal of Psychoanalysis 39 (1958): 306-307.

²⁶Ingrid Tiegel, "A Validation Study of Sibling Attachment," (dissertation, University of Minnesota, 1973).

in frequency, quality, and length of endurance. They may also vary in nature; parent love, sibling love, and friend love are not synonymous. They suggest characterization of each relationship as a function of an object, situation and age rather than grouping all relationships together under the rubric of attachment.²⁷

Relationship Formation

Theodore Newcomb stated that in the beginning of all interpersonal relationships there occurs a process of acquaintance that forms the basis of subsequent interpersonal behavior. This process consists of these three components: the acquisition of information about the other; the assessment of the other's attitude; and either reinforcement or change in existing states of orientation about the other.²⁸

Lewis described the interpersonal schemes as consisting of three components: the intellectualive (one's knowledge about the other person); the affective (one's

²⁷Martha Weinraub, Jeanne Brooks, and Michael Lewis, "The Social Network: A Reconsideration of the Concept of Attachment," Human Development XX (1977):37.

²⁸Theodore Newcomb, The Acquaintance Process (New York: Holt, Rinehart and Winston, Inc., 1961), p. 259.

feelings and emotions evoked by interactions); and the enactive (how the person relates to and acts upon others).²⁹

According to Alloway, specific interaction patterns form the raw material for the development of new social relations. The patterning of the activities of the two individuals forms the basis of their emerging relationship. The physical and cognitive capacities of the children involved constitute a very obvious set of limitations; however, even the infant sends cues by his cries and glances.³⁰

In the 1920's and the 1930's some researchers such as Bridges, Buhler, Maudry and Nekula studied friendship in infancy and childhood. With the exception of Piaget who sees symbolic play, imagination and imitation as efforts to become a social member of the family, there was a dearth of information on peer relationships until the late 1950's. When the information did become more prevalent, the focus became the more normal processes rather than the pathological.

²⁹Michael Lewis and Leonard Rosenblum, eds., Friendship and Peer Relations, The Origins of Behavior Series, vol. 4 (New York: John Wiley and Sons, Inc., 1975), p. 208.

³⁰Thomas Alloway, Patricia Pliner, and Hester Kramer, Attachment Behavior, Advances in the Study of Communication and Affect, vol. 3 (New York: Plenum Press, 1977), pp. 74-75.

In 1957, James Walters et al., wrote that although much has been learned about children's aggressive behavior, little is known about the behaviors which are friendly or affectional in nature, or the comparative frequency with which young children express affectionate and aggressive behavior.³¹ The Oklahoma research team studied 124 preschool children of professors during self-directed activity periods. The following were the findings of the pre-schoolers' play periods with each other:

1. At age three, four and five, the children were more verbally than physically affectionate.
2. There was little difference in the frequency with which physical and verbal aggression was evidenced.
3. Boys were more aggressive than girls.
4. At all ages, the children were more affectionate than aggressive in their response to others and more frequently employed affection than aggression in initiating contacts.
5. There was a tendency for the boys to choose boys or adults rather than girls as recipients of their affectional contacts.³²

³¹James Walters, Doris Pearce, and Lucille Dahms, "Affectional and Aggressive Behavior of Preschool Children," Child Development XXVIII (March 1957):15.

³²Ibid., p. 25.

In 1967, Lester Crow stated, that if a child was afforded many opportunities to display affection, he would develop a feeling of security that would enable him to play and work with others on a cooperative basis free from serious resentment or jealousy.³³

Michael Lewis, as late as 1975, was the first to examine the child's entire social network in which parents, the child's grandparents, adult friends, siblings and peers all served an important function in the child's life. He wrote that to limit the study of early social development to attachment to the mother ignored the infant's many experiences with others. Relationships with peers developed concurrently with relations with parents. Lewis stated that the area of peer relationships was pioneer research, and the techniques for investigating peers have yet to be worked out. Studying peers in interaction necessitated dealing with problems in dyadic or reciprocal terms.³⁴ Even the young infant responded to people in his environment and initiated interactions. He responded differently to different people; his responses changed as he developed and gained more experiences.

³³Lester Crow, Psychology of Human Adjustment (New York: Alfred A. Knopf, 1967), p. 126.

³⁴Lewis, Friendship and Peer Relations, pp. 293-297.

Lewis further believed that there were continuities between research on peers and infant-mother attachment. He stated, though, that in young children, the inquiry must evolve around emerging capabilities, through the study of social interactions. Childhood relationships were most frequently indexed by the frequency with which the child approached the other child and by the specific overtures made.³⁵ Therefore, the relationships were indexed by the quality as well as the quantity of social interaction.

The Importance of Siblings

Brian Sutton-Smith in his book, The Sibling, wrote that brothers and sisters have a great effect on personality and development. Although most works showed how parents make siblings different, he emphasized that siblings also made each other different.³⁶

Lewis stated that there was ample evidence of the strength of peer relations in terms of learning, imitation and social role development.³⁷ According to Bronson, peers surrounded every individual throughout his life and were a

³⁵Ibid., pp. 300-305.

³⁶Brian Sutton-Smith and B. G. Rosenberg, The Sibling (New York: Holt, Rinehart and Winston, 1970), p. 2.

³⁷Lewis, Friendship and Peer Relations, p. 7.

significant source of experience which became incorporated into his image as a competent human being.³⁸

Siblings have a great range of contacts, often eating, bathing and sleeping together. They shape each other's behavior through their actions, and model after each other's examples. They often meet each other's needs for affection, and act as counselors, leaders, and protectors.³⁹ Closeness to and acceptance by peers in childhood seems to contribute to well-being in the adult. According to Einstein and Moss, sibling relationships teach an acceptance of delayed gratification and provide an opportunity to become aware of the rights and obligations of the self and others.⁴⁰

Since 1960, there has been an emphasis on ordinal position, but the studies have been unsystematic and emphasized only sibling power conflict. Forer defined birth order as a position into which a child is born within the family. She believed that there were specific strengths and weaknesses inherent in each birth order position.⁴¹

³⁸W. C. Bronson, "Competence and Personality" in The Growth of Competence by Kevin Connally and Jerome Bruner (New York: Academic Press, 1974), p. 247.

³⁹Sutton-Smith and Rosenberg, The Sibling, pp. 7-12.

⁴⁰G. Einstein and M. Moss, "Some Thoughts on Sibling Relationships," Social Casework XLVIII (1967):549.

⁴¹Lucille Forer, The Birth Order Factor (New York: David McKay Co., 1976), p. 8.

Toman was interested in the family constellation and in the effects of sibling position on an individual. He discovered that the closer new relationships duplicated those of one's sibling childhood, the more successful they would be.⁴²

Reactions of Children to A New Baby in the Home

The experience of becoming and having a sibling is a common one for many preschool children. Alfred Adler was among the first to address himself to the reactions of children to a new baby in the home. According to Adler, the first-born is given a good deal of attention until the second is born when he is suddenly dethroned from his favored position and must share his parents' affections with the new baby. Adler felt that this conditioned the older child to hate people, protect himself against sudden reversals of fortune, and to feel insecure. He stated that if the parents would prepare the oldest child for the appearance of a rival, the oldest child would be more likely to develop into a responsible, protective person.⁴³ He further stated that jealousy is a form of striving for power and that this jealousy arises from a feeling of being

⁴²Walter Toman, The Family Constellation (New York: Springer Co., 1961), p. 80.

⁴³Alfred Adler, What Life Should Mean to You (Boston: Little, Brown and Co., 1931), p. 144.

neglected or discriminated against. Adler felt that jealousy occurs almost universally among children with new siblings.⁴⁴

Sigmund Freud saw the child as egotistical, and striving against his competitors, especially his brothers and sisters. He further stated that the child knows enough to calculate the disadvantage it has to expect on account of the newcomer.⁴⁵ Later he wrote that the first child forced into second place by the birth of another may handle his natural anger by tactics ranging from profound embitterment to adopting the younger sibling as a new love object to replace the disappointing parent. A child's position in the sequence of brothers and sisters is of very great significance for the course of his later life.⁴⁶

Helene Deutsch noted that every child reacts with great envy to the birth of a brother or sister--envy over love, care, and food enjoyed by the newcomer.⁴⁷ D. W.

⁴⁴Alfred Adler, Understanding Human Nature (New York: Premier Books, 1927), pp. 221-223.

⁴⁵Sigmund Freud, The Interpretation of Dreams (New York: Macmillan, 1913), pp. 212-213.

⁴⁶Sigmund Freud, A General Introduction to Psycho-analysis (New York: Garden City, 1938), p. 182.

⁴⁷Helene Deutsch, The Psychology of Women, A Psycho-analytic Interpretation, vol. 1 (New York: Grune and Stratton, 1944), p. 234.

Winnicott agreed--"it is so usual as to be called normal when a child is upset at the birth of a new one."⁴⁸

Cecily Legg stated that the most commonly discussed immediate reactions to the birth of a sibling are direct aggression toward the baby, attention-seeking behavior, and varying degrees of regression, with the alternative of a move toward mastery and independence.⁴⁹ Based on her clinical observations of twenty-seven sibling pairs, Ruth Smalley stated there was more jealousy in all-male and all-female sibling pairs.⁵⁰

David Levy studied 12 three and four year olds who had been referred for mild behavior problems connected with sibling rivalry experiences. He constructed play situations to help release children's feelings, and similar patterns of activity appeared in the child's response to the mother-baby combination. Checks to the impulse to destroy included self-punishment, making good the damage done, and defensive measures. He surmised that these checks served to decrease

⁴⁸D. W. Winnicott, The Child and the Family, First Relationships (London: Tavistock Publications, Ltd., 1957), p. 109.

⁴⁹Cecily Legg, Ivan Sherrick, and William Wadland, "Reaction of Preschool Children to the Birth of a Sibling," Child Psychiatry and Human Development V (Fall 1974):4.

⁵⁰Ruth Smalley, "The Influences of Differences in Age, Sex, Attitudes of Siblings to Each Other," Smith College Studies of Social Work I (1930):40.

hostility and allow growth of other forms of response.⁵¹ He concluded that the closer the relationship of the child to the mother, the greater is the disturbance caused by "the intruder," and the more likely overt manifestation of hostility. He also reported diminishing problems with an increase in the age difference of the rivals, recognizing that the older the child the less likely is his emotional life to be so closely bound with the mother.⁵²

In 1963, V. Henchie studied the immediate reactions and later relationships of thirty-three London child-pairs. The disturbance caused by the birth of a sibling was found to be greater the younger the child. Henchie also stated that the relationship became strained as the infant became a play-disrupting toddler.⁵³ Stuart and Prugh stated that although preschool children have some capacity for beginning communication of thought and feelings and for the development of positive relationships, feelings of children toward

⁵¹David M. Levy, "Studies in Sibling Rivalry," American Orthopsychiatric Association Research Monographs II (1937):72.

⁵²Ibid., p. 12.

⁵³V. Henchie, "Children's Reactions to the Birth of a New Baby," Unpublished Child Development Report, University of London Institute of Education, 1963.

siblings are like all other human relations, tinged with ambivalence."⁵⁴

According to Reva Rubin, all family members react with disappointment and frustration after the initial pleasure of the new relationship. Until the newcomer responds meaningfully and personally to the father and to the siblings, he is a demanding and consuming bore. According to Rubin, it takes about three months for the infant to contribute to the mother-child relationship, another six months for the father-child relationship, and another year to acquire appropriate responses for a sibling relationship.⁵⁵

E. Powers studied lower and higher socioeconomic children and their adjustment after the birth of a sibling. Clinical evidence showed increased adjustment problems in the lower class. The researchers felt this could be attributed to the lower socioeconomic class parents being less perceptive and more punitive. It was felt this was due

⁵⁴Dana Prugh, "The Preschool Child" in Harold Stuart and Dana Prugh, The Healthy Child: His Physical, Psychological and Social Development (Cambridge, Mass.: Harvard University Press, 1962), pp. 266-269, 277.

⁵⁵Reva Rubin, "The Family-Child Relationship and Nursing Care," Nursing Outlook XII (September 1964):37.

to a stressed daily existence and therefore an inability to meet the children's emotional needs.⁵⁶

In 1969, Moore studied children who had gained a sibling. He found that the intellectual development of boys, not girls, who obtained siblings before four years of age, slowed down. This was attributed to repression of anger tying up creative energy.⁵⁷ Thomas, Birch, and Chess studied eighteen families in which a younger sibling was born. Over half of the children showed reversion to more dependency in performing activities or aggressive behavior toward the new infant.⁵⁸

In the study of Legg, Sherrick and Wadland of the University of Michigan Child Analytic Study Program, twenty-one preschoolers of college-educated fathers were studied. Ages of children ranged from 11½ months to 5 years and 2 months at the time of the sibling's birth. One interview was held to gather information about the child. The interviewer addressed himself to the child's reaction and

⁵⁶E. Powers, "Children's Adjustment to A Sibling's Birth and Its Relation to Ego Function," (dissertation, Boston University, 1969).

⁵⁷Terence Moore, "Stress in Normal Childhood," Human Relations XXII (1967):3.

⁵⁸A. Thomas, H. G. Birch, and S. Chess, "Individuality in Responses of Children to Similar Environmental Situations," American Journal of Psychiatry 117 (1961):800.

response to the new sibling (a) in the anticipatory waiting period, (b) at the time of birth of the sibling with the separation from mother, (c) at the time of the mother's return home with the infant, and (d) after. It was shown that for this sample the preparation, visiting of the mother in the hospital, and father involvement appeared to help the child's adjustment. The most common regressions were toward the bottle and toilet training difficulties. Older siblings exposed to breastfeeding found this difficult.⁵⁹

According to Burton White, if a sibling is at least three years older than the baby, the child does not spend a great deal of time with the baby. He has entered into a period where he is much more oriented to children his own age and more inclined to play with peers. The preschooler also has a greater coping capacity than the toddler.⁶⁰ White found that children in the Harvard Preschool Project who were spaced less than three years apart in their families had greater stress than when the gap was greater than three years.⁶¹

Marcene L. Erickson observed in nursing clinical situations that parents benefited greatly from anticipatory

⁵⁹Legg, Sherrick and Wadland, "Reaction of Preschool Children to the Birth of a Sibling," p. 38.

⁶⁰Burton White, The First Three Years of Life (Englewood Cliffs, N.J.: Prentice-Hall, Inc., 1975), p. 236.

⁶¹Burton White, "Critical Influences in the Origins of Competence," Merrill-Palmer Quarterly XXI (1975):263.

counseling, thus facilitating the adjustment for the older sibling and the parents when a new infant is brought home. Erickson's work advocated helping parents anticipate potential problem areas and planning appropriate activities for the children. This was the only nursing reference devoted exclusively to the parental management of sibling interactions.⁶²

In summary, the normal psychosexual development and cognitive ability of the Oedipal child was reviewed in order to gain insight into the thinking and emotions of the children under study. The child's capacity for coping review showed individual differences in and flexibility of coping styles which determine the child's capacities to deal with the normal expectable childhood stresses. The literature on attachment supported the thesis that one's relationship with a mother was the forerunner of all relationships, but that one may be attached to more than one person. One researcher studied secondary attachments by infants to their preschool siblings.

Review of the relationship formation concept revealed the existence of an acquaintance process in the

⁶²Marcene L. Erickson, *Assessment and Management of Developmental Changes in Children* (St. Louis: The C. V. Mosby Co., 1976), p. 237.

beginning of all interpersonal relationships, during which time patterning of the activities of the two individuals begins.

One research team studied the affectionate and aggressive behavior of preschoolers with each other. The importance of siblings to the personality and development of the child was reviewed. Traditionally, research on sibling relationships has been geared to those siblings with histories of extreme rivalry. Few investigators have examined the positive reactions of children and followed the relationship from the beginning.

Literature concerning reactions of children to a new baby in the home included a study of preschoolers' aggressive and regressive behaviors as well as moves toward mastery. A few scattered research studies of sibling relationships were done in the 1930's and there has been a renewed interest in the 1970's, with the trend toward viewing the child as a person in a complex social network. The investigator was unable to locate any nursing research reports on sibling relationships, although one nursing leader has devoted a chapter of her book to anticipatory guidance for parents upon the birth of their second child.

CHAPTER III

METHODOLOGY

Interactions between five preschoolers and their newborn siblings and mothers were observed weekly (seven to eight observations per family) utilizing the non-participant observer technique. During the first observation, open-ended questions were used to structure a sixty-minute interview with the mother focused upon the period of the child's anticipation of the baby's birth, the period of the child's separation from the mother during her hospitalization, and the period following the mother's return home with the baby. At the beginning of each subsequent observation mothers were asked to comment on their children's behavior which had occurred during the time period between the investigator's home visits.

Setting

The study was conducted in the homes of the subjects located in a southeastern city with a population of approximately 250,000. The only request that the investigator made of the mothers was that both children be together in the same area during the observation periods. Mothering activities such as breastfeeding, holding, and diapering went on as usual and mothers were encouraged to

continue their normal routines. Timing for visits was arranged with mothers. The time of day that the investigator visited each family was held constant within each family. Most families preferred afternoon visits.

Subjects

The subjects were five children and their mothers of intact, middle to upper-middle socioeconomic status white families. The subjects were chosen from private patients within the caseload of a pediatrician whose practice included approximately 5,000 office and outpatient visits per year. All families had only two children--one preschooler and one newborn infant.

The children were of preschool age (three through five years old). This age group was chosen because of expanding cognitive and language abilities, as well as their tendency to vacillate between reality and fantasy. It was thought by the investigator that the trend toward spacing children, especially by middle class parents, would lend itself to a larger sample of children if the sibling ages were at least three years apart.

In addition to the age criterion, all of the children were to be firstborns in their families, so that bias from previous sibling relationships could be avoided. The third criterion demanded that none of the children be

experiencing illness or developmental delays which could have altered beginning relationships with a sibling. Five male preschoolers met the three criteria, and were included in the study (one three year old, 2 four year olds and 2 five year olds). The five mothers of the preschoolers ranged in age from twenty years old to thirty-six years old. They all delivered healthy, full-term infants just prior to the data collection. None of the mothers delivered infants with known defects which might have interfered with the infant's signaling behaviors to the sibling. All of the mothers were breastfeeding. All mothers were living with their husbands in their homes. Three of the mothers were college educated and two of the mothers were high school graduates. None of the mothers were involved in full-time employment during the data collection. All mothers agreed to participate and continued in the study. There were no refusals to participate.

Data Collection Methods and Instrument

The exploratory case study method was employed. Fox defined case studies as descriptive surveys with a sample of one (or more) which substitute depth for numbers. He saw case study researchers seeking the widest variety of information about each case and obtaining in-depth information which cannot usually be obtained about large numbers of respondents because of the difficulty and time

involved. Fox credited the case study approach with achieving the greatest depth of insights into human functioning, and stated that it is particularly appropriate to nursing's emphasis on caring for a patient as a total person.¹

Goode and Hatt described the case study as a way of viewing a social unit as a whole (by collecting a broad array of data), including the development of relationships or processes, such as friendship formation or family crises.² Treece and Treece supported the case study approach because it clearly allowed the researcher the opportunity to see the individual in his total network of relationships.³

Selltiz stated that the case study could produce a wealth of new insights if the researcher obtained sufficient information to characterize and explain both the unique features of the study(ies) and those which it held in common with others. The receptive investigator relies on his integrative powers to draw together many diverse bits

¹David Fox, Fundamentals of Research in Nursing (New York: Appleton-Century-Crofts, 1970), p. 189.

²William Goode and Paul Hatt, Methods in Social Research (New York: McGraw-Hill, 1952), p. 331.

³Eleanor Treece and James Treece, Jr., Elements of Research in Nursing, 2nd ed. (St. Louis: C. V. Mosby Co., 1977), p. 164.

of information into a unified interpretation.⁴ By exploring information gained from case studies, the investigator may develop hypotheses and formulate more precise research problems. Selltitz described exploratory studies as simply a first step to evoking insights or hypotheses; they do not test or demonstrate them.⁵

The investigator was aware of some limitations of the case study method.

1. Because the researcher's goal is to seek and not to test, there are no precise measures.
2. Findings cannot be generalized, as the sample is not representative of all families.
3. Findings are somewhat observer-bound; that is, they are in part a reflection of the experiences and perceptiveness of the investigator.

The primary method of data collection was non-participant observation, in which case the observer does not interact with the subjects of his inquiry. Fox described observation as particularly appropriate for complex research situations which were best viewed as units and were difficult to

⁴Claire Selltitz; Lawrence Wrightsman; and Stuart Cook, Research Methods in Social Relations, 3rd ed. (New York: Holt, Rinehart and Winston, 1976), p. 76.

⁵Ibid., p. 101.

measure either as a whole or separately. He believed that the best way to learn about a complex interpersonal situation was to watch it.⁶

Fox wrote that the basic criterion for evaluating studies in which observation was used, is the extent to which the research situation was natural.⁷ The investigator thought that the home was the most natural setting for the preschooler. Although the investigator introduced herself to the children as a nursing student interested in children, she did not wear a nursing uniform to avoid attention being brought to herself. Herbert Wright referred to the problem of "observer influence" which must be kept to a minimum. He stated his belief that the observer can get to know and be known by his subjects, and build for himself the role of a friendly, nonevaluating, nondirecting and nonparticipating person with interest in what people do. He felt that this warded off the "guinea pig reaction." He found in his observations in the Midwest that children under twelve years do not show appreciable sensitivity or self-consciousness under direct observation.⁸

⁶Fox, Fundamentals of Research in Nursing, p. 211.

⁷Ibid.

⁸Herbert Wright, Recording and Analyzing Child Behavior (New York: Harper and Row, 1967), p. 42.

Removed from the hard numbers of psychological tests and the artificial nature of the laboratory situation, the skilled observer makes a detailed, sequential narrative account of the behavior of the subject in his naturalistic setting. This provides for rich, complex sets of behaviors. Wright found conditions in the home that cannot be easily contrived--such as warm affection and intense aggression.⁹ Medinnus wrote that "Since much of human behavior is learned, by studying in the home, one can understand some reasons for behavior. Once deviations in behavior and functioning can be identified, appropriate measures can be adopted to assist the child."¹⁰

An interview guide designed by the investigator (Appendix I) was used during the initial interview with each mother for consistency in collecting data. The questions focused upon the period of the child's anticipation of the baby's birth, the period of the child's separation from the mother during her hospitalization, and the period following the mother's return home with the baby. Open-ended questions (such as, "What was your child's reaction when he was told that a baby was coming?" . . . "How did he react to news of the baby's birth?" . . . "What types

⁹Ibid., p. 64.

¹⁰Gene R. Medinnus, Child Study and Observation Guide (New York: John Wiley and Sons, 1976), p. 1.

of things did you do to help his adjustment to the baby?") were used to structure the interview; mothers were free to respond briefly or elaborate. The investigator conducted a pilot interview with two mothers to gain familiarity in using the interview guide, and to test questions. Only minor changes for clarity were made.

Data Collection

Subjects were selected prior to the birth of the infant while the mother was in her final month of pregnancy. Names were drawn from the pediatrician's files. The first contact with the subjects was made by telephone. An appointment was set up, at the mother's convenience, so that the investigator might explain the study and obtain consent. The consent form was kept separate from the data. The consent form is found in appendix II. Arrangements were made for the mother to contact the investigator when the baby was born. The pediatrician's secretary was also in communication with the investigator when the baby was born.

Home visits were made on a weekly basis beginning at the end of the first week after the baby was born and continued for six to eight weeks. Three families were visited the entire eight times. The investigator terminated the visits to the remaining two families after the seventh.

visit due to the mother's returning to work and the children being placed with other caretakers during the day. During the initial interview, rapport was established and information was recorded concerning the child's preparation for the new baby and initial reactions to the baby. This interview was scheduled five to seven days after the baby's birth. This interview gave the investigator an opportunity to observe the sibling interaction early, after the family had time to settle down into somewhat of a routine.

During the home visits (of approximately sixty minutes) observations were made of the preschool age child and mother with the baby. Written notes were made by the investigator of all behaviors demonstrated by the subjects during observations. These notes included verbal and nonverbal communication, as well as environmental influences. Mothers were also invited and encouraged to write down remarks concerning sibling interactions they had noted throughout the study. As each series of home visits was completed, the investigator expressed her appreciation to the family, and the home visits were terminated.

Unit of Analysis

The unit of analysis was a clause describing the preschooler's affective, aggressive, progressive or

regressive behaviors in relation to the infant's signaling activities and the mother's caretaking activities related to the infant or child. Each unit was comprised of two components:

1. The child's affective, aggressive, progressive or regressive behavior in relation to the infant, the mother, or himself.

2. The stimulus: the infant's signaling activities or the mother's caretaking activities of the infant or child. A new unit began when there was a change in either the child's behavior or the infant's or mother's activities. If the child responded with the same behavior to different activities of the infant or mother, each of the child's responses and its object were considered a unit. If the child responded in different ways to the same activities of the infant or mother, each was considered in its relationship to the requirement as a unit.

Children's Behaviors

The following three categories of children's behaviors were delineated in the interview-observation protocols:

A. Behaviors in Relation to Infant

1. Physical affection: Demonstrates warm regard for infant by making affectionate or comforting gestures, looking at and indicating interest, smiling, attempting to

make the other laugh, smile or talk by one's actions, seeking out, protecting, exhibiting helping behaviors, offering gifts, sharing toys, or including in play.

2. Verbal affection: Demonstrates warm regard for infant by making affectionate or comforting remarks indicating liking by tone of voice, calling by name, praising, inviting, requesting, verbally attempting to make the other laugh, smile or talk, protecting, anticipating needs, offering to share or give gifts, or verbally including in play.
3. Physical aggression: Demonstrates negativism toward infant by actual or threatened attacks such as making threatening gestures or angry faces, pinching, hitting, biting, hurting, ignoring, annoying, interfering, competing or taking belongings.
4. Verbal aggression: Demonstrates negativism toward infant by verbal attacks such as making angry remarks that indicate dislike,

making threatening remarks, teasing, mocking, making commands or demands, finding fault with the other's behavior, attributing negative qualities to another, shifting blame, or tattling.

B. Behaviors in Relation to Mother

1. Physical affection: Demonstrates warm regard for mother by making affectionate or comforting gestures (such as previously listed physical affection behaviors in relation to infant).
2. Verbal affection: Demonstrates warm regard for mother by making affectionate or comforting remarks (such as previously listed verbal affection behaviors in relation to infant).
3. Physical aggression: Demonstrates negativism toward mother by actual or threatened attacks (such as previously listed physical aggression behaviors in relation to infant).
4. Verbal aggression: Demonstrates negativism toward mother by verbal attacks (such as previously listed verbal aggression behaviors in relation to infant).

C. Behaviors in Relation to Self

1. Physical progression: Demonstrates a change in physical behavior from less advanced to more advanced forms, such as from complete dependence upon mother to development of relationships with others, from helplessness to helping others, or from less efficient to more efficient means of channeling energies and coping, as through expressive play.
2. Verbal progression: Demonstrates a change in verbal behavior from less advanced to more advanced forms, such as, from numerous verbal demands of immediacy to fewer verbal demands and the ability to postpone needs for a longer period of time.
3. Physical regression: Demonstrates a change in physical behavior from more advanced to less advanced forms, such as from autonomy to clinging, from mastery of toileting activities to bedwetting, from absence of thumbsucking to thumbsucking, or from development of controls to development of temper tantrums.

4. Verbal regression: Demonstrates a change in verbal behavior from more advanced to less advanced forms, such as from advanced language abilities to baby talk, from freely talking to quiet behavior, or from making self-assured comments to asking for reassurance of love.

Infants' Signaling Activities

The following five categories of infant's signaling activities were delineated in the interview-observation protocols:

1. Sleeping: Resting quietly with eyes closed and making little or no movement.
2. Looking: Directing one's eyes steadily and intently.
3. Crying: Verbally communicating distress.
4. Cooing: Verbally communicating pleasure.
5. Other: All behaviors other than the above.

Mothers' Caretaking Activities

The following two categories of mother's infant or child caretaking activities were delineated in the interview-observation protocols:

- A. Activities in Relation to Infant
 1. Holding: Embracing in the arms.

2. Feeding: Breastfeeding.
3. Other: All activities other than the above.

B. Activities in Relation to Child

1. Eliciting help: Asking for assistance.
2. Disciplining: Controlling, correcting or punishing.
3. Praising: Expressing approval.
4. Other: All activities other than the above.

Independent Coder

Agreement on categorizing units of behavior by an independent coder was 79 per cent on a random sample of twelve written sibling observation-protocols and 80 per cent on a random sample of two interview-protocols.

Data Analysis

Content analysis was used to examine the data. Categories were derived inductively from the interview-observation protocols. The unit of analysis was defined and the units were identified in the interview observation protocols. The units were distributed by one of the three categories and six sub-categories of children's behaviors, as well as in the category and five sub-categories of infants' signaling activities or the two categories and seven sub-categories of mothers' caretaking activities. The frequency of the children's behaviors was calculated

by summing the frequency of the unit of analysis within categories and of all the categories. A comparison was made between the observed and expected (calculated under the assumption of independence) frequency of units in and among the categories. The tabulations were made for each child's protocol, and then the tabulations for the five children's protocols were combined. The approximate proportions of children's behaviors within and among the different categories were calculated.¹¹

Presentation of Findings

The findings are divided into three sections in Chapter IV. Section A presents the Children's Behaviors Directed Toward the Infants. Section B presents the Children's Behaviors Directed Toward the Self. Section C presents the Children's Behaviors Directed Toward the Mothers. The Summary, Conclusions, and Recommendations are presented in Chapter V.

¹¹Reva Rubin and Florence Erickson, "Research in Clinical Nursing," Maternal-Child Nursing Journal VI (Fall 1977):151-164.

CHAPTER IV

ANALYSIS OF THE DATA

The children interacted freely during the observations. Of the total 937 children's behaviors observed, seven-tenths (655:937) were directed toward the infants, one-fifth (215:937) were directed toward the self, and one-tenth (67:937) were directed toward the mothers. Of the total 655 children's behaviors directed toward the infants, nine-tenths (571:655) were related to infants' sleeping, looking, crying, cooing and other signaling activities, one-twentieth (44:655) were concerned with mothers' holding, feeding and other caretaking activities related to the infants, and one-twentieth (40:655) were concerned with mothers' asking for help, disciplining, giving praise and other caretaking activities related to the children.

Of the total 215 children's behaviors directed toward the self, one-half (116:215) were concerned with mothers' caretaking activities related to the children, three-tenths (64:215) were related to infants' signaling activities, and one-fifth (35:215) were concerned with mothers' caretaking activities related to the infants.

Of the total 67 children's behaviors directed toward the mothers, three-fourths (50:67) were related to mothers' caretaking activities of the children, one-fifth (14:67) were related to mothers' caretaking activities of the infants, and one-twentieth (3:67) were related to the infants' signaling activities.

The children's behaviors directed toward the infants, mothers and themselves are presented and described in three sections beginning with behaviors occurring most frequently and ending with behaviors occurring least frequently.

I. Children's Behaviors Directed Toward the Infants

The children were affectionate and aggressive in relation to the infants' activities and the mothers' caretaking activities of both the infants and children. The majority of the children's behaviors (571:655) of affection and aggression were related to the infants' sleeping, looking, crying, cooing and other activities. Few (44:655) of the children's behaviors of affection and aggression were directed toward the mothers' holding, feeding, and managing other caretaking activities of the infants. Even fewer (40:655) of the children's behaviors of affection and aggression were directed toward the mother's eliciting help, disciplining, praising, and other caretaking activities for the children.

The children's behaviors related to the infants are presented beginning with those behaviors that occurred most frequently and ending with those that occurred least frequently.

A. Children's Behaviors of Affection Toward the Infants

Four-fifths (503:655) of all the children's behaviors directed toward the infants indicated affection. These behaviors were demonstrations of warm regard for the infant by making affectionate or comforting gestures and remarks indicating liking by the tone of voice.

Nine-tenths (445:503) of the children's behaviors of affection were related to the infants' sleeping, looking, crying, cooing and other activities. Of the children's behaviors of affection related to the infants, one-half (226:445) were behaviors of kissing and hugging the infant and smiling at the infant as the infants slept, looked around, cried, cooed, or engaged in other activities. The children's behaviors occurred with almost equal frequency during the infants' sleeping (65:226), looking (74:226), and crying (70:226). The children rarely kissed, hugged, or smiled at the infants as the infants cooed.

Children's behaviors of physical affection in response to the infants' crying included patting the infants gently and trying to look directly into the infants' eyes. When

the infants slept, the children demonstrated affection by covering the baby with his blanket and giving the baby the child's special toy. When the infant looked in the children's direction, the children smiled and offered them toys and candy. When the infants made a movement such as moving his arm, the children waved back.

Of the children's behaviors of affection related to the infants, one-half (219:445) were children's verbalizations praising the infants, calling the infants by name, and offering to share objects with the infants. These verbalizations by the children occurred most often in relation to the infants' looking at the children or at objects close to the infants (84:219) and to the infants' crying (78:219). The children's behaviors of verbal affection occurred infrequently in relation to the infants' sleep (34:219) and rarely in relation to the infants' cooing (8:219).

Children's behaviors of verbal affection included statements such as "Don't cry, sweet baby . . . it's okay. I love you." When the infants were asleep, the children made comments such as, "Do you think she ever dreams about me? . . . shhh! You'll wake her up!" When the infants looked at the children, comments included, "Look! She likes me . . . she has blue eyes just like me! . . . will you marry me?" When the infants cried, children stated, "Don't be sad . . . are you hungry?"

One-twentieth (28:503) of the children's behaviors of affection were in response to the mothers' holding, feeding, and managing other caretaking activities of the infants. One-half (14:28) of the children's behaviors in relation to the mothers' caretaking of the infants were demonstrations of affection such as hugging and stroking the mothers' hair. Five-sevenths (10:14) of these behaviors of the children were in response to the mothers feeding the infants, while two-sevenths (4:14) were in response to other caretaking activities of the mothers to the infants.

One-half (14:28) of the children's behaviors in relation to the mothers' caretaking of the infants were verbalizations of affection such as "I'd like to hold her. . . . Look at her pretty mouth, Mom. . . . Watch her soft spot." These verbalizations of the children were expressed in equal proportion during the mothers' feeding and other caretaking activities of the infants.

One-twentieth (30:503) of the children's behaviors of affection were related to the mothers' asking for help, disciplining, giving praise and other caretaking activities of the children. Two-thirds (20:30) of these behaviors of the children were smiling at, patting, and hugging the mother. One-half (11:20) of the children's behaviors were in response to the mothers asking for help from the children; one-third (7:20) were in response to the mothers

praising the children; one-tenth (2:20) were in response to other activities of the mothers for the children; and none were in response to the mothers disciplining the children.

One-third (10:30) of the children's behaviors in response to the mothers' caretaking activities for the children were verbal responses to the mothers. Seven-tenths (7:10) of the children's verbalizations were in response to the mothers' request for help; one-fifth (2:10) were in response to praise; and one-tenth (1:10) were in response to the mothers' discipline of the children. Children's verbalizations of affection include statements such as, "Please let me give the baby her bottle."

B. Children's Behaviors of Aggression Toward the Infants

One-fifth (152:655) of all the children's behaviors directed toward the infants indicated aggression. These behaviors were demonstrations of negativism toward the infant by actual or threatened attacks.

Four-fifths (126:152) of the children's behaviors of aggression were related to the infants' sleeping, looking, crying, cooing, and other infants' activities. Of the children's behaviors of aggression related to the infants, seven-tenths (88:126) were verbalizations, such as screaming, calling the infant derogatory names, and making

threatening remarks as the infants slept, looked around, cried, cooed, or engaged in other activities. Seven-tenths (61:88) of the children's aggressive remarks were in response to the infants' crying; one-sixth (14:88) were in response to the infants' looking; one-twelfth (7:88) were in response to the infants' sleeping; one-twelfth (6:88) were in response to other activities of the infants; and none were in response to the infants' cooing. Children's verbalizations of aggression included statements such as, "I hate you! . . . Cry yourself to death. . . . You stinky baby. . . . Tomato face!" These remarks were made loudly, and often directly into the ears of the infant.

Of the children's behaviors of aggression related to the infants, three-tenths (38:126) were behaviors such as pinching, pulling the infants' hair, and hitting the infants while the infants slept, looked around, cried, cooed, or engaged in other activities. One-half (20:38) of these behaviors of the children were in response to the infants' crying; three-tenths (11:38) were in response to the infants' looking; one-tenth (4:38) were in response to the infants' sleeping; and one-twelfth (3:38) were in response to other infants' activities. Children's gestures of aggression included behaviors such as making angry faces, taking the infant's pacifier, and stuffing a blanket into the crying infant's mouth.

One-tenth (16:152) of the children's behaviors of aggression were in response to the mothers' holding, feeding and managing other caretaking activities of the infants. Two-thirds (11:16) of these were verbalizations of aggression such as "Don't pick that ugly baby up. . . . He eats yucky." Three-fifths (7:11) of these remarks made by the children were in response to the mothers' performing activities such as diapering or bathing the infants, while one-third (4:11) were in response to the mothers' feeding the infant.

One-third (5:16) of the children's behaviors in relation to the mothers' caretaking of the infants were aggressive acts such as pulling the infants' toes and hitting the infants' bottle. Four-fifths (4:5) of the children's behaviors were in response to the mothers' feeding the infants, while one-fifth (1:5) were in response to other caretaking activities of the mothers for the infants. One-fifteenth (10:152) of the children's behaviors of aggression were responses to the mothers' asking for help, disciplining, giving praise, and other caretaking activities of the children. Three-fifths (6:10) of these behaviors of the children were behaviors such as hitting or biting. Five-sixths (5:6) were in response to the mothers disciplining the children, and one-sixth (1:6)

were in response to other activities of the mothers for the children.

Two-fifths (4:10) of these behaviors of aggression were verbalizations such as "That dumb baby made me do it. . . . He needs a spanking, too." All of these behaviors were in response to the mothers' discipline of the children.

Summary and Interpretation

Overall, the children's behaviors directed toward the infants were more affectionate than aggressive. Children used more gentle tones of voice when speaking than they used harsh ones; they spoke of the infants in a positive rather than a negative way. Affectionate gestures of the children such as patting usually were done while speaking to the infants in an affectionate way. Most of the affection was in response to the infants' sleeping, looking and crying.

The children attempted to get to know the newcomers and "checked them out" by interacting with them. The children were most attentive to the infants' looking and crying behaviors. The children tried to communicate with and get to know the infants by mimicry and exploration of the infants' body parts. They paid particular interest to the infants' eyes (attempted to get into en face

position), the "soft spot," the navel, genital parts, and the fingers and toes. The children's exploration of the infants to gather information about them was in agreement with the work of Robert White who described adaptation as influenced by securing adequate information.¹ Newcomb's acquaintance process also requires acquisition of information about the other.² The affectionate behaviors such as fondling and gazing paralleled Ainsworth's attachment behaviors.³

The majority of aggressive behaviors toward the infant were verbal, and most of these were related to the crying. This is in opposition to Walters, Pearce and Dahms' statement that there was little difference in the frequency with which physical and verbal aggression was evidenced, although their study did include girls as well as the more aggressive boys.⁴ Verbal aggressive behaviors seemed to stem from the children's frustrations concerning the infants' limitations. Since preschool children engage

¹White, "Strategies of Adaptation," p. 82.

²Newcomb, The Acquaintance Process, p. 259.

³Ainsworth, "The Development of Infant-Mother Attachment," p. 1.

⁴Walters, Pearce and Dahms, "Affectional and Aggressive Behavior of Preschool Children," p. 15.

in egocentric, concrete thinking, perhaps the children in this study expected the newborn to be a playmate or an equal.⁵

Because these children could respond only at their own developmental level, it would be most difficult for them to understand the needs of the infant. Children initially reacted to the infants' crying with affection, but when they were unable to console the infants, they became frustrated and verbally aggressive. Like mothers who become frustrated with colicky, crying infants, the children might also have wondered if they were inadequate or if the infant was bad or did not like them. Newcomb stated that "assessment of the other's attitude is an important step in the acquaintance process."⁶

The children's behaviors of affection toward the mothers as they cared for the infants were expressions of love toward the mother and expressions of feelings of protectiveness and fondness for the infants. Watching the mothers care for the infants evoked a desire by the children for the mothers' attention. By stroking, hugging and demonstrating love for the mother the children tried

⁵Phillips, The Origins of Intellect, Piaget's Theory, p. 79.

⁶Newcomb, The Acquaintance Process, p. 259.

to get the mothers to respond affectionately to them. The children were not able to consistently maintain control of their ambivalent feelings for the infants. This control was difficult for the children to maintain when the mothers performed activities that required the mothers' full attention or were obviously pleasurable for the mothers and the infants.

Most of the children's behaviors of affection to the infants during the mothers' caretaking of the children were in response to the mothers' eliciting help from and praising the children. Mothers made statements such as "Please get me a diaper . . . you're such a big help." Perhaps these positive responses were due to the children feeling loved and important and they were then more able to show affection to the infants. In comparison, most of the children's aggressive responses to the infants were in response to the mothers' disciplining the child by spanking or saying, "Stop that! You'll hurt the baby!" The children blamed the infants for the mothers' disapproval and disciplining of the children and wished to retaliate against the infants.

II. Children's Behaviors Directed Toward the Self

The children were regressive and progressive in relation to the infants' activities and the mothers'

caretaking activities of both the infants and children. The majority of the children's behaviors (116:215) were related to the mothers' asking for help, disciplining, giving praise and managing other caretaking activities for the children. Three-tenths (64:215) of the children's behaviors were related to the infants' sleeping, looking, crying, cooing and other infant activities. One-sixth (35:215) of the children's behaviors were related to the mothers' holding, feeding and managing other caretaking activities of the infant. The children's behaviors related to the self are presented beginning with those behaviors that occurred most frequently and ending with those that occurred least frequently.

A. Children's Behaviors of Progression

One-half (109:215) of all the children's behaviors directed toward the self were progressive. The behaviors demonstrated a change in physical behavior from less advanced to more advanced forms. Progressive behaviors included use of expressive play to channel energy and showing more "grown up" behaviors.

One-half (53:109) of the children's progressive behaviors were related to the infants' sleeping, looking, crying, cooing and other activities. Of the children's progressive behaviors related to the infants, almost all

(52:53) were behaviors such as expressive play while the infants slept, looked around, cried, cooed and engaged in other activities. Three-fourths (39:52) of the behaviors were related to the infants' sleeping; one-sixth (8:52) were related to the infants' crying; only a small number (3:52) were related to the infants' looking around and other infant activities (2:52). Only one verbal progressive behavior of a child was noted, and this was related to the infant's crying.

Two-fifths (45:109) of the children's progressive behaviors were related to the mothers' asking the child for help, disciplining, giving praise, and other activities. Of the children's progressive behaviors, more than one-half (25:45) were related to the mother's asking the child for help; one-fifth (9:45) were related to praise; one-seventh (6:45) were related to discipline, and one-ninth (5:45) were related to other caretaking activities related to the child. No verbal progressive behaviors were noted.

One-tenth (11-109) of the children's progressive behaviors were related to the mothers' holding, feeding, and managing other caretaking activities of the infant. Of the children's progressive behaviors, four-fifths (9:11) were progressive acts showing gains in development such as helping the mother during the feeding without her having to ask for help. Of these behaviors of the children,

one-half (5:9) were related to the mother feeding the infant; one-fifth (2:9) were related to the mother holding the infant; and one-fifth (2:9) were related to the mothers' managing other infant activities. Only two verbal progressions were noted, and these related to the mothers feeding the infants. One child added two new words to his vocabulary: "nipple" referring to his mother's breast and "wean."

B. Children's Behaviors of Regression

Almost one-half (106:215) of all the children's behaviors directed toward the self were regressive. These behaviors demonstrated a change in physical behavior from more advanced to less advanced forms. Regressive behaviors included an increase in thumbsucking, bedwetting and baby talk.

Two-thirds (71:106) of the children's regressive behaviors were related to the mothers' asking for help, disciplining, giving praise and engaging in other activities related to the child. Of the children's regressive behaviors related to the mothers' care of the children, almost all (69:71) were behaviors such as clinging and temper tantrums while the mother asked for help, disciplined, praised, and performed other caretaking activities for the children. Almost all (62:69) of the regressive

behaviors of the children were related to discipline, a few (5:69) were related to praise, and even fewer (2:69) were related to other activities the mothers performed while caring for the children. Only two verbal regressions were noted and these were in relation to discipline.

One-fifth (24:106) of the children's regressive behaviors were related to the mothers' holding, feeding, and managing other infant activities. Of the children's regressive behaviors related to the mothers' care of the infants, five-sixths (20:24) were behaviors such as thumbsucking and climbing on the mother's lap while the mother held, fed, and managed other infant activities. Of these behaviors, three-fourths (15:20) were related to the mothers' feeding the infants; one-fourth (5:20) were related to the mothers' holding the infants. Only four verbal regressive behaviors were noted, and they were related to the mothers feeding the infants.

One-tenth (11:106) of the children's regressive behaviors were related to the infants' sleeping, looking, crying, cooing and other activities. Of these regressive behaviors, all (11:11) were acts such as thumbsucking and clinging when the infants slept, looked, cried, cooed and engaged in other activities. Of these behaviors, one-half (6:11) were related to the infant sleeping; one-third (4:11) were related to the infant looking, and one-eleventh

(1:11) were related to the infant crying. No verbal regressions were observed.

Summary and Interpretation

By appealing to the side of the children that wanted to grow up, and by reminding them of the disadvantages of being a baby, the mothers boosted their children's self-concept and helped them progress. Most of the children's progressive behaviors took place while the infants were sleeping. The children realized that the sleeping baby would not be competing for attention at this time, and the children's energies were freed to play expressively. Regressions after discipline can be explained in part by the guilt that the preschoolers felt because of a strict superego that is being developed and guilt caused by rivalry with the father and sibling for the mother's affections.⁷ Breastfeeding was a most stressful time for the children, as reported by Legg et al.⁸ The mothers gave the infants their full attention; the children showed extreme possessiveness of the mothers, a characteristic Freud describes in the phallic stage of behavior.⁹ Anna

⁷Erikson, Childhood and Society, p. 256.

⁸Legg, Sherrick, Wadland, "Reaction of Preschool Children to the Birth of a Sibling," p. 38.

⁹Freud, "The Concept of Developmental Lines," pp. 63-71.

Freud's description of regression as a way the ego handles a stressful situation may be used to explain these regressive behaviors.¹⁰

III. Children's Behaviors Directed Toward the Mothers

The children were affectionate and aggressive in relation to the infants' activities and the mothers' caretaking activities of both the infants and children. Three-fourths of the children's behaviors (50:67) of affection and aggression were related to the mother asking for help, disciplining, giving praise and engaging in other activities with the child. One-fifth (14:67) of the children's behaviors of affection and aggression were related to the mothers' holding, feeding, and managing other activities of the infant. Only a small number (3:67) of the children's behaviors were related to the infants sleeping, looking, crying, cooing and other infant activities.

A. Children's Behaviors of Affection Toward the Mothers

Three-fifths (42:67) of all the children's behaviors directed toward the mothers indicated affection. These behaviors were demonstrations of warm regard for the mother by making affectionate gestures and remarks such as

¹⁰Freud, "Regression as a Principle in Mental Development," pp. 130-137.

kissing the mother and saying, "I love you." Four-fifths (35:42) of these children's behaviors of affection were related to the mothers' asking for help, disciplining, praising and engaging in other caretaking activities. Of these, almost all (34:35) were behaviors such as kissing, hugging, and smiling. Four-fifths (28:34) were related to the mother praising the child and one-sixth (6:34) were related to the mother asking the child for help. Only one verbal expression of affection was made, and this was in response to the mother asking the child for help.

One-eighth (5:42) of the children's behaviors of affection were related to the mother's holding, feeding, and managing other infant activities. Four-fifths (4:5) were related to feeding, and one-fifth (1:5) were related to other activities with the infant. No verbal affectionate behaviors were noted.

Very few (2:42) behaviors of the children related to the infants' sleeping, looking, crying, cooing and other activities. These two behaviors were in response to the infant sleeping and crying; no verbal affectionate behaviors were noted.

B. Children's Behaviors of Aggression Toward the Mothers

Two-fifths (25:67) of all the children's behaviors directed toward the mothers indicated aggression. Those

behaviors were demonstrations of negativism toward the mother by making actual or threatened attacks upon the mother.

Three-fifths (15:25) of the behaviors of physical aggression directed toward the mother were related to the mothers' activities with the child. Two-thirds (10:15) of the children's behaviors were acts such as hitting and kicking the mothers. Four-fifths (8:10) of the children's behaviors were related to the mother disciplining the child; one-fifth (2:10) were related to the mothers asking the children for help.

Two-thirds (10:15) of the aggressive behaviors directed toward the mother were verbalized by the children with statements such as, "I hate you." One-half (5:10) of these aggressive behaviors were verbalizations. Four-fifths (4:5) of the children's aggressive verbalizations related to the mothers' discipline of the children and one-fifth (1:5) of the children's aggressive verbalizations related to the mothers asking help of the children.

One-third (9:25) of the aggressive behaviors directed toward the mother were in relation to the mother's holding, feeding, and other caretaking activities. Five-ninths (5:9) were demonstrated by hitting, kicking and other aggressive activities. Four-fifths (4:5) were related to the mother feeding the baby and one-fifth (1:5) were

related to the mothers' engaging in other activities with the infant. Four-ninths (4:9) of the aggressive activities toward the mother were verbalizations such as "I hate you." Of these aggressive verbalizations, three-fourths (3:4) were related to the mother feeding the infant; and one-fourth (1:4) were related to the mother holding the infant.

Few (1:25) of the aggressive behaviors directed toward the mothers were in relation to infants' sleeping, looking, crying, cooing and other activities. Only one aggressive remark was made to the mother in response to the infants' activities.

Summary and Interpretation

The children, feeling that their position with the mother was threatened, needed their mothers to be all-loving and accepting. When their expectations were not met, they became defensive and aggressive. There were fewer children's behaviors directed toward the mothers than toward either the infant and the self. Mothers were a source of gratification for the children, and the children were safer in their aggressions toward a defenseless baby than the mother. Mothers were not always physically present to be recipients of the children's behaviors, because the

study's design allowed the mothers the freedom of performing their normal daily activities.

Profiles of the Children Under Study

Child A was a three year, three month old and the youngest boy in the study. He lived with his parents and newborn male sibling on a ten acre farm. Because of their location, he had few playmates and has had very few separations from his mother. His mother expressed much concern before the baby's birth that A would resent the baby and be too "rough." A did say, however, that he wanted a "baby brother," and on several occasions when seeing an older baby, stated "I want one like that!". He was exposed to older babies of relatives and baby calves of his own.

A showed much concern over his mother's physical changes during pregnancy and became impatient for the baby when the mother was past due according to her delivery date. A and his father visited his mother and brother while they were in the hospital. His father began shiftwork around this time and his grandparents were not available.

A regressed in several areas of development. He tended to have temper tantrums, enuresis and thumbsucking, which the mother stated were all new behaviors. His behaviors toward the infant were more aggressive than

those of the other four boys studied. He used motor coping widely, and used play as an aggressive outlet. He was observed throwing apples at the cows, and swinging kittens by their tails. When his mother asked for his help, he was most affectionate to the baby and appeared very proud. A demonstrated regression most often when his mother was breastfeeding the baby.

Child B was a three year, nine month old who lived with his parents and newborn sister in a suburban neighborhood. There was much preparation for the new baby and breastfeeding. B's mother was a leader in a breastfeeding mothers' organization, and B was exposed to many newborns at these meetings. He also saw puppies being born and nursed.

B's mother stayed in the hospital only one day while having her baby, and B and his father had a "men's night" before picking up B's mother and sister at the hospital the next day. B was very much involved with boys in the neighborhood, and when they moved to a new house in the middle of the study, he made friends quickly. B's mother stated that he was "a little clingy," and needed some extra attention, but saw no major difficulties in B's adjustment. B demonstrated the most number of affectionate behaviors to his mother of all boys in the study. The investigator thought this was due to an open,

demonstrative atmosphere in the family, as well as encouragement of expression of feelings. Also, B had been separated from his mother only one day.

Child C was a five year, one month old, the oldest boy in the study, who lived with his parents and newborn sister in a small town. His mother had miscarried in a previous pregnancy, and C was looking forward to this new baby. One day during his mother's pregnancy he waved an imaginary wand over his mother's abdomen and said, "Abracadabra--It's a girl!". When the baby was born a girl, C felt he had a part in it. C was prepared for the new baby by looking at his old baby pictures and baby clothes. He also played with newborn kittens and learned to be "gentle." He watched a television special "My Mom's Having A Baby." It was most interesting to note that both children who saw this special film (Child C and Child E) had the least number of aggressive behaviors overall.

C's father was laid off from his work and was home with C the entire time of the study. Grandparents lived nearby and visited often. C was involved with peers in the neighborhood and at preschool. He separated easily from his parents, and has an extrovertive personality. C's behaviors of affection with the baby and mother were noted to be the highest of the five children in the study. He constantly positioned himself en face with the baby,

giving her nicknames, protecting her, and anticipating her needs. C's mother returned to work seven weeks after the baby was born, and the family moved to a new home shortly thereafter.

Child D was a four year, eleven month old who lived in a suburban neighborhood with his parents and baby brother. Since his mother was thirty-six years old, an amniocentesis was done, revealing that the baby would be a boy. His mother stated that after this, D talked about his brother "as if he were already here." His parents prepared him for the baby, and D visited his mother and brother in the hospital. D had separated well from his parents to go to a progressive preschool, and was advanced in language development. He coped primarily through imaginary play, pretending for example, "The monster dinosaurs are going to get the sleeping baby!".

D showed the second highest number of aggressive behaviors. His mother felt that aggressive and regressive behaviors were due primarily to grandparents visiting and strict discipline provided in the preschool.

Child E was a four year, three month old who lived with his parents and baby sister in a suburban neighborhood. His preparation for the baby was supplemented by the television program mentioned earlier and a Sesame Street Big Bird--Buffy St. Marie skit on sibling rivalry. E was

very much hoping for a baby brother, but adapted well to his sister. He was outgoing and involved with friends in the neighborhood. E enjoyed a special airplane trip planned just for E and his father. His British grandmother visited and lived with them during the entire study. His mother returned to work seven weeks after the baby was born. E had the second lowest number of aggressive behaviors overall.

SUMMARY

The overall findings from this study of the five children agreed with Walter's et al. findings that preschool children were more affectionate than aggressive in their response to others and more frequently employed affection than aggression in initiating contacts.¹¹ However, this study did not agree with Walter's findings of a tendency for boys to choose boys as recipients of their affectional contacts.¹² Boys with baby sisters tended to show more affection than boy children who had baby brothers. This may be due to the society's changing

¹¹Walters, Pearce and Dahms, "Affectional and Aggressive Behavior of Preschool Children," p. 15.

¹²Ibid., p. 25.

sexual roles, attitudes, and expectations since the Walters study was conducted in 1957.

This study did not show direct aggressive behaviors to the infant immediately after birth as Legg's study did, but did obtain similar regressive and progressive behaviors.¹³

Based on the five children studied, there was a tendency for more jealousy in all-male sibling pairs as Smalley observed.¹⁴ There tended to be diminished problems with an increase in the age difference of the siblings as Levy reported.¹⁵ Preparation and father involvement appeared to help the child's adjustment, as Legg reported.¹⁶

The five preschoolers experienced the normal, expectable childhood stress of having a newborn sibling. Individual coping resources and support from the environment helped the children to gain the capacity for gratification, relationships, and growth.¹⁷

¹³Legg, Sherrick and Wadland, "Reaction of Preschool Children to the Birth of a Sibling," p. 4.

¹⁴Smalley, "The Influence of Differences in Age, Sex, Attitudes of Siblings to Each Other," p. 40.

¹⁵Levy, "Studies in Sibling Rivalry," p. 72.

¹⁶Legg, Sherrick and Wadland, "Reaction of Preschool Children to the Birth of a Sibling," p. 38.

¹⁷Murphy, "Preventive Implications of Development in the Preschool Years," p. 220.

CHAPTER V

SUMMARY AND CONCLUSIONS

Summary

The purpose for this exploratory study was the effect of the newborn infant upon a preschool-age sibling. The study sought an answer to the question: What are the behaviors exhibited by a preschooler when a newborn sibling is brought into the home? In addition to the main problem, answers to the following sub-problems were sought:

1. Is there a relationship between preparation and the quality of the sibling interaction?
2. Does the age of the preschooler influence his attachment to the sibling?
3. Does the gender of the infant affect the sibling relationship?

A review of the literature consisted of the following: the normal psychosexual development of the preschool child; cognitive ability; the child's capacity for coping; the concept of attachment; the process of relationship formation; the importance of siblings; and reactions of children to a new baby in the home. The review identified no nursing research studies on early sibling relationships. Studies by sociologists and

psychologists in the 1930's focused on the aggressive nature of sibling relationships. However, presently sibling relationships are beginning to gain attention as the child's entire social network is gaining importance.

The subjects for this investigation were five preschoolers and their mothers. Initial interviews with the mothers were followed by weekly home visits to observe the preschoolers' behaviors with a new baby in the home. The investigator acted as a non-participant observer, and approached the investigation as a case study. Data concerning the children's behaviors were analyzed through content analysis.

After analysis of individual children's behaviors, behavioral responses of all five children to infants, mothers and themselves were tabulated by frequency and ratios. There were three times more affectionate behaviors noted in the children than aggressive behaviors. The children directed their behaviors of affection and aggression toward the infants rather than toward their mothers or themselves.

Conclusions

Because of the small number of children observed, no true correlations could be made. In this group of five

children the following appeared to promote development and the forming of an affectionate relationship: greater spacing between children; having a sibling of the opposite sex; support from fathers, peers and grandparents; an extrovertive personality; and preparation supplemented by the above mentioned television program.

Recommendations

1. Conduct further studies with a larger number of subjects to collect an array of data on individual children's reactions to newborn siblings. Include female children in the studies to determine the influence of the child's gender on behaviors toward a newborn sibling.
2. Study siblings over a longer period of time to determine if there are differences in the relationship as the older child moves out of the home and the infant becomes a more social, play-disrupting toddler.
3. Communicate the findings of the studies and provide anticipatory guidance, with emotional support to families anticipating the birth of a sibling.

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APPENDICES

APPENDIX I

GUIDE FOR INTERVIEW OF MOTHER

Code _____

1. Age of child in years and months _____

2. Gender _____

3. Age of baby in days _____

4. Gender _____

5. Dates of home visits by investigator:

A. PERIOD OF ANTICIPATORY WAITING

6. Was the child aware a baby was coming: Yes ____ No ____

7. What was he told?

If yes,

8. By whom? _____

9. When? _____

10. What was the reaction?

11. What questions did he ask?

12. How was preparation supplemented?

13. Has he been exposed to other babies in the family or neighborhood? Yes ____ No ____

14. Has he been exposed to animals giving birth/caring for their young? Yes ____ No ____

APPENDIX I (continued)

Code _____

15. Has he had any recent environmental changes? (Moving, bed change, preschool, etc.)
16. Has he had previous separations from you? Yes _____
No _____
17. Describe his relationship with his father.
18. During this waiting period, did you note any behavior changes? Yes _____ No _____
19. If yes, please specify.
20. How did you handle it?
21. Did you have special concerns about how he might react to the baby? Yes _____ No _____
22. If yes, what were they?
- B. PERIOD OF SIBLING BIRTH AND SEPARATION FROM MOTHER
23. Who cared for him while you were in the hospital?
24. How many days were you in the hospital?
25. What behaviors were reported by the caretaker?
26. Was contact made between mother and child during separation? Yes _____ No _____
27. If yes, how?
28. How did he react to news of the birth?
29. Additional comments about this event.

APPENDIX I (continued)

Code _____

C. PERIOD OF MOTHER'S RETURN TO HOME WITH BABY

30. When did your child first see the baby?
31. What did he say?
32. What did he do?
33. Did he have any changes in behavior?
34. What types of things did you do to help his adjustment to the baby?

INVESTIGATOR'S ADDITIONAL COMMENTS:

APPENDIX II

WRITTEN INFORMED CONSENT

I understand that after I have notified her of my baby's birth, Patti Rager, a graduate student in Nursing, will visit my home, at my convenience, weekly for six to eight weeks to make observations of the relationship between my children and myself. Observations will be recorded in writing during each visit. I will share my observations of my child's behavior, as I desire.

I am aware that the purpose of this study is to provide information on how my child reacts to the new baby in our home. I understand that the information gained may help determine what kind of preparation and guidance will be most helpful to pediatricians, pediatric nurses and others in order to help other families in the future.

I understand that our names will be kept anonymous. I am aware that refusal to participate will not in any way affect the medical and nursing care of my family, and that I may withdraw from the study at any time.

Date

Signed _____
