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A Comparison Of Relationship Dimensions With Behavior Dimensions For First Time Expectant Fathers

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Running Head: BEHAVIOR AND RELATIONSHIP MEASURES

A Comparison Of Relationship Dimensions With Behavior Dimensions
For First Time Expectant Fathers

Thesis submitted to
The Graduate College of
Marshall University

In partial fulfillment of the
Requirements for the degree of
Education Specialist
School Psychology

by

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Approved by:
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Marshall University
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Abstract

Little research exists examining the behavioral and attitudinal changes of first-time expectant fathers. This study was designed to identify any significant relationship between assessment instruments classified as Relationship Measures and Behavior Measures. A longitudinal study of 23 first-time expectant fathers examining identifiable trends and assessment instruments was conducted by a 13 member cohort group. The study took place within 200 mile radius of the "Upper Ohio Valley." A Correlation Matrix containing each instrument was chosen to examine the variables within Measure in an attempt to identify significant correlations. Results indicate significant correlations were observed between Anxiety in the third trimester and Narcissism in the second trimester, Anxiety in the first trimester and Self-Esteem in the first trimester, Anxiety in the third trimester and Self-Esteem in the first trimester, Anxiety in the third trimester and Self-Esteem in the third trimester. Significant correlations exist between the Relationship Assessment Scale and the Index of Marital Satisfaction. The Relationship Assessment Scale in the first trimester shows significant correlation with Anxiety in all three trimesters; the Relationship Assessment Scale in the second trimester is significantly correlated with Anxiety in the second trimester. A significant correlation is represented between the Index of Marital Satisfaction and Anxiety in all but the second trimester for the Index of Marital Satisfaction and the first and third trimesters for Anxiety. A significant correlation is present in all three trimesters of the Index of Marital Satisfaction when compared with the first trimester of Narcissism, and Narcissism correlates at a significant level with the first and third trimesters of the Index of Marital Satisfaction.

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Purpose

According to Rodriguez (2000), little empirical documentation exists to elucidate actual psychological or behavioral changes occurring in the expectant father. Research on expectant fathers has demonstrated that men go through pervasive psychological changes in the transition to fatherhood. This fact is not disputed, however, data collection has been limited and mainly qualitative.

The process of parenting is a dynamic transaction in which all members involved undergo change. A primary concern has focused on the change experience in the marriage between the father and mother as the relationship evolves from a two-person to a three-person system with the addition of the first child. Studies in this area led some researchers to conclude that the transition to parenthood is indeed a crisis (Hobbs, 1968; Sharpe 2000), while others have questioned this conclusion (Marsiglio, 1995). Despite the disparity in the literature on the consequences of transitioning to parenthood, there appears to be a consensus that adding a child to the family necessitates change in family structure and function (Dalia, 1999; Chandler, 1998). If it is evident that with the expectation of parenthood causes change in family structure, than it stands to reason that the individuals involved will undergo change as well.

Coleman and Coleman (1991), describe a number of male responses to their wife's pregnancy. The first response is a behavior called "running away." This response finds the expectant father disengaging himself from the family, increasing durations of time are spent participating in other activities and possibly getting involved in extramarital affairs. The second behavioral response is termed "couvade." Studies state that men may develop mild physical complaints, bouts of anxiety, or unexplained fears and compulsions during pregnancy. The third

response is “identification with the feminine.” This response may cause men to seek other endeavors that are seen as being more masculine, like fixing cars. The fourth behavioral response is labeled “identification with the father.” This response may elicit past memories, many of which may be unpleasant. Disturbing memories of their childhood and their relationship with their father may cause a feeling of inadequacy or a fear of being in the role of the man they criticized.

In addition to the Colemans, several authors have suggested that expectant fathers experience symptoms similar to those of their pregnant spouses (Strickland, 1987; Mason & Elwood, 1995; Clinton, 1986). These pregnancy-related symptoms experienced by expectant fathers have been labeled the “couvades” syndrome. Couvade symptoms include nausea and vomiting, weight gain, abdominal bloating, heartburn, toothaches, leg cramps, backache, upper respiratory symptoms, and urogenital irritations (Brown, 1988; Ferketich & Mercer, 1989).

An estimated incidence of couvades occurrence ranges from 11% to 97% (Clinton, 1987). Curtis (1955) and Lamb and Lipkin (1982) describe a U-shaped curve of occurrence with symptoms occurring during the first trimester, declining during the second trimester, and then increasing just before birth. According to Clinton (1987), the top occurrences of couvades symptoms were fatigue, irritability, headache, difficulty concentrating, insomnia, nervousness, and restlessness.

Strickland (1987) studied the nature of pregnancy-related symptoms in expectant fathers during the term of pregnancy. Expectant fathers were assessed for the occurrence of symptoms: the association of social class, race, planning of pregnancy, and fathering experience with symptom manifestations; and the relationship between emotional state and symptomatology.

Strickland (1987), found that expectant fathers experienced the greatest occurrence of symptoms during the last trimester.

Anxiety and hostility were significant predictors of pregnancy-related symptoms in expectant fathers, as noted by Strickland (1987). Strickland (1987), found that those expectant fathers who demonstrated significant anxiety were more likely to experience symptoms than those expectant fathers who were less anxious.

According to Glazer (1989), pregnancy may be anxiety producing for two reasons: (a) pregnancy as a crisis in itself is experienced by expectant fathers, and (b) expectant fathers may sublimate their own needs to support those of their wives during pregnancy. Glazer (1989), states that only four studies have been done that dealt with anxiety in expectant fathers. All four studies supported the contention that expectant fathers have increased levels of anxiety during pregnancy (Glazer, 1989). Glazer (1989), reports that the anxiety occurrences are the result of stressors and/or fears.

The most frequently identified stressor, according to Glazer (1989), of expectant fathers is financial concern: being able to provide financially for the family (Antle, 1975; Coleman & Coleman, 1971; Hangsleben, 1980; Heinowitz, 1982; Marquart, 1975; Obrzut, 1976; Tonti, 1979). Another important stressor identified by Glazer (1989) is the concern over the expectant fathers' changing relationship with their wives. Expectant fathers are concerned not only about their wives decline in sexual responsiveness (Coleman and Coleman, 1971; Heinowitz, 1982; Marquart, 1975; Tonti, 1979) but also about their own decline in sexual responsiveness (Heinowitz, 1982; Tonti, 1979). Glazer (1989), states that many men are concerned about their changing relationship with male friends, fathers, parents and family (Heinowitz, 1982; Heise,

1975; Tonti, 1979). Also the safety of the woman and fetus is another concern (Antle, 1975; Coleman & Coleman, 1971).

Tonti (1979) documented additional stressors of expectant fathers according to Glazer (1989). They are concerned over disturbed feelings toward the coming baby and have difficulty coping with their changing patterns of daily living. Interruption of former routines, excessive confinement to the home, and interference with social life are viewed by expectant fathers as stressors during pregnancy (Glazer, 1989).

According to Rodriguez (2000), since 1970 there has been an increase in the number of studies done. These studies have primarily dealt with related areas such as the role of the father during labor and delivery and a reconsideration of the role of the father in child development. For example, Gerzi and Berman (1981) conducted a study of a group of 51 expectant fathers, whose wives were in the last three months of their pregnancy. This group was compared with a control group of 51 married men without children. Both groups were given the Anxiety Scale Questionnaire, with the expectant fathers scoring significantly higher in overall anxiety, as well as in tension and apprehensiveness.

The purpose of this study is to identify any relationship between the assigned Relationship Dimension and the assigned Behavior Dimension for 23 first time expectant fathers. This study looked for any identifiable trends and correlations between the assessment instruments chosen to represent a Relationship Dimension and a Behavior Dimension.

Hypothesis

This study hypothesizes that there will be a significant positive correlation between the Relationship Dimension and the Behavior Dimension, so as to effectively show a change in the first time expectant father's behavior throughout the term of their wives' pregnancy. Also, it is

hypothesized that a significant positive correlation will be identified between each construct within each dimension.

Method

Participants

The participants for this study consisted of thirty-four first time expectant fathers who were married and between the ages of 23 and 38. From the original thirty-four participants, eleven subjects were discarded for incomplete or ambiguous assessment forms. Selection of these participants was limited to within a 200 mile radius of the geographical area termed “Upper Ohio Valley.” This area encompassed subjects from Columbus, Ohio to Pittsburgh, Pennsylvania. Subjects were recruited by distributing a letter describing the study to Obstetrician and Gynecologist offices, with the expectation that first-time expectant fathers would be identified and agree to participate. In addition, an attempt was made to recruit subjects through newspaper articles, phoning family support agencies or clinics, and spreading the word to friends and acquaintances. The subjects were not financially or otherwise rewarded for their participation, their participation was strictly voluntary. Also, all participants had no previous relationship with the examiner. An initial screening interview was conducted by telephone to see if the subject met all study criteria.

Materials

The battery of tests that the cohort of graduate students administered include an intake assessment, the California Psychological Inventory (CPI), the Clinical Anxiety Scale (CAS), Selfism (NS), the Index of Self-Esteem (ISE), the Non-Physical Abuse of Partner Scale (NPAPS), the Aggression Inventory (AI), the Love Attitude Scale (LAS), the Relationship

Assessment Scale (RAS), the Index of Marital Satisfaction (IMS), and the Multidimensional Scale of Perceived Social Support (MSPSS).

Test instruments included in the Behavior Dimension included: the Clinical Anxiety Scale (CAS), Selfism (NS), and The Index of Self-Esteem (ISE). Test instruments included in the Relationship Dimension included: The Relationship Assessment Scale (RAS) and The Index of Marital Satisfaction (IMS).

Behavior Measures

Behavioral Assessment

Behaviorally oriented interviews generally focus on describing and understanding the relationships between antecedents, behaviors, and consequences (ABC). In addition, a baseline or measure of behavior is developed through a systematic consideration of the frequency, intensity, and duration of relevant behaviors. Although thematic structure will direct the interview, the subject is free to state their feelings, thoughts, beliefs, and desires concerning their life situation at the moment. Key statements will be noted to form a narrative impression of each subject's behavioral state at the time of the interview. This instrument was administered to all participants each 90 days from intake or research initiation.

Clinical Anxiety Scale (CAS)

The Clinical Anxiety Scale is a 25 item scale that is focused on measuring the amount, degree, or severity of clinical anxiety reported by the respondent, with higher scores indicating higher amounts of anxiety. The CAS is simply worded, and easy to administer, score, and interpret. The items for the CAS were psychometrically derived from a larger number of items based on the criteria for anxiety disorders in DSM III. The CAS has excellent internal consistency, with a coefficient alpha of .94. The CAS has good known-groups validity,

discriminating significantly between groups known to be suffering from anxiety and lower-anxiety control groups.

Selfism (NS)

The NS is a 28 item scale designed to measure narcissism, referred to by developers of this instrument as selfism. Selfism is viewed as an orientation, belief, or set affecting how one construes a whole range of situations that deal with the satisfaction of needs. A person who scores high on the NS views a large number of situations in a selfish or egocentric fashion. At the opposite end of the continuum are individuals who submerge their own satisfaction in favor of others. The NS samples beliefs across a broad range of situations and is not targeted toward a specific need area. The NS has very good internal consistency, with a reliability of .84 for males.

Index of Self-Esteem (ISE)

The ISE is a 25 item scale designed to measure the degree, severity, or magnitude of problem the client has with self-esteem. The ISE is written in very simple language, is easily administered, and easily scored. Because problems with self-esteem are often central to social and psychological difficulties, this instrument has a wide range of utility for a number of clinical problems. Two scores are obtained, one to determine the presence of a clinically significant problem, and one to indicate clients experiencing severe stress with a clear possibility that violence may be used to solve the problem. The ISE has excellent internal consistency, with a mean alpha of .93. The ISE has good known-groups validity.

Relationship Measures

Relationship Assessment Scale (RAS)

The Relationship Assessment Scale is a 7 item instrument designed to measure satisfaction in relationships. This measure was designed to be brief, easily administered and scored measure of satisfaction in romantic relationships in general. It is not limited to marital relationships, and can be used to give a clinician a good estimate of relationship satisfaction that is more informative than just a single item. The RAS has very good internal consistency, with an alpha of .86. The RAS has good concurrent validity and good predictive validity.

Index of Marital Satisfaction (IMS)

The IMS is a 25 item instrument designed to measure the degree, severity, or magnitude of a problem one spouse or partner has in the marital relationship. It measures the extent to which one partner perceives problems in the relationship. The IMS has a mean alpha of .96, indicating excellent internal consistency. The IMS has excellent concurrent validity and good construct validity.

Procedure

A cohort group of 13 Marshall University graduate students administered the assessment instruments indicated above to first time expectant fathers. Data was then pooled among group members for analysis. All subjects were assigned double codes to assure anonymity and confidentiality. Subjects who agreed to participate gave verbal permission for any information to be shared with cohort members and necessary faculty to analyze. The data and information collected from cohort members was centrally controlled and analyzed.

When a possible subject called, a cohort member would conduct an initial interview to determine eligibility. The interviewed was standard, via a specific intake/history form (see

appendix). The intake included information such as age, marital status, and how many children the couple shared. The intake also included demographic information, pregnancy/family information, and general observations. Once screening had taken place and the subject was deemed eligible, a cohort member and subject would agree to an appropriate meeting time and place to begin the assessment process. The complete battery of assessment instruments included the intake form, the Behavioral assessment, the California Psychological Inventory (CPI), the Clinical Anxiety Scale (CAS), Selfism (NS), the Index of Self-Esteem (ISE), the Non-Physical Abuse of Partner Scale (NPAPS), the Aggression Inventory (AI), the Love Attitude Scale (LAS), the Relationship Assessment Scale (RAS), the Index of Marital Satisfaction (IMS), and the Multidimensional Scale of Perceived Social Support (MSPSS).

Expectant fathers were told that they would be tested and interviewed in a specific format using the described test instruments at the end of the first, second, and third trimester of their wives' pregnancy. The first and third testing sequences were alike and took approximately 2-3 hours to complete. The sequence of testing for the first and third session included: the intake form, behavioral assessment, CPI, CAS, NS, and the ISE. The subject was then given the option of taking a break of no longer than three days before completing the remainder of the assessment battery. After the break, the examiner administered the NPAPS, and the AI. A 15-minute break was given before the subject completed the LAS, the RAS, the IMS, and the MSPSS. The second trimester assessment took approximately 2 hours to complete. The sequence for the second session was: CAS, NS, ISE, LAS. Upon completion of the first four instruments, the subject was given a 15-minute break, followed by the remaining battery of the RAS, the IMS, and the MSPSS.

Results

This study was looking for a relationship between the behavioral assessment dimension and the relationship dimension. The data was analyzed using a bivariate correlation analysis between the behavioral dimension and the relationship dimension. This analysis was selected because it is a parametric analysis of the data. Using the data obtained from the correlation analysis, an examination indicating which behavioral assessment measure was the most useful in showing change in the expectant father's behavior and which assessments showed a relationship with the relationship dimension was completed. The data used in the study were analyzed in three ways: to see if there was a change in any of the variables, to indicate interrelationships among behavioral measures, and to make predictions based on the changes and scores of the variables.

By correlating the various variables, the data reflect a significant correlation between the variables of the behavioral construct as well as significant correlation between the behavioral dimension and the relationship dimension.

Table 1.1

Intercorrelations Between The Dimensions of the Behavioral Construct

	AX1	AX2	AX3	NS1	NS2	NS3	SE1	SE2	SE3
AX 1	----								
AX 2	.721**	----							
AX 3	.870**	.570**	----						
NS 1	.183	.273	.408	----					
NS 2	.265	.240	.509*	.850**	----				
NS 3	.234	.320	.302	.772**	.821**	----			
SE 1	.432*	.304	.608**	.570**	.530**	.462*	----		
SE 2	.110	.229	.280	.590**	.463*	.444*	.771**	----	
SE 3	.350	.295	.507*	.654**	.487*	.474*	.812**	.817**	----

Note. The * symbol represents significance at the .05 level, the ** at the .01 level. AX = Anxiety, NS = Narcissism, SE = Self-esteem. n = 23

There is only one area of significant correlation observed between Anxiety and Narcissism. This occurred between Anxiety in the third trimester and Narcissism in the second trimester. Anxiety shows some significant correlation with Self-Esteem in three areas: Anxiety in the first trimester and Self-Esteem in the first trimester; anxiety in the third trimester and Self-Esteem in the first trimester; and Anxiety in the third trimester and Self-Esteem in the third trimester. All measures of Narcissism correlate positively with all measures of Self-Esteem in all three of the trimesters.

Table 1.2

Intercorrelations Between The Dimensions of the Relationship Measures

	<u>RAS 1</u>	<u>RAS 2</u>	<u>RAS 3</u>	<u>IMS 1</u>	<u>IMS 2</u>	<u>IMS 3</u>
RAS 1	-----					
RAS 2	.713**	-----				
RAS 3	.669**	.525*	-----			
IMS 1	-.691**	-.255	-.416*	-----		
IMS 2	-.716**	-.680**	-.780**	.606**	-----	
IMS 3	-.631**	-.452*	-.806**	.685**	.870**	-----

Note. The * symbol represents significance at the .05 level, the ** at the .01 level. RAS is Relationship Assessment Scale. IMS is Index of Marital Satisfaction. n = 23

In Table 1.2 there is significant correlation between the individual constructs within the relationship dimension. The only exception is between the first trimester of the Index of Marital Satisfaction and the second trimester of the Relationship Assessment Scale. It is observable that a negative relationship occurred between the two scales, giving the comparison a predictive value.

Table 1.3

Correlations between Relationship Assessment Scale, Index of Marital Satisfaction, and Anxiety

	Anxiety 1	Anxiety 2	Anxiety 3
RAS 1	-.569**	-.607**	-.527**
RAS 2	-.226	-.429*	-.076
RAS 3	-.425*	-.702**	-.365
IMS 1	.687**	.455*	.826**
IMS 2	.394	.662**	.356
IMS 3	.587**	.714**	.589**

Note. * indicates significance at the .05 level. The ** symbol represents significance at the .01 level. RAS is Relationship Assessment Scale. IMS is Index of Marital Satisfaction. n = 23

Table 1.3 shows significant correlation between the Relationship Assessment Measure in the first trimester with Anxiety in all three trimesters. This table shows one significant correlation between the second trimester in the Relationship Assessment Measure and the second trimester of Anxiety. Two significant correlations exist in the third trimester of the Relationship Assessment Measure and the first and second trimesters for Anxiety. A significant correlation is represented between the Index of Marital Satisfaction and Anxiety in all but the second trimester for the Index of Marital Satisfaction and the first and third trimesters for Anxiety. A negative relationship is evident between the Relationship Assessment Measure and Anxiety.

Table 1.4

Correlations between Relationship Assessment Scale, Index of Marital Satisfaction, and Narcissism

	<u>Narcissism 1</u>	<u>Narcissism 2</u>	<u>Narcissism 3</u>
RAS 1	-.127	-.240	-.197
RAS 2	-.018	-.032	-.082
RAS 3	-.274	-.220	-.274
IMS 1	.450*	.495*	.379
IMS 2	.460*	.312	.356
<u>IMS 3</u>	<u>.526**</u>	<u>.435*</u>	<u>.406</u>

Note. * indicates significance at the .05 level. The ** symbol represents significance at the .01 level. RAS is Relationship Assessment Scale. IMS is Index of Marital Satisfaction. n = 23

There is no identifiable correlation between the Relationship Assessment Measure and Narcissism. However, a negative relationship does exist. A significant correlation is present in all three trimesters of the Index of Marital Satisfaction when compared with the first trimester of Narcissism and Narcissism correlates at a significant level in the first and third trimesters of the Index of Marital Satisfaction.

Table 1.5

Correlations between Relationship Assessment Scale, Index of Marital Satisfaction, and Self-Esteem

	Self-Esteem 1	Self-Esteem 2	Self-Esteem 3
RAS 1	-.497*	-.129	-.154
RAS 2	-.225	-.063	-.090
RAS 3	-.282	-.180	-.185
IMS 1	.739**	.413	.473
IMS 2	.533**	.495*	.399
IMS 3	.640**	.518*	.543**

Note. * indicates significance at the .05 level. The ** symbol represents significance at the .01 level. RAS is Relationship Assessment Scale. IMS is Index of Marital Satisfaction. n = 23

Table 1.5 shows one significant correlation between Self-Esteem in the first trimester and the Relationship Assessment Measure in the first trimester. There is also a negative relationship between Self-Esteem and the Relationship Measure that may have some predictive value. Table 5 shows significant correlations between Self-Esteem in the first trimester and the Index Of Marital Satisfaction in all three trimesters. Significant correlations are present in the second trimester of Self-Esteem when compared with the second and third trimesters of the Index of Marital Satisfaction. And a significant correlation exists between Self-Esteem in the third trimester and the Index of Marital Satisfaction in the third trimester.

Discussion

The results of this study show that parts of the hypotheses were proved true. At least some of the variables within the behavioral dimension were intercorrelated. Self-esteem and narcissism were correlated in all areas. However, when correlating anxiety and self-esteem and anxiety and narcissism virtually no correlation was present.

The hypothesis comparing the individual constructs within the relationship dimension proved to be true. There was strong correlation between the Relationship Assessment Measure

and the Index of Marital Satisfaction. Because of the high correlation between the two constructs, it can be justified that both assessment instruments could be interchanged or used independently to measure the relationship dimension. This is important, because an examiner could only give one of the two instruments and accurately predict that an individual would achieve a similar score on the instrument not given.

This study shows significant correlation between the Relationship Assessment Scale and Anxiety, as well as significant correlation between the Index of Marital Satisfaction and Anxiety. It can be concluded that both instruments measure the same variables associated with obtaining an Anxiety score. It can be concluded that a score on either the Relationship Assessment Scale or the Index of Marital Satisfaction would predict a similar score for Anxiety.

There was no significant correlation between the Relationship Assessment Scale and Narcissism. However, there was a negative relationship that could possibly have some predictive value. The study shows significant correlation between the first trimester of Narcissism and the Index of Marital Satisfaction in all three trimesters, and the second trimester of Narcissism significantly correlates with the first and third trimesters of the Index of Marital Satisfaction. It can be concluded that a score obtained on the Narcissism assessment taken during the first trimester of pregnancy would be able to predict a score for the Index of Marital Satisfaction.

As seen in Table 1.5, Self-Esteem is correlated with the Relationship Assessment Scale in the first trimester for each. However, the predictive value over the term of pregnancy would not be significant. There is an observable negative relationship between Self-Esteem and the Relationship Assessment Scale throughout the term of pregnancy. Self-Esteem in the first trimester is significantly correlated with the Index of Marital Satisfaction in all three trimesters,

Self-Esteem in the second trimester is significantly correlated with the Index of Marital Satisfaction in the second and third trimesters and Self-Esteem in the third trimester is significantly correlated with the Index of Marital Satisfaction in the third trimester. It appears that Self-Esteem can be predicted from obtaining a score on the Index of Marital Satisfaction.

Some of the correlations that occurred may not be the result of manipulation to the independent variable, but rather to chance. The sample size would need to be increased, or an adjustment to the alpha level in order to compensate.

A limitation to the study was research design. Especially with regards to the sample that was recruited. Different strategies for obtaining a more diverse sample of subjects needs to occur. Most all subjects had college experience or schooling for a trade. And all subjects were employed. The average age of subjects was 29.8 years and had been married an average of 3.7 years. However, all but one subject was Caucasian. Perhaps some sort of incentive for subject participation should be considered as well as including populations of more minorities. The small sample size made the study difficult to make any statistically significant inferences. A more representative population of first time expectant fathers needs to be obtained. Also, the time frame of assessment administration needs to be shortened. A shorter time frame may be achieved by selecting fewer instruments.

Results of the study may be less than accurate because each subject was asked to describe himself. A self-reporting of behavior and attitude could possibly skew the results because the subject may not notice any changes or acknowledge the changes. Perhaps spousal input could be gathered for comparison. A different perspective may give more and different information of changes taking place over the term of pregnancy.

Another design problem with the study is the lack of a control group. A control group is the basis for experimental research, without a control inferences cannot be made about whether or not any changes in behavior or attitude are the result of manipulation of the independent variable.

This study may lack some necessary components of having sound evidence related to first time expectant fathers' changes in behavior and attitude, but it does provide useful information that may be used in future research.

References

- Antle, K., (1975). Psychologic involvement in pregnancy by expectant fathers, *Journal of Obstetric, Gynecologic, and Neonatal Nursing*, 40-42.
- Brown, M. A., (1988). A comparison of health responses in expectant mothers and fathers. *Western Journal of Nursing Research*, 527-549.
- Chandler, N. B., (1998). Stress and marital satisfaction among first time expectant fathers. *Dissertation Abstracts International: Section B: The Sciences & Engineering*, 1843-1866.
- Clinton, J. F., (1986). Expectant fathers at risk for couvades. *Nursing Research*, 290-295.
- Clinton, J. F., (1987). Physical and emotional responses of expectant fathers throughout pregnancy and the early postpartum period. *International Journal of Nursing Studies*, 59-68.
- Curtis, J. L., (1955). A psychiatric study of 55 expectant fathers. *U.S. Armed Forces Medical Journal*, 937-950.
- Coleman, L. L., & Coleman, A. D. (1991). *Pregnancy: The Psychological Experience*. New York.
- Dalia, J. M., (1999). The effects of pregnancy on the marital satisfaction of expectant fathers: A program design for first trimester changes. *Dissertation Abstracts International: Section B: The Sciences & Engineering*, 1848-1862.
- Ferketich, S. L., & Mercer, R. T., (1989). Men's health status during pregnancy and early fatherhood. *Research of Nursing Health*, 137-148.
- Gerzi, S., & Berman, E., (1981). Emotional reactions of expectant fathers to their wives' first pregnancy, *Journal of Medical Psychology*, 259-265.

- Glazer, G., (1989). Anxiety and stressors of expectant fathers. *Western Journal of Nursing Research*, 47-59.
- Heinowitz, F., (1982). *Pregnant Fathers*. New Jersey.
- Hobbs, D. F., (1968). Transition to parenthood: A replication and an extension. *Journal of Marriage and Family*, 413-417.
- Lamb, G. S., & Lipkin, J., (1982). Somatic symptoms of expectant fathers. *American Journal of Maternal and Child Nursing*, 110-113, 115.
- Marquart, R., (1975). *An exploratory study of expectant father's interests, concerns, and roles*. Unpublished master's thesis, University of Minnesota, Minneapolis.
- Mason, C., & Elwood, R., (1995). Is there a physiological basis for the couvades and onset of paternal care? *International Journal of Nursing Studies*, 137-148.
- Sharpe, S. A., (2000). *The ways we love*. New York.
- Strickland, O. L., (1987). The occurrence of symptoms in expectant fathers. *Nursing Research*, 184-189.
- Tonti, M., (1979). *Transition to fatherhood: task, stresses, and supports*. New York.

Correlations

		IMS1	IMS2	IMS3
ANXIETY1	Pearson Correlation	.687**	.394	.587**
	Sig. (2-tailed)	.000	.063	.003
	N	23	23	23
ANXIETY2	Pearson Correlation	.455*	.662**	.714**
	Sig. (2-tailed)	.029	.001	.000
	N	23	23	23
ANXIETY3	Pearson Correlation	.826**	.356	.589**
	Sig. (2-tailed)	.000	.095	.003
	N	23	23	23
SE1	Pearson Correlation	.739**	.533**	.640**
	Sig. (2-tailed)	.000	.009	.001
	N	23	23	23
SE2	Pearson Correlation	.413	.495*	.518*
	Sig. (2-tailed)	.050	.016	.011
	N	23	23	23
SE3	Pearson Correlation	.473*	.399	.543**
	Sig. (2-tailed)	.023	.060	.007
	N	23	23	23
NS1	Pearson Correlation	.450*	.460*	.526**
	Sig. (2-tailed)	.031	.027	.010
	N	23	23	23
NS2	Pearson Correlation	.495*	.312	.435*
	Sig. (2-tailed)	.016	.148	.038
	N	23	23	23
NS3	Pearson Correlation	.379	.356	.406
	Sig. (2-tailed)	.075	.096	.054
	N	23	23	23
RAS1	Pearson Correlation	-.691**	-.716**	-.631**
	Sig. (2-tailed)	.000	.000	.001
	N	23	23	23
RAS2	Pearson Correlation	-.255	-.680**	-.452*
	Sig. (2-tailed)	.241	.000	.031
	N	23	23	23
RAS3	Pearson Correlation	-.416*	-.780**	-.806**
	Sig. (2-tailed)	.048	.000	.000
	N	23	23	23
IMS1	Pearson Correlation	1.000	.606**	.685**
	Sig. (2-tailed)	.	.002	.000
	N	23	23	23
IMS2	Pearson Correlation	.606**	1.000	.870**
	Sig. (2-tailed)	.002	.	.000
	N	23	23	23
IMS3	Pearson Correlation	.685**	.870**	1.000
	Sig. (2-tailed)	.000	.000	.
	N	23	23	23

** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the 0.05 level (2-tailed).

Subject Code: _____

INDEX OF SELF-ESTEEM (ISE)

This questionnaire is designed to measure how you see yourself. It is not a test so there are no right or wrong answers. Answer each item as carefully and as accurately as you can by placing a number beside each one as follows:

- 1 = None of the time
- 2 = Very rarely
- 3 = A little of the time
- 4 = Some of the time
- 5 = A good part of the time
- 6 = Most of the time
- 7 = All of the time

1. _____ I feel that people would not like me if they really knew me well.
2. _____ I feel that others get along much better than I do.
3. _____ I feel that I am a beautiful person.
4. _____ When I am with others I feel they are glad I am with them.
5. _____ I feel that people really like to talk to me.
6. _____ I feel that I am a very competent person.
7. _____ I think I make a good impression on others.
8. _____ I feel that I need more self-confidence.
9. _____ When I am with strangers I am very nervous.
10. _____ I think that I am a dull person.
11. _____ I feel ugly.

This instrument is to be used for research purposes only.

Subject Code: _____

12. _____ I feel that others have more fun than I do.
13. _____ I feel that I bore people.
14. _____ I think my friends find me interesting.
15. _____ I think I have a good sense of humor.
16. _____ I feel very self-conscious when I am with strangers.
17. _____ I feel that if I could be more like other people I would have it made.
18. _____ I feel that people have a good time when they are with me.
19. _____ I feel like a wallflower when I go out.
20. _____ I feel I get pushed around more than others.
21. _____ I think I am a rather nice person.
22. _____ I feel that people really like me very much.
23. _____ I feel that I am a likeable person.
24. _____ I am afraid I will appear foolish to others.
25. _____ My friends think highly of me.

3, 4, 5, 6, 7, 14, 15, 18, 21, 22, 23, 25.

NS

Listed below are 40 statements that deal with personal attitudes and feelings about a variety of things. Obviously, there are no right or wrong answers--only opinions. Read each item and then decide how you *personally* feel. Mark your answers to the left of each item according to the following scheme:

5 = Strongly agree

4 = Mildly agree

3 = Agree and disagree equally

2 = Mildly disagree

1 = Strongly disagree

- _____ 1. The widespread interest in professional sports is just another example of escapism.
- _____ 2. In times of shortages it is sometimes necessary for one to engage in a little hoarding.
- _____ 3. Thinking of yourself first is no sin in this world today.
- _____ 4. The prospect of becoming very close to another person worries me a good bit.
- _____ 5. The really significant contributions in the world have very frequently been made by people who were preoccupied with themselves.
- _____ 6. Every older American deserves a guaranteed income to live in dignity.
- _____ 7. It is more important to live for yourself rather than for other people, parents, or for posterity.
- _____ 8. Organized religious groups are too concerned with raising funds these days.
- _____ 9. I regard myself as someone who looks after his personal interests.
- _____ 10. The trouble with getting too close to people is that they start making emotional demands on you.
- _____ 11. Having children keeps you from engaging in a lot of self-fulfilling activities.

- _____ 12. Many of our production problems in this country are due to the fact that workers no longer take pride in their jobs.
- _____ 13. It's best to live for the present and not to worry about tomorrow.
- _____ 14. Call it selfishness if you will, but in this world today we all have to look out for ourselves first.
- _____ 15. Education is too job oriented these days; there is not enough emphasis on basic education.
- _____ 16. It seems impossible to imagine the world without me in it.
- _____ 17. You can hardly overestimate the importance of selling yourself in getting ahead.
- _____ 18. The difficulty with marriage is that it locks you into a relationship.
- _____ 19. Movies emphasize sex and violence too much.
- _____ 20. If it feels right, it is right.
- _____ 21. Breaks in life are nonsense. The real story is pursuing your self-interests aggressively.
- _____ 22. An individual's worth will often pass unrecognized unless that person thinks of himself or herself first.
- _____ 23. Consumers need a stronger voice in governmental affairs.
- _____ 24. Getting ahead in life depends mainly on thinking of yourself first.
- _____ 25. In general, couples should seek a divorce when they find the marriage is not a fulfilling one.
- _____ 26. Too often, voting means choosing between the lesser of two evils.
- _____ 27. In striving to reach one's true potential, it is sometimes necessary to worry less about other people.
- _____ 28. When choosing clothes I generally consider style before matters such as comfort or durability.
- _____ 29. I believe people have the right to live any damn way they please.
- _____ 30. Too many people have given up reading to passively watch TV.

- _____ 31. Owing money is not so bad it it's the only way one can live without depriving oneself of the good life.
- _____ 32. Not enough people live for the present.
- _____ 33. I don't see anything wrong with people spending a lot of time and effort on their personal appearance.
- _____ 34. Physical punishment is necessary to raise children properly.
- _____ 35. The Peace Corps would be a good idea if it did not delay one's getting started along the road to a personal career.
- _____ 36. It simply does not pay to become sad or upset about friends, loved ones, or events that don't turn out well.
- _____ 37. A definite advantage of birth control devices is that they permit sexual pleasure without the emotional responsibilities that might otherwise result.
- _____ 38. Doctors seem to have forgotten that medicine involves human relations and not just prescriptions.
- _____ 39. I believe that some unidentified flying objects have actually been sent from outer space to observe our culture here on earth.
- _____ 40. In this world one has to look out for oneself first because nobody else will look out for you.

Code _____

Clinical Anxiety Scale (CAS)

This questionnaire is designed to measure how much anxiety you are currently feeling. It is not a test, so there are no right or wrong answers. Answer each item carefully and as accurately as you can by placing a number beside each one as follows

- 1 = Rarely or none of the time
- 2 = A little of the time
- 3 = Some of the time
- 4 = A good part of the time
- 5 = Most or all of the time

-
1. ___ I feel calm.
 2. ___ I feel tense
 3. ___ I feel suddenly scared for no reason.
 4. ___ I feel nervous.
 5. ___ I use tranquilizers or antidepressants to cope with my anxiety.
 6. ___ I feel confident about the future.
 7. ___ I am free from senseless or unpleasant thoughts.
 8. ___ I feel afraid to go out of my house alone.
 9. ___ I feel relaxed and in control of myself.
 10. ___ I have spells of terror or panic.
 11. ___ I feel afraid in open spaces or in the streets.
 12. ___ I feel afraid I will faint in public.
 13. ___ I am comfortable traveling on busses, subways or trains.
 14. ___ I feel nervousness or shakiness inside.
 15. ___ I feel comfortable in crowds, such as shopping or at the movies.
 16. ___ I feel comfortable when I am left alone.
 17. ___ I feel afraid without good reason.
 18. ___ Due to my fears, I unreasonably avoid certain animals, objects or situations.
 19. ___ I get upset easily or feel panicky unexpectedly.
 20. ___ My hands, arms or legs shake or tremble.
 21. ___ Due to my fears, I avoid social situations, whenever possible.
 22. ___ I experience sudden attacks of panic which catch me by surprise.
 23. ___ I feel generally anxious.
 24. ___ I am bothered by dizzy spells.
 25. ___ Due to my fears, I avoid being alone, whenever possible.

* This instrument is to be used for research purposes only.

RAS

1) How well does your partner meet your needs?

- Poorly Average Very Good

2) In general, how satisfied are you with your relationship?

- Unsatisfied Average Very Satisfied

3) How good is your relationship compared to most?

- Poor Average Excellent

4) How often do you wish you hadn't gotten into this relationship?

- Never Average Very Often

5) To what extent has your relationship met your original expectations?

- Hardly at all Average Completely

6) How much do you love your partner:

- Not much Average Very much

7) How many problems are there in your relationship?

- Very few Average Very many

Subject Code: _____

INDEX OF MARITAL SATISFACTION (IMS)

This questionnaire is designed to measure the degree of satisfaction you have with your present marriage. It is not a test, so there are no right or wrong answers. Answer each item as carefully and as accurately as you can by placing a number beside each one as follows:

- 1 = None of the time
- 2 = Very rarely
- 3 = A little of the time
- 4 = Some of the time
- 5 = A good part of the time
- 6 = Most of the time
- 7 = All of the time

1. _____ My partner is affectionate enough.
2. _____ My partner treats me badly.
3. _____ My partner really cares for me.
4. _____ I feel that I would not choose the same partner if I had it to do over again.
5. _____ I feel that I can trust my partner.
6. _____ I feel that our relationship is breaking up.
7. _____ My partner really doesn't understand me.
8. _____ I feel that our relationship is a good one.
9. _____ Ours is a very happy relationship.
10. _____ Our life together is dull.
11. _____ We have a lot of fun together.

This instrument is to be used for research purposes only.

INTAKE/HISTORY FORM **SUBJECT CODE NUMBER** _____

SCREENING TOOL FOR INITIAL PHONE CONTACT:

- 1.) AGE _____
- 2.) MARRIED? YES ___ NO ___
- 3.) FIRST MARRIAGE? YES ___ NO ___
- 4.) IS THIS YOUR FIRST CHILD? YES ___ NO ___
- 5.) ANY OTHER CHILDREN LIVING IN THE HOME? YES ___ NO ___
- 6.) BABY DUE DATE? _____

DATE OF FIRST TRIMESTER TESTING BATTERY: _____

DEMOGRAPHIC DATA:

NAME _____

ADDRESS _____

TELEPHONE NUMBER _____

DATE OF BIRTH _____

WIFE'S NAME _____

PHYSICIAN: a.) FAMILY _____

 b.) OB/GYN _____

RACE: CAUCASIAN ___ HISPANIC ___ AFRICAN-AMERICAN ___ ASIAN ___

 OTHER _____

MARRIAGE HISTORY: 1st? Y/N

 2nd? Y/N

 NUMBER OF YEARS _____

EDUCATION HISTORY: Highest grade completed _____

 College _____

 Graduate/Professional Degree _____

HISTORY OF MILITARY SERVICE: YES ___ NO ___

OCCUPATIONAL HISTORY: Employed ___ Unemployed ___

WIFE OCCUPATION: Employed ___ Unemployed ___

PREGNANCY/FAMILY DATA:

OTHER CHILDREN FROM PREVIOUS MARRIAGE? YES ___ NO ___

WAS THIS A PLANNED PREGNANCY? YES ___ NO ___

FATHER FAMILY HISTORY: Intact? _____

Divorced? _____

Remarriage? _____

ARE YOU ATTENDING YOUR WIFE'S MEDICAL APPOINTMENTS?

YES ____ NO ____

OBSERVATIONAL DATA:

How would you describe your relationship with your wife prior to the pregnancy?

General thoughts about becoming a father?

DATE OF SECOND TRIMESTER TESTING BATTERY: _____

Additional information about pregnancy?

Medical complications/Changes during pregnancy?

Pregnancy progressing normally?

DATE OF THIRD TRIMESTER TESTING BATTERY: _____

Additional Information?



Marshall University Graduate College
100 Angus E. Peyton Drive
South Charleston, West Virginia 25303-1600
(304) 746-1932 • FAX (304) 746-8951

*Graduate School of Education and Professional Development
School Psychology Program*

Dear First Time Dad,

Congratulations! You are now entering the exciting and ever changing world of fatherhood. Over the next months you may experience many new events and emotions that you never thought possible. You also have a unique opportunity to be an integral part of some exciting new information.

Over the years, there have been countless studies and books on pregnancy, childbirth and motherhood. Unfortunately, the same is not true for expectant fathers. You may have already noticed this lack of information if you have tried to find books or information written strictly for dads. Our study gives you a chance to change that.

Marshall University Graduate College faculty and students are gathering as much information from first time fathers as possible. "To tell the stories" of fatherhood.

The information will be confidential and used as part of a larger research project on first time fathers.

Please be a part of this experience by contacting Ben Cunningham, graduate student, at (740) 374-5404 (home), (740) 525-5404 (cell phone), or Dr. Fred Jay Krieg, professor of psychology, 1-800-642-9842, ext. 2067, for more information regarding this project.

Sincerely,

Fred Jay Krieg, Ph.D.
Professor of Psychology
Marshall University Graduate College

Sincerely,

Ben Cunningham
Graduate Student
Marshall University Graduate College

Demographic Data

Subject	0101	0102	0103	0104	0105
Age	26	26	32	25	28
Birth Date	6-12-75	4-28-75	12-26-69	8-4-76	9-21-78
Race	Caucasian	Caucasian	Caucasian	Caucasian	Caucasian
Education	Associate	Trade School	B.A.	B.A.	B.A.
Employed	Yes	Yes	Yes	Yes	Yes
Married	2 years	3.5 years	4 years	3 years	4 years
Due Date	8-17-02	6-25-02	8-1-02	8-10-02	7-6-02

Subject	0107	0201	0202	0301	0302
Age	24	28	35	35	32
Birth Date	2-1-78	12-31-73	8-16-66	8-19-66	11-21-69
Race	Caucasian	Caucasian	Caucasian	Caucasian	Caucasian
Education	High School	4 yr college	Mortuary Degree	B.A.	B.A.
Employed	Yes	Yes	Yes	Yes	Yes
Married	5 years	3 years	5 years	3 years	4 years
Due Date	9-13-02	7-10-02	8-9-02	6-20-02	5-06-02

Subject	0303	0305	0306	0401	0403
Age	30	35	33	31	32
Birth Date	10-19-71	7-14-66	6-13-68	8-20-70	5-24-69
Race	Caucasian	Caucasian	Caucasian	Caucasian	Caucasian
Education	M.A.	MBA/J.D.	MBA	B.A.	4 years + law school
Employed	Yes	Yes	Yes	Yes	Yes
Married	7 months	1.5 years	3 years	9 years	7 years
Due Date	5-21-02	5-20-02	8-19-02	8-08-02	7-02

Subject	0501	0502	1503	0701	0801
Age	25	24	30	27	27
Birth Date	1-01-77	5-09-78	7-14-71	3-26-74	9-20-74
Race	Caucasian	Caucasian	Caucasian	Caucasian	Caucasian
Education	2 year college	M.A.	M.A.	M.A.	4 years college
Employed	Yes	Yes	Yes	Yes	Yes
Married	5 years	3 years	6 years	1 year	1.5 years
Due Date	8-01-02	7-29-02	7-02	8-02-02	7-16-02

Subject	0802	0803	0901	1101	1102
Age	25	24	27	31	26
Birth Date	3-30-76	9-06-77	9-12-74	7-30-70	6-09-75
Race	Caucasian	Caucasian	Caucasian	Caucasian	Caucasian
Education	4 years college	Some college	B.S./B.A.	4 years of college	2 years of college
Employed	Yes	Yes	Yes	Yes	Yes
Married	1 year	1 year	2.5 years	5 years	5 years
Due Date	6-26-02	7-05-02	6-21-02	6-28-02	8-11-02

Subject	1103	1104	1105	1301	1302
Age	31	30	35	35	34
Birth Date	5-12-70	2-20-72	11-02-66	8-05-64	9-12-65
Race	Caucasian	Caucasian	Caucasian	Caucasian	Caucasian
Education	M.A.	4 years of college	4 years of college	B.S.	Associates Degree
Employed	Yes	Yes	Yes	Yes	Yes
Married	1.5 years	5 years	10 years	4 years	5 years
Due Date	7-10-02	6-13-02	6-21-02	10-02	8-02

Subject	1304	2101	2102	2103
Age	27	32	32	38
Birth Date	7-14-80	9-17-69	8-17-69	11-22-63
Race	Caucasian	Caucasian	African American	Caucasian
Education	B.A.	MBA	M.A.	High School
Employed	Yes	Yes	Yes	Yes
Married	2 years	9 years	8 years	1.5 years
Due Date	9-11-02	6-19-02	4-30-02	8-15-02