Theses, Dissertations and Capstones

1-1-2003

Comparing Behavior Assessment Measures with Behavior Specific Responses to Assess Aggression in First-Time Expectant Fathers

Lynn Allen

Follow this and additional works at: http://mds.marshall.edu/etd

Part of the Clinical Psychology Commons, and the Cognition and Perception Commons

Recommended Citation

Running head: ASSESSING AGGRESSION LEVELS OF FIRST-TIME FATHERS

Comparing Behavior Assessment Measures with Behavior Specific Responses to Assess
Aggression in 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

Submitted by

Lynn Allen

Thesis Advisor: Dr. Fred Krieg, Ph.D.

August 2003

Table of Contents

Acknowledgements

First and foremost, I would like to thank Dr. Fred Krieg for setting up this project and giving guidance every step of the way. Without his help and support I would not have been able to complete my degree in School Psychology. I appreciate Dr. Krieg seeing this project through to the end. I would like to thank him for all his assistance and encouragement.

Second, my deepest appreciation goes out to Dr. Robert Rodriquez for the passion and life's work he has put into exploring attitudinal and behavioral changes in first time expectant fathers. He has been an inspiration and motivator throughout this project.

Next, I would like to express my appreciation for the assistance Dr. Michael Marshall gave to help me to perform the statistical analysis for this project.

Finally, I would like to thank my co-workers, friends, and family for helping me locate prospective first time fathers. They have been very supportive and helped anytime I have asked. My family has been especially patient with me throughout this project.

Abstract

Thirty-four randomly recruited first-time expectant fathers, ages 20 years to 40 years, were administered a battery of survey questions each trimester of their wives' pregnancy. This study compared Behavior Assessment Measures (Clinical Anxiety Scale, Selfism-Scale, and the Index of Self-Esteem) to Behavior Specific Measures (Non-Physical Abuse of Partner Scale and the Aggression Inventory) to see if any correlations exist among the test data. The study is trying to identify specific test or survey questions that measure attitudinal or behavioral changes in first-time expectant fathers over the nine months of their spouse's pregnancy. The results indicated a statistically significant correlation between self-esteem and narcissism, non-physical abuse and aggression, and non-physical abuse and anxiety. The Self-Esteem measures appear to have the highest correlations to determine attitudinal changes of first-time expectant fathers.

Comparing Behavior Assessment Measures with Behavior Specific Responses to Assess

Aggression in First-Time Expectant Fathers

Until recently, pregnancy was viewed almost exclusively in terms of the psychological, social, and physical changes of the female during pregnancy. Little empirical research has been conducted on expectant fathers to determine if there are attitudinal or behavioral changes during their spouse's pregnancy. Only a few investigators have reported research that specifically addresses the nature of pregnancy-related symptoms in the prospective fathers. This study will compare aggressive behaviors to non-aggressive behaviors in first-time expectant fathers.

Sigmund Freud hypothesized that all humans possessed an aggressive drive from birth, which, together with the sexual drive, contributed to personality development, and ultimately found expression in behavior (Archer & Brown, 2000). Austrian ethologist Konrad Lorenze suggested that aggression was innate, an inherited fighting instinct, as significant in humans as it was in other animals. He contended that the suppression of aggressive instincts, common among human societies, allows these instincts the chance to build up, occasionally to the point where they are released during instances of explosive violence. Many psychoanalysts see aggression as a primary drive, offering the possibility that aggression may be a reaction to frustration of primary needs.

Other factors, including learning difficulties, minimal brain damage, brain abnormalities, such as temporal lobe epilepsy, and social factors such as crowding and poverty, have been suggested as contributing factors in certain cases of exaggeratedly aggressive behavior. Psychological investigation into aggressive behavior continues, with significant corrolary studies being performed in endocrinology and in primate research to determine whether hormonal imbalances have an impact on behavior. Each theory may be accurate in part, since aggression

is believed to have a number of determining factors.

Despite the commonality of determinants, there are significant differences between partner violence and other types of violent behavior. Most violence outside the family involves individuals with limited personal contact; partner aggression involves individuals who have an intense, continuing interpersonal relationship. The interpersonal relationship of individuals involved in partner violence usually includes an emotional relationship of attachment, emotional and sexual intimacy, or dependency between partners such that the physical and sexual violence occurs within an intimate relationship context. The relationship context includes a history of prior relationship behavior and expectations and goals for the relationship (West, 2000).

Aggression toward a partner includes both physical and psychological aggression. Psychological aggression refers to behavior that is offensive or degrading to the partner usually involving verbal behaviors, such as threats or insults, as well as actions, such as damage to personal property. This behavior, sometimes termed emotional abuse, is usually present in violent couples and has been reported by many women, as having a more severe impact on them than physical aggression (Follingstad, Rutledge, Berg, Hause, & Polck, 1990).

Most men and women who exhibit physical aggression toward partners are located at the low end of the severity/frequency continuum of partner aggression and engage in infrequent and minor acts of physical aggression such as pushing, slapping, shoving and hitting on less injurable body parts (i.e. shoulder rather than face). However, a large majority of seriously violent perpetrators are males and victims are females, demonstrated by studies completed by Reiss & Roth, (1993-1994) of individuals who engage in or are the victims of more serious partner violence. Typically, 80 to 90 percent of perpetrators are males. This finding mirrors results of

serious criminal behavior in which 90 percent of arrestees for violent crimes, including murder, rape, and aggravated assaults, are males. In an extensive analysis of this issue, Morse (1995) reports that women engage in as much minor and moderate acts of physical aggression as do males, but males engage in a much higher proportion of serious aggression than do females. Thus, 2 percent to 4 percent of males report beating up their partners on average less than once a year. Moreover, women were two to four times as likely to require medical care for an injury as were males.

The Pulido (2001) study on Family Violence, held during the period of July 1, 1998, through June 30, 1999, found that out of 858 patients screened, 46 women admitted to be currently involved in a domestic violence relationship and requested assistance. Twenty of these women disclosed physical abuse such as hitting and beating and hair pulling. Twenty-six women described emotional abuse, in which threatening and degrading remarks were experienced; the women's feelings of inadequacy often were exacerbated by their lack of control over the allocations of money earned and the inability to leave because of the partner's control over all financial resources. Fifteen women stated that they knew a close friend or family member who was a victim of domestic violence and accepted information on their behalf. This response also could be interpreted as a hesitancy to identify themselves as victims at the time, as a result of their fear of the batterer.

Domestic violence is a major health concern in the United States. The American College of Obstetricians and Gynecologists (1998) defines domestic violence as a pattern of assaultive and coercive behaviors including physical, sexual, and psychological attacks, as well as economic coercion, used against current or former intimate partners. Violence does not stop

during pregnancy. Norton, Peipert, Ziegler, Lima, and Hume (1995) and Jones and Horan (1997) noted that an estimated 7 percent to 17 percent of those screened for domestic violence admitted to abuse during pregnancy. Many providers of obstetric care do not screen every patient, so many domestic violence victims are undetected.

Violence during pregnancy may be even more harmful, since it poses a significant additional threat to the fetus. Muhajarien and Nazeem (1999) report that physical abuse during pregnancy increases the risk of miscarrage, abruptio placentae, preterm labour and delivery, fetal fractures and low birth weight. Other adverse consequences for the woman may include rupture of the uterus, liver or spleen, antepartum hemorrhage and pelvic fractures. They found the associations between physical abuse and perceived stress and negative life events reflect the generally unfavorable conditions in which abused women live. The association between stress and physical abuse, where stress was measured both as a generalized global measure and in relation to specific negative events, indicates the profound psychological implications of abuse on women.

Bibring (1959) reported that before becoming a father for the first time, a man cares only for himself, and the closest he gets to an individual is his affection for his mate. However, his relationship to his wife changes with the pregnancy and his new parenthood. His wife is now the mother of his child. Together, they will be responsible for raising this child who will be an individual and this child will represent them both. The father and the child will have a special bond, encompassing identifications, concerns, and struggles that over time will widen. During this time in the father's life, he will need to resolve persistent conflictual relationships he may have had with his own parents. Not all men may go through the same experiences during this

time; however, it appears that all men, especially first-time fathers, undergo considerable behavioral shifts and internal instability, and not many men are the same as they were before the birth of this child. Most men experience significant changes in their sense of responsibility, their relationships with their spouses, their attitudes toward this new child, and their feelings about who they are.

Strickland (1987) stated that anxiety related to the additional emotional stress of parenthood was a significant predictor indicating that physical symptoms are evident in fathers-to-be; this anxiety is related to additional emotional stress. She also found anxiety to be a positive predictor of hostility and psychological symptoms or measures of emotional well being. In a 1972 study, Trethowan found that fathers-to-be may repress or unconsciously conceal hostility, therefore increasing the expression of symptoms.

Although not recent, several studies looking at the development of somatic symptoms in fathers during their wives' pregnancies have centered on psychological factors connected to symptom formation. For example, Curtis (1955) studied fifty-five fathers-to-be and found that seventeen exhibited serious emotional problems, fourteen exhibited minor problems, and twenty-four with no obvious problems. Among the seventeen more disturbed fathers, psychosomatic symptoms were the prevalent cause of marital stress in many families. These men did not associate their problems with expectant fatherhood.

For some time, it has been suggested that expectant fathers are afflicted by physical symptoms similar to those experienced by women during pregnancy. This phenomenon has been dubbed Couvades Syndrome. Couvade consists of the male simulation of his mate's childbirth labor and delivery and the observance of certain proscribed dietary restrictions by the father

during the postnatal period (Strickland, 1986). The social background of an expectant father may also influence his proclivity toward symptom manifestation. Less well-educated expectant fathers seem to report more symptoms and seek care for couvade-like symptoms more often than the more highly educated (Trethowan, 1972).

Strickland (1986) found that planning a pregnancy, social class, and racial background are associated with symptoms manifestation in expectant fathers. Men faced with unplanned pregnancies had significantly more symptoms than those with planned pregnancies. Working class men reported significantly more somatic and psychological symptoms than middle-class men during the entire course of pregnancy and in each stage of pregnancy, except in late pregnancy where the higher mean number of psychological symptoms reported by working-class men was not statistically significant. African-American respondents consistently reported more symptoms than Asian respondents, differences were more marked in early pregnancy and decreased significantly over time in relation to Asian expectant fathers who reported increases in symptoms over time as delivery became more imminent.   The differences between African-American and Asian expectant fathers' reported symptoms support the idea of cultural differentiation in expectant fathers' responses to pregnancy only if the assumption is correct that the African-American subculture in the United States has maintained cultural traits of ancestors. If symptom manifestation by expectant fathers is a response to anxiety and concern about pregnancy, the differences in trends between African-American and Asian respondents may reflect the points during pregnancy when these groups of expectant fathers are more likely to translate their anxieties into symptoms.

A study conducted by Morse (1999) at the University of Melbourne paid particular attention to how pregnancy impacted the fathers. She found that up to 15% of the men

in her study suffered depression and anxiety from the middle stage of pregnancy upwards, but, four month after birth, depression and anxiety in men had reduced to 6%. In comparison, up to 20% of women studies also suffered depression during pregnancy, which reduced to about 12% after birth. Morse reported the cause of depression and anxiety was due mostly to the age, emotional state and family background of the fathers, with younger fathers and those with poor family relationships more likely to suffer.

Within the context of a court psychiatric clinic, Hartman and Nicolay (1966), found that fathers-to-be committed crimes of a sexual nature such as exhibitionism, voyeurism, and rape more frequently than any other types of crime. In their clinic, they found that expectant fathers had a common hyper masculine facade.

From the research, it appears that stress factors in expectant fathers can have a tremendous impact on their ability to adapt to fatherhood. Early identification of an expectant father's behavioral profile might help determine whether the father will easily adapt as a parent and a husband or whether his attitudinal or behavioral changes will affect his ability to adapt. If it can be determined during the pregnancy what might trigger these aggressive and violent behaviors in expectant fathers, it may be possible to address issues that cause stress on the family's future. Hence, there is good reason to study behavior of first-time expectant fathers.

Hypotheses

This study compared Behavioral Assessment Measures with reported Behavior Specific responses to see if aggression in first time fathers-to-be can be assessed with these instruments. Therefore, it is hypothesized that the Clinical Anxiety Scale (CAS), Selfism (NS), and Index of Self-Exteem (ISE) measures will show a statistically significant correlation when compared with the Non-Physical Abuse of Partner Scale (NPAPS) and Aggression Inventory (AI) measures.

Method

Participants

The subjects in this study were comprised of 34 married, first-time fathers-to-be, between the ages of 20 and 40. The participants in this research were recruited from the Upper Ohio Valley (West Virginia, Ohio, and Western Pennsylvania). Each participant was interviewed at the initial session and tested each trimester during the course of the pregnancy.   Participation was voluntary and the subjects were not financially or otherwise rewarded for their participation. The participants were unknown to the examiner prior to the study.

Instrumentation

The Behavioral Assessment Measures that each participant completed were the California Psychological Inventory (CPI), the Clinical Anxiety Scale (CAS), Selfism (NS), and the Index of Self-Esteem (ISE). The Specific Behavior Measures included the Non-Physical Abuse of Partner Scale (NPAPS) and the Aggression Inventory (AI). The Attitude Measure assessed was the Love Attitudes Scale (LAS). The Relationship Assessment Scale (RAS) and the Index of Marital Satisfaction (IMS) were administered to measure Relationships. The Multidimensional Scale of Perceived Social Support (MSPSS) was given to measure Social Support Perception. The current study looked for relationships between the Behavior Assessment Measures (CAS, NS, ISE) and the Behavior Specific Measures (NPAPS and AI).

Clinical Anxiety Scale (CAS)

The Clinical Anxiety Scale (CAS) is a 25 item scale that focuses on measuring the amount, degree, or severity of clinical anxiety reported by the subject, 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 a clinical cutting score of 30 (+/-5). This instrument is particularly useful for measuring general anxiety in clinical practice.

The CAS has excellent internal consistency, with a coefficient alpha of .94. The standard error of measurement (SEM) of 4.2 is relatively low, suggesting a minimal amount of measurement error. The CAS had good stability, with two-week test-retest correlations that range from .64 to .74.

The CAS has good group validity, discriminating significantly between groups known to be suffering from anxiety and lower-anxiety control groups. Using the clinical cutting score of 30, the CAS had a very low error rate of 6.9% in distinguishing between anxiety and control groups. Analysis of the CAS in relation to demographic variables such as age, sex, and education reveals that scores on the CAS are not affected by those factors.

Selfism (NS)

The Selfism (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. Based on a review of the literature, impressionistic sources, and the work of cultural observers, the original 100 items were narrowed down to 28

based on low correlations with the Marlow-Crowne Social Desirability Scale, high correlations with NS total scores, and a reasonable spread over the five response categories.

The NS has very good internal consistency, with split-half reliabilities of .84 for males and .83 for females. The NS also has excellent stability, with a four-week test-retest correlation of .91. The NS has fair concurrent validity, correlating significantly with the Narcissistic Personality Inventory and the Religious Attitude Scale. Also, the NS demonstrated a form of known-groups validity by correlating positively with observers' judgements of their close friends' narcissistic characteristics. The NS also distinguished between respondents who were high and low on cynicism regarding the motive of individuals in need of help.

Index of Self Esteem (ISE)

The ISE is a 25 item scale designed to measure the degree, severity, or magnitude of problem the subject has with self-esteem. Self-esteem is considered as the evaluative component of self-concept. The ISE is written in very basic 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. The ISE had two cutting scores. The first score is 30 (+/-5): Scores below this point indicating absence of a clinically significant problem in this area. Scores above 30 suggest the presence of a clinically significant problem. The second cutting score is 70. Scores above this point nearly always indicate that clients are experiencing severe stress with a clear possibility that some type of violence could be considered or used to deal with problems.

The ISE has a mean alpha of .93, indicating excellent internal consistency, and an excellent (low) standard error of measure (SEM) of 3.70. The ISE also has short-term

stability with a two-hour test-retest correlation of .92.

The ISE has a good known-groups validity, significantly distinguishing between clients judged by clinicians to and not to have problems in the area of self-esteem. Further, the ISE has very good construct validity, correlating poorly with measures with which it should not and correlating well with a range of other measures with which it should correlate highly: depression, happiness, sense of identity, and scores on the Generalized Contentment Scale.

Non-Physical Abuse of Partner Scale (NPAPS)

The Non-Physical Abuse of Partner Scale (NPAPS) is a 25 item instrument that is designed to measure the degree or magnitude of perceived non-physical abuse that clients report they have inflected on a spouse or partner. The NPAPS was developed for use with heterosexual or homosexual couples who are dating or living together as married or unmarried couples. This scale is one of the few to examine perceptions of the abuser as to the amount of abuse he or she perceives as inflicting. As such, it can be very useful as a device for tracking the abuser's perception over time during an intervention program.

The NPAPS has excellent internal consistency, with an alpha in excess of .90. The NPAPS is reported as having good content and factorial validity, as well as beginning evidence of construct validity.

Aggression Inventory (AI)

The Aggression Inventory (AI) is a 30 item instrument designed to measure different aggressive traits. Subjects rate the items on a five-point scale, ranging from "does not apply to me" to "applies exactly to me." The AI consists of four subscales: physical aggression (PA), verbal aggression (VA), impulsive/impatient (II), and avoidance (A). Because of possible

gender differences in many aspects of aggression, scores on the AI must be considered separately for women and men.

The AI has fair to good internal consistency. For men the alpha coefficients were PA = .82; VA= .81; II = .76, and A = .70. The validity of the AI subscale has been supported by factor analysis and differences between men and women. The latter serves to suggest the AI has fair known group validity where men and women significantly differed on each subscale and on all but six of the individual items.

<div align="center">Procedure</div>

This project is part of a large-scale study designed by Dr. Robert Rodriquez, Ph. D. It was divided into sections and conducted by a cohort group of 13 Marshall University graduate students.   A longitudinal study of 34 expectant fathers was conducted during early, middle, and late pregnancy.

Fathers who initially agreed to participate in this research were recruited from the Upper Ohio Valley. Potential participants were contacted at home, given an explanation of the study; a quick screening was conducted to see if they were eligible for the study, and then were asked to participate. Each man in the study was given a demographic data questionnaire that gathered information and a general behavioral history (See Appendix C).

During session one (first trimester) and session three (third trimester) the following set of tests were administered: CPI, CAS, NS, and ISE. Within a three day span the next set of tests were administered: NPAPS, and AI. The subjects were given a 15 minute break and the last set of tests was administered: LAS, RAS, IMS, and MSPSS.

During the second trimester, each participant was administered: CAS, NS, ISE, and LAS. The subjects were given a 15 minute break and the following tests were administered:

RAS, IMS, and MSPSS.

All subjects were assigned double codes to assure confidentiality and anonymity. All data and information was centrally controlled and analyzed. The subjects agreed that information gathered could be shared by other cohort members and the university committee. The examiner was to avoid counseling at any time during the interview and testing protocol.

This study compared the Behavior Assessment Measures: CAS, NS, and ISE to the Behavior Specific Measure; NPAPS and AI to see if any correlation coefficients between the test data occur. Both parametric and non parametric test were utilized to ensure validity across the testing spectrum. The Non-parametric test that was administered was the Wilcoxon, Paired Sample T-Test. This test was used to look at the individual measures. The parametric test of Pearsons r was also used to see if a correlation existed between the individual test measure. Together, these test were applied to each question and attribute area to discern any significant level of differences. The compilation of this data will enhance the summation of results to support the proposed theory.

<div align="center">Results</div>

All analyses were done using SPSS software (SPSS Incorporated, 1999).

Paired t tests were used to see if attitudinal or behavioral changes occurred in the fathers over the three trimesters of the pregnancy. The total scores of each individual test (CAS, NS, ISE, NPAPS, and AI) for each trimester were entered into the computer; no significant changes were found over time on any of the individual test. If a significant statistical correlation had been found, a factorial Analysis of Variance over time would have been run.

A t test for related means found that there was no significant difference in husband's narcissism across the three trimesters of pregnancy. The first related means t test compared the

difference in the first and second trimesters and found no significant difference in narcissism t(29)=.15, p=.88 (two-tailed). There was also no significant difference between trimesters two and three t(29)=1.63, p=.12 (two-tailed); and between trimesters one and three t(29)=1.36, p=.19 (two-tailed) (See Appendix A).

A t test for related means found that there was no significant difference in husbands' anxiety across the three trimesters of pregnancy. The first related means t test compared the difference in the first and second trimesters and found no significant difference in anxiety t(33)=1.35, p=.19 (two-tailed). There was also no significant difference between trimesters two and three t(33)=-1.406, p=.17 (two-tailed); and between trimesters one and three t(33)=-.64, p=.53 (two-tailed) (See Appendix A).

A t test for related means found that there was no significant difference in husbands' self—esteem across the three trimesters of pregnancy. The first related means t test compared the difference in the first and second trimesters and found no significant difference in self-esteem t(31)=1.17, p=.25 (two-tailed). There was also no significant difference between trimesters two and three t(30)=-.928, p=.36 (two-tailed); and between trimesters one and three t(30)=.61, p=.55 (two-tailed) (See Appendix A).

A t test for related means found that there was no significant difference in husbands' aggression across the three trimesters of pregnancy. The first related means t test compared the difference in the first and second trimesters and found no significant difference in aggression t(31)=1.52, p=.14 (two-tailed). There was no significant difference between trimesters two and three t(31)=-.18, p=.86 (two-tailed). There was no significant difference between trimesters one and three t(31)=-1.08, p=.29 (two-tailed); and between trimesters one and four t(30)=.29, p=.78 (two-tailed) (See Appendix A).

A t test for related means found that there was no significant difference in husbands' physical abuse of partner across the three trimesters of pregnancy. The related means t test compared the difference in the first and third trimesters and found no significant difference in physical abuse $t(32)=.63$, $p=.53$ (two-tailed) (See Appendix A).

Correlation is basically a measure of relationship between two variables. Relationships among the variables behavior assessment measures, and behavior specific measures were correlated using Pearson's r. This study was designed to determine if a relationship exists between these two measures, also each measure was correlated to see how they all compare against each measure to look for a significant change.

A basic condition necessary for the computation of the Pearson r is that there be a linear relationship between the two variables. In everyday usage an r of .8 and above is considered a high coefficient, and r around .5 is considered moderate, and an r of .3 and below is considered a low coefficient.

Table 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

Only one area of significant correlation was 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 showed significant correlations with all measures of self-esteem in all three of the trimesters.

Table 2

Intercorrelations Between The Dimensions of the Behavior Specific Measures

	NPAPS1	NPAPS3	AIPA1	AIPA3	AIVA1	AIVA3	AIII1	AIII3	AIA1	AIA3
NPAPS 1	------									
NPAPS 3	.849**	-------								
AIPA 1	.254	.362	------							
AIPA 3	.367	.553**	.668**	------						
AIVA 1	.431*	.334	.691**	.520*	------					
AIVA 3	.417*	.347	.663**	.451*	.892**	------				
AIII 1	.547**	.447*	.151	.142	.161	.053	------			
AIII 3	.575**	.591**	.196	.513*	.176	.160	.466*	-----		
AIA 1	-.341	-.496*	-.132	-.217	-.197	-.268	.172	-.260	-----	
AIA 3	-.246	-.254	-.085	-.143	-.253	-.344	.008	-.272	.559**	---

Note. The * symbol represents significance at the .05 level, the ** at the .01 level.   n = 23 Non-Physical Abuse of Partners is abbreviated as NPAPS, Physical Aggression is abbreviated as AIPA, Verbal Aggression is abbreviated as AIVA, Impulsive/Impatient Aggression is abbreviated as AIII, and Avoidance Aggression is abbreviated as AIA.

Significant correlations occurred between Non-physical Abuse and Physical Aggression in the third trimester of both measures, between Verbal Aggression and Non-Physical Abuse during the first trimester of both measures and Verbal Aggression the third trimester and Non-Physical Abuse the first trimester. Significant correlations also occurred between Impulsive/Impatient Aggression first & third and the Non-Physical Abuse first and third trimester, and the Avoidance and Non-physical abuse third trimester.

Table 2 indicates a relationship between the behavior specific measures of Non-Physical Abuse and Aggression.

Table 3

Correlations between Non-Physical Abuse, Aggression and Anxiety

_____

	Anxiety 1	Anxiety 2	Anxiety 3
NPAPS 1	.392	.415*	.469*
NPAPS 2	.423*	.506*	.545**
AIPA 1	.072	-.060	.304
AIPA 3	.187	.032	.434*
AIVA 1	-.167	-.057	.051
AIVA 3	-.030	-.001	.102
AIII 1	.155	.195	.376
AIII 3	.480*	.287	.551**
AIA 1	-.169	-.376	-.030
AIA 3	-.144	-.416*	-.059

Note. * indicates significance at the .05 level. The ** symbol represents significance at the .01 level. NPAPS is Non-Physical Abuse of Partner Scale AIPA is Physical Aggression, AIVA is Verbal.Aggression, AIII is Impulsive/Impatient Aggression, and AIA is Avoidance Aggression. n = 23

Significant correlations occurred between Anxiety compared to the Non-Physical Abuse across the scales, except the first trimester of Anxiety and Non-Physical Abuse. Significant correlations were found in four areas on the Anxiety compared to the Aggression scales, which could have happened by chance. Significant correlations were also found on Anxiety and Physical Aggression third trimester, Anxiety first trimester and Impulsive/Impatient Aggression third trimester, Anxiety and Impulsive/Impatient Aggression third trimester, and Anxiety second trimester and Avoidance Aggression third trimester.

Table 4

Correlations between Non-Physical Abuse, Aggression and Narcissism

	Narcissism 1	Narcissism 2	Narcissism 3
NPAPS 1	.286	.309	.240
NPAPS 2	.397	.361	.304
AIPA 1	.431*	.605**	.460*
AIPA 3	.275	.443*	.242
AIVA 1	.276	.400	.277
AIVA 3	.296	.431*	.424*
AIII 1	.253	.398	.180
AIII 3	.017	.105	.007
AIA 1	-.058	-.038	-.190
AIA 3	-.109	-.207	-.326

Note. * indicates significance at the .05 level. The ** symbol represents significance at the .01 level. NPAPS is Non-Physical Abuse of Partner Scale, AIPA is Physical Aggression, AIVA is Verbal Aggression, AIII is Impulsive/Impatient Aggression, and AIA is Avoidance Aggression. n = 23

Table 4 shows that there were no significant correlations on any trimester between

Narcissism and Non-Physical Abuse. Significant correlations comparing Narcissism and

Aggression occurred in five areas: Physical Aggression first trimester and Narcissism all three

trimester, Narcissism second trimester and Physical Aggression third trimester, Verbal

Aggression third trimester and Narcissism second and third trimesters.

Table 5

Correlations between Non-Physical Abuse, Aggression, and Self-Esteem

	Self-Esteem 1	Self-Esteem 2	Self-Esteem 3
NPAPS 1	.557**	.378	.302
NPAPS 2	.488*	.329	.369
AIPA 1	.261	.339	.280
AIPA 3	.269	.120	.249
AIVA 1	.166	.368	.214
AIVA 3	.296	.446*	.356
AIII 1	.441*	.351	.157
AIII 3	.392	.212	.226
AIA 1	.012	-.069	.071
AIA 3	-.126	-.109	.047

Note. * indicates significance at the .05 level. The ** symbol represents significance at the .01 level. NPAPS is Non-Physical Abuse of Partner Scale. AIPA is Physical Aggression, AIVA is Verbal Aggression, AIII is Impulsive/Impatient Aggression, and AIA is Avoidance Aggression. n = 23

Significant correlations between the Non-Physical Abuse scale compared to the Self-Esteem scale occurred on Self-Esteem in the first trimester and Non-physical abuse first trimester, and Self-Esteem first trimester and Non-Physical Abuse second trimester. On the Aggression scale compared to the Self-Esteem scale, significant correlations occurred in the Self-Esteem second trimester and the Verbal Aggression third trimester, and Self-Esteem first trimester and the Impulsive/Impatient Aggression first trimester. Since there are only a few significant correlations on these scales there it is possible they happened by chance.

Discussion

The hypothesis that behavioral assessment measure would correlate with behavior specific measures held true for some of the test administered. When comparing the correlations between self-esteem and narcissism they are moderately to highly correlated. There is minimal correlation between anxiety and self-esteem and the same is true between anxiety and narcissism.

A moderate to high correlation was found between Non-Physical Abuse and Aggression, as was to be expected. A significant correlation was noted on the Non-Physical Abuse and the Impulsive/Impatient subtest on the Aggression Scale. Both of these test were behavior specific measures. This indicates that either test can be used to assess this measure. Both test do not have to be administered. A moderate correlation was also found on the Non-Physical Abuse and the Anxiety scales. There was little correlation found between Anxiety and Aggression, Narcissism and Aggression, and Self-Esteem and Aggression, Narcissism and Non-Physical Abuse. The few correlations that occurred on these scales could have occurred due to chance.

Due to the n of 23, small sample size, the chance of making a Type II error was possible. The chance of this happening is equal to the value of alpha, .05. This means that there is a 5% chance of saying there is statistical significance when there is none.

Further research in behavioral changes of first-time expectant fathers is indicated on both larger and more diverse populations. A larger more diverse sample size for this study would have been ideal. The sample does not represent diversity in education, income, or ethnicity. For this reason, the study results are not generalizable to the population at large.

Initially, each graduate student involved in this study was to obtain ten first-time fathers-to-be to participate in this study; the intent was to have over 100 participants in the study. Letters were sent to OBGYN doctors and clinics in the Upper Ohio Valley explaining the

purpose of this study and asking if they would be willing to participate. If the OBGYN doctors agreed to help, letters were provided to the office manager to pass out at initial visits written specifically to first time expectant fathers. Over 200 letters were sent out per graduate student to different OBGYN offices throughout the Ohio Valley. The fathers were asked to respond by calling the number provided. The graduate students met individually with the OBGYN doctors and explained this study; the doctors seemed interested and eager to help. Not one phone call was made from a prospective father through this process.

Subjects were obtained through personal contacts with co-workers and friends of family members. The number was far below what the study had initially expected, due to the fact that it was difficult to obtain subjects to agree to participate when there was no compensation provided to the fathers to agree to meet for three different sessions for one to two hours, throughout the pregnancy.

Several men who initially agreed to participate dropped from the study because they felt that some of the information obtained was too evasive and there were too many questions to answer. Subject 0106 dropped from this study because during the first trimester an Alpha Fetal Protein Test was conducted, and the fetus tested positive for Down Syndrome. The doctor told them there would be a 1 in 136 chance the baby would be Downs. The father was very stressed and felt he could not deal with the additional stress of this study. Actually, these men would have been ideal subjects for this study.

It is suggested if this project is repeated, the use of a control group should be considered. A control group would need be a group of males that plan on some day becoming fathers, they would have to agree to stay in the study when they become expectant fathers and repeat the study.

Surveys have become an established means of collecting data and have earned the reputation for yielding valuable information about human behavior. Nonetheless, a few major problems can occur. The first has to do with sampling considerations. A biased sample can produce misleading results. The second problem concerns response bias, or social desirability bias. Sometimes people respond to a survey question in a way that reflects not how they truly feel or what they truly believe, but how they think they should respond. A third major problem in survey research concerns the content of the items contained in the survey. Sometimes survey writers try to include too much of an item, resulting in an item that actually asks for two responses at once (Goodwin, 1998).

One difficulty confronted in the study on the assessment of partner violence is the private nature of most abusive behavior. This study, like most others, relied on self-reports of physical aggression. A confounding question to ask in this study would be whether the fathers were actually honest when answering questions that addressed them actually being abusive in their relationship. On the abusive questions administered, it would have been an interesting comparison to see if the mothers would have answered in the same way as the fathers.

Another confound of this study was incorrect responses given by some of the subjects; due to this, some of the results had to be thrown out because tests were not completed as the directions stated, or some of the test items were not answered at all. When running the correlations for the test comparisons, 23 actual sets of data were completed correctly throughout all subjects.

A limitation of this study is the homogeneous nature of the race, socioeconomic status, and sexual orientation sample. The results of this study should be interpreted in light of the fact that the samples for this study were drawn from a population that included only white, healthy

married expectant fathers who volunteered to participate. It would be important to determine if the findings apply to other groups.

Another limitation of this study is that it is very difficult for a cohort group of 13 to do the same study. It was difficult to get a consensus many times. It was difficult to get all 13 together at the same time. Not every member of the group was able to obtain subjects for the study, therefore, some member spent hours giving the battery of test each trimester, and others did not contribute to the data collected. As the project was designed, three members of the group were doing correlations between test clusters, and they were depended on the other members of the group to score and run their data before they could complete their statistics

References:

American College of Obstetrician and Gynecologist. (1998). Mandatory reporting of domestic

violence*. International Journal of Gynecology & Obstetrics,* 62, 93-95.

Archer, J. & Brown, K. (Ed.). (2000). *The Columbia Electronic Encyclopedia*, (6th ed.).

Columbia: University Press. Retrieved September 8, 2001, from http://www.

encyclopedia.com/articles.

Bibring, G. L. (1959). Some considerations of the psychological processes in pregnancy.

 Study Child 14, 113-121.

Curtis, J. L. (1955). A psychiatric study of 55 expectant fathers. *US Armed Forces Medical

Journal*, 6, 937-950.

Follingstad, D. R., Rutledge, L. L., Berg, B. J., Hause, E. S., & Polck, D. S. (1990). The role of

emotional abuse in physically abusive relationships. *Journal of Family Violence,* 5,

107-120.

Goodwin, C. J. (1998). *Research in psychology: Methods and designs* (2nd ed.). New York:

John Wiley & Sons, Inc.

Hartman, A. A. & Nicolay, R. C. (1966). Sexually deviant behavior in expectant fathers.

Journal of Abnormal Psychology, 71(3), 232-34.

Jones, R. E. & Horan, D. L. (1997). The American college of obstetricians and gynecologists: A

decade of responding to violence against women. *International Journal of Gynecology

Obstetricians,* 58, 627-634.

Morse, B. J. (1995). Beyond the conflict tactics scale: Assessing gender differences in partner

violence. *Violence and Victims, 10,* 251-272.

Morse, C. (1999). Study finds fathers depressed during a pregnancy. *Australian Nursing*

Journal, 6, 13-14.

Muhajarine, D. & Nazeem, C. (1999). Physical abuse during pregnancy: Prevalence and risk

    factors. *Canadian Medical Association Journal,* 160, 1007-1012.

Norton, L. B., Peipert, J. E., Ziegler, S., Lima, B., & Hume, L. (1995). Battering in pregnancy:

    An assessment of two screening methods. *Obstetrics & Gynecology,* 85, 321-325.

Pulido, Mary L. (2001). Pregnancy: A time to break the cycle of family violence. *Health and*

    Social Work, 26, 120-125.

Reiss, A. J., & Roth, J. A. (Eds.) (1993-1994). *Understanding and Preventing Violence* (Vols.

    I-IV). Washington, DC: National Academy Press.

Strickland, O. L. (1987) The occurrence of symptoms in expectant fathers. *Nursing*

    Research, 36, 184-189.

Strickland, O. L. (1986). In expectant fathers. *Nursing Research,* 36, 184-189.

SPSS Incorporated. (1999). SPSS graduate pack 9.0 for windows. (Version 9.0) [Computer

    software]. West Liberty, West Virginia.

Trethowan, W. H. (1972). *The couvade syndrome: Modern perspectives in psycho-obstetrics*.

    New York: Brunner/Mazel Publishers.

West, C. M. (2000). *Partner Violence in Ethnic Minority Families.* Family Research

    Laboratory: University of New Hampshire.

T-Test

Paired Samples Statistics

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	VAR00001	36.7059	34	9.2262	1.5823
	VAR00002	35.3235	34	8.4305	1.4458
Pair 2	VAR00002	35.3235	34	8.4305	1.4458
	VAR00003	37.3824	34	9.7141	1.6660
Pair 3	VAR00001	36.7059	34	9.2262	1.5823
	VAR00003	37.3824	34	9.7141	1.6660

Paired Samples Correlations

		N	Correlation	Sig.
Pair 1	VAR00001 & VAR00002	34	.776	.000
Pair 2	VAR00002 & VAR00003	34	.565	.000
Pair 3	VAR00001 & VAR00003	34	.789	.000

Paired Samples Test

		Paired Differences					
				Std. Error Mean	95% Confidence Interval of the Difference		
		Mean	Std. Deviation		Lower	Upper	t
Pair 1	VAR00001 - VAR00002	1.3824	5.9544	1.0212	-.6953	3.4600	1.354
Pair 2	VAR00002 - VAR00003	-2.0588	8.5385	1.4643	-5.0380	.9204	-1.406
Pair 3	VAR00001 - VAR00003	-.6765	6.1680	1.0578	-2.8286	1.4756	-.640

Paired Samples Test

		df	Sig. (2-tailed)
Pair 1	VAR00001 - VAR00002	33	.185
Pair 2	VAR00002 - VAR00003	33	.169
Pair 3	VAR00001 - VAR00003	33	.527

T-Test

Paired Samples Statistics

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	VAR00001	13.9162	32	10.3684	1.8329
	VAR00002	12.5628	32	8.7285	1.5430

Paired Samples Correlations

		N	Correlation	Sig.
Pair 1	VAR00001 & VAR00002	32	.777	.000

Paired Samples Test

		Paired Differences					t
					95% Confidence Interval of the Difference		
		Mean	Std. Deviation	Std. Error Mean	Lower	Upper	
Pair 1	VAR00001 - VAR00002	1.3534	6.5631	1.1602	-1.0128	3.7197	1.167

Paired Samples Test

		df	Sig. (2-tailed)
Pair 1	VAR00001 - VAR00002	31	.252

T-Test

Paired Samples Statistics

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	VAR00002	11.8068	31	7.7347	1.3892
	VAR00003	12.5155	31	8.9077	1.5999

Paired Samples Correlations

		N	Correlation	Sig.
Pair 1	VAR00002 & VAR00003	31	.879	.000

Paired Samples Test

		Paired Differences					
					95% Confidence Interval of the Difference		
		Mean	Std. Deviation	Std. Error Mean	Lower	Upper	t
Pair 1	VAR00002 - VAR00003	-.7087	4.2522	.7637	-2.2684	.8510	-.928

Paired Samples Test

		df	Sig. (2-tailed)
Pair 1	VAR00002 - VAR00003	30	.361

T-Test

Paired Samples Statistics

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	VAR00001	13.2039	31	9.7111	1.7442
	VAR00003	12.5155	31	8.9077	1.5999

Paired Samples Correlations

		N	Correlation	Sig.
Pair 1	VAR00001 & VAR00003	31	.774	.000

Paired Samples Test

		Paired Differences					
					95% Confidence Interval of the Diference		
		Mean	Std. Deviation	Std. Error Mean	Lower	Upper	t
Pair 1	VAR00001 - VAR00003	.6884	6.2986	1.1313	-1.6220	2.9987	.609

Paired Samples Test

	df	Sig. (2-tailed)
Pair 1 VAR00001 - VAR00003	30	.547

T-Test

Paired Samples Statistics

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	VAR00001	8.6697	33	6.9894	1.2167
	VAR00002	8.2333	33	6.6529	1.1581

Paired Samples Correlations

		N	Correlation	Sig.
Pair 1	VAR00001 & VAR00002	33	.830	.000

Paired Samples Test

		Paired Differences					
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference		
					Lower	Upper	
Pair 1	VAR00001 - VAR00002	.4364	3.9870	.6940	-.9774	1.8501	.629

Paired Samples Test

		df	Sig. (2-tailed)
Pair 1	VAR00001 - VAR00002	32	.534

T-Test

Paired Samples Statistics

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	A1	2.7344	32	.8031	.1420
	A3	2.5000	32	.9158	.1619
Pair 2	II1	2.3219	32	.8013	.1416
	II3	2.3434	32	.5778	.1021
Pair 3	PA1	1.9203	32	.7128	.1260
	PA3	2.0391	32	.6930	.1225
Pair 4	VA1	2.4850	32	.8844	.1563
	VA3	2.4466	32	.7559	.1336

Paired Samples Correlations

		N	Correlation	Sig.
Pair 1	A1 & A3	32	.493	.004
Pair 2	II1 & II3	32	.528	.002
Pair 3	PA1 & PA3	32	.611	.000
Pair 4	VA1 & VA3	32	.913	.000

Paired Samples Test

		Paired Differences					
					95% Confidence Interval of the Difference		
		Mean	Std. Deviation	Std. Error Mean	Lower	Upper	t
Pair 1	A1 - A3	.2344	.8705	.1539	-7.95E-02	.5482	1.523
Pair 2	II1 - II3	-2.16E-02	.6978	.1233	-.2731	.2300	-.175
Pair 3	PA1 - PA3	-.1187	.6208	.1097	-.3425	.1050	-1.082
Pair 4	VA1 - VA3	1.844E-02	.3637	6.430E-02	-.1127	.1496	.287

Paired Samples Test

		df	Sig. (2-tailed)
Pair 1	A1 - A3	31	.138
Pair 2	II1 - II3	31	.862
Pair 3	PA1 - PA3	31	.287
Pair 4	VA1 - VA3	31	.776

T-Test

AS= Admission Scale

Paired Samples Statistics

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	VAR00001	71.1000	30	14.8193	2.7056
	VAR00002	70.8667	30	17.0693	3.1164
Pair 2	VAR00002	70.8667	30	17.0693	3.1164
	VAR00003	73.3667	30	13.8949	2.5368
Pair 3	VAR00001	71.1000	30	14.8193	2.7056
	VAR00003	73.3667	30	13.8949	2.5368

Paired Samples Correlations

		N	Correlation	Sig.
Pair 1	VAR00001 & VAR00002	30	.867	.000
Pair 2	VAR00002 & VAR00003	30	.872	.000
Pair 3	VAR00001 & VAR00003	30	.798	.000

Paired Samples Test

		Paired Differences					
				Std. Error	95% Confidence Interval of the Difference		
		Mean	Std. Deviation	Mean	Lower	Upper	t
Pair 1	VAR00001 - VAR00002	.2333	8.5164	1.5549	-2.9468	3.4134	.150
Pair 2	VAR00002 - VAR00003	-2.5000	8.4231	1.5378	-5.6452	.6452	-1.626
Pair 3	VAR00001 - VAR00003	-2.2667	9.1649	1.6733	-5.6889	1.1556	-1.355

Paired Samples Test

		df	Sig. (2-tailed)
Pair 1	VAR00001 - VAR00002	29	.882
Pair 2	VAR00002 - VAR00003	29	.115
Pair 3	VAR00001 - VAR00003	29	.186

Correlations

Correlations

		ANXIETY1	ANXIETY2	ANXIETY3	SE1	SE2	SE3
ANXIETY1	Pearson Correlation	1.000	.721**	.870**	.432*	.110	.350
	Sig. (2-tailed)	.	.000	.000	.040	.617	.102
	N	23	23	23	23	23	23
ANXIETY2	Pearson Correlation	.721**	1.000	.570**	.304	.229	.295
	Sig. (2-tailed)	.000	.	.005	.158	.293	.172
	N	23	23	23	23	23	23
ANXIETY3	Pearson Correlation	.870**	.570**	1.000	.608**	.280	.507*
	Sig. (2-tailed)	.000	.005	.	.002	.195	.013
	N	23	23	23	23	23	23
SE1	Pearson Correlation	.432*	.304	.608**	1.000	.771**	.812**
	Sig. (2-tailed)	.040	.158	.002	.	.000	.000
	N	23	23	23	23	23	23
SE2	Pearson Correlation	.110	.229	.280	.771**	1.000	.817**
	Sig. (2-tailed)	.617	.293	.195	.000	.	.000
	N	23	23	23	23	23	23
SE3	Pearson Correlation	.350	.295	.507*	.812**	.817**	1.000
	Sig. (2-tailed)	.102	.172	.013	.000	.000	.
	N	23	23	23	23	23	23
NS1	Pearson Correlation	.183	.273	.408	.570**	.590**	.654**
	Sig. (2-tailed)	.404	.208	.053	.004	.003	.001
	N	23	23	23	23	23	23
NS2	Pearson Correlation	.265	.240	.509*	.530**	.463*	.487*
	Sig. (2-tailed)	.223	.269	.013	.009	.026	.019
	N	23	23	23	23	23	23
NS3	Pearson Correlation	.234	.320	.302	.462*	.444*	.474*
	Sig. (2-tailed)	.282	.136	.162	.026	.034	.022
	N	23	23	23	23	23	23
NPAPS1	Pearson Correlation	.392	.415*	.469*	.557**	.378	.302
	Sig. (2-tailed)	.064	.049	.024	.006	.075	.162
	N	23	23	23	23	23	23
NPAPS2	Pearson Correlation	.423*	.506*	.545**	.488*	.329	.369
	Sig. (2-tailed)	.044	.014	.007	.018	.126	.083
	N	23	23	23	23	23	23
AIPA1	Pearson Correlation	.072	-.060	.304	.261	.339	.280
	Sig. (2-tailed)	.746	.786	.159	.229	.113	.196
	N	23	23	23	23	23	23
AIPA3	Pearson Correlation	.187	.032	.434*	.269	.120	.249
	Sig. (2-tailed)	.394	.884	.033	.215	.584	.251
	N	23	23	23	23	23	23
AIVA1	Pearson Correlation	-.167	-.057	.051	.166	.368	.214
	Sig. (2-tailed)	.447	.796	.817	.450	.084	.326
	N	23	23	23	23	23	23
AIVA3	Pearson Correlation	-.030	-.001	.102	.296	.446*	.356
	Sig. (2-tailed)	.891	.995	.642	170	.033	.096
	N	23	23	23	23	23	23
AIII1	Pearson Correlation	.155	.195	.376	.441*	.351	.157
	Sig. (2-tailed)	.479	.372	.077	.035	.101	.475
	N	23	23	23	23	23	23
AIII3	Pearson Correlation	.480*	.287	.551**	.392	.212	.226
	Sig. (2-tailed)	.020	.184	.006	.065	.331	.300
	N	23	23	23	23	23	23
AIA1	Pearson Correlation	-.169	-.376	-.030	.012	-.069	.071
	Sig. (2-tailed)	.441	.077	.892	.955	.754	.746
	N	23	23	23	23	23	23

Correlations

		ANXIETY1	ANXIETY2	ANXIETY3	SE1	SE2	SE3
A1A3	Pearson Correlation	-.144	-.416*	-.059	-.126	-.109	.047
	Sig. (2-tailed)	.512	.049	.790	.567	.621	.830
	N	23	23	23	23	23	23

Correlations

		NS1	NS2	NS3	NPAPS1	NPAPS2	AIPA1
ANXIETY1	Pearson Correlation	.183	.265	.234	.392	.423*	.072
	Sig. (2-tailed)	.404	.223	.282	.064	.044	.746
	N	23	23	23	23	23	23
ANXIETY2	Pearson Correlation	.273	.240	.320	.415*	.506*	-.060
	Sig. (2-tailed)	.208	.289	.136	.049	.014	.786
	N	23	23	23	23	23	23
ANXIETY3	Pearson Correlation	.408	.509*	.302	.469*	.545**	.304
	Sig. (2-tailed)	.053	.013	.162	.024	.007	.159
	N	23	23	23	23	23	23
SE1	Pearson Correlation	.570**	.530**	.462*	.557**	.488*	.261
	Sig. (2-tailed)	.004	.009	.026	.006	.018	.229
	N	23	23	23	23	23	23
SE2	Pearson Correlation	.590**	.463*	.444*	.378	.329	.339
	Sig. (2-tailed)	.003	.026	.034	.075	.126	.113
	N	23	23	23	23	23	23
SE3	Pearson Correlation	.654**	.487*	.474*	.302	.369	.280
	Sig. (2-tailed)	.001	.019	.022	.162	.083	.196
	N	23	23	23	23	23	23
NS1	Pearson Correlation	1.000	.850**	.772**	.286	.397	.431*
	Sig. (2-tailed)	.	.000	.000	.186	.061	.040
	N	23	23	23	23	23	23
NS2	Pearson Correlation	.850**	1.000	.821**	.309	.361	.605**
	Sig. (2-tailed)	.000	.	.000	.151	.090	.002
	N	23	23	23	23	23	23
NS3	Pearson Correlation	.772**	.821**	1.000	.240	.304	.460*
	Sig. (2-tailed)	.000	.000	.	.271	.158	.027
	N	23	23	23	23	23	23
NPAPS1	Pearson Correlation	.286	.309	.240	1.000	.849**	.254
	Sig. (2-tailed)	.186	.151	.271	.	.000	.243
	N	23	23	23	23	23	23
NPAPS2	Pearson Correlation	.397	.361	.304	.849**	1.000	.362
	Sig. (2-tailed)	.061	.090	.158	.000	.	.090
	N	23	23	23	23	23	23
AIPA1	Pearson Correlation	.431*	.605**	.460*	.254	.362	1.000
	Sig. (2-tailed)	.040	.002	.027	.243	.090	.
	N	23	23	23	23	23	23
AIPA3	Pearson Correlation	.275	.443*	.242	.367	.553**	.668**
	Sig. (2-tailed)	.204	.034	.206	.085	.006	.000
	N	23	23	23	23	23	23
AIVA1	Pearson Correlation	.276	.400	.277	.431*	.334	.691**
	Sig. (2-tailed)	.202	.059	.201	.040	.119	.000
	N	23	23	23	23	23	23
AIVA3	Pearson Correlation	.296	.431*	.424*	.417*	.347	.663**
	Sig. (2-tailed)	.170	.040	.044	.048	.104	.001
	N	23	23	23	23	23	23
AIII1	Pearson Correlation	.253	.398	.180	.547**	.447*	.151
	Sig. (2-tailed)	.245	.060	.411	.007	.032	.490
	N	23	23	23	23	23	23
AIII3	Pearson Correlation	.017	.105	.007	.575**	.591**	.196
	Sig. (2-tailed)	.938	.632	.974	.004	.003	.370
	N	23	23	23	23	23	23
AIA1	Pearson Correlation	-.058	-.038	-.190	-.341	-.496*	-.132
	Sig. (2-tailed)	.794	.862	.385	.111	.016	.550
	N	23	23	23	23	23	23

Correlations

		NS1	NS2	NS3	NPAPS1	NPAPS2	AIPA1
AIA3	Pearson Correlation	-.109	-.207	-.326	-.246	-.254	-.085
	Sig. (2-tailed)	.620	.344	.129	.257	.242	.701
	N	23	23	23	23	23	23

Correlations

		AIPA3	AIVA1	AIVA3	AIII1	AIII3
ANXIETY1	Pearson Correlation	.187	-.167	-.030	.155	.480*
	Sig. (2-tailed)	.394	.447	.891	.479	.020
	N	23	23	23	23	23
ANXIETY2	Pearson Correlation	.032	-.057	-.001	.195	.287
	Sig. (2-tailed)	.884	.796	.995	.372	.184
	N	23	23	23	23	23
ANXIETY3	Pearson Correlation	.434*	.051	.102	.376	.551**
	Sig. (2-tailed)	.038	.817	.642	.077	.006
	N	23	23	23	23	23
SE1	Pearson Correlation	.269	.166	.293	.441*	.392
	Sig. (2-tailed)	.215	.450	.170	.035	.065
	N	23	23	23	23	23
SE2	Pearson Correlation	.120	.368	.446*	.351	.212
	Sig. (2-tailed)	.584	.084	.033	.101	.331
	N	23	23	23	23	23
SE3	Pearson Correlation	.249	.214	.356	.157	.226
	Sig. (2-tailed)	.251	.326	.096	.475	.300
	N	23	23	23	23	23
NS1	Pearson Correlation	.275	.276	.296	253	.017
	Sig. (2-tailed)	.204	.202	.170	245	.938
	N	23	23	23	23	23
NS2	Pearson Correlation	.443*	.400	.431*	.398	.105
	Sig. (2-tailed)	.034	.059	.040	.060	.632
	N	23	23	23	23	23
NS3	Pearson Correlation	.242	.277	.424*	.180	.007
	Sig. (2-tailed)	.266	.201	.044	.411	.974
	N	23	23	23	23	23
NPAPS1	Pearson Correlation	.387	.431*	.417*	.547**	.575**
	Sig. (2-tailed)	.085	.040	.048	.007	.004
	N	23	23	23	23	23
NPAPS2	Pearson Correlation	.553**	.334	.347	.447*	.591**
	Sig. (2-tailed)	.006	.119	.104	.032	.003
	N	23	23	23	23	23
AIPA1	Pearson Correlation	.868**	.691**	.663**	.151	.198
	Sig. (2-tailed)	.000	.000	.001	.490	.370
	N	23	23	23	23	23
AIPA3	Pearson Correlation	1.000	.520*	.451*	.142	.513*
	Sig. (2-tailed)	.	.011	.031	.517	.012
	N	23	23	23	23	23
AIVA1	Pearson Correlation	.520*	1.000	.892**	.161	.176
	Sig. (2-tailed)	.011	.	.000	.463	.422
	N	23	23	23	23	23
AIVA3	Pearson Correlation	.451*	.892**	1.000	.053	.160
	Sig. (2-tailed)	.031	.000	.	.811	.465
	N	23	23	23	23	23
AIII1	Pearson Correlation	.142	.161	.053	1.000	.466*
	Sig. (2-tailed)	.517	.463	.811	.	.025
	N	23	23	23	23	23
AIII3	Pearson Correlation	.513*	.176	.160	.466*	1.000
	Sig. (2-tailed)	.012	.422	.465	.025	.
	N	23	23	23	23	23
AIA1	Pearson Correlation	-.217	-.197	-.268	.172	-.260
	Sig. (2-tailed)	.319	.368	.216	.433	.230
	N	23	23	23	23	23

Correlations

		AIPA3	AIVA1	AIVA3	AIII1	AIII3
AIA3	Pearson Correlation	-.143	-.253	-.344	.008	-.272
	Sig. (2-tailed)	.514	.245	.108	.971	.209
	N	23	23	23	23	23

Correlations

		AIA1	AIA3
ANXIETY1	Pearson Correlation	-.169	-.144
	Sig. (2-tailed)	.441	.512
	N	23	23
ANXIETY2	Pearson Correlation	-.376	-.416*
	Sig. (2-tailed)	.077	.049
	N	23	23
ANXIETY3	Pearson Correlation	-.030	-.059
	Sig. (2-tailed)	.892	.790
	N	23	23
SE1	Pearson Correlation	.012	-.126
	Sig. (2-tailed)	.955	.567
	N	23	23
SE2	Pearson Correlation	-.069	-.109
	Sig. (2-tailed)	.754	.621
	N	23	23
SE3	Pearson Correlation	.071	.047
	Sig. (2-tailed)	.746	.830
	N	23	23
NS1	Pearson Correlation	-.058	-.109
	Sig. (2-tailed)	.794	.620
	N	23	23
NS2	Pearson Correlation	-.038	-.207
	Sig. (2-tailed)	.862	.344
	N	23	23
NS3	Pearson Correlation	-.190	-.326
	Sig. (2-tailed)	.385	.129
	N	23	23
NPAPS1	Pearson Correlation	-.341	-.246
	Sig. (2-tailed)	.111	.257
	N	23	23
NPAPS2	Pearson Correlation	-.496*	-.254
	Sig. (2-tailed)	.016	.242
	N	23	23
AIPA1	Pearson Correlation	-.132	-.085
	Sig. (2-tailed)	.550	.701
	N	23	23
AIPA3	Pearson Correlation	-.217	-.143
	Sig. (2-tailed)	.319	.514
	N	23	23
AIVA1	Pearson Correlation	-.197	-.253
	Sig. (2-tailed)	.368	.245
	N	23	23
AIVA3	Pearson Correlation	-.268	-.344
	Sig. (2-tailed)	.216	.108
	N	23	23
AIII1	Pearson Correlation	.172	.008
	Sig. (2-tailed)	.433	.971
	N	23	23
AIII3	Pearson Correlation	-.260	-.272
	Sig. (2-tailed)	.230	.209
	N	23	23
AIA1	Pearson Correlation	1.000	.559**
	Sig. (2-tailed)	.	.006
	N	23	23

Correlations

		AIA1	AIA3
AIA3	Pearson Correlation	.558**	1.000
	Sig. (2-tailed)	.006	.
	N	23	23

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

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

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

0101
- Looking forward to pregnancy
- Good relationship with spouse
- Cooperative throughout the survey
- Pregnancy progressing normally
- No complications

0102
- Scared and excited about the pregnancy
- Talkative, friendly throughout the survey
- Pregnancy progressing normally
- State mother is healthy and the baby seems perfect
- Became more nervous about the pregnancy as the trimesters progressed
- Worried about what was expected of him

0103
- Great relationship with his spouse
- Scared about the pregnancy
- Everything progressing normally
- Not overly friendly, did not appear to be happy about the number of survey questions presented him
- Difficult to contact to set up times to administer surveys
- Found out the baby is a girl

0104
- Stated his wife is his best friend
- Choroid Plexus Cyst diagnosed at 18 weeks, it went away within 4 weeks
- Excited about the pregnancy
- Doesn't know what to expect
- He plans to be the best father he can
- Not overly happy about the amount of questions presented
- Very concerned that the information collected be kept confidential

0105
- Eager to help with the survey
- Interested in the subject matter
- Ask a lot of questions regarding the project
- Wants to make sure I send him a copy of the final results
- Found out the baby is breach, A C section is planned
- Found out the baby is a girl

0107

- Cooperative
- Eager to help
- Made fun of some of the survey questions
- Laughed out loud as he completed some of the questions
- Pregnancy progressing normally
- Found out the baby was a girl

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.

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 if 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 devises 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.

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.

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.

Non-Physical Abuse of Partner Scale

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 follow.

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 make fun of my partner's ability to do things.

2._____ I expect my partner to obey.

3._____ I become very upset and angry if my partner says that I have been drinking too much.

4._____ I demand my partner to perform sex acts that he or she does not enjoy or like.

5._____ I become very upset if my partner's work is not done when I think it should be.

6._____ I don't want my partner to have male friends.

7._____ I tell my partner he or she is ugly and unattractive.

8._____ I tell my partner that he or she really couldn't manage without me.

9._____ I expect my partner to hop to it when I give him or her an order.

10._____ I insult or shame my partner in front of others.

11._____ I become angry if my partner disagrees with my point of view.

12._____ I carefully control the money I give my partner.

13._____ I tell my partner that he or she is dumb or stupid.

14._____ I demand that my partner stay home.

15._____ I don't want my partner to work or go to school.

16.____ I don't want my partner socializing with his or her female friends.

17.____ I demand sex whether my partner wants it or not.

18. ____ I scream and yell at my partner.

19.____ I shout and scream at my partner when I am drinking.

20.____ I order my partner around.

21.____ I have no respect for my partner's feelings.

22.____ I act like a bully towards my partner.

23.____ I frighten my partner.

24.____ I treat my partner like he or she is a dimwit.

25.____ I'm rude to my partner.

Each statement in this questionnaire asks about you, how you interact with other people or how you typically respond in a variety of situations. For each statement please select the response which applies BEST to YOU. Please record the applicable response for each item on the space next to it. Using the following rating scale select the response, which applies BEST to YOU, and record it in the space next to each item.

1 = Does NOT apply AT ALL to me
2 = Applies SOMEWHAT to me
3 = Applies FAIRLY WELL to me
4 — Applies WELL to me
5 = Applies EXACTLY to me

_____ 1. I enjoy working with my hands doing repetitive tasks.

_____ 2. I admire people who can walk away from a fight or argument.

_____ 3. When a person is unfair to me I get angry and protest.

_____ 4. When a person tries to "cut ahead" of me in a line, I firmly tell him not to do so.

_____ 5. Whenever I have trouble understanding a problem, I ask others for advice.

_____ 6. When a person criticizes me, I tend to answer back and protest.

_____ 7. When a person tries to boss me around, I resist strongly.

_____ 8. I think it is OK to make trouble for an annoying person.

_____ 9. I get into fights with other people.

_____ 10. When a person criticizes or negatively comments on my clothing or hair, I tell him/her it is none of their business.

_____ 11. I really admire persons who know how to fight with their fists or body (not using any weapons).

_____ 12. When another person hassles or shoves me, I try to give him/her a good shove or punch.

_____ 13. When another person picks a fight with me, I fight back.

_____ 14. I prefer to listen to rock-and-roll instead of classical music.

_____ 15. I become easily impatient and irritable if I have to wait.

_____ 16. When another person is mean or nasty to me, I try to get even with him/her.

_____ 17. Whenever someone is being unpleasant, I think it is better to be quiet than to make a fuss.

_____ 18. Others say that I lose patience easily.

_____ 19. I consider myself to be an authority figure for some people.

_____ 20. More often than others, I seem to do things that I regret later.

_____ 21. If a person insults me, I insult him/her back.

_____ 22. I prefer to get out of the way and stay out of trouble whenever somebody is hassling me.

_____ 23. When I am on bad terms with a person, it usually ends up in a fight.

_____ 24. I become easily impatient if I have to keep doing the same thing for a long time.

_____ 25. It often happens that I act too hastily.

_____ 26. Whenever I build something new, I read the instruction booklet before doing anything.

_____ 27. I really admire persons who know how to fight with weapons.

_____ 28. I often act before I have had the time to think.

29. When I am very angry with someone, I yell at them.

_____ 30. When I have to make up my mind, I usually do it quickly.

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?

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 Lynn Allen, graduate student, at (304) 233-3331 (work) or (304) 233-7360 (home), or Dr. Fred Jay Krieg, professor of psychology, 1-800-642-9842, ext. 2067, for more information regarding this project.

Sincerely,

F. J. K.

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

Sincerely,

Lynn Allen

Lynn Allen
Graduate Student
Marshall University Graduate College