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Running head: ATTITUDINAL AND BEHAVIORAL CHANGES
DEMONSTRATED BY EXPECTANT FATHERS AS MEASURED

Attitudinal and Behavioral Changes Demonstrated by Expectant
Fathers As Measured by the Index of Self Esteem

Thesis Submitted to the
Marshall University Graduate College

by

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Marshall University Graduate College

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MASTER OF ARTS THESIS
OF
TERRY GRANT SAVAGE

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2002

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Abstract

Thirty married men who were expecting their first child were tested in the first, second, and third trimesters of pregnancy with the Index of Self Esteem to see if the subjects experienced a significant drop in self esteem during the course of pregnancy. The current study focused on the attitudinal and behavioral changes in the subjects as measured by the index of self-esteem. A decrease in self-esteem of the expectant fathers was not found, however the lack of diversity within the sample may account for the results. It would be necessary to conduct more extensive research to be more representative of the general population.

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Attitudinal and Behavioral Changes Demonstrated by Expectant Fathers
As Measured by the Index of Self Esteem

Though a man's experience with pregnancy does not include the same physiological changes that his partner experiences, his emotional, psychological, and social metamorphosis may be just as significant as his partner's. The male's role is viewed as supportive but not necessary to the process of pregnancy. Many changes develop in the transition from pregnancy to fatherhood. A father's initiation may transpire from a simple phrase announcing his transition from having no children to becoming a father-to-be. Men may require a certain amount of time to reevaluate the purpose of their own life before accepting the responsibility for a new life. Societal norms do not allow a chronological adjustment for men. Men are portrayed as the strong adaptable species; they are the "hunter", thereby leaving no room for emotional or psychological changes. Men may feel guilty if they recognize their own need over the need of their expectant partner. The expectant father may feel that he must maintain the image of strength over weakness, therefore sacrificing his own needs rather than understanding the inner transformation that is taking place.

Hundreds of studies have been conducted on the psychological, social, and physical development associated with motherhood, but less attention has been given to the psychological aspects of expectant fatherhood. Psychoanalytically oriented authors (Brunswick, 1940; Erikson, 1950; Jacobson, 1950; Parens, 1975; Kestenberg, 1975; Ross, 1975,1977) have illustrated the male's developmental progression toward fatherhood. However, the obtainable clinical studies regarding adjustment to expectant and new fatherhood have focused primarily on the emotional aspects experienced by men during

their partners' pregnancies or on the new role of parenthood instead of the actual psychological aspects of change.

Men in Western societies tend to focus on self evaluation hence, level of self esteem is particularly central to their coping and adjustment process (Van de Vliert, 1998). Coping with expectant parenthood implies differential adjustment according to gender role. Studies have increased since the 1970's, however, most of them focusing primarily with related areas such as the role of the father during labor and delivery and a re-examination of the role of the father in child development. Greater emphasis should be placed on the psychological factors of fatherhood, specifically adaptability related to self esteem.

Alexander, Feeney, Hohaus, and Noller (2001) examined the relationship between a man's self esteem and his coping skills during pregnancy. Those subjects who felt more capable and effective were less likely to dwell on negative affect. "Low self esteem predicted insignificant coping capabilities as opposed to men who feel capable and are less likely to dwell on the negative affect of pregnancy" (Alexander, Feeney, Hohaus, & Noller, 2001).

Hartman and Nicolay (1966), within the context of the court psychiatric clinic, found that expectant fathers more frequently commit crimes of sexual deviancy such as voyeurism, exhibitionism, and rape than other types of crime. They noted a common hyper masculine façade among the expectant fathers in their clinic. These behaviors may be related to the expectant fathers' low self esteem. Low self esteem is associated with higher levels of alcohol abuse, drug use, depression, low perceived access to occupational opportunities, and higher levels of social estrangement (Downs & Rose, 1991) which are

directly related to criminal behavior.

Hawkins and Belsky (1989) did a study of couples who were expecting their first child to assess psychological changes in men who were becoming fathers. They found that “fathers’ self esteem declined over time for fathers of sons but increased for fathers of daughters.” They also found that the more that fathers were involved with their infants, the greater the tendency for their self-esteem to decrease. The Hawkins and Belsky study did not assess the fathers’ self esteem during the course of pregnancy. They only looked at the change in self esteem from pregnancy to post-partum.

Pirog-Good (1995) did a study comparing the self-esteem of teenage fathers and peers who had not become fathers. White teen fathers were found to have significantly lower self esteem than white young men who deferred child rearing. However, “the self esteem measures of Blacks and other teen fathers did not depart significantly from that of their nonfather peers.”

Jordon described the experience of 56 expectant and new fathers (Glazer & Strauss, 1967). They concluded that the essence of the experience of expectant and new fatherhood is laboring for relevance which consists of: (a) grappling with the reality of the pregnancy and child, (b) struggling for recognition as a parent from mate, coworkers, friends, family, and society; and (c) plugging away at the role making of involved fatherhood. Men were not recognized as parents but as helpmates or breadwinners, which interfered with validation of the reality of the pregnancy or child. Fathers felt excluded from the childbearing experiences by their mates, health care providers, and society. Overall, fathers found themselves without models to assist them in taking on the role of active and involved parent. Fathers often may feel inadequate or experience a

sudden loss of freedom, relating to Maslow's categories of esteem needs. According to Maslow, self esteem is the sense of personal worth and competence that people associate with their self concepts. Maslow classified two categories of esteem needs. The first set of esteem needs include the desire for strength, for achievement, for adequacy, for mastery, for competence, for self confidence, and for a degree of independence and freedom. A second category of esteem needs involved the desire for prestige, status, recognition, attention, dignity, and appreciation. All are characteristics of esteem based on others' views of the person (Maslow, Frager, and Fadiman, 1987). The expectant father has many emotional transitions to experience while maintaining a sense of self esteem.

Cohen (1987) did a study comparing fourteen married but childless men to sixteen new fathers. It was found that parenthood caused the men to restructure their intrapersonal and interpersonal lives. "Although men had expectations, images, and fantasies about their soon-to-be-born children, this imaginary fatherhood left them unprepared for the postnatal alterations in their lives." Thus, the men in Cohen's study suffered a decline in self image and self esteem.

Fawcett and York (1986) did a cross-sectional study comparing twenty-three couples in the third or fourth month of pregnancy, twenty-four couples in the ninth month of pregnancy, and 23 couples six weeks postpartum. They found that forty-three percent of subjects reported feeling better about themselves in the early pregnancy group. Twenty-five percent of subjects reported feeling better about themselves in the late pregnancy group, and by postpartum, that figure had dropped to twenty-two percent.

Roosa (1988) did a study of seventy-eight expectant couples to compare differences

between delayed and younger childbearers during the transition to parenthood. Delayed childbearers were defined as couples who were having their first child at the age of twenty-eight or older. Roosa found that “despite the increased maturity and resources that delayed childbearers brought with them to the parenting role, the developmental course of the transition to parenthood was virtually identical for the two groups.” For both groups, self esteem remained steady from prenatal to postpartum. In addition, there was no significant difference between the self esteem of the men and the women.

Belsky and Rovine (1990) followed 128 families intensively from the last trimester of pregnancy through their first child’s third birthday. The new parents in the study who had experienced a decline in marital quality also experienced lowered self esteem. This was true for both husbands and wives.

A study by Feldman and Nash (1984) assessed 31 pregnant women and their husbands during the last trimester of pregnancy and again when their infants were six months old. They found that pregnancy was a time of optimism and that men’s self esteem was high. Men and women both reported satisfaction with themselves and their spouses. Comparing prenatal and postnatal scores for the men, self esteem remained relatively stable with only a slight, insignificant decline.

The research results have shown mixed results. None of the studies have looked solely at changes in self esteem during pregnancy. The research has focused on the transition from pregnancy to postpartum. Therefore, the current study focused on the changes in self esteem during the pregnancy.

Hypothesis

The focus of the current study was to examine the emotional transitions that may occur within the expectant father, specifically self esteem. It was hypothesized that first time expectant fathers' self esteem would decrease during the course of a spousal pregnancy as measured by the Index of Self Esteem.

Methods

Subjects

Subjects in the study consisted of 34 married, first-time, expectant fathers between the ages of eighteen and thirty-five. However, for a variety of reasons, four subjects failed to complete the entire battery of testing. Therefore, only 30 subjects were included in the present study.

The subjects for this project were chosen from the Upper Ohio Valley geographical area including the northern panhandle of West Virginia, western Pennsylvania, and eastern Ohio. Subjects were selected from Obstetric / Gynecology clinics and practices as well as referrals from friends of the interviewers. It was assumed that the men participating in the study are the biological fathers of their spouses' children, but no DNA testing was undertaken. Demographical data describing the thirty subjects is contained in the appendix.

Subjects were not financially nor otherwise rewarded for their participation. Thus, participation was strictly voluntary. The subjects were unknown to the interviewer prior to the study, and all subjects were assured of confidentiality and anonymity.

Instrumentation

The Index of Self Esteem (ISE) is a 25 item scale designed to measure the degree,

severity, or magnitude of problem the client has with self esteem. Self esteem is considered as the evaluative component of self concept. 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. A copy the Index of Self Esteem is contained in appendix.

The ISE has two cutting scores. The first is a score of 30(+/-); scores below this point indicate absence of a clinically significant problem in self esteem. 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 excellent (low) SEM of 3.70. The ISE also has excellent short term stability with a two hour test/retest correlation of .92. (Hudson, W.W., 1997, The WALMYR Assessment Scales Scoring Manual)

According to Hudson (1997), the ISE has good known group validity, significantly distinguishing between clients judged by clinicians to have problems in the area of self esteem and those judged not to have problems. 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, for example, depression, happiness, sense of identity, and scores on the Generalized Contentment Scale. The scale was derived from test of 1,745 respondents, including single and married individuals, clinical and non clinical populations, college students and

nonstudents. Respondents include Caucasians, Japanese, and Chinese Americans, and a smaller number of members of other ethnic groups. The ISE is not recommended for use with children under the age of twelve. (Hudson, W.W., 1997, *The WALMYR Assessment Scales Scoring Manual*).

The Self Esteem Index measures the individual's perceptions in the following four areas: Familial Acceptance, Academic Competence, Peer Popularity, and Personal Security. The Perception of the Familial Acceptance subscale is a measure of the way that individuals perceive and value themselves as members of their families and in their own homes. This subscale focuses on the individual's perception of him or herself as an important member of the family unit who is trusted, listened to, and cared about. The Perception of Academic Competence subscale is a measure of the way that the person perceives self in academic and intellectual pursuits. It measures perceptions associated with achievement. The Perception of Peer Popularity subscale measures an individual's view of his or her acceptance and popularity with people his or his own age. It is concerned with interaction with peers and leadership traits. The Personal Security subscale measures perceptions of physical and psychological well being. The scale focuses on general health including sleep and eating patterns, the presence of psychosomatic conditions, guilt and shame over real or imagined transgressions, general feelings of anxiety and personal vulnerability. (*Educational & Psychological Measurement*, June 1996, Volume 56, Issue 3, page 537).

Procedures

A cohort group of 13 Marshall University Graduate College students worked with the project as part of a larger study examining attitudinal and behavioral changes in

first time expectant fathers. The graduate students interviewed a total of 30 first time fathers using an extensive battery of tests. The battery of tests that each subject took included 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 Multidimensional Scale of Perceived Social Support (MSPSS), and the Index of Marital Satisfaction (IMS).

The graduate student interviewers conducted three separate interview sessions corresponding to the three trimesters of the pregnancy. At the first session, subjects completed an intake form including demographic information and a general behavioral history, and then they will complete the CPI, CAS, NS, ISE, NPAPS, AI, LAS, RAS, IMS, and MSPSS. At the second session, they completed the CAS, NS, ISE, LAS, RAS, IMS, and MSPSS. At the third and final session, the subjects completed the CPI, CAS, NS, ISE, NPAPS, AI, LAS, RAS, IMS, MSPSS.

The information gathered was pooled by the 13 graduate students, and data was collaboratively analyzed to see which tests provide information that was valuable to the larger study. Statistical analysis using a series of paired samples t-tests between batteries one and two, two and three, and one and three was done to determine whether the test, the Index of Self Esteem, detected any significant attitudinal changes in the expectant fathers over the course of pregnancy. According to StatSoft (2002), "The t-test is the most commonly used method to evaluate the differences in means between two groups." With a t-test for dependent samples, the observations to be compared are based on the same sample of subjects, and a considerable part of the within-group variation in both groups

of data can be attributed to the initial differences between subjects (StatSoft, 2002). In the current study, a series of paired samples t-tests were used to look at median differences of scores obtained on the ISE at the beginning, middle, and end of pregnancy. If any significant differences had been found using the paired samples t-tests, then it would have been necessary to conduct an analysis of variance, ANOVA, to further analyze the data. Although an ANOVA would have been the preferred method of statistical analysis because it would have decreased the chances of making a type I error, it was unnecessary in the current study due to the lack of statistical significant differences in the t-tests.

Results

After analyzing the data, a series of paired samples t-tests found there was no significant differences in the subjects' self esteem across the three trimesters. The mean score on the Index of Self Esteem for the first trimester was 25.889. The mean score for the second trimester was 25.989, and the mean score for the third trimester was 24.689. The first t-test compared the difference in the first and second trimesters and found no significant differences in self esteem $t(30)=1.17, p=.25$ (two-tailed). There was also no significant difference found in self esteem between trimesters two and three $t(30)=-.928, p=.36$ (two-tailed). Similarly, there was no significant difference found between trimesters one and three $t(30)=.61, p=.55$ (two-tailed). Since none of the paired samples t-tests showed significant results, an ANOVA was not done. Table 1 in the appendix describes the raw data, and tables 3, 4, and 5 describe the paired samples t tests.

An informal item analysis suggested no significant changes on any individual questions with the exception of item number sixteen, but no statistical analysis was done to confirm this. Question number sixteen ranged from a mean of 83 on trimester one, 102

on trimester two, and 108 on semester three. This question stated “I feel very self-conscious when I am with strangers.” Otherwise, an item analysis revealed no significant information, and table 2 containing this information can be seen in the appendices.

Discussion

The results indicate that the men in this study did not exhibit a decrease in self esteem during the course of their partners’ pregnancies as hypothesized. It may be that the time of greater emotional upheaval comes after the birth of the baby, and if this study had followed the subjects postpartum, then perhaps a difference in self esteem may have occurred then.

Initially, each graduate student involved in this study was supposed to obtain ten first time fathers to participate in the study. Therefore, the *N* would have been over 100. Letters were sent to OBGYN doctors and clinics in the Upper Ohio Valley explaining the purpose of the study and asking if they would be willing to participate. Then, letters were provided to the office managers to pass out at initial visits written specifically to first time expectant fathers. Approximately 200 letters were sent out by each graduate student throughout the Ohio Valley. Although doctors seemed eager to help, the response from the expectant fathers was extremely poor. Eventually, subjects were obtained through referrals from family, friends, and co-workers of the graduate students involved, but only thirty subjects completed the study.

It was very difficult to get subjects to agree to participate because there was no compensation provided and each testing session required a large time commitment. Several men who initially agreed to participate dropped from the study because they felt that some of the information requested for was too personal or there were too many

questions to answer, especially on the CPI. Thus, a major limitation of this study is the homogeneous nature of the population sample. Of the thirty subjects, all of them were Caucasian except for one African American. Therefore, there was no ethnic diversity among the subjects. A large number of the subjects were college educated, with many having advanced degrees. In addition, all of the subjects were employed. It would be important to determine if the findings in this study apply to other groups.

Another limitation of this study is that it is very difficult for a cohort group of 13 people to participate in the same study. Not only was it difficult to get a consensus at times, it was even difficult to get all thirteen people together at the same time. Not every member of the group was able to obtain subjects for the study, and some members spent many hours giving the batteries of test, and others did not contribute to the data collected.

In summary, men's self esteem does not seem to decline during the course of a partner's pregnancy. If the study had continued postpartum or if the sample of subjects had been larger and more diverse, then the study may have been more representative of the general population. Further research into the subject of men's self esteem during a partner's pregnancy is indicated.

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Table 1: Raw Data For All Subjects

Subject Number	Trimester 1	Trimester 2	Trimester 3
050	22.67	22.67	36.67
051	26.67	29.33	22.67
052	34.67	32.67	36.00
0101	20.00	26.67	26.67
0103	1.33	4.00	.67
0104	39.33	28.00	28.00
0105	6.67	12.00	10.00
0107	36.67	37.33	35.33
0201	21.33	29.33	24.67
0202	38.67	36.67	34.00
0301	16.67	12.67	7.33
0302	25.33	24.67	28.00
0303	28.67	17.33	20.00
0305	35.33	43.33	36.67
0306	17.33	18.67	10.67
0401	20.67	24.67	22.00
0403	22.67	25.33	21.33
0901	29.33	40.67	29.33
1101	44.00	24.67	32.67
1102	26.00	22.00	25.33
1103	14.67	19.33	14.00
1104	34.67	35.33	24.67
1105	15.33	15.33	15.33
1301	30.00	32.00	32.00
1302	46.00	44.67	43.33
1304	13.33	15.33	28.00
0801	25.33	19.33	16.67
0803	24.00	25.33	24.67
0802	37.33	35.67	32.00
0701	22.00	24.67	22.00

Table 2: Item Analysis

Question Number	Trimester 1	Trimester 2	Trimester 3
01	65	68	68
02	71	75	70
03	99	97	88
04	82	84	73
05	77	78	72
06	63	61	59
07	77	78	68
08	103	98	100
09	95	95	98
10	72	74	66
11	58	61	59
12	91	94	82
13	73	71	66
14	87	89	81
15	65	62	68
16	83	102	108
17	70	75	66
18	76	69	77
19	86	77	82
20	72	75	69
21	59	61	69
22	73	74	73
23	64	66	63
24	76	71	85
25	73	70	63

Table 3: T-TEST BETWEEN TRIMESTER 1 AND 2

	Mean	N	Standard Deviation	Standard Error Mean
Trimester 1	25.89	30	10.37	1.83
Trimester 2	25.99	30	8.73	1.54

PAIRED SAMPLE CORRELATIONS

	N	Correlation	Significant
Trimester 1 Trimester 2	30	.78	.00

PAIRED SAMPLE TEST

Paired Differences

	Mean	Standard Deviation	Standard Error Mean	95% Confidence Interval of the Difference		T	df	Significant (2-tailed)
				Lower	Upper			
Trimester 1 Trimester 2	1.35	6.56	1.16	-1.01	3.72	1.17	29	.25

Table 4: T-TEST BETWEEN TRIMESTER 2 AND 3

	Mean	N	Standard Deviation	Standard Error Mean
Trimester 2	25.89	30	7.74	1.39
Trimester 3	24.69	30	8.91	1.60

PAIRED SAMPLES STATISTICS

	N	Correlation	Significant
Trimester 2 Trimester 3	30	.88	.00

PAIRED SAMPLES TEST

PAIRED DIFFERENCES

	Mean	Standard Deviation	Standard Error Mean	95% Confidence Interval of the Difference		T	df	Significant (2-tailed)
				Lower	Upper			
Trimester 2 Trimester 3	-.71	4.25	.76	-2.27	.85	-.93	29	-.939

Table 5: T-TEST BETWEEN TRIMESTER 1 AND 3

	Mean	N	Standard Deviation	Standard Error Mean
Trimester 1	25.89	30	9.71	1.74
Trimester 3	24.69	30	8.91	1.60

PAIRED SAMPLES CORRELATIONS

	N	Correlation	Significant
Trimester 1 Trimester 3	30	.77	.00

PAIRED SAMPLES TEST

Paired Differences

	Mean	Standard Deviation	Standard Error Mean	95% Confidence Interval of the Difference		T	df	Significant (2-tailed)
				Lower	Upper			
Trimester 1 Trimester 3	.69	6.30	1.13	-1.62	3.00	.61	29	.55

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.

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.

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?

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



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 Terry Savage, graduate student, at (740) 859-1105, or Dr. Fred Jay Krieg, professor of psychology, 1-800-642-9842, ext. 2067, for more information regarding this project.

Sincerely,

A handwritten signature in black ink, appearing to read "Fred Jay Krieg".

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

Sincerely,

A handwritten signature in black ink, appearing to read "Terry Savage".

Terry Savage
Graduate Student
Marshall University Graduate College