A PORTRAIT OF THE NEWBORN

by

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ABSTRACT

To discover whether Euro-American families have a preconceived idea of a newborn's appearance, ten Euro-American, primigravid women were asked to draw their conceptualizations of their newborns-to-be and were interviewed about their expectations. The interview tool consisted of four interview topics. The first topic was pictorial and verbal description of the newborn-to-be; the second was attractiveness and unattractiveness of a baby. Recurring themes from these topics were compared to the baby stereotype described by Lorenz. The third topic, distinguishing features of a newborn and an older baby, and the fourth topic, length of the newborn period, were indirect means of acquiring information on the informants' perceptions of a newborn.

The informants' general description of their newborn-to-be consisted of characteristics specific to the informant's family. The newborns were closer in appearance to an older baby than to a newborn. The most attractive features of a baby were small size, face, and "soft/cuddliness." Of the stereotypic characteristics described by Lorenz, the informants' newborns had the rounded body contour and smallness. The attractive features that the informants described were similar to the stereotypic baby's characteristics; the unattractive features that the informants named were crying and the initial newborn appearance.
CHAPTER 1

INTRODUCTION

There would seem to be no need to ask an American what a baby looks like. You can answer that question at any toy department that has dolls (Lorenz in Tanner and Inhelder 1971) and by reviewing advertisements (Colman and Colman 1971). Then ask a pregnant woman to describe what her particular newborn will look like and the answer will be similar to the doll and advertisement baby (Colman and Colman 1971, Kitzinger 1977, Roberts 1977). Colman and Colman stated the following as a general description of a newborn by gravid women. It is not the "... fragile and barely human infant..." but instead "... a beautiful well developed six-months-old baby" (Colman and Colman 1971, p. 28). Why does this image occur? Advertisers and manufacturers employ the ideal baby stereotype to sell their products (Lorenz in Tanner and Inhelder 1971). In turn, mothers-to-be use these cultural expectations (Roberts 1977, Rubin 1970).

The nine months of pregnancy provide a gravid woman time to form the basis for both her mothering role and the closely related mother-infant bond (Shereshefsky 1973). During this time of pregnancy, the woman progresses through psychological perinatal tasks of accepting both the pregnancy and the child-to-be as real, accepting the child as a separate individual, and accepting the mothering role (Shields 1974). After delivery, there is further establishment of the newborn as an
individual, deeper bonding with the newborn, and more development as a mother (Roberts 1977, Rubin 1970). In the prenatal attachment process, the fetus is the one with whom the woman develops a relationship. But the fetus is superseded in the second trimester by another, the fantasy baby (Roberts 1977, Rubin 1970). The maternal bond with the fantasy baby continues to develop until time of delivery. Then a critical moment occurs — will the woman be able to transfer her feelings to the real baby? "Fantasies may be so strong that they are carried over into post delivery phase. It is not good for a mother to be so attached to her 'dream child' that she is unable to see the real child, for only by recognizing reality can she build a dependable relationship and meet the needs of the child" (Clark 1976a, p. 247).

A relationship based on the mother-fantasy baby attachment is ineffective and can result in mothering disorders (Klaus 1978). An ineffective relationship at this time in a newborn's life can result in difficulties with his ability to establish relationships later in life (Walters 1976) for the mother-infant relationship is the baby's relationship prototype. Spitz recognized this: "... victims of disturbed object relations subsequently will themselves lack the capacity to relate . . ." (Walters and Wilhurt 1976, pp. 110-111).

**Problem**

The pregnant woman has preconceived ideas of what her newborn baby will look like. What preconceived ideas does a Euro-American, primigravida woman have of her newborn-to-be? How will her ideas compare with the stereotypic baby defined by Lorenz?
Purpose

The purpose of this project was to discover the preconceived ideas that Euro-American primigravidas have of their newborn's appearance. In this exploratory study, a small, nonrepresentative sample of ten primigravidas was asked about their conceptualization of their respective newborns as well as their thoughts on babies in general. The resulting material was analyzed for recurring themes.

Conceptual Framework

Tasks of pregnancy and the fantasy baby were the concepts employed to give direction to the project.

Several authors have described processes which they call perinatal tasks. The purpose of the perinatal tasks is for the gravid woman to accept the pregnancy and form a bond with the child as well as to accept her new role as a parent. The woman accepts the pregnancy as a reality, a "now" (Rubin 1970). Bonding is the process of developing a unique relationship. Bonding is given impetus when quickening occurs at the beginning of the second trimester as the child is capable of action/reaction. Accepting the child as an individual occur simultaneously with bonding as the woman forms a relationship different from the symbiotic bond associated with accepting the pregnancy/child as part of herself. In the new relationship, the woman separates herself from the fetus, giving the fetus an identity and personhood (Furman 1978, Kennedy 1973). The image created is the "fantasy baby."

In accepting the mother role, the woman uses fantasy to imagine herself as a mother. In addition to fantasizing the mothering role, the
woman seeks out children to look at, especially infants, and how mothers interact with them. Shereshefsky, Liebenberg, and Lockman (1973), in their research on the impact of pregnancy on primigravid families, found that maternal adaptation is significantly affected by the woman's interest in children. The mother-to-be also considers her past memories of her own mother, considers her own femininity, considers her expectations of herself, and considers the expectations of her culture in deciding what to use in assisting her in establishing her role as mother. In addition, she reviews literature of all kinds (Ditzion and Wolf 1978, Littlefield 1973b, Roberts 1977, Rubin 1970).

After delivery, two interdependent events occur. One event is the loss of the fantasy baby; the second is the transference of the maternal bond with the fantasy baby to the real newborn. In the first days, the mother completes the separation from the fantasy baby so that the real baby becomes an individual in his own right (Furman 1978, Roberts 1977, Rubin 1961b). This separation process is likened to "mourning." Several authors refer to this transition period as a "mourning period" (Affonso 1976, Grace 1978, Shields 1974). Resolution of the mourning period is the initiation of a positive maternal-infant bond. In addition to the establishment of the newborn's identity, the woman's own identity as a mother develops further (Rubin 1961b).

Who is this fantasy baby? This is the image who allows the gravid woman to lay a foundation for maternal-infant bonding during late pregnancy (Roberts 1977, Rubin 1970) but who can cause difficulties if he interferes with the bonding process after delivery (Clark 1976a).
Lorenz, the Nobel prize winning animal ethnologist, describes him as having a large head, fat cheeks, short extremities, and being clumsy and helpless (Lorenz in Tanner and Inhelder 1971). This description has been confirmed in experimentation by Cann (in Hess 1970), Gardner and Wallach (1965), and Fullard and Reiling (1976). This baby is beautiful and lovable (Blake, Stewart, and Turcan 1975). Pregnant women themselves describe their dream baby as a "... beautiful well developed six-months-old child" (Colman and Colman 1971, p. 28).

**Significance of the Problem**

Pregnancy and subsequent motherhood, particularly for the primigravid, is a maturation process (Breen 1975). During this period, the woman develops a relationship with an intimate stranger, the fetus. To facilitate this acquaintance process, a fantasy baby gives substances to the unknown. But, according to previous research, this fantasy baby may not look like the newborn; instead, it is depicted as an older infant. At delivery, the newborn does not look like the fantasy baby. At this time a transference of love occurs and the mother mourns the loss of her fantasy baby. This accounts for the time lag that normally occurs between delivery and actual beginning of maternal attachment to the newborn (Rubin 1961a). If this transference of love does not occur, i.e., the mother does not begin to bond with the real baby but instead projects the fantasy bond onto the real baby, the result can be rejecting the baby (Rubin 1975), feeling inadequate in her role of mother, woman, producer (Rubin 1975), and mothering disorders (Klaus 1978).
Thus, the purpose of the study was to learn how primigravidas conceptualized their infants and if, in fact, the fantasy baby really did look like an older, perfect doll.
CHAPTER 2

REVIEW OF LITERATURE

This chapter will develop a more in-depth look at the concepts introduced in the Conceptual Framework. These are, again, perinatal tasks, the fantasy baby, and crisis and crisis intervention. It will abstract information from the literature and studies on these concepts.

Perinatal Tasks

During the time of pregnancy, the woman is experiencing changes in her body physiologically and in her head psychologically. These changes parallel each other, the body preparing the fetus for becoming a person, the head preparing the woman for becoming a mother. The literature of pregnancy abounds with different categorizations of these non-mutually exclusive phenomena, which can be summarized as acceptance of the pregnancy itself and taking on the role of mother. The resultant behavior and thoughts are culturally grounded (Newton and Mead 1967).

The first task is accepting pregnancy as being real and now (Rubin 1970). The woman fuses or forms bonds of attachment to the "fetal part of her body" which is the foundation for later maternal-infant relationship (Roberts 1977). A milestone in bonding development is conscious awareness of fetal movement at the beginning of the second trimester. Now the fetus begins to take on more and more of a separate identity in the woman's mind. This is the second phase of her maternal
tasks, the initiation of the separation between herself and the growing fetus/baby. For the primigravida mother, this separation continues after the actual birth event until the mother role becomes comfortable (Roberts 1977). It is at this time that the unborn acquires his own identity and characteristics (Furman 1978). The woman begins the process of establishing an interpersonal relationship with this unknown person. Kennedy (1973) stated that it follows the three-component process used for any relationship establishment: acquisition of information about the other party, assessment of the other's attitude, and reinforcement or change in orientation about the person. The mother-to-be searches her environment for information about this individual. She fantasizes about babies, looks for clues in her immediate surroundings such as babies at the store, on the street, in literature of all kinds, and even past childhood photographs (Ditzion and Wolf 1978, Rubin 1970).

There is conflicting research findings on the importance of the scrutiny of children by pregnant women. In a study of primigravida couples, a significant predictor of maternal adaptation was the woman's interest and experience with children (Shereshefsky et al. 1973). Another study (Feldman and Nash 1978) compared the reactions of the females and males of three couple types, married without children, married with children, or married with first child on the way. The individuals were observed for their interactions with a mother and her baby in a waiting room, then with photographs they chose of adults and children. The investigators found that the pregnant women's responses were the same as or less than those of the married childless women. The
married women with children interacted more with the baby and preferred the photographs of the children.

Colman and Colman (1971), reporting on a study, stated that, in a sample of pregnant women, the pregnant women's dream content was about babies 40 percent of the time as compared to the control group of college women who dreamed of babies only one percent of the time.

At the same time that she is attempting to identify this unborn baby, the woman is attempting to identify herself as a mother, using the same routes of fantasizing and information gathering (Ditzion and Wolf 1978, Roberts 1977, Rubin 1970). The maternal role is an accumulation of her own self-defined feminine identity, significant others' support, culture, and her parental role expectations, etc. (Littlefield 1973b, Roberts 1977). Roberts (1977) states that, for the primiparous woman, the taking-on of the mothering role is not complete until after the child is born and the dyad has functioned together for a period of time. In subsequent pregnancies, when these tasks are repeated, maternal identification is not so time-consuming as it is a more familiar role.

The two parties, so intimately connected and simultaneously strangers, meet at delivery. Here the reality and fantasy blend into a single picture -- the actual newborn. Roberts (1977) states that the tasks of fusion, separation, and maternal identity continue postpartally with the addition of two new tasks. The claiming process is part of this fusion task whereby the parent points out familial characteristics (Hassid 1978). Fusion continues to be evidenced by the mother's association of flaws in the baby, no matter how minor, with her
performance during pregnancy and parturition. This attitudinal response corresponds with Rubin's (1961b) taking-in stage during post-partum. The mother even identifies her bodily functions with those of her newborn. The separation task begun at quickening is enhanced by delivery. The woman definitely sees an individual now detached from her. In Rubin's (1961b) categorization, the mother lets-go. Maternal role identification or initial success as a mother is associated with the labor-delivery experience, the health of the newborn, and satisfaction of expectations. The information gathering continues during the puerperium as the parturient takes-in (Rubin 1961b) what the nurses and others do with the newborn. Roberts (1977) adds two new tasks to the postpartal period, the establishment of affectional bonds and mutuality. Both of these two new tasks are continuations of the initial bonding with fetus/fantasy baby begun during pregnancy. Then, after delivery, the focus is transferred to the newborn.

**Fantasy Baby**

As discussed above in the section on perinatal tasks, during the last half of pregnancy, fantasizing the appearance of the fetus is a major task. What are the characteristics and/or appearance of this fantasy baby? Cultural expectation has an influence. Blake et al. (1975) state that our culture expects a baby to be beautiful and immediately lovable. Many other authors support this. "They've fantasized a cute, smiling, healthy, adaptable infant in their own image . . ." (Wuerger 1976, p. 1283). Colman and Colman (1971), in their study of pregnant women, stated that their informants described their
dream baby as a "... beautiful well developed six-months-old child" (Colman and Colman 1971, p. 28). Pregnant women are especially susceptible to these perfect babies.

What is the origin of this stereotypic perfect baby or the "Gerber baby" image that people expect? Lorenz discussed babyness and the associated characteristics at the World Health Organization (WHO) conference on the psychobiological development of children in 1953. The proceedings of this conference and later ones were compiled by Tanner and Inhelder (1971). The characteristics that Lorenz attributes to stereotypic babyness are:

1. A head that has a large neurocranium and recession of the viscerocranium.
2. Eyes that are below the middle of the whole profile.
3. Cheeks that are beneath the eyes and are fat (corpus adiposum bussae).
4. Extremities that are short and broad.
5. A body that has the consistency of a "half-inflated football."
6. General movements that are clumsy and helpless.

This general baby stereotype also has an influence on the appeal that young animals, toy animals and dolls, cartoons, etc. have on the viewer (Eibl-Eibesfeldt 1970, Lorenz in Tanner and Inhelder 1971). The babyness characteristics can be considered cuteness personified (Lorenz in Tanner and Inhelder 1971). Lorenz explains the word "cute" and its association with baby appearance. In German, there is no word for cute, but in Austrian and Bavarian dialects herzig is derived from the verb
herzen, to fondle. In the German language, this association of "cuteness" and the associated baby appearance is found in naming young animals. The ending _chen_, which is a diminutive, implies that the head attributes, small face in relation to the forehead and the protruding cheeks, exist and that the object is a miniature of the larger. The degree of "cute" is dependent on the number of key innate releasing mechanisms that the object possesses (Hess 1970, Lorenz in Tanner and Inhelder 1971). The babyness attributes are innate releasers for mothering behavior (Eibl-Eibesfeldt 1970, Lorenz in Tanner and Inhelder 1971). Mead, also a participant in the 1953 WHO conference, stated that these innate releasers have a cultural basis (Mead in Tanner and Inhelder 1971). So, the more attributes the newborn has, the more readily mothering behavior will be elicited (Tanner 1974). This has been demonstrated with the bonding difficulties mothers have with their premature babies for the premature's appearance is so different than that of a full-term baby (Blake et al. 1975).

The response to Lorenz's babyness attributes has been experimentally documented. Cann conducted a study in 1953 (Hess 1970) to examine the response of men and women varying the subjects' marital and parental status. He used pictures of infant and adult forms of humans and other species. Women had the same high responsiveness regardless of status. For males, the response was a function of marriage and paternity. How much babyness is preferred was experimentally answered by Gardner and Wallach (1965). Their subjects, 146 female and 46 male undergraduates, were shown heads with varying degree of the head
attribute (small face in relation to forehead and the protruding cheeks). The researchers found that both males and females judged the distorted heads as preferable to the accurately proportioned infant head. Hess (1970) had a similar finding in his studies. Fullard and Reiling (1976) designed a study to examine the development of this preference for infant form over the adult. The subjects, 20 males and 20 females, at each grade level 2, 4, 6, 8, 10, 12, and adult graduate students, were all of the middle class. The shift in interest for infant humans occurred between grades 6 and 8 for females, and at grade 12 for males.

What of the reality baby? This infant cries, awakens the parent(s) for feeding, and makes a large amount of soiled clothing. Breen (1975), in her book, The Birth of a First Child, gives descriptive pictures of what a newborn actually looks like. The newborn is not what the mother saw in the baby books, that "... cuddly, smooth and scented . . ." baby. Instead, the newborn can be described as "... outlandish and weird . . ." with a face comparable to an old man's rather than looking new, the coloring is red like a lobster, and the cry has an animal-like quality (Breen 1975, p. 163). Since there seems to be such incongruity between the imagined and the real, why the fantasy baby?

The fantasy baby does serve a function. It gives substance to the intimate stranger, the fetus. As briefly mentioned above, in the section Perinatal Tasks, during the establishment of an interpersonal relationship, acquisition of information is a must. How can you relate
to someone who is without form? With fetal movement, the woman can give personality attributes (Littlefield 1973a). Along with the physical features of the stereotypic baby, sex, future expectations, and life goals for the child are also assigned (Rubin 1975). All in all, this fantasy baby will be "better than average" because this is what culture dictates (Broussard and Sturgeon 1971, Moore 1978). So now the fetus has both form and personality. During the remaining months, the mother-to-be strengthens her attachment to the fetus via the "fantasy baby ambassador," planning the future with "my baby."

So what must occur then, early post-partally, is a claiming process of the reality baby (Hassid 1978) and giving up the fantasy baby (Lipkin 1978). This giving up of the fantasy baby is a "mourning period" comparable to the mourning that succeeds death (Gordeuk 1976). The function of the mourning is to allow the individual to separate himself from the lost object. When this separation is accomplished, acceptance of a new object can begin (Grayson 1970). For the new mother, the expectation level is associated with the unborn child and the mothering role plays a significant part in determining the time lag in beginning the attachment process (Cohen 1966, Furman 1978, Rubin 1961a).

On close observation, it seems apparent that the identification of her infant as a separate and real being goes on as a parallel activity to that of assessing her capacities to function as a mother. The identification of her infant is not too closely related at first to her perception of herself as a functional mother. In fact, there seems to be a definite lag between the need to test her child as a separate and individual real being. (Rubin 1961a, p. 685)

The positiveness of this functional fantasizing is evidenced in the strength of attachment the mother has to her newborn (Littlefield
1973a). The tasks of establishment of affectional bonds and mutuality (Roberts 1977) commence so maternal love can grow. Dysfunctional fantasizing can result in delayed attachment to the newborn (Littlefield 1973a). Rejection is based on unmet conditionality that was established during pregnancy. The expected sex, appearance, personality, etc. just is not there (Tanner 1974). Until this incongruity can be dissolved, the bonding process is in jeopardy (Bishop 1976, Rubin 1975).
CHAPTER 3
RESEARCH DESIGN

Introduction

This chapter describes how the project was performed. This is an exploratory study, for the study's purpose is to systematically document the cultural phenomenon of babies, their appearance and conceptualization of their newborn appearance, and initial care, as described through the thoughts of the ten primigravida informants. The criteria for sample selection, research tool, method of data collection, method of data analysis, and the project's assumptions and limitations, and the informed consent form are presented.

Culture is commonly considered to be the material forms of a group of people. Culture is also the ideas, beliefs, and knowledge that a group possesses. Goodenough stated in his cognitive definition of culture that the ideas in the person's mind and how the person organizes the ideas is culture (Spradley 1962). An ethnographic study of a cultural group is a method used to discover how the group organizes, codes, and defines experiences (Spradley and McCurdy 1972). In other words, an ethnography is used to define a particular aspect of the cognitive culture. The investigator asks questions of individuals in the cultural group. These questions are framed in the language of the group and responses are recorded as the informant gives them. This ensures that
the categories and attributes derived later from the interview materials are, indeed, particular to the group. So, the ethnographic study is used to reconstruct how the group organizes and codes ideas.

Art as a projective technique has been used in psychology and also in anthropology (Lindzey 1961) and can be useful in formalizing the cultural ideas that are inaccessible in language form (Machover 1949, Read 1973). An individual's art work reflects his character which is influenced by the surrounding environment and his own selfhood (Hammer 1958a, 1958b; Lindzey 1961; Machover 1949).

The Draw-a-Person test is a type of projective technique used frequently for psychological evaluation. This paper-pencil test involves not only having the subject draw but also the subject's orientation to his surroundings, adaptation, and behavior manifested in his asking questions, talking, and drawing mannerisms which are under scrutiny (Levy 1958). The finished product is then analyzed by examining body parts, proportions and relationships, drawing technique, and placement on paper, to name a few (Levy 1958). Having the informants draw their conceptualizations of their newborns-to-be is an adapted Draw-a-Person test. As in the Draw-a-Person test, the investigator is interested in what the informants drew and what perceptions were brought to mind. The investigator did not examine the drawings themselves as in Draw-a-Person.

Bellak (1975) says that projective techniques can be used to analyze an author. This is done by studying his writings. For, in spite of the editing, writing for an audience, etc., the story is still
uniquely his, a product of his personality. Rubin and Irwin (1975) used communication in the form of drama in conjunction with art as a projective technique. They found that drama provided more definable themes, was more specific, and was less abstract than art. Together, drama and art gave a fuller understanding of the client's personality. In relation to this project, "drama" is the "interview" as both are non-pictorial descriptions of an image; the "art" is the "drawing" as both are pictorial representations of an image. So, as the drama and art gave Rubin and Irwin a complete understanding of a personality, the interview and drawing will give a more complete description of the woman's concept of her newborn-to-be.

**Criteria for Sample Selection**

1. Each informant is a primigravida in her fourth to sixth month of pregnancy.
2. Informant can read and write English.
3. Both informant and her partner are Euro-Americans.
4. Neither partner has occupational contact, i.e., nursing, OT, PT, RT, social worker, etc., with infants under three months in the past six months.
5. The informant is experiencing an apparently normal pregnancy and expects a normal delivery.

**Pilot Study**

In order to learn what preconceived ideas the Euro-American woman has of the appearance of a newborn (Fullard and Reiling 1976), the
investigator interviewed two nulliparous females. This constituted the project's pilot study. Two acquaintances of the investigator were interviewed separately at a time and location of their choosing. The investigator asked each woman to draw her conceptualization of a newborn's appearance. Then each informant was asked three questions: 1) Explain the drawing; 2) What criteria differentiate a newborn from an older baby?; and 3) How long is the newborn period? All the interviews were recorded on a tape recorder with the informant's permission.

The information obtained was analyzed for reoccurring themes, comparison of the reoccurring themes and Lorenz's stereotypic baby description, and criteria used to differentiate a newborn and an older baby.

The women described the newborn as having a big head, uncoordinated movements, and rounded body. Also, both said that the hands, feet, and ears are small, like miniature adult features. The word "cute" was frequently used as a descriptive term. These reoccurring themes were comparable to the attributes of the Lorenz stereotypic baby. To support Lorenz's concept that baby appearance is a result of culture, one informant said, "I suppose it has a lot to do with what people are use to seeing. . . ." in relation to the appearance of a baby. The following are other characteristics given in common by both women: eyes have not changed color, very little hair on head, has a soft spot, primary means of communication is crying, weight is about 7 pounds, length is about 20 inches.
The criteria used to differentiate a newborn and older baby provide additional or more explicit information about the newborn. The common characteristic that both informants used in describing the older baby was "cuter." Both informants did use the criterion of skin appearance, but one said the newborn had wrinkles, and the other said the older baby had wrinkles. Other criteria that were not used by both informants were size, activity, and body contour. The older baby was described as being what you expect a newborn to look like. (The findings are summarized in Table 1.)

The two informants also had differing answers on how long the newborn period lasts. One said that it was two weeks, the other said that it was six weeks.

The assumptions and limitations of this project were derived from the literature and from the investigator's experience from the pilot study.

**Assumptions**

1. The informants have sought information seeking on pregnancy and parenting (Roberts 1977, Rubin 1970).
2. Prior knowledge of investigator's background in perinatology will not color informant's response.
3. There has been exposure to babies in the remembered past.
4. Early bird Lamaze class will not bias the informant's response.
Table 1. Contrast between Newborn and Older Baby Characteristics as Described by Pilot Informants.

<table>
<thead>
<tr>
<th>Informant</th>
<th>Characteristic Categories</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Skin</td>
</tr>
<tr>
<td></td>
<td>Newborn</td>
</tr>
<tr>
<td>A</td>
<td>soft skin, no wrinkles</td>
</tr>
<tr>
<td>B</td>
<td>blotchy, wrinkles</td>
</tr>
</tbody>
</table>
Limitations

1. One interview cannot establish a relationship that would assure more in-depth information (Spradley and McCurdy 1972).

2. Sample size of ten primigravida women cannot be used to generalize to all primigravida women.

3. Eliciting information can introduce artifact in the information given (Black 1969).

4. Researcher and informant from same background can result in the researcher assuming understanding of what the informant means. This prevents further probing for clarification of terms (Black and Metzger 1969).

5. There is an inability to control for the effect that personal contact with infants has on the informant during this pregnancy.

Research Tool

During the pilot study interviewing sessions, procedural difficulties were uncovered and solutions found. The first problem was capturing all the informant's description of the newborn. It was noted that during the interview with the woman that as she drew the picture she talked about characteristics. Since the tape recorder was not on at that time, the investigator had to take written notes, necessarily incomplete, resulting in lost material. As a result, at the second interview, the tape recorder was on from the beginning to the end of the session. Fortunately, as the second informant revealed much information during the drawing.
A second problem was with the actual drawing of the picture. The second woman was concerned with her lack of artistic ability. The investigator explained that it was not the physical drawing that was being discussed but the images that the exercise aroused and further that the images can be discussed at any time during the session.

The third problem was the process of eliciting the information. The investigator used open-ended question, silence, restatement, etc. to elicit in-depth ideas. But the quantity of information was scanty. Then another approach was used. The informants were asked to differentiate the newborn from an older baby. Characteristics of each baby stage were contrasted by the women. This problem with elicitation is a common one. The interviewer has to discover the question(s) that stimulates the desired response (Black and Metzger 1969).

From the pilot study, the three interview questions (explaining the drawing, criteria that differentiates a newborn and older baby, and length of the newborn period) were used in the project's interviewing sessions. A fourth question was added during the third project interview. In the first two interviews, the project's informants were describing their newborns in terms specific to their particular newborn, not in the general terms like the pilot informants. The third informant prefaced some of her replies with what she found attractive or unattractive about babies in general. This gave the information that could be compared with the Lorenz attributes. So, a fourth question -- What is attractive about babies? What is unattractive about babies? -- was asked of the remaining seven project informants.
Reliability

The ability of a measuring tool to consistently elicit similar information time and again establishes the reliability of that tool. Thus, the more consistent the information, the more reliable the tool becomes (Treece and Treece 1977). In an interview, the individual questions make the tool. Thus, reliability of those questions is whether the respondents provide the interviewer with similar answers. The initial questions for this study were derived from the pilot study interviews as discussed previously. The project's informants answered each of these three questions similarly. In addition, with the first question, in which the respondents were asked to draw their conceptualization of their newborns, each woman gave an individualized response that also contained familial features and normal baby features.

After the third interview, a fourth topic was added. The three initial questions were not tapping the proper informational sources on what the informants thought of a baby's general appearance. The fourth questions (What is most attractive about babies? What is more unattractive about babies?) elicited the sought for information. So with the four questions the investigator was able to elicit information on the newborn, general feelings about babies, and about becoming a parent.

Validity

The ability of a measuring tool to consistently elicit information that the investigator desires, the tool used to obtain it has validity established. When validity is discussed, two aspects must be
considered, content validity and criterion specification (Treece and Treece 1977).

The specific type of validity that was established for this project was content validity. The investigator was concerned with the ability of the tool, the individual questions, to elicit appropriate information, i.e., content.

When establishing validity, the prescribed set of conditions under which the tool was used must be included (Treece and Treece 1977). This criterion specification had a definite effect on the validity of this project's interviewing questions. The three questions initially used were derived from the pilot study which used nulliparous informants. In the first two interviews of this project, the informants answered the questions similarly but the investigator was not eliciting discrete information on the general appearance of a baby. In the pilot study, the three questions did elicit this information. The third informant of this project provided the investigator with a clue to the puzzle. She phrased a few of her replies as what she found not attractive and unattractive about babies. With this preface, she gave a general appearance of a baby that the investigator wanted. The investigator phrased another question on the attractiveness and unattractiveness of a baby which elicited the desired information. The difficulty was that the nulliparous women of the pilot study answered the question of what does the newborn baby look like by referring to general appearance, whereas this project's primigravid women were giving information that would be particular to their own newborn. So there was no question
for the project's interview process that was specifically designed to elicit general baby appearance information. With the addition of the fourth question on attractiveness, the general appearance information was elicited. Now the entire interview process was obtaining information that the investigator desired the interview to reveal. The information desired was the pregnant woman's conceptualization of her newborn, general appearance of the baby, distinguishing features of the newborn as compared with an older baby, and the length of the newborn period. Therefore, the validity of the interviewing was established for this project.

Method of Data Collection

The investigator decided to use ten informants that met the sample criteria. The selection of the informants was not done randomly. Acquisition of three informants was the result of the investigator's solicitation of acquaintances. The remaining seven informants were obtained from a list of names given to the researcher from the local Lamaze organization. The Lamaze representative read from her class list of those women due in the summer. This satisfied the criterion that the woman be in the second trimester. The investigator then phoned the women systematically until seven agreed to participate in an interview. All ten informants knew prior to the interview that the investigator was interviewing them about the feelings they were experiencing during this first pregnancy. The investigator did not specify that the interview focus was "baby," theirs-to-be, and general information. Nor did the
women know they would be required to draw, though all knew the interview would be taped.

At a time and location of the informant's choosing, the investigator formally presented the project. The investigator gave a brief verbal introduction of herself and the project. Then the woman was given the consent form to read and sign. (See Subject Consent Form, Appendix A. The one used in the field was a photocopy, 8 1/2" x 14", one page in length.) Each informant was given her own copy of the consent form. Questions were invited. Then the tape recorder was turned on. The investigator instructed the woman to draw her conceptualization of her newborn on the supplied equipment: 8 1/2" x 11" white sheet of paper, and a #2 lead pencil with eraser. The investigator emphasized that the drawing ability was of little importance. The women were given instructions that they could verbally describe the picture while they were actually drawing. Then, after the informant indicated she was finished, the interview began in earnest.

The first two informants, A and H, were asked the following three questions: 1) Describe your newborn; 2) When does the newborn period end?; and 3) Given two babies, how would you identify the newborn? Then, during the third interview, C made reference to what she found to be attractive and unattractive about babies. The two-part question concerning attractiveness and unattractiveness of babies became the fourth interview question for the remaining seven informants, B, G, D, E, K, F, and L. Nonthreatening interviewing techniques, open-ended questions, clarification, and restatement were used to elicit
information (Clark 1976b). The interview session was concluded when the informant indicated that she could give no further information. At this time, the tape recorder was stopped. The entire session lasted no more than an hour; the drawing section was usually the longer.

Method for Data Analysis

The information from the ten interviews was inspected in order to find the reoccurring ideas that the ten Euro-American primigravida women used in describing their newborns and babies in general. The descriptions of the individual newborns were compared with the attributes of the stereotypic baby described by Lorenz. The common attractive descriptions of a baby were compared also with the stereotypic baby. The unattractive descriptions were placed in categories derived from the data itself. The Lorenz baby does not have unattractive attributes, so no comparison could be made with the stereotypic model. The fifth set of descriptions were the criteria the informants used to distinguish a newborn from an older baby. The criteria were identified as being selective for newborn or older baby. Then each criterion was placed in a category derived from the data. Lastly, commonalities in the informants' expectation on the length of the newborn period were reviewed.

Summary

This chapter has discussed the research design used in this project. A definition of culture and projective technique were given in relation to this exploratory study. Then the criteria for sample selection, discussion of the pilot study, assumptions and limitations,
research tool and its reliability and validity, method of data collection, and method of data analysis were presented.
CHAPTER 4

PRESENTATION AND ANALYSIS OF DATA

The investigator asked ten primigravida women to draw their conceptualizations of their newborns. Then, in an interview, the investigator had the women elaborate on the drawing as well as give general descriptions of the expectations they had of a baby. The investigator compared similar themes of a newborn appearance and a baby appearance with the stereotypic baby appearance described by Lorenz (in Tanner and Inhelder 1971). This chapter is a detailed presentation of the information gathered from each of the four interview questions. The analyzed data are presented in narrative form and accompanying tables. Also included in this chapter is a description of the sample population.

Characteristics of the Sample

All the women were primigravid and under medical supervision. The women were in their second trimester: two were four months, two were five months, and two were five and one-half months. All the women had done reading on the subject of pregnancy. As was presented in Method of Data Collection, seven of the ten informants were obtained directly from the Lamaze organization. An informant obtained through an acquaintance was also involved with Lamaze. So, a total of eight of the ten informants were associated with Lamaze. Two of the informants had attended the Lamaze early bird classes. These classes present the
participants with information on the newborn and the subjective feelings the gravid woman has during pregnancy. The informants' experience with babies varied, from viewing friends' babies to helping raise siblings to day care worker whose youngest charges were nine months of age.

Findings

The data generated from the interviews are presented under each interview question.

Pictorial and Verbal Description of the Newborn

All ten informants were asked to draw their conceptualization of their newborn after delivery. All protested initially, "I can't draw." The interviewer reassured them that the actual drawing was not under scrutiny but it was a means of getting them to think. Four informants, A, B, C, and D, admitted that they had not given thought to their prospective newborn's appearance. Informant E, however, stated that she had conceptualized her newborn even prior to conceiving. They were encouraged to describe the newborn while they were drawing, as well as told that they could explain further after they had completed the drawing. Informant E wrote descriptive phrases on her drawing. Informant D labeled her drawing. Forty percent of the informants drew only the head. The other sixty percent drew the body. Of these sixty percent, half drew a lateral view, half drew a frontal view. Informant D was the only woman who drew the newborn as it would look immediately following delivery, with umbilical cord still attached. Three informants, H, J, and K, stated that they did not want their newborns to look
like their drawings. But, in spite of the protests, the informants seemed to enjoy the exercise as they frequently laughed during this part of the interview.

We will now discuss how the women described each baby section and related topics of sex, health, and personality. Each informant did not necessarily describe each baby section of her newborn.

**Head.** Most of the informants described the head of their newborns, hair and shape. Hair or the lack of it was the major concern of B, G, K, C, and A.

B: "I hope he has a lot of hair."

G: "Little bitty hair, some."

K: "Not much hair. He [husband] doesn't have much and I didn't when we were babies."

C: "Little hair."

A: Hopes her newborn has hair as "bald babies are unattractive."

Hair color is a familial characteristic, i.e., the women described the characteristic as being specific to their particular family, ascribed to the parents' present hair color (C, F, H, J, K) or the hair color the parents had as babies themselves (J, K).

The actual shape of the head was explained by informants G, C, A, and H. They stated that the head initially is misshapen due to the birth process.

G: "This is a couple days old. They say that the head will be out of shape due to birth."
C: "... I think the head itself will be out of shape and weird looking..."

A: Said that the head is most likely misshapened due to the recent journey.

H: ". . . [a book] showed the head being pushed out of place."

If ears were mentioned, they had no familial characteristic, just "normal." The ears' size was given as "small" or "little."

**Face.** The facial feature described most frequently was the eyes. Most of the informants specified eye color; the others said the eye color was "normal." Two newborns will have blue eyes, a familial trait; two other newborns will have the familial brown eyes.

The nose was the next most frequently described. G stated that her newborn's nose would be normal. The others will have a familial nose, three attributed to the father, one to the mother.

The other facial features mentioned were "rosy cheeks" (B), "normal teeth" (G), "rosebud mouth" (E), and "fat face" like mother had as a baby (J).

**Extremities.** Most of the informants described arms and/or legs. Two informants described the arms and legs as possessing a family trait.

B: ". . . Probably have bow legs like my husband did as a baby and still does."

J: ". . . Oh, there's one way to tell that he is a member of my family is that we have a characteristic little toe."

Descriptive size of extremities was given by C and H.
C: "Little hands."

H: "Little fingers and little toes."

Informants G's newborn will have short extremities as a result of heredity.

G: "Arms are short. . . . I think it will be short. My husband is short."

**Shape.** This category includes body contour and skin texture. Most of the informants gave information in this category. A, B, J, and H described their newborns' shape as a variation of "fat." Informants A, B, and J attributed the body contour to their own shape as babies. Informant A stated that her baby will be large as both she and her husband were large as babies.

B: "Be fat. . . . Well, if I had a picture handy of myself as a baby, I was fat."

J: "Just guessing, the baby would be more on the chunky side rather than long and thin. . . . I was fat when I was born."

Informant G described her newborn's body contour as rounded in an indirect manner.

G: "A tummy."

Informant H's newborn's contour will be like all newborns', chubby.

H: "Babies are so chubby when they are born."

Informant C described her newborn's skin texture as wrinkly and puffy.

C: "Kind of wrinkly. . . . their skin is puffy, sort of."
Weight. The range of weight given for the individual newborns was six pounds to eight pounds or more. The most frequent weight was seven pounds. Informant J did not specify weight except as "fat," though she stated that she weighed eight pounds six ounces at birth so her newborn will follow suit. Informant B made the similar comparison between her newborn's weight and her own baby weight.

Those informants who described their newborns as fat related this characteristic to their own present shape. Informant B saw herself as big so her baby will be.

B: "It'll be fat, like me."

Informant J stated that her doctor said she was large for her present gestational stage. She made the comment that she was watching her weight, indirectly affecting the baby's weight.

J: "I weighed eight pounds six ounces." "The doctor has already told me I'm bigger than usual for my stage. So I'm watching my weight. So I can't help think of the possibility [of the baby being big]."

Informant A made the similar comparison between her own baby size, her present shape, and her doctor's comment on the relation between her size and present gestation. A said the baby will be large, about eight pounds to eight pounds eight ounces. Both she and her husband were large babies. As a pregnant woman, she was large.

Informant G, on the other hand, commented on how small she saw herself though her newborn will have a "tummy" and "big breasts." This
relationship between maternal pregnancy size and newborn weight was dis-
cussed by two other informants. Informant K commented that she knew
diet was important for baby growth.

K: "I just learned a week ago about childbirth education classes
that are real informative on nutrition. But I've not been too
worried about that. I always watch so I haven't felt a need."

A major portion of informant F's interview was her concern with
the relationship between maternal weight gain and newborn weight. She
had been to early Lamaze class which F stated discussed the importance
of maternal diet, weight gain, and fetal outcome. F correlated size of
baby with maternal size.

F: "A baby ... some can be small and some can be big. It all
depends on what you do to your baby."

This maternal weight gain will also affect the parturient's weight post-
partally. F believed that she would remain fat though she could lose
the pregnancy weight. F talked about her older sister who was also
pregnant and gaining weight.

Informant D associated her newborn's weight with the baby's
health. D desired a baby seven pounds or more because baby weight is a
factor that assists in assurance of health.

D: "I hope for something seven pounds or bigger. Just 'cause I
think it sounds more stable."

Length. This feature was either specified in inches or by cate-
gory. Most of the informants stated their newborns' length. The range
was twelve inches to twenty-one inches. Categories of length were short, normal, medium at least. Most of the women correlated length to familial height. The women averaged their height with the father's to arrive at the "height" or length of their respective newborns. G knows her newborn will be small.

I: "Why do you think your baby will be small?"

G: My husband is about my size. He's small, too."

Informants J and F determined their newborns' stature as the average between their shortness and fathers' tallness. F expressed hope for her baby to be of medium stature as being short has disadvantages.

F: "I would like the baby to be long so I could say it's going to be tall. I don't want it to be short." "Especially if it's a boy. It's too hard if a boy is short."

K and H expressed desire for their newborns to be tall like the fathers.

Sex. Five of the subjects gave a sex preference including their husbands' desire. Informant H's husband wanted a boy; he has a girl by a previous marriage. H wants a girl. This is similar to K's response. K's husband "insists" that the baby will be a girl; he has a boy by a previous marriage. K had no preference at the time of the interview. A and her husband wanted a girl. E desired a girl and stated that she had had this desire before conception. D had no preference; she did not mention husband's preference. F did not express her desire for a boy or girl, only her husband's wish for a boy. J's husband probably desired a girl as he had had a dream about J having a baby girl.
Health. Most of the informants specifically stated a desire for a healthy baby, be it female or male. Half of these respondents had a special concern for their newborns' health. Informant H stated that she had a familial blood disease. F stated that she had birth defects. B stated that she had been sick the entire pregnancy which was approximately four and one-half months at the time of the interview.

Personality. Six of the informants described their prospective newborns' personality as having a familial basis. Three of these six directly related the undesired crying and/or nervousness of the newborn to their own behavior during pregnancy (F and K) or post-partally (D).

F: "The reason I don't want my baby to cry is that I feel that I must have been a nervous wreck."

So F is trying to keep calm during her pregnancy as is K.

K: "Probably a very calm baby, anyway. Husband is easy going. I've tried to be, keep myself calm. I'm not by nature as I'm a keyed-up person."

Informant D, on the other hand, stated that neonatal nervousness was directly related to maternal behavior during mother-infant interaction. She further added that she had always desired to be a calm mother.

D: "The only thing I ever wanted since I was in high school to be as a mother is to be calm... I don't want to be nervous 'cause I feel that you'll be so close to the baby that it might be transmitted. I don't want him to be nervous."
Both K and D further added that the calmness of their husbands could be a diluting effect on their own nervousness if this trait should be present in the baby.

Informant E listed on her drawing attributes that she desired her baby/child to possess. These attributes are similar to the ones that she and the child's father have, such as love of God, love of music. Also, E's newborn will be active as she is active as a fetus.

Informant J stated that her newborn will be a night person as the fetus has this type of activity schedule. J's baby will also have an outgoing personality like the father's and mother's. This outgoingness is "... likes a lot of people. One that doesn't cry. ... It can be passed around. ... Enjoy different situations." Preference for this type of personality was exemplified by a dream her husband had. In the dream, J had given birth to two girls, one a "crier," the other a "smiler." The husband took the latter as his baby and gave the former to his wife, who did not want the "crier" either. H described her newborn's personality as just like the father's, "... with a smile on his face all the time."

Three of the informants did not ascribe the personality to familial characteristics. G wanted a newborn with a sweet personality. "I don't think it'll be crying a lot." "Easy to please." A stated that she wanted an even-tempered baby. B described hers as being "pleasant," "well-tempered," "mindful," "well-mannered," and "sharing."

Only C did not know about her newborn's personality. She stated that she was not familiar with babies so she did not know what to expect.
C: "I just . . . I really, I haven't . . . I don't know." "I'm anticipating this."

Verbal Description of Informants' Perceptions of Their Newborns.
A summary of the verbal descriptions the informants used in describing their perceptions of their newborns' head, face, extremities, shape, weight, and length are presented in Table 2. The information tabulated in Table 2 was more individualistic than was anticipated from the pilot study's information. In the pilot study, the nulliparous women were asked to describe a newborn. Their responses were more generalized, perhaps because there was not a fetus to soon be a newborn, a part of the family. When the informants for this project described the newborn features and personality, they likened these features to specific individualized familial characteristics or described them as "normal."

Ascribing the fetus with familial characteristics is comparable to the claiming process that occurs postpartally (Hassid 1978). Also, this is how the woman acquires information about the unseen fetus so she can initiate an interpersonal relationship (Kennedy 1973). One informational source is the family photographs which the informants referred to during the interviews. Another source is the babies which a few informants had observed. Finally, reading about babies can provide information. All the informants had done reading about pregnancy, if not about newborns as well.

The verbal descriptions of the informants' perceptions of their newborns' sex, health, and personality are summarized in the preceding text.
Table 2. Verbal Description of Informants' Perceptions of Their Newborns.

<table>
<thead>
<tr>
<th>Feature</th>
<th>Dimension</th>
<th>Characteristic</th>
<th>Statement</th>
</tr>
</thead>
</table>
| Head    | Hair      | Amount         | - I hope he has a lot of hair.  
|         |           |                | - Little bitty hair.  
|         |           |                | - Not much hair.  
|         |           |                | - Little hair.  
|         |           |                | - Bald babies are unattractive |
|         | Color     |                | - Familial. |
| Shape   | Misshapened |                | - Head will be out of shape due to birth.  
|         |           |                | - Head itself will be out of shape and weird looking.  
|         |           |                | - Misshapened due to recent journey.  
|         |           |                | - Head pushed out of place. |
| Ears    | Normal    |                | - Little.  
|         | Size      |                | - Small.  |
| Face    | Eyes      | Color          | - Normal.  
|         |           |                | - Familial -- blue; brown.  
|         |           |                | - All babies have blue eyes. |
|         | Nose      | Shape          | - Normal.  
|         |           |                | - Familial -- father; mother. |
|         | Cheeks    |                | - Rosy.  |
Table 2, Continued.

<table>
<thead>
<tr>
<th>Feature</th>
<th>Dimension</th>
<th>Characteristic</th>
<th>Statement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teeth</td>
<td></td>
<td>- Normal.</td>
<td></td>
</tr>
<tr>
<td>Mouth</td>
<td></td>
<td>- Rosebud.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Shape</td>
<td>- Fat.</td>
<td></td>
</tr>
<tr>
<td>Extremities</td>
<td>Legs</td>
<td>Familial</td>
<td>- Bow legs like my husband.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Characteristic little toe.</td>
</tr>
<tr>
<td>Arms</td>
<td>Size</td>
<td>- Arms are short.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Little hands.</td>
<td></td>
</tr>
<tr>
<td>Both</td>
<td>Size</td>
<td>- Little fingers and little toes.</td>
<td></td>
</tr>
<tr>
<td>Shape</td>
<td>Body contour</td>
<td>Fat</td>
<td>- Large as both she and husband were large as babies.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- If I had a picture handy of myself as a baby, I was fat.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Would be more on the chunky side.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Like a newborn's, chubby.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Babies are so chubby when they are born.</td>
</tr>
<tr>
<td>Skin</td>
<td>Texture</td>
<td>- Wrinkly . . . their skin is puffy.</td>
<td></td>
</tr>
<tr>
<td>Weight</td>
<td>Poundage</td>
<td>Informants' responses were 6-8 pounds; most frequently 7 pounds.</td>
<td></td>
</tr>
<tr>
<td>Fat</td>
<td>Relation to maternal weight</td>
<td>- Like me.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Large for present gestational age.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Large now.</td>
<td></td>
</tr>
<tr>
<td>Feature</td>
<td>Dimension</td>
<td>Characteristic</td>
<td>Statement</td>
</tr>
<tr>
<td>-------------------------</td>
<td>-----------</td>
<td>---------------------------------------</td>
<td>---------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Relation to maternal</td>
<td>Inches</td>
<td>baby size</td>
<td>- Both I and my husband were large as babies.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- I weighed 8 lbs., 6 oz., and I'm bigger than usual for my stage.</td>
</tr>
<tr>
<td>Relation to nutrition</td>
<td></td>
<td></td>
<td>- I always watch.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Some can be small, some can be large. All depends on what you do to your baby.</td>
</tr>
<tr>
<td>Relation to baby's</td>
<td></td>
<td>health</td>
<td>- I think it sounds more stable greater than 7 lbs.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Length</td>
<td>Inches</td>
<td></td>
<td>Informants responses were 12-21 inches.</td>
</tr>
<tr>
<td>Categorically</td>
<td>Short</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Normal</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Medium</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&quot;Height&quot;</td>
<td></td>
<td></td>
<td>- Will be small -- My husband is about my size. He's small, too.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Average between mother's and father's height.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- I would like the baby to be long so I could say it's going to be tall.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Tall like the father.</td>
</tr>
</tbody>
</table>
Comparison of Lorenz's Baby Characteristics and Informants' Newborn Descriptions. In Table 3, data comparing the model baby and the informants' conceptualized newborns are presented. The two most frequent characteristics of the Lorenz stereotypic baby that are in common with the informants' newborns are the rounded baby contour and smallness. The two Lorenz characteristics seldom used are large head in proportion to the body and uncentered eyes. Again due to the specific individualized familial characteristics that the women ascribed to their newborns, a comparison of Lorenz's stereotypic baby model and the informants' newborns was minimal. The investigator inferred the comparison between the model baby and the informants' newborns.

Attractiveness and Unattractiveness of a Baby

The informants' responses to this interview question are analyzed and summarized in the following discussion.

Comparison of Lorenz's Baby Characteristics and the Attractive Features of a Baby Described by Informants. Table 4 compares the model baby and the features the informants described as attractive. There are two stereotypic features that Lorenz describes that were not used by the ten informants in their description of a baby. Short, broad extremities was not mentioned; large head was used only once. From the miscellaneous category, the face was found attractive by three informants but there is not a "face" category in Lorenz's description. Only two informants specified fat cheeks; four described the eyes. According to Tanner (1974), the characteristic of fat cheeks of a term baby is not found in the
Table 3. Comparison of Lorenz's Baby Characteristics and Informants' Newborn Descriptions.

<table>
<thead>
<tr>
<th>Informant</th>
<th>Large Head</th>
<th>Uncentered Eyes</th>
<th>Fat Cheeks</th>
<th>Short, Broad Extremities</th>
<th>Rounded Body</th>
<th>Clumsy, Helpless Movements</th>
<th>Small, Miniature</th>
</tr>
</thead>
<tbody>
<tr>
<td>G</td>
<td></td>
<td></td>
<td></td>
<td>arms are short</td>
<td>tummy, big breasts</td>
<td></td>
<td>little bitty hair, little hair</td>
</tr>
<tr>
<td>H</td>
<td></td>
<td></td>
<td></td>
<td>little, short fingers</td>
<td>babies are so chubby</td>
<td></td>
<td>little fingers and toes, I keep making everything tiny, little ears</td>
</tr>
<tr>
<td>J</td>
<td></td>
<td>fat face, i.e., wide face</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>did not delineate physical features</td>
</tr>
<tr>
<td>A</td>
<td>head larger than body</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>did not delineate physical features</td>
</tr>
<tr>
<td>K</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>did not delineate physical features</td>
</tr>
<tr>
<td>C</td>
<td></td>
<td></td>
<td></td>
<td>skin is puffy</td>
<td></td>
<td></td>
<td>little hands, little hair</td>
</tr>
<tr>
<td>F</td>
<td></td>
<td></td>
<td></td>
<td>defenseless</td>
<td></td>
<td>small, I like</td>
<td>little babies</td>
</tr>
<tr>
<td>B</td>
<td></td>
<td></td>
<td>rosy cheeks</td>
<td>roly poly fat</td>
<td>kicking, throwing arms around</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>rosebud mouth</td>
</tr>
</tbody>
</table>
Table 4. Comparison of Lorenz's Baby Characteristics and the Attractive Features of a Baby Described by Informants.

<table>
<thead>
<tr>
<th>Informant</th>
<th>Large Head</th>
<th>Uncentered Eyes</th>
<th>Fat Cheeks</th>
<th>Short, Broad Extremities</th>
<th>Rounded Body</th>
<th>Clumsy, Helpless Movements</th>
<th>Small or Miniature</th>
<th>Miscellaneous</th>
</tr>
</thead>
<tbody>
<tr>
<td>G</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>soft</td>
<td>tiny</td>
<td>tiny, like stuffed animal</td>
<td>wanting to be held, look cuddly, hold like stuffed animal</td>
</tr>
<tr>
<td>H</td>
<td>eyes</td>
<td></td>
<td></td>
<td></td>
<td>chubby when they're born</td>
<td>try to imitate you</td>
<td>smiles at you, facial expressions</td>
<td></td>
</tr>
<tr>
<td>J</td>
<td>eyes go with smile</td>
<td>slightly rounded face</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>good natured, cute, face implies happiness</td>
<td></td>
</tr>
<tr>
<td>D</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>way they react</td>
<td>small</td>
<td>new, way feel about puppies</td>
<td></td>
</tr>
<tr>
<td>A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>skin to touch, cushiony</td>
<td>cute after they can respond</td>
<td>friend's baby was a model for cute baby</td>
<td>soft and cuddly</td>
</tr>
<tr>
<td>K</td>
<td>eyes</td>
<td>little puffy round cheeks</td>
<td></td>
<td></td>
<td></td>
<td>tiny, like miniature adults, so small</td>
<td>face, facial expressions</td>
<td></td>
</tr>
<tr>
<td>C</td>
<td>eyes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>hands grab on</td>
<td>in smaller proportion, little babies</td>
<td>cute, soft and cuddly</td>
</tr>
<tr>
<td>F</td>
<td>eyes always looking</td>
<td>always looking</td>
<td></td>
<td></td>
<td></td>
<td>tiny feet, toes like pebbles, tiny butt</td>
<td>cute butt, like to watch sleep, nice to hold</td>
<td></td>
</tr>
<tr>
<td>B</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>softness</td>
<td>helplessness</td>
<td>tiny baby</td>
<td>cute and cuddly</td>
</tr>
<tr>
<td>E</td>
<td>overpowering head</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
premature infant. The lack of this facial feature gives the premature an unappealing appearance.

The most common descriptive category is "small." The informants described their own newborn's features as such. When the term was used, the informant frequently repeated it or emphasized it. Of all the features of a baby, small is the noticeable one. From the investigator's personal experience with families of both term babies and premature babies, the most frequently used descriptive word for both is "small." If a comparison is made between the term and pre-term babies, the latter is "smaller" or "tiny."

Seven informants used two phrases to describe attractive features of a baby, "cute" and/or "soft and cuddly." In an ethnographic study, word meaning is explored (Spradley and McCurdy 1972). In this project, the word "cute" is important as Lorenz used this word to give a single word sketch of a baby's appearance (Lorenz in Tanner and Inhelder 1971). When the interviewer asked the informants to further define "cute" or "soft and cuddly," they were initially at a loss for words. Then, after a little thought, they gave a pictorial definition of the word in question.

For A, cute was modeled on a friend's female infant who was described as having a lot of hair, proportionate body, and feminine looking. J defined cute similarly in that the infant has compatible features, "face implied happiness," "eyes go along with its smile." For F, cute was related to the infant's hands because they "grab on" and to the infant's eyes because they are "always looking." H used a friend's
baby as a model for cute but also stated, "All babies are cute." H described the following as cute: the "eyes," "smiles at you," "expressions on the face," "try to imitate you." This is comparable to the Lorenz baby. Another informant's definition of cute which compares with Lorenz's definition is E's: "tiny bodies," "overpowering heads," "helplessness." B could not further describe "cute" but she used the word in describing the attractiveness of a baby's "naked butt" and "watch them sleep."

"Soft and cuddly" was used in describing baby attractiveness by five informants, four of whom also used "cute." "Soft and cuddly" is a sensory description, specifically tactile. E's "cuddly" was defined as "softness when [you] hold them" and "smell." B described a baby's "naked butt" as "soft." F could not elaborate on "soft and cuddly." K's definition was a description of the skin that is cushiony to the touch. G compared a baby looking cuddly to "tiny and soft," "want to hold them like a stuffed animal."

Lorenz stated that the general features of the stereotypic baby are also the features that are appealing in young animals and toys (Lorenz in Tanner and Inhelder 1971). This was the basis for the study that Cann conducted, comparing the response of subjects to human and animal forms (Hess 1970). Informants G and D used animal-like descriptions to define attractive features of a baby. G said babies "look cuddly" comparable to a "stuffed animal"; this cuddliness is what prompts the desire to want to hold either the baby or the stuffed animal. In describing baby attractiveness, D did not use physical
features; instead, she used response of the baby to stimuli and her feeling about babies. This feeling toward babies is comparable to the "way you feel about puppies."

The ten informants do basically agree with Lorenz on what is attractive about babies.

Unattractive Characteristics of Babies. In Table 5, unattractive features of a baby that the informants described are presented. The model baby described by Lorenz does not have any ascribed unattractive characteristics. So there is no comparison that can be made with an established model and the unattractive attributes named by the informants. The informants' responses were placed in categories derived from the data. The features were activity and physical appearance. The dimensions of activity were crying, dirty, and overactive; the dimensions of physical appearance were bald, skin, and initial appearance.

All the informants but F found at least one unattractive feature of a baby. The most unattractive activity was crying; the most unattractive physical appearance was the initial appearance. Considering all the responses, the most unattractive attribute of a baby was crying.

Distinguishing Features of a Newborn and Distinguishing Features of an Older Baby

The informants' responses to this interview question are presented and analyzed in the following discussion.

Table 6 presents the contrasts between a newborn and an older baby as described by the informants. Informants were asked: Given two babies, what criteria would you use to choose the newborn? The
Figure 5. Unattractive Characteristics of Babies.

<table>
<thead>
<tr>
<th>Informant</th>
<th>Crying</th>
<th>Dirty</th>
<th>Overactive</th>
<th>Bald</th>
<th>Skin</th>
<th>Initial Appearance</th>
</tr>
</thead>
<tbody>
<tr>
<td>G</td>
<td>tired and cranky</td>
<td>dirty, sloppy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>H</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>takes a couple of weeks for newborn to get cute</td>
</tr>
<tr>
<td>J</td>
<td>crying</td>
<td>wiggly, hyper, don't like being held</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>whining</td>
<td></td>
<td></td>
<td>bald</td>
<td>wrinkled and red</td>
<td></td>
</tr>
<tr>
<td>A</td>
<td>crying</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>K</td>
<td></td>
<td>wrinkly, blotchy, broken out</td>
<td></td>
<td></td>
<td></td>
<td>newborns aren't attractive</td>
</tr>
<tr>
<td>C</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>newborns aren't attractive at first</td>
</tr>
<tr>
<td>F</td>
<td></td>
<td>did not specify</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>scab on belly button</td>
</tr>
<tr>
<td>E</td>
<td>crying</td>
<td>diapering, messiness, disturbed at meal time</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 6. Contrasts between Newborn and Older Baby as Described by Informants.

<table>
<thead>
<tr>
<th>Informant</th>
<th>Skin</th>
<th>Size</th>
<th>Activity</th>
<th>Contour</th>
<th>Appearance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Newborn</td>
<td>Older</td>
<td>Newborn</td>
<td>Older</td>
<td>Newborn</td>
</tr>
<tr>
<td>G</td>
<td>more wrinkled, pinker</td>
<td>white</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>H</td>
<td></td>
<td></td>
<td>more alert</td>
<td></td>
<td></td>
</tr>
<tr>
<td>J</td>
<td>a bit wrinkled</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>wrinkled</td>
<td>smaller</td>
<td>react to sound</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>K</td>
<td>wrinkly, pink, blotchy</td>
<td></td>
<td>sleep, can't get any response</td>
<td>respond</td>
<td></td>
</tr>
<tr>
<td>C</td>
<td>wrinkledness</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>F</td>
<td></td>
<td>smaller</td>
<td>slower</td>
<td>more active</td>
<td></td>
</tr>
<tr>
<td>B</td>
<td>more wrinkly</td>
<td>tinier</td>
<td></td>
<td>more reactive</td>
<td></td>
</tr>
<tr>
<td>E</td>
<td>pink, wrinkly</td>
<td>smaller</td>
<td>sleepy</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
informants gave an attribute describing its newborn character and its older baby character. A few of the informants gave only newborn criteria or only older baby criteria. The categories were derived from the data. The categories of skin and activity were the most frequently used as criteria to distinguish between a newborn and an older baby. The skin appearance was used as a newborn criterion; activity was used as an older baby criterion. The other newborn criteria were size and appearance. The other older baby criteria were body contour and activity level.

Length of Newborn Period

The investigator was expecting the responses to be based on chronological age of the baby. This response was given by the pilot study women. Again, the pilot study women were nulliparous without vested interest in the perinatal experience. Being personally involved in the perinatal experience accounted for the two types of responses the project's informants gave, an experiential answer as well as a chronological answer. Of the eight informants that were asked the question, all gave a chronological response for the length of the newborn period, two weeks to a year of age, possibly up to the time the infant in question is a toddler. Half of the informants, though, answered that the newborn period is up to six weeks of age.

Five of the eight informants responded with an experiential definition of the newborn period. The newborn period is the time span that is required for the mother and baby to adjust to each other as well as the time the baby needs to adjust to extrauterine life.
J: "I would guess one month. [Her answer was based on baby clothing sizing and on adjustment time.] Up until that time people are still pretty scared about taking them out. This could last up to six weeks."

J was referring to the newborn's susceptibility to sunburn, illness, and reaction to handling.

D: "Three months, six months." "I was just thinking about that after three months there would be change." "Like eating patterns would be more stable. . . . And your schedule, yours and the baby's, would be more synchronized. That you wouldn't feel that it's a new experience."

C: "I think probably in a month's time." "You are more adjusted." "The baby at the same time is adjusting."

F: "When you wear out. A newborn stops being a newborn probably at a year because they've had time to adjust. They've had time to grow. When you've experienced things, they're no longer new."

B: "I'd say until they become a toddler." "I guess, with the experience I've had, when they start sleeping nights." "On a regular schedule."

K was not asked the question but indirectly provided an answer in response to another question. Her response gives a clue to what occurs to the baby physiologically during the first month.

K: "They go through a cleansing period."
CHAPTER 5

DISCUSSION AND SUMMARY

The purpose of this research project was to discover what preconceived ideas Euro-American women have of their newborn's-to-be appearance as well as preconceived ideas about babies in general. A nonrandom sample of ten Euro-American primigravida women was interviewed as to their perceptions. To initiate the process of thinking, the investigator had the informants draw their conceptualizations of their newborns. The interview began with the women verbally describing and elaborating on their drawings. The investigator also explored three areas associated with the newborn appearance: first, the attractive and unattractive features of a newborn in general; second, the criteria that differentiate a newborn from an older baby; and third, the length of the newborn period. The resulting material was analyzed for general themes. These recurring themes were compared to the stereotypic baby described by Lorenz. The individual descriptions of the women's specific newborns were also compared to the stereotypic baby.

The following is a brief summary and discussion of the analyzed data. According to Rubin (1961b) and Hassid (1978), in the immediate postpartal period, the mother in effect makes the newborn hers by pointing out familial characteristics termed the claiming process. Informants in this study used a similar process in describing their
fetus. The women "claimed" their fetus in their descriptions of the familial characteristics of their newborns-to-be. This, in effect, individualizes the fetus as a family member. The head and face were most frequently described. Extremities, body contour, weight, and length were also mentioned as having familial basis.

The hoped for personality of the newborn-to-be also had a familial basis. The women desired a pleasant personality. Included in the familial characteristics associated with personality was the belief held by the mothers that talents, mannerisms, and values are inherited along with the blue eyes. This kind of genetics is called "folk genetics" (Kay 1978). Informant E's description of her newborn was an outstanding example (see E's drawing, Appendix B). Her child will have values similar to hers and her husband's such as love of God, social justice as well as musical talent. Another example of social mannerisms being inherited was B's child, described as "sharing," "well-mannered," and "mindful."

Similarities between the fantasized fetus, as described by the mother, and the stereotypic baby appearance of Lorenz were minimal. The women did not describe the newborn with the stereotypic characteristics, instead the primary characteristics were familial characteristics. However, certain stereotypic features could be gleaned from these familial descriptions, namely the attribute of rounded body contour and the concept of smallness.

B: "Be fat. . . . Well, if I had a picture handy of myself as a baby, I was fat."

When the informants described the attractive features of babies, they used the stereotypic baby attributes. The most frequently used attributes were smallness and rounded body contour. Eyes and helpless movements were described almost as frequently. The other Lorenz characteristics given by the informants were the descriptive phrases "cute" and "soft and cuddly" or reference to stuffed animals and young animals. The latter is a carryover of the babyness appearance to other objects (Lorenz in Tanner and Inhelder 1971). Informants G and D employed these analogies in their descriptions of babies. G spoke of babies as "looking cuddly" like a "stuffed animal"; D related her feelings toward babies as being comparable to the "way you feel about puppies."

Lorenz does not provide his stereotypic baby with unattractive characteristics. The informants did describe unattractive features of a baby, an activity and/or a physical appearance. The women gave a variety of responses though crying was the most mentioned unattractive attribute. The initial physical appearance of the newborn was the second most mentioned unattractive feature of a baby.

The third interview question was criteria the women would use to distinguish between a newborn and older baby. This question was an indirect method of obtaining additional newborn appearance attributes. The two major criteria were skin and activity. When the criteria were categorized into newborn criteria and older baby criteria, the following were the responses: newborn criteria — size, appearance, skin; older
baby criteria -- body contour, activity. These responses indirectly refer back to the Lorenz stereotypic attributes of smallness, body contour, helplessness/clumsy, and appearance.

The final question was the informants' perceptions of the length of the newborn period. The informants described the newborn period as having two components, chronological and experiencial. The newborn period ends at six weeks chronologically which is more likely applicable to the stereotypic baby appearance consideration. The experiencial newborn period is the period in which the baby is adjusting to extrauterine life and the mother-infant dyad is adjusting to each other as well. This adjustment period can last up to a year.

A composite description of a newborn can be derived from the informants' descriptions. The newborn looks like a member of a specific family, is small in size, and has a rounded body. An attractive newborn, as described by the informants, is cute, soft, and cuddly; the prominent feature is the eyes; and is characterized by helplessness. The newborn is expected to be unattractive at birth and is expected to do a lot of crying. The criteria for distinguishing this baby from an older baby are the newborn's pink and wrinkly skin, small size, and inability to be responsive to the environment. The newborn period is characterized by time and experience. The newborn will be categorically a newborn for about six weeks but the baby and his mother will be adjusting to the birth and parenting activities for up to a year.

In comparing the informants' descriptions of their newborns and the preceding composite of a newborn, the women actually described a
baby older than a newborn. The women used the term "cute" frequently, whereas a newborn is not attractive at birth. A newborn is expected to be more nonresponsive to the environment than an older baby. The informants' newborns were described as being responsive to the environment: smiles, likes people, cooperates, etc. From the investigator's five years of neonatal nursing experience, the older a baby becomes, the more like the attractive features described by the informants, particularly when one considers that an unattractive feature is the initial newborn appearance.

Discussion of the Sample

For this study, the sample size of ten informants was satisfactory for data acquisition and data analysis. After interviewing five informants, the investigator could anticipate the next five informants' responses to the interview questions. Similar themes continually reoccurred, as was noted in the presentation and analysis of the data: the informants consistently described their prospective newborns as having familial characteristics; the informants used similar terms in describing the generalized attractive features of a baby's appearance. The face, the small size, and the descriptive phrases "cute" and/or "soft and cuddly" were the most frequently used. The informants said crying is the single most unattractive feature of a baby. The informants gave varied answers to what distinguished a newborn from an older baby. The answer on the length of the newborn period was unexpected by the investigator. In retrospect, the reason may be related to investigator bias since common usage from neonatal nursing states that the
neonatal period is the time period from birth to four weeks post delivery. However, the informants gave a variety of chronological responses as well as the experiential response which was not anticipated. The informants said that the newborn period is two weeks to one year in length as well as the time needed for the newborn's appearance to change and for the adjustment of the baby and mother to occur.

Three informants had the opportunity to bias the study. Two of these women had had early bird Lamaze classes prior to the interview which provide participants information on newborn appearance and emotional experiences. However, their responses were similar to those of the other informants. The third informant, an educated woman (graduate work in history and law), had in the recent past herself administered a Draw-a-Person test. This woman knew what Draw-a-Person was used for and her responses to the investigator's questions reflected her attempt to anticipate what information was "correct." In spite of this attempted "second guessing," the informant gave responses similar to the prior nine women.

Criteria for sample selection included the requirement that the informants' partners also be Euro-American, so that there would be control for extra-cultural influence. Individual influence, of course, was something else. Eight partners did not directly participate in the interview; two partners did have an influence on the interview. Informant E's husband was present during the interview. E was noted to look at him throughout the interview. Informant J's husband had an indirect influence on the interview. He had requested his wife to tape record
the interview session as he was interested in knowing what had transpired.

Another source of cultural influence was the childbirth education classes as the participants are presented with information on what a newborn looks like as well as information on feelings a woman can experience during pregnancy. The investigator was able to interview eight informants who had not been to any classes. Two informants, F and A, had been to a childbirth education class. The media, books, TV, movies, etc., can also be a cultural influence; the investigator did not control for these in this project. Pregnant women do avidly search their environment for information on pregnancy and babies (Roberts 1977, Rubin 1970).

Recommendations for Further Study

The basic method of having women draw their conceptualizations of their newborn-to-be and then having them describe the newborn as a means of uncovering their fantasy baby should be used in future research. Further, there should be study of cultural differences. One question could focus on comparing the expectations of one cultural group to the expectations of another cultural group. Another possible research situation could be to follow a group of women from early pregnancy through delivery, with sequential drawings. Do the drawings change? Are the expectations different over time? Then postpartally review with the informants their expectations and their subsequent perceptions of reality: What are the feelings about the discrepancies that occurred as described by the informants? Another basic area in this project could
be expanded further; that is, the general concept of a baby, his attractiveness, his unattractiveness. Do the expectations of a baby's appearance and activity as a function of age, sex, and parity come from culture of the informants? The information could be compared with the Lorenz baby stereotype. Another researchable area is to do a word ethnographic study on the phrases "cute" and "cuddly." In other words, what is the meaning of these phrases in describing the baby's appearance, and how does this baby appearance make a difference in the bonding process of the mother-infant dyad?

Summary

This final chapter gave a cursory summary of the project's procedure. A discussion of the findings and the sample was presented. Finally, recommendations were given on employing the basic project format in other facets of maternal perception of her newborn.
APPENDIX A

SUBJECT'S CONSENT FORM
Project Title: Portrait of a Newborn
Researcher: Deborah Abell, R.N., B.S.N.

I understand that the purpose of this project is to discover what I imagine my baby will look like. My description will be compared to other such descriptions to see if there are any similarities.

I am expecting my first baby and I am four to six months pregnant. My partner and myself are white. I can read and write English. Neither my partner nor myself has been in childbirth education classes at the time of this interview. Neither my partner nor myself has had any close contact with babies under three months of age in the past six months. At this time I am having a normal pregnancy and expect to have a healthy baby.

I understand that I am being asked to draw what I think my baby will look like and then explain the drawing of the newborn to the researcher. The entire session will be recorded on tape. This will take 1 hour to 1-1/2 hours of my time for this single interview. The researcher and myself will have this interview session at a time and place of my choice. There are no known risks involved to myself or my unborn child. I will receive no money nor do I expect to receive money for the interview session. I also understand that this project has no immediate benefit for me but the information gathered can be useful in future education and counseling of pregnant women.

At any time during the interviewing session, I am free to ask questions and expect answers in return. I am also under no obligation to answer every question. I can quit at any time during the interview. In no way whatsoever will any of the preceding affect my health care.

The drawing and transcribed interview will be printed in the final research paper. The researcher also can use this material for publication and for teaching. At all times, the research will maintain my anonymity.

I also understand that this consent form will be filed in an area designated by the Human Subjects Committee with access restricted to the principal investigator or authorized representatives of the particular department.

I understand that a copy of this consent form is available to me upon my request.

By signing this consent form, I am stating that I understand all the above information.

INFORMANT DATE WITNESS DATE
APPENDIX B

INFORMANTS' DRAWINGS

This appendix contains the informants' drawings of their newborns. These drawings are presented alphabetically, not in the order in which they were interviewed. The letter "I" is not used as this signified the interviewer.
Informant A's Drawing
Informant B's Drawing
Informant C's Drawing
Informant D's Drawing

Delivery Room
Informant E's Drawing

Girl

- fair complexion
- very active
- like music
- easy to love
- very loveable
- like to sing
- love God
- very special
- inner beauty
- give us joy
- sorrow
- worry
- own person
- become independent
- own decisions
- known as a faithful lover

learn morals
happy child
love God
know Him
be a light for me.
Informant H's Drawing
Informant J's Drawing
LITERATURE CITED


Kay, Margarita. 1978. Associate Professor of Nursing, University of Arizona, Tucson. Personal communication.


