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THE TEXTURE OF EARLY MATERNAL EXPERIENCE: MATERNAL CONTROL AND AFFECT IN RELATION TO THE SECOND YEAR OF LIFE

by

SERENA WIEDER

A dissertation submitted to the Graduate Faculty in Psychology in partial fulfillment of the requirements for the degree of Doctor of Philosophy, The City University of New York.

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Chapter One

Introduction

Every mother probably exerts both salutary and harmful influences on her child. These may not be directly observable in her behavior but may be part of the mother's unconscious propensity which her infant perceives. The mechanism of communication between mother and infant remains obscure having been called instinctual, empathic, infectious and prototaxic by different theorists at various times. That this influence exists is not questioned but, how it functions needs to be further clarified. The quality and nature of mothering a child receives profoundly influences his emotional and cognitive development including his vulnerability to frustration and the anger, aggressiveness, anxiety, hopelessness, fear, or helplessness he experiences under different conditions. The quality of having been mothered as a child also influences the nature and potential a woman has for her own development and evolvement as a mother. She may have a positive identification with her mother whom she now emulates, or she may have a negative identification with her mother whom she now rejects.

It is assumed in the present investigation that an inner experience exists with a unique texture for each mother, and that a mutual process of development and maturation is necessary for the promotion of adequate mental health in both mother and child. The experience of being a mother is a dynamic encounter which is always developing and changing.

It is the study of this encounter as a total experience, as well as the various qualities which contribute to it in Black women who are the mothers of first-born male babies that was the subject of this investigation.

There are two subsidiary foci. One consists of those factors assumed to determine the quality of the mothering experience which were called "Antecedents," albeit they may be ongoing and present factors. Antecedents refer to a complex set of interacting intrapsychic, interpersonal and social elements which have relevance to the way she experiences herself and her son. The second subsidiary focus consists of some possible outcomes of the quality of mothering during the second year of life.

The purpose of this study is to see whether the antecedents, consequences and experiential qualities can be reliably assessed after one year and to explore how they are related to each other.

Chapter Two

Review of the Literature

The literature related to maternal personality and functioning is very extensive since it is so central to child and personality development. As a result, the following review is very selective and has omitted the studies related to psychopathology, communal child rearing, ethology and maternal behavior in animals. Only those theories and studies which were felt to have the most direct bearing on the understanding of early maternal experience in mothers of normal children were included.

The presentation is organized in the following way: psychoanalytic theory and observations related to maternal functioning, the second year of life, empirical approaches and maternal functioning in high risk groups.

Psychoanalytic Views of the Mothering Experience

The experience of mothering appears to be one of the least understood areas within the realm of human functioning although the experience of a mother is considered central to the understanding of personality and behavior. Even Freud, who was led back again and again to the events of early childhood, did not fully appreciate the reality of the infant's close tie to his mother until relatively late. In his final formulations, he described the mother-infant relationship as: "Unique, without parallel, established unalterably for a whole lifetime as the first and strongest love-object and

as the prototype of all later love relations for both sexes (1940, p.188)." But, Freud never attempted an account of how this relationship develops outside of the concept of secondary drive thus leaving it rooted in the satisfaction of oral needs. Since penis-envy formed the foundation of inferior woman's emotional and psychological development, having a child represented a substitute for the missing penis and pregnancy was conceived of as a period of bliss because the future mother's basic wish was being gratified.

Freud's formulation severely restricted understanding of the mothering experience and many years passed before female analysts began to reflect this view. Benedek recently summarized the analytic view to be: "Motherhood is not secondary, not a substitute for the missing penis, but the manifestation of the all pervading instinct for survival in the child that is the primary organizer of the woman's sexual drive, and by this also her personality (1970, p.139)." Another analyst who also rejected the structural model of the oedipus complex and drew upon ethological studies, defined the fundamental relationship of the mother and child as one of primary attachment centered and organized around the problem of survival (Bowlby, 1969).

Most theorists have continued to rely upon notions of mutual psychological and biological interaction to explain the origins of mothering. Knowledge of other species suggested that hormonal levels following parturition and

stimuli emanating from the newborn baby are important. Benedek (1949) stressed the importance of "animalistic," biological processes operating in the course of pregnancy and childbirth, as well as psychic maturation as the sources of motherliness. With regard to the biological processes, Benedek felt that motherliness was the result of the central organization of receptive and retentive tendencies of the reproductive drive. This source of motherliness was tightly interwoven with that of the mother's personality. Similiarly, Bibring (1959) emphasized the following biological and psychological tasks of becoming a mother: accepting the intrusion of the fetus into her body, integrating and merging with this body, turning it into an integral part of herself, perceiving the fetus as another object, being prepared to separate from it, and eventually, although it has come from her, regarding it as another person to be nurtured in the outside world.

Regardless of how a woman feels towards motherhood, the task of integrating the biological, psychological and realistic aspects of pregnancy and mothering is the greatest she is ever likely to face. The task is especially great with the first child when the woman experiences something anew and must deal with her own revived dependency needs and the wish to be nurtured and protected. The increased libidinal state of pregnancy enhances hope and gratification, which is generally a motivating state, but can be disturbed by deeper

conflicts toward motherhood or by realistic insecurities. Actual deprivations may intensify the regression and stir up the basic instinctual conflict at the root of the procreative function of the mother. If the pregnant woman is angry, worried or frustrated, her helpless and hopeless feelings interrupt the well-being of physiologic symbiosis. Ungratified, she feels unable to love her unborn child, feels anxious, and rejecting her pregnancy expresses rejection and hostility towards herself (Benedek, 1970). Balint (1938) also pointed to the potential stress of the mutual interdependence of the mother-infant relationship where the mother is dependent on the infant to satisfy her instinctual wishes. Mothering requires the mother to sublimate sexual instincts into tenderness for the infant, and aggressive instincts into protective activity on his behalf. Through both, she gratifies her own narcissistic wishes to be loved (Deutsch, 1945). Like Freud, Deutsch felt that parental love was nothing more than parental narcissism reborn and transformed into object love.

Psychoanalysts generally agreed that the most critical psychological precursor of motherhood is the woman's identification with her mother and the vicissitudes of this relationship. Some women idealize their mothers as models to follow while others struggle against an identification with them. If not charged with infantile conflicts and intense hostility, motherhood can be a desired goal. Benedek (1949)

postulated that when a woman becomes a mother, many of the same forces that bound her to her own mother are mobilized afresh to bind her to her infant. Similiarly, Brody (1956) stated that the genesis of motherliness is to be sought in the quality of the mother's attitude towards her own mother during the first years of life. Others extend the influence of the mother to the interpersonal relationships within her family as the biasing factor towards the child (Bowlby, 1969).

Erikson (1950) emphasized the social and cultural factors as well as the past history, intrapsychic features and current environmental factors as the critical factors influencing mothering. Summarizing the complex origins of maternal feelings, Deutsch (1945) succinctly put it as an expression of a psychological unity that epitomizes numerous individual experiences, memories, wishes and fears that have preceded the actual experience by many years. The difficulty of loosening the ties to incorporated objects of the past, however, points to the potential interference of displaced feelings on to the future child.

Mothering involves a reciprocal emotional experience requiring identification with the infant which permits the mother to regress and repeat in her mothering behavior memory traces of her infantile experiences in a reversal of the original mother-child symbiosis. Developmentally, her own passive tendency to be fed and given, evolves into the active tendency to feed, to give and to nurture. But,

as Benedek (1970) points out again and again, the identification may incorporate both the ideal good mother and the opposing bad mother. The acceptance of mothering can be burdened by numerous conflicts: those rooted in the woman's experience of being mothered, in instinctual sources inherent in the propogative functions and in cultural expectations.

The image of the ideal mother spontaneously devoted to her infant has long been recognized as a myth, and the negative effects of ambivalence and aggression have been explored. As early as 1893, Freud described a mother with psychogenic disability to breast-feed. In 1921, Flugel wrote of overloading the tie with the child when other affectionate relationships were lacking in the mother's life. Zilboorg (1932) recognized that a woman's desire for children may be covering other negative feelings and that parents often project their wishes and needs onto the child thereby stimulating him to act out their impulses. In 1934, Newell undertook the first systematic exploration of maternal rejection and found sons to be more frequently unwelcome.

But historically, studies of maternal rejection were followed by those on maternal overprotection. This was initially conceived as the opposite of rejection but was soon understood to be a reaction formation against unconscious hostility and rejection. David Levy (1943) distinguished two types of overprotection; one was characterized by indulgence and the other by domination. In his attempts to trace the

main causal events leading to overprotection, Levy touched upon histories of long waiting periods for the child's birth, extreme deprivation in the mother's childhood, death of parents, as well as harsh realities and marital conflict. Levy was not concerned with the role of unconscious conflict but addressed himself to the realities operating in the mother's life which made him feel that maternal overprotection was a kind of hypertrophy of a "natural" response.

Benedek (1970) chose to analyze overprotective or perfectionistic behaviors as symptoms or counterphobic behaviors serving to avoid separation from the child. The birth of the infant represents the most significant fulfillment of the mother's receptive needs and allows the mother to feel whole. Overprotective behaviors reflect the increased tension of her receptive needs for love and affection, her wish to reunite with her baby. As she clings to her child, he becomes, in part, the needed, loved and hated object of her own past, and with it represents the loved and hated self. Normally, as the postpartum emotional symbiosis evolves, and parallel with the integration of her motherliness, the mother goes through a process of individuation; able to care for and love her child, she regains her freedom from the reproductive cycle.

For a long time, the mother-child tie was viewed by psychoanalysis as a one-way receptive relationship. As a receptor, the infant was seen as an impressionable creature

to whom things were done which impeded or facilitated the resolution of conflicting demands and wishes implicit in the various stages of development. Recently, more importance has been given to the part played by the infant as a partner in the mother-child relationship which constitutes an interplay between the maternal personality as well as the biological and tempermental constitution of the infant. Mother not only gratifies her child but is, in turn, reassured and gratified. Benedek (1970) described the basic model of interplay as follows: baby feels need= hunger -- mother= food -- satisfaction. Such repeated experiences add up to the introject of the "good" mother, which is equated with the satisfied self. If the hunger is unrelieved, the infant will introject the experience of the painful self, the "bad" mother. However, what is the parallel experience for the mother? If she is able to satisfy the child, she experiences herself as a "good" mother, introjects these gratifying experiences and develops self-confidence in her motherliness. Otherwise, she is effected ny her child's frustration and anger, and introjects the memory trace of a frustrated child = frustrating mother = bad self. Through successful mothering, the mother unconsciously relives the primary experiences of her infancy and her self-confidence leads to the amelioration or resolution of infantile conflicts with her own mother, and through this to conquering her fear of motherhood and her fear of her child. Thus, the mother's behavior is unconsciously determined by

her developmental past, and consciously by the current reaction to her child's need.

With time, the child learns to anticipate his mother's response and this anticipation begins to effect future experiences. Jacobson (1964) described how the parent evokes and maintains intrapsychic processes in the child who imitates the parental affective expression. Concerned with the parallel experience in the mother, Benedek (1970) studied the instrumental role of the child in the developmental integration of the parent and felt that the imitating child holds up a mirror image. If the child imitates what the parent likes, they both feel lovable and positive identifications are reinforced. If the child exposes hostile experiences in the parent, the latter feels rejected and withdraws from the child since the unloved self equals the unloved child. As long as the fantasies and expectations of the child do not become hostile towards the parent, they are a source of reassurance that the parent is a good parent. The omnipotent fantasies of the child facilitate the parent's identification with the child by reactivating the omnipotent fantasies of the parent in his own childhood and, despite realistic limitations, parents welcome the gratifying role of omnipotence.

While the major psychoanalytic bias has been in the direction of understanding the child's tie to his mother as secondary to the blissful experience of oral satisfaction, some analysts such as Klein, Winnicott and Bowlby have given

food and orality lesser domination, and have concerned themselves with other primary aspects -notably attachment, holding and physical contact. Without minimizing the importance of feeding and being fed, Winnicott (1970), for example, focuses on the mutual communicative aspects of the situation. The baby not only feeds; his experience includes the idea that the mother knows what it is like to be fed. The mother has been a cared-for baby and has played at being mother, even if she has not in fact assumed mothering responsibilities for other siblings, and this role enables her to identify with the baby. The baby, however, is a baby for the first time and brings only a developing capacity to achieve cross-identification in the experience of mutuality. The mutuality belongs to the mother's capacity to adapt to the baby's needs. She is there in physical ways through body contact, movement and holding before she provides food. It is the physical communication which is the language of the mutuality of experience.

It took psychoanalysis a very long time to look at the very early stages of development preceding the emergence of the erotic and aggressive drives characterized by the preoccupation with the oedipus complex. It has taken even longer to begin exploring the development of the mothering experience and the mutual influences between mother and child. Benedek (1970) attributed the inadequate investigation of the intrapsychic changes occuring in parents in response to their

children to the fact that these changes have been taken as too self-evident and have been too open to the empathy of human beings who have experienced the pleasures and pains of parenthood through untold generations. Psychoanalysis has alway emphasized the powerfulness of conflicting feelings and resisted those who ascribed troubles to outside, environmental influences. However, as Winnicott pointed out, it became inevitable that psychoanalysis would begin to look at the very early stages of development of the human child when dependence is so great that the behavior of those representing the environment could no longer be ignored.

In summary, the psychoanalytic literature points to many critical features and antecedent experiences which contribute to the early development of the new mother. Those considered most salient for study at this this time relate to the following: the experience of mothering the mother received as a child and the subsequent nature of the identification with the mother; various aspects of maternal personality, maturity, dependency, and other defense operations; realistic environmental conditions; the complex nature and vicissitudes of maternal affect; the greater tasks and

and adaptations required of the mother with her first child; and the importance of both the early and mutual during the first few years of life. The particular significance of this stage is elaborated in the following section. All of the above features were included either in the formal or clinical aspects of the current investigation.

The Second Year of Life for Mother and Child

Early child development is determined by the child's innate characteristics, the environment around him, the quality of mothering he receives and the particular phase of development involved. The primary need during the first year of life is for tender, loving care given ungrudgingly by parents who are responsive to the infant's needs. It is then that the rudiments of trust and self-esteem are laid down. The second year, which is built upon the monumental growth of the first, is as critical as the first because of the continued rapid development of walking, talking, self-feeding, socialization and sense of self. The tottering baby progresses to steady walking, running, climbing, and perhaps most significantly, to the talking toddler out to explore and conquer the unknown. He is a mighty little man

with little common sense and hardly any fear of things adults fear such as hights, broken glass, dirt or moving traffic. But, he needs a safe, secure environment to move about freely.

The central support for healthy development is a strong tie to a nurturing adult. Many investigators (Bowlby, 1969; Erikson, 1950; Mahler, 1970; Pavenstadt, 1967) have identified this as the key relationship both necessary and critical for achieving the important emotional goals of feeling trust and deepening affection, the gradual fusing of ambivalent emotions, the establishment of inner controls, growing awareness of the self and distinguishing between self and the outside world. The mother, or her surrogate, must be a source of affection, appreciation and security which she becomes when her handling and child expectations are consistent and appropriate.

But what demands and experiences does the child's development and liberated aggressiveness trigger in the mother? Between the ages of one and two the child is at the peak of dependency on the person he identifies as mother, whom he can now appreciate as a separate and special person to whom he turns for love and nurturance. He will no longer readily accept nurturance from anyone as he did during infancy. Consequently, one primary conflict at this stage is the increasing separation anxiety experienced by both mother and child, which is resolved as the child develops object

permanence and learns that when mother disappears, she continues to exist. The resolution of this conflict becomes the basis for ascribing a separate existence to other important adults and slowly to his own self which evolves as a result of growing perceptions, experiences, capacities and awareness of his body and its functions.

Given the experience of himself as a separate entity, the child in the second year of life can begin to explore the world of reality, increasing his feelings of autonomy and independence. The emphatic "no" and continuous clash of will between mother and child is well known at this stage (Spitz, 1965). This negativistic behavior serves to separate the child from the self-system of the mother and forces her to see what she may not like within herself. It is a period which confronts her with the problem of her own anger and hostility. She may respond to this problem regressively by opposing her child and identifying with his anger, or adaptively by becoming more conscious and expressive of her own feelings and her role as educator and model. The mother who either cannot control or cannot accept her own angry feelings will have undue difficulty adjusting to a two year old's impulses (Wohlberg and Kildahl, 1970).

The capacity to nurture or parent is not a static entity. It requires knowledge, empathy and the abilities to alter ways of relating and mothering in accord with the child's changing needs. Some mothers can nurture best when the infant

is a completely helpless and dependent being, but become apprehensive when he is a toddler and cannot be fully guarded from dangers in the environment. Others cannot feel secure about the child's ability to manage without him, or they cannot allow or frustrate an eroticized attachment. Benedek (1958) found a mother's ability to respond to the one to two year old to be, in part, a function of her own experiences during this stage. The revived childhood memories not only induce identifications with her child; they also fortify her identifications with her parents. These double identifications need to be distinguished so as not to undermine the mother's position towards her own child whose needs she must separate. Her own identifications must be subordinated to accepting him as a separate child.

During the second year, the primary task of the mother is to prepare for the process of individuation by a kind of maternal love that is aware of the differences between her and her child's needs, and yet gratifies both (Jacobson, 1964). The harmfulness resulting from the inability to effect this individuation has been well illustrated by Mahler (1970). A continuous symbiotic involvement, which was so crucial in early infancy, is undesirable in later years and not appropriate for later stages of development.

Obviously, the mother's capacity to develop and nurture properly is also influenced by her ongoing interactions with the father, her family, as well as her social and economic

stability. Her capacity to give of herself is affected by the emotional input she receives from others and the degree of personal maturity she has attained. The second year of life is as critical a stage for her development as it is for her child. Indeed, the second year of concentrated maternal involvement and stimulation provides the foundation needed for optimum intellectual, emotional and social growth. The problems and tasks connected with this critical period have been briefly reviewed to set the background for the empirical studies which follow and are rarely focused on this particular stage of development.

Empirical Approaches

Empirical research related to maternal functioning has taken so many different directions and has been so secondary in nature that it is difficult to present an integrated review. Generally, interest in the mother has always followed interest in the child and his development. This emphasis is understandable since most psychologists agree that early experience and personality development are crucial for later behavior and this view is supported by learning and psychoanalytic theory. But the disproportionate amount of research on children has resulted in a very secondary understanding of maternal experience and influence. Although maternal influence has always been considered crucial, empirical studies have too rarely given it a primary focus.

Nevertheless, a large body of literature related to

mothers in one way or another exists and this review will attempt to present a representative number of studies reflecting the different approaches attempted and the problems involved in assessing them. More recently, mothers have received a great deal of attemtion in studies of high risk populations but this important research will be reserved for the next section.

Initially, mothers were studied through the child rearing practices they adopted. Much of this research stemmed from a pathological model which stimulated an interest in preventing behavior problems. It took the direction of relating specific maternal practices to later behavioral symptoms. This approach was reinforced or at least coincided with a preoccupation with socialization functions which led to research dominated by specific aspects such as feeding or toilet training practices. The extent to which child rearing practices vary from decade to decade has been well documented (Wolfenstein, 1953), but while practices are quickly changed with the help of mass communication and doctors' directions, underlying maternal feelings are less alterable and the hoped for results were not always forthcoming. Eventually, many studies concluded that no specific practice bore a predictable relationship to later personality and the total mother-child relationship came under study.

The second major approach became the classification of major maternal feelings or parental styles and the effects these

had on child development and behavior. One of the earliest precursors to studies of this kind was the classic work of David Levy (1943) on the overprotective mother and the relationship of her behavior to feelings of maternal rejection. Somewhat later the Fels Research Institute defined the major parental styles by warmth, democracy, intellectuality, and indulgence. They attempted to identify different personality patterns corresponding to these major styles in nursery school children and found children of warm democratic homes to be the most outgoing, active, assertive and bright (Baldwin, Kalhorn & Breese, 1949). In the same tradition, a later study by Sears, Macoby and Levin (1957) found the attribute of maternal coldness to be associated with feeding problems, bed-wetting, aggressiveness, toilet training difficulties and superego problems in the children.

Broader classification of maternal behavior resulted from more complex factor analytic type studies. Bell and Schaefer (1958) labeled the crucial components to be acceptance-rejection and autonomy-control. Later, Schaefer and Bayley (1963) found relatively high stability (r= .68) from infancy to adolescence for one of these dimensions: acceptance versus rejection. Early ratings of behavior classified in this way correlated highly with the child's later adjustment, task oriented behavior and IQ scores hence revealing the important cumulative effect of maternal behavior upon child behavior. A subsequent study by Schaefer (1969) of low scioeconomic

infants found a cluster of variables now called maternal hostile uninvolvement and detachment to be significantly related to the child's hostile maladjustment, poor talk orientation and low mental test scores at three years of age. A set of child neglect variables also correlated with the above and included inadequate care, irregular meals, inadequate clothing, sickness and beatings. More important than the new classification scheme and the correlations is Schaefer's concluding plea for more research into the infant's first year, preverbal experiences of relationships, interests and motivation which is primarily affected by the mother.

Other studies continued to reveal the critical effects of maternal feelings, especially negative experiences. Broussard and Hartner (1969) reported significant relationships between mothers' negative perceptions of their infants at one month of age and psychiatric maladjustment at four-and-a-half years of age. Moss (1967) could even predict whether a mother would respond to her infant's crying on the basis of feelings expressed two years earlier regarding domesticity, infant care and anticipated pleasures and frustrations of motherhood. In a related study of mother-infant attachment at 18 months of age, Schaefer and Emerson (1964) found no significant associations between child rearing practices and infant I.Q. But, one critical variable which did relate was the mother's readiness to respond to her infant's crying and the extent to which she initiated social action with him.

A third approach found in the literature involved developing broad typologies based on the complex functions and feelings involved in mothering. Most representative of this approach is the work of Brody (1956; 1970) who investigated the feeding activity of mothers during the firsr year of life. Oral gratification has always been of critical importance in theory and Brody considered it prototypical of the the mother's general behavior towards the infant. She constructed a typology of mothers based on the varying characteristics of maternal empathy, control, efficiency, awareness of infant's emotions, encouragement of self-feeding and the infant's focus during feeding. Seven maternal types were classified and related to signs of disturbance and signs of favorable development at six weeks, six months and one year of age. The mothers' mental health were found to vary greatly and the total picture was far from the assumed happy, smiling mother nurturing her loved child.

The seven types were essentially reduced to two primary groups. Type I and type VI mothers were characterized by high empathy, good control, freedom to respond to the infant, efficient and tender care and enjoyment of mothering extending well beyond routine caretaking. In contrast, types II, III, IV, V and VII were characterized by emotional shallowness, constriction, detachment, hostility, aggressiveness and dominating behavior. Neither did these mothers change their basic modes of response when their children entered new phases

of development in spite of changing needs and demands.

While maternal behavior patterns remained relatively consistent, infant behavior patterns did not and when dramatic change occured, it was more often for the worst. Brody interpreted this as a sign of the self-fulfilling prophesies of anxious mothers. She concluded that it is not the kind of baby that a mother has that counts so much in the quality of his development, but the extent to which the mother's conscious ideas and actual behaviors towards him are in conflict with her unconscious ideas about him. The most adequate mothers were type I and the least adequate were type VII. In the intermediate categories were mothers who not only showed an increasing discrepancy between the conscious and unconscious, but other kinds and degrees of disturbance which were considered unsuccessful defenses against anxiety.

There is relatively little research on maternal experience because it is very difficult to do. Yarrow (1968) reviewed some of the problems involved. For one, affective variables are selected on different levels of abstraction and definition. To evaluate affectional relationships, high order inferences are required but the behavioral criteria for such inferences are not sufficiently clarified. Underlying determinants, although clinically and theoretically supported, are rarely explored because they are so difficult to ascertain without expensive, in-depth analysis which can go beyond the surface attitudes expressed. Consequently, most empirical researchers

have relinquished the study of motivation and affective experience in favor of differential analyses of the varieties of observable behaviors and how they influence the child.

Secondly, the research which has been attempted in these areas is very difficult to evaluate. The studies represent various populations which range in age, socioeconomic status, educational levels, occupational backgrounds as well as cultural styles and history. These variations do not lend themselves easily to comparison and generalization. Furthermore, research strategies vary greatly and similar phenomenon are called by many different names. Yarrow (1958) has criticized the loose methodology and errors made in research which render numerous conclusions questionable. In particular, reciprocal influences between mothers and children have been overlooked and have not been studied selectively. While dozens of studies have explored different attitudes and child-rearing practices and behaviors, they have not been able to relate these to child characteristics at later stages in any conclusive ways.

The problem of how underlying feelings are communicated remains the most perplexing issue in studying maternal care. At the simplest level, they are expressed through the mother's patterns of handling but little is known about the range of variation or the extent to whcih infants distinguish subtle nuances and respond to differences in underlying motives

(Yarrow, 1965). Underlying motives have hardly been identified let alone empirically related to the mother's personal experiences earlier in life.

In summary, it is evident that an integrated theory of maternal caretaking is still very much needed. It appears that of the various personality dimensions and parental variables studied, the most central relate to such affective variables as maternal warmth, acceptance and involvement, as well as maternal competence. These appear to be critical for the promotion of healthy adjustment for both mother and child, and also relate to the early intellectual development of the child. Concequently, it would seem essential to continue to study the nature of both positive and negative affect experienced by the mother and how these relate to the intelligence of the child. The empirical research also highlights the importance of expectations and readiness for motherhood by young women and how these effect her functioning, for they are the precursors of maternal styles which evolve in the course of development. It also seems evident that it is the nature and quality of the implementation of child-rearing practices and beliefs which have the greatest impact on the child, rather than the specific things practiced.

Thus it would seem more essential to study how responsively, flexibly, and consistently a mother is able to manage her child and what interferes with such. Nevertheless, when studying a specific population it is of value to also describe what the mothers do, when they do it and who influences them, and to relate these practices to the variables describe above. This study will attempt to study these variables systematically.

Maternal Functioning in High Risk Groups

The heightened awareness and concern with festering social problems has encouraged research by social scientists on poverty. Such research has included psychological studies of family organization and maternal functioning among disadvantaged groups. The pervasive influences of the culture of povery, particularly the destructive effects of poor physical circumstances, disorganized family structure, inconsistent child rearing practices and parental personality patterns have been described by the Joint Commission on the Mental Health of Children (1968). One-third of the non-white and one-tenth of the white population of America are affected by these factors. Most relevant are the parental models who are frequently immature, depressed, impulse ridden, fatalistic, apathetic, constricted, distrustful and magical in their

thinking. Child rearing practices among the poor encourage passivity, are characterized by fatalistic attitudes, are discontinuous in training for mastery, rely on physical punishment, emphasize external control and prohibit expression of negative feelings towards parents. They also channel aggression towards the peer group and other authority, lack concern with self-esteem, educational achievements and desires of their children.

The consequences of these various interacting factors become apparent very early in the child's life and can be recognized in inadequate development of fine motor skills, depressed ability to learn, impulsiveness, low self-esteem, lack of trust, pent-up unresolved aggression, hostility towards authority and society and expectations of failure, The children often become adept at the manipulation of others in a shallow, affectionless manner and have little sense of belonging or posessing belongings since it is so necessary to share everything.

The above summary of patterns and problems found among the poor is difficult to comprehend. Yet, many smaller studies support it. For example, one study in New York City attempted to assess the extent of mental impairment in a random sample of over 1,000 children of various socio-economic and ethnic backgrounds (Langner, Herson, Greene, Jameson & Goff, 1970). A preliminary analysis of 400 children found low income, absence of fathers, interruption of maternal care,

quarrelsome homes,and low parental education to be among the most significant associations with greater impairment. One of the most vulnerable and high risk groups were male children from low income Black families.

While such goals as more education, more opportunity, better health and happiness are shared with those of the larger society, parents from poverty backgrounds lack the informational, economic, social and psychological resources needed to implement their aspirations (Chilman, 1968). Even though their income levels go up at the expense of both parents working, it is not enough to diminish the high rates of impairment among Black children (Langner, et. al., 1970).

The difficulties of intervention are confounded by two additional factors. One is the characteristic, underlying conviction that most significant action originates from the outside world rather than from within. The other has to do with the alienation and distrust of the poor which make it difficult for professionals to reach these parents in a meaningful way. Chilman (1968) has noted that child care professionals also tend to distrust the parents and focus their energies and empathies on babies and children, givng lip-service to parents, or, at most, involving mothers in a supportive rather than central role.

There have, however, been serious attempts to understand the underlying psychological determinants of maternal failure in high risk groups and these have been valuable in enhancing

understanding of maternal experience. Some of the important correlates have related to the unmet needs of the mother, reactions triggered by developmental changes in the children and defensive efforts against overwhelming circumstances. Other studies have attempted to identify the child-rearing strategies and vulnerabilities of high risk groups, or such prevalent phenomena as multiple mothering and intergenerational conflict. Discussion of studies pertaining to each of these variables follows.

The dependency of the mothers has been identified as a powerful correlate of maternal personality and the most pervasive quality characterising the mother-child relationship. Riese (1962) found that mothers of children coming to her Educational Therapy Center in a low socio-economic area in Virginia hung on to their children as they did to their own mothers because they remained dependent and helpless children themselves. They were often not only unaware of their children's needs, which resulted in neglect, but terribly afraid of their children's growth in light of their own inadequacies and found ways to constantly impede their growth. The need to nurture their own existence took precedence over that of their child.

Similiar observations were made by Marans and Lourie (1967) who found that as unselfish and loving as disadvantaged mothers try to be, their own dependency needs limit their ability to care for their children and reflect the persistent

effects of the mothers never having had their needs adequately met as children. Their attention was sporadic and inordinately influenced by the needs and wishes of the mother, rather than the baby who now served the mother's needs to be loved and needed.

Minuchin (1967) found mothers of delinquent youngsters at the Wiltwyck School able to respond to and interact with their children only when they were submissive or requested some infantile basic need be met. They were not anxious when called upon to nurture their infants but became so when called upon to give guidance or exercise control. At this point, there was a breakdown of effective mothering by these women who saw themselves as powerless, helpless and quite overwhelmed by their children's demands. The mothers were characterized by poor self-esteem, extreme dependency and in mothering found a sense of worth which validated their being. However, their centeredness on being a mother had little relationship to their children's needs.

The mothers' unmet needs and insecurities are only intensified by the absence of security and comfort in reality. Pavenstadt's study of disorganized families (1967) also revealed that mothers who attempted to achieve some identity through childbearing as a way of belonging and finding their own roots, did not respond differentially to their children and, moreover, competed with them for need satisfaction. Thus, such a mother often expressed affection or aggression as a result of her

own needs and feelings and not in response to the specific needs of her children. Unable to detect any consistent correspondence between his behavior and the response of the mother, the child is not likely to develop a feeling of control over things that happen to him.

Certain features of child-rearing considered typical of low income Black families have been used to explain the basic failure of socialization in the home. The harsh authoritarianism of parents who emphasize punitive forms of control and the early relaxation of close parental supervision result in emotional distance between parents and children as well as precocious independence and consequent exaggerated peer influence (Ausebel, 1963; Langner, et. al., 1970).

Rather than generalize about typical child rearing patterns, Hess (1970) attempted to carefully examine the control strategies used by 160 Black mothers of four year old children while teaching them a specific task in an experimental procedure. The mothers were selected from four social class levels. Three major techniques of control were identified: a) those based on unquestionable rules where the child is demanded to comply without thinking or understanding; b) those based on internal feelings where the child is asked to put himself in another's place and to ascertain the effects of his behavior on others and himself; and, c) those based on the future consequences of the behavior which as the child to project himself into the future and gives him a way to

internalize general guidelines. These control strategies were highly related to the children's IQ as well as social class levels. Mothers who used the imperative techniques were more likely to be of the working class and had children associated with low performance. Hess considered this tendency one reflection of the restricted life style of the working class mother which is shaped by her social position. The major problem shared by the working class mothers was the lack of meaning in mother-child communication. With regard to their children, that problem resulted not only in a failure to learn but, also, in a negative response to the learning experience. Ironically, the children's imitation of the mother turned into an adaptive reaction to her harmful teaching behavior.

Any review dealing with the poor Black mother must consider the historical perspective. Since 1939, the time of Frazier's classic study, the Negro family in America has been characterized as matriarchal and disorganized. These charcteristics have been attributed to the disruptive effects of the legacy of slavery and the mass migration to the cities. Frazier's thesis has been followed in studies which tacitly compared the Blak family to that of the white middle class. Recently, this approach came under criticism for emphasizing the weakness of the Black family rather than attempting to understand the nature of its strengths which have withstood formidable odds against oppression (Ladner, 1971). Ladner presented an excellent review of the Black woman in a

historical perspective and urged the reader to recognize that there are many different models of Black womanhood though oppression is a common denominator. The stereotyped model of the matriarchal mother is rejected as erroneous and has been very injurious. It has implied that men are incapable of fulfilling their responsibilities thus burdening the Black woman with expectations to fulfill the roles of both men and women. The major impediment to the Black family's survival is poverty. The major impediments to the Black mother's functioning are poverty, being a woman, being Black and harmful, stereotyped models supported by society.

Black families have been charcterized by extended family arrangements and a high incidence of multiple mothering. The early age of pregnancies is a primary factor in this pattern but economic considerations, housing problems and out of wedlock births are contributing factors. The need for consistent mothering by the same person, although not necessarily the natural mother, has generally been considered to have diluting effects on the mother-child tie since it does not afford the development of any one close relationship (Bowlby, 1967). Some authors dispute this position suggesting instead that stable auxililiary mothering can afford an even greater range of abilities to relate to others (Marans & Lourie, 1967; Rheingold, 1967; Yarrow, 1961). Not much is known about multiple mothering although a great deal of conjecture exists. It is common in Black families and there is some literature

on how the mother is effected by having to share her baby.

Hertha Riese (1962) found grandmothers taking over the functions by annexing her children, sending the daughters to work and censuring her behavior which was often a repetition of the grandmother's own past. While the infants received multiple mothering, it was more in name than in reality since the natural mothers were often deprived of growing with their children beyond the early helpless stages of infancy and expanding maternal feeling failed to develop. As a result, these mothers usually became even more dependent, accepted the grandmothers' directions and allowed them to take over. Other studies also observed pronounced difficulties between mothers and daughters preceding the first pregnancies of adolescent Black unwed mothers (Barglow, Bornstein, Exum, Wright & Visotsky, 1968; Ladner, 1971).

How are mothers who are the single caretakers of their infants different than mothers who share the mothering responsibilities? Caldwell (1963, 1964) attempted to answer this question in a comparative study of monomatric and polymatric, lower socio-economic mothers during the first year of life. At six months, monomatric mothers were more self-confident, more exhibitionistic, more prone to minimize difficulties, less intellectualized in their relationships, more sensuous in their handling, more likely to vocalize and more playful. The infants did not differ significantly except for greater irritability among the polymatric children. But at one year

of age, monomatric infants were more dependent on the mother for need gratification, showed more protest when left alone and responded more favorably to reduced physical distance and nurturance. They were also more emotional in their interactions with their mothers and more active during examinations. At the same time, monomatric mothers were more dependent on their infants for need gratification, less intellectualized, more solicitous, more playful, more tolerant of initiating behavior, more exhibitionistic and less concerned about achievement. However, the differences between the groups were small and Caldwell concluded that there is only a slightly more comfortable and involved relationship between monomatric infants and mothers. Differences were more substantially related to prenatal measures of hostility, dependency and dominance, than to feedback from the mothering experience.

Obviously, there are no simple relationships between child-rearing styles, control strategies, multiple mothering, personal and historical antecedents, unmet needs of the mothers and stressful reality circumstances. Studies which look at some aspects while failing to look at others are difficult to compare or integrate. But before concluding, one further attempt will be made to focus on the effects of the above differences on maternal experience in women of high risk groups. Some researchers attempt to understand the relatively inadequate functioning of the mothers to be

defensive maneuvers against lifetime experiences of frustration, failure and rejection. The seemingly irresponsible attitude and impulsive style of many poor mothers are linked to helpless anxiety and chronic depression (Chilman, 1966).

Recently, a study by Elejalde (1971) explored the defense mechanism of poor mothers who were inadequate by virtue of their disadvantaged circumstances rather than mental impairment. Their patterns of mothering were characterized by faulty time-space organization which interferred with effective management and resulted in erratic and unpredictable behavior. The backgrounds of these women revealed single parent homes, adoption, out-of-wedlock births, unresolved jealousy of siblings and, most consistently, a strong but ambivalent bond with their own mothers which led to a hostile dependency on an internalized, critical, rejecting mother. When comparing defense mechanisms of middle and low income mothers, he concluded that the former have a wider ranger of opportunities to cope with their inadequacies. For example, educational and job opportunities allow the middle class mother to withdraw physically with very acceptable rationalizations. In intact families, the husband's inadequacy often masked or displaced the mother's failures in child rearing. The ultimate defense was the refusal to bear more children.

Low income mothers were far more restricted. It was often impossible for them to withdraw physically because of their educational, occupational and economic limitations.

Hence, they carried over their hostile dependencies to the social agencies with whom they had to deal and often resorted to massive projection accusing others for their failures. Another common defense was the preoccupation with somatic complaints in themselves and in their children when the need to be sick served to help them escape awareness of their inadequacy. Alcoholism and drug abuse served a similar function. Husbandless mothers felt guilty for being unable to offer their children a father. Often, they would single out a son as a source of love and protection, or make him the target of their own hostility against males.

Not all researchers accept these interpretations of defenses or even the fact that these qualities are characteristic of poverty parents. For example, Allen (1970) disputes the evidence regarding the perceptions of poverty parents which indicates that they have a poorer time sense or a poorer ability to delay gratification. He feels that much of the research aimed at establishing personality correlates of the poor is seriously deficient because of the failure to provide controls for such confounding effects as the social class of the investigator, the intelligence of the subjects, the small size and non-representativeness of the samples, and the use of measuring instruments which have dubious validity with middle class groups, let alone across class lines. Allen is very critical of the sweeping generalizations made in many studies. These, he feels, have become popularly accepted on the basis

of unsystematic observations and unwarrented inferences. He further cautions the researcher to acknowledge the large differences existing among ethnic and subcultural groups and urges studies of these within variations rather than constant contrasts with the middle class.

It is evident by now that the existing body of research on high risk groups is highly dispersed, very complex and plagued by the numerous methodological problems involved in doing research with humans. Nevertheless, the studies have special value for the clinical psychologist who is alerted to the complex phenomenon which must be viewed openly in his practice. The studies are also valuable for highlighting some critical considerations for future research, some of which the current investigation will undertake. One of these relate to the study of maturity of the mother with respect to her dependency, defenses, personal needs, and future expectations. Another consideration relates to the controversial role of the grandmother and extended families influencing early maternal evolvement and experience. The researcher is cautioned against stereotyped biases and tacit assumptions existing in the field. A third consideration must be given to the role and influence of the father on early maternal experience, let alone the study of paternal involvement and evolvement which has been very neglected. Lastly, the research reviewed on high risk groups again points to the importance of identifying control strategies and functioning of the mothers and how these effect the cognitive development of the children during the very first

few years of life, stages which have not yet been adequately studied.

There can be no adequate summary for this review other than to say that the numerous teories, studies and variety of approaches presented reflect the tremendous struggle to make sense of the powrful and pervasive effects of mothering. The need to contiue this struggle is self-evident as are the wide discrepancies between theory, empirical strategies and clinical applications. The first tends to be abstract and elusive; the second is too limited and restricted by methods; and the third is too burdened by the stress and necessity to intervene. There is also a definite paucity of studies attempting a careful examination of individual maternal experiences at any one particular time, especially at an early stage considered so critical for future child development and may also be critical for maternal development. Research or theory building is always guided by the personal interests of the investigator. For those primarily concerned about the promotion of mental health and effective early intervention, research must go beyond theory and empirical observations of disparate groups.

The summary statements at the end of each section within the review of literature indicated the particular aspects the writer selected to explore further in this study. Some aspects were studied systematically and others were studied clinically, based on the experiences of the writer in her encounters with the mothers. The various

aspects will be specified in the next chapter. Perhaps the most conclusive statement the literature does make is that mothering is one of the most difficult and complex undertakings and responsibilities in life. Consequently, it is one of the most difficult and complex experiences to study.

Chapter Three

Purpose and Concepts

The purpose of this study was to explore various aspects of early maternal experience and their effects on infant mental health. The absence of a focused theory regarding such necessitated the development of a theoretical context or a new set of concepts for this exploration. While the review of the literature pointed to the important variables warranting further study, the final selection of variables to be studied were also prompted by the mothers who spoke and clearly identified and confirmed the various childhood and adolescent experiences, family relationships, personality dynamics and environmental circumstances influencing their early maternal experiences and evolvement.

The complex number of variables involved were conceptualized as contributing to a dynamic texture of experience for each mother with each constellation having a unique quality. Because of time, cost and methodological limitation, some variables were studied formally and some were explored clinically.

The two primary variables related to the mother's experience of her child that were selected for systematic study included: maternal control and maternal affect. Maternal control referred to the extent and quality of the overall management and structure the mother could bring to bear on her child's life. Control here was used in its broadest sense with respect to the limits and restrictions imposed by a mother as well

as the comfortable and deliberate management of her child's behavior and impulse life in day to day interaction. The mother's experience of tolerance, confidence and conflict in relation to control were also considered central aspects of this area of functioning.

Maternal affect was considered from two points of view. Positive affect referred to the intensity and range of positive feelings such as joy, delight, tenderness and love which the mother feels towards her child, and her interest in affectionate and supportive contact with him. It also includes the positive gratification and pleasure she derives from being a mother, the development of a positive self-image as a "good" mother, and evidence of positive perceptions of and communications with her child. Negative affect referred to the extent and range of negative feelings which enter the mother's experience of her child, intensify her sense of inadequacy or insecurity, and are related to her central conflicts and defense operations. The following examples represent such feelings: hostility, fear, anger, experience of the child as a burden or intrusion, envy, detachment, anticipation of negative responsiveness, overprotection, etc.

The purpose of the study was also to focus on these aspects both from the point of view of the mother's subjective feelings and the clinical evaluation of such. Many studies have evaluated mothers on various mental health criteria while failing to differentiate or elaborate on the mother's conscious

awareness of herself and her child in relation to these criteria at any particular time. Regardless of how the quality of mothering is evaluated from the clinical point of view, it is the appreciation of the mother's subjective experience which subsequently provides the opening for possible intervention and educational programs.

The two primary variables were then to be correlated with a series of antecedents and consequences described below.

Numerous antecedent life experiences and decisions enter a woman's new identity as a mother and contribute to her adaptations and reactions. Only a few could be selected for initial exploration but these were based on those aspects considered especially important in the literature and in clinical experience. The antecedents included the mother's experience of mothering as a child, the nature of her present relationship with her mother and significant childhood trauma or family disruption. Another group of variables considered antecedents, albeit they were presently ongoing, related to the mother's age, educational level, marital status, planning to have the child, emotional support from the child's father, multiple mothering of the child, economic circumstances and maternal employment.

In a true longitudinal study, consequences could be objectively observed in any number of behaviors and feelings. This study, however, was only focused at behaviors known at one point in time when the mothers were seen. The consequences

were, therefore, limited to the child's cognitive performance on an intelligence test given early in the second year of life and the observed behaviors of the mother and child during this procedure. These behaviors could be considered consequential reflections of their emotional adequacy and adaptive resources based on their mutual experience.

So much for the formal aspects studied. These, however, must be considered within the context of other interacting variables which are also part of the dynamic texture of experience belonging to each mother. Like the formal aspects selected for study, these variables also stem from the theoretical and empirical literature and clinical experience. They include the evolvement of maternal experience, the readiness and expectations of the young mothers, the roles of the grandmother and multiple mothering, identification with the grandmothers and the nurturance they gave, aspects of maternal personality, empathy and maturity, the concepts of mothering and the onset of maternal experience. These variables were explored through discussions with the mothers and are presented informally following the systematic results.

Chapter Four

Plan of the Study and Description of the Sample

This study was part of a larger investigation of maternal stimulation and infant cognitive development during the second year of life.[1] The larger study consisted of three independent parts: a) infant testing at 14, 18 and 22 months, b) home observations of mother-infant interaction at 14, 18 and 22 months, and c) maternal interviews at the time the babies were 14 months old. In the larger study, predictions were made regarding the relationship of variables from the three independent parts. Furthermore, each of the three studies proceeded to seek confirmation of hypotheses relative to variables within its own domain.

The study of maternal personality through interviews provided the framework for the present doctoral research. The subjects were selected according to the criteria evolved for the larger investigation. The conceptualization of variables pertaining to maternal experience is that of the writer.

Sample

The subjects were 44 Black mothers of male, first born babies, born in New York City and residing in the Harlem

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[1]Maternal Stimulation and Infant Cognitive Development conducted by Drs. Goodrich, Nechin, Engel and King of Montefiore Hospital and the City University of New York (Grant NH-17580 01). The role of the writer was that of research assistant whose primary tasks were interviewing and interview analysis.

community of Manhatten.[1] This was defined by health areas o3-38, 85.10 and 85.20. They were randomly chosen from a larger pool of research subjects who were systematically selected from the city's birth records on the basis of the following criteria:

Mothers: Native born; English speaking; no acute or chronic diseases; normal pregnancies; no drug addiction or venereal disease.

Babies: 14 months of age; birth weight over five pounds; minimum Apgar reading of eight five minutes after birth; no obvious brain damage or other disease evident or reported.

The study was limited to mothers of first-born infants in order to keep the sample uniform since it was to be a study of the first maternal experience and its relation to the first-born's development. This was also done to control for sibling order effects and sexual differences. Boys were selected because they are known to present the highest risk population and were being given priority in mental health research.

Description of the mothers. The mothers ranged in age from 14 to 34 years but 68% were between 14 and 20 years of age at the time they gave birth to their sons. More than two-thirds of the mothers were born in New York with the South. Most came as children or young teenagers and all came North

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[1]Although for purposes of the doctoral thesis an N of 30 was proposed, it became possible to extend the number to 44 for most of the research applications. The results pertaining to the larger sample will be reported unless otherwise indicated.

seeking better economic and educational opportunities. It was not uncommon for the parents to come first while the children remained with relatives until the parents called for them.

Educational levels also varied considerably with the range being eight to 16 years. Forty-five percent of the mothers completed high school, another 43% completed the eleventh grade, and 12% had training beyond high school, including two college graduates. At the time of the study, five mothers were attending high school.

After having their children, 48% of the mothers did not return to work. The remaining mothers worked at some point but, at the time of the study, only nine mothers were regularly employed, six during the day and three at night. Their occupations ranged from office or clerical workers, to telephone operators, to practical nurses. In addition, one mother was a teacher and another a correction officer.

Twenty-five of the mothers were married but five had separated or divorced their husbands by the time of the study. Fourteen of the married mothers were living in nuclear households, that is, with their husbands and children. Only two mothers were living alone with their sons. The remaining 28 resided with their families or the fathers' families. In these homes, there was a range of seven to 18 family members, with an average of 8.4 people, and anywhere between two and and four generations represented. As a result, only 17 mothers

were the single female caretakers of their children while all the others were also mothered by grandmothers, great-grandmothers, aunts and sisters. At the time of the study, nine of the mothers had given birth to second children and several were expecting. About half of this group were living in nuclear households.

Description of the fathers. Information about the fathers was not uniformly available and the number involved in any description will be indicated when less than the sample size of 44.

The fathers ranged in age from 15 to 39 with more than half being under 25 (N=30). The average father was a high school graduate but the educational levels attained varied from three in the ninth grade to four college graduates (N=30). Occupations ranged from post office clerks, to drivers, to skilled tradesmen. Three of the fathers were policemen, two were in the armed forces and five were professionals. Two young fathers were still attending high school. At the time of the study, 29 of the fathers were reported to be regularly employed and 21 were reported to be contributing regularly to their childrens' support.

Two-thirds of the fathers had regular contact with their sons. Five of the remaining fathers lived at a geographical distance and one was killed in Viet Nam prior to the birth of his son. While only 18 fathers were reported to be living in the same households as the mothers and children, 26 had

daily contact with their children. This was the case with mothers in welfare or those living with their own families. Thirty-five percent of the fathers were seeing their sons less frequently then during infancy but for most others, the contacts remained stable (N=37). Six mothers expressed not wanting their children to have further contact with the natural fathers.

Because of the extended family arrangements and unclarified income levels, it was not possible to classify the families economically. Moreover, the sample appeared to be very heterogeneous and, therefore, one could not assume that living in Harlem meant low income or working class status. Seventeen (39%) mothers were on welfare, but even their living arrangements varied widely depending on the number of other family members in the household who were contributing to the support of the mother and child in one form or another.[1]

Table 1 summarizes the descriptions of the sample.

Procedure

The mothers were initially contacted at the address indicated on the birth records by a letter which briefly explained the purpose of the overall study. A member of the project then visited the homes of the mothers thus contacted,

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[1]After the project's consultation with Dr. Barbara S. Dohrenwend of City College who indicated that there was no valid system of socio-economic classification available for Harlem residents at this time, it was decided to just describe the sample.

TABLE 1

Summary Descriptions of Study's Sample
(N = 44)

	Mean	Standard Deviation	Range		
Maternal Age	20.2	4.5	14 -34		
Maternal Education	11.6	1.6	8 -16		
Paternal Age	24.4	4.7	15 -39		
Paternal Education	12.5	2.3	9 -16		
	At present	Since birth but not presently	Not at all		
Maternal Employment (since baby's birth)	9	14	21		
	At present	Unemployed	Unknown or Not applicable		
Paternal Employment	29	7	8		
	Unmarried	Married	Separated or Divorced		
Marital Status	19	20	5		
	Nuclear	Extended	Mother-child only		
Family Constellation	14	28	2		
	Mother Only	Number of other women living in home or full time babysitter			
		1	2	3	4
Multiple Mothering	17	14	7	5	1

further explained the objectives of the study and scheduled the first home observation if the mother volunteered to participate. Following the home visit, the mother was asked to bring the baby to the project offices for two testing sessions at the end of which an appointment was made to interview the mother alone on another occasion. At the time of the fifth contact with the mother, an interview was conducted and tape recorded with her permission. The mothers received a small renumeration of five dollars for each contact they had with the project.

The purposes of this study required information rich in affect, experience and behavior. A lenthy clinical interview was selected as the choice method but several alternatives were possible for gleaning such data and were considered.

One alternative might have been maturalistic observations in the homes of the mothers with their children. This approach could have yielded objective information about what happens rather than what is said to happen. However, the observations would have excluded interactions occuring at other times of the day. Secondly, for purposes of comparison, observations would have been limited to a particular setting thereby excluding places and people outside of the home yet connected with the natural context of the mother-child interactions. Thirdly, and most important, direct observations may have interfered with the activity being observed and could not have remained unaffected by the observer.

Another alternative to the interview would have been the use of questionnaires or attitude checklists. This choice requires consideration of the subject population, the kind of information desired, the amount of resistance the method might incur and the response level to be evaluated. In this study, the mothers varied in age, education and expressive abilities. Some would have found it difficult to read and understand a questionnaire while others would have been resentful of or threatened by the school type task. The questionnaire would also have required establishing response categories prior to speaking with the mothers thus reducing the possibilities for exploration in an area where very little is known. The approach also restricts the categories to the level of what is said or checked off and deliberately conveyed through a forced choice of response categories. This would not have been suitable for a clinical study exploring affect and experience which required various levels of inference to be applied.

Thus, the problems of other approaches must be considered when choosing a method. This consideration highlights the advantages of the interview. The interview was also most appropriate for the study of verbal communication. Nevertheless, the method has its own sources of error; namely, deliberate withholding, poor recall and unconscious distortions. While these could not be eliminated, they were minimized. One way was by establishing good rapport with the mothers. The

interviews were conducted during the fifth contact with the mothers by which time they usually felt comfortable with the staff and the setting. The mothers were, in effect, the "experts" and made to feel that the information they were giving was essential and valuable. Since it was conducted in a clinical manner, they could take the lead and their interests and directions were followed. When questions were unclear, they could be rephrased.

To help with recall, the mothers' reports were facilitated by probes for detailed information whenever possible. But, they were not pressured to respond since no judgement was limited to any particular piece of information. The burden was then placed on the clinical rater to integrate the various details and expressions. It can be further argued that people often tell interviewers what the latter want to hear or what they feel is most socially acceptable. However, this interview was primarily exploratory and preconceived notions were minimized. If the mothers were concerned about the social impressions they wanted to make, they would have to do so over a lengthy period of time and in relation to many different situations which overlapped. This would be very difficult to sustain in a long interview which also asked for many details about what exactly happens at different times.

There is no way to fully control for deliberate or unconscious distortions in a single interview. However, even when distortions are suspected, they are an important

statement about the mother's position at that particular time and as such are valuable pieces of information in and of themselves. This study employed experienced clinicians who were trained in inferential process, alert to defense mechanisms and capable of incorporating any such evidence into their evaluations.

Even though the individual interviews could vary considerably and present problems for ratings, it was finally selected as the most natural approach which best sustained the unity of the personality being studied. It also approximated the way mothers usually need to communicate with other social, medical and educational professionals. Lastly, the study was concerned with discovering the range and depth of experience which could be conveyed without experimental and testing procedures in a heterogenous group of Black mothers.

All data for the maternal study came from the extensive, open-ended interview consisting of close to 100 questions. It was developed and revised on a pilot group of mothers to make sure that data pertaining to all of the concepts of the present study, as well as of the larger study, were forthcoming and that the questions were understood by the mothers.

The procedure called for the interview to be conducted on one occasion in the offices of the project. The interviewer had no prior contact with the mother and no previously collected data. Nor did she know any of the facts pertaining to the infant being tested. The interview was conducted in a clinical

manner and lasted one-and-half to two hours.

The following areas were explored in the course of the interview.

1. The Mother: Psychosocial history including her experience of her family, childhood, school and mother; information regarding current employment, sources of income, present living arrangements, social contacts and relationship with the father of her child; future expectations concerning employment, housing, size of family and education; experience of mothering from the time she was expecting to the present, what she enjoys most, least, the changes she's felt and her concepts of mothering.

2. The Baby: Information regarding developmental landmarks, eating and sleeping habits, things he likes to do, attachment behavior, sepration behavior, quantity and quality of interactions with father, grandmother, other babies and adults.

3. Mother-Child Relationship: Mother's assessment of baby's personality and development, child-rearing beliefs and practices, expectations regarding his future adjustment, schooling, occupation, problems and personality, current responsiveness to her under different circumstances. Whenever possible, the mother was also asked about the father of the baby, i.e., his age, employment, education and relationship with his son and mother. (See Appendix 1 for the Interview form.)

Following the tape recording, each interview was transcribed

verbatim. It was then listened to by another person who corrected the transcription before it was submitted for coding and evaluation.

The interviewers were the writer and Mary Engel Ph.D. Forty interviews were conducted by the writer.

The Infant Testing and Behavior Ratings

The use of the Bayley Scales of Infant Development as a consequent measure was determined by its availability from the project study and was considered only one aspect of child development which, at later stages, is known to often show a deficit in the population involved. Instruments which reliably assess other aspects of emotional and ego development in very young children have not yet been adequately developed. The Bayley attempts to include such variables in the Infant Behavior Record and, although these aspects of her scales have not been well established or standardized, they were adapted for the present study as described below.

In general, the Bayley is considered a well researched instrument with good scale characteristics and reliability data. Most of what is known about the test, however, comes from use with the superior Berkeley group which limits its application until more recent research efforts using the tests become evident. Therefore, the intelligence test scores which were yielded must be interpreted guardedly when applied to a specific subgroup sample, in this case, Black infants ranging between 14 and 22 months, primarily from low income homes,

since very few such specific cases were included in the standardization sample.

The Bayley Scales were administered at 14, 18 and 22 months of age; both mental and motor scores were obtained for use in the present study. The examiners were Drs. King and Seegmiller. All information pertaining to the infant testing was kept independent of the maternal study.

After each testing session, the examiner and an observer who had viewed the testing through a one-way mirror completed the Bayley Infant Behavior Record, as well as a special form developed by the examiner to rate maternal behavior during the testing session. A total of 30 scales were rated. However, these scales were not interval or unidirectional and did not have equivalent reliabilities. This made them very difficult to compare and impossible to correlate meaningfully in the original form that they were rated.

Since the scales could provide independent and objective measures of infant and maternal behavior, it was decided to transform them. After conferring with the examiners, the most reliable observations and ratings were selected and recast along a three point continuum ranging from healthy to non-healthy adaptation in the testing situation (see table 2). In order to consolidate the numerous ratings available, an intercorrelation of all the scales were run and yielded two clusters of highly correlated rating scales. On the basis of these findings, the transformed ratings of each of these

TABLE 2

Interjudge Correlations Between Examiner and Observer of Behavior Ratings of Mother and Baby During Bayley Infant Testing at 14 Months

Behavior Ratings	Interjudge Reliability
Baby Behavior (N=51)	
I. Cooperativeness	.70*
II. Personal Relatedness	
1. Orientation to examiner	.83*
2. Fear	.91*
3. Tension	.65*
4. Emotional tone	.84*
III. Ego Mastery	
1. Object Orientation	.37*
2. Goal Directedness	.73*
3. Attention Span	.75*
4. Reactivity	.92*
Maternal Behavior (N=51)	
I. Mother Intervenes	.92*
II. Mother Satisfied with Achievement	.73*
III. Mother Upset by Failure	.81*

*$p < .01$.

TABLE 3

Intercorrelations of Infant Behavior Ratings Made During the Bayley 14 Month Testing Session Which Were Averaged to Yield the New Ratings of Personal Relatedness and Ego Mastery (N = 51)

Personal Relatedness

Behaviors rated	Fear	Tension	Emotional Tone
Orientation to E	.39**	.43**	.44**
Fear		.28*	.33*
Tension			.43**

Ego Mastery

Behaviors rated	Goal Directedness	Attention Span	Reactivity
Object Orientation	.54**	.60**	.55**
Goal Directedness		.56**	.39**
Attention Span			.39**

* p .05.
** p .01.

clusters were averaged and yielded two, new infant ratings henceforth called personal relatedness and ego mastery (see table 3). To these were added a general cooperativeness rating which resulted in the availability of three independent infant measures to be related to other variables. In addition, the three most reliably assessed maternal behavior ratings were selected for statistical analysis (see table 3). The behavior ratings were only considered at 14 months of age in accord with the hypotheses, however, the Bayley IQ scores were used at all three stages.

Interview Analysis

The interview was analyzed on several levels. The first level involved recording factual information such as years of education, occupation, or number of people living in the home. The second level required fitting information into preexisting categories related to such dimensions as reactions to pregnancy, reasons for particular child-rearing practices, concerns about the future, activities with the child and likes or dislikes.

Categories were developed for second level ratings on the basis of the variety of responses given in the actual interviews as the theoretical and hypothetical concerns under study.

A code book was developed by the writer to record all this information for the larger project. The first and second levels were coded by the writer and graduate students in

psychology who were carefully trained in the use of the manual. The latter achieved percent agreements ranging between 88 and 94 percent for the entire codebook, which consisted of over 800 pieces of information. Even higher agreement was achieved for the strictly factual information. For the purposes of this study, approximately 90 items of information were coded on the the first and second levels which were used to describe the the antecedent and consequent variables needed for the testing of the hypotheses (see Appendix 2).

A third level of analysis involved rating the entire interview or portions of it to gain numerical expression of the various concepts related to the experiential qualities of mothering. These ratings required sophisticated clinical judgements by experienced raters using scales especially developed for the study. The rationale, development and reliability of these scales are described in the following sections.

Assessing Maternal Control: Development of Rating Scales

For purposes of this investigation, the writer assumed that successful caretaking of a dependent child involves the creation of a network of behavior within which both mother and child can grow. From a psychodynamic point of view, the mother's behavior is unconsciously determined by her developmental past and consciously by her ongoing reactions to her child's behavior and needs. The child's behavior is primarily

motivated by his needs and impulses. With time, the baby incorporates his mother's responses to his behavior and the mother develops feelings regarding her effectiveness and success. Thus, a network based on the mother's past experiences, the baby's needs and the anticipated emotions related to their interaction is established.

All three aspects have their related vulnerabilities and distortions which may result in nonadaptive behavior. The child's impulse life may revive in the mother the childhood struggles and conflicts she experienced. As a result, she may be less able to provide the consistent handling and firm, but mild discipline essential for healthy development. Both research and clinical observation indicate that the high incidence of impulsive behavior, overt aggression and punitive patterns displayed towards children reflect the absence of consistent childcare patterns and mild discipline in the parents' own growing up experiences (Chilman, 1968; Report of the Joint Commission on the Mental Health of Children, 1970). In this study, the concept of a mother providing comfortable, effective and quality management of a child in the second year of life is called "maternal control."

But why study maternal control? When a mother's handling, expectations and limits are consistent over time, she becomes a source of affection and security to her child. During the second year of life, the stage is set for the development of autonomy and initiative. For the parent, it

is a difficult stage aptly described by Spitz as the "terrible twos" (1965). At this time, the rapidly growing child, having achieved some degree of mobility, begins the long course of self-definition and self-affirmation. This is partly evidenced by his insistence on doing things by himself, negativistic behavior, greater impulse expression, and a willingness to roam further away from mother than ever before. Some child analysts such as Mahler and Bettleheim believe that the child has a developmental need to test his power against that of the mother.

Thus, the second year of life is a time which calls for the constructive setting of limits and restrictions to protect the child from the environment as well as to enhance socialization. It continues to be a critical period for establishing a sense of security and predictability in life which depends, in part, on the consistent management and patterns of activities set up to meet the child's basic needs of sleeping, eating, moving, playing, learning and love.

It seemed that any attempt to understand the quality of maternal control would involve considering how able she is to control and the form her control takes. Consequently, the following three rating scales were developed to judge these from the clinical vantage point, that is, looking at the mother as a clinician would.

Ability to control- the amount of control the mother is able to exercise with regards to her child. This was a

global judgement of how effective she is disregarding the underlying dynamics for either strong or weak control.

Responsive control- the extent to which the mother controls or manages her child's life in response to his needs and circumstances. This judgement involved considering how child-centered, concerned with feelings, flexible and receptive she is to her child's initiating activity.

Rigid control- the extent to which the mother imposes either highly controlling, arbitrary, uncompromising or demanding behavior on her child because of her own internal needs.

As a new parent, each mother has the opportunity to learn and work through earlier conflicts related to control and, if successful, can become highly responsive and flexible. However, the conflicts triggered by the child's impulse life may incur constricted and rigid reactions in her. If she anticipates negativistic attitudes, she may feel insecure, afraid and often angry before the child can give her cause. If she "controls" the situation by punishing him, both guilt and further insecurity are engendered. The insecure or helpless mother is less effective because she has less trust in her intuitive reponses to her child and the effects her behavior has on him. Contrariwise, self-assureance and confidence work in the direction of justifying her authority, not only to protect and educate her child, but to insure herself against being unduly affected by his behavior. In other words, to

the extent that she is able to manage her child, she experiences attendant feelings regarding herself and her interaction, and these subjective feelings further influence her behavior. Some mothers manage well at this state and welcome their children's new growth and mobility while others cannot exercise guidance as effectively once their children emerge from infancy. To understand this more clearly, it seemed essential to also explore the mothers' experiences related to control and three aspects, in particular, emerged as most relevant for initial investigation. Consequently, three rating scales were developed to assess several variables from the vantage point of the mother's experience, or rather what could be assumed to be her experience.

Tolerance for baby's impulse life- the extent to which the mother can tolerate and accept, or feels threatened and inhibited by impulse expression. The judge considered the extent to which the mother could derive pleasure and participate in her child's impulse life in order to promote healthy instinctual behavior.

Confidence- the extent to which the mother feels she can influence, guide and manage her baby's behavior effectively and confidently.

Conflict- the extent to which the mother feels inner conflict about control issues with respect to her own consistency, patience, certainity, expectations and and standards of behavior.

Assuming that it was valid to investigate the six aspects of control described above, the other purposes for doing so must be addressed. That a mother has to control at the 14 month stage is obvious, but what her present behavior and experience imply for future development has thus far been generally overlooked by research. Therefore, another scale was added to predict future control negotiations.

> Future control- a prediction of future control in light of the present interaction of mother and child, the psychological state of the mother and her present experience as well as the reality circumstances under which she and her child must live.

By relating this prediction to the other scales and antecedent variables, it was also hoped to clarify the different elements which contribute to the clinical impression about the future.

Thus, a total of seven scales were developed to assess the various aspects of maternal control selected for this initial investigation. The judgements were made on the basis of the interview, but the parts dealing with the mother's early life experiences and personal history were deleted so as not to confound the evaluation of her present interaction and experience. (See Appendix 3 for instructions and scale forms.)

Method of judgement. Scales based on low to high continuums of the above concepts were established and pilot interviews were used for trial ratings by four clinicians.

They would meet after each trial run to compare ratings and to discuss sources of disagreement. Varying sections of the interview as well as different scales were attempted. After each trial run, the scales were clarified and revised. Table 4 presents the percent agreement achieved for each scale. The specific problems encountered in the development of these scales are described later when methodological issues become the focus of this report.

For the actual ratings, the scales were divided into three groups in order to reduce contamination and halo effects. Each judge was to rate only three scales at any one time on any one subject; one evaluative judgment regarding control, one rating of the mother's subjective experience and a prediction of future control negotiations. Each judge rated the future control scale for every mother -a prediction based on the concepts involved in the other scales. This design kept the ratings as independent as possible.

The judges were either doctoral level clinicians or very advanced graduate students in clinical training. All had extensive experience working with mothers and children, and some had academic positions teaching child development. Three judges were supervisory level clinical psychologists in hospitals or out-patient training centers and two of these had part-time private practices. The others had experience working in child psychiatry and residential treatment centers. All were paid the usual clinical fees (between $7.00 and $20.00

TABLE 4

Percent Agreements Obtained on the Seven Maternal Control Scales Used to Establish Reliability (Based on Three Judges and Four Cases)

Maternal Control Scales	Perfect Agreement	Agreement Within one point on a seven point scale
Ability	75%	75%
Responsiveness	33%	75%
Rigidity	50%	83%
Judge's prediction for future control	50%	83%
Tolerance for impulse expression	50%	67%
Confidence	50%	83%
Conflict	50%	83%

per hour depending on experience) to read and rate the interviews. Practice with the scales proceeded until the percent agreement used to establish reliability was achieved.

Assessing Maternal Affect

Finding an instrument to adequately assess the quality, range and variability of maternal affect was most difficult. The interviews were rich in conveying the mothers' experiences of their sons and themselves. Yet, the experiences thus conveyed were like self-descriptions and did not permit easy comparisons between individuals since each mother not only spoke in different types of statements but at different lengths and levels. It could not be known whether omissions were due to faulty memories, modesty, judged irrelevancies, varying sensitivities or some other reason. Having others describe the affect of the individual mothers is also limited to those things they read about and is further burdened by the varying frames of reference and interpretations which could be given to the same observations. In order to compare the mothers, a common basis for description was needed and a method was sought.

Most research has employed the rating scale or adjective check list to quantify variables and objectify impressions (Gough, 1960; Wittenborn, 1951). In 1953, Stephenson presented a technique whereby individuals were asked to describe themselves by sorting personality statements into a set of successive categories ranging from the least descriptive to the most

descriptive. The number of statements possible in each category is fixed in such a way that the resulting frequency distribution is normal in form. These distributions can be manipulated statistically in a variety of ways in order to compare subjects within a sample, or at different times, or in relationship to other indices.

The Q-sort method became especially popular in studies of personality relating to real and ideal-self discrepancies during the course of therapy or in different moods (Wessman & Ricks, 1966). In these studies, the subjects sorted the items for themselves. Somewhat later, the technique was adopted for the study of personality evaluations by professionals (Block, 1961). The Q-sort items became a special language linked to theoretical orientations for the study of how observers evaluated the personality of others. The Block study accepted the validity of observer-evaluations and sought further validation of their technique in the relationships they would find with other variables. After reviewing the disadvantages of the rating approach as a basis for scientific data, and in the absence of better methods, they developed the ipsative Q-sort as the simplest method of attaining complex descriptions suitable for statistical evaluation and tried to minimize the disadvantages.

In this study, the choice of method was immediately limited by the choice to exclude experimental type procedures and uniform, self-descriptive tasks. After considering the

few methods available for assessing complex personality traits of affect, the Q-sort was selcted, not so much as a test which could have reliability or validity, but as a language to describe the maternal affect similar to the Block approach. Both positive and negative feelings vary widely with regard to the specific feelings and its intensity, and these feelings constitute a unique experience for each mother. It seemed that this technique would allow the rater to select the most salient items applicable to each individual and place them at the highest quantitative points. Since such a wide range of scores was possible, individual differences need not be obscured as with ordinary ratings scales. While the research proposal only required overall ratings of positive and negative affect, this approach would also allow for the exploration of the nature of the affect by virtue of the numerous items possible and the fact that these items could be rated for the degree they exist in each individual mother. The advantage of a forced distribution as it exists in the Q-sort is that it controls such response sets as hugging the mean or giving extreme ratings which eliminate much of the variance. But, its disadvantage was that it forced every mother into the same mold regardless of how it fit.

Another reason for the attempt to use this method relates to the interest in differentiating the mothers' subjective experiences and clinical evaluations of such. It was thought that by doing each Q-sort twice from each of these perspectives,

the mthod would allow for easy comparison and study of the evaluative process. Did the experiential and evlauative sorts relate differentially to other variables? Which feelings were most or least characteristic of the mothers as a group under the different perspectives? Could the items contribute to a classification of maternal types? These were just a few of the questions which might be explored further by the use of this technique.

Q-sort development. Since the Q sort was only concerned with features of positive and negative affect, a structured sample of 76 items was developed and equally divided between the two kinds of feelings. The items were reviewed by judges familiar with the interviews and purposes of the study, and prepared for sorting. Using pilot interviews, four judges attempted the sort and ratings for each item were compared. This was done several times between pairs of judges. Items which were unclear or which resulted in high disagreement were omitted or made more explicit while others were added. Four judges were then given the final list of items and instructed to sort twice, for maternal experience and from the point of view of clinical evluation. These sortings were the basis for the final reliabilities accepted and are summarized in Table 5. A positive affect score was derived by adding all the ratings given to positive items. The construction of the Q sort limited the range of scores from 181 to 309. This was done for both sorts. In addition, the same range of rating

TABLE 5

Interjudge Correlations Between Pairs of Judges on Q-Sort Ratings

Q - Sort	In Experience (N = 76)			Clinically Evaluated (N = 76)		
Judges	2	3	4	2	3	4
1	.44**	.38**	.43**	.51**	.28**	.41**
2		.76**	.54**		.58**	.24*
3			.50**			-.05

* p .05.
** p .01.

scores was used to test the various hypothese. Further applications were not attempted for reasons explained in Chapter seven. (See Appendix for the specific items and instruction form.) The Q sorts were done by the same judges who rated the maternal control scales but were limited to 30 subjects because of time and cost considerations.

In sum, the quantification procedures yielded the following maternal variables: approximately 90 coded items, seven control scales and two positive affect scores derived from the Q sorts.

Chapter Five

Hypotheses and Results

This study was based on a proposed theory of maternal experience concerned with the interaction of different variables across time. The deductions from parts of this theory were mostly posited in a series of null hypotheses. The null hypothesis was selected because of the exploratory nature of the study where no order was presumed and in order to reduce the possibilities of rejecting the hypotheses even though true. Although unstated, the hypothesis of "no order" so commonly used in the early stages of theory building and exploratory study, nevertheless implies the opposite. The variables tested were included because they are the ones which other theories and previous clinical experience consider most relevant and critical for the experience of mothering at present. The reader will note that directional hypotheses were made in hypotheses IV and V. In these instances, general theory and clinical experience lent a sense of conviction to unidirectional predictions.

In the statistical analysis, seven control ratings and two positive affect ratings were correlated with the variables involved in each of the hypotheses using the Pearson *r* or point-biserial correlation. The results reported are based on 44 mothers for the maternal control scales and 30 mothers for Q sorts. The initial sample size proposed was thirty, but it became possible to apply the control scales to the entire

sample of the overall study.

While the .05 level of significance has been the traditional demarcating point for distinguishing chance occurences in psychological research, the writer presented findings significant at the .10 level and below. The exploratory nature of this study and the complex clinical variables involved did not warrant restricting the discussion of results to those findings significant at the .05 level and below. This is not to say that the magnitude of the correlations were disregarded, but to alert the reader to refer to the various tables for the specific significance levels relevant to each of the variables or scales.

Before specifying the hypotheses, it is important to note that the clinicians who used the rating scales to judge maternal control were ignorant of the mothers' past histories, which had been deleted from the interviews. They were unaware of the mother's experience of mothering as a child, whether she was multiple mothered, whether she suffered any childhood trauma or family disruption, or had previous mothering responsibilities. Nor did they necessarily know the exact age or educational status of the mother although impressions were easily gained of these. They were, however, usually aware of the other variables listed under hypotheses I, II and VI. The infant intelligence test scores and behavior ratings made during the testing session were completely independent of the control and affect judgements.

The results will be presented in several ways. First, the hypotheses will be specified and their results reported. Discussion of these findings will generally be reserved until the next chapter. Secondly, the results will be presented according to each of the maternal control scales and positive affect ratings. While this involves repetition of the results, it will highlight the scales which overlap in their associations as well as the variables which are more exclusively related to specific scales. Thirdly, child rearing practices will be described followed by an examination of how these practices relate to given maternal qualities.

Before proceeding with the presentation of the hypotheses and results, some brief comments regarding the intercorrelations of the nine scales need to be made (see Table 6).[1] Certain scales appear to cluster together and are highly intercorrelated in a hierarchical fashion as well as in a positive direction. This is represented in Table 7. The five scales involved appear to represent a global affective variable with a strong communality, which may be considered to generally characterize maternal feelings. The most highly correlated of the group of scales, henceforth called group A, is the judges' prediction of future control. This was the most stable

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[1] The writer would like to thank Dr. Max Hertzman for bringing the following comments to her attention while reading the final draft. They are added at this point because of the valuable perspective and more unified organization they bring to the more detailed results which follow the treatment of the scales separately.

rating made and reflected the overall clinical impressions of the judges. It is expected that this judgment would be highly influenced by the nature of the global affective relationship shared by the mother and infant. Closely following are the positive affect scores, which were rated by different judges, and the ability and responsiveness scores which were correlated with each other but not the rigidity scale, and also reflected the general emotional feelings of the mother.

The remaining four scales, henceforth called group B, do not correlate with each other (see Table 8) but do tend to relate to the scales in group A (see Table 7). The four scales in group B appear to be more separate entities which function bimodally as will be seen in the results reported later on. The correlations suggest that they sustained their own integrity in relation to the overall or global affect variables perhaps because they are specific defenses and more unique attending experiences related to the global affect. That they emerged separately in the intercorrelations perhaps attests to the validity of considering specific defenses operating in the mother.

While the scales in group B tend to yield lower and fewer correlations than those in group A in four of the hypotheses, the pattern is reversed for the two hypotheses involving independent and direct observations of the infants (Hypotheses III and IV). In these instances, group B appears to be more powerful as indicated by the percentages of significant

correlations each group yielded.

	Group A	Group B
Hypothesis I :	38%	28%
Hypothesis II :	45%	17%
Hypothesis V :	33%	17%
Hypothesis VI :	34%	16%
Hypothesis III:	23%	33%
Hypothesis IV :	20%	25%

All of the implications of these findings are not clear. Generally, however, the implications suggest that the effects of maternal defenses can be seen to depress infant intelligence and adaptation, in which cases they are more valuable predictors of these aspects than a global assessment of affect. Moreover, the implications also indicate that it is important to look at independent aspects which may be influenced by the mother but are separate from other aspects identified within her. In this case, the patterns were reversed in the two available measures of the infants whereas all the other hypotheses related either to maternal behavior or experience. Finally, the implications suggest that the global underlying affect can be called by several names, in this case posited by the names of the various scales in group A, all of which were related and reflect the basic quality of the maternal feelings in relation to the other maternal variables assessed.

Hypotheses and Results Pertaining to Hypotheses I-IV

Hypothesis I: The following single, antecedent variables will not correlate with any of the qualities of the mothering experience.

TABLE 6

Intercorrelations of the Nine Qualities of Maternal Experience

Qualities of Maternal Experience	Qualities of Maternal Control						Positive Maternal Affect	
	Responsiveness	Rigidity	Judges' predictions of future control	Tolerance for impulse expression	Confidence	Conflict	In experience	Clinically evaluated
			(N = 44)				(N = 30)	
Maternal Control								
Ability	.40***	-.04	.65***	.37**	.29*	-.14	.45**	.49***
Responsiveness		.06	.61***	.30**	.54***	-.22	.40**	.56***
Rigidity			-.15	-.02	-.06	.26	.16	-.19
Judges' predictions for future control				.50***	.57***	-.42**	.69***	.74***
Tolerance for impulse expression					.13	-.09	.40**	.53**
Confidence						-.26*	.24	.32*
Conflict							-.40**	-.32*
Maternal Affect								
In experience								.75***

* $p < .10$; ** $p < .05$; *** $p < .01$.

TABLE 7

Intercorrelations of the Five Qualities of Maternal Experience in Group A

Qualities of Maternal Experience	Positive Affect - clinically evaluated	Positive Affect - in experience	Ability to Control	Responsiveness in control	Median Intercorrelations
Judges' predictions for future control	.74***	.69***	.65***	.61***	.67
Positive Affect - clinically evaluated		.75***	.49***	.56***	.65
Positive Affect - in experience			.45**	.40**	.57
Ability to control				.40***	.47
Responsiveness in control					.48

** $p < .05$.
*** $p < .01$.

TABLE 8

Intercorrelations of the Four Qualities of Maternal Experience in Group B

Qualities of Maternal Experience	Confidence in control	Conflict regarding control	Rigidity in control	Median Inter-correlations
Tolerance for impulse expression	.13	-.09	-.02	.09
Confidence in control		-.26*	-.06	.13
Conflict regarding control			.26*	.26
Rigidity in control				.06

* $p < .10$.

1. Mother's experience of mothering as a child:

    a. positive feelings towards mother;
    b. negative feelings towards mother;
    c. multiple mothered;

2. Childhood trauma:

    a. traumatic events such as major illness, severe deprivation;
    b. absence of family cohesion due to parental divorce, separation;

3. Previous mother responsibilities for siblings or other children;

4. Whether she planned to have her first child;

5. Sex preference for the expected child.

Results: The null hypothesis regarding antecedent variables is rejected in 24 instances out of 72 (see Table 9).

It appears that certain early experiences in the mothers' effect current maternal control and affect. These early experiences were unknown to the judges. The most responsive, confident and less conflicted mothers came from families which were undisturbed by separation and divorce. The expression of strong positive feelings towards their own mothers was negatively associated with responsiveness towards their own babies. But, those who could express negative feelings and thus show more critical attitudes were judged to be more able and responsive as well as feeling more confident. Less responsiveness and less confidence along with greater conflict were also associated with mothers who had previous responsibility caring for other children or siblings prior to their own. Poorer future predictions were made about them as well.

Good future predictions were associated with mothers who planned to have their children, wished to have boys while pregnant, and both experienced and were judged to have the most positive feelings about their sons at present. In general, all aspects of more quality control were evidenced by the mothers who planned to have their children and expressed the most positive affect.

Hypothesis II: The following single, antecedent, albeit ongoing, variables will not correlate with any of the qualities of the mothering experience.

1. Maternal age;
2. Maternal education;
3. Marital status;
4. Maternal employment;
5. Welfare status;
6. Father involvement:
    a. frequency of father's contact with baby;
    b. change in father's contacts since infancy;
    c. father's reported feelings about the baby;
7. Nature of present tie with grandmother;
    a. financial dependence;
    b. general dependence;
    c. mother-grandmother relationship.
8. Multiple mothering of baby:
    a. based on dichotomy -multiple and nonmultiple;
    b. based on frequency of women in household.

Results: The null hypothesis regarding presently ongoing antecedent variables is rejected in 41 out of 108 instances (see Table 9).

TABLE 9

Correlations Indicating the Rejection of the Null Hypothesis Relative to Nine Qualities of Maternal Experience and Five Antecedent Variables

Antecedent Variables	Qualities of Maternal Control							Positive Affect	
	Ability	Responsiveness	Rigidity	Judges' predictions of future control (N = 44)	Tolerance for impulse expression	Confidence	Conflict	In experience (N = 30)	Clinically evaluated
1a. Positive feelings towards mother		-.36**							
1b. Negative feelings towards mother	.33**	.48***		.32**		.30**			
1c. Multiple mothered									
2a. Childhood trauma			.28*						
2b. Family disunity		-.38***				-.27*	.26*		
3. Previous mothering experience		-.34**		-.26*		-.27*	-.28*		
4. Planned	.53***	.62***		.82***	.50***	.52***	-.60***	.55***	.54***
5. Sex desired				.28*				.39**	.42**

* $p < .10$; ** $p < .05$; *** $p < .01$.

In summary, it is the generally more mature woman who appears to provide the best control and have the most positive feelings about her child and herself. The older she is, the better able she is to manage her child, the more responsive she is towards him and the more confident she feels about it. Similarly, the more educated she is, the greater her competence and the more confident she feels. Older mothers also experience more positive affect; both age and education relate positively to the clinical evaluation of positive affect. Furthermore, the older, more educated and married mothers are expected to negotiate future control more successfully.

Better predictions regarding future control are also made when there is evidence that the fathers have not changed their frequency of contacts with their sons since infancy. This variable is associated with more responsive mothering and less conflict regarding control as well.

Mothers who have not returned to work since having their children tend to relate to more able and more responsive mothering. They also experience more positive feelings towards their sons.

Two powerful variables related to the mothers' present relationships with their own mothers are associated with the nature of their control. Mothers who are dependent on the grandmothers, whether emotionally or financially, appear less able, less responsive, less tolerant and more helpless in dealing with their sons. Similarly, mothers who are not the

exclusive caretakers of their children and are involved in multiple mothering situations with one or more other women are associated with less able, less responsive, less tolerant, less confident and more conflict regarding control. They also feel less positively towards their sons.

Hypothesis III: At 14, 18 and 22 months, none of the qualities of the mothering experience will show a relationship to infant intelligence as measured by the Bayley Infant Scales of Development.

Results: The null hypothesis is rejected in 16 out of 54 instances (see Table 11).

The most important aspect of these findings is that five of the maternal control ratings done at 14 months of age relate to the mental IQ scores of the children at 22 months of age. Prior to that age, the associations tend to be scattered and variable as well as of lesser magnitude. In these instances, it appears that more responsive and confident mothers have brighter babies at 14 months; rigid, less tolerant and conflicted mothers tend to have less bright babies at 18 months. It is interesting that these negative aspects appear most critical in the middle of the difficult second year of life when the IQ scores were found to be most variable.

Rigidity and conflict regarding control most consistently appear negatively correlated with infant intelligence at 18 and 22 months. Furthermore, the rigidity correlates with drops in IQ scores from 14 to 22 months ($r = -.43$). Why this scale

TABLE 10

Correlations Indicating the Rejection of the Null Hypothesis Relative to Nine Qualities of Maternal Experience and Eight Antecedent Ongoing Variables

Antecedent Ongoing Variables	Qualities of Maternal Control							Positive Affect	
	Ability	Responsiveness	Rigidity	Judges' predictions of future control (N = 44)	Tolerance for impulse expression	Confidence	Conflict	In experience (N = 30)	Clinically evaluated (N = 30)
1. Maternal age	.40**	.43**		.57***		.37**		.40**	.45**
2. Maternal ed	.25*			.36**		.40***			.38**
3. Married				.46***					
4. Not employed	.24*	.37**					-.25*	.40**	
5. On welfare									
6a. Father contact									
6b. Change in contact		-.26*		-.30**			.31**		
6c. Father's affect									
7a. Financial dependence	-.34**	-.36**		-.29**	-.27*				
7b. General dependence	-.33**	-.34**		-.40***		-.35**			
7c. Relationship with grandmother		-.24*			.36**	-.26*			
8a. Mult. Mothering	-.48**	-.54***		-.57***		-.30**	.30**	-.46***	-.34**
8b. Freq. of women	-.35**	-.34**		-.38***	-.41***				-.37**

* $p < .10$; ** $p < .05$; *** $p < .01$.

relates to infant intelligence, but few other variables, remains open to questioning.

Another aspect of these results indicates that maternal control scales relate more often to the mental development than to the motor performance at the early stages under study. Perhaps, this is just a reflection of the greater influences of physiological and genetic factors on motor development. Perhaps the distinction between mental and motor performance cannot be validly made at these stages.

Nevertheless, at 22 months, five completely independent associations significant beyond the .05 level reflect the impact of quality mothering judged seven or eight months earlier. The critical effects of maternal experience become apparent with time if not immediately. Mothers who are more responsive, given better future predictions, or less rigid and conflicted regarding control may be better able to promote the activity and exploration of their babies as well as to provide a more stimulating and responsive environment which fosters cognitive development. Perhaps their own feelings of confidence and abiltiy to respond empathically and well to their children enhances the confidence and security of their children, who reflect these benefits in the 22 month performances. The significant associations with future control both at 18 and 22 months also support clinical impressions regarding future development.

Hypothesis IV: At 14 months, the qualities of the mothering

TABLE 11

Correlations Indicating the Rejection of the Null Hypothesis Relative to Nine Qualities of Maternal Experience and Infant Cognitive Development at 14, 18, and 22 Months

Bayley Infant Scales	Qualities of Maternal Control							Positive Affect	
	Ability	Responsiveness	Rigidity	Judges' predictions of future control (N = 44)	Tolerance for impulse expression	Confidence	Conflict	In experience (N = 30)	Clinically evaluated (N = 30)
14 Months Mental IQ		.24*				.25*			
Motor IQ							-.24*		
18 Months Mental IQ			-.35**	.27**					.34*
Motor IQ					-.26*		-.34**	.32*	.35*
22 Months Mental IQ		.27**	-.41***	.31**			-.27**		
Motor IQ			-.31**						

* p .10.
** p .05.
*** p .01.

experience will show a significant relationship to the following behavior ratings made during the Bayley testing session:

1. Cooperation;
2. Personal relatedness;
3. Ego mastery.

Results: Only six of 27 possible associations were found significant (see Table 12).

Infant cooperation was the only child behavior rating consistently related to maternal qualities. Mothers who are less able to control, less tolerant of their infants' impulse expression and more conflicted regarding control are associated with less cooperative babies during infant testing. A poor future prediction is also related to poor cooperation. Considering the mothers' discomfort and poor ability to control, this finding is not unexpected and reflects how early and how directly maternal experience effects infant behavior.

With the exception of the positive correlation associating rigidity in the mothers' control and infant ego mastery, the cooperation scale was the only one to yield some results. This may have something to do with it not being an averaged rating as were the mastery and relatedness scales. While there seemed to be sufficient evidence to average the scales based on the high correlations obtained, the minimal findings call for reevaluation of this procedure.

Hypothesis V: At 14 months, the qualities of the mothering experience will show a relationship with the following maternal

behavior ratings made during the Bayley testing session:

1. Mother's intervention;
2. Mother's satisfaction;
3. Mother's upset by failure.

Results: Only seven of 27 possible associations were found significant (see Table 12).

Mothers who are high in conflict regarding control appear to intervene most often during infant testing at 14 months, but so do mothers who feel most positively about their babies. Perhaps this intervention reflects the more ego involved mother, be it positively or negatively, and results in some anxiety about the baby's performance.

Mothers who express the most satisfaction regarding their babies' performance are judged to be more able in their control and receive better future ratings. Perhaps this is indicative of their ability to encourage and reinforce positive behavior. The better future rating is also associated with maternal upset by failure and suggests that both satisfaction and upset reflect greater maternal involvement with the babies, which the judges also detected in the interviews and considered a positive sign for the future. This is understandable since the testing probably amounted to the first major evaluation of the children in a nonphysical sense. However, a second correlation between conflict and maternal upset reflects how a negative experience becomes manifest in maternal behavior and was paralleled by the lack of infant cooperation.

TABLE 12

Correlations Indicating the Acceptance of the Hypothesis of Significant Relationships Between Nine Qualities of Maternal Experience and Infant and Maternal Behavior Ratings Made During the 14 Month Bayley Session

Infant and Maternal Behavior Ratings	Qualities of Maternal Control							Positive Affect	
	Ability	Responsiveness	Rigidity	Judges' predictions of future control (N = 44)	Tolerance for impulse expression	Confidence	Conflict	In experience	Clinically evaluated (N = 30)
Infant Behavior									
Cooperation	.29*			.28*	.36**		.35**		
Relatedness									
Ego Mastery			-.28*						.33*
Maternal Behavior									
Intervened							.34**	-.45**	-.36*
Satisfied	.28*			.41***					
Upset by failure				.29**			.35**		

* $p < .10$; ** $p < .05$; *** $p < .01$.

Hypothesis V also involved transforming rating scales developed for another part of the project. This did not work very well and like the infant behavior scales needs to be reconsidered.

Results Pertaining to the Scales of Maternal Control

As a group, the mothers were seen as neither very good nor as very poor with regard to control, but the distributions indicate that they varied a great deal. Except for the conflict scale, the experiential ratings were higher than the evaluative ones, which perhaps was to be expected since the former judged the mothers' subjective feelings and the latter were clinical judgments about their behavior. More important may be the more "unitary" frame of reference in the experiential ratings, which allowed the usual frame-of-reference variations among clinicians to play less of a role.

Specifically, the ability to control and the responsiveness ratings fell into three groups. One group consisted of about one fourth of the mothers who were judged to be very able and responsive; another group consisted of about one fourth of the mothers who were jueged to be very poor in their control and responsiveness; and the remaining group fell in between. While half of the mothers gave some indications of rigidity, the mothers on the whole were not considered rigid. None received higher than a rating of four on the seven point scale.

The mothers were considered quite tolerant of impulse expression, and just as many received good ratings as poor

ratings. About half the group also conveyed relative confidence and self-assurance about the mothering they were providing. Only nine of the 44 mothers expressed serious conflict about their mothering, but the ratings were made of the subjective experience of conflict which would require a high level of awareness and the ability to express such in an interview situation. Perhaps experiencing conflict at this demanding stage is also too threatening to the mothers.

The predictions regarding future control were divided as well with a little less than half moving in a positive direction. This scale was significantly correlated with all the other qualities assessed except for rigidity. These other scales could be considered indicies of positive, mental health and, as such, perhaps the prediction regarding future control summarized the overall mental health and positive affect of the mother. It was also the most stable rating made averaging the judgments of three raters on each mother. The different variables which contribute to this judgement will be discussed below.

While many variables related to several scales, some unique associations were found for each scale as well. Thus, it would seem premature to eliminate any of the scales at this point, although some call for clearer definition. There seems to be some order around control with links to the past, which the judges were unaware of. By presenting the specific scales and associated variables, the kinds of things which

enter global, clinical judgments, the weight they seem to carry and the direction they take either positively or negatively will become more apparent.

The results will now be considered from the vantage point of each control scale.

Ability to control. Mothers judged most able were older, did not work and planned to have their children. They were also more likely to be the only caretakers of their children. These women were not only more independent of their own mothers at present, but could express critical attitudes regarding the mothering they received. Feeding the infants solids at any early period and sleeping in the same room as them were two practices exclusively related to this scale. Otherwise, its associations are very similar to those of the responsiveness scale and indicates that it is difficult to differentiate ability without considering how responsive it is.

Responsiveness. Mothers considered most responsive were also older, planned to have their first child and were not working outside the home. They did not have previous mothering responsibilities and came from families which were not disrupted by separation and divorce. This combination emphasizes the importance of a stable childhood and of a mother's need to have received mothering for a long enough period before having to assume the burden of mothering someone else. Nevertheless, the more responsive mothers expressed more negative feelings about their own mothers with regard to the past and tended

to have poorer relationships with them at present. But they were also generally and financially more independent of them.

The child rearing practices related to this scale were all negatively correlated and centered around feeding practices. The less responsive mothers were uncomfortable about breast feeding. They also sought advice from others more frequently in order to determine their child rearing practices, perhaps because they were less responsive to the needs their children conveyed.

Rigidity. This scale did not relate to any of the others, except somewhat to the conflict scale, and appears to be measuring something different. It became evident that rigidity could not be considered in the usual obsessive sense when dealing with this sample and developmental stage. The judges indicated that they were more likely to be rating such dynamics as arbitrariness or fixedness in the mother's style which resulted in constricted, limited or disorganized. The only child rearing practice it related to was late bedtime hours and the incidence of sleep disturbance. It also related to infant IQ, but why it did remains puzzling.

The experiential control scales were related to fewer variables than the evaluative scales described above. At times, they were harder to assess and often required more inferential processing than the other scales. Nor did the experiential scales relate to each other. Nevertheless, in most cases the significant associations overlapped, possibly

confirming the fact that these were measures of the attendant experiences on control.

Tolerance. The associated variables also point to the more mature and stable mothers who enjoyed good relationships with their own mothers at present, but were financially independent of them. They also planned to have their children and were the primary caretakers of their sons. The mothers who appeared more tolerant did not change their feeding practices and began toilet training at later stages. Their children napped more frequently and slept in their own rooms.

Confidence. This scale was related to several important antecedent variables which again reflect a general security and maturity that the mother was able to achieve in her own life. The more confident mother came from an intact family and was not burdened by early mothering responsibilities. She could express negative feelings about her own mothering in the past, still did not get along with her in the present, and perhaps could afford not to since she was also more independent of her. Similar to the findings of the other scales, the more confident mother was older, more educated and planned to have her child. She was also more likely to be the primary caretaker and less frequently sought the advice of others to determine how to best respond to her child.

Conflict. Mothers who experienced conflict regarding control were associated with family disruption in their own childhoods, having to assume mothering responsibilities at an

early age and later not planning to have their own children. Mothers who experienced less conflict regarding control were associated with not working outside of the home. The fathers of the children having mothers high in conflict appeared less involved with their sons in that their contacts with them diminished. The related child rearing practices were changing their infant feeding practices and failing to provide scheduled meals. Mothers who were more conflicted regarding control also tended to intervene more during infant testing and evidenced greater upset when their infants failed. Their babies were also judged least cooperative and performed more poorly at all stages assessed.

Future control. Along with several of the other scales, the results indicate that mothers who were older, more educated, married and planned to have their children received better future predictions. They also could articulate critical feelings about the mothering they had. On the other hand, mothers who were not the exclusive caretakers of their sons, were dependent on their own mothers at present and had earlier mothering experience received poorer predictions.

Most of the child rearing practices were negatively correlated with this scale including change in feeding practices, the early use of solids, physical punishment and sleeping with the baby regularly. The only positive association was with providing stable eating schedules.

It is possible that some of these associations reflect

the bias of what are considered stable, mature, middle class standards as judged by middle class raters. Or, some may be valid indices of the variables potentially needed for good future evolvement as mothers in this society. The associations with the antecedent variables tend to be variables with different scales and caution the clinician or researcher to be more critically alert to such factors as marriage, welfare and sleeping with babies all of which may mean many different things.

Results Pertaining to Maternal Affect

The two maternal affect scores, one in experience and one clinically evaluated, related to many of the same variables. For example, mothers with high affect were associated with being older, planning their first children were being tested. In infancy, they did not wake their babies for feeding and did not feed them solid foods early. At the 14 month period, these mothers provided regular eating schedules and did not resort to physical punishment for control.

The unique associations indicate that mothers who do not work experience more positive affect. High positive experience was also related to comfort regarding breast feeding and putting the children to bed at later hours. From the evaluative view, mothers who were more educated and the primary caretakers of their children were associated with more positive feelings. These mothers did not change their feeding schedules and had babies rated higher on ego mastery.

Maternal affect and the qualities of maternal control were also significantly correlated in eleven out of thirteen instances (see Table 6). The evaluative ratings consistently yielded more substantial associations with maternal control scales, except for one case, and tended to yield a series of somewhat higher and greater number of correlations with other variables. In part, this may be due to a sharing of the evaluative perspective on many more of the ratings and reflects a shared frame of reference by the judges. The substantial correlations with the prediction regarding future control support the interpretation of this prediction as being a generally positive affect variable without which a good prediction could not be made.

The possibilities and merits of trying to distinguish between affect as experienced by the mothers, on the one hand, and as clinically evaluated for research purposes, on the other, remain unclear (see Table 13 for distribution of affect scores). As overall scores, the affect ratings do not add much understanding because the nature of the affect involved is never addressed and its numerical quantity has limited real value. Neither is understanding the relationship between the two perspectives enhanced when the particular feelings are masked by the overall score. Does the substantial correlation between the two suggest that the mothers are very aware and understanding of the nature of their feelings about their sons and their mothering? Or is it that the judge's could not really distinguish

TABLE 13

Description of Positive Maternal Affect Scores Derived from the Q - Sorts

(N = 30)	Experiential Q-Sort	Evaluative Q-Sort
Mean	282.6	261.6
Standard Deviation	27.2	36.6
Range (potential range 181 - 309)	220 - 309	181 - 309
Distributions		
33%	272 or below	244 or below
67%	299 or below	286 or below
100%	309 or below	309 or below
of the mothers		

the task set before them? Or, perhaps it shows that the mothers were very successful in conveying the impressions they wanted to. These questions cannot be answered at this time and statistically would require a factor analysis to explore the nature of the feelings involved and how they varied in experience and in evaluation. It was not possible to carry this out because of the small number of mothers involved in the study.

In summary, mothers having greater positive affect appear to be women who were more ready for motherhood in that they planned to have their children, wanted to have boys and were now their primary caretakers. They also tended to be older and more educated. The associated caretaking practices suggest that they are child-oriented, receptive to breast-feeding, not waking their infants for feeding and providing regular feeding times. When their children were tested, they would intervene less and had babies associated with greater ego mastery.

Results Pertaining to the Child-Rearing Practices

Hypothesis VI: At 14 months, none of the qualities of the mothering experience will correlate with any of the following single child-rearing practices:

1. Change in feeding schedule;
2. Comfort regarding breast feeding;
3. Awakening baby for feeding;
4. Feeding early solids;

5. Age of weaning;
6. Use of pacifier;
7. Toilet training;
8. Variety of games played with baby;
9. Bedtime;
10. Napping times;
11. Where baby sleeps;
12. Whether baby sleeps regularly with mother;
13. Eating schedule;
14. Encouragement of self-feeding;
15. Use of physical punishment;
16. Extent to which child-rearing practices are advised by others.

Sixteen child-rearing practices were assessed in the coding of the interviews. They were selected on the basis of the variations in practices reported by the mothers as well as those patterns considered important in the literature. Any given practice is undoubtedly the product of many ongoing and antecedent influences. Child-rearing refers to the interactions between mothers and children in the context of relationships involving the mother, father, siblings and other family members and friends. It is also a function of the interactive effects of experience and constitution. This complexity makes it impossible to assess the contribution of any one factor. But, perhaps by knowing the specific practices, one moves in the direction of greater understanding of multiple

influence and a theory of caretaking.

It was assumed that no single child-rearing practice would be highly related to the particular maternal qualities assessed. A blanket null hypothesis was proposed and was rejected in 41 out of 144 instances. The correlations to be reported are the least independent in that the mothers' descriptions of their practices constituted the major source of data on which the ratings of maternal control were made. However, we can assume complete absence of contamination regarding the correlations between child-rearing practices and baby intelligence scores (see Table 14).

A description of each practice, the results pertaining to the qualities of mothering as well as the relationship of particular practices to other variables follow. Tables 14 and 15 summarize the results. When numbers or percentages do not total 44 or 100%, it is because mothers could not give certain information or were not asked about that particular item.

1. Feeding schedules. While feeding schedules were recommended to all mothers upon leaving the hospital, only 13 held to these schedules. They did so either because they thought it best to follow the recommendation or wanted the guidelines of a timed schedule. Seventeen of the mothers immediately adopted more flexible schedules and 13 fed their infants upon demand only. Some of these explained that they found it more convenient, but half reported wishing to respect

the baby's demand for food just as they do with adults.

More than half (58%) of the mothers reported changing their feeding practices again, usually from some form of schedule to demand and this was perceived negatively by the judges. In comparison with the others, mothers who again changed their feeding practices were associated with being less able, less responsive, less tolerant and more conflicted about control. They also expressed less positive feelings about their sons and they received poor future predictions. This implies that changing to demand feeding is not necessarily a flexible and responsive move made for the benefit of the baby, who very well thrive more with consistent and predictable, although flexible, feedings. But the change in practice may be indicative of a less stable or ambivalent orientation which is undertaken to suit the convenience or needs of the mother. A small correlation with the confidence scale suggests that mothers who change practices need to feel somewhat self-assured about it.

2. Breast or bottle feeding. This dimension did not vary very much among the mothers since only six attempted breast feeding and only three of these continued for more than three months. Half of the remaining mothers who bottlefed explained that it was easier or more convenient for them to do so, six never gave the choice any consideration and five could not explain why. Those who found it inconvenient were associated with low impulse tolerance (r= -.29) and low

responsiveness (r= -.37). The remaining mothers expressed discomfort with the idea of breast feeding in a way that was indicative of possible emotional barriers or an uneasiness with its sexual implications. They were found to be less responsive and experienced fewer positive feelings. This suggests that for some mothers a rejection of breast feeding may be related to other pervasive aspects of personality. However, since it was such an uncommon practice, followed by only 20% of the mothers, it could not be explored further.

3. Awakening baby for feeding. Negative correlations were found between this practice and several control and affect scales. Of the eleven mothers who reported awakening their babies for feeding, eight were on fairly strict schedules while several others appeared anxious about the babies being hungry even though they were on demand feeding. Mothers who disturbed their children's sleep were also associated with low responsiveness and were evaluated to have less positive feelings.

Related to the feeding practices are the complaints by 37% of the mothers about various feeding problems that their infants had. This has generally been considered a poor indicator for future development and in fact correlated negatively with all qualities of maternal control and affect, except rigidity.

4. Giving early solids. Eighteen mothers reported giving their infants solids prior to recommendation by their doctors or nurses. Some began feeding their infants cereal

immediately upon coming home from the hospital. They often explained that they felt the infants were not being satisfied by the formula feeding alone. This practice was negatively related to the mother's ability to control and positively related to poor future predictions and lesser positive feelings.

One question regarding this practice relates to the tension and anxiety the mothers may have felt rather than any physiological need of the babies. The lower positive affect ratings suggest that perhaps the mothers who were more insecure or ambivalent about their babies and perhaps, therefore, less able to nurture them emotionally, turned to supplements to quiet themselves as well as their babies.

5. Weaning. Weaning was begun anywhere between six and fifteen months of age (at two months for those breast fed), with a mean of 12.6 months and a standard deviation of three months. But, 64% of the mothers began weaning before their children reached a year. No significant associations were found with maternal qualities. Otherwise, older mothers tended to begin earlier and to promote a slow transition to the cup while mothers from multiple mothered homes tended to begin later.

At 15 months of age, all but four of the babies were still receiving bottles at night and several during the day. While the mothers were in no rush to take the bottles away, 41% expected the babies to give the bottles up by one and a half years of age; another 30% expected their boys to do so

by the time they were two years of age. One mother stopped at nine months because she was shortly expecting a second child while another stopped at a year when she sent the baby to visit relatives. None of the mothers reported particular upsets.

When they started the weaning process depended on several factors. Eleven mothers reported that the babies took the initiative in grasping the cup, while eleven others felt that they could see the babies were ready. The former group tended to begin at later ages. Seven other mothers waited until they were advised to begin and eight explained that they did so for their own convenience.

6. Use of pacifier. Mothers who did not use pacifiers or used them only briefly during infancy tended to be given better future predictions than those who continued to use them. About 41% of the mothers never used them and another 30% stopped before four months. Only nine babies continued to use pacifiers at 15 months of age.

When asked why they objected to the pacifier, eight mothers explained that they disliked the way it looked and thought it would be bad for the teeth; three thought it senseless to start on something they would shortly have to stop; five complained that their babies would not use the pacifiers; and two were advised against it. Nine others stopped because the baby would constantly lose them or had given it up voluntarily. An association was also found between

educational level and the use of pacifiers; the more educated mothers were less likely to use pacifiers or used them for shorter periods of time.

7. Toilet training. Toilet training is a highly conflicted area and the most frequently complained about issue by the mothers during the interviews. Only 18 of the mothers had begun regular training procedures by 15 months. while eight would do so only occasionally. Sixteen of the mothers had not begun at all and twelve of these specified that they would not begin until the baby was older and could understand better. Nevertheless, most of the mothers expected the children to be trained at early ages, 19 before the age of two and all but five expected their children to be trained by two. The group of mothers who had already begun toilet training were considered less tolerant of impulse expression.

8. Variety of games played with baby. Most mothers (43%) engaged in a variety of games, particularly motor activities involving running, dancing and marching. More than half (25) also played with toys or read books and rhymes to their children. The game most favorably reported by 63% of the mothers was hide-and-seek. However, the variety of games was not related to any of the principal scales.

9. Bedtime. Getting the children to sleep was a big problem for most mothers in that they complained about most often. Bedtime varied widely, anywhere from 8 o'clock in the evening to 3 o'clock in the morning. Half of the children

went to sleep between eight and nine while another 42% went to sleep by midnight. Later bedtimes were associated with rigid control, but also the experience of more positive feelings. This puzzling finding suggests that mothers who express more positive feelings, but also allow their children to stay up very late and show rigid control, are doing so defensively. Specifically, the behavior of these mothers may be indicative of a reaction formation to wishing that they were already free of their children. One way of avoiding the conflicting feelings is to let the baby go to sleep whenever he wants to and in response to these feelings, the infant stays up with the mother as long as he can.

Sleep disturbances in the babies were associated with rigidity (r= .33) and conflict regarding control (r= .56). Thirty percent of the children evidenced sleeping problems at some time during their brief lives.

10. Napping. Napping habits varied somewhat; 70% of the children napped once a day and only three babies napped more than twice a day. Most rested during the afternoons, but morning and evening naps were also reported. Napping more than once a day was correlated with maternal tolerance for impulse expression.

11 and 12. Where baby sleeps and sleeping with mother. Sixty-seven percent of the children were sleeping in the same room as their mothers'. This was negatively correlated with ability to control, the future prediction rating and impulse

expression. Twenty-six (59%) of these babies were sleeping with their mothers regularly at 15 months of age. This also tended to be associated with poor future predictions. Both of these results indicate that the judges did not consider this practice beneficial for future development. Yet, one may still wonder whether clinicians have a strong, negative bias against these sleeping arrangements.

It is difficult to assess just what the high incidence of sleeping with the mother means. In many families, there was no choice regarding the sleeping arrangements. For some mothers, other rooms or even additional cribs were either not available at all or needed for new siblings. Whether reality circumstances were involved or not, most of these mothers appeared comfortable about letting their children sleep with them. Of the 15 babies who gave evidence of some sleep disturbance, eight were sleeping with their mothers.

13. Eating schedules. At 15 months of age, 44% of the mothers fed their children at regularly scheduled times, while the others preferred demand feeding or alternated beteen the two. Scheduled eating was positively associated with confidence in caretaking, good future predictions, low conflict and positive affect. This implies that the predictability and order of scheduled meals were considered beneficial aspects of quality management. The high correlations with the affect ratings suggest that mothers who feel positively about their babies see to it that they are nourished regularly.

Forty-one percent of the mothers reported eating disturbances. This correlated negatively with tolerance for the baby's impulse expression (r= -.49) and future predictions (r= -.34).

14. Encouragement of self-feeding. Seventeen mothers encouraged their children to feed themselves on a regular basis. Most others complained that it was too messy or inconvenient. Some did not feel confident about how much the children would actually eat when left to themselves. This variable did not relate significantly to any of the maternal qualities. A third of the mothers complained about their children's poor eating habits, but only four of the mothers who encouraged self-feeding were dissatisfied.

15. Use of physical punishment. When asked about the rules for the baby, just about all the mothers limited themselves to things related to their children's safety. However, when the children did not do as they were told, 82% of the mothers reported slapping or hitting them in order to get them to obey. Getting the children to listen was the third most complained about problem as well as the area of greatest conflict in child-rearing for the mothers. Mothers who did not believe in physical punishment and said that they usually just removed the child from the problem situation were associated with being more able to control, more responsive and more positive in affect. They also received better future predictions.

16. Frequency of advice sought regarding child-rearing

practices. The ratings of the inner experience regarding control and affect were correlated with child-rearing practices. An attempt was also made to correlate the maternal qualities to the extent that the mothers seek outside advice and are influenced by other people. The mothers who most frequently depended on others' advice were associated with less responsive control and less confidence. In general, grandmothers and other relatives had the most pervasive influence on the mothers according to the reports of 70% of the mothers. Between 30 and 40% also reported that they were being affected by medical advice, television or books, and friends.

Results Pertaining to Child-Rearing Practices and Cognitive Development

Before concluding this section, the child-rearing practices found related to the cognitive performance of the children will be reported (see Table 15). Several practices which might be characterized by the encouragement of autonomous behavior and self-regulation are associated with superior cognitive development during the second year of life. But, it may by that the brighter baby allows the mother to implement such practices, that is, the baby also affects the mother and how she cares for him.

More specifically, mothers who start their children on solids prior to recommendation and encourage their children to feed themselves tend to have brighter babies at all stages tested. These mothers were also less likely to have feeding

TABLE 14

Correlations Indicating the Rejection of the Null Hypothesis Relative to Nine Qualities of Maternal Experience and Sixteen Child Rearing Practices

Child Rearing Practices	Qualities of Maternal Control						Positive Affect	
	Ability	Responsiveness	Rigidity	Judges' predictions of future control (N = 44)	Tolerance for impulse expression	Confidence	Conflict	In experience (N = 30)	Clinically evaluated (N = 30)
1. Change in feeding schedule	-.36**	-.35**		-.31**	-.40***	.24*	.27*		-.46**
2. Comfort re breast feeding		-.55***						-.45**	
3. Waking for feeding		-.30**						-.33*	-.37**
4. Early solids	-.54***			-.66***				-.53**	-.51**
5. Weaning age									
6. Use of pacifier				-.24*					
7. Toilet training					-.27*				
8. Variety of games									

* p∠.10; ** p∠.05; *** p∠.01.

(continued)

TABLE 14

Correlations Indicating the Rejection of the Null Hypothesis Relative to Nine Qualities of Maternal Experience and Sixteen Child Rearing Practices

Child Rearing Practices (continued)	Qualities of Maternal Control							Positive Affect	
	Ability	Responsiveness	Rigidity	Judges' predictions of future control (N = 44)	Tolerance for impulse expression	Confidence	Conflict	In experience	Clinically evaluated (N = 30)
9. Bedtime			.37**					.44**	
10. Napping freq.					.31**				
11. Where baby sleeps	-.53***			-.40***	-.28*				
12. Sleeping with mother				-.24*					
13. Eating scheduled				.28**		.24*	-.35**	.66***	.59***
14. Self-feeding									
15. Physical punishment	-.32**	-.45***		-.63***				-.50***	-.64***
16. Freq. of child rearing advice		-.44***							

* $p < .10$; ** $p < .05$; *** $p < .01$.

problems and did not disturb the sleep of their infants to feed them. At 15 months of age, their children were not napping more than once a day and toilet training was in progress. The effects of the latter only became manifest at 18 and 22 months of age. One practice which was consistently related to higher IQ at all three stages of development was the absence of physical punishment, which also correlated highly with the various qualities of experience, but was practiced by only 18% of the sample.

Any attempt to understand maternal experience necessitates some awareness of the daily caretaking practices which are central to the context of this experience. While the former attempts to focus on the mother's feelings, the latter sheds light on what she does and her concepts of caretaking, or what might be called maternal intelligence. Both constantly interact and affect the growth of mother and child. Thus, while the study of child-rearing practices can be justified, few of the associations found were very substantial when explored singly. There is also a great deal of variability; sometimes certain practices relate to the same scales but not to each other, and sometimes to each other but not to the scales. This is also true of the interpretation of different practices which related to infant IQ but not to the scales. For example, it is interesting to note that early toilet training was negatively correlated with maternal control and good future predictions by clinicians concerned with the

general mental health development of the children. However, it did correlate positively with cognitive development, perhaps reflecting the obsessional aspects of intelligence tests. In correlation studies, there are no distinctions between independent and predictor variables, nor is it known whether a third variable is perhaps the basis of the relationship between the two correlated. Whereas the scales applied to the information about various practices served to integrate their effects, the practices served to highlight those maternal implementations which possibly effect clinical judgments.

The assessment of child-rearing practices in specific ways seems to have more descriptive utility than predictive purpose. While certain practices are considered more beneficial or healthy, no one practice can be given critical or discriminating power. Furthermore, often it is not what the mother does, but how she does it and how she feels about it that counts. In this sense, it is useful to know what the mother does with her child during the first year of life. However, such information must somehow be combined with an assessment of her attitudes or feelings or experiences.

Another question raised earlier is connected with the extent to which maternal practices relate to the way the mothers were raised. When questioned about this issue, 19 of the mothers felt they were quite like their mothers and, moreover, were in effect raising their children as they themselves had been raised. Nine others felt that they were,

at the same time, both similar to and different from their mothers while the remaining eleven considered their ways to be very different. The third group of mothers differed from the others in their feelings about discipline; many expressed the feeling that their own mothers had been too strict or too harsh and did not understand the feelings of a young girl.

In conclusion, it might be added that the mothers studied had both good and bad feelings about their caretaking responsibilities. Twenty-seven expressed gratification and pleasure while the remaining mothers saw taking care of their babies as something to be dutifully done and obviously necessary. Nevertheless, forty of the mothers also expressed some difficulties or, at least, a sense of being burdened. It is interesting that the monomatric mothers expressed more positive feelings than those who shared caretaking responsibilities with others.

TABLE 15

Correlations Indicating the Relationships Between Child Rearing Practices and the Cognitive Development of Infants at 14, 18, and 22 Months

Child Rearing Practices (N indicated in parentheses)	Bayley Infant Scales of Development					
	14 Months		18 Months		22 Months	
	Mental (N = 44)	Motor	Mental (N = 31)	Motor	Mental (N = 29)	Motor
Early Solids (22)	.48**		.51***		.71***	.61***
Self-feeding (35)			.25*	.38**	.64***	
Woke for feeding (43)	-.30**		-.57***	-.26*	-.69***	
Napping freq. (40)	-.37**					
Toilet training in process (44)			.28**	.46***	.32**	
Variety of games played (44)					.35*	
Use of physical punishment (39)	-.33*		-.61***		-.54***	

* $p < .10$.
** $p < .05$.
*** $p < .01$.

Chapter Six

Discussion: The Mothers Speak for Themselves

The purpose of this study was to explore the texture of the early mothering experience and, until now, has focused on the aspects studied systematically. It is now time to return to the overall context within which this experience occurs in a less formal way in order to better understand the dynamics and complexities involved for the young woman facing the difficult demands and expectations of motherhood. It is no wonder Erikson (1953) called this stage one of the most critical developmental crises in life. The mother is called upon to provide a healthy emotional and physical climate, understanding and empathy, as well as a sensitive and quick responsiveness to her child's needs and development. Moreover, she is expected to derive great satisfaction from serving her baby while growing more and more confident and independent, yet always ready to meet the needs and demands of her child.

There could be no more difficult task in life, and needless to say, mothers vary considerably with respect to how well they can respond to this task. Their readiness and concepts of mothering vary, as do their levels of maturity and dependency. They also live under a variety of conditions with more or less support from others around them. These various aspects effect the evolvement of the new mother, that is, the intensity and quality of her new identification, her consciousness of being a mother, her security in her ability and capacity for

self-approval and growth, her conflicts regarding this role, and her capacity to individuate, respond empathically and appreciate her son as a growing individual.

The great importance of the above aspects emerged in the exchange with the mothers during the interviews. For each mother, the various aspects formed a unique constellation. It is the purpose of the following discussion to convey the qualities of their experiences through the feelings and anecdotes that they expressed.

The Experience of Control Issues

Within the first few minutes of the interview, more than half the mothers reflected the importance of control issues during the second year of life. Quite typically, a mother would describe her son as follows:

> He's a little monster. That's what I say. He's a little monster. I guess he's like any other little normal boy or girl his age. He climbs all over the chairs. He climbs on the table. He gets into everything. He throws things. He eats everything, cigaret ashes, you know, anything .... He knows he's wrong because he'll look at me and he'll smile and see if I'll say anything ...I guess he's like, in general, like all bad babies, he's so bad!!

The activity and energy of the 15 month old was further conveyed by another mother:

> He likes to climb on the sofa, on my bed, on the end tables, and in the refrigerator when I have it open sometimes ... I holler at him all day to go lay down, so now, see, he go lay down when he gets ready ... he will crawl up on the bed and sleep.

When asked what they found most difficult with their babies, the majority of the mothers referred to the willfulness and

obstinance of their little boys. For example:

> Getting him to behave. Cause he has, he has a very stubborn streak. My mother says he's like me. And he has a mind of his own, you know ... he doesn't care what's gonna happen to him. If it's something he wants to do, he's gonna take his chances and do it ... And he's not scared for beans, he takes his chances with you.

Similiarly, another mother reluctantly complained:

> He's a sweet kid, but he just doesn't want to listen to me. He listens to his father. I let him go too much really ... you know, but he's a sweet little kid. He's smart and he knows he's not suppossed to do it, and he does it anyway. I think he like gettin' smacked. But on the whole, he's all right, he's okay.

Tantrum behavior is probably the most difficult problem for mothers to handle. It was, therefore, not at all surprising to hear the mothers interviewed complain about this difficulty. One mother described her "bad" son in these words: "When I tell him stop doing things he keeps on doing it. Hard Headed. He falls out and like I tell him stop hitting somebody, he falls out and starts crying." Another "mad" little boy's mother said:

> If I don't do what he want right then, like if I don't give him what I have ... trying to fight back, like he hits you back and stomps back. I know one night he gets mad, y' know, he start stomping, crying, or fall out and lay down on the floor. Anyway I have to hit him.

At the start of the interviews, many mothers also complained about how difficult it was to manage eating, sleeping and toilet training. As one mother put it:

> A thing that worries me a lot, more than anything, his eating habits. Well for me he won't, well he'll eat, but not as much as I would want him to eat. Now if I take him to a friend's house and she feeds him, he eats for her you know.

In light of these comments, it is apparent that the second year of life could not be adequately assessed without considering aspects of maternal control and the attendant experiences. It also became very apparent that mothers vary greatly with respect to how well they manage and how they feel about it. The results of the study repeatedly point to the more mature, stable, independent and older women as the provider of more quality caretaking and as the experiencer of the most positive affect. Furthermore, it also appears to be the wanted and planned child who benefits. For the mother, being married and having a consistently availalbe father for her child seem helpful. Perhaps, these factors should have been self-evident or predictable, but how they enter the mother's early experience needs to be better understood and will be explored with the reader by surveying what the mothers had to say for themselves. The discussion will be organized around several major antecedent variables and the subjective reports of the mothers regarding their experiences.

To Begin With: Reactions to Pregnancy

To begin with, albeit not at the beginning, is the woman's reaction to news of her pregnancy, whether planned or not. The correlations indicate that when a mother recalls a welcome and happy reaction to the news of her pregnancy, she also experiences herself and her baby more positively at 14 months of age. Furthermore, she will provide better control. The results are similar for mothers who planned to have their first

children. Only eleven of the mothers planned to have their children and expressed unambivalent delight upon finding out that they were expecting. Nine of these women were married, and several of this group had thought that they would not be able to have babies for physical reasons.

For one mother, planning a child occured in the context of her relationship with her husband. She said, "We have a good marriage and a consistent, and, for the most part, happy environment, and we both love him very much." She and her husband had waited for two years before planning to have a baby, at which point, she felt ready for motherhood. Her feelings of readiness were alluded to in the interview: "I thought I was ready to become a mother ...I think that was the most important thing, you know, for me to feel I was capable of being a mother, a good mother." Although she experienced some ambivalence about interrupting her private relationship with her husband, becoming a mother was more gratifying than she had ever anticipated.

Another young woman, also married but living with her parents, could hardly wait to conceive. But she was concerned in a different way, explaining, "(I was) Happy (to find out she was pregnant), Yeah, wellI was married six months and I wasn't using any birth control, and I hadn't gotten pregnant. I thought something was wrong with me." For her, having a baby was giving evidence of her fertility, which allowed her to be a woman. But she did not feel quite ready to care for

him and relinquished much of his early caretaking to her mother and aunt.

Although unplanned in the usual sense, and unwed, another young mother had been preparing for motherhood since her childhood. When asked how she felt when she found out that she was expecting, she said:

> Oh, I was crazy happy, I was happy. I shouldn't have been, but I was happy. It's something I always wanted. You know, I always told my mother, 'Oh, mama, when I get 18, I gonna have my first baby. No kidding, I did. (Interviewer: You said, you shouldn't have been happy. What do you mean?)
> Most people, you know, say I'm not married, and most people say, you know, young, young, this young generation these days, aren't on their feet and everything. But I wanted him .... I wanted him .... I looked forward to it ... but I wanted a kid so bad ... I'm a fanatic with pets and things. I had so many chickens for pets, white rabbits, and guinea pigs, and dogs, everything I can think of, pets.

She went on to explain what having a baby meant to her:

> I just wanted something of my own. I was too big to play with dolls, I guess. So everybody else with babies around us, I'd keep them for the weekend and stuff like that. My brothers done growed up and they don't want you botherin with them, that's something of my own.

But what of the young women who did not consciously plan their children? When asked, one fifth of these welcomed the news and expressed being very happy. One mother, older than most at the age of 25, spoke of how she surprised everyone, including herself, having always been regarded as quite shy and withdrawn. She said:

> Oh, I was so happy, I was so happy, extra happy. (Interviewer: What were you thinking about when you were expecting him?)
> Huh, I was really expecting no baby. But you know, I was working on my job, and I just got real nauseous

> and real dizzy. One day at work, we was having a meeting, I was a nurse's aid, and all of a sudden, I got so dizzy, I toppled over like that. (Her supervisor said) 'Good grace, have mercy,' she said, 'you go home till you baby's born, you is pregnant.' I didn't even realize it. I know my period had been up for a while, but I don't know, being, you know, you don't think, your first time , you don't think of nothing like that, so I didn't have no idea I was pregnant.

At the time of the interview, she had borne a second child and was living with an aunt or friends. Her relationship with the father was very tenuous.

For other women, news of their pregnancies was far less welcome, but they adapted in some ways and said that they felt happy once the babies were born. One unmarried young woman explained:

> I didn't want one, I didn't want it, but then there was nothing I could do. But he's here now and that sort of thing don't come into my mind no more.

This mother's adaptation was part of a very complex situation. During her pregnancy, she was thinking about dating and being free. While she did not consciously plan the child, evidence in the interview indicates that it was very important for her to have a baby just then. Her mother had died when she was 16, and she now lived with her father, younger brother and son thus assuming the roles of wife and mother. She threatened her father when he expressed wanting to remarry and had almost no contact with the father of her child, whom she did not need. She was fiercely independent and worked full time without any difficulty. She was also a twin, and her sister was attending college while living with some aunts. Even

without elaboration, it is obvious that her motivation to have a baby was multidetermined although not in complete awareness.

In other instances, young mothers continued to be plagued by conflict, anxiety and depression, which became clearly evident during the course of their interviews. One young mother who could not put her conflict out of her mind and suffered a short post-partum depressiom, explained, "I was just upset; I didn't want to see too much of him . . . about the second day, I started to relax. (Interviewer: How come, do you think, you felt this way?) I don't know, the doctor says it happens sometimes, that you just don't be ready for something after it's here and in a way you regret it." Fifteen months later she was expressing a wish to work with teenagers who might become pregnant. "I would advise them not to get pregnant because it's no better than what it is, it really isn't. It's so many difficulties tied up into, and a lot of people can take it in stride and go on along about their business, but I can't take it as stride." Although depressed and aware that her wishes for something more were not fulfilled by having a baby, she was working very hard to complete school and possibly continue in college. As she said, "I always have to do something to prove myself even more."

The few mothers cited above exemplify the different meanings that bearing a child can have. Each mother came to the experience in a unique way depending on her maturity,

readiness and past experiences. They all shared the experience of having first sons, which Joyce Ladner (1971) considers the one common standard for becoming a woman in the Black community. According to Ladner, it represents a value and fulfillment of the womanly tradition, which makes it legitimate whether or not the child is born in wedlock. Consequently, families not only accept and support their pregnant daughters. but begin to treat them differently once they have become women, that is , mothers. In this study, less of the conflict and ambivalence expressed appeared related to the issue of legitimacy or fear of rejection by the family and community. Instead, it had more to do with the sense of interruption and intrusion the younger women who did not plan to have their children experienced.

For example, one young women, who was also concerned about not being married, seemed to express more disappointment about not being able to travel.

> Well, I did want to get married and, you know, children and everything, but I was hoping that I'd do that later on, in the future, when I'd get about 25 or something like that. I didn't want it this early because, well like I wanted to see the world and like, you know, all the schooling I had, and I was living at home with my mother and I didn't get to go anywhere, and you know, I wanted to get a job on my own and see the world a bit, and one thing led to another and that was that.

This mother was a practical nurse and explained that the child's birth was an accident despite the fact that she had been using contraceptives. At first, she was one of the only mothers to consider not having the baby. Later, however, she decided

that she had to assume responsibility for him no matter what and married the father a month prior to the baby's birth.

Other mothers were sorry about having to stop school and the loss of freedom brought on by the responsibilities of motherhood. When asked how she felt about becoming a mother, one "scared" young girl said, "I didn't feel right. I thought I was too young. I still think I'm too young. (Why?) 'Cause I wanted to finish school and I can't. (Is it the way you expected it to be?) Yeah, having worries on yourself, having problems with little kids." She, indeed was having great difficulties coping with her son.

Similarly, a third mother explained: "I figured I was going to have my baby after I finished school. You can always think that way, but it don't never come out that way, you know." She claimed that she did not know about birth control and after two years was still puzzled about having gotten pregnant. One last mother, who felt quite imprisoned, said, "I don't know, I guess, I didn't feel like a baby was born to me. (Is it the way you expected it to be?) Yes, you know, I wasn't free, like before I could do whatever I wanted to do, and once you're a mother you just have to stay home." She went on to describe how her son hits her every morning to wake her.

We will now return to the results indicating a positive relationship between initial positive affect and planning of the pregnancy , and better control at 14 months of age. It is obvious that the mothering experience is complex from the

start and determined on many different levels. The mothers who planned their children were usually several years above the average age. They were often more educated and all had work experience. In sum, they had lived longer and perhaps grown more mature, or more prepared to cope with the adult task of motherhood, at least on the level of making a deliberate choice to have a child. Most of these mothers were also married, and while legitimacy was not necessarily a major issue, those who shared a relationship with the father were also more easily able to share the responsibility of motherhood. More often than not, they also received support and were more stable economically. This context would allow the mother the security and accessibility to her child which would result in more able and responsive control. She would also be in a better position to tolerate the demands, willfulness and impulse expression of a child in the second year of life.

The negative association with conflict regarding control for mothers who planned their children may also be related not only to the lack of conflict regarding control, but to her child's presence altogether. The ambivalence and conflict expressed by the mothers above at the time they found that they were expecting may very well be continuing factors affecting the relationships with their sons. If so, the resulting control difficulties can be understood. By the time the mothers were interviewed at 14 or 15 months, less direct ambivalence was expressed. Instead, the conflict was apparent in their

comments about the future. Few wanted more children, but several felt unconvinced that they had more control over the situation than they had the first time.

The interviews did not pursue attitudes towards premarital sex and just why so many mothers were surprised by or denying of their pregnancies. Ladner (1971) explains that premarital sex is viewed as a human, natural function and thus acceptable in the Black community she studied. It occurs in the context of more involved relationships and indicates a desired maturity for young adolescents. However, she also reports that girls who engaged in premarital sex were more inclined to be critical of parental controls and felt that adults did not understand them. Thus, it was a strong indication of defiance and rebellion. The young girls she interviewed also indicated that it served as a substitute for other areas of gratification and provided a sense of belonging and feeling needed, no matter how brief.

Perhaps most important is the adolescent's declaration that she is no longer a child. In this sense, engaging in sex and becoming a mother takes the adolescent into womanhood (Rainwater, 1965). Daughters thus become like their mothers; both have engaged in sexual relations and both have had children. More often than not, the leap into maturity defined in this way does not occur. Consequently, many mothers, like those quoted above, continue to express the wish to have remained carefree adolescents.

Others, however, were aware of the wish to be like their

mothers, who seemed happy, or to be closer with their mothers. One young woman candidly said, "Oh, I envied my mother so much and I couldn't wait till I could be a mother myself. And I hear people complaining it's so hard. It's not that hard, you know, if you have patience, and I have. (In what way did you envy your mother?) Oh, she always seems so jolly all the time. She didn't get, you know, like some mothers don't have time for their children, you know, and my mother always took time out." This young married woman was living with her parents and at the time of the interview was working full time while her mother "took time out" to care for her child. Another young mother expressed, "I'm so much like her; (own mother), I even see myself (looks like her); I say things like her; I carry on just like my mother when I'm talking to Carl and say things my mother would say to all my brothers. I find myself being just that way." This was the young woman who just knew she would be a mother by 18. In a somewhat different sense, one young mother felt "great" being on her own, "how my mother had to do when she had me . . . ." For another young woman, having a baby just as her mother did before her resulted in a new kind of relationship with her mother. When asked how come this shift occured, she said, "I don't know. Seems like if I was going to talk to her before I had Kelly, like she wouldn't understand, you know. Now like, I don't know, ever since I had Kelly, I just went on and took that chance and sat down and like we talked about things and

she seemed very understanding."

While Rainwater and Ladner refer to motherhood as a step into maturity for the young Black adolescent, in this study, it is evidenced in a very iimited way, perhaps more physically than otherwise. Quite to the contrary, it seemed that for some young mothers having a child disrupted the process of developing maturity in that they were thrown back into a greater dependency on their own mothers than they had need to be as adolescents, not only in the psychological sense of renewed dependency needs, but for actual survival. Several dynamics may underly this phenomenon. For one, by becoming more dependent on their mothers again, they ward off the separation anxiety that they may have been feeling as they moved toward adulthood and its attendant demands. Similarly, having a child early enough is perhaps a way of avoiding an identity crisis and demands for self-definition. This is done by assuming the role of motherhood, which is quite familiar to them and can now be shared with their mothers.

It might be inferred that the wish to resume greater dependency may also be a wish to compensate for the inadequate nurturance they experienced as children themselves. Somehow, by forcing the grandmothers to help nurture their own sons, they too hope to benefit and can now accept the grandmothers to help for the sake of their sons and, indirectly, themselves. If more an act of rebellion, the mothers then transfer the unresolved conflict and ambivalent feelings that they have towards their sons to their parents upon whom the children

are forced. Or, perhaps it is a reenactment of an earlier rejection they experienced. Some mothers were never the primary caretakers of their children, and others assumed the task only when their own mothers were unable to care for the children.

The Grandmother and Multiple Mothering

Regardless of the underlying dynamics, some of which can only be inferred at this point, it became clear that the nature of the relationship between mother and son varied greatly as a function of the other caretakers around. These were primarily the grandmothers or great-grandmothers, 13 of whom were involved in mothering their grandchildren. Some efforts were made to relate this high incidence to maternal control and affect, and the following simple measures of dependency were selected: a) the number of times the mother indicated that she would turn to the grandmother for help in a series of hypothetical situation; and b) the number of times that the grandmother's advice determined the child-rearing practice followed. In addition, the control and affect scales were related to the number of adult women in the home participating in the caretaking of the child on a regular basis. Regardless of the measure used, the results indicate that mothers who are the exclusive caretakers of their children and less dependent on their own mothers were judged to have the best control and the most positive affect. These results point to three interrelated issues to be discussed, namely,

the role of the grandmother in maternal evolvement, multiple mothering and the mothers' feelings about their own mothering as children.

Assessing the role of the grandmother who serves as a primary caretaker during the first few years of life is very difficult. Whether by choice or necessity, the new young mother remains dependent on the grandmother for providing a home for herself and her child. If she is working, she needs the grandmother to care for him during the day, and if she is underage and on welfare, she needs her mother to qualify for assistance. Others reside with their families because of any combination of reasons related to youth, unemployment, being in school and estrangement from the fathers of their children.

Once their daughters have children, the grandmothers must relate to them differently. In some cases, especially when they are the major providers, they disregard the fact that their daughters are mothers and continue to treat them as children, annexing the grandchildren in the way described by Riese (1962) and illustrated below. Others are able to initiate or respond to a more mature kind of relationship and help their daughters understand and carry out their new roles. Bother way, and no matter how difficult, all the grandmothers assumed responsibility for supporting and rearing their grandchildren when their daughters were unable to do so. Their reactions to the pregnancies are often more realistic than

their daughters who sometimes deny this reality for many months. More than one mother reported that the grandmothers detected they were expecting before being told. On 16 year old said:

> I was frightened of my mother, what she would think. But it wasn't as bad as I thought it was going to be ... I told her and she told me she knew. She was just waiting on me, you know, to tell her ... she didn't say no more about it. I thought she was gonna start screamin' and yellin', she used to say she was gonna put us away or something like that.

Just as grandmothers may or may not encourage the development of maternal feelings and functioning in their daughters, the mothers may vacillate between relief and conflict regarding their grandmothers taking over. The two women's attitudes and feelings interact to effect the experience and evolvement of motherhood and to effect the child.

One young mother who was attending school and working part-time relinquished primary responsibility to the grandmother, who, she felt, was doing a very good job. She said:

> I think she takes care of him very well.
> (Interviewer: Do you ever have different ideas about how to handle him?)
> No, not me, cause most likely I'll still ask her can he go this place, can he go that place, like that .... And like if someone says, 'Can I take care of your son?', I'll say you have to ask my mother. I usually leave him mostly to her.

Another young mother acknowledged that her mother knows more about babies than she does, but, nevertheless, reserved the right to modify her mother's behavior. When asked if she ever has different ideas about his caretaking, she responded, "Well, not too much . . . . I could take care of him I guess,

but I figure she has more experience than me . . . unless it sounds way out, then I'll come and modify it."

It was not uncommon to hear a mother say, "She's (the grandmother) real happy, she's so proud of him, you know, she thinks that's her son more than it's mine." This young woman resumed working when her baby was three months old and explained that she enjoyed being a mother because she had the funds to shop and buy things for the baby on Saturdays. Needless to say, she was also pleased with the way the grandmother cared for the baby. "He was home with my mother, she takes him out to play and things." Her concepts of mothering were very limited and at the end of the first year, when her mother became ill and she had to assume the mothering responsibilities, it was difficult to adapt to her new functions.

More than one mother was extremely relieved to find being a mother much easier than she expected. For example, when asked how she felt about becoming a mother, one young woman responded:

> They used to tell me it was going to be hard on me. I couldn't do everything I wanted to do no more. And after I had him, and still noe, it doesn't seem as hard as I thought it was gonna be. I can go places. They said I couldn't go anywhere. It's not as hard as they, as I thought it was going to be.

This mother was apparently quite intimidated by her family about the prospects of being a mother and could hardly anticipate it with joy. Another mother who found it easy only cared for her child on weekends.

Some mothers realized that the grandmothers made their

tasks much easier and were generally appreciative whether or not they were aware of their own preparedness for the role of mother. Among these mothers, some also began to feel that they were being deprived of contact with their children and didn't know them well enough. One mother stopped working for the telephone company, explaining:

> I wouldn't say it's really hard (to work and be a mother) because I always had my mother to take care of Carl. But you don't get to see him, you know, like the things he do now that she tell me about and I didn't get a chance to see it for myself, like when he first started grinning or laughing or something like that. I just never got a chance to see that cause in the morning he was asleep and at night he was asleep.

She seemed to become aware of these feelings when someone else asked about the baby in a setting with other mothers and children.

> Like if I got ready to take him to the clinic, the doctor asked me when did he start eating this or when did he start doing that. I didn't know. I had to take my mother there, and I knew nothing except that he was mine and I saw him when I went to work and when I came back. I didn't like that. I wanted to be around him. My mother told me not to get too close to him, but I don't know ....

Other mothers were happier to have the grandmothers take over and the grandmothers were happy to do so, for their own needs and motives as well as to help their daughters. In one case, the grandmother annexed the child for the first ten months, a period of infancy which was evidently gratifying to her. Having been freed to resume her friendships and go about her adolescent fun, the young, 16 year old daughter welcomed the annexation. The latter was accomplished as soon as she came home from the hospital when, she said:

> Everybody was at the house when I came, all my friends ... I hardly even had to take care of him. Everybody wanted to feed him, to hold him, especially my mother. During that time, I went out. She told me I could go out. She'ld watch the baby until he got older and start getting into things and I had to stay home. (Interviewer: How old was he?) When he was walking, about ten months old.

Although the grandmother "returned" her grandson when he reached the stage of mobility and the demanding second year of life, she continued to oversee his care in some ways. "She sees that I take him to the doctor, and If I don't take him, she makes sure she takes him; she just looks upon him as if he were her own." This mother reported that the grandmother refused to give her consent to the getting of contraceptives after she had given birth to the first baby. She now had a second little girl whom the grandmother was far less interested in and even refused to babysit for when the mother had to come for the interview. The mother was puzzled as to why. There is too little information available to understand this complex situation, but one result was that this young woman had to become a mother to two children almost simultaneously.

While many of the young dependent mothers accepted the grandmothers' caretaking practices and saw them as models to be emulated, some also began to experience conflict and resentment towards the grandmothers for taking over. In a very explicit manner, one mother said:

> I say, 'This is my child,' and she'll say, 'And you're my child,' and that's my mother. You know, either way, she doesn't want to let my strings loose and cut his. You know, it seems she's putting Noel in my brothers' place, you know, another child, and you can't do that.

> I told her she had to treat him like a grandchild. He's my child, and I have to live a life of my own.

While she acknowledged that her parents provide the family life for her child and have become very attached to him, she now finds herself in a kind of battle for her son and is trying to assert her position. "That's why I fight . . . 'cause she'll say, 'Come to Mommy,' and I say, 'That's not Mommy, that's grandma, and I'm Mommy!"

Similarly, another young mother who was told not to get too close to her son became extremely threatened. Instead of trying to individuate and separate from him, at 15 months, she is becoming more attached and will not part from him. She explained, "I guess my mother thinks I'm crazy. She asks me, 'You think I don't know how to take care of him?' It's not that, but I just, I miss him so; I take him everywhere I go." Perhaps, if she were away from her own mother, she would feel more like a mother herself.

Other mothers were also troubled by the lack of attachment demonstrated by their children, albeit not more prepared to assume their own responsibilities. One young mother who returned to school shortly after having her baby expressed feelings of jealousy and neglect towards her child:

> She (in this case, the great-grandmother) takes care of Tyrone. She has him the majority of the day and sometime, I think he likes her better than he likes me, 'cause he be with her all day, and when I come in the house, sometime he pays me no mind, and then sometimes, he'll run to me and give me a hug. Sometime he act like I never walk in the door. And he cries for her. He won't cry for me. You know, like she goes out, he'll cry for her. He won't cry for me

'cause he be with her all day; he's attached to her.

The results related to control correlate negatively with multiple mothering. Perhaps this is simply because the natural mothers in these situations have less experience with their own children and are less able by virtue of spending less time with them. Perhaps they are less responsive to their children's needs because they know them less well and are less likely to feel confident and secure. But this is not an adequate explanation in light of the complex interactions evidenced between the mothers and grandmothers, as well as the fact that some of these mothers appear more effective than the grandmothers. Thus, many mothers complained about the grandmothers spoiling the children and not thinking of the long term consequences. Others demonstrated their effectiveness by often taking extra efforts with their children when they were with them to compensate for the more limited contact. It is possible that the negative associations reflect the conflict the mothers experience with the grandmothers and the ambivalence they have about their children, which result in poorer judgments by the clinicians.

From the baby's point of view, researchers and theorists have argued both for and against multiple mothering (Caldwell, 1964; Marans & Lourie, 1967; Rheingold, 1967; Yarrow, 1961). Since this was not studied more systematically, no conclusive comments can be made. However, it appears that when grandmother-mother relations are good, the babies benefit from the

extended family arrangements, supplementary mothering and contact with other children. Even when only a grandmother is involved, she often has greater resources and experience to bring to the child than the young frightened adolescent although the consequences for the mother are perhaps less welcome. Sometimes, the mother does assume primary control and then the child benefits from the additional nurturance provided by the grandmother. Either way, if not rooted in constant conflict and friction, the multiple mothering situation can have advantages over the isolated mother and child pair in situations where the mother really continue to need support and time to develop. Historically, this has always been the more natural arrangement. Some support for this position can be found in the positive association between mothers who themselves received multiple mothering as children and then became more confident and secure as mothers themselves.

Nevertheless, the effects on the baby, even at this early stage, are divided. In most cases, the babies appear to be more attached to the mothers, but others are more cooperative with the grandmothers. For example, although this mother shares the grandmother's caretaking practices, she finds the baby acts differently with her, saying:

> Yeah, he mostly listens to her; like she tell him not to do something; he always listen to her more.
> (Interviewer: Why do you think?)
> I don't know, but he does that because I can say, 'Come here Kelly!' And, he just looks at me and ignores me and start smiling. Whereas my mother say, 'Come here!', he'll run to her, like that.

Another mother expressed concern about her son's confusion as to who his mother is saying, "I think sometimes he should be confused because I'm with my mother you know. I call her mother and my two brothers call her mother. And the baby calls her mother." A third mother reported that her son is already taking advantage of his "two mothers" and the split in authority. "You know, he'll look at me, but he knows that if he wants something and I won't give it to him, he'll pull her, but I won't let her give it to him. She'll sneak it, but he's beginning to know the tricks."

In many more instances, the mother's position was respected even though she was often dependent upon the grandmother. In one family, three generations of women were participating in the caretaking of the child. Nevertheless, the mother succeeded in asserting her primary position despite disagreements. When asked whether she, her mother, and her grandmother ever have different ideas, she said:

> All the time. We argue all the time, but I always tell her ... and my grandmother says if I'm doing something you think is wrong, don't tell her in front of him. Because right away, Shariff will get to thinking that when I tell him something, all he has to do is run to grandma or nana and right away everything will be alright. You know, like I tell them, if I'm doing something, don't tell me in front of him. Just give me the sign and we'll discuss it. But I think that even though she takes care of him during the day, I feel that my way is worked, you know, even though they don't agree with me all the time.

On one occasion, a young grandmother often mistaken for the mother of the baby, and who in fact had young children of her own was interviewed. When asked if the baby ever became

confused, she explained:

> There's a difference because, like I said, Elaine is his mother and I'm his grandmother and mama is his great-grandmother. It's a slight difference, you know; he knows the difference. He knows that he can get away with more with mama than he can with me, and he knows he can get away more with me than he can with Elaine.

At the time of the interview, this grandmother was taking care of the baby during the week and her daughter had the baby for weekends. Recalling her own difficulties as an unmarried mother, the grandmother was encouraging her daughter to establish herself, train for a good position and set up a nice home. Although the grandmother was aware of her growing attachment to her grandson, who continued to be with her all week despite the fact that her daughter now had a separate apartment, she was also aware of the critical attachment needed between mother and child. Hence, the grandmother explained, she was often tempted to keep him on weekends since she does not go anywhere anyhow and wants "to get on the phone to tell her, bring him back, 'cause she might want to go somewhere. And I'll say, well no, this is to let her, well, why I keep him all week long and she just has to spend some time with him, you know."

No conclusive comments can be made about multiple mothering except to say that it warrants further study. It is evident that it can be beneficial for the child, but that it can also interfere with the evolvement of maternal feelings and functioning. Since it is a very complex phenomenon, interacting with a multitude of personality and environmental factors,

further study should explore how and when mothers and grandmothers can best integrate their efforts. In several cases involving young mothers, it was evident that they were repeating the same patterns of the grandmothers. What this means and the effect it has are just two aspects which need to be better understood.

The Mothering of the Mothers

Until now, the focus has been on the current mother-grandmother relationships which are especially critical in this sample because of the high incidence of multiple mothering, young mothers and dependency. But, what of the mothering that these young mothers experienced as children. Psychoanalytic theory contends that this determines, to a great extent, the kind of mother one will be. In this study, several aspects of the mother's past experiences were related to present control functions and affect. The expression of strong positive feelings towards their own mothers was negatively associated with responsive control towards their babies. But those who could express negative feelings were judged to be more able and more responsive. At first glance, this contradicts the theoretical position that good mothering engenders good mothering and several questions must be asked. How valid are the mother's positive comments? It is possible that, at this time, some of the mothers needed to feel that their own mothering was adequate so as not to raise doubts about the adequacy of themselves as mothers. Or, others may have

avoided taking a critical stance towards their own mothers to avoid dissonance and conflict, especially for those still dependent on their own mothers for homes. The positive comments may also have been in response to social expectations in the interview setting where they may have wanted to make a good impression. Another explanation relates to the fact that these mothers may never have given their mothers any critical thought. Possibly, many of the young women wanted to become like their mothers, and assumed that their identities necessitated positive and syntonic evaluations. One might also argue that the evaluation was based on surface comments the mothers made and not from the inferences which might indicate that they were defensive postures against underlying ambivalence and hostility which the mothers could not integrate and express.

One simple explanation regarding the mothers who spoke negatively of their own experiences and could now provide more able and responsive mothering is that they did so just because of the bad experiences they had had and now wished to change with their own children. These mothers may have become more sensitive and were attempting to compensate for that which they did not receive. To speak negatively of one's mother also indicates a critical attitude which may stem from a more differentiated sense of self. This not only allowed the mothers to look critically at their own mothering, but perhaps to bring the same observation and critical attitude to bear on their own behavior with their children. As a result, they

could perhaps empathize more and, therefore, relate responsively to their children as individuals with needs and personalities of their own. The ability to speak both positively and negatively of one's mother suggests the accessibility of all affects to the mother who is more able to integrate them. Perhaps their greater responsiveness is a function of their greater ego integration.

Obviously, many explanations are possible and there is too little material available to be more definitive. It seems best to again let the mothers speak for themselves about their experiences. When asked directly to describe their mothers, few of the women could elaborate other than to say that they were sweet, nice women and good mothers, even though they critically described their behavior before being asked the question. Most often, the mothers would say that they felt they were raising their children as they were raised. "I try to take care of him like how she did, how I thought it was, like cleanliness . . . very much so," one mother said. Another presented an idealized image of sacrifice:

> No matter what we wanted she would try and get it. She worked to spend her last to get us what we wanted. Even when I was a child, knowing that sometimes she couldn't afford it, she would go and get the money and do without herself .... And that's, that's I've always said, I said, I said when I get married and have children, I'ld be like my mother, you know, 'cause I think that's the way to be with children.

For a moment, she considered whether this was extreme and decided that it was not.

Others expressed feeling very close and open with their

mothers as children, albeit burdened at times.

> But me and my mother, we always been close ... like I know all her problems. She never held anything from me so I won't worry. She's very funny; she's jolly, you know. Me and her, we don't have no secrets, anything like that.

On the other hand, some mothers recalled painful childhoods, feelings of abandonment and unmet needs. One mother said bitterly:

> 'Cause when I was a kid, I hardly ever saw my mother. She never brought me nothing, and she never played any games, or did anything. And Terrance, I play, I guess that's why I play with him more .... I play with him and take him out.

She went on to tell how she is doing for her son what her mother neglected to do for her:

> For Christmas, I let him pick out his own toy, I wouldn't want to buy him anything he wouldn't like, so everything he played with, I bought.

Fortunately, she was raised by a kind grandmother whom she now tried to emulate. Another exceptionally sensitive and articulate mother said:

> My mother is an immature, uh, well, you know, she's done a pretty good job of being a mother, but she's got so many problems ... to sum her up, is really kind of difficult. I don't particularly love them (her parents), you know. I feel that she really hasn't been a great mother; she's tried .... I guess ... she comes across as a nice woman, and she ruined my life so I don't think .... She ruined my own life ....

She went on to explain that her mother related all of her own problems and difficulties with her father to her and used her.

> Well, she's a very unhappy woman and very insecure ...; she destroyed my self-confidence and I think, more than anything, she always competed with me I

> wouldn't even want to go home or anything ...; she would always reprimand me or compare herself ...; if I misspelled a word, instead of saying, 'no, this is the way you spell it,' she would say, 'I know how to spell the word.' ...You know she almost destroyed me. Her attitude towards men was very bad and naturally she was able to pass that on to me .... She couldn't trust anyone ...; it's only in the last few years I could ask for anything. She was never direct; everything was always backward and so I just carbon copied her .... Now I have sympathy for her.

Needless to say, this mother was trying very hard to give her own child a very different mothering experience than she herself received.

Usually, the mothers who were able to be critical just specified certain differences that they wanted in their relationships with their children. For example, one mother said:

> My mother was never the type to sit down and talk to us. She would blow up before she would talk to us regardless of what we did ...; whatever we did, we didn't understand why it was wrong but we weren't allowed to question why it was wrong. It was being disrespectful and don't ask me why. Even with fellas, ... the way she spoke to us about life, sex and everything. I'll never sit down and talk to my child that way. 'When you go out, just keep your skirt down.' That's no way to talk.

Another mother felt that she wanted to be more strict than her own mother, saying:

> My mother was very lenient with us and ... what is it, you are always opposite than your parent, and to a certain extent I'm lenient with Noel ... but basically, I think I am going to be pretty strict with him.

Some of the mothers who were still very much in childhood themselves were not reflecting their past mothering experiences, but the current situation. One young mother

angrily complained about her mother's demands and restrictions:

> She just talk, talk, talk. She says, you should get a job, you should do this, you should do that .... (Interviewer: Where would you like to live?) Anywhere, as long as I'm not in my mother's house.

Maternal Employment

The decision of the new mother to go to work is a major one and undoubtedly affects both her and her child's experience. Why she resumes working, how she feels about it, how much she enjoys her job, and the reactions of others around her as well as her child all contribute to the effects. By now, it has been established that the quality of time spent with her family is more important than the quantity of time (Hoffman and Hoffman, 1966). Mothers who want to work are no longer considered unfaithful to motherhood and are often found to provide more quality care. While working at an outside job in addition to the work of mothering is a burden for some women, for others, the burden lies in their boredom, restlessness and conflict.

In this group, almost two-thirds of the mothers returned to work before their babies were 14 months old. At fifteen months, eight women continued to work and three of these were married. In general, two-thirds of the working mothers lived with their own families or the fathers' families. This was true of both the wed and unwed mothers. Proportionately, more married women returned to work and most of these were living in multiple mothering situations. Because the sample size was so small, the mothers were divided into two groups

those who worked after the birth of their children, however briefly, and those who did not. The results indicate that there was a tendency for mothers who never worked to be judged as more able and responsive in their control. The only substantial finding was that they experienced more positive affect. It is understandable that mothers who chose to remain at home and were able to do so financially, might very well feel more positively but might also feel this way for defensive reasons. They were not judged to be more positive in feeling than working mothers by the clinicians evaluating their affect.

The dichotomy used to compare the working and nonworking mothers was too simple to add to an understanding of the complex phenomenon involved. So again, the mothers will speak for themselves to convey their experiences of working, or not working, the support they receive or fail to receive, and the difficulties involved.

The primary reason for returning to work given by thirteen of the seventeen working mothers was a financial one. One married woman, already the mother of two and expecting a third, works four nights a week as a practical nurse while her husband watches the children. She explained:

> I wanted to get extra money to help my husband out. While I was carrying the second one, I was working. ... I feel strong enough ...;I work eleven to seven; that way, it's convenient for my husband. He'll just watch the kids and when I come home, all I have to do is feed them and, you know, take care of them and try to get a little sleep.

That's all she has to do. She expects to really be able

to work, that is, full time, once she has her third child.

For another mother, the necessity does not seem so urgent, but she and her husband want extra things for their babies. She explained why she went to work:

> Because, you know, he wasn't making enough to get the baby a bike and a hobby horse, but I don't know how he did it, but he did it. So I bought everybody in the house a present, and I bought myself a present, and I bought him a present.

Similarly, another mother returned to work temporarily because she was a bit bored and "there's a lot of things I wanted and Easter's coming and I have to buy clothes, you know."

One young mother, not yet finished with high school, explained the conflict she experiences between wanting to work and wanting to go back to school:

> When you get used to making money, you know, having your own money and then you have to stop and go back to school, but I'm going back.

Even though this meant giving up the little independence she felt she had since she would again become dependent on her grandmother's pension and welfare, she did not express conflict about leaving her son.

Another young mother who could obtain other sources of support indicated that she worked in order to be independent above all. "Main reason I went back is because I needed more money, and I like to do things for myself; I don't want to depend on anybody else for helping take care of my child."

In some instances, the mothers are reluctant to work, but are encouraged by others. One mother said, "No, I wouldn't

go back to work. Actually, I'd stay home forever, I'm lazy . . . (but) my husband wants me to go back, so he wants to do certain things." They would like to send their son to a private school and, eventually, to college.

In other cases, the mothers want to work, but are discouraged by their families. One young mother living with her in-laws and her husband's ten siblings worked as a "chef" during the Christmas season and wanted to continue. Perhaps she especially enjoyed her work because whe was not allowed to prepare any meals at home. Perhaps she wanted to be out of the very crowded home for a while each day. Nevertheless, she met with these objections:

> He wants me to stay home with the baby. He said, 'Where you going with a baby.'

Her mother added:

> You need to stay home with the baby. He is not going to think that his mother is you. He'll be calling her mommy and you by your name, and I don't want him to be calling you by your name.

The mother responded, "Okay, I quit."

Several mothers also expressed feelings of boredom and restlessness about sitting at home all day and cited these feelings as important reasons for returning to work. One mother who resumed working after six months explained:

> Because I got bored, you know, sitting around the house, so I have to work or else, it get on my nerves.... But I was never bored with him. I wanted to stay with him, but , you know, being around the house, it kind of got next to me.

She worked for a few months to get some things off her mind

and stopped when she became pregnant again.

Of those mothers who did not work, only one or two expressed wishing to stay home until their children were fully grown. A few others wanted to return but could not arrange day care for their children. The greater majority felt that they would like to resume their careers or work when their children reached school age. For example, one mother said, "I wouldn't go back to work. I could have gone. I wanted to be home until he's a couple of years old. I, I want to raise him. This is what I want to do." Another mother is already planning how to use the money that she could earn but wants to wait. She said:

> Oh, me and my husband, we have big plans. When the children get old enough, I want to go to work. We want a home; we want the children to have an education. These things cost money.... I won't do that right now but when they get old enough to go to school, I'll go out and work.

One mother who was able to express the thought she had about possibly returning to work conveyed the importance of her own needs as well as those of her child with regard to such a decision. She said:

> I have an opportunity to go back almost immediately, maybe two days a week. I might consider doing that but I'm not sure. I think Chris, I don't think it would take me away from him. It might give him more .... But if I don't do that, I wouldn't go back before he was in school or older. I don't want to leave him. My husband feels very strongly about it and he wouldn't even be happy with me going two days a week. But he realizes that I make the decision, you know, maybe I need to do it ... I think it's important.

Throughout this discussion, the demands and difficulties

of having a baby in the second year of life were expressed by the mothers. What is her experience like when she also has to work? Most of the children of working mothers are cared for by grandmothers or great-grandmothers who live with them, with the exception of the case where the mother has her own apartment and leaves her son with the grandmother during the week. These women usually take care of their sons in the evenings and on weekends while, at the same time, helping with household chores. The multiple mothering arrangement certainly eases the burdens of the working mother and, at times, it is no burden at all. One mother reported:

> I don't find nothing hard about it. I work in the daytime and come home and be with the baby in the evening. There's enough sleep, no more than what I used to get. There's nothing to it.

The mother who needs to take her baby to a babysitter each day in addition to working and running a household and being a mother must be quite organized and efficient. One young woman who runs a home for her father and younger brother, as well as her son, described her typical day:

> I have to be at work at a quarter to nine, so we wake up in the morning at seven o' clock to be a the babysitter's house at a quarter after eight, and then I go leave him there and go straight to work. I come home in the evening at 5:30; them I go pick him up, feed him dinner, then we watch television or play, do whatever we want to do. . . Before he go to bed, I have to wash him, he love the water. That's another thing, he love the water, he love the water, he just swims in it ... and then puts him to bed.

She recently changed babysitters preferring an older woman who had fewer children to take care of and could give her son

more attention. She also takes a course in shorthand on the weekends. Yet, she never complained about her schedule and felt quite proud to be managing so well.

When other women were asked what they found most difficult, several felt that the only problem was missing their children. One such mother explained:

> I miss Derrick; I miss being home with him. You know, I feel that when I come home, it look like the time goes so fast. It's time for him to go to bed and the next day ..., he's sleeping when I leave, he's sleeping, so I feel I don't have much time for him except on weekends.

Similarly, another mother was conflicted about the little time she had left for herself. She complained:

> Finding time to be with him because like I come home, and I be tired, and he likes to jump on me and, he likes to sit up all night and I have to go to bed so I can get up in the morning. . . . I really don't have a chance that I really sit down and say, 'Now for him.'

Few mothers spoke of the effects their working had on their children and, generally, they felt that their sons were well cared for during the day. One mother, the nurse referred to above, not only complained about her extreme exhaustion, but also about the neglect she felt her child was beginning to suffer. When asked how she found it difficult, she responded:

> Well, my husband doesn't think so. He thinks I'm very strong. (Interviewer: And you?)
> Well, I found it hard. Sometimes, I feel so tired, like, you know, I just neglected Jamal. Like one time time he got a diaper rash and when I was first taking care of him, I didn't let him get a diaper rash ... seems like I was getting so tired, you know, I was noticing that I was neglecting him. So I told my husband that it was just too hard for me and I was just too tired and couldn't clean the place up the

> way I wanted to and he come home and tell me I was lazy and this and that. He didn't really understand how tired I was. My body has to get rest, has to get rest.

It is evident that the experiences of these working mothers vary a great deal and suggest aspects for more systematic study. The dependency on multiple mothering households appears critical and alternatives need to be considered, as do the long range effects on the children and mothers' experiences. The work of mothering and the work of outside employment are less than ideally integrated for many of the working mothers. This conflict is painfully demonstrated by one unready mother. When asked what she found most difficult about being a mother, going to school and working part-time, this young adolescent mother unhesitatingly responded:

> The hardest part is being a mother. Because y@u out all day long and you come in, I know when I come in, most always I like to get my homework done first, get it out of the way; and this way, all I can really do is get it out of the way; I don't have time to really look at it and study, you know, read through the notes . . . .Then, if you want to play with him, you want to do your homework. But, if you wait till he go to sleep, you won't cause it be nine, ten o'clock and I too tired to try and do it. So I try to get it done first. Then my mother's always fussing about that. She said, 'You could have a little time with him.' But I'm so afraid if I wait to play with him, and I'll be too tired to do the homework. But, you know, you just hate to go to school without your homework. . . . That's the hardest part.

The Fathers

The texture of maternal experience could hardly be explored without giving some consideration to the men who fathered the children. Very limited information was elicited about the

fathers in an already overextended interview and none were seen, but an attempt was made to explore the mother's feelings and expectations of these men. The results, though minimal, do indicate that the fathers affect the mother's experience. When fathers feel positively about their children, mothers appear to experience less conflict regarding control. When fathers do not change the frequency of contacts with their sons, judges predict better future control by the mother. Mothers who were married, and presumably benefited from a supportive and stable relationship with the fathers, also experienced less conflict and had greater tolerance for the babies' impulse expression. Rather than speculate the why of these results, it again seems more relevant to let the mothers speak for themselves.

The relationships with the fathers varied greatly for both mother and child. Only one-third of the fathers did not have regular contact with their sons at 15 months of age, and twenty-six saw them daily. The majority of the mothers described the fathers as feeling very happy and pleased to have the children. They brought them many gifts and liked to take them out and show them off. One excited father was described as follows:

> Well, he loves him to death; anything that child wants, he goes and gives it to him. He say anything that child want, he gonna give it to him.

Another father, "felt proud 'cause everybody used to look at him and the baby and say that they was cute and everything.

He felt proud."

Other mothers expressed less intense feelings, but, nevertheless, positive in nature. "He see him sometime. Tyrone knows him and they have a nice little relationship; they get along alright. (How does he feel?) I know he don't feel like I feel. I can see he's feeling alright." This father visits the baby every other week. Other mothers viewed the fathers less generously. One father who initially came by very often and brought many gifts during the first few months was described in this way. "He seems to like him a little. But I don't let him go to him as much (to father's family). I figure this way, if he don't come to Mark, why I should I take Mark to him." This mother says she doesn't mind taking care of the baby by herself and feels she can do so better than with his father.

One mother explained that the father seems to get bored with the baby very easily, perhaps because he "has a fear of little babies anyway. He has a fear of holding them, and what to do with them, and if anything happens, he'll panic, he'll throw up, he's a nervous wreck. . . he won't let the baby fall, he's always running to him . . . ." But he also loves the baby very much.

Affection and interest in the baby, however, are not always concomitant with the same feelings between the parents. Here too, the feelings expressed ranged across a wide spectrum, from intense involvement and deliberate sharing of parental responibilities, to anger, despair, and withholding of contact. One

mother proudly commented, "You know, I think a woman feels differently about her husband after you have a child. It's just (something) about your husband that you admire. That's how I felt about it after Calvin was born." She then went on to give an amusing account of how her husband shared her symptoms and pains.

> When I was carrying Calvin, he had all my symptoms ... he used to have morning sickness, high blood pressure ... both of us was sick. And when I went into the delivery room to have him, he got sick and like he went out of his mind, you know, he was clawing at the doors ....

Sine then, the mother has had a second child, and both mother and father feel better.

Among the unmarried mothers, more tenuous but relatively loyal feelings were often expressed. One mother was aware that she and the father were not ready for marriage, saying:

> Sometimes, we talk about marriage. I don't know, sometimes I feel I ain't ready to. Sometimes he feel like he not ready to either. But, if I get married, it's gonna be him. (Interviewer: Why do you think that you don't feel ready?)
> Like I feel he's not ready to settle down, like, he's real attractive and there's a lot of girls out there liking him. You know, like I don't feel I'm ready either.

But they do think of saving a lot of money so that when they do marry, they will be able to have a family and a nice home. Their shared wishes for a happy life were evident. Similarly, a mother commented, "It might work out with the father if he was to grow up a little."

Other young women didn't want to have anything further to do with the fathers of their babies. In some cases, they

are disappointed that their men did not meet their expectations, and in others, they betrayed that they need the men only to conceive while their need to be mothers stemmed from other complex reasons. For example:

> I thought of marriage one time, but after Mark was here, I didn't want nothing to do with him no more. I didn't even want to see him no more. But being that Mark was his, is his, and he wanted to come and see Mark, so I just let him come over and see him. He just stopped on his own from coming. I didn't say anything. (Interviewer: Why did you change your feelings about him?)
> I just didn't have no more feelings for him after Mark was born ... I guess just because I saw Mark laying in the crib ... and I figured since I see Mark right there, I didn't need him no more.

Nevertheless, with only five exceptions, all the mothers felt that their children should know their fathers and have contact with them regardless of their own problems. One mother reported:

> I was mad at the father. I wouldn't let the father take Clifford no more, but I was wrong, 'cause I see it now, 'cause I been lettin' him lately take him anywhere he want to take him. 'Cause after all, he's the father too. If it weren't for him, he wouldn't be here, you know. . . .He said, 'You wouldn't talk to me, that's why I didn't give you much for the kids.' I said, 'Don't you know you hurting the babies, not hurting me.' He said, 'I'm not hurting the babies, why don't you let me take Clifford out.'

Another mother who was separated from the father also acknowledged that she would let him see the baby, but her comments also suggest that she was transferring a great deal of her hostility and anger regarding the dissolution of her own relationship onto her son. At 15 months, she already anticipates his leaving her eventually and wants to protect

herself. She said:

> Even if I got married again, I couldn't see two men in my son's life because I couldn't cut him off from his real father and then he'll be living with another man and his ideas, ... and he'll have two different forces pulling him, and basically, I wouldn't give up my whole life just to make him happy because eventually he'll be leaving me anyway for his own life, and there's no sense taking twenty years out of my life for him. I'll help him with things ... but I won't close myself off of everything just for his sake.

The projection of negative characteristics onto the babies was quite common when mothers were asked to compare the fathers and the children. Half of the mothers saw the babies as "evil, bad, having tempers, or being stubborn" just like their daddies. Only five compared them positively.

One last aspect relevant to the fathers and for which information was available relates to the maternal expectations regarding how the fathers could help raise the children. Here too, the responses ranged from not at all to total sharing of responsibility. The predominant feeling was that the mothers had the primary responsibility of raising the children and, at best, could expect the father to help with one or two functions. Some examples follow:

One mother needs the father to babysit on occasion.

> Like if I want to go out or something, he keep him for me even if we don't be married. But like I said, he keep the baby anytime I want; I could go to the movies, things, you know.

Another has difficulty with discipline.

> Well, help me teach what's right because he don't hardly listen to me too much; he listen more to my mother. But, when his father tell him not to do it, he listens.

A third mother seeks relief, just for a few hours, from the constant demands of her 15 month old:

> Well, as far as I'm concerned, if he wnats to help me, he knows I'm with the baby all day, six and one-half days a week. I feel if I'm tired or have a lot of things to do, let him take the baby out. Let him keep him occupied until I'm finished.

Other mothers are more focused on the needs their sons will have for a strong male image to help them grow up. One mother simply says, "Yes, I think so, I'd like him to (help raise the baby). I think Tyrone could learn a lot from him, I'd like him to be around a male, you know." A second mother reflected for a moment:

> I don't know whether I really have a basic idea of what a father should be. But I always grew up in a family life and my husband didn't and I just want him to not be like my father. But I want him as a father for, as a friend ... I don't want him to be so strict for my son as to be afraid of him but to come to him as (a friend) and I don't want him to be too lenient with him, to respect him as a man and a father. I don't know whether that can be done in the right proportions but that's how I want him to help me, to be a man and a father. A woman can do it if she has to, but if I don't have to do it, I don't want to do it because he needs both parties in his life.

Another mother expressed a great deal of concern about the environment her son will have to face, but ambivalence about his father's help, saying:

> Well, I feel that a boy, more than a girl, needs a father, somebody he can play with and what not, take him out. And, they won't go bad as fast as a kid that doesn't have anything, doesn't have anybody to give him. Then, I guess, the best way for them to do is get on the street and make it the best way they can.

Some mothers combine help with caretaking and help with guidance.

> I thought, like two good things a father can do for his child, like take his son to the park, 'cause Mark is gonna need a father to do things for him and to turn to, and to help me clothe him and things like that.

Very few mothers in this sample saw themselves or could express integrating their efforts and working together with the fathers to raise their children. One who did said:

> Well, he's needed. He's really needed because I feel as though I really couldn't raise them by myself. If I had to, I would do it. But, I feel that the child needs the man there, you know, no matter what, especially for security.

A second mother saw her child's future dependent on the kind of relationship she and her husband will have.

> I have a feeling that my husband and myself, I mean not now as much as when he gets older. We're very different in a lot of ways. I think he might be stricter. . . . I think that might be Christopher's problem depending upon how we, you know, my husband and myself handle it and handle it alone, 'cause it would really be our problem.

She went on to articulate her desire to resolve their differences as they arise and to work together to provide a consistent and secure home for their son.

The different ways the mothers expected the fathers to help raise the children were quite evenly distributed and just as many expected aid with support and caretaking as with discipline and the provision of a male image. The mothers' reports indicate that there was a great deal of contact with the children when they were first born but the nature of the new fathers' feelings remain obscure. Nor is it clear why the contact diminishes for some, and how much is promoted by the mothers' deterring anger and hostility in these cases.

Expectations of the men appear generally guarded and limited for both the married and unmarried mothers. For the younger mothers, the grandparents' attitudes and the extent of dependency are probably critical determinants of the mothers' feelings and expectations. In some cases, the grandparents discourage contact with the fathers and want the mother to go back to the role of being daughters in their homes. In other cases, young mothers are living with the fathers' families because their own cannot provide for them In general, the fathers' families show interest in the grandchildren, often asking them for weekends and bringing gifts. The only concluding comment which can be made is that fathers have been too long overlooked. Their early experiences, feelings, conflicts and evolvement really need to be studied further along with those of the mothers.

The Onset of Maternal Experience

> No, except I'm glad to be a mother. I think, I wasn't really understanding until you become a mother yourself.

This was the response of one young woman when asked whether there was anything she would like to add to help us understand young mothers like herself. Barely out of high school, she is unmarried, did not plan to have her child, has had no contact with his father since shortly after birth, is disappointed that the baby wasn't at least a girl, and now works to support herself and her son, never complaining and determined not to be dependent on anyone again. She seems unaware of the complex and dynamic motivations which resulted

in her son's conception. Nevertheless, after 15 months of life together, she is "glad" and experiences an understanding of motherhood she cannot quite articulate other than to say it was something she could never anticipate.

What understanding do we have of this subjective feeling she expresses, or that of the other mothers in this group? They have indicated that becoming a mother is one of the most paramount experiences and difficult tasks in life. Some were ready and desired to have children, delighted and joyful at news of their pregnancies. Others did not anticipate it as a possible outcome of their sexual behavior and were surprised and shocked. Some of the women received support and help from the fathers and families. Others remained emotionally isolated and bewildered by a role and function they were unprepared for. Some grew as mothers while their infants grew as children. Others continued to be children themselves. It became very evident that it cannot be assumed a woman feels like a mother because she has given birth to a child. The subjective experience of motherhood arrives at different moments and for various reasons for each mother, if at all.

In this exploration of the texture of the mothering experience, the mothers were asked to tell when and why they began to really feel that they were mothers. While each woman came to this experience from a unique position and history, they shared a common experience for 15 months and were asked how they saw their most critical function as mothers. Finally,

they were asked whether their feelings about their sons had changed during the course of time. The mothers had little difficulty responding to these relatively simple and direct inquiries and it is with these aspects of their experience that the discussion will conclude.

The onset of the subjective identification of oneself as a mother appeared at one of three different stages for most of the women in this sample: during pregnancy or shortly after giving birth; around six months of age, and around one year of age. More important than when is why then. The mothers gave many different reasons to explain what triggered the subjective experience of motherhood at the different stages. In one way, these stages can be considered a function of the increasing responsiveness and motility of the child with whom they had to relate. But again, the mothers speak best for themselves.

One mother who never expected to have children because of gynecological difficulties assumed her new identity as soon as possible. In reply to the question as to when she really began to feel like a mother, she said, "In my fourth month, I could feel the baby move. Oh, I could never forget it; it was on the right side, you know, 'cause I could feel it quivering. Oh, it was really something."

Another mother indicated that the long months of pregnancy were not quite sufficient to establish her feelings. She said, "When he was first born, that's when I really feel . . . I

just asked myself, I said, 'Boy, it's mine, I'm a mother.' At first, I couldn't picture it for the whole time I was carrying it. I said, ' Boy, what am I going to do with a baby?"

For other mothers, the experience did not become concrete until they took their babies home from the hospital, and then in different ways, as indicated by these two mothers. One said:

> When I had to take Mark home from the hospital by myself. Nobody was there to help me, 'cause I had to do everything for myself. There was nobody to depend on. When Mark wanted to eat, I was there to feed him. When Mark wanted to play, I was there. So that's the main thing.

And the other recalled:

> When I came home and hot to my senses and can get out of bed.
> (Interviewer: Why then?)
> 'Cause I had someone to love, somebody to take care of my own, instead of somebody to take care of me.

On occasion, the onset of maternal experience was delayed until the natural mother was allowed to care for and connect with her own baby. In response to the same question, this mother said:

> Three or four weeks after he came out of the hospital.
> (Interviewer: Why then?)
> Because I had to make his formula and get his bottles clean and clean him up and everything and dress him in pretty clothes.
> (Interviewer: Why at that time?)
> Because when he first came home, I didn't get to do nothing.

This first group of mothers tended to respond more to the tremendous internal changes they had undergone and to their own anticipations so that when they saw and held their

infants, they "knew" that they were mothers. Others needed to experience their babies beginning to respond to them more directly, with a smile, a gurgle or some other sign that they interpreted as recognition. One mother described the onset in terms of, "When he began cooing, you know, when he first said mama. That's when I said, 'This is it.' That's when he started saying mama. (When was that?) I think he was four months old." Another mother was delighted by her baby's smile. "He was six months, when the baby could grin back, and began to do things."

The following mother felt that her experience began when she had to worry less and could play with her baby more at five months of age, explaining:

> Because he had gotten bigger; he was moving a little. And his hair was real long and I braided it up, and even he looked like a little girl too. And then, I could take him out, and you could push him and everything. You don't have to worry about dropping him, you know.

For another mother, the realization came with time, when she saw her son react not merely as an object to do things to, but someone to assume responsibility for. She said:

> I guess when he was about five or six months old because until then, I couldn't believe I was a mother.
> (Interviewer: Why then?)
> The realization of seeing him everyday. Knowing that I'll have to take care of him until he's ready to do things for himself. 'Cause up until then, it never occurred to me that he was really mine, you know, not as a possession, but as something I would have to watch over.

For some mothers, the experience of motherhood was triggered neither internally nor directly by their babies,

but when they left their homes and were in settings where other people related to them as mothers. Several women reported feeling the onset of maternal experience when they began to take their children to the local health stations and had to sit among the other mothers in order to see the nurse of doctor. One mother said, "At three months, when I start taking Sean to the health station, I really thought, 'Wow, I'm taking my son to the doctor." Similarly, another reported:

> When I took him to the clinic, I don't know, when I took him to the clinic, I feel like this is mine, and I see all the other mothers with their kids, I feel really more like a mother when I take him to the clinic.

The last group of mothers experienced the onset of their mothering identities only when their children were able to move around and were more like "little people." One mother's realization came with having to play the restrictive role she probably knew best from the mothering she received. She said:

> But I really felt like a mother when he started getting around, you know, picking up his toys, and 'Calvin, do this, don't do that,' you know, and taking him out, and different things.
> (Interviewer: When was that?) Oh, when he started walking and getting around and playing by himself, 11 months old.

Walking was also important to this mother who said, "When he started walking, it seemed like I was more conscious of him, you know, and like that I felt, well, this is my little kid here. (His moving about really triggered that feeling?) Yeah, yeah it did, I realized he was alive, I guess."

A third mother also felt relieved when her baby could do things by himself, and explained, "When he start doing things, or you didn't have to still watch him so much about falling off the bed." For her, a year hardly seemed long enough to get used to feeling she was a mother. "When he was about a year old, 'cause it felt funny being a mother. Because you have to get used to it and you have to watch the way he act, things like that. Just getting used to it."

And then for some mothers, the time has not yet arrived and they struggle in a role they cannot quite assimilate or integrate. After a long pause, one mother explained:

> Let me see. Well, it was really funny because, well, I'm only 19, you know; it's kind of embarrassing to me. I feel ashamed sometime, but otherwise, I accept the fact, but so far, I think it's very intellectual. I'm learning about life, and how to be treated and everything ... and by this happening to me, you know, I can try ....
> (Interviewer: Do you think of yourself as a mother now?)
> No really. Not yet. Maybe once they get old and they start being able to take care of their self more and do something for me. You know, help me out.

Her plea for help is very moving and very frightening.

An elaboration of the feelings which trigger the subjective experience of motherhood is found in the changes in feeling the mothers reported occurring over the course of time together. When directly asked whether their feelings had changed in any way, none of the mothers expressed negative changes, and most indicated that their love and attachment either continues to be the same or grows from day to day. While this was undoubtedly so for some of the mothers and corresponded with

the affect expressed throughout the interview, others could not relate to the concept of change, and still others appeared to give what they considered the most socially accpetable response. Several mothers simply reported that they "still loved" their sons after fifteen months. But a few could talk about the changes their feelings underwent and these will be presented briefly.

Infancy has often been portrayed as a blissful, quiet period during which time the infant's total dependency incurs happy, needed, and warm feelings in the mother. For many women, it is the most welcome, romanticized and syntonic stage during which time they give their babies their undivided attention and most exclusive time. In this study, few mothers expressed such great joy in relation to the early periods of infancy. One mother who retained her infant attachment said affectionately, "You know, like, you still love him just like he was a little biddy baby, a little infant. You still feel the same way about him, and as he grow older, you have a little more love for him in that way."

But for most of the mothers who spoke of change, the reports were quite to the contrary. Many mothers were very frightened of their helpless infants. They felt insecure about meeting their needs and often worried that they would fall off the beds or that they would not know when to feed them. One mother explained her change of feelings as follows:

> Because when he was first born, I don't know, I didn't really care too much, you know. But as he got

> older and older I ... when he got around to where he can run, and talk, and play, you start loving him even more. In the beginning, you kind of scared to touch him and everything.

Another mother who prefers the fifteen month stage to infancy explained:

> I still love him the same, you know, but there's a change in the fact that he's older and kind of gets around by himself and all .... Well, I have a little free time on my hands.

Each of these comments reflects how complex a mother's feelings are, how demanding her responsibilities are, and suggests that the first stages of the mothering experience evolve from the readiness and preparedness the mother can bring with her. Perhaps infancy is less idealized by these mothers because they are still so close to this stage and having not yet reached later stages to relate to, are happy to be as far as they are now. They are relieved of the infants total dependency and welcome their new mobility.

One mother who enjoys her baby's activity said:

> I always did love him you know, when I first see him. Like I'm getting so I hate to be without him. (Interviewer: Since when have you been feeling closer to him?)
> Since he start doing things, since he start walking, you know, like that.

Another mother also says, "I get closer to him as he grows older." A third mother welcomes her son's companionship now that he can talk and relate to her. Her attachment has also grown and she explained:

> I think, a little bit, I seem to tend to want to hold him a little more now. Yeah, seems like I'm more affectionate towards him now that he under-

> stands me...In the beginning, I guess, he was just a baby, but now more, I want to hold him more and talk to him more and, you know, be with him all the time.

One mother, who also feels her attachment growing, wonders whether she is perhaps becoming too close to her son. She reports:

> I guess everyday you love them more and more and more you know. But I always made the statement, maybe I shouldn't love him so much, you know, because they say, 'My goodness,' people say this to me, 'Well, you sure love that baby.' They're not parents. I say, 'You would say that because you don't understand why...you have to experience it yourself to know the feeling.'

The experience of being a mother comes at different times for different women and feelings about the babies change in different directions for different reasons. But all the experiences and feelings cited here strongly suggest that there is a developmental process the mothers go through which parellels the development of their children and which needs to be better understood.

The experience of mothering cannot be conveyed without referring to the concepts of mothering these women hold. When asked for the most important function of mothers, most referred to caretaking procedures and practices. This is not merely concrete, but reflects the reality of energies and efforts the mothers must bring to the day to day care of their children. Thus one mother responded; "I guess feeding Kelly and taking him out." Another said, "Making sure the house is clean and making sure the baby is clean,"

Others could focus on emotional aspects and were pri-

marily concerned about establishing good relationships with their children. One such mother said:

> Love him, and understanding you can give a child. That's the best. Without the love and understanding and patience you can give him, it wouldn't be no sense to have him, cause he don't know what's going on.

Another mother sees her most important function this way:

> I think maybe having time for your children and communicating with them. Just have time, have enough time, taking him and taking care of their needs and wants, you know, this is important to me.

Several other mothers reflected an extended range of functions meeting many different needs. One such mother said:

> It's seeing that your child gets the necessary needs, from taking care of him and knowing what to do in case they get sick, and finding out their reactions to different things. (Needs?) Like love and things like that.

Another responsive mother says:

> Seeing to their needs and making them happy, feeding them, that's about it. (Needs?) Well, taking care of them, changing the diaper, feeding them, cuddling them, holding them, making them laugh, making them feel they're loved, those sort of things.

Until now the mothers' responses to a multitude of questions have been quoted. These questions were asked on the basis of the interests and preconceptions of the investigators. But it seems most appropriate to conclude with a few of the comments the mothers added on their own at the end of the interview expressing what it meant to them to be mothers.

One young mother, unwed, not yet through high school and living with her won mother and numerous siblings added:

> Being a mother, it's just something you can't explain in words, but it's just a feeling of closeness, it's yours, it's from you, part of you. 'Cause real mothers can't explain just how they feel for a child even though it's part of them ... I look at him and I see him do things and I say, 'Mama, did I ever do that, was I like that when I was small?' It's good being a mother.

She could hardly wait to become a mother at 18. Being a mother and being a child were very close in her experience.

Another woman, older, married and a teacher by profession, also looked for ward to becoming a mother in a very idealistic way.

> I just wanted to be a perfect mother. That's all. When I married my husband to be a perfect wife, I tried to have his meals on time; I tried to get up early in the morning and have his breakfast ready even though I had to go to work. When I came home, I would try to cook his meals ... and the same thing with the children. I'd get up and feed them. I'd clean them. I'd just do things for them .... I just think that the main thing in life is to be yourself. Do what you can with your children. If you can do more, do more, try to make them happy.

Fifteen months after the birth of her son she was also the "perfect" mother of a little girl.

The following mother was hardly able to find enough words to convey the intense experience she feels being a mother. She too is older, married, but did not plan her child, thinking she could not have children. She added:

> Like I said, just watching them saying their first word and holding. When they start to use their hands, holding their bottle, and like if they want something, they automatically come and grab you, and pull you to it. This is great. This is beautiful. I never realized how it might feel. If they get upset the first person they run to is mama.

At this time, for this woman, being mama was being the most

needed person in the world.

Many books are written for mothers and many books are written about mothers. But this last mother, a young, married, working woman living with her parents, rejects all the books saying:

> I think, well, if you don't have any understanding for your own child, nobody can tell you how to understand your own baby ... that's something natural to me .... They give you a thousand books before you have a baby; I really didn't read any of them, you know.
> (Interviewer: How did you come to understand your baby?)
> I guess by loving him, you know. Maybe I'm still a baby myself, you know ... I'm growing up with Derrick 'cause I am kind of young; I feel like I was growing up with Derrick.

Mothering is being able to grow.

The Evolution of Maternal Experience

This exploration into the texture of maternal experience is over, but what has been discovered? The discussion presented a group of women telling of the different aspects of their lives related to being mothers. For each one, the fabric of this existence is woven differently and yet, they all share the experience of being new mothers, an experience which somehow adds up to more than the sum of its parts. If the analogy be taken further, the fabric is in the telling and it is the telling which binds together the different threads representing the past and present variables involved. This fabric of maternal experience was definitely conveyed during the brief time of the interview. The numerous quotes presented were an attempt to share with the reader the interviewer's

experience of these women which led to this study.

There is something in the telling which cannot be conveyed in ratings or other methodological manipulations required in research. For the mothers, the telling acknowledged the reality of their experience and all they must cope with. The telling was an experience, an activity in time which confronted their being mothers. For the listener, the telling conveyed the strength, resiliency and potential of the mothers irrespective of the different parts, be they problems, reality difficulties, or other complex psychological phenomenon clearly and powerfully affecting these women. The mothers were not merely reporting what they do, when they do it, and who helps or interferes with them. They were sharing a living experience in their current reality which, for some, was never conveyed before. It is here that the interview approach has its greatest asset: being able to create a period of time which is a special experience in and of itself and allows for the communication of something more than reports of information and attitude checklists. It is an exchange in process, ongoing, which becomes a source of genuine understanding and relatedness.

One of the most important reflections of this study is the evolvement of maternal experience. There is an evolvement with several lines and stages of development. The lines refer to the past experiences and expectations of the mothers, as well as the other relationships she must deal with and her environmental circumstances. For example, for one mother, the

lines may be a traumatic childhood and poor mothering, self-development, which took her through school and into regular employment, positive feelings about herself as a woman and the desire for a child. For another woman, the lines might constitute a happy childhood, a disruptive geographical relocation, an interest in peer relations, marriage, but a dependency on her own mother from which she cannot emerge. And yet a third might involve a disrupted home, a good grandmother, career development, maternal employment and economic stress. Each mother studied had a unique constellation of lines which converge in unpredictable ways and contribute to her experience of her child and motherhood.

The stages of evolvement relate to the development of the mother and the developmental stage of her son. Mothers come to their pregnancies with different feelings; they are affected by the reactions of others and may or may not find support for the difficult role they will shortly have to undertake. For some, the earliest stages are characterized by joy and anticipation, while for others, there is only fear and denial. Once they have their children, they also react differently: for some, giving birth is a profound experience; and for others, it is equated with acquiring a new possession for play. Some mothers find the greatest pleasure while their babies are infants, and others react to this same period with alarm and fright. Still others are deprived of experiencing their own connections to their infants until the children are

much older due to their own limitations or the intervention of others.

The evolvement continues to parallel the development of their growing children whose different stages evoke different responses and relationships. There appear to be critical points in this evolvement. One such point is the baby's recognition of the mother. Some women experience this recognition when their four month old smiles, others when their six month old gurgles or begins to sound "mama", and still others when they feel the tug of the demanding toddler. Another critical point is the achievement of motility by the baby who now presents a different reality to the mother. No longer a helpless infant, the baby can move about and begins to do things for himself. Some mothers welcome this new experience and others feel some regrets. Many feel burdened by the added watching and restricting they feel they have to do, while many delight in their babies' new freedom to explore and be on their own. The mothers were only seen up to the point their infants were 15 months old. Had it been possible to continue seeing them periodically during the continuing course of rapid development, the stages and attendant experiences might have been plotted further.

The stage of the mothers' evolvement was also reflected in the kind and quality of control they could bring to their interactions with their children. In part, their control was very much a function of the experience of the particular stage

of development through which the child was proceeding. For example, a mother who was too frightened of infancy might have sought out a rigid schedule to help her define when to feed her child. A mother who felt comfortable regarding her own impulse life was more likely to be responsive to her toddler's new mobility and ability to act on his own. One who had low tolerance might keep her infant in a crib or narrow her child's space to a playpen most of the day. Similarly, a mother who experiences less conflict might be better able to use her resources to affect an organized and flexible schedule for day to day functions. While the mother who is conflicted, perhaps a child herself, feels helpless and responds arbitrarily or leaves her son to others. Many more examples could be given and each would be an attempt to relate the mother's experience and stage of evolvement to her behavior towards the child.

The control scales not only mirror the evolving stages of the mother, but might be viewed as measures of maternal health, ego strength or personality integration. Each scale represents an element of ego functioning and was designed to weight the contribution of this element to the overall emotional health of the mother. For example, low rigidity and conflict scores or high responsiveness and tolerance scores would be indicative of the healthier mother. Similarly, the results often pointed to the more mature woman providing the more quality control and maturity as defined by the level of personality integration evidenced by the mother who is aware

of and coping with her experiences of the past and present, as well as realistic circumstances the mothers are involved in, both psychologically and realistically, it seems plausible to suggest that the quality of their management and feelings summarized by the scales of maternal control reflect their ego strengths and weaknesses.

Chapter Seven

Discussion and Evaluation of Methods

In the course of a study, the researcher learns a great deal about the methods used as well as what they were used for. In this study, the primary method for collecting data was the interview; the primary methods for analyzing data were clinical judgments in the form of rating scales and a Q-sort; and, the primary instrument to assess intelligence were the Bayley Scales. Each will be discussed separately.

The Interview

By now, it is evident to the reader that the interviews yielded information rich in affect, experience and behavior needed for the study. Mothers were not only able and willing to enagage in the interviews, but appeared to experience them positively. But the interview is a very expensive method. It is very costly to transcribe the tape recordings and then to correct the transcripts. The interviews are also very long and cumbersome to analyze. Nevertheless, it is concluded that the interview was the most appropriate choice for the nature of the clinical exploration attempted. While it has its limitations, these are primarily technological and involve cost. Its alternatives, however, would have brought in other limitations such as subject resistance and interference with the response process, in addition to the limitations described earlier (in Chapter four).

But certain methodological questions do remain concerning this method. For one, how much material is needed to achieve the objectives? Perhaps a series of shorter, more focused interviews which would try not to lose the unity of the personality being studied would be possible. This would later relieve the judges of too much information and allow for more independent evaluations. Related to this is the question of how stable the experience conveyed at one point in time is. Possibly, shorter but repeated interviews within a short period of time would be useful in assessing this and would be a better choice if the mothers were available.

The effect of a white interviewer also remains unclear. There was little manifest resistance but it is not clear whether only mothers who were willing to be interviewed by a white person volunteered. Long before the interview took place, it was evident to the mothers that many of the people involved in the study were white. Perhaps, these effects could be better known if the study were repeated with Black interviewers, but there appears to be some evidence indicating that it is not so much whether the interviewer is Black or white, but his personal comfort and attitudes about the situation that counts. Obviously, this issue requries further investigation.

In conclusion, the interview is a valuable method. Yet, it would also be desirable to augment it with independent observations, which the overall study will do in order to further study maternal experience.

The Maternal Control Rating Scales

Once the interviews were completed, the task of their analysis was undertaken. Rating scales were selected as the method to do so because they allow for quantification of concepts. While experience with ratings of behavioral data seldom reach high levels of agreement, it was possible to achieve such with the control scales. But it was very difficult to do so, and the problems encountered in establishing reliability revealed five major issues inherent in the interview method and the concepts selected which effect the achievement of reliability. These issues relate to: a) the nature of the interview, b) the variability of the interviewee, c) the tasks of the rater, d) the concepts upon which the scales are based, and e) the nature of the rating scales. Each will be discussed separately below in relation to the maternal control scales but are considered generally applicable.

The nature of the interview. This interview was open ended and gave priority to following the mother's direction rather than the order of questions outlined when necessary. As a result, each interview was unique, information relevant to maternal control could be found anywhere, and the amount and quality of information varied considerably from mother to mother. Furthermore, the concepts rated did not correspond to specific interview questions, although some questions were more relevant than others. Consequently, judgments of unique patterns of behavior had to be conceptualized and integrated with judgments of affect. The use of a clinical interview

subsequently demanded the use of clinically trained raters.

Variability of the interviewee. The mothers varied in three ways: with respect to their articulateness, consistency and richness of other information provided. Had the mothers been more equally articulate or differentiated in their responses, more definite guidelines for ratings might have been established reliability more easily attained. But the mothers varied greatly. Some had better recall than others. Some had more experience verbalizing their feelings. Others were more comfortable participating in the project.

The second source of variability related to the extent of conflicting, inconsistent, or confusing reports at different times during the interview. This information was further confounded by the attending ambivalent affect. As a result, the burden again fell on the clinical rater to assess all of this, and ratings varied according to what impressed and was most understood by the individual rater. Not only was it more difficult to attain reliability, but it was not known how the clinician finally chose the rating he did.

The third source of variability related to the complexity and richness of the interview which was, in part, a function of the maturity, awareness and verbal abilities of the individual mother. Rich interviews can be helpful in rating specific dimensions but, at the same time, can be a burden to the rater who must filter through and evaluate greater amounts of information which are never uniformly present.

One possible solution is to reduce the amount of material

provided without jeapordizing the validity and reliability of the scales to be rated. The problem of unit selection is familiar to researchers in psychotherapy and is applicable here; namely, particular responses are too narrow and whole hours are too broad. In this study, several variations were attempted comparing judgments when only parts of the interview were read, with judgments when the entire interview was read. It was found that control issues could be just as reliably assessed on the parts of the interview dealing only with mother-child interaction and most relevant to aspects of control. This also had the advantage of eliminating the historical data which included the antecedent variables. These were later tested independently against the control ratings.

The rater. To promote reliability both who the rater is and the tasks he must do need to be considered. As mentioned above, the rater must judge rather unique and widely varying interviews. She or he faces the difficulty of maintaining a focus on the concepts to be rated in an interview exploring numerous affective areas which make it difficult to exclude inferences related to other issues. Thus, the rater is often burdened by information overload, high distraction, and the task of keeping other concepts and inferences out.

It is also essential to engage raters of similar theoretical persuasion, as well as equivalent experience and sensitivity. While sophisticated raters would seem most desirable, experience with the maternal control scales indicate that there can be a

burden in too much sophistication such as those made by psychoanalysts who use different order inferences than other clinicians. For research purposes, it is also useful to engage independent raters who are not familiar with the mothers. This would enhance more objective judgments, uncontaminated by other affective responses to the mother. In this study, which was so exploratory and attempted to deal with affective variables, it was critical to engage reliable and experienced clinicians in order to achieve any reliability on the scales. Whether raters with less experience could be used still remains to be assessed. Raters with less sophistication could be employed at less than the twenty dollar per hour fee often necessary in the present study.

The concepts. While every effort was made to keep each scale clearly defined and unique so that the same material not be rated under different names, psychological concepts nevertheless overlap. The seven scales in this study were all related to the central concept of maternal control which precluded their being unique, but each had its own conceptual integrity. Ideally, each scale would have been judged by an independent rater. This prevents related scales from becoming polarities where a high rating on one would be followed by a low rating on another, as might be the case in rating responsive and rigid control simultaneously. Independent ratings also reduce the possibility of building in significant correlations.

Since it was too costly to have each scale rated in-

dependently, the issue of how many different concepts could be judged while still maximizing interest, efficiency and reliability arose. The solution must depend on the nature and complexity of the concept, the unit selection, and the nature of the material to be rated. In this study, after some experimentation, each judge was asked to rate three scales of different nature.

The nature of the rating scale. When each point of a rating scale can be uniquely defined, the rating should be easier to make. Such scales are most easily constructed for judging more limited kinds of material such as particular responses to a question. Such scales are also desirable when there is little or no overlapping of concepts to be rated. Because this study involved extensive and variable interviews, as well as overlapping concepts, scales were constructed along high-low continuums with a single definition for each concept. It was more difficult to establish reliability using such scales, but the relativley high rater agreement attests to their validity and usefulness.

Some of the difficulties encountered could be minimized by using more explicit concepts which are defined before interviewing proceeds and then can be persued at greater depth during the interview. This would narrow the data base and result in more specific scales. However, not all concepts lend themselves to such reductions and not all researchers would wnat to hazard interviewing under the pressure of probing in order to rate specific scale points.

These five issues demonstrate the numerous difficulties and methodological choices involved in using rating scales on interview material. In retrospect, it is no wonder that reliability was so difficult to achieve. That it could be done at all is a testament to the validity of the concepts used.

The Maternal Affect Q-Sort

The main problem with the Q-sort in this study was the inadequate development of the items. As a result, only the overall scores were used as ratings and the distributions were descriptively persued but not statistically analyzed at this time. It became clear that this technique is difficult to develop, especially when limited to a specific affect rather than to broader personality descriptions, and difficult to do, especially when it must be done twice for each subject.

The technique calls for a very large number of items to be used which can be distributed in a way which corresponds to the normal curve. When overall personality or self-descriptions are called for, a large number of items are certainly needed. In this study, all the items selected were exclusively related to aspects of positive or negative maternal feelings. Since 76 items were used, there tended to be some overlap between items which became difficult to rate differentially: for example, "adoring" and "cherishing," or "hostile" and "angry." As a result, the sorter might arbitrarily assign a higher and lower rating for each of these to comply with

the constraints of the forced distribution. Secondly, some of the items were very stereotyped or strongly worded and failed to discriminate between mothers because they would usually be placed at extreme points. For example, it is possible that some mothers experienced lethal or hedonistic feelings but it is more likely that these powerful descriptions would apply only to a few and, as a result, they tended to occupy the lowest ratings for most of the mothers. Such terms resulted in losing some degrees of freedom for placing the remaining items and made the sorting even more difficult. The raters were also burdened by having to do two Q-sorts in a row in addition to first reading the entire interview. It became a very long, difficult and tiring task which taxed the attention and clinical alertness of the rater. Furthermore, the forced choice model created a lot of rater resistance and tension. They not only had to rate 76 items per sort, but also had to adjust these ratings to fit the number allowed per each scale point. It seemed that the more sorts a rater did and the more experienced she became, the less welcome the task was, although more easily done. For the clinician, the task is especially difficult because the method does not permit integrated personality formulations and the rating schemes begin to be experienced as arbitrary.

The original intentions and purposes for using the Q-sort, particularly the attempt to differentiate between maternal experience and clinical evaluations of such, are still considered

valid. But the difficulty, cost, time consumed, and rater resistance make it difficult to recommend. In this case, it is now obvious that a pilot study and item analysis involving many more subjects and judges were critically needed. More careful study of the processes involved in doing two sorts under two different sets should have also been undertaken, as was attention to the raters' experiences. This was not possible given the limitations of any one study and the attempt was possible only through the generosity of the project. But there are evidently no short-cuts for developing methods and new instruments for research, and pilot efforts for doing so should get more attention and support.

The Infant Testing

The Bayley Scales were selected because they were considered the best instruments available at present to assess infant intelligence. However, there is a problem relating to the nature of the mental and motor scales. Drs. King and Seegmiller, the investigators involved in the testing aspects of the study, questioned the validity of differentiating mental and motor items to yield two distinct scores during the first few years of life. During the preverbal stages of development, the divisions seem somewhat arbitrary and are further confounded by the examiners combining verbal instructions and demonstrations to elicit responses from the babies. Thus, mental and motor items are mixed together and must be considered so when assessing the separate scores.

A recent review of infant tests by Thomas (1970) also highlights the problem of differentiating mental and motor items on the Bayley. Some factor analytic studies found the test to be almost exclusively sensori-motor through twenty months while other demonstrated that this finding depended on the particular subset of correlation coefficients used in the factor analysis.

For the present, the Bayley mental and motor intelligence test scores must be considered critically and as only one aspect of infant development which might reflect the effects of mother-child interaction. It may be more useful to think of the test as an overall measure of adaptability during the second year of life rather than critically differentiating intelligence scores. As such, however, it is a very limited measure of emotional and affective development. The adequate and reliable assessment of infant, mental health requires further development by researchers in the latter areas in addition to assessment of cognitive functioning.

Chapter Eight

Implications

The findings of this exploration into maternal experience have implications for intervention programs, further studies and method. It was quite evident that numerous historical, social, economic and political factors effect the mothers and their experiences, all of which have to be considered and involved in any future programs for intervention or research. But, at this time, rather than being directly addressed, they will serve as the context of understanding out of which specific suggestions will be offered.

Implications for Intervention

Foremost, the data relevant to maternal evolvement implies the possibility of enhancing this evolvement and promoting a positive maternal consciousness. This appears especially critical for the young women who are unprepared and conflicted over their pregnancies but, nevertheless, decide to have their babies. The fear, depression and fateful resignation expressed by many of these mothers were powerfully conveyed. But all women, even those who consciously plan their children, might benefit from programs fostering a healthy maternal consciousness and definition of motherhood within a definition of womanhood, irrespective of the stage of personal integration they have reached.

Intervention must deal with realities and the realities

of the young Black mother are quite complex. Just a few of the realities related to maternal evolvement will be named. There is evidence of ignorance or poor accessibility of birth control information, as well as a startling denial or awareness of the association between sexual activity and pregnancy. This was not limited to the younger adolescents, but was evidenced even among the women who had already given birth to their first children. Then, there is the complex intervention of the grandmother and her role in maternal evolvement which needs to be considered. Furthermore, economic circumstances often necessitate early maternal employment which may have complex consequences affecting the mother-child connection, especially if the grandmother becomes the primary caretaker. While employment, under the right circumstances, might be desirable, it was often seen as a vehicle of separating and distancing from difficult circumstances in the home. Last, but not least, are the varying paternal involvements and the limited expectation mothers have of the fathers. These specific issues will be addressed.

What are the viable alternatives for these women? How can they be supported? How can some of their situations be prevented from emerging? Is there a real channel of communication between the mental health professional and the individual mother not necessarily seeking clinical help? Perhaps, this last question must be answered first. The interviews in this study indicated that the mothers were able to relate their

experiences and talk about themselves. This was not a clinical sample and they were not seeking specific help, but, nevertheless, were open and receptive to the investigators, even though they were white. Most of the women became quite comfortable as the interview proceeded. It was a new experience for them, and many enjoyed the focus on them for a change and the unexpected opportunity to talk about themselves as well as their children. A wide tange of affect and experience was successfully conveyed by talking and introspecting. There, thus, seems to be sufficient evidence to encourage a verbal and individual approach as one way of working with these mothers.

During the interviews, the mothers implicated the community channels which might be useful avenues of intervention. Their comments point to the important influences that already existing systems and groups have and which perhaps are not fully appreciated by the outsider. For example, many women referred to the impact that taking their children to the local health stations had on them because of their contact with other mothers waiting, as well as the effects of the nurses and doctors relating to them exclusively as mothers. All too often, it took this external measure to reflect to them that they, in fact, were mothers of young, growing children. Then, why not expand on this reflection and use the setting to promote maternal consciousness, not by chance, but deliberately? It was also apparent that many of the mothers were very isolated and often strongly influenced by only one or two others who dictated to them but did not

give them the opportunity to discuss their questions and reactions to their children. Often these other women were experienced grandmothers who have perhaps forgotten their c own feelings when they first had children, or perhaps remember them so well they want to relive their early experiences and displace their daughters.

The new mother's isolation can be disrupted by being with other new mothers who face similar stages of development in their children and must also find ways of effectively managing their children. Mothers will surely learn best when they can teach each other and grow with each other. One suggestion then is to establish mothers' groups while these women must wait to see the doctors and capitalize on their being together at a certain place at regular intervals. The groups might be loosely structured ongoing events, so that the mothers can keep their individual appointments, led by trained experienced mothers from the same communities. Mothers could discuss child rearing possibilities before problems develop and would benefit from hearing about a variety of practices so that their own subsequent decisions would be less arbitrary or determined by others around them. By having an opportunity to express themselves and listening to others they can become more aware of their own feelings, the differences among the children, and how the two need to come together in day to day living. The setting might also enhance a positive association between emotional health and physical health, even allowing for direct educational pro-

grams related to principals of mental health and psychological mindedness.

Another rapidly developing arena which could provide a setting for the sharing of maternal experience is the day care center. It is also the place which could involve fathers and perhaps be expanded to really serve as the extended families and communities which support the individual parents and allow children to receive multiple parenting. Groups could be formed which focus on any area of interest to the parents, led by parents working with professionals, and would also serve as laboratories and classrooms to educate parents in their own and children's development. Furthermore, the center would not only reduce the mothers' isolation during the preschool years, or allow her to enhance herself through employment or further education, but would allow for early recognition of problems requiring professional and social service intervention. The parents coming to these groups would problably be quite heterogeneous, as was the sample of this study, and would present different models to each other. Similar type groups might be established at welfare office or large employment centers such as the telephone company or hospitals where many mothers work and which are being encouraged to provide day care arrangements.

One group which must not be overlooked in any potential program are the grandmothers, particularly when they participate in the mothering of the children. The many and complex ways they influence the mothers and promote or im-

pede their evolvement was sharply evidenced in the prior discussion. It must be appreciated that grandmothers are also proceeding through a new stage of development in their lives and could perhaps benefit by sharing their experiences and feelings about themselves and their daughters. Many are probably unaware of how they sometimes preempt their own daughters and are too involved to appreciate how their wish to be helpful may result in interference. Multiple mothering can be advantageous but requires a dialogue between mothers and daughters which must define their roles and attachments and can help each other grow. Furthermore, the grandmother should not be the only one the mother can turn to for support, be it emotionally or financially. More equitable and simpler channels must be found to relieve the mothers of at least economic stress so that they could balance the time and effort needed to be mothers, students, workers, and anything else indicated.

The implications for intervention have thus far focused on helping women who already have their children, but it seems that the most meaningful intervention must begin many years before women ever think of becoming mothers and men fathers. Education for parenthood should begin as early as the stages children play at being parents and should continue through elementary and high school in ways corresponding to their developmental stages. These are the time children are most receptive and open, and encouraging a parental-consciousness might very well enhance a self-consciousness. One suggestion

would be to integrate such a programa with existing sex education and drug prevention programs. Educators have become aware they must try to educate their students for life and what is more critical than preparation for parenthood in peer-integrated programs.

Related to the early education for parenthood are the already existing courses availble for expectant mothers. Several of the mothers in this study spoke of attending special maternity classes or schools and some appeared to benefit from these programs in a way which went beyond learning the physical care their infants will need. They seemed to benefit from expressing their feelings and sharing their fears, problems, and anticipations with others. These programs are designed exclusively for girls who become pregnant and are then isolated from the rest of their peers, perhaps unwittingly preparing them for the further isolation they will be likely to suffer once they become mothers. Nevertheless, the sharing of their experiences appears helpful in preparing them for motherhood. but why keep this group isolated from their peers and from the fathers-to-be, many of whom are also in school. Another intervention approach might involve integrating the expecting and nonexpecting adolescents in high schools who could together confront their experiences and the realistic tasks and problems they must face once they become parents.

There are alternatives and possible programs suggest themselves readily. The use of existing structures would have to be further evaluated for they probably share some of these goals already and are complex systems, but would allow

for some experimentation. The important implications are that mothers can relate their experiences, would reduce their isolation and fears if they could share their experiences and growing understanding of their children, and might benefit greatly by programs designed to enhance their maternal consciousness as they proceed through the various stages of motherhood. Furthermore, intervention must proceed concomitantly with other involved members, be they fathers, grandmothers and perhaps most importantly, the working professional. One of the most critical keys to the success of any program is the necessity of clarifying and educating the attitudes of those attempting to implement the programs. How the professional, at all levels, feels about and relates to the mothers may very well be more important than whether he or she is Black or white. A professional coming into contact with new mothers would also do well to focus on their experiences, rather than hastily judge their behavior or tell them what to do. Very often the advice does not correspond with maternal perceptions and is either not followed or misunderstood.

Implications for Further Research

Here too, the implications are manifold and relate to theory and development. Further research might address itself to more systematic and empirical study of the stages of evolvement and how they relate to child development. More in depth analysis of maternal experience, including some of the other proposed qualities, would clarify the interaction of various

dynamics and antecedent experiences. Certain current behavioral indices related significantly to antecedent variables of which the judges were unaware and it might be very useful to explore these variables further. Extending the study of maternal experience and evolvement in time also seems indicated so that mothers could be followed from pregnancy through childhood. While the sample was very heterogenous in may ways, it would be valuable to replicate with other samples, larger groups and Black interviewers. Other people who should be involved in similar exploration are the fathers and the grandmothers.

So far for the mothers. What of the children? No attempt was made to relate the qualities of maternal experience with observed behavior of mother-child interaction. This is certainly indicated. Furthermore, the only index of child development used related to intelligence test scores, and this did not fare too well. It would be more relevant to establish indices of corresponding emotional growth and ego development in the infants; Such variables of infant personality would be more subtle than total IQ scores and might be a better mirror to reflect maternal experience. This too would have to be investigated on a longitudinal basis since effects are often not observable for many years. It would also be useful to attempt an understanding of how the children effect their mothers from the point of view of the child -- an issue that was entirely overlooked in this subjective study of the mother's experience

of her child.

Regarding control specifically, further research would also call for short term longitudinal studies of the nature of control in relation to continuous child development and maternal experience. The scales did not relate that well to intelligence tests at the early stages, but other more relevant behavioral indices remain to be tested. Many studies relating to strategies of control and discipline with somewhat older children might be better understood if the development of maternal experience in relation to control were more adequately traced.

Studies of child-rearing and child development have long focused primarily on the child and what mothers do with children, but have neglected to probe more intensively into the nature of maternal experience in response to her growing child. An understanding of the fluctuations and the evolvement of her experience and feelings would help relate the processes which mediate between child and maternal behavior or interaction.

Implications for Method

One shortcoming of the types of scales used to assess maternal control was their failure to convey more clearly how the clinician made the judgment. It is not known which complex of phenomena and variables most influenced the judgment; nor is the kind or level of inference used known. The scales, as they stand, might just be a function of highly experienced

judgments made by raters sharing intuitive processes. Clearly, more specific understanding of the judgments would be valuable and might allow the use of the scales by others. Similarly, it is not known how much as well as what kind of information is most imperative, or perhaps it does not matter. Research methodology would be enhanced if some model could be developed which could present different kinds of information at various stages to the rater and which could then be used to study the process of and changes in clinical judgment. This would be similar to the paradigm used to understand the process and inference models used in medical diagnosis.

Another major difficulty encountered in the course of this study was finding a way to measure complex affects such as positive or negative maternal feelings. This difficulty was compounded by the attempt to distinguish between judgments of the mothers' experience and clinical evaluation of their experience. Methodological development is urgently needed in this area if understanding and clinical processes are to be applied in research about people.

Appendix 1

Maternal Interview[1,2]

To interviewer: This is a long interivew. Only the essence of each question is written out. The questions are to be asked in an open-ended way, to come as close as possible to a natural conversation with the mother. Try to proceed in the order of the questions. Of course, if the mother skips to another area of discussion which proceded or follows the question you are about to ask, do follow her, and then return to where you left off. For example, while asking #16, about love and praise, she might continue to talk about his good sleeping or eating habits (#47 and #48), in which case it would be stilted to keep her to one topic only. So alternately you will lead or follow the discussion. Never cut off a line of talk, even if it is about something other than in the interview.

Begin by saying something like the following to the mother:

> We would like to understand what kind of life mothers have with their babies. We have some questions to ask about your baby and your life with him. In answering those questions, you should know that everything is kept confidential. But if we ask anything you do not wish to talk about, we can skip such a question. It is perfectly alright.
>
> Insted of writing down everything we say, we use this tape recorder. This way we are sure to remember everything we talked about.

Interview Questions

1. Can we start with asking you to tell us something about your baby. (If she looks puzzled, add:) Anything about him will do. What is he like?

2. What kinds of things bring you most happiness with your baby?

3. What kinds of things are most difficult with him?

4. Knowing other mothers and their babies, how does your child compare to theirs?

[1]Third and last revision, Dec.,1969. Address inquiries to Mary Engel, Ph.D., Department of Psychology, City College, 135th Street and Convent Ave, New York, N.Y. 10031.

[2]Developed under NIMH Grant MH-17580-01.

5. How has the baby changed in the last year?

6. Did you want to have a little boy or a little girl?

7. How did you feel about having a little boy?

8. Do you remember how you felt when you found out you were going to have a baby?

9. What kinds of things were you thinking about when you were expecting him? Or, what kinds of daydreams were you having then?

10. How did you feel about becoming a mother?

11. Now that you are a mother, is it the way you expected it to be? In what ways? Or, how is it different?

12. Can you tell us how things go from day to day; for example, please tell us what happened yesterday with you and the baby, beginning with the morning and going through the day. (Select a day mother and child spend together if mother works, e.g., on a week-end.)

13. Now can you tell us how a week goes by, like last week?

14. Does the baby have any contact with other babies, like for playing or just being with them? How is it?

15. What kinds of toys or things does he like to play with?

16. Is there anything the baby is attached to, like a toy or blanket or anything he carries around with him, or has to have in his bed when he goes to sleep?

17. For what kinds of things does he get love and praise?

18. What are the rules for the baby, what kinds of things is he not allowed to do?

19. Does the baby seem to like men or women better?

20. How does he react to men? To whom?

21. How does his father (your husband) feel about the baby?

21. What contact do they have? What do they do?

22. How do you think he can help you raise the baby?

23. How do you think he and the baby are alike? Different?

24. How do you think the baby is like you? Different?

25. Does anyone else help take care of the baby? Who?

If living with grandmother, ask the following:

26. How does your mother help you with the baby?

27. Do you sometimes have different ideas about how to take care of him? What happens?

28. Does the baby act differently with you and with her?

29. Do you work now? What do you do? (If not, continue with #36.) When did you decide to go back to work? How come? Why then?

30. Did you work before you had the baby? When did you stop? Why then?

31. Have you worked since the baby was born although not presently?

32. (If appropriate) What are your present sources of income? Does the father contribute to the baby's support?

33. What is the hardest thing about working and being a mother?

34. Tell us about your babysitter.

35. How did you come to pick her?

36. How do you feel about the way she is caring for the baby? Does she also care for other children?

37. If you needed or wanted advice about the baby, whom or to what would you turn to?

38. If you needed or wanted advice about jobs or things about money, to whom would you turn to and trust?

39. If you had an emergency with the baby, to whom would you turn for help?

40. If you yourself suddenly got sick, what would happen? Whom would you turn to?

41. Do you ever worry about any of those things happening? What?

42. How does the baby generally react when you are out of the house and leave him with someone else?

43. How does he act when you come home?

44. What makes the baby happy and how does he show this?

45. How does he show he is angry? When

46. How does he show love and affection?

47. How can you tell when he is afraid?

48. We would now like to know about his different habits, beginning with his sleeping habits. Please tell us about this.

When does he go to sleep? Awake?
Does he nap? When?
Where does he sleep? With you?
Any sleeping problems?
Was it always like this?

49. What about his eating habits?

When does he eat? (Find out if regularly scheduled or not.)
What does he eat now? Since when? (baby food, regular food)
How does he eat, do you encourage him to eat by himself?
Was it always like this?

50. Was he breast fed or bottle fed? How did you happen to choose this?

51. If breast fed, for how long? Did you then use a cup or a bottle?

52. How about weaning him to a cup?

When did you start this?
How did you decide it was time to begin this?
How did you go about it?
What does he drink from a cup now? When?

53. How long do you think it will be before he gives up the bottle?

54. Does the baby use a pacifier? Since when? Why? When will he stop?

55. There has been a lot of talk about whether it is better to have a regular feeding schedule for a baby, or to feed him whenever he is hungry. How do you feel about this?

How did you handle it with the baby?
Id schedule, how closely did you stick to the schedule?
How often did you feed him?
Was he ever awakened for feeding?
Any feeding between scheduled times? Why then?
When was he given solids? What was his reaction?
Did he feed fast or slow?
Any reactions like spitting up? Stomach cramps? Colic? Refusal?

56. What about crying?

Cry often? How often?
For what reasons does he cry?
Do you believe in picking him up or letting him cry it out?

57. What is the toileting situation now?
How will you go about toilet-training him?
At what age do you think he will be trained to go or ask to go?

58. When did you think he would begin to walk? When did he?
At what age do you think he will walk and run steadily, sure-footed?

59. Does the baby talk now?
When did you think he would begin? When did he?
At what age do you think he'll speak in sentences?

60. How old do you think he will be before you can send him to the store for something and he would come back with it, and not forget it or lose it?

61. What games do the two of you have together?
What kinds of things do you play together?

62. He is quite small, but perhaps you have been thinking about what he will be like when he grows up. Tell us about that.
What about when he is older?

63. How far would you like him to go in school?
How far do you think he will go?

64. Have you though about what you would like him to be when he grows up? Why that?

65. What kind of life should he have?

66. Do you think he will want to do these things?

67. Has your husband given any thought to what he would like the baby to be?
Try to get the information which may not be on the birth certificate:
What does he do? How far did he go in school? How old is he?

68. What sorts of problems do you think he will have in growing up?

69. Are ther ways mothers can help their children learn?

70. When would you like to see the baby start school (kindergarten)?
Are there any things you do now thinking of the time he will go to Headstart or kindergarten?

71. Now we would like to ask you something about your own life.
What do you remember best about when you were a little girl?
Anything before that (get earliest memory)?

72. Tell us something about your mother and father.

73. What was it like growing up with your brothers and sisters?

74. Did you ever have to take care of very young children (i.e., assume major caretaking responsibilities)?

75. Re school: What was school like for you?

    What did you like best about school?
    What did you like least about it?
    What kind of student were you?
    How far did you go?
    Something about a liked teacher.
    Something about a disliked teacher.

76. The way your mother was with you when you were a child, does that have an effect on how you are with your baby now?

77. What contact did you have with your grandmother? (Multilpe mothered?)

78. Do you have many friends? How often do you get to see them?

79. Thinking just about your own life, what thoughts do you have about your own future? What kinds of things do you hope to do? What would you like for yourself, if you could have them?

80. What do you think life will be like for you two years from now?

81. Any thoughts about other jobs?
    If you were to go to work, when do you think you would do so?

82. Any thoughts about other places to live?

83. Thoughts about family size: How many children would you like to have? Why that number? Why no more? How does father feel re this?

84. How is it with the baby when you are in a rush, very very busy and pushed for time?

85. How is it with the baby when you are not busy, when you are free and there is nothing in particular to do?

86. What are the things for which there is always plenty of time?

87. What are the things for which there is never enough time?

88. Would you like to have more or less time for yourself?

89. Is there any way in which your time could be better arranged?

90. If someone did all your work for you for a week, what would you do with your time?

91. What would you say is the most important function of being a mother?

92. Would you say your feelings about ____ have chnanged since you've had him? In what way? How come?

93. When did you begin to experience the feeling of <u>really</u> being a mother? How come then?

94. Is there anything else you would like to add that would help us understand mothers and their babies better?

<u>ADDENDUM</u>: <u>If mother had second child</u>, get name, sex, age, and ask:

Were you planning to have another baby now?

Was your experience having and caring for new baby different than that with your little boy? In what ways?

How has ___ reacted to the new baby? How can you tell how he feels?

How are they different? Alike?

What does ___ do when you are taking care of the infant?

Are you handling the child-rearing practices in the same way as before? What do you do differently?

In what ways is being a mother of two different than it was before?

* Help the mother focus on her first child and ask the above when appropriate.

<u>If the mother is expecting again</u>, ask:

When are you expecting? Would you like to have a boy or a girl?

How do you feel about having another baby now?

Have you been feeling any different than the first time? In what ways?

How do you think ___ will react to the new baby?

Are there any things you do now to help him get ready for the new baby?

How do you think you'll find being the mother of two?

Do you think you might do some things differently?

Appendix 2

CODING MANUAL

For The

MATERNAL INTERVIEWS

In The

MATERNAL STIMULATION AND INFANT COGNITIVE DEVELOPMENT STUDY[1,2]

[1] NIMH # 17580-01

[2] Developed by Serena Wieder

INTRODUCTION

This manual was developed to code the information obtained in an extensive interview with the mother of a first-born, male, child fourteen months of age. The interview explores such areas as mother-child interaction, child-rearing practices, developmental history of baby, mother's past history, and future expectations.

The interview is very long and very complex. While every effort was made to follow the sequence of questions indicated in the attached interview-form, the interview was conducted in a flexible manner. Therefore, whenever the mother reported information usually asked at a later stage, it was generally pursued at the time she brought it up. Sometimes additional questions were asked, to clarify matters the mother raised, and at other times certain questions may have been omitted. It is also important to understand that most of the interview questions allowed the mother to respond in an open-ended manner. She could say anything she wanted and, unless specific information was needed, she was not probed about other possibilities. Each mother is unique and each interview is personal and different.

Coding the interview is a difficult task. It requires very careful and sensitive reading, recalling, and pulling together relevant information from different parts of the interview, as well as extremely accurate recording of response choices. Many items call for very specific information, while others require the coder to rate simple affect states or general impressions. Sometimes it will be necessary to re-read parts of the interview to make these latter judgments. It will also be necessary to search for <u>specific</u> details.

The interviews you read are transcribed from tape recordings and if the mother or interviewer said something which could not be understood by the typist a long dash was indicated. While each transcribed interview was checked, information will nevertheless be at times not known to you.

The style and ability of each mother to express herself also varies a great deal, as do the length of the interviews. Some mothers are very verbal and others speak sparingly. This means the coder will at times have to read carefully to understand what a mother means when she says very little, as well as when she floods the interview with many extraneous reports and the relevant information needs to be filtered out.

Please read the attached interview questions, the following instructions, and the coding manual carefully before actually beginning the coding.

INSTRUCTIONS

The purpose of coding these interviews is to prepare the information for computer analysis. It is ABSOLUTELY CRITICAL TO BE ACCURATE so that the computer will be able to analyse these data.

I. SOURCE NUMBERS

The Coding Manual follows the sequence of the interview questions. The relevant question is indicated by a source number under each item. The source number helps to locate where the information required for the item is most likely, but not exclusively, to be found. Sometimes the mother reports desired information spontaneously and it will thus be out of sequence. If the information to be coded is to be based only on a specific response to a question, the word "only" appears next to the source number.

II. CODES 1,2 AND 3

Certain codes appear consistently throughout the coding manual. They are:

Question not asked..... 1
Not applicable..... 2
No reference to or no evidence of..... 3

These are used to code missing information and need to be distinguished.

1. "Question not asked" This is to be coded when the interviewer has neglected to ask a particular question.

At times it does not appear as a response choice because it is not relevant to the particular item being coded; for example, there may not be a specific question for the information being sought for the item, and choice "1" is not necessary.

At times "1" does not appear because a judgment of affect is to be made by the coder regarding an overall issue and only a rating scale is indicated.

When a question is not asked because it is clearly not relevant to a particular mother, do not code "1" for example, questions regarding the babysitter will not be asked of a mother who is not working. In these cases code "2".

2. "Not applicable" is used when the item does not apply to the mother; for example, if the item is concerned with working and she does not work, code "2".
3. "No reference" or "no evidence" are used when the mother has responded to the question and either fails to specify her response or does not refer to the particular information in the item.

When either 1,2 or 3 are the appropriate choice and a series of items are involved, be sure to code <u>consistently</u> for the entire series. For example, for a series of items describing the difficulties of the working mother, the mother who does not work will always be coded "2" for the relevant items.

III. NUMBERS

1. Whenever numbers are to be coded, be they number of months or years, or scores, or frequencies, it is always necessary to add "4" to the number indicated. This is done consistently throughout the interview. Before beginning to code,
2. Check the exact age of the baby at the time of the maternal interview. This is critical for the accurate coding of developmental landmarks and future expectations.
3. When mothers refer to more than one age or time period in response to the same question, code the earliest age referred to.

IV. BEST-FITTING CHOICE

Since open-ended interviews are involved, it was impossible to provide a code for every possible response. Therefore, certain response choices were developed and it is necessary to find the best - fitting choice available.

Always read all response choices before coding.

DO NOT OMIT ANY COLUMNS, except where you are expressly directed to leave column blank. You must code each column and it is critical to code the best-fitting choice.

V. OTHER

Whenever the word "other" is used to indicate a non-specified choice, please write down what "other" actually refers to on a worksheet provided. Identify card and column numbers.

VI. NOTES OF EXPLANATION

Various notes of explanation appear throughout the codebook. Please attend to this carefully.

In addition, note the following:

Afer coding the parts of the interview related to various care-taking practices and information regarding the baby, it will be necessary to code some general items summarizing the following factors on card 06:

Columns 41 - 45
Infant behaviors mother encourages

Columns 49 - 54
All those influencing mother's child rearing practices

Columns 55 - 64
Areas regarding which mother complains

Columns 67 - 73
Areas regarding which mother is conflicted

Please read these items again before proceeding and keep them under consideration as you read and code.

VII. THE FIRST FORTY COLUMNS

The first forty (40) columns of Card 01 to be coded are based on the mother's responses to the first four questions only. Please read these first four responses in the interview and code these columns BEFORE continuing to read further.

VIII. READING THE ENTIRE INTERVIEW

After coding columns 6 to 40 (Card 01), read the entire interview quickly. This will allow you to become familiar with the mother and her manner of speech and self-expression, as well as to locate roughly

information which may be out of sequence, or information which clarifies earlier reports and needs to be known for selecting the most relevant choice.

After reading the entire interview, return to the beginning, and proceed to re-read page by page and code accordingly. Remember the source numbers are there only to guide you and you must search for the necessary information. Limit the information to be coded only when the source number is followed by the word "only".

IX. ACCURATE CODING AND RECORDING

The coding task is difficult and complex. Please work carefully. You must make important judgments and it is critical that the codes be entered accurately in the correct columns. Errors in judgment or recording may result in the exclusion of the mother from a particular analysis. Please work while alert and check your column numbers frequently.

When information is missing due to poor tape recording (indicated by a dash), and there are no alternate sources available, code the column as if the question were not asked.

SUMMARY INSTRUCTIONS

1. Read the following: interview questions, instructions, and coding manual carefully.
2. Be sure the interview you are coding has been corrected for transcription errors.
3. Check the exact birthdate of the baby at the time of the maternal interview.
4. Read and code the responses to the first four questions only.
5. Quickly read the rest of the interview.
6. Resume coding. Be sure to:
    a) Read all response choices and pick the "best-fit".
    b) Note whether the source information is limited to a particular question.
    c) Do not omit any columns unless a "blank" is indicated.
    d) Always add "4" to quantitative information.
    e) Attend to explanatory notes.
    f) Write down "other" information on the worksheet provided.
    g) Write down any problems or difficulties on the worksheet.
    h) Check column numbers frequently.
7. Please work very carefully and accurately, only while alert and motivated!

GOOD LUCK!

Col 1,2

SUBJECT NUMBER

Source: Interview

Col 3

PART OF PROJECT

(always code "3") 3

Col 4,5

CARD NUMBER

(code "01") 0 1

Cols 06 to 40

Source: 1 to 4

The items involved in columns 06 to 40 are to be coded on the basis of the mother's response to the first four questions only, and are to be coded before the entire interview is read.

These questions were usually asked consecutively and are to be found on the first few pages of the interview. If the mother interjected additional information, exclude it, and continue to read and code the responses to the first four questions only, being certain to code all columns

RE: BABY'S DEVELOPMENT

Source: 1 to 4 ONLY

Read all items below before coding

Col 06

MOTHER REFERS TO BABY'S GROWTH AND DEVELOPMENT. HER COMMENTS ARE NEITHER POSITIVE OR NEGATIVE

No.....4
Yes.....5

Col 07

MOTHER EXPRESSES POSITIVE FEELINGS RE: BABY'S GROWTH AND DEVELOPMENT- (Happy and proud of his growing so big, his new motor abilities, doing the unexpected, etc.)

No.....4
Yes.....5

Col 08

MOTHER EXPRESSES NEGATIVE FEELINGS RE: SON'S GROWTH AND DEVELOPMENT (Plaintive about development not proceeding quickly enough, or not as good as expected)

No.....4
Yes.....5

RE: BABY'S EMOTIONS

Source: 1 to 4 ONLY

Col 09

MOTHER EXPRESSES POSITIVE FEELINGS RE: BABY'S EMOTIONAL LIFE AND PERSONALITY (He's happy, playful, congenial, joyful, friendly)

No.....4
Yes.....5

Col 10

SHE EXPRESSES NEGATIVE FEELINGS RE: SON'S EMOTIONAL LIFE AND PERSONALITY (He's unhappy, moody, fearful, withdrawn, mean evil, etc)

No.....4
Yes.....5

Col 11

MOTHER EXPRESSES PERSONAL GRATIFICATION RE: DISPLAY OF AFFECTION TOWARDS HER

No.....4
Yes.....5

Col 12

SHE EXPRESSES IRRITATION OR ANNOYANCE WHEN BABY DISPLAYS AFFECTION TOWARDS HER (comes to "love her up," demands attention, etc.)

No.....4
Yes.....5

Re: MATERNAL ATTITUDE TOWARDS CARETAKING RESPONSIBILITY

Source: 1 - 4 only

Read all items before coding

Col 13

ATTITUDE TOWARDS CARETAKING IS ONE OF RELATIVE ACCEPTANCE
Mother regards it as something that has to be done, as part of her responsibility, but neither particularly pleasureable or dissatisfying

No.....4

Yes.....5

Col 14

SHE FEELS POSITIVELY RE CARETAKING RESPONSIBILITIES
Derives satisfaction and pleasure from caring for the baby, shopping for him, feeding, and doing other things for him

No.....4

Yes.....5

Col 15

MOTHER FEELS NEGATIVELY RE CARETAKING CHORES
Complains about caretaking procedures, feels they're demanding burdensome, difficult, possibly specifying particular area of difficulty: eating is now a real problem, baby never wants to sleep, etc.

No.....4

Yes.....5

MOTHER'S FEELINGS
RE: BABY'S RELATIONSHIPS WITH OTHERS
Father, grandmother, other children, etc. Both positive and negative feelings could be expressed at different times, or with different people.

Source: 1 to 4 ONLY

Col 16

MOTHER REFERS TO BABY'S SOCIALIZATION BEHAVIOR BUT HER FEELINGS ARE PRIMARILY NEUTRAL

No.....4
Yes.....5

Col 17

MOTHER EXPRESSES SATISFACTION RE: BABY'S INTEREST AND GOOD RELATIONSHIPS WITH OTHERS

No.....4
Yes.....5

Col 18

SHE EXPRESSES DISSATISFACTION OR IS PLAINTIVE ABOUT THE WAY BABY GETS ALONG WITH OTHERS. MAY FEEL HE SHOULD BE MORE SOCIABLE AND FRIENDLY

No.....4
Yes.....5

Cols 19 -27

SPECIFIC AREAS OF DIFFICULTY MOTHER REFERS TO IN HER RESPONSES TO THE FIRST FOUR QUESTIONS

No.....4

Yes.....5

Source: 1 to 4 ONLY

Col 19

SEPARATION PROBLEMS
(She can't leave without a scene overattached)

Col 20

TANTRUM BEHAVIOR
(baby "falling out")

Col 21

EATING DIFFICULTIES

Col 22

SLEEPING DIFFICULTIES

Col 23

TOILET-TRAINING

Col 24

COMPLAINTS
RE: Baby's Health

Col 25

DIFFICULTIES RELATED TO MOTHER'S WORKING, OR NOT WORKING

Col 26

DIFFICULTIES FROM HARD-REALITY CIRCUMSTANCES
(Crowding, finances, no home of her hown, etc.)

Col 27

CONFLICT BETWEEN BABY'S NEED AND HER OWN
(When she wants to do one thing, he wants something else; or not being able to go places because she is tied down)

RE: MOTHER'S COMPARISON OF HER CHILD WITH OTHER CHILDREN

Source: 4 (Read all items before coding)

Question not asked.....1

No.....4

Yes.....5

Col 28

IS THERE DIFFICULTY MAKING THIS COMPARISON BECAUSE MOTHER SAYS SHE LACKS EXPERIENCE?

Col 29

IS THERE DIFFICULTY MAKING THIS COMPARISON BECAUSE OF "OTHER REASONS"?

RE: CHILD"S COGNITIVE DEVELOPMENT & INTELLIGENCE

Col 30

NEUTRAL
(Sees her son as about equal to and the same as other babies)

Col 31

MORE FAVORABLE (Sees her son as about as equal to and the same as other babies)

Col 32

NEGATIVE COMPARISON
(Sees her baby as less bright, less curious, slower to catch on, etc)

Col 33

RE: CHILD'S PERSONALITY AND DISPOSITION

NEUTRAL FEELINGS
(Sees her baby as about the same as others in the degree of happiness)

Col 34

MORE POSITIVE PERSONALITY
(Sees her baby as a happier, friendlier more cheerful, better-disposed, etc,)

Col 35

MORE NEGATIVE COMPARISON AS TO PERSONALITY
(Less happy, less friendly, moodier, meaner, more evil and brattish, etc)

Col 36

RE: CHILD'S TRACTABILITY

NEUTRAL
(Seeing her baby as about as cooperative, and obedient as other children)

Col 37

POSITIVE
(Seeing her baby as more obedient cooperative and easier to handle than other babies)

Col 38

MORE UNFAVORABLE COMPARISON AS TO BABY'S OBEDIENCE
(Sees him as more defiant, more resistant and stubborn than others)

Col 39

POSITIVE AFFECT RATING, BASED ON IMPRESSIONS GAINED FROM RESPONSES TO FIRST FOUR QUESTIONS

Consider expressions of joy, delight love, interest, affection, etc, which mother appears to feel towards child; and give over-all rating for none, low, medium, high -- 4 - 7)

Source: 1 to 4 ONLY

No positive affect expressed.....4

Low (little positive feeling emerges)....5

Medium (mother expresses love, concern, pleasure, etc)...6

High (Reserve for very joyful and intense feelings).....7

Col 40

NEGATIVE AFFECT RATING, BASED ON IMPRESSIONS GAINED FROM RESPONSES TO FIRST FOUR QUESTIONS

Rate none, low, medium, or high for expressions of hostility, anger, irritation, burdensomeness, complaining and ambivalent feelings. Also consider negative perceptions of baby.

Source: 1 to 4 ONLY

No negative affect expressed.....4

Low (little negative feeling expressed.....5

Medium (some plaintiveness, ambivalence, negative attitude emerge).....6

High (Reserve for very direct and intense expressions of negative feelings).....7

N.B.: NOW STOP! PLEASE READ THE ENTIRE INTERVIEW BEFORE CODING FURTHER.

AFTER READING THE ENTIRE INTERVIEW, CONTINUE TO CODE.

Cols 41-42 LEAVE COLUMNS 41 and 42 BLANK

Col 43

RE: CHANGE IN BABY DURING LAST YEAR: DOES MOTHER INDICATE BABY HAS NOT CHANGED AND THEN GO ON TO SAY HOW HE HAS?

No.....4

Yes.....5

Source: 5

Col 44

MOTHER'S PERCEPTION OF CHANGE IN THE BABY DURING THE LASY YEAR

Question not asked.....1

Mother says she does not know whether he has changed.....4

No change (mother says he has not changed) 5

"Some" change, but mother doesn't specify how.....6

Feels baby has changed and she specifies the ways in which he has changed.....7

Strong affect statements (Baby has changed "a great deal," and she also is specific as to what ways..8

Source: 5

Cols 45-48

WAYS IN WHICH BABY HAS CHANGED IN THE LASY YEAR

Source: 5

Note: If mother does not report any changes, code 3 in columns 45 to 48

Question not asked.....1

Evidence absent.....3

(-) Mother describes change, but is plaintive and sees it negatively.....4

(+) Mother describes change and is pleased with it.....5

Col 45

Mother describes physical and/or motor development: (+ baby has grown bigger, walks & talks; or -he's not growing quickly enough should be talking already)

Col 46

She explains he's become more independent & active (+ does things, for himself, initiates own activity, is curious; or - complains such attempts get in her way or make a mess)

Col 47

She describes personality changes (+ she can now see he is cheerful even-tempered, happy; or - stubborn moody, spoilt, brattish)

Col 48

She tells of a shift in her own feelings towards her son (+ he's more fun to be with, companionable, she can relate to him; or -he's more difficult and harder to manage)

Col 49

MOTHER'S SEX PREFERENCE FOR BABY

Source: 6

Question not asked.....1
Boy.....4
Either.....5
Girl.....6

Col 50-54

REASONS FOR MOTHER'S PREFERENCE FOR EITHER SEX OVER THE OTHER

Source: 6,7

Question not asked.....1
Neither sex preferred.....2
Evidence absent.....3
Evidence refers to boy.....4
Evidence refers to girl.....5

Col 50

Negative personality characteristics attributed to either boys or girls (that sex being bad, mean, troublesome, difficult to handle, etc)

Col 51

Positive personality traits attributed to one particular sex only (one sex being nicer, more independent, appreciative, easier to handle, etc)

Col 52

Personal liking for and comfort with the sex specified (she likes that sex better, because she was a girl...)

Col 53

She elected the baby's father's sex-preference

Col 54

Anticipated positive experiences in caring for child of that sex (dressing them up, playing rough, etc)

Cols 55-59

MOTHER'S FEELINGS RIGHT AFTER GIVING BIRTH TO HER SON

If question not asked, code 1 for columns 68-72

Source: 7, 9a

Question not asked.....1

Evidence absent.....3

Evidence present.....4

Col 55

Not ready. She feels she was too young, unprepared, caught

Col 56

Shame or discomfort related to being unmarried, rejected by peers or family

Col 57

Afraid of new responsibility and/or her ability to meet it

Col 58

Depressed or disappointed

Col 59

Conflicted. Wanted baby but also felt disruption, loss, ambivalence, etc.

Col: 60

POSITIVE AFFECT RELATED TO JUST HAVING GIVEN BIRTH TO A BABY

Source: 9a, 10

Question not asked.....1

Little or no positive affect.....4

Acceptance; it was good, okay....5

Very good experience (expresses joy and pleasure).....6

Exceptionally intense experience (wonderful, miraculous, remarkable, etc.).....7

Col 61

FATHER'S FEELINGS REGARDING MOTHER'S GIVING BIRTH TO BABY SON

Source: I 7,8,9,20

Code only if directly reported by mother, otherwise code not mentioned (3).

Question not asked.....1

Not applicable because father absent....2

Not mentioned.....3

Displeased or disinterested.....4

Accepting, pleased.....5

Very positive, very happy, intense feelings expressed.....6

Col 62

MOTHER PLANNED TO HAVE BABY

Source: There is no specific question number related to this topic, but it will most probably be found in the area of 7a or 9a.

Question not asked, and information not given.....1

No.....4

Yes.....5

Col 63

MOTHER'S REACTION UPON FINDING OUT SHE WAS EXPECTING

Source: I - 7a

Question not asked.....1

Unhappy.....4

Accepting (does not express either 4 or 6).....5

Happy.....6

Col 64

EVIDENCE OF AMBIVALENCE REGARDING PREGNANCY. MOTHER MAY INDICATE SHE WAS NOT READY, TOO YOUNG, NOT SUPPORTED BY FAMILY, NO FUNDS, NEGATIVE FAMILY REACTION, AFRAID, ETC.

Source: 7a, 8

No evidence.....4

Evidence present.....5

Columns 65-71

MOTHER'S THOUGHTS DURING PREGNANCY

Source: I - 7b,8

Question not asked.....1

No evidence.....3

Evidence present.....4

Col 65

Anticipation of pleasure and joy having a baby

Col 66

Thoughts regarding baby's future. _include appearance & sex

Col 67

Concerns about money, supporting self and baby, having a place to live....

Col 68

Fears regarding carrying through pregnancy or delivery of baby

Col 69

Fears regarding baby's health and normality

Col 70

Fears regarding her own rejection by friends, family, feeling shame, and other self-concerns.

Col 71

Other

Col 72

AFTER GIVING BIRTH TO BABY MOTHER AND BABY RETURNED TO

Source: I - 9

Question not asked.....1

Mother's own home (not with GM)..4

Grandmother's home (mother lives with GM.....5

In-laws (or baby's father's family.....6

Other.....7

Col 73

MOTHER OR BABY PRECEDED THE OTHER HOME FROM THE HOSPITAL

No.....4

Yes.....5

Col 74 - 78

MOTHER'S INITIAL EXPERIENCE UPON RETURN FROM HOSPITAL

Source: I - 9

Question not asked.....1

No evidence.....3

Evidence present.....4

Col 74

Mother happy and delighted to be home with her baby, showed him off.....

Col 75

Mother nervous and jumpy, anxious about having infant on her hands

Col 76

Others took over care of infant letting mother "rest" and limiting her contact with the baby

Col 77

Mother jealous and/or felt deprived of attention because everyone focused on baby

Col 78

Other

Col 79

MOTHER EXPRESSES FEELINGS

RE: BODILY CHANGES OR BODY EXPERIENCES ATTENDANT TO PREGNANCY AND BIRTH OF BABY

No.....4

Yes.....5

Source: 7-9

LEAVE COLUMN 80 BLANK

END CARD 01

Col 1,2

SUBJECT NUMBER

Source: Interview

Col 3

PART OF PROJECT

(always code "3") 3

Col 4,5

CARD NUMBER

(code "02") 0 2

Cols. 6 - 9

MOTHER'S EXPECTATIONS OF WHAT IT WOULD BE LIKE TO BE A MOTHER

Source: 10

Question not asked 1

No reference to this phase . . 3

(Now continue for each phase)

Col. 6

PLEASURES ANTICIPATED RE CARETAKING FUNCTIONS

Less pleasure than expected....4

Same as expected 5

More than expected 6

Col. 7

DIFFICULTIES ANTICIPATED RE CARETAKING FUNCTIONS

Less difficult 4

Same as expected 5

More difficult 6

Col. 8

EMOTIONAL GRATIFICATION, EXCITEMENT, PLEASURE, &c

Less than expected 4

Same as expected 5

Greater than expected 6

Col. 9

RE PROBLEMS, RESPONSIBILITIES, WORRIES AND DIFFICULTIES

Less worrisome than expected... 4

Same as expected 5

More profound than expected.... 6

Cols 10-19

DESCRIPTION OF DAY
WITH BABY

Code mother's description of day's activities (do not include routine caretaking practices - meals, napping, sleeping, Etc.)

Source: 11 Only
See card 09, 41-50 for references throughout entire interview

Question not asked.....1

No evidence for this.....3

Evidence present.....4

Col 10

Baby watches TV

Col 11

He plays with mother

Col 12

He plays with father

Col 13

Plays with other adults and children in his own home

Col 14

Plays by himself

Col 15

Baby is taken outdoors for a walk, to the park, etc, for his and/or mother's personal pleasure (not errands)

Col 16

He is taken along on shopping chores or mother's errands

Col 17

Is taken to visit friends, neighbors or relations

Col 18

Taken to play with other children

Col 19

Left in care of someone other than mother for part of day

Col 20

RE: DESCRIPTION OF DAY WITH BABY

In references to time

Code her most specific reference
If more than one is applicable, code the higher number

Source: 11

Question not asked.....1

Makes no time references.....4

General, referring to morning afternoon, evening.....5

Both general & specific.....6

Specifies particular hours during the day.....7

Col 21-22

Number of time references made during course of describing the day

Include the general time references (morning, afternoon, evening) and number of times hours are specified.

If none is reported Code 04

Code total number of references plus 04.....04-99

Col. 23 DESCRIPTION OF WEEK WITH BABY

Read mother's response and make judgment with regard to response choices indicated

Source: 12

Question not asked 1

Different from day to day . . . 4

Vague response (she can't say, "Week's okay," "Week passes" . . .) 5

Same from day to day 6

Col. 24 DOES MOTHER REFER TO THE WEEK PASSING SLOWLY OR QUICKLY?

Source: 12

No reference 3

Slowly 4

Quickly 5

Both slowly & quickly. 6

Col. 25 BABY'S CONTACT WITH OTHER CHILDREN

Source: 13

Question not asked 1

None or rarely 4

Occasionally 5

Frequently (more than three times a week) 6

Constantly (baby lives with other children in the house) (include siblings) . . . 7

Col. 26 MOTHER'S DESCRIPTION OF BABY'S BEHAVIOR WITH OTHER BABIES OR CHILDREN

Source: 13

Question not asked 1

Fearful, reluctant to approach others, clings to mother 4

Aggressive, hits others, takes things by force, is rough 5

Mixed picture (sometimes gets on well, sometimes not; okay) . . 6

Loves to play and is very happy to be with other children 7

Col. 27 TOYS BABY PRIMARILY PREFERS TO PLAY WITH

Source: 14

Question not asked 1

Store-bought toys or objects . . . 4

Things around the house 5

Both 6

OBJECTS BABY IS ATTACHED TO

Source: 15

If not attached to any objects
code 3 for columns 28-34

Question not asked.....1

No evidence for this item.....3

Yes for this item.....4

Col 28

Blanket

Col 29

Toy doll, Teddy bear, dog cuddly toy

Col 30

Power type toy (gun, truck)

Col 31

Pacifier

Col 32

Bottle

Col 33

Other

Col 34

CODE THE OBJECT BABY APPEARS TO BE MOST ATTACHED TO
(Judge which one is most important for baby to have all the time or to go to bed with

Code "2" only is he is attached to none

Question not asked.....1
Not applicable - attached to none...2
Blanket.....4
Cuddly toys.....5
"Power" toy.....6
Pacifier.....7
Bottle.....8
Other.....9

Cols. 35 - 47

RESTRICTIONS on BABY

Source: 17

Col. 35

MATERNAL RESTRICTIVENESS

Rate extent to which mother restricts baby. Consider her rules, and other remarks

Question not asked 1

Not restrictive (no rules or limitations) 4

Moderate(rules limited to baby's safety, or destructive behavior) . . . 5

Very restrictive (numerous rules, what not to do, touch, to go, &c) . . 6

Cols. 36 - 41

SPECIFIC RESTRICTIONS

Not asked 1

No evidence 3

Evidence present . . . 4

Col. 36

Breaking objects (records, lamps, toys, dishes, &c)

Col. 37

Limits certain rooms & objects (kitchen, bathroom, garbage, off-limits)

Col. 38

Activities: running in house, climbing on furniture

Col. 39

Rules re eating (throwing food, eating with fingers, restricting certain foods, &c)

Col. 40

Behavior toward other people (hitting, pulling hair, biting, &c)

Col. 41

Social rules (waiting, delaying gratification, "thank you," patience, "manners")

Cols. 42 - 44

LEAVE COLUMNS BLANK

Col. 45 PUNISHMENT OF BABY

If mother refers to more than one type of punishment, code the more severe, or severest, or higher choice number indicated

Source: 17

Question not asked 1

Not known 3

Corporal (beating, whipping) . 4

Slaps hands or legs lightly, plucking, light spanking. 5

Nonphysical or symbolic (scolds, restricts movements, puts in crib or playpen, deprives him of toys, TV, cookies, &c) ...6

Dislikes punishment: distracts baby, removes him from situation, arranges things to avoid problems & conflict, indicates punishing a baby is not appropriate) 7

Col. 46 FREQUENCY OF PUNISHMENT

Source: Make judgment based on responses to 17 & other impressions)

Not known 3

Seldom or never 4

Occasionally 5

Often 6

Col. 47 CODE FOR THE MOST "STRICT" PERSON INTERACTING WITH BABY AT PRESENT

Use "3" and "4" only if it is impossible to make a judgment otherwise

No evidence to make judgment . . . 3

No one really can be considered "strict" 4

Mother 5

father 6

grandmother 7

Some other person 8

Col 48

SEX PREFERENCE OF BABY

Code mother's response

Source: 18

Question not asked.....1

Male.....4

No preference, neither or both.....5

Female.....6

Col 49

DOES BABY HAVE FREQUENT CONTACT WITH MALE FIGURE TO WHOM HE IS ATTACHED OTHER THAN HIS OWN NATURAL FATHER

Not known.....3

No.....4

Mother's current boy friend.....5

Grandfather.....6

Uncle.....7

Other.....8

Cols. 50 - 70

FATHER-SON RELATIONSHIPS

Col. 50

FATHER'S FEELINGS TOWARD SON

(as reported by mother)

Source: 20, 21, 22

Question not asked 1

Not applicable 2

Father appears to have little interest with son at present. 4

Father appears accepting but relationship with son is minimal 5

Father appears positive, plays with baby, enjoys his company & is interested 6

Father's feelings extremely positive; very interested in son, often inseparable, great mutual admiration 7

Col. 51

REGULARITY OF CONTACTS BETWEEN BABY AND FATHER

Not asked 1

No contact 4

Irregularly 5

Regularly 6

Cols. 52 - 53

FREQUENCY OF CONTACTS DURING ANY ONE MONTH BETWEEN BABY & FATHER-- WHEN DO THEY SPEND TIME TOGETHER?

Code number of daily contacts per month (Once-a-week would be 4; every weekend would be 8, 3-times-a-week would be 12, daily would be 30. Before coding add 04 number of contacts)

If less than once a month code "04"

Number of contacts plus 04 . . . . . 04 - 34

Col 54

CHANGE IN FATHER/SON CONTACTS FROM BIRTH TO PRESENT

Source: 19,20,21

Question not asked.....1
No reference to any change (unknown).3
Contact diminishing at present, appears to have been greater in infancy.....4
No change in contacts, appearing to remain constant.....5
As baby grows older contact increasing.....6

Col 55

AMOUNT OF CONTACT MOTHER WOULD LIKE TO SEE BETWEEN FATHER AND SON

Source: 19-23

Not known.....3
Mother would like to see no contact with natural father.....4
She would like to see less contact (either reduce or keep minimal).....5
She'd like to see same contact continue (satisfied as is).....6
She'd like to see more or increased contact between father and baby.....7

Col 56

EXTENT OF MOTHER'S POSITIVE FEELINGS
RE: FATHER/SON RELATIONSHIP

Source: 19-23

Not applicable (father not present....2
No reference to this at all.....3
She is dissatisfied (e.g. she wants to see less close ties between them) or is not pleased with the nature of their ties.....4
She does not appear to give this relationship much significance.....5
Generally satisfied re: their relationship (good, okay, perhaps ties could be stronger).....6
Delighted. She expressed great pleasure.....7

Cols. 57 - 64 MOTHER'S CONCEPTS OF HOW FATHER CAN HELP RAISE BABY

Source: 22

Question not asked 1

Not applicable 2

No reference to item 3

Evidence present for item . . . 4

Col. 57 - Mother states father cannot help in any special way

58 - She feels baby's father cannot help because of conflict between him and herself, or she has negative perception of him, but she does speak of how fathers can help in general

59 - Financial support

60 - Discipline and control

61 - Educationally (help "teach" son, help with homework, or teach him different things in general)

62 - Provide male image (focusing on benefits of contact with father as an individual, with knowledge and experience to convey by just being around)

63 - Offer mother assistance or relief by baby-sitting, taking him places, help with caretaking tasks, playing, &c

64 - Sharing responsibility & guidance with mother in being good parents & providing models of behavior & values

Col. 65 FATHER/SON RELATIONSHIP DURING INFANCY (His participation in caring for infant by feeding, changing, baby-sitting, and/or offering other forms of relief to mother (Do not include <u>just</u> playing or other pleasurable activities here)

Source: 20-22

Not asked.....1

Inapplicable.....2

No evidence.....3

Evidence present...4

Cols 66-69

COMPARISON OF BABY AND FATHER

Code how baby compares with father in appearance, disposition and sociability. Code wherein baby is different This may involve reversing mother's remarks (if she says the father is moodier, then code for baby being less moody than father)

Source: 24

If aspect not asked.....1

If not applicable.....2

No reference to aspect.....3

If baby is less like father in this respect.....4

If baby is just about the same as father in this respect.....5

If baby is more so than father in this respect.....6

Col 66

BABY'S LOOKS
(Does he favor his father?)

Col 67

RE: DISPOSITION -
Negative qualities:
(Is he stubborn, moody, ill-tempered, impulsive, etc?)

Col 68

RE: DISPOSITION
Positive qualities:
(Happiness, good-nature, cheerful, persistent)

Col 69

RE: SOCIABILITY
(Baby's positive relationships and amiability toward others)

Cols 70-73

COMPARISON OF BABY AND MOTHER

Code how baby compares with mother in appearance, disposition, and sociability
Code wherein baby is different
This may require reversing mother's remarks - she may say she is not as friendly as the baby, then code for baby being more sociable than his mother

If aspect not asked.....1
If not applicable.....2
No reference to aspect.....3
If baby is less like mother in this respect.....4
If baby is just about the same as mother in this respect.....5
If baby is more so than mother in this respect.....6

Source: 24

Col 70

BABY"S LOOKS
(Does he favor his mother?)

Col 71

RE: DISPOSITION
Negative qualities:
(Is he stubborn, moody ill-tempered, impulsive, etc.)

Col 72

RE: DISPOSITION
Positive qualities:
(Happiness, good-nature, cheerful persistent)

Col 73

SOCIABILITY
(In re: positive relationships and amiability toward others)

Col 74

EASE WITH WHICH MOTHER IS ABLE TO COMPARE BABY WITH FATHER

Very difficult- may never have thought of it before.....4

Does not know.....5

Feels baby is too young and does not specify.....6

Some hesitation but can respond differently.....7

Responds easily and with relative conviction.....8

Col 75

FOR MOTHER'S NOT RESIDING WITH GRANDMOTHERS MATERNAL GRANDMOTHER INTRUDES BETWEEN MOTHER AND BABY, MAKING IT DIFFICULT FOR MOTHER TO DO THINGS THE WAY SHE WOULD LIKE, AND INTERFERES WITH DEVELOPMENT OF MATERNAL EXPERIENCES

Source: 25-28

Not applicable.....2

No.....4

Yes: low degree.....5

Yes: high degree.....6

Col 76

FOR MOTHERS NOT RESIDING WITH GRANDMOTHERS MOTHER FEELS JEALOUS OR, OR IS ANGRY WITH MATERNAL GRANDMOTHER, AND/OR IS CRITICAL OF THE WAY SHE TAKES CARE OF THE BABY

Source: 25-28

Not applicable.....2

No.....4

Yes: low degree.....5

Yes: high degree.....6

Col 77

FOR MOTHERS NOT RESIDING WITH GRANDMOTHERS
MOTHER'S POSITION AS A MOTHER IS
RESPECTED AND ENCOURAGED BY MATERNAL
GRANDMOTHER

Source: 25-28

Not applicable.....2

Little or no respect.....4

Yes: low degree.....5

Yes: high degree.....6

LEAVE COLUMNS 78-80 BLANK

END CARD 2

Col 1,2

SUBJECT NUMBER

Col 3

PART OF PROJECT

(Always code 3) 3

Col 4,5

CARD NUMBER

(code 03) 0 3

Col 6-11

WAYS IN WHICH GRANDMOTHER (OR OTHER PRIMARY RELATION) HELPS MOTHER WITH BABY AT PRESENT (NEED NOT RESIDE TOGETHER)

Source: 25,26

Question not asked.....1

Not applicable.....2

No reference to such.....3

Yes, is helped in this way.....4

Col 6

Babysitting

Col 7

Financial assistance, other than occasional gifts (buys clothes, toys and other things)

Col 8

Provides emotional support (gives advice, encouragement, spends time with baby and his mother together)

Col 9

Disciplines baby

Col 10

Caretaking (dressing, feeding, toilet training, etc.)

Col 11

Other

Col 12

Note:

Columns 14-16
17-19 ONLY
21-26

Are to be limited to mother's relationship with any other potential caretaker residing with her.
It may refer to the maternal grandmother paternal grandmother, aunt, sister, or grandfather.

Col 12 - Please code person with respect to whom the above columns will be coded.

Source: 25,26

Not applicable - no other potential caretaker residing with mother.....2

Maternal grandmother.....4

Paternal grandmother.....5

Greatgrandmother.....6

Mother's aunt.....7...

Sister.....8

Other.....9

Col 13

MOTHER"S ATTITUDE RE:
MOTHER - MATERNAL GRANDMOTHER DIFFERENCES

Source: 27

(Note: this item is out of context)

Question not asked.....1

Not applicable.....2

Very different.....4

Relatively different.....5

Both alike & different.....6

Relatively the same.....7

Very much the same.....8

Col 14-16

SPECIFIC MOTHER-OTHER CARETAKER DIFFERENCES
As stated by mother

Source: 27

Question not asked.....1

Not applicable-GM lives at a distance-no contact.....2

Not known - no reference to this aspect.....3

Mother less so.....4

Both the same.....5

Mother more so.....6

Col 14

RE: Restrictiveness, Strictness

Col 15

RE: Consistency in interactions with baby (doing what one says, being predictable)

Col 16

RE: Concern about baby's clothes and appearance

Col 17

MOTHER'S POSITION AS A MOTHER IS RESPECTED AND ENCOURAGED BY OTHER CARETAKER
Source:

Source: 25-28

Not applicable.....2
Little or no respect.....4
Yes: low degree.....5
Yes: high degree.....6

Col 18

OTHER CARETAKER INTRUDES BETWEEN MOTHER AND BABY, MAKING IT DIFFICULT FOR MOTHER TO DO THINGS THE WAY SHE WOULD LIKE, AND INTERFERES WITH DEVELOPMENT OF MATERNAL EXPERIENCES

Source: 25-28

Not applicable.....2
No.....4
Yes: low degree.....5
Yes: high degree.....6

Col 19

MOTHER FEELS JEALOUS OR, IS ANGRY WITH OTHER CARETAKER AND OR IS CRITICAL OF THE WAY SHE TAKES CARE OF THE BABY

Source: 25-28

Not applicable.....2
No.....4
Yes: low degree.....5
Yes: high degree.....6

LEAVE COLUMN 20 BLANK

Col 21

BABY'S BEHAVIOR WITH MOTHER AND OTHER CARETAKER

Source: 26-28

Question not asked.....1
Not applicable.....2
Generally the same.....4
Same and different.....5
Generally different.....6

Col 22-26

SPECIFIC ASPECTS OF BABY"S BEHAVIOR WITH MOTHER AS COMPARED TO THAT WITH OTHER CARETAKER

Source: 26-28

Question not asked.....1
Not applicable.....2
No reference to this aspect.....3
Mother.....4
Baby's behavior generally the same with both.....5
Other caretaker.....6

Col 22

Baby cajoles or acts up more with

Col 23

Baby more obedient towards

Col 24

Baby seeks more comfort from

Col 25

Baby is more affectionate toward_____

Question Not asked.....1

Not applicable.....2

No reference to this aspect.....3

Mother.....4

Baby's behavior generally the same with both.....5

Other caretaker.....6

Col 26

Baby is more likely to first seek help from _____

Question not asked.....1

Not applicable.....2

No reference to this aspect.....3

Mother.....4

Baby's behavior generally the same with both.....5

Other caretaker.....6

Col 27

IS MOTHER PRESENTLY ATTENDING SCHOOL (AT 14 MONTHS)

Source: Usually 29-31

If not working, she may indicate going to school or both

Question not asked.....1

No.....4

Yes - during the day.....5

Yes - nights.....6

Col 28

HAS MOTHER WORKED AT ALL SINCE BABY'S BIRTH

Source: I 29-31

Question not asked.....1
No.....4
Yes.....5

Col 29-30

EARLIEST AGE OF BABY WHEN MOTHER RETURNED TO WORK THE FIRST TIME

Code age of baby in months
01 - 15 plus 04

Question not asked.....0 1
Not applicable.....0 2
0 4-
1 9

Col 31

IS MOTHER WORKING AT 14 MONTHS DURING THE DAY

Source: I 29

Question not asked.....1
Not days.....4
Days.....5

Col 32

IS MOTHER WORKING AT 14 MONTHS DURING EVENINGS OR NIGHTS

If mother is not working at all, code 4 for both columns 29 and 30

Question not asked.....1
Not nights.....4
Nights.....5

Col 33

MOTHER WORKING AT 14 MONTHS

Source: I 29

Question not asked.....1

Not applicable (mother not working at all)...2

Part-time.....4

Full-time.....5

Col 34

MOTHER WORKING AT 14 MONTHS

Source: I 29

Question not asked.....1

Not applicable (mother not working at all).....2

Temporary work.....4

Regular work.....5

Col 35-36

WORK SCHEDULES OF MOTHERS WHO HAVE WORKED SINCE BABY'S BIRTH, BUT ARE NOT WORKING AT PRESENT

Source: I 29-31

Col 35

Question not asked.....1

Not applicable (working at present)...2

Days.....4

Nights.....5

Col 36

Question not asked.....1

Not applicable (working at present).....2

Temporary work.....4

Part-time.....5

Full-time.....6

Col 37-42

REASONS FOR MOTHER RETURNING TO WORK

Source: I 29-31

Question not asked.....1

Not applicable (mother not working).....2

Not known (no reference to reason).....3

Refers to reason given.....4

Col 37

Financial (for support, savings, to help alleviate strain, etc)

Col 38

Bored and restless staying at home

Col 39

Interested in particular job, training program, developing career, etc.

Col 40

Upon urging of husband, baby's father

Col 41

Upon urging of baby's grandparents

Col 42

Upon urging of others

Col 43

PRIMARY REASON FOR MOTHER'S RETURNING TO WORK FOLLOWING BIRTH OF BABY

Make judgment- Consider giving priority to "real financial need" only if mother's income is major source of support

Source: 29-31

Question not asked.....1

Not applicable (mother did not return to work).....2

Financial needs.....4

Bored.....5

Interest in particular job.....6

Urged by husband.....7

Urged by baby's grandparent.....8

Urged by others.....9

Col 44-45

LEAVE COLUMNS 44-45 BLANK

Cols 46-47

MOTHER'S PARTICULAR OCCUPATION PRIOR TO BECOMING A MOTHER

(If several types are reported, report her most skilled, highest level, or principal job)

Source: I 30

Question not asked.....0 1

Never employed at a job, but was no longer a student when she conceived.....0 4

Student.....0 5

Office worker (clerical, typist, secretarial, keypunch, etc)....0 6

Nursing.....0 7

Telephone Operator.....0 8

Teaching (or other profession)..0 9

Saleswoman, storeclerk, cashier waitress, etc.....1 0

Other.....1 1

Columns 48-52

SOURCES OF INCOME AT 14 MONTHS

(include economic aid of any kind-- cash, salary, home provided, parental allowances etc)

Source: I 32

Question not asked.....1

No income from this source known.....3

Yes, this is a source of income....4

Col 48

From mother's employment

Col 49

From husband's employment and living with mother and baby

Col 50

Support from family.
(Ex: His or her parents provide home give allowance to mother, buys baby's clothes, etc. It does not matter what the type of assistance is)

Col 51

If father is absent from home, but supplies financial assistance to baby and/or mother

Col 52

Public assistance, Social Security, life insurance (also code if the grandmparents with whom mother lives receives regular public funds)

Columns 53-58

GREATEST DIFFICULTIES FOR THE WORKING MOTHER

Source: I 33

Even if mother is not working at present, but responded to question, code accordingly

Question not asked.....1

Not applicable (mother not working).....2

No reference to this aspect....3

Reports this difficulty or aspect.....4

Col 53

Mother claims there are no difficulties

Col 54

Not enough time to care for baby (feed bathe, shop for his needs, etc)

Col 55

Conflict with her schedule (putting baby to sleep so that she can get enough sleep but baby resists, or getting up at the same time)

Col 56

Taking and picking baby up at babysitter's home

Col 57

Keeping house in order, shopping for food other household chores

Col 58

Expresses some conflict about being away from baby so much, not having enough time to play with him and be with him

Columns 59-60

IF MOTHER WORKS OR IS FULL-TIME STUDENT, HOW WAS BABYSITTER SELECTED

Source: I 35

Question not asked.....0 1

Not applicable.....0 2

Baby lives with and is left in care of his grandmother.....0 4

Someone recommended by a welfare agency.....0 5

Someone recommended by friend neighbor or relation.....0 6

Mother asked neighbor to babysit or neighbor offered...0 7

Babysitter is his grandmother or other relation to whom he is brought daily.....0 8

Babysitter is his grandmother or other relation living in same home with mother.....0 9

Baby stays with his grandmother during the working week and goes to his mother's home "weekends".....1 0

Other arrangements.....1 1

Col 61

MOTHER'S EVALUATION OF BABYSITTER

Source: I 34-36

Question not asked.....1

Not applicable (mother not working, or has not had to hire a babysitter).....2

Did not evaluate her.....3

Negative (sitter not doing job adequately, has too many other children around, other complaints and mother may be looking for a new sitter).....4

Accepting (sitter is a nice person, takes good care, convenient for mother).....5

Very enthusiastic (mother very pleased with sitter who is very concerned with baby's welfare and takes very good care of him.....6

I

Card 03

Col 62

PRIMARY CARETAKER AT 14 MONTHS DURING THE DAYTIME

Source: I - 11, 12, 25, 34

Mother.....4
(code mother unless otherwise specified)

Grandmother.....5

Babysitter (paid).....6

Baby's father.....7

Baby's aunt.....8

Other.....9

Col 63

PRIMARY CARETAKER AT 14 MONTHS NIGHTS

Source: I - 11, 12, 25, 34

Mother (code mother unless otherwise specified).....4

Grandmother.....5

Babysitter.....6

Baby's father.....7

Baby's aunt.....8

Other.....9

Col 64

PRIMARY CARETAKER AT 14 MONTHS WEEKENDS

Source: I - 11, 12, 25, 34

Mother (code mother unless otherwise specified.....4

Grandmother.....5

Babysitter.....6

Baby's father.....7

Baby's aunt.....8

Other.....9

Col 65-73

MOTHER SEEKS ADVICE
RE: BABY FROM

Source: I 37

Question not asked.....1

No.....3

Yes.....4

Col 65

Mother will not ask anyone, but decides herself

Col 66

She does not know whom to ask

Col 67

Husband or baby's father

Col 68

Baby's grandmother

Col 69

Doctor, nurse, Health station

Col 70

Friend or Neighbor

Col 71

Welfare people

Col 72

Reading material

Col 73

Other

Col 74-80

LEAVE COLUMNS 74-80 BLANK

End Card 03

Cols. 1, 2

SUBJECT NUMBER

Source: Interview

Col. 3

PART OF PROJECT

Always code "3" for Interview 3

Cols. 4, 5

CARD NUMBER

Code "04" 0 4

Cols. 6 - 14

MOTHER SEEKS ADVICE RE JOBS
AND MONEY MATTERS FROM:

If question not asked 1

No reference to this item 3

Evidence for this item 4

Col. 6

Mother will not ask anyone but decides herself--
checks newspaper, contacts employer directly

Col. 7

She does not know whom to ask

Col. 8

She consults husband (or baby's father)

Col. 9

Baby's grandmother

Col. 10

Doctor, nurse

Col. 11

Friend or neighbor

Col. 12

Welfare people

Col. 13

Employment office

Col. 14

Other

Cols. 15 - 24

MOTHER SEEKS AID IN AN EMERGENCY FROM:

Source: 39

Question not asked 1

No evidence for item 3

Evidence for item 4

Col. 15

Mother will not ask anyone, but will manage by herself

Col. 16

Would not know to whom to turn

Col. 17

Husband (or baby's father)

Col. 18

Baby's grandmother

Col. 19

Doctor or hospital

Col. 20

Friend or neighbor

Col. 21

People at Welfare

Col. 22

Police

Col. 23

Reading matter

Col. 24

Other

Cols. 25 - 33

MOTHER SEEKS HELP OR ADVICE RE OWN ILLNESS FROM:

Source: 40

Question not asked 1

No evidence for this item . . 3

Evidence for item 4

Col. 25

Mother will not ask anyone but decides what to do herself

Col. 26

She does not know whom to ask

Col. 27

Husband (baby's father)

Col. 28

Baby's grandmother

Col. 29

Doctor, hospital

Col. 30

Friend or neighbor

Col. 31

People in Welfare agency

Col. 32

Reading material

Col. 33

Other

Cols. 34 - 38

MOTHER'S WORRIES & CONCERNS

Source 41 only

Question not asked 1

No evidence for this 3

Evidence present 4

Col. 34

MOTHER DOESN'T WORRY AT ALL

Col. 35

SHE WORRIES, BUT DOES NOT SPECIFY

Col. 36

SHE WORRIES ABOUT BABY'S HEALTH, CARE, FUTURE, &c

Col. 37

WORRIES ABOUT HER OWN PERSONAL PROBLEMS (health, job satisfaction, &c)

Col. 38

FINANCIAL DIFFICULTIES (having enough money, rent, "making it tomorrow," &c)

Col. 39

MOTHER DISCUSSES WORRIES & CONCERNS IN TERMS OF:

Not Applicable 2

Present only 4

Present and future 5

Future only 6

Cols. 40 - 42

BABY'S SEPARATION AND REUNION BEHAVIOR

Source: 42 and 43

Col. 40

MOTHER AWARE OF BABY'S SEPARATION BEHAVIOR

Question not asked 1

Not applicable 2

No 4

Yes 5

Col. 41

BABY'S REACTION TO MOTHER'S LEAVING

Mother may say baby does not react if he doesn't notice her leave, and then may indicate how he reacts when he does see her leave. In such cases, code reaction when baby does see her leave

Question not asked 1

Not applicable (Mother says she is not aware, or has never left him) 2

Baby never awake when she leaves . . 4

He does not seem to notice, and/or easily adapts to whomever he is with 5

Sometimes cries & sometimes does not--depends on what he's doing or with whom he's left . . . 6

Baby initially screams & cries but soon resumes playing 7

He cries & remains upset until mother returns 8

Col. 42

BABY'S REUNION BEHAVIOR

Code baby's reaction to mother returning

Question not asked 1

Not applicable because mother never leaves him 2

Baby gives no special response--may or may not notice 4

Generally happy to see her--may give her a hug & kiss & then go about his business 5

Strong & enthusiastic reaction--clings to mother 6

Col 43

LEAVE BLANK

Col 44-50

WHAT MAKES BABY HAPPY

Source: 44

Question not asked.....1

No reference.....3

Refers to this.....4

Col 44

Baby having his way, getting what he wants

Col 45

Mother allows for baby's happiness, but without specifying

Col 46

Getting gifts, toys, clothes, food, etc.

Col 47

Being with children or people he can play with and get attention from (she does not specify particularly but explains in generalities)

Col 48

Being with a special person (father, uncle, cousin, grandmother, etc)

Col 49

Specific activity (dancing to records, playing with certain toy, running, etc)

Col 50

When awarded or praised for mastering a special task saying new words, etc.

Col. 51-52

BABY'S ANGER

Source: 45

Col. 51

How baby shows anger

Code most severe behavior described

Question not asked 1

No anger shown because mother reports baby is never angry 4

Facial and body movements (squinches eyes, throws lips,&c)...5

Mild tantrum behavior (falls out and hollers in middle of floor, hits, throws, &c 6

Serious tantrum behavior throws objects, bites, claws, hysterical screams, holds breath, &c 7

Col. 52

Frequency of baby's anger states (or tantrum behavior)

Not applicable (none reported).....2

Hardly ever, or never 4

Occasionally 5

Frequently 6

Cols. 53 - 69

BABY'S SLEEPING HABITS

Source: 48

Cols. 53 - 54

Baby's bedtime sleeping habits

Code earliest hour (2 digits) reported, using 24-hour clock; 1 A.M. being 01, 1 P.M being 13, 7 P.M. being 19, and midnight being 24; BUT add 04 to the hour BEFORE coding it

Question not asked 01

Hours not specified 04

Code actual hour plus 04 (Round off to earlier hour) . . . . . 05 to 28

Col. 55

Baby's bedtime hour

Question not asked 1

Early (betw. 6 & 9 P.M.) . . . 4

Late (" 9 and midnight) . . 5

Very late (after midnight) . . 6

Col. 56

Sleeping & waking times appear to be:

Question not asked 1

Variable 4

Regular 5

Cols. 57 - 58

Baby's specific rising time

Code earliest hour reported in 2 digits, using 24-hour clock, BUT be sure to add 04 to the hour before entering the code

Question not asked 01

Hour not specified 04

Actual hour plus 04 . . . . . 05 to 28

Col. 59

Baby's waking time

Question not asked 1

Early (before 9 A.M.) 4

Late (betw. 9 A.M. & 11) . . . 5

Very late (after 11 A.M.) . . . 6

Cols. 60 - 62

BABY'S REGULAR PRESENT NAPPING TIMES

Col. 60

Mornings

Col. 61

Afternoons

Col. 62

Evenings

Question not asked 1

Not applicable 2

No evidence for this 3

Evidence present 4

Col. 63

REGULARITY OF BABY'S NAPPING HABITS

Question not asked 1

Baby does not nap 4

Naps very variably 5

Naps regularly 6

Cols 64 - 65

BABY'S PRESENT DAILY SLEEPING ARRANGEMENTS

Code arrangements available in the home, regardless of whether or not baby uses them. E.G. if baby has a crib, in mother's room but sleeps with mother code 05

Not asked 01

Shares bed with mother (&/or father) 04

Crib in mother's room 05

Crib in own room 06

Crib in room with people other than mother 07

Own bed in mother's room 08

Own bed in own room 09

Own bed in room with people other than mother 10

Shares bed with someone other than mother 11

Other arrangements 12

Col. 66

FREQUENCY WITH WHICH BABY SLEEPS WITH MOTHER

Question not asked 1

Does not sleep with mother . . . 4

Sometimes 5

Regularly 6

Col. 67

BABY TRANSFERRED TO OWN CRIB OR BED

Not asked 1

Not applicable (Does not sleep with mother).... 2

Not transferred 4

Sometimes transferred 5

Regularly transferred 6

Col. 68

SLEEP DISTURBANCE OR PROBLEMS

Code reports of any sleeping difficulties baby has had in the past (prior to one year of age)

Question not asked 1

None in the past 4

Had difficulties in past 5

Col. 69

PRESENT SLEEP DISTURBANCE OR PROBLEMS (after one year of age)

Question not asked 1

None at present 4

Has difficulties presently . . . 5

Cols. 70 - 75

BABY'S EATING HABITS

Col. 70

Baby's present eating times

Source: 49

Question not asked 1

Demand meals (baby eats when he indicates he wants to eat . . 4

Mixed (scheduled & demand) . . . 5

Scheduled meals (regular hours)..6

Col. 71

Baby's present eating habits

Question not asked 1

Baby eats poorly 4

Eats well sometimes & poorly sometimes 5

He eats well 6

Col. 72 - 73

Age at which baby began eating "table" foods

Code earliest month reported, BUT add 04 to month before entering

Question not asked 01

Hasn't started 04

Age in months . . . . . 05 to 19

Col. 74

Reports baby likes to eat by himself (Disregard whether mother allows him to or not)

Question not asked 1

No reference to this . . . 3

Yes 4

Col. 75

Does mother encourage baby to eat by himself

Question not asked 1

No report of baby ever feeding himself 3

Does not encourage him . . . 4

Sometimes encourages him . . 5

Regularly encourages him . . 6

Cols. 76 - 80

LEAVE BLANK

End Card 04

I

Card 05

Col 1,2

SUBJECT NUMBER

Col 3

PART OF PROJECT

Always code 3 — 3

Col 4,5

CARD NUMBER

Code 05 — 0 5

PLEASE NOTE:

At a later point (Card 06, columns 37-38) you will be asked to count the number of times the mother has difficulty making predictions regarding her son's future. This would include such things as long hesitancy, uncertainty, and reluctance on the part of the mother to respond to the following:

53 Age baby will give up the bottle

54 " " " " " " pacifier

57 " " " be toilet trained

58 " " " run steadily

59 " " " speak in sentences

60 " mother will send baby to the store

(See 06, 37-38 for the rest of the list)

Please keep this issue in mind as you proceed reading and it will be easier to code the number of times indicated.

I

Card 0 5

Col 6

WAS BABY BREAST-FED?

Source: I: 50

Question unasked.....1

No, did not want to..... 4

Wanted to, but could not..... 5

Tried briefly, up to one month.....6

Yes, up to two months..... 7

" " " three "..... 8

" " " four or longer..... 9

Cols 7 to 14

REASON FOR CHOOSING BREAST OR BOTTLE FEEDING

Question not asked..... 1

No reference to this..... 3

Refers to this..... 4

Col 7

Mother says she does not know why she chose either

Col 8

Never considered there was an alternative

Col 9

Method chosen was more convenient for the mother

Col 10

Advised to do so by others

Col 11

Expected greater gratification

Col 12

Uncomfortable or revulsed by alternative

Col 13

Reality reason (medical grounds, needed to return to work)

Col 14

Determined by baby's sex (because baby was a boy or wasn't a girl

Cols 15,16

ONSET OF CUP TRAINING

Use two columns to code age in months at which baby stopped using a bottle only.
(7 mos. = 07; 12 mos. = 12, &c)
Add 04 to this age

Source: I:52

Question not asked..... 01

Age at which baby began to use cup plus 04..... 05 - 18

Col 17 to 25

MOTHER'S REASONS FOR DECIDING IT WAS TIME TO BEGIN CUP TRAINING

Source: I:52

Question not asked..... 1

Not applicable (cup training not yet begun)..... 2

No reference to this..... 3

Refers to reasons below..... 4

Col.17

Mother says she doesn't know why

Col 18

She observed baby was ready

Col 19

She observed other babies using cups and she decided to try

Col 20

Mother focuses on what was most convenient for herself

Col 21

Baby took initiative in reaching for cup

Col 22

Suggested by other

Col 23

Suggested by baby's grandmother

Col 24

Suggested by friend, neighbor

Col 25

WHAT APPEARS TO BE THE MOST IMPORTANT REASON FOR BEGINNING CUP TRAINING

Source: I 52

Question not asked.....1

Not applicable.....2

She observed baby was ready.....4

She observed other babies using cups and she decided to try.....5

Mother focuses on what was most most convenient for herself.....6

Baby took initiative in reaching for cup.....7

Suggested by other - Suggested by baby's grandmother - - Suggested by friend, neighbor...8

Cols 26,27

WHEN MOTHER EXPECTS BABY TO GIVE UP BOTTLE ALTOGETHER

Code age in months. If baby no longer uses bottle, code age at which he stopped. Add 04 to age determined

Source: I:53

Question not asked.....	0 1
Age in months.....	0 4
	9 9

Cols 28,29

RE USE OF PACIFIER

Calculate number of months off pacifier then add 04. If baby is not off the pacifier yet, code 04. If he never used a pacifier, code age of baby at present + 04

Source: I:54

Question not asked.....	0 1
Number of months off pacifier, plus 04.....	0 4
	9 9

Cols 30 to 34

REASONS MOTHER USED A PACIFIER

Source: I:54

Question not asked.....1
Not answered..... 2

No reference..... 3

Refers to a reason below..... 4

Col 30

To comfort or quiet baby when crying or angry

Col 31

To appease his hunger if she thought he might gain too much weight, or not good to eat so much

Col 32

To prevent him from sucking thumb

Col 33

Advised by someone to use it

Col 34

Other

Col 35

PRIMARY REASON MOTHER DID NOT USE PACIFIER

Source: I: 54

Question not asked..... 1

Not applicable (pacifier was used)..... 2

Baby did not want it..... 4

Objected to poor appearance..... 5

Thought it would be bad for baby's teeth..... 6

Sees no useful purpose for using one and did not want to establish habit..... 7

Advised not to use it..... 8

Does not know why..... 9

Col 36,37

PRIMARY REASON MOTHER DISCONTINUED THE PACIFIER

Source: I:54

Question not asked..... 0 1

Not applicable (pacifier never used OR pacifier still being used..... 0 2

Does not know why she stopped..... 0 4

She objects to poor appearance..... 0 5

Felt it was time to stop because baby was getting older..... 0 6

Baby kept losing them and she decided not to replace them..... 0 7

Baby stopped on his own..... 0 8

Doctor, nurse, or other baby expert recommended it..... 0 9

Father, grandmother, or other person objected to its use. 1 0

Other..... 1 1

Cols 38-44

INFANT FEEDING

Col 38

INFANT FEEDING PRACTICES

Code practice prevalent after a few weeks at home

Source: I: 55

Question not asked.....1

Strict schedule.....4

Flexible schedule.....5

Mixed demand.....6

Demand only.....7

Col 39

PRIMARY REASON MOTHER SELECTED FEEDING PATTERN FOR INFANT

Source: I: 55

Question not asked.....1

Recommended by authority (doctor nurse, book, etc).....4

Recommended by grandmother other relation, neighbor.....5

Choice was easiest or most convenient for mother.....6

Schedule offers guidelines for meeting baby's needs.....7

Schedule ensures baby's care is constant and stable, whether mother there or not.....8

Respect for baby's wishes (he should eat when hungry, do not force him, do not disturb his sleep, etc.).....9

Col 40

CHANGE IN INFANT FEEDING PRACTICE

Source: I:55 (and this may need to be inferred from mother's reports)

Not known..... 3

No change..... 4

Yes, change from strict schedule to demand, or demand feeding appears to have become regulated..... 5

Col 41

MOTHER REPORTS GIVING BABY SOLID FOODS BEFORE BEING ADVISED TO DO SO BY DOCTOR OR NURSE; e.g., MAY HAVE FED BABY CEREAL OR FRUITS VERY SOON AFTER COMING HOME FROM HOSPITAL

Source: I:55

No evidence of such..... 3

Yes..... 5

Col 42

BABY EVER AWAKEN FOR FEEDING DURING INFANCY

Source: I:55d

Question not asked..... 1

No..... 4

Yes..... 5

Col 43

BABY FEED FAST OR SLOWLY DURING INFANCY

Source: I:55g

Question not asked..... 1

Slowly..... 4

Normal..... 5

Fast..... 6

Col 44

FEEDING DISTURBANCE OR DIFFICULTY DURING INFANCY

Must report this with some frequency, not just occasionally. If several types reported, code most severe or disturbing to mother

Source: I: 55, 3

Question not asked..... 1

None..... 4

Colic..... 5

Upset stomach, diarrhea, constipation..... 6

Refusals..... 7

Chronic spitting up..... 8

Other..... 9

Cols 45 to 46 Leave columns 45 to 46 blank

Col 47

BABY'S CRYING BEHAVIOR AS AN INFANT

Source: 56

Note:
If same for infant and as a baby code the same way

Question not asked.....1

Very infrequently.....4

Average.....5

Very often.....6

Col 48

BABY'S CRYING BEHAVIOR AT PRESENT
Source: I:56

Note:
If same for infant and as a baby code the same way

Question not asked..... 1
Very infrequently..... 4
Average..... 5
Very often..... 6

Col 49

EVIDENCE OF CONFLICT RE PICKING BABY UP WHEN HE CRIES (reports she may pick him up after punishing him but knows she shouldn't, or when crying for no reason, &c)

Source: I:56

No evidence of conflict..... 4
Conflict present..... 5

Col 50

PERSON WHO IS OR WILL BE PRIMARILY CONCERNED WITH TOILET TRAINING

Assume mother, if no one else indicated.

Source: I: 57,25,26,34,36

Question not asked.....1
Mother..... 4
Grandmother..... 5
Babysitter..... 6
Older child in the home..... 7
Other..... 8

Col 51

PROGRESS OF TOILET TRAINING

Question not asked..... 1

Not begun..... 4

Made an attempt, but didn't work out and has stopped..... 5

Sometimes sits him on "potty" but not yet trained; e.g., only mornings, or when she has time, or when she can catch him, &c..... 6

Consistently sits him on "potty" at certain times but not yet trained..... 7

Baby is already trained..... 9

Col. 52

MOTHER SPECIFIES SHE WILL TRAIN HIM AT LATER STAGE WHEN HE WILL UNDERSTAND BETTER

No..... 4

Yes..... 5

Col 53-54

AGE AT WHICH MOTHER EXPECTS BABY TO BE TRAINED

Code earliest age referred to, in months using two digits
Add 04.

If baby already trained, code age when accomplished (02 -- 14) plus 04

Source: I:57

Question not asked..... 0 1

Expected age in months plus 04..... 0 4

9 9

Col 55 - 56

AGE AT WHICH BABY BEGAN TO WALK ALONE

Code age in months, using two digits -- 9 mos. = 09
11 mos. = 11
Add 04

Source: I:58

Question not asked..... 0 1

Age (in months)..... 0 4 -
plus 04

9 9

Col 57

RELATIVE TO MOTHER'S EXPECTATIONS, BABY BEGAN TO WALK

Source: I:58

Question not answered..... 1

Before mother expected him to..... 4

At the time mother expected him to..... 5

After the time mother expected him to - "walked late"..... 6

Col 58-59

MOTHER'S EXPECTATIONS AS TO WHEN SON WILL WALK AND RUN VERY STEADILY

Code age in months using two digits. Add 04.

If mother says he already does without further specifying, code present age + 04

If she says, "he has for a while," code the month she reported he began.

Source: I:58

Question not asked..... 0 1

Age (in months) plus 04..... 0 4

9 9

Col 60-61

BABY'S SPEECH AT 14 MONTHS

Count and code number of words mother reports. Add 04

Source: I:59

Question not asked..... 0 1

Code number of words plus 04..... 0 4

9 9

Col 62-63

MOTHER'S EXPECTATIONS AS TO WHEN BABY WILL SPEAK IN SENTENCES

Code earliest age referred to, in months using two digits. Add 04

Source: I:59

Question not asked..... 0 1

Not applicable, mother cannot guess..... 0 2

Code age in months..... 0 4

9 9

Col 64-65

AGE AT WHICH MOTHER EXPECTS TO SEND CHILD TO STORE BY HIMSELF

Code age in months - convert number of years by multiplying by 12. Then add 04.

Source: I:60

Question not asked.....0 1

Not applicable, mother cannot guess..... 0 2

Code age in months, plus 0 4.. 0 4

9 9

Cols 66-70

GAMES MOTHER AND BABY PLAY TOGETHER

Source: Consider entire interview

Question not asked..... 1

Not known (no reference made to activity..... 3

Evidence or report of activity..... 4

Col 66

PHYSICAL (MOTOR) GAMES (playing ball, chasing, running, climbing, roughhousing)

Col 67

DANCING OR MARCHING TO MUSIC

Col 68

WITH TOYS, BLOCKS, PUZZLES, DOLLS, &c

Col 69

VERBALLY-FOCUSED ACTIVITIES (reading, nursery rhymes, talking on telephone, pat-a-cake, teaching numbers or letters, &c)

Col 70

HIDE-AND-SEEK, PEEK-A-BOO, FINDING

Cols 71-77

MOTHER'S PREDICTION OF WHAT CHILD WILL BE LIKE WHEN HE'S GROWN UP

Source: I: 62

Question not asked.....1

No reference to the item.....3

Refers to the item.....4

Col 71

Mother cannot say or guess at all

Col 72

Intelligent, quick learner, clever, curious

Col 73

Pleasant, happy, loving, well-disposed respectful, "good" person

Col 74

Mean, ill-tempered, stubborn, sly mischievous, lazy person

Col 75

Lady killer, ladies' man, or other sex-focused role

Col 76

Confident, secure, ambitious, motivated towards achievement

Col 77

Refers to job or occupation baby might have, or specific goal

Col 78

Refers to problems or difficulties child will have

Col 79

Predicts future family life desired for son

Col 80

Other

END CARD 05

Cols. 1, 2

SUBJECT NUMBER

Source: Interview

Col. 3

PART OF PROJECT

Always code "3" for Interview 3

Cols. 4, 5

CARD NUMBER

Code "06" 0 6

Cols. 6 - 9

BABY'S FUTURE EDUCATION

Cols. 6 - 7

EDUCATIONAL LEVEL MOTHER DESIRES FOR SON

Code the highest referred to. Calculate i number of years that level of schooling requires in attendance: High school=12, 2 years specialized training after high school = 14, college=16, graduate or professional school= 18 to 20 (law=3, medicine=4, &c)

Consider years of training required for a particular occupation if reported in conjunction with this question

Add 04 to number of years involved, before coding

Source: 63

Question not asked 01

Not applicable, mother cannot say at all . . . . . 0?

Number of years plus 04 . . . . . 0?

99

Cols. 8 - 9

EDUCATIONAL LEVEL MOTHER EXPECTS SON TO ATTAIN

Code highest referred to.

Calculate number of years the level of study indicated requires (as above) and add 04 before coding

Source: 63

Question not asked 01

Not applicable, mother cannot say at all 02

Number of years plus 04 05

99

Col 10

MOTHER'S ATTITUDE
RE: PREDICTING FUTURE
OCCUPATION OF SON

Source: 64

Question not asked.....1

She cannot predict - says she does not know.....4

She refuses to predict - insist that's child's future decision...5

She hesitates but goes on to predict.....6

She makes prediction readily.....7

Cols 11-12

MOTHER'S DESIRE FOR
SON'S FUTURE
OCCUPATION

Code most "serious" response given if mother urged to answer, or if she first refers to sports, hobbies, etc.

Note: Doctor or lawyer are coded separately under "09" as different to "other professions"

Source: 64

Question not asked.....0 1

She does not indicate a preference.....0 3

Shopkeeper, small business enterprise.....0 4

Skilled labor: plumber, electrician, mechanic.....0 5

Businessman at the managerial or executive level.....0 6

Professional athlete.....0 7

Artist, musician, performer.....0 8

Doctor or lawyer.....0 9

Other professional: scientist, engineer, teacher, social worker.....1 0

Other.....1 1

Cols. 13-14

MATERNAL INFLUENCE SCALE

Rate mother's confidence in herself re influencing her son's wanting the same things she does for his future

Source: 66

Question not asked 01

Mother says she does not know AND gives no further elaboration, AND there is no other information available upon which to base rating 04

She suggest that she does not feel she can affect, and that child's future is in his own hands and therefore she cannot say 05

Pessimistic -- feels environmental influences or other people will have more influence on his future than she 06

Reluctant to say -- baby being "too young" still to say 07

Yes--child will want "these things," but offers no elaboration. Code 08 only if there is no additional information other than "yes" to make other choices applicable.... 08

Supportive--is not sure but will do her best to stress importance of these goals, hoping son will feel the same way 09

Hopeful--positive feelings about his future and son's wanting the kind of life and goals she mentioned 10

Very optimistic & confident he'll assume her expectations 11

Cols. 15 - 18

FATHER'S INTEREST IN BABY'S FUTURE

Col. 15

Father's interest in baby's future education, plans for his schooling, savings toward his future, &c

Source: 67, 21, 22

Question not asked 1

Not applicable 2

No reference (mother indicates father has never mentioned anything) 3

Evidence present 4

Col. 16

Father's attitude re predicting any future occupation for son

Question not asked 1

Not applicable 2

Father makes no prediction . . . 3

Mother reports father doesn't know 4

Father refuses to predict, son's future is in son's hands 5

Father has expressed a future occupation 6

Cols. 17 - 18

FATHER'S DESIRE FOR SON'S FUTURE OCCUPATION

Code the most "serious" response given in occupational fields, not hobbies, &c

Code "09" for doctor or lawyer, and "10" for other professions

Source:

Question not asked 01

Not applicable (absent father) . . . 02

He has expressed no desire 03

Shopkeeper, small businessman . . . 04

Skilled labor (plumber, electrician, mechanic, &c) 05

Business manager, executive 06

Professional athlete 07

Artist, musician, performer 08

Doctor or lawyer 09

Other professions--science, teaching, engineering, social work, &c 10

Other occupations 11

Cols. 19 - 20

FATHER'S OWN OCCUPATION

Source: 67

Question not asked 01

Not applicable (absent) 02

Mother doesn't really know even though she has contact with father...03

Full-time student (if he has part-time job, code as student) 04

Unemployed 05

Other (laborer, Armed Forces, &c) ...06

Store clerk, post office 07

Bus driver, truck driver 08

Skilled trade 09

Policeman, fireman 10

Artist, musician, entertainer . . . 11

Professional 12

Business executive 13

Col. 21

IMPRESSION FATHER IS STEADILY EMPLOYED

Source: 67

Not applicable 2

No (appears to be drifting, works temporarily, in spasms, part-time, &c. . . 4

Yes 5

Col. 22

FATHER'S WHEREABOUTS

If absent from home & has no contact with mother or baby

Source: 67

Question not asked 1

Not applicable (father present). 2

Mother doesn't know 3

Father may be physically close, but mother refused to see him or to let him have contact with baby 4

Employed at geographical distance, or lives in another place. 5

Armed Forces 6

In jail or stockade 7

Deceased 8

Other 9

Col. 23

MOTHER'S MARITAL STATUS IN RELATION TO BABY'S FATHER WHEN BABY IS 14 MONTHS OLD

This may have changed since she became pregnant or baby was born

(If no reference in interview, check birth certificate)

If no reference 3

Unmarried 4

Divorced 5

Separated (legally or in fact) 6

Married to father 7

Married to another 8

Cols. 26 - 31

CHILD'S FUTURE PROBLEMS

Col. 24

MOTHER'S ANTICIPATION OF PROBLEMS SON MAY HAVE IN FUTURE

Source: 68

Question not asked 1

Mother says he will have no problems . . 4

" " she doesn't know and cannot say 5

Mother says baby may have certain problems 6

Cols. 25 - 30

KINDS OF PROBLEMS BABY MAY HAVE IN FUTURE

Source: 68

Question not asked 1

No evidence for this problem 3

Evidence present 4

Col. 25

Drugs

Col. 26

Violence, aggression

Col. 27

Being black; prejudice

Col. 28

Vulnerable to negative influence of peers, family, school, environment

Col. 29

Anticipates something re baby's personality (may be selfish, lonely, "only child," moody, "bad or evil," &c)

Col. 30

Economic, financial stresses

Col. 31

Other

Col. 32

LEVEL OF SCHOOLING MOTHER FIRST INTENDS TO SEND CHILD TO

Code earliest level stated following further inquiry by interviewer

Source: 70

Question not asked 1
Headstart or Nursery 4
Kindergarten 5
First grade 6

Col. 33

MOTHER INDICATES PREFERENCE FOR NON-PUBLIC SCHOOL EDUCATION FOR SON

Source: 70

No reference 3
Yes 4

Cols. 34 - 36

MOTHERS CONCEPT OF HOW MOTHERS CAN HELP THEIR CHILDREN LEARN

Source: 69 & generally throughout interview

Question not asked 1

Does not refer to any aspect below . . . 3

Col. 34

Re cognitive development

Mothers can teach numbers & letters (limits response to school-type things) 4

Aspects of both "4" & "6" present . . . 5

Mothers can stimulate children--read to them, discuss things, take them places, educate generally 6

Col. 35

Re character development

Mothers can teach them to be "good," respectful, obedient, nice, virtuous, &c 4

Aspects of both "4" & "6"..... 5

Mothers can be an example of the type of person she herself would like to be, and show values they would want their children to have . . 6

Col. 36

Re emotional stability

Mothers can prepare them for realities of later life, problems they will have to face re drugs, sex, violence, racism 4

Aspects of both 4 & 6 indicated 5

Mothers can give love & affection, help them to be secure & confident . . 6

Cols 37-38

ISSUES RELATED TO BABY'S FUTURE DEVELOPMENT

In re: how many of the following does the mother have difficulty in expressing herself?

Consider hesitancy to respond, long pauses (if indicated), interviewer encouraging mother to guess, reluctance to predict what mother directly expresses, comments such as, "I wouldn't know," "It's hard to say," etc.

Disregard whether mother finally gives a response or not, or what that response is.

JUST CODE THE NUMBER OF AREAS MOTHER HAS DIFFICULTY RESPONDING TO, COUNTING EACH AREA JUST ONCE THEN ADD 04

No difficulty at all.....0 4

Number of areas in which mother has difficulty predicting (plus 04).....0 5-15

Cover the following areas:

Source: 53 - Age baby will give up bottle

54 - " " " " " pacifier

57 - " " " be toilet trained

58 - " " " run steadily

59 - " " " speak in sentences

60 - " she will send baby to store

62 - What mother expects baby to be like when grown

63 - The level of education she wants him to attain

64 - What she wants him to be as a grown man

65 - What kind of life she expect him to have

66 - Whether he will want these things

68 - The problems she expects him to have

70 - The level at which he will start school

Cols. 39 - 45

INFANT BEHAVIOR

Col. 39

TANTRUM BEHAVIOR

Mother describes baby "falling out," throwing objects, wild screaming, or other acting-out of tantrum proportions

Source: 3, 17, 42, 45, and child-rearing practices from 48 - 57

No evidence 4

Evidence present 5

Col. 40

STRANGER -ANXIETY

Source: Entire interview

No evidence 4

Evidence present 5

Cols. 41 - 45

INFANT BEHAVIOR MOTHER CLEARLY ENCOURAGES FOR WHICH THERE IS EXPLICIT EVIDENCE SOMEWHERE IN THE INTERVIEW

No evidence 3

Evidence present 4

Source: 16 (and throughout interview)

Col. 41

Independent behavior (encourages baby to eat by himself, dress, attempt to master new tasks or motor skill, &c)

Col. 42

Verbal progress (encourages new words, attending to her verbal instructions, "learning," &c)

Col. 43

Obedience (encourages his "acting good," being a good baby, paying attention and listening, being cooperative, &c)

Col. 44

Positive emotional display (encourages his expression of affection toward herself & others; include other affects)

Col. 45

Other behaviors encouraged (positive or negative--aggressiveness, destructiveness, acting-out, reinforcing dependency, &c)

Cols. 46 - 48

LEAVE COLUMNS BLANK

Cols. 49 - 54

ALL THOSE INFLUENCING MOTHER'S CHILD-REARING PRACTICES

Mother may not directly report others' influence in shaping her practices, but indicates this by saying she "has read somewhere," or has seen her friend doing thus and so, or her mother always did this, &c

Source: Base on entire interview and make judgment

No reference to this influence . . 3

Influence present 5 4

Col. 49

Her mother or baby's grandmother

Col. 50

Friends or neighbors

Col. 51

Literature, periodicals, books, ideas on TV, &c

Col. 52

Doctor, nurse, health station

Col. 53

Education experience (previously learnt at school or job-training)

Col. 54

Other relations (her grandmother, sister, aunt, godmother) or other sources

Cols. 55 - 64

MATERNAL PLAINTIVENESS

Code wherein mother complains about baby (not what coder interprets to be a problem) either spontaneously or when asked about particular areas -- "so much trouble," annoyances, "just when I," always a hassle, difficult to handle, &c

No reference to this . . . 3

Evidence present 4

Col. 55

Sleeping

Col. 56

Eating

Col. 57

Dressing

Col. 58

Toilet-training

Col. 59

Sharing toys or other things

Col. 60

Crying or tantrums

Col. 61

Control, getting baby to obey, to cooperate

Col. 62

Separating, going away and leaving him, clinging or attachment

Col. 63

Baby not getting along with other people, children, stranger anxiety

Col. 64

"Teaching" him--letters, numbers, words. Limit to cognitive activities

Col. 65

EXTENT OF MOTHER'S POSITIVE ATTITUDE TOWARD CARETAKING AND CHILD-REARING FUNCTIONS

Source: Base on entire interview

Blasé or indifferent (sees it as something needing to be done) . . . 4

Acceptable & willing 5

Very pleasant 6

Extremely gratifying 7

Col. 66

EXTENT OF MOTHER'S NEGATIVE FEELINGS TOWARD CARETAKING AND CHILD-REARING FUNCTIONS

Source: Entire interview

Blasé or indifferent (something having to be done) 4

Annoying or difficult at times 5

Seriously displeasing 6

Extremely discomforting, burdensome, confusing 7

Cols. 67 - 73

EVIDENCE OF CONFLICT RELATING TO CERTAIN CHILD-REARING PRACTICES

Code only if mother expresses at some point that she should perhaps be doing something differently, or realizes she is not consistent, or perhaps she should check something, &c

Source: Entire interview

No evidence for this 3

Evidence present 4

Col. 67

Eating and feeding

Col. 68

Sleeping

Col. 69

Toilet-training

Col. 70

Control -- discipline issues

Col. 71

Spending more time with baby--playing, doing things

Col. 72

Separating, being too attached

Col. 73

Teaching baby (cognitive abilities)

Col 74

Rate mother's recall of past e vents in baby's life - e.g. developmental land marks, when she instituted certain child rearing practices.

Consider awareness of times, ease of recall, explicitness of dates, etc.

Very poor.....4

Poor.....5

Variable.....6

Good 7

Very good.....8

Col 75

How clearly does baby emerge in the interview.?

Rate the extent to which you get a sense of the baby in a total way and as a unique child (versus knowing all the details about him because of the specific questionS).

Very vague- would be difficult to imagine what he's really like.....4

Some sense of what he's like but not too clear; would be difficult to describe personality and disposition.....5

Fairly clear - individuality of baby conveyed.....6

Very vivid and predictable; can imagine baby in very unique way.....7

LEAVE COLUMNS 76-80 BLANK

end card 06

I

Card 07

Col 1,2

SUBJECT NUMBER

Col 3

PART OF PROJECT

Always code 3 — 3

Col 4,5

CARD NUMBER

Code 07 — 0 7

Cols 6 to 23

PEOPLE WITH WHOM MOTHER AND BABY ARE LIVING (MUST BE IN THE SAME RESIDENTIAL HOUSEHOLD) AT FOURTEEN MONTHS OF AGE (ON A REFULAR BASIS)

Consider mother's place of residence and all those present for these items

If baby lives at the home of the grandmother or the babysitter during the week, code those present in that home; but exclude day-care arrangements.

Not present..... 4

Count number of people present in this category (2 uncles, 3 aunts, 1 grandmother and add 4. Then code. If exact number unknown, code 5.....5

Col 6

BABY'S BROTHER IF BORN

Col 7

FATHER OF BABY (HUSBAND)

Col 8

MOTHER OR FATHER'S FATHER (BABY'S GRANDFATHER)

Col 9

MOTHER'S OR FATHER'S GRANDFATHER

Col 10

MOTHER'S OR FATHER'S BROTHERS

Col 11

MOTHER'S OR FATHER'S NEPHEWS

Col 12

MOTHER'S OR FATHER'S UNCLES

Col 13

OTHER MALES (RELATIONS, FRIENDS, BOARDERS)

Col 14

BABY'S SISTER IF BORN

Col 15

MOTHER'S OR FATHER'S MOTHER (BABY'S GRANDMOTHER)

Col 16

MOTHER'S OR FATHER'S GRANDMOTHER

Col 17

MOTHER'S OR FATHER'S SISTERS

Col 18

MOTHER'S OR FATHER'S NIECES

Col 19

MOTHER'S OR FATHER'S AUNTS

Col 20

OTHER FEMALES (RELATIONS, FRIENDS, BOARDERS)

I

Card 07

Col 21,22

COUNT THE TOTAL OF ALL PERSONS PRESENT - INCLUDE MOTHER AND BABY	0 4 - 9 9
Add 04	

Col 23

COUNT NUMBER OF GENERATIONS WITHIN THE ONE RESIDENTIAL HOUSEHOLD	
Add 4 (Counting baby as one generation, mother and grandparents, would be three; baby, parents, grandparents, and great-grandparents would be four)	4 - 9

CODER: Please note -- Until now references to Grandmother indicated the baby's grandmother. At this point the interview begins to focus on the mother's past and her experience of her own mother. Many references will be made to the mother's mother (i. e., the baby's grandmother) and to the mother's grandmother (i.e., the baby's great grandmother). Please read the items carefully so as not to confuse these.

The following section deals with memories. Each mother was asked to report what she remembers "best" about her childhood. Then she was usually asked for her "earliest" memory. The information related to these two memories needs to be distinguished.

Before coding further, read ahead to see if whether a "best" and an"earliest" memory are reported. If no "earlier" memory is reported, then consider the "best" memory as the "earliest", and code "3" for items related to the "best" memory.

Columns 24 to 29 involve mother's "best"memory.

Columns 30 to 35 involve mother's "earliest" memory.

If age at mother's "best" memory is younger than age at "earliest" memory, treat "best" memory as "earliest" in Cols. 30 - 35, and "earliest" as "best" in 24 - 29.

I

Card 07

Col 24

WILL "BEST" MEMORY BE CONSIDERED AS "EARLIEST" MEMORY FOR THIS MOTHER

No..... 4

Yes..... 5

Source: 71

Col 25

CONTENT RELATED TO MEMORY MOTHER REMEMBERS BEST

Source: 71

Question not asked..... 1

Not applicable, none reported..... 2

No reference - "best" memory coded as "earliest" memory.....3

Possible traumatic event (hospitalization, death, illness, hunger, accident, separation &c)..... 4

Moving or relocating with family..... 5

School..... 6

Birth of new sibling..... 7
or experience

Particular incident/other than traumatic, or those specified above..... 8

Other..... 9

Col 26,27

AGE OF MOTHER AT TIME OF "BEST" MEMORY (IN YEARS)

Add 04

Source: 71

Question not asked..... 0 1

Not applicable, does not report "best" memory.....0 2

No reference to age - does not remember.....0 3

Age reported, plus 04.....0 4 -

9 9

Col 28,29

PERSONS INVOLVED IN MEMORY
MOTHER REMEMBERS BEST

Code ONLY memory report "best" here

Source: 71

Question not asked..... 0 1

Not applicable, none reported..... 0 2

"Best" coded as earliest..... 0 3

Self alone..... 0 4

Self & sibling (s)..... 0 5

Self & mother..... 0 6

Self & father..... 0 7

Self, father & mother..... 0 8

Self & "family" (any combination of 2,5,7,8)..... 0 9

Self, grandparent or godparent alone..... 1 0

Self & child friends or child cousins (excludes adults)..... 1 1

Self & others not previously mentioned..... 1 2

I

Card 07

Col 30

WHAT CONTENT OF EARLIEST MEMORY RELATES TO

Read all response choices, then select most relevant

Source: 71

Question not asked..... 1

Not applicable, none reported, neither "best" or"earliest"..... 2

Possible traumatic event (hospitalization, death, illness, hunger, accident, separation & c..... 4

Moving or relocating with family..... 5

School..... 6

Birth of new sibling..... 7

Particular incident or experience other than traumatic or those specified above..... 8

Other..... 9

Col 31,32

PEOPLE "EARLIEST" MEMORY INVOLVES

Source: 71

Question not asked..... 0 1

None reported..... 0 2

Self alone..... 0 4

Self & sibling (s)..... 0 5

Self & mother..... 0 6

Self & father..... 0 7

Self, father & mother..... 0 8

Self & "family" (any combination of 4 ,5,7,8).... 0 9

Self & grandparent or close godparent alone..... 1 0

Self & friends, cousins (excludes adults)..... 1 1

Self & other (s) not previously mentioned..... 1 2

Col. 33,34

AGE OF MOTHER AT THE TIME OF EARLIEST REPORTED MEMORY

Code age in years, plus 4

Not asked..... 0 1

No early memory reported..... 0 2

No evidence, does not remember age..... 0 3

Age in years, plus 4..... 0 5 - 9 9

Col 35

RATING OF AFFECT RELATED TO MOTHER'S EARLIEST MEMORY

Source: 71

Question not asked or none reported..... 1

Disturbing, depressing..... 4

Neutral: neither happy or unhappy, a "just something that happened" attitude..... 5

Gratifying, happy..... 6

I

Card 07

Col 36

EXTENT OF POSITIVE AFFECT RELATED TO RECALL OF MOTHER'S EXPERIENCE OF HER MOTHER DURING MOTHER'S CHILDHOOD

Source: 72,71,76

Not applicable because not in contact with her mother during her own childhood..... 2

No particularly positive feelings expressed..... 4

Acceptable (has little to say about her, but overtones are positive.....5

Positive (thinks her mother was a good mother who cared and tried to raise her children well..... 6

Very positive (expresses great praise and admiration of her mother, may wish to emulate her)..... 7

Col 37

EXTENT OF NEGATIVE AFFECT RELATED TO RECALL OF MOTHER'S EXPERIENCE OF HER MOTHER DURING MOTHER'S CHILDHOOD

Source: 71,72,76

Not applicable because mother not in contact with her own mother during childhood..... 2

No particularly negative feelings expressed..... 4

Plaintive (complains mildly about her mother)..... 5

Negative (critical of her mother's personality, childrearing practices, insufficient attention..... 6

Very negative (very critical of her mother's behavior, neglect, lack of awareness, interest &c)..... 7

Col 38

MOTHER'S RECALL OF HER FATHER DURING HER CHILDHOOD

Code most dominant response choice

Source: 72

Question not asked..... 1

Negative tone (plaintive and critical of his personality, functioning as a father, harshness, neglect, disinterest, &c)..... 4

Mother says she did not know him, or had such little contact with him she cannot say..... 5

Both positive and negative comments made..... 6

Seen as someone who helped supply needs, food and shelter, but little or no emotional ties evidenced.....7

Positive tone (expressed how kind, understanding, helpful, trying -- good feelings about him)..... 8

I

Card 07

Col 39

WERE MOTHER AND HER MOTHER SEPARATED DURING CHILDHOOD FOR ANY SIGNIFICANT PERIOD OF TIME

Source: 72

Not known..... 3

Yes.....4.

Col 40

IF MOTHER AND HER MOTHER WERE SEPARATED, CODE LOCATION OF MOTHER

Source: 72

No reference made to separation..... 3

Yes, mother lived with her grandmother and family.....4

Yes, mother lived with <u>other</u> relations..... 5

Yes, mother lived in some kind of institution, orphanage..... 6

Yes, her mother left the home and she remained with family and/or father..... 7

Col 41,42

MOTHER AND HER MOTHER SEPARATED BECAUSE --

Source: 72

Not applicable - not separated..... 0 2

Not known..... 0 3

Her mother moved North first..... 0 4

Her mother ill and hospitalized..... 0 5

Her mother too poor to take care of all the children..... 0 6

Mother herself was ill and hospitalized..... 0 7

Mother delinquent and sent to some institution..... 0 8

Mother felt too crowded or neglected in her own home and sought to be elsewhere (do not include here if poverty at home primary motive which is coded under "3" above..... 0 9

Other..... 1 0

Col. 43

LEVEL OF RESTRICTIVENESS EXPERIENCED BY MOTHER DURING HER OWN CHILDHOOD

Source: 72

No references to this at all.....3

Very lenient and easy-going atmosphere.....4

Somewhat restrictive.....5

Very strict & authoritarian.....6

Col. 44 - LEAVE COLUMN BLANK

I

Card 07

Col 45,46

NUMBER OF MALE SIBLINGS MOTHER HAS (OR HAD WHEN SHE GREW UP)

Add 04 to number

Source: 73

Question not asked..... 0 1

How many not mentioned..... 0 3

No male siblings.....0 4

Code number, plus 4 .....0 5 -

9 9

Col 47,48

NUMBER OF FEMALE SIBLINGS MOTHER HAS (OR HAD WHEN SHE GREW UP)

Add 4 to number

Question not asked..... 0 1

How many not mentioned..... 0 3

No female siblings..... 0 4

Code number, plus 4 ..... 0 5 -

9 9

Col 49,50

MOTHER'S POSITION AMONGST HER SIBLINGS (1st, 2nd, 3rd, &c)

Add 4 to number which represents her place.

Question not asked..... 0 1

Not mentioned..... 0 3

No siblings, mother only child..... 0 5

Code position..... 0 6 -

9 9

I

Card 07

Col 51-52

TOTAL NUMBER OF CHILDREN IN HER FAMILY, INCLUDING HERSELF

Add 4 (If mother only child, she counts as 1. Code 5)

Question not asked.....	0 1
Not mentioned.....	0 3
Total number, plus 4	0 5 - 9 9

Col 53

SIBLING RELATIONSHIPS DURING MOTHER'S OWN CHILDHOOD

Source: 73

Question not asked.....	1
Not applicable, had no siblings.....	2
Never got to know siblings because either far apart age-wise or geographically..	3
Poor relationships dominated (constant fighting, anger negative feelings.....	4
Poor with some, good with others.....	5
Normal relations (fussing and bickering, as well as good feelings).....	6
Excellent relations dominated (good feelings expressed, closeness, stuck up for each other, loyalty.....	7

Col 54

MOTHER'S EXPERIENCE IN CARING FOR INFANTS OR YOUNG CHILDREN BEFORE HAVING HER OWN

Do not include babysitting on occasion, unless frequent

Source: 74

Question not asked..... 1

No experience..... 4

Yes. Has taken care of siblings, nephews, nieces, neighbors; but was not primary care-taker..... 5

Yes. Had major responsibility caring for others..... 6

Cols 55 - 60

SPECIFIC"LIKED" DETAILS AND"DISLIKED" DETAILS ABOUT SCHOOL

Source: 75

Question not asked..... 1
No reference 3
Disliked this aspect..... 4

Refers to aspect but no strong feelings either way..... 5

Liked this aspect..... 6

Col 55

SCHOOLWORK

Liked learning, discovering new things, reading, special subject area or disliked schoolwork - homework too hard or easy, boredom, particular subject difficult, etc.

Col 56

CLASSROOM PARTICIPATION

Liked having to recite or speak up in class, or disliked this, expresses feeling frightened or shy.

Col 57

INDEPENDENCE

Liked being on one's own and away from home. Disliked separation from home and/or mother, feeling she may be missing something, etc.

I

Card 07

Col 58

SOCIAL ASPECTS

Liked being with people, playing with friends, going from class to class or disliked social aspects because of negative personal reactions from other students - being teased, too skinny, too fat, too slow, etc.

Col 59

SPECIFIC TEACHER

Like specific teacher or person known at school who was very admired or kind or disliked teacher or person because of conflict (s), being reprimanded, bothered, too strict, etc.

Col 60

NON-SPECIFIC RESPONSE

Liked everything (code 6)
or disliked everything (code 4)

Col 61,62

MOTHER'S SELF-EVALUATION AS STUDENT, SCHOLASTICALLY

Code elementary school and high school separately. If mother fails to differentiate the two, code both columns 61 and 62 in the same way.

Question not asked..... 1

Not known..... 3

Poor..... 4

Average..... 5

Very good ("A" or "B")..... 6

Col 61

IN ELEMENTARY SCHOOL

Col 62

IN HIGH SCHOOL

Col 63 to 66

MOTHER'S SELF-DESCRIPTION AS A STUDENT

Source: 75

Question not asked.....1

No evidence for this.....3

Evidence for this.....4

Col 63

Studious, interested in learning, working hard to achieve

Col 64

Quiet, cooperative, eager to please, obedient

Col 65

Mischievous, defiant, troublesome, disruptive

Col 66

Restless, inattentive, found it difficult to concentrate, tended to daydream

Cols 67 to 75

SOME THINGS ABOUT A LIKED TEACHER AND A DISLIKED TEACHER

Source: 75

Question not asked..... 1

No reference..... 3

Evidence for this..... 4

Col 67

No teacher ever liked

Col 68

No teacher ever disliked

Col 69

Reports particular negative incident (was insulted, hurt)

Col 70

Reports particular positive incident (felt good, rewarded, got special attention)

Col 71

Liked teacher who worked hard with student to help her learn or master subject (emphasis is on teacher's personality)

Col 72

Liked teacher who was understanding sincere, trusting, with pleasing manner of expression (emphasis on teacher's personality)

I Card 07

Col 73

Disliked -- critical of teacher wasting time, not being serious about learning or too or too demanding and therefore not teaching properly

Col 74

Critical of teacher seeming to hold students back from pursuing higher goals, possibly religious, racial, or sex-prejudice

Col 75

Critical of particular personality characteristics, teacher being selfish, pompous, self-centered, mean, &c

Col 76-77

LEVEL OF EDUCATION ATTAINED AT PRESENT

Count equivalent number of years for grade achieved. Then add 04.

Source: 29,75

Number of years, plus 04..... 0 4 - 9 9

Col 78

FAMILY COHESION (i.e., parents & children) DURING MOTHER'S CHILDHOOD & ADOLESCENCE

Source: 71 - 75

Family united 4

Parents separated or divorced..... 5

Parent (s) died..... 6

Family never appears to have been intact..... 7

Cols. 79 and 80

LEAVE COLUMNS BLANK

END OF CARD 07

Cols 1,2

SUBJECT NUMBER

Col 3

PART OF PROJECT

Always Code 3 — 3

Col 4,5

CARD NUMBER

Code 08 — 0 8

Col 6

EMULATION SCALE

Code the extent to which mother wants to be like or different from her own mother at present. Consider how much mother accepts or rejects her own mother as a maternal model, how she compares herself with her mother, and the affect conveyed.

Source: 76

Question not asked.....1

Not applicable.....2

Mother wants to be very different from, or even the opposite of her mother.....4

She wishes to be different from her mother in most ways.....5

No strong or particular feeling expressed.....6

Wants to emulate her in most ways, sees her as good example.....7

Very much wants to emulate her mother (admires her for her "goodness," and praises her as a model of motherhood).....8

Cols 7-11

WAYS IN WHICH MOTHER SEEKS TO BE DIFFERENT FROM HER MOTHER AS A MATERNAL IMAGE

Source: 70 and throughout

Question unasked.....1

Not known, no reference.....3

Reference to this aspect but without specifying..... 4

Mother would like to be less like this 5

Would this to be more like... 6

Col 7

Mother says she doesn't want to be different

Col 8

Mother would like to be less fearful, less strict, less restrictive, less punitive, etc.

Col 9

Mother would like to grant more freedom for her child to explore, be independent, do things on his own, etc.

Col 10

Mother would like a closer emotional relationship with her child, more mutual trust, more opportunities to discuss life and various feelings freely

Col 11

Mother would like to share more of her child's experiences, and participate in his school life, friendships, and other activities.

Col 12

PRESENCE OF MOTHER'S GRANDMOTHER IN MOTHER'S CHILDHOOD HOME

Source: I 77

Question not asked.....1

No contact known.....4

Had infrequent contact.....5

Regular contact, although not that often e.g., during summer vacations primarily.....6

Very frequent visits.....7

Mother's grandmother lived in mother's household or mother lived in her grandmother's home.8

Col 13

RELATIONSHIP OF MOTHER AND HER MOTHER, AT PRESENT

Source: 25-28, 72-76 and possibly throughout

Question not asked.....1

Not applicable (parent deceased or has no contact at all).....2

Dreadful, reports many conflicts, anger, resentment, bitterness - poor feelings almost always persisting throughout.....4

Generally poor, reports conflict, disapproval, but also some good feelings and acceptable terms of relating.....5

Generally good but also reports some conflict, feeling intruded upon, desires to maintain some distance (conflict is mild).....6

Excellent, reports warm feelings, trust, dependability.....7

Col 14

IF FATHER RELATIONSHIP EXISTS FOR MOTHER,

Use same scale as above as for mother

Col 15

IF GRANDMOTHER and/or GRANDFATHER RELATIONSHIP EXISTS FOR MOTHER, PRESENTLY -- use same scale as above.

Col 16

MAKE JUDGMENT ABOUT MOTHER HAVING SUFFERED ANY CHILD-HOOD TRAUMA

Mother need not identify these as such, but base judgment on what might have had any traumatic effects from her reports of her past.

Code most severe indicated if more than one choice is relevant Consider mother's affect with which reported to make judgment

Source: 71-77

No evidence of trauma.....3

Severe economic problems.....4

A major illness suffered by mother.....5

Death of parent or someone very close.....6

Trauma related to siblings.....7

Trauma related to parents (e.g., divorce, separation).....8

Particular incident (event) or other.....9

Col 17

QUALITY OF MOTHER'S PAST, IN GENERAL, AS RECALLED BY HER

Code most dominant attitude conveyed, whether or not mother directly evaluates the past

Source: 71-77

Views her life as having been very difficult for the most part - while some good may have been present, feelings of deprivation, denial, discrimination, anger, and depression are most prominent.....4

Views her life as acceptable, continous, making few complaints or expressing little satisfaction; neither strong positive or strong negative feelings expressed.....5

Views her life as having been relatively happy and fun; includes good and bad moments, but warm feelings and emotional ties are very prominent.....6

Col 18

MOTHER'S SOCIABILITY AS TO FREQUENCY WITH FRIENDS

Source: 78

Question not asked.....1

Infrequently.....4

Occasionally.....5

Often.....6

Col 19

SOCIALIZING WITH WHOM

Source: I 78

Question not asked or no impressions.....1

Socializes primarily with husband, close family and relations, but little contact with others.....4

Socializes primarily with friends or colleagues exchanging parties and get-togethers.....5

Col 20

MOTHER'S EXPECTATIONS OF FUTURE IMPROVEMENT IN LIFE

Source: I 79,80

Question unasked.....1

Expects no change, future will just bring more of the same.....4

Cannot say, does not know, uncertain.....5

Predicts changes readily.....6

Col 21

PRIMARY SOURCE OF CHANGE AS SEEN BY MOTHER

Source: 79,80

Question not asked.....1

Not applicable. Does not expect change.....2

Not mentioned.....3

Expects improvement through her &/or her husband's own efforts....4

Expects improvement through family aid.....5

Expects improvement through social assistance (welfare agencies)....6

Expects improvement through general changes in environment...7

Through other means.....8

Col 22

MOTHER'S DESIRE AND INTEREST IN CONTINUING HER OWN EDUCATION (IN WAYS WHICH WOULD IMPROVE HER OCCUPATIONAL SKILLS)

Source: I 79

Question not asked.....1

No - assume "no" if not stated otherwise.....4

To get high-school diploma.....5

Specialized training (business machines, technical skills, secretarial school, beauty culture, etc).....6

College, beginning or continuing..7

University graduate school.....8

Col 23-27

MOTHER'S SPECIFIC THOUGHTS ABOUT HER OWN FUTURE

Question not asked.....1

No reference to this.....3

Evidence present for item.....4

Col 23

Mother cannot say; says she does not know

Col 24

Being a good mother, wife, homemaker, focusing on family life, children, getting married, etc.

Col 25

Emphasis on improved financial and economic status (wants a big home, a car, swimming pool, and other such acquisitions (Code this if mother seeks middle-class, surburban-type living)

Col 26

Wants to achieve independence for her family from her or her husband's family; eg., get own place to live, find a job, be able to provide for herself, &c

Col 27

Expresses career goals and/or social-action interests

I

Card 08

Col 28-34

MOTHER'S EXPECTATIONS FOR
THE FUTURE TWO YEARS HENCE

Source: I 80

Question not asked.....1

Does not refer to this.....3

Refers to this.....4

Col 28

Mother says she cannot say, she does not know

Col 29

Says she expects no appreciable change

Col 30

Hopes for financial improvement, better home, apartment

Col 31

Hopes to be married

Col 32

Hopes to have more children

Col 33

Hopes to be working

Col 34

Hopes to be back at school

Col 35

AFFECT RELATED TO
FUTURE EXPECTIONS

Source: 80

Question not asked.....1

Very pessimistic - depressed, finds life too difficult to be hopeful....4

Resigned or indifferent - does not expect very much change.....5

Shifts back and forth between hopeful and depressed affect (Code 6 only when affect very variable.....6

Hopeful although less certain.....7

Very confident and optimistic.....8

Col 36

IF NOT EMPLOYED AT PRESENT AND WERE MOTHER TO BEGIN WORKING, WHEN WOULD SHE DO SO?

Source: I 81

If mother states age, code equivalent grade level

Code reference is to age of children in general not necessarily only the subject child involved.

Question unasked of inapplicable (mother presently working).....1

No reference..Does not know and cannot guess.....3

When baby is between 14 and 35 months old.....4

When baby in pre-school or nursery school or kindergarten (ages three to five).....5

When child is in primary grades (ages six to eleven).....6

When child in junior high school (12 to 14 years).....7

When child in high school (15 to 18 years old).....8

She says she does not want to work at all or until children are completely grown.....9

Col 37-38

NUMBER OF CHILDREN
MOTHER WOULD LIKE
TO HAVE

Source: I 83

If she says she has enough for the present but goes on to say that perhaps later she would like some more, code the latter reponse.

If she gives two numbers, like two or three, code the higher number.

Add 04 to reponse given.

If she is presently "expecting" include that as 1, whether desired or not

Question not asked.....0 1

Definitely NO more.....0 4

Code total number of children wanted (include those she has now) 0 5-9 9

Cols 39-42

WHY OR UNDER WHAT TERMS MOTHER WOULD LIKE MORE CHILDREN

Question not asked.....1

Does not refer to this.....3

Refers to this aspect.....4

Col 39

Just only to have a "girl"

Col 40

Important to provide companionship for present child, difficult to grow up as an only child, "only children" are spoilt....

Col 41

Would like more if she were to get married, were on better terms with husband, or baby's father - - it would depend on relationship with spouse.

Col 42

Speaks of the personal gratification involved in having "nice" gamily and/ or being a mother

Cols. 43 - 48

REASONS MOTHER WOULD NOT LIKE TO HAVE ANY MORE CHILDREN OR WHY SHE WOULD LIMIT OFFSPRING TO THE NUMBER PREFERRED

Question not asked.....1

No reference to this aspect....3

Evidence present for this " 4

Col. 43

One is difficult enough to raise, one is more than enough for her to manage, &c. Focus is on burden of being a mother. Do not include financial considerations here

Col. 44

Emphasizes high cost involved, cannot afford to have more, wants to be able to provide for child (or children she now has) as well as she can, and this is expensive, &c

Col. 45

Expresses feeling of being too tied down already, or another would keep her too home-bound, & there are other things she would like to do

Col. 46

Expresses fear of pain or other physical discomforts in pregnancy and childbirth

Col. 47

Refers to fact that these were the number of children in her own family, and she'd like to have about the same size; OR, she wants to have a family different in number to the one she grew up in

Col. 48

Refers to marital conflict, estrangement from father, lack of stable home, uncertainty re personal life, &c

Col. 49

DOES MOTHER INDICATE SHE DOES NOT WANT ANY MORE CHILDREN AT PRESENT OR IN THE NEAR FUTURE, BUT MAY CONSIDER HAVING MORE LATER ON?

No 4

Yes 5

Source: 83

Col. 50

IF SECOND CHILD BORN OR ANOTHER ON THE WAY, INDICATE IF SECOND (or perhaps third) WAS PLANNED

Not Applicable . . . 2

No 4

Yes 5

Col 51

HAS FATHER EXPRESSED OPINION ABOUT MORE CHILDREN

Source: I 83

Question not asked.....1

Mother says question never discussed.....4

Father says he doesn't know how many.....5

Father has expressed an opinion.6

Col 52 - 53

NUMBER OF CHILDREN FATHER WOULD LIKE TO HAVE

(May be implied if mother, says, "We want.....)

Add 0 4 to response

Source: I 83

Question not asked.....0 1
No reference to number.....0 3
He doesn't want any more.....0 4

Number he would like to have plus 0 4.....0 5-9 9

Col 54

PRIMARY REACTION WHEN MOTHER IS IN A RUSH

Code mother's primary reaction

Source: 84

Question not asked.....1

Mother does not refer to herself exclusively.....3

Mother never in a rush and does not specify further.....4

She arranges for someone to take care of baby when she knows she will have to rush (implying she does not want to affect him by her rushing).....5

She limits her response to self-references and does not mention baby.....6

Other.....7

Col 55

BABY'S PRIMARY REACTION WHEN MOTHER IS IN A RUSH

Source: 84

Question not asked.....1

Mother does not refer to baby.....3

Baby is cooperative on the whole and no special difficulty occurs.4

Baby gets in the way, interferes with mother's efforts, is more demanding just then, etc.....5

Baby's reaction stronger than just above, and things really become hectic with baby and/or mother screaming, losing patience and everything takes longer, etc.....6

Col 56

RE: TIME

Code mother's primary reaction when she is free and has nothing in particular to do

Source: 85

Question not asked.....1

Mother does not refer just to herself.....3

Mother feels she is never free and doesn't specify further....4

She gives nonspecific response ("Nothing happens," it's nice").....5

She limits her response to herself--she does her work, attends to personal matters, etc.....6

Other.....7

Col 57

RE: TIME
When mother is free and has nothing in particular to do, code with reference to her and the baby

Source: 85

Question not asked.....1

Mother does not refer to self and/or baby.....3

Mother and baby spend time together, play, go out, try new things (this can include other people so long as mother & baby are involved).....4

Baby is responsive, cooperative, good, running around and playing as usual (this type of response occurs in contrast to previous question re-mother being in a rush;code if nothing further is mentioned).....5

Other.....6

I
Cols 58-69

Card 08

THINGS FOR WHICH THERE IS ALWAYS ENOUGH TIME FOR OR NEVER ENOUGH TIME

Source: I 86-87

Question unasked.....1

No reference to item.....3

Never enough time.....4

Always enough time.....5

Col 58

Feels there is never enough time (no specification code 4)

Col 59

Feels there is always enough time (no specification code 5)

Col 60

Playing together

Col 61

Taking care of baby's needs

Col 62

Housekeeping and house-related chores (cleaning, shopping)

Col 63

Sleeping, resting

Col 64

Eating, not rushing meals

Col 65

Watching TV

Col 66

Personal tasks of mother

Col 67

Going out socially without baby

Col 68

Going places with baby, to visit family, etc.

Col 69

Other "cultural" activities

Cols. 70 - 79 Re TIME

Col. 70

MOTHER WOULD LIKE MORE, OR LESS, TIME FOR HERSELF

Source: 88

Question not asked.....1

Less time.....4

Things are just right as they are; wants neither more nor less...5

Would like more time.....6

Col. 71

COULD MOTHER'S TIME BE BETTER ARRANGED?

Source: 89

Question not asked.....1

No.....4

Yes.....5

Col. 72

MOTHER'S REACTION TO PROSPECT OF FREE WEEK

Source: 90

Question not asked.....1

Mother says she does not know, or would do same as at present.....4

Says she couldn't stand it, or would "go crazy" if she had so much time to herself (implies it would be hard for her to handle the time).....5

Mother "accepts" prospect and is able to indicate what she would do. No strong affect expressed....6

Surprised and delighted at prospect.....7

Cols 73-78

RE: TIME
THINGS MOTHER WOULD DO
IF SHE HAD A FREE WEEK

Source: 90

Question not asked.....1

Evidence absent.....3

Evidence present.....4

Col 73

Refers to activities with baby--
outings, playing, visiting, etc.

Col 74

Refers to activities for her own pleasure
by herself or with others -- going out
socially, visiting, movies, museums,
shopping for personal things, etc.

Col 75

Catching up on household tasks,
fixing up the home, errands, etc.

Col 76

Refers to her own interests--reading
sewing, making something and other
hobbies

Col 77

Going somewhere overnight, or a little
trip, with or without baby, or husband

Col 78

Sleep, rest, just take it easy

Col 79

Other

LEAVE COLUMN 80 BLANK

End Card 08

Cols. 1, 2

SUBJECT NUMBER

Source: Interview

Col. 3

PART OF PROJECT

Always code "3" for Interview 3

Cols. 4, 5

CARD NUMBER

Code "09" 0 9

Cols. 6 - 11

MOTHERING

Cols. 6 - 10

FUNCTIONS OF MOTHERING

Source: 91

Question not asked 1

Evidence absent 3

Evidence present 4

Col. 6

Providing for, protecting, caretaking

Col. 7

Teaching baby new things, stimulating him, encouraging achievement

Col. 8

Showing affection, love to secure his emotional needs

Col. 9

Providing stable home & family unity, parental cohesiveness

Col. 10

Other

Col. 11

MOST IMPORTANT MOTHERING FUNCTION

If mother refers to more than one aspect, code that which seems to be primary to her

Source: 91

Question not asked 1

Providing, protecting, caretaking 4

Teaching new things, stimulating him, encouragement 5

Giving him love & security, emphasizing emotional needs . . . 6

Providing stable home & family unity, parental cohesiveness . . . 7

Other 8

Col. 12

CHANGE IN FEELINGS TOWARD SON

Source: 92 only

Question not asked 1

No reference to choices below 3

Mother cannot say. She doesn't understand question 4

Yes, feels baby has become more difficult & demanding as he grows older (but she still loves him) . . 5

No change, feels the same way (no further elaboration) 6

Yes. Feels she is getting closer and/or more attached to him as he grows older and become more of a person 7

No change. Feels she loved him from the beginning and still does. . 8

Yes. "Loves him more and more each day," expressing very intense and joyful 9

Cols. 13 - 26

MATERNAL EXPERIENCE

Col. 13

ONSET OF MATERNAL EXPERIENCE--
when mother says she first
"really" began to feel
like a mother(up to baby's birth)

Source: 93

Question not asked 1

Not applicable (says she still
does not <u>feel</u> like a mother) 2

Some period after the birth
of her son (see Cols. 14-15) 3

When she realized she was
expecting 4

Sometime during pregnancy 5

At the time of birth--during
labor or soon after having
baby in hospital 6

Cols. 14 - 15

DATE OF ONSET OF MATERNAL EXPERIENCE

Add 04 to earliest month reported
("When I came home from the hospital
and was alone with the baby. . . "
This would be the first month,
and plus 04 = 05)

Question concerns only after the
baby's birth

Question not asked 01

Not applicable (says she still
does not <u>feel</u> like a mother) 02

During her pregnancy or
delivery 03

Code month (adding 04 to
month) . . . . . .05 -
79

Cols. 16 - 24

BASES FOR MOTHER EXPERIENCING HERSELF AS A MOTHER -- Why she really felt like a mother at that particular time

Source: 93

Question not asked 1

Not applicable, still doesn't feel like a mother. (If this is the case, code "2" for cols.16-24). 2

No evidence for this 3

Evidence present 4

Col. 16

Fantasies & expectations during pregnancy--thought of what it would be like, what she would do, what baby would be, &c

Col. 17

Physiological reactions during pregnancy --feeling baby move, feeling "sick," &c

Col. 18

Emotional reasons--she felt needed, had someone to love & care for, had someone to love her, & other gratification

Col. 19

Caretaking responsibilities--feed, wash, dress, protect
-- --triggered feeling of really being a mother

Col. 20

Baby's development & growth gave her this feeling--sitting, walking, playing, talking & being able to do other things made him be more real to her

Col. 21

Having to exert control--restrict, discipline, follow baby around, make sure he didn't get into things--"That's what mothers do"

Col. 22

Baby's increased emotional responsiveness to her, his growing ability to show affection, attachment, to seek her out, &c

Col. 23

His speech, being able to relate to him verbally, particularly calling her "Mommy," or "Ma-ma"

Col. 24

Other (s)

Cols. 25 - 26

MOST CRITICAL FACTOR APPEARING TO MAKE MOTHER "REALLY" FEEL LIKE A MOTHER

Question not asked 01

Not applicable 02

Fantasies & expectations during pregnancy 04

Physiological reactions during pregnancy 05

Emotional reasons--felt needed, had someone to love & care for, & to be loved in return 06

Caretaking responsibilities-- feed, wash, dress, protect 07

His development & growth made him more real to her 08

Having to exert more & more control-- following him around and keeping an eye on to make sure he didn't get into things 09

His increased emotional responsiveness to her, his growing ability to show her affection &c 10

His speech, being able to relate to each other verbally, particularly his calling her "Mommy," or"Mama"....11

Other (s) 12

Col. 27

MOTHER REPORTS HISTORY OF DIFFICULTY CONCEIVING OR DOUBTS OF EVERY CARRYING THROUGH PREGNANCY BECAUSE OF PREVIOUS EXPERIENCES

Source:

No evidence in interview 3

Yes, previous miscarriage (s). 4

Stillbirths or infant mortality . . . 5

Mother supposedly infertile because of "female trouble" 6

Yes for other reasons 7

Col. 28

AT TIME OF INTERVIEW MOTHER HAS HAD SECOND BABY, OR IS PREGNANT WITH SECOND OR THIRD

Not applicable -- Neither pregnant nor new baby 2

Unknown, no reference 3

Yes, is pregnant 4

Yes, has 2nd baby 5

Is pregnant a third time 6

Col. 29

IF SECOND CHILD BORN, CODE SEX

Not applicable..... 2

Male..... 4

Female..... 5

Col. 30 - 31

HAVE MOTHER AND BABY BEEN SEPARATED?

Do not include regular weekend visits, short vacations, mother's working, leaving baby with grandmother during week

Code age of baby at time of separation, adding 04 (Months are baby's age at time of separation, and not length of separation)

If separated more than once, code the longest or most potentially traumatic experience

Source:

Question not asked 01

Not applicable, no separations 02

Age in months of baby at time of separation, plus 04 05
99

Col. 32

REASON FOR MOTHER/BABY SEPARATION

Source:

Not known (not asked) 1

Not applicable, no separations 2

Mother's hospitalization 4

Baby's hospitalization 5

Mother goes on trip (long vacation, visiting family) 6

Baby goes away with others for visit . . . 7

Other 8

Cols. 33 - 36

MATERNAL CONCEPTS

Each mother is to be rated on a low-medium-high continuum for the following four aspects of maternal functioning

The information to be derived is whether the concept related to the different aspects of functioning is part of her thinking and experience, as well as how important it appears to be to her

Source: Base judgment on entire interview. Consider mother's focus & emphasis on these different aspects--how much she talks about them, how conscious they are, and which seem to take priority in her mothering

Does not enter mother's concept at all. There is no reference to this, and it is impossible to rate 4

Low 5

Medium 6

High 7

Col. 33

Providing, protecting, caretaking: Mother's orientation toward, and importance given to, taking care of the baby--feeding, putting to bed, seeing that daily patterns are stabilized and consistent, insuring that his physical needs are met, &c

Col. 34

Teaching baby new things, stimulating him, encouraging achievements and efforts to master new tasks, giving thought to his education and future career, concern for conveying values in life and facts to prepare him to cope, &c

Col. 35

Meeting baby;s emotional needs, giving him love and attention, making sure he feels safe and secure, recognizing the importance of just being with her child whenever she's needed, respecting him, &c

Col. 36

Significance given to providing stable home, family unity, parental cohesion. Whether mother be married or not, rate her concept of unity and stability entering the good mothering of her child

Cols. 37-38

Subtract 1 from card

EMOTIONAL TONE OF BABY AS JUDGED FROM MATERNAL INTERVIEW

(Scale taken from Bayley's Infant Behavior Record)

Child seems unhappy 05

Between 5 & 7 06

At times rather unhappy, but may respond happily to interesting procedures 07

Between 7 & 9 08

Moderately happy 09

Between 9 & 11. 10

Generally appears to be in a happy state of well-being 11

Between 11 & 13 12

Radiates happiness, animated 13

Col. 39

RATE REALITY DEMANDS, such as financial stress, work pressures, space limitations, crowding, family interference, &c, which may be contributing to making the tasks of mothering more difficult

Consider external reality circumstances only.

Source: Entire interview

Rate low-to-high (4-point scale)

Low 4

Some 5

Medium 6

High 7

Col. 40

MOTHER'S FEELINGS ABOUT HER PRESENT SOCIO-ECONOMIC STATUS

Base judgment on amount of stress she must cope with because of financial difficulties

Source: 29, 32, 79-83; and make judgment on impressions from entire interview

Very poor -- she's very plaintive & worried, finds circumstances very dissatisfying, has very difficult time coping 4

Poor--finds things difficult & is dissatisfied, but copes & tries to make the best of it 5

Good -- generally satisfactory. Feels her needs are being met, but may want to improve certain things..6

Very good--she feels circumstances are adequate, and she's quite content; may also be looking forward to more.....7

Cols 41-50

DESCRIPTION OF BABY'S ACTIVITIES

Code all of baby's activities during the late course of a day, as indicated throughout the interview

Question not asked.....1

No evidence for this.....3

Evidence present.....4

Source: 11 ONLY

Col 41

Baby watches TV

Col 42

He plays with mother

Col 43

He plays with father

Col 44

Plays with other adults and children in his own home

Col 45

Plays by himself

Col 46

Baby is taken outdoors for a walk, to the park, etc, for his and/or mother's personal pleasure (not errands)

Col 47

He is taken along on shopping chores or mothers errands

Col 48

Is taken to visit friends, neighbors or relations

Col 49

Taken to play with other children

Col 50

Left in care of someone other than mother for part of day

Col 51-53

NUMBER OF PAGES IN MATERNAL INTERVIEW

Code in three columns adding 004 to actual number

Number of pages (plus 004).....0 0 5-9 9 9

Col 54-55

Mother's age as indicated on birth certificate, plus 04

Col 56-57

Father's age as indicated on birth certificate, plus 04

Col 58-59

FATHER'S EDUCATION

Code total number of years plus 04

Source: BC or Information Sheet

LEAVE COLUMN 60 BLANK

Cols 61-75

MOTHER'S WAIS SCALED SCORES

If mother not tested.....0 1 or
0 0 1

Score (add 04 or 004 to each score).....

Col 61-63

Verbal I.Q. (3 digits)

Col 64-65

Information scaled score (2 digits)

Col 66-67

Comprehension scaled score (2 digits)

Col 68-69

Arithematic scaled score (2 digits)

Col 70-71

Similarities scaled score (2 digits)

Col 72-73

Digit-span scaled score (2 digits)

Col 74-75

Vocabulary scaled score (2 digits)

LEAVE COLUMN 76 BLANK

Col 77-78

Mother's age at time of interview, plus 04.

Col 79-80

Baby's age at time
of interview, plus 04.

END CARD 09

Col 1,2

SUBJECT NUMBER

Col 3

PART OF PROJECT

(always code "3") 3

Col 4,5

CARD NUMBER

(code 10) 10

PSYCHOLOGICAL MINDEDNESS RATINGS

Col 6-25

Code the AFFECT ratings for the ten PM items in the next ten columns.

USE PM RATING SHEETS TO CODE THIS INFORMATION

Ratings range from 1 to 7. Then add 3 to each rating and code.

Col 6-7

PM 1

Col 8-9

PM 2

Col 10-11

PM 3

Col 12-13

PM 4

Col 14-15

PM 5

Col 16-17

PM 6

Col 18-19

PM 7

Col 20-21

PM 8

Col 22-23

PM 9

Col 24-25

PM 10

Col 26-45

Code the DEVELOPMENT ratings for the ten PM items in the next ten columns

USE PM RATING SHEETS TO CODE THIS INFORMATION

Ratings range from 1 to 7. Then add 3 to each rating and code.

Col 26-27

PM 1

Col 28-29

PM 2

Col 30-31

PM 3

Col 32-33

PM 4

Col 34-35

PM 5

Col 36-37

PM 6

Col 38-39

PM 7

Col 40-41

PM 8

Col 42-43

PM 9

Col 44-45

PM 10

Col 46-65

Code the BEHAVIOR SHAPING ratings for the ten PM items in the next ten columns.

USE PM RATING SHEETS TO CODE THIS INFORMATION

Ratings range from 1 to 7. Then add 5 to each rating and code.

Col 46-47

PM 1

Col 48-49

PM 2

Col 50-51

PM 3

Col 52-53

PM 4

Col 54-55

PM 5

Col 56-57

PM 6

Col 58-59

PM 7

Col 60-61

PM 8

Col 62-63

PM 9

Col 64-65

PM 10

Col 66-75

Code references to <u>own</u> <u>baby</u> son in response to PM situations.

No reference to her baby.....3

Refers to her baby son.....4

Col 66

PM 1

Col 67

PM 2

Col 68

PM 3

Col 69

PM 4

Col 70

PM 5

Col 71

PM 6

Col 72

PM 7

Col 73

PM 8

Col 74

PM 9

Col 75

PM 10

LEAVE COLUMNS 76-80 BLANK

End of card 10

Col 1, 2

SUBJECT NUMBER

Col 3

PART OF PROJECT

(always code "3") 3

Col 4,5

CARD NUMBER

(code 11) 1 1

ADD 3.0 TO EACH BELOW. (N.B.: Be sure to add 3.0 to the whole number indicated on the summary sheet. Then, disregarding the decimal point, code.)

Col 6 - Blank

Col 7, 8, 9

PM Mean

Col 10 - Blank

Col 11, 12

Affect Mean

Col 13 Blank

Col 14, 15

Developmental-Change Mean

Col 16 Blank

Col 17, 18

Behavior-Shaping Mean

Col 19, 20

Adjusted Word Count on PM - Add 04

Col 21, 22, 23

Adjusted Word Count on Entire Interview - Add 004

Leave Col 24 - 29 Blank

Col 30 - 43

CONTROL SCALES

Ratings range between 1 and 7

ADD 03 TO EACH RATING BEFORE CODING

Col 30, 31

I - Ability to Control

Col 32, 33

II - Responsive Control

Col 34, 35

III - Rigid Control

Col 36 - BLANK

Col 37, 38, 39

IV - Future Control (Code Mean Score)

Col 40, 41

V - Tolerance

Col 42, 43

VI - Helplessness

Col 44, 45

VII - Conflict

The following columns require coding the ratings give to the Q-Sort Maternal Affect items.

There are two sets of Q-Sort items, one is experiential and one is evaluative. Each set has 76 items and it is critical to work very carefully in order to enter each item in the correct columns.

Each rating may range between 01 and 11 and requires two columns. ADD 03 to each rating before coding. Card 11, Col 46-through Card 13, Column 68 are all Experiential Ratings of the Q-Sort.

Col 46, 47, 48

Total positiveness score on Experiential Q-Sort. Add 4

Col 49, 50, 51

Total negativeness score on Experiential Q-Sort. Add 4

Col 52-53

Item 1 - Ecstatic ADD 03

Col 54-55

Item 2 - Joyful

Col 56-57

Item 3 - Fascinated

Col 58-59

Item 4 - Loved by baby

Col 60-61

Item 5 - Cherishing

LEAVE COLUMN 62 Blank

Col 63-64

Item 6 - Consciously Maternal

Col 65-66

Item 7 - Nurturant

Col 67-68

Item 8 - Involved with

Col 69-70

Item 9 - Enriched

Col 71-72

Item 10 - Gratified

LEAVE COLUMN 73 BLANK

Col 74-75

Item 11 - Encouraging

Col 76-77

Item 12 - Confident

Col 78-79

Item 13 - Affectionate

LEAVE COLUMN 80 BLANK

END CARD 11

Col 1,2

SUBJECT NUMBER

Col 3

PART OF PROJECT

(always code "3") 3

Col 4 , 5

CARD NUMBER

(code 12) 1 2

Col 6, 7

Item 14 - Playful with regard to baby

Col 8, 9

Item 15 - Cuddly

Col 10, 11

Item 16 - Receptive

Col 12, 13

Item 17 - Supported

Col 14, 15

Item 18 - Attentive

LEAVE COLUMN 16 BLANK

Col 17, 18

Item 19 - Individuated

Col 19, 20

Item 20 - Feels dutiful and conscientious

Col 21, 22

Item 21 - Protective

Col 23, 24

Item 22 - Empathic

Col 25, 26

Item 23 - Proud

LEAVE COLUMN 27 BLANK

Col 28, 29

Item 24 - Tender

Col 30, 31

Item 25 - Giving

Col 32, 33

Item 26 - Open to influence

Col 34, 35

Item 27 - Determined

Col 36, 37 -

Item 28 - Initiating interaction with baby

LEAVE COLUMN 38 BLANK

Col 39, 40

Item 29 - Spontaneous in feeling towards baby

Col 41, 42

Item 30 - Curious

Col 43, 44

Item 31 - Tolerant

Col 45, 46

Item 32 - Allocentric

Col 47, 48

Item 33 - At peace

LEAVE COLUMN 49 BLANK

Col 50, 51

Item 34 - Adoring

Col 52, 53

Item 35 - Intimate

Col 54, 55

Item 36 - Lively in caretaking

Col 56, 57

Item 37 - Optimistic in relation to baby

Col 58, 59

Item 38 - Comforting (warm)

LEAVE COLUMN 60 BLANK

Col 61, 62

Item 39 - Hostile

Col 63, 64

Item 40 - Angry

Col 65, 66

Item 41 - Envious

Col 67, 68

Item 42 - Plaintive

Col 69, 70

Item 43 - Intruded upon

LEAVE COLUMN 71 BLANK

Col 72, 73

Item 44 - Bewildered

Col 74, 75

Item 45 - Shallow in feeling

Col 76, 77

Item 46 - Remorseful

Col 78, 79

Item 47 - Restless

LEAVE COLUMN 80 BLANK

END OF CARD 12

Col 1, 2

SUBJECT NUMBER

Col 3

PART OF PROJECT

(Always code "3") 3

Col 4, 5

CARD NUMBER

(code 13) 1 3

Col 6, 7

Item 48 - Begrudging

Col 8, 9

Item 49 - Frustrated

Col 10, 11

Item 50 - Insecure

Col 12, 13

Item 51 - Feels teasing provoking

Col 14, 15

Item 52 - Demanded upon

LEAVE COLUMN 16 BLANK

Col 17, 18

Item 53 - Apprehensive

Col 19, 20

Item 54 - Helpless

Col 21, 22

Item 55 - Withheld from

Col 23, 24

Item 56 - Clinging

Col 25, 26

Item 57 - Burdened

LEAVE COLUMN 27 BLANK

Col 28, 29

Item 58 - Feels a sibling relationship

Col 30, 31

Item 59 - Devaluating

Col 32, 33

Item 60 -Neglectful

Col 34, 35

Item 61 - Childish

Col 36, 37

Item 62 - Hedonistic

LEAVE COLUMN 38 BLANK

Col 39, 40

Item 63 - Anxious

Col 41, 42

Item 64 - Awkward

Col 43, 44

Item 65- Depressed

Col 45, 46

Item 66 - Detached

Col 47, 48

Item 67- Afraid

LEAVE COLUMN 49 BLANK

Col 50, 51

Item 68 - Manipulated

Col 52, 53

Item 69 - Bland

Col 54, 55

Item 70 - Overwhelmed

Col 56, 57

Item 71 - Irritated

Col 58, 59

Item 72 - Lethal

LEAVE COLUMN 60 BLANK

Col 61, 62

Item 73 - Vacillating

Col 63, 64

Item 74 - Inhibited

Col 65, 66

Item 75 - Self-centered

Col 67, 68

Item 76 - Explosive

LEAVE COLUMNS 69 - 80 BLANK

END CARD 13

Col 1, 2

SUBJECT NUMBER

Col 3

PART OF PROJECT

(always code "3") 3

Col 4, 5

CARD NUMBER

(code 14) 1 4

The following columns require coding the ratings given to the Q-Sort Maternal Affect items.

There are two sets of Q-Sort items, one is experiential and one is evaluative. Each set has 76 items and it is critical to work very carefully in order to enter each item in the correct columns.

Each rating may range between 01 and 11 and requires two columns. ADD 03 to each rating before coding. Card 14, Col 6 through Card Column are all Evaluative Ratings.

Col 6, 7, 8

Total positiveness score on Evaluative Q-Sort. Add 4

Col 9, 10, 11

Total negativeness score on Evaluative Q-Sort. Add 4

Col 12, 13

Item 1 - Ecstatic Add 03

Col 14, 15

Item 2 - Joyful

Col 16, 17

Item 3 - Fascinated

Col 18, 19

Item 4 - Loved by baby

Col 20, 21

Item 5 - Cherishing

LEAVE COLUMN 22 BLANK

Col23, 24

Item 6 - Consciously Maternal

Col 25, 26

Item 7 - Nurturant

Col 27, 28

Item 8 - Involved with

Col 29, 30

Item 9 - Enriched

Col 31, 32

Item 10 - Gratified

LEAVE COLUMN 33 BLANK

Col 34, 35

Item 11 - Encouraging

Col 36, 37

Item 12 - Confident

Col 38, 39

Item 13 - Affectionate

Col 40, 41

Item 14 - Playful with regard to baby

Col 42, 43

Item 15 - Cuddly

LEAVE COLUMN 44 - BLANK

Col 45, 46

Item 16 - Receptive

Col 47, 48

Item 17 - Supported

Col 49, 50

Item 18 - Attentive

Col 51, 52

Item 19 - Individuated

Col 53, 54

Item 20 - Feels dutiful and conscientious

LEAVE COLUMN 55 BLANK

Col 56, 57

Item 21 - Protective

Col 58, 59

Item 22 - Empathic

Col 60, 61

Item 23 - Proud

Col 62, 63

Item 24 - Tender

Col 64, 65

Item 25 - Giving

LEAVE COLUMN 66 BLANK

Col 67, 68

Item 26 - Open to influence

Col 69, 70

Item 27 - Determined

Col 71, 72

Item 28 - Initiating interaction with baby

Col 73, 74

Item 29 - Spontaneous in feeling towards baby

Col 75, 76

Item 30 - Curious

LEAVE COLUMN 77 BLANK

Col 78, 79

Item 31 - Tolerant

LEAVE COLUMN 80 BLANK

END CARD 14

Col 1, 2

SUBJECT NUMBER

Col 3

PART OF PROJECT

(always code "3") 3

Col 4, 5

CARD NUMBER

(code 15) 1 5

Col 6, 7

Item 32 -Allocentric

Col 8, 9

Item 33 - At peace

Col 10, 11

Item 34 - Adoring

Col 12, 13

Item 35 - Intimate

Col 14, 15

Item 36 - Lively in caretaking

LEAVE COLUMN 16 BLANK

Col 17, 18

Item 37 - Optimistic

Col 19, 20

Item 38 - Comforting (warm)

Col 21, 22

Item 39 - Hostile

Col 23, 24

Item 40 - Angry

Col 25, 26

Item 41 - Envious

LEAVE COLUMN 27 BLANK

Col 28, 29

Item 42 -Plaintive

Col 30, 31

Item 43 - Intruded upon

Col 32, 33

Item 44 - Bewildered

Col 34, 35 -

Item 45 - Shallow in feeling

Col 36, 37

Item 46 - Remorseful

LEAVE COLUMN 38 BLANK

Col 39, 40

Item 47 - Restless

Col 41, 42

Item 48 - Begrudging

Col 43, 44

Item 49 - Frustrated

Col 45, 46

Item 50 - Insecure

Col 47, 48

Item 51 - Feels teasing provoking

LEAVE COLUMN 49 BLANK

Col 50, 51

Item 52 - Demanded upon

Col 52, 53

Item 53 - Apprehensive

Col 54, 55

Item 54 - Helpless

Col 56, 57

Item 55 - Withheld from

Col 58, 59

Item 56 - Clinging

LEAVE COLUMN 60 BLANK

Col 61, 62

Item 57 - Burdened

Col 63, 64

Item 58 - Feels a sibling relationship

Col 65, 66

Item 59 - Devaluating

Col 67, 68

Item 60 -Neglectful

Col 69, 70

Item 61 - Childish

LEAVE COLUMN 71 BLANK

Col 72, 73

Item 62 - Hedonistic

Col 74, 75

Item 63 - Anxious

Col 76, 77

Item 64 - Awkward

Col 78, 79

Item 65 - Depressed

LEAVE COLUMN 80 BLANK

end card 15

Col 1, 2

SUBJECT NUMBER

Col 3

PART OF PROJECT

(always code "3") 3

Col 4, 5

CARD NUMBER

(code 16) 1 6

Col 6, 7

Item 66 -Detached

Col 8, 9

Item 67 - Afraid

Col 10, 11

Item 68- Manipulated

Col 12, 13

Item 69 - Bland

Col 14, 15

Item 70 - Overwhelmed

LEAVE COLUMN 16 BLANK

Col 17, 18

Item 71 - Irritated

Col 19, 20

Item 72 - Lethal

Col 21, 22

Item 73 - Vacillating

Card 16

Col 23,24

Item 74 - Inhibited

Col 25,26

Item 75 - Self-centered

LEAVE COLUMN 27 BLANK

Col 28,29

Item 76 - Explosive

LEAVE COLUMNS 30 - 35 BLANK

ADJUSTED RATINGS OF MOTHERS DURING INFANT TESTING _ ADD 03 TO EACH RATING
14 mo.

Col 36 -

Mother Intervenes

Col 37

Mother satisfied with acheivement

Col 38

Mother upset by failure

Code: Cols 36 - 49

Mother not present 2

Healthy.....4

In-between.....5

Unhealthy.....6

LEAVE COLUMNS 39 - 40 BLANK

ADJUSTED RATINGS OF BABY BEHAVIOR DURING 14 MONTH TESTING - ADD 03

Col 41

Cooperativeness

LEAVE COLUMN 42 BLANK

Col 43,45

Personal Relatedness

LEAVE COLUMN 46 BLANK

Col 47,49

Ego Mastery

LEAVE COLUMNS 50 - 52 BLANK

Card 16

Col 53,54

Compound Sentence Count, ADD 03

LEAVE COLUMN 55 BLANK

Col 56,57

Grammar Rating, ADD 03

LEAVE COLUMNS 58 - 80 BLANK

END OF CARD 16

Appendix 3

CONTROL SCALES

The concept of control refers to the comfortable and deliberate management of the baby by the mother during the earliest stages of life. Control is to be thought of in its broadest sense, with respect to how she structures his life for him, as well as her limits and restrictions. This structure, or lack of structure, is to be observed in her feeding, sleeping, and play management, as well as in the ways she gets him to do what she wants, disciplines him, and teaches him. The baby's responsiveness can be observed in her reports of how cooperative he is, possible tantrum behavior, his attempts to manipulate her, as well as how smoothly various areas of development are proceeding. The mother's potential inner resources of control are to be inferred from her feelings of tolerance, helplessness or conflicts regarding this issue.

Two types of scales have been developed for the evaluation of control. In one, (Scales I-IV) the rater is asked to objectively evaluate the mother with respect to how effective her control is, what form it takes, and how it is likely to proceed. In the second, (Scales V,VI,VII) the rater is asked to judge different aspects of control from the point of view of the mother's subjective experience of control issues, that is, the affective experience attendant upon control.

The material which is to be rated is an extensive interview with a woman who is a mother for the first time. At the time of the interview her child is between 14 and 15 months of age. Only mothers of boys are included. It is not necessary to read the part of the interview dealing with the mother's past history and future expectations. Please read only up to the point the mother is asked about what she remembers best about her own childhood. Delete the following section and resume reading at the point the mother is asked how it is with the baby when she is very rushed and pushed for time, continuing until the end. Do not read the PM questions.

The control concept is one of several concepts designed to analyze early maternal experience and mother-child interaction. There are seven scales, but only three are to be judged at any one time, and by any one rater. When reading the interview, please focus particularly on the issues related to the scales which will need to be rated.

The scales range from very low to very high, or point one to point seven, with four as the mid-point or moderate range. Rate whole numbers only. All scales will eventually be applied to each interview but three judges will be used to reduce contamination effects. Future control negotiations (Scale IV) will be rated at each reading. The groupings are as follows:

Control A: Scales V, I, IV
Control B: Scales VI, II, IV
Control C: Scales VII, III, IV

CONTROL: EVALUATIVE SCALES

I: ABILITY TO CONTROL SCALE: rate the amount of control the mother is able to exercise with regard to her child. Disregard underlying dynamics for either strong or weak control Make a gàobal judgment regarding how much she is able to control, how effective she is.

1_____7

very weak, poor low control ability — very strong, high ability to control

II: RESPONSIVE CONTROL SCALE: rate the extent to which the mother controls her child responsively, that is, in response to his needs and circumstances. She is child-centered, considers his feelings, allows for flexible limits, can think of alternate methods, all of which allow her to effectively manage her child without compromising on his safety and order in life.

1_____7

Very low responsiveness — very high responsiveness

III: RIGID CONTROL SCALE: rate the extent to which the mother imposes rigid control because of her needs for order, regularity, rules, and restrictions. Or, her rigid control may be related to other internal needs and results in highly controlling, arbitrary, demanding or uncompromising behavior.

1_____7

very low rigid control — very high rigid control

IV: CONTROL NEGOTIATIONS: predict the extent to which control issues negotiated at present indicate that as the baby develops over the next few years, action will continue to function smoothly and effectively. To predict this, consider both the psychological state of the mother, as well as the external reality of the circumstances she and her child live under (such as multiple mothering, work, space, economics, etc.)

1 _____ 7

predict probable deterioration, many battles, conflicts, and difficulties

predict excellent, effective, continued negotiated control

CONTROL: EXPERIENTIAL SCALES

Consider the control issues from the point of view of the mother's subjective experience and awareness, and rate what she feels as best possible.

V: Tolerance for Baby's Impulse Life: rate the extent to which impulse expression is tolerated and accepted, or threatening and inhibited Consider also the extent to which the mother derives pleasure and can participate in baby's impulse life such that she is able to come into contact and promote healthy instinctual behavior.

1 _____ 7

Low tolerance

high tolerance

VI: Helplessness - Confidence Scale: rate how effectively the mother feels she can influence, direct, guide or manage her baby's behavior and development. The continuum presented ranges from very helpless and uncertain, to very confident and self-assured.

1_____7

Helpless, uncertain over whelmed, little or confidence — highly confident, very certain

VII: Conflict Scale: rate the extent to which the mother feels conflict around control issues with respect to such things as the disparity between her standards and expectations and the carrying through on these; or from her lack of consistency, impatience, or uncertainty as how to behave; or stemming from self-conflicts related to this issue.

1_____7

Very low conflict — very high conflict

Appendix 4

MATERNAL AFFECT Q-SORT

The purpose of this Q-Sort is to evaluate maternal affect in mothers of first-born male children at the time their children are 14 months old. A mother's feelings towards her child and herself constitute a complex and unique texture. Both "positive" and "negative" feelings are included. Seventy-six items have been fixed upon as the language of maternal feelings and they are to be arranged by the judge so as to characterize the texture of maternal experience for each particular mother. An effort was made to keep the items conceptually independent of each other, even though they are related. The items are to be put in an order representative for each mother, those most characteristic of her being given high scores, while those least characteristic are scored low. The different items are to be ordered relative to each other, each mother being her own frame of reference.

Each mother is to be evaluated on the basis of an extensive interview exploring her day to day life with her son, his developmental history, her caretaking practices, and her own life and experience of mothering. It will be more or less difficult to infer subject characteristics on the basis of these interviews, but it is essential not to delete any of the 76 items when using this method. Because the interviews contain a great deal of information, it is critical to focus on the mother's feelings towards her son and herself as a mother while reading.

The Q-Sort items are to sorted twice. First, the judge is asked to sort the items describing the mother's experience of her child and herself. That is, sort the items so as to characterize the mother's subjective experience. Secondly, sort the same 76 items from the point

of view of clinical evaluation. In this case, arrange the items on the basis of clinical judgment and inference. This may or may not coincide with the mother's subjective feelings. For example, a mother may not experience herself to be very plaintive or devaluating of her child, but the clinician may evaluate the mother to be so. Or, the more latent content of the interview indicates she feels more helpless or less intensely joyful than she experiences herself to be.

Each judge will be provided with two sets of Q-items, one for the Experiential Q-Sort and the second for the Evaluative Q-Sort. The items are identical except for the addition of the words "mother's experience" on the first set to help the judge maintain his or her perspective.

Each item is printed on a separate card which permits arrangement and rearrangement of the items until the desired ordering is obtained. The primary constraint is to order the Q-items into eleven designated categories with an assigned number of items placed in each category. They are respectively, 3, 5, 7, 8, 9, 12, 9, 8, 7, 5, and 3. At one end of the continuum are placed the items which are most salient in describing the mother's feelings towards her son and herself as a mother. At the other end of the continuum are placed the items which are least representative of her feelings. After the sorting, the placement of each of the items is recorded on a record sheet. Once the data is entered onto the record sheets, the Q-cards are shuffled, preparatory to another sorting.

Summary Instructions

1. Please read each interview focusing on the mother's feelings towards her son and herself as a mother.

2. Sort immediately. Sort the experiential items first and record. Then sort the evaluative items and record. Shuffle each set before beginning agian. Do not delete any items.

3. A convenient method of sorting is to first form three stacks of cards; those items considered characteristic, theose items considered uncharacteristic, and those items remaining inbetween. At this time it is not important to attend to the number of cards falling into each of these groupings. When the three piles of cards have been established, further fractionate them into eleven categories from extremely uncharacteristic to extremely characteristic of the mother's affect.

Below is a list of the maternal affect q-sort items.

1. Ecstatic
2. Joyful
3. Fascinated (amazed, marvels)
4. Loved by baby
5. Cherishing
6. Consciously feels like a mother
7. Nurturant
8. Involved with
9. Enriched
10. Gratified
11. Encouraging
12. Confident
13. Affectionate
14. Playful with regard to the baby
15. Cuddly
16. Receptive to baby's overtures and experiences
17. Supported
18. Attentive
19. Individuated - feels baby is separate and growing individually
20. Feels dutiful and conscientious re baby
21. Protective
22. Empathic
23. Proud
24. Tender
26. Giving

27. Determined
28. Initiating interaction with baby
29. Spontaneous in feeling towards baby
30. Curious
31. Tolerant
32. Allocentric
33. At peace
34. Adoring
35. Intimate
36. Lively in caretaking (opposite of lazy)
37. Optimistic in relation to baby
38. Comforting

39. Hostile
40. Angry
41. Envious
42. Plaintive
43. Intruded upon
44. Bewildered, not understanding
45. Shallow in feeling
46. Remorseful
47. Restless, impatient
48. Begrudging
49. Frustrated
50. Insecure
51. Teasing, provoking (indirectly hostile)
52. Demanded upon
53. Apprehensive
54. Helpless
55. Withald from
56. Clinging
57. Burdened
58. Feels a sibling-type relationship with baby
59. Devaluating, condescending
60. Neglectful
61. Childish
62. Hedonistic, self-indulgent
63. Anxious
64. Awkward, ill at ease in mothering
65. Detached, lack of emotional connection
66. Depressed
67. Afraid
68. Manipulated
69. Bland
70. Overwhelmed
71. Irritated
72. Lethal
73. Vacillating
74. Inhibited
75. Self-centered
76. Explosive

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