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The Crying-Baby Phenomenon:
A Personal Construct Perspective

A thesis presented in partial fulfilment of
the requirements for the degree of

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at

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Fay Barbara Deane

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ABSTRACT

The major objective of the present study was to investigate the use of the 'personal profile method' as a means of providing support for mothers who report that their infants cry a great deal. The method was developed within the framework of Kelly's Personal Construct Theory and was adapted from the Repertory Grid Technique.

A mother who had reported infant crying is called 'cry-hassled' in this study. The personal profile method highlights those areas a cry-hassled mother perceives as concerns and uses the identification of the concerns as a means of providing her with assistance when she is dealing with infant crying.

A secondary objective was to examine three features that might contribute to a mother becoming cry-hassled. These were the mother's report of her pregnancy and delivery, what she had expected it would be like caring for her infant at home, and if she felt she knew what her infant's cries meant.

Seven cry-hassled mothers completed a personal profile each week with two further data sources (infant profiles and diary forms) for a minimum period of 4 weeks. During the development of the personal profile procedures, two broad categories of elicited elements (called concerns because of their negative ratings) were defined. These were designated general and local concerns according to the extent of their negative ratings.

The data from the first study demonstrated that the infant's crying was a concern for each cry-hassled mother, and as such was classified as the priority concern. Two further types of concern which emerged were primary concerns (items that the mother perceived even more negatively than infant crying), and auxiliary concerns (items that the mother perceived in a way similar to her most negative concerns). The primary and auxiliary concerns are useful concepts in that they appear to assist in identifying ways in which a mother can lessen her feelings of concern about infant crying, and so have a greater sense of control.

The secondary study objective was investigated by examining the information from each of the cry-hassled mothers about her pregnancy and confinement, her expectations about being at home with her infant, and her understanding of the infant's cries, together with information from seven mothers who had not reported their infants as crying excessively.

The results indicated that a mother who reports her infant as crying may have unrealistic expectations of her infant's behaviour, that she may lack experience through insufficient contact with other infants, and finally, a cry-hassled mother may understand her infant's cries at a time later than a mother who has not expressed concern about infant crying.

An analysis of the findings from both study objectives reveals the 'Crying-Baby Phenomenon', namely, cry-hassled mothers who appear to perceive crying as a stable/internal characteristic of the infant rather than the crying being something the infant does on some specific occasions. In personal construct terms, it appears the personal profile method may help a mother to shift from a pre-emptive mode of construing her infant to a propositional mode.

A number of people have made a special contribution with their guidance during the the time the study has been carried out. As well, the encouragement and interest that others have shown in so many ways has not only ensured the completion of the thesis, but has enriched my own understanding of peoples' generosity and willingness to be supportive without any expectation for themselves.

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Chapter 1

Study Purpose and Review

Purpose of the Study

The present study is being undertaken to investigate the perceptions of mothers who have said their infants cry frequently. One objective is to use a form of assistance called the personal profile method as a way of recording those areas of a mother's perceptions that are of concern to her where she has reported that her infant cries. The personal profiles will also provide feedback for the mother about the way she perceives her infant's crying within the context of her daily routine. Giving feedback to the mother about her assessment and evaluation of the crying within the setting of a personal profile may be one way to assist her to deal with her infant's crying. This first objective has been undertaken with a case study approach and is reported in Chapters Two to Five.

A second, lesser objective for the study is to examine two features that the literature indicates as possibly contributing to a mother's interpretation of her family environment. The two areas investigated in the study are the mother's interpretation of her pre/postnatal experiences and her expectations about her infant, referred to in the remaining text as 'maternal expectations'.

The second objective is reported in a separate section of the thesis, beginning in Chapter Six. The reports from the mothers who took part in the main personal profile study concerning their pre/postnatal experiences and their maternal expectations are examined along with reports from mothers who had not reported their infants as crying.

The two areas of emphasis in the main study objective, the mother's perception of her infant's crying and providing support for a cry-hassled mother, arise from the impact that infant crying has on the quality of mother-infant interaction. The way in which that impact might affect mothers' perceptions of their infants' crying is a central

theme of the literature review.

One of the major considerations dealt with in the review which follows is that of whether there is a "difficult" infant temperament and how much observer perceptions of the infant's behaviour contribute to a designation of difficult temperament. Highlighted in this consideration is the part that infant crying might have in effecting observer perceptions of the infant as "difficult".

A second major consideration is: are there ethical issues that should be dealt with if mothers are to be assisted in dealing with infant crying? A rationale for providing cry-hassled mothers with support is presented.

The literature review provides the background to the study in the following sections; (a) infant and maternal contributions to the mother-infant relationship, (b) infant crying as a characteristic of difficult infant temperament, (c) mothers and stress from infant crying, (d) providing support for mothers with crying infants, and, (e) the ethics and justification for providing support.

Infant and Maternal Contributions to the Mother-Infant Relationship

A central role for the mother of a newborn infant is her readiness to respond to and anticipate the infant's communications (Hinde 1979). However, the demands placed on a mother in anticipating her infant's signals in day-by-day interactions with her infant may be considerable, particularly if the infant's behaviours do not follow predictable patterns. Studies have found lack of stability in discrete infant behaviours such as smiling, vocalising, and crying, either from one situation to another or across time (e.g. Maccoby & Feldman, 1972; Coates, Anderson & Hartup, 1972; Waters, 1978), lack of stability in infant temperament attributes (Thomas, Chess, & Birch 1970), and wide variations in the degree of consistency in infant state organisations has been reported (Thoman, Denenberg, Sievel, Zeidner & Becker, 1981) among infants defined as normal. In addition an uneven rate of behavioural and psychological development in infancy, with rapid changes occurring in the

first 10 weeks after birth and also at a later period of 5-9 months has been documented by Emde, Gaensbauer, and Harmon (1976).

The mother's role during this early phase of the infant's development has also been well documented. Bell (1979) has cited the major task of the mother in the first few months as being able to manage the variety of states her infant will display. Kaye (1978) suggested that the success of mother-infant interaction depends more on the mother's ability to accommodate to her infant's behaviour and to give it meaning through the regulation of her own behaviour than on true mutuality.

Berger and Calabrese (1975) argued that in the early stages of an interpersonal relationship, the communicators need psychological information about one another in order to make predictions about the social behaviour of the other. With a first infant at least, it seems likely that a mother will have a further task of incorporating new information concerning her infant into some cognitive structure from which she can anticipate and respond to signals which the cited research evidence indicates to be lacking in overall stability. Sameroff (1975) has discussed in detail the relation between a mother's cognitive and social functioning when interacting with her infant. A recognition that the infant's behaviour will elicit parenting behaviour that in turn will have effects on the infant's development prompted Sameroff to also stress the importance of evaluating the properties of infant behaviour that elicit parent responses.

Ainsworth (1982) identified a mother's sensitivity to her infant's signals as one main aspect of maternal behaviour that is especially related to an infant's behaviour during the first year. Therefore, while infant behaviours and infant states are not stable across situations and time during the early phase of the mother-infant relationship, the effect an infant's behaviours and states has on the mother may be manifest in subsequent interactions and so have consequences for the maintaining of their relationship. Korner and Grobstein (1967) and Thoman (1975) viewed the clarity with which the

infant gives signals to the caregiver as being an important aspect of mother-infant interaction. Stratton (1982) reports that Goldberg (1977) calls this characteristic 'readability'. Inconsistency in infant behaviours may blur the clarity or readability with which a mother is able to translate her infant's signals.

Maternal readiness (Hinde, 1979), management (Bell, 1979), accommodation (Kaye, 1978), and sensitivity (Ainsworth, 1982) which emerge from the literature as being important during the early period of a mother-infant relationship, could logically be elements of maternal attachment. Maternal attachment as defined by Sluckin, Herbert, and Sluckin (1983) is maternal behaviour plus something more. A mother's attachment to her infant is considered by them as starting as maternal behaviour and then over time, maternal behaviour together with the mother's emotional attachment to her infant become the joint elements of maternal attachment.

It should be noted that a difference between the concepts of infant attachment (Bowlby, 1958, 1969, 1977; Ainsworth, 1972, 1979, 1982), and maternal attachment (Sluckin, Herbert, & Sluckin, 1983) has been made explicit from Hinde's (1982) exposition of infant attachment. In dealing with some of the conceptual issues relating to Bowlby's concept of infant attachment, Hinde pointed out that the emphasis in infant attachment is on the tie an infant forms with her or his mother. The concept of maternal attachment as presented by Sluckin et al. (1983) places emphasis on the tie the mother forms with her infant.

Behaviour reflecting the characteristics of readiness and sensitivity, appearing early in the maternal experience of a mother, may also contribute to the high levels of interactional stability demonstrated in the study undertaken by Thoman et al. (1983) in spite of a lack of stability in infant behaviour. It is possible, though, that the uncertainty or lack of predictability in infant behaviour places demands on some mothers that makes it difficult for them to respond with readiness and sensitivity in the early or acquaintance period of the relationship. This may be

especially so in the two instances of where the infant is a first child, (which may suggest a lack of maternal experience), or where infant crying is unpredictable or occurs over a sustained period of time.

Regardless, however, of these special considerations, there are three general areas which are addressed in the literature dealing with mother-infant relationships. They concern individual contribution (what each contributes to the interaction in terms of biological, behavioural, and psychological characteristics), their interaction in context (what occurs during the interactive process and the context within which the interaction occurs), and the outcomes or consequences these first two areas will have on the relationship. Hinde (1979) argues that the kind of interaction that occurs out of the contribution each brings to the relationship becomes a characteristic of the *relationship* rather than being a characteristic of the individuals.

The view presented by Bates (1982) in the statement "children's pre-existing characteristics may partially determine parental behaviour" (p. 1) appears initially to be a counter to Hinde's approach. However, Bates' reference to pre-existing characteristics as being *partial* determinants does make provision for the dynamic nature of the relationship posited by Hinde (1979) who has stated "relationships between individuals are essentially dynamic in nature, and not to be thought of in terms of static dispositions or predilections" (p. 35).

Bates (1982, 1983) and Bates and Bayles (1984) provided a further dimension to the the dynamic characteristics of mother-infant relationships in their considerations of infant temperament as a dichotomous measurement. Bates (1982) postulated two basic aspects to infant temperament, namely, the individual characteristics of the infant, and a perspective based on the social impact of the infant. The temperament construct that Bates (1982) stated as best illustrating the social perspective was that of difficult infant temperament (Thomas, Chess, & Birch, 1970).

Because parent reports have been the main tool for assessments of difficult and other infant temperaments, Bates has suggested that the construct of difficult temperament lacks clarity. Three possible interpretations are: that 'difficult infant temperament' reflects how the *parent* is predisposed to see the child, or, that parent reports are accurate perceptions of the *child's* behaviour patterns, or alternatively the nature of the parent-child *relationship* is what is reflected. In the section which follows, discussion centres on the place of infant crying behaviour with regard to the construct of difficult infant temperament.

Infant Crying: A Characteristic of Difficult Temperament

The construct of difficult infant temperament introduced by Thomas, Chess, and Birch (1970) refers to the specific temperament traits of low rhythmicity, high intensity reaction, a withdrawal orientation to new situations and stimuli, slow adaptation, and a negative mood, each of which are perceived states. Those behaviours that have been classified as demonstrating a difficult trait are irregular patterns of sleeping, eating, eliminating, and frequent bouts of crying and thrashing (Thomas, & Chess, 1977). The researchers estimated that about 10% of the infants in their New York longitudinal study were identified as having a difficult temperament. Rutter (1982) has noted, as have Thomas and Chess (1977), that temperament refers to *how* an individual does things or responds to people and situations rather than to what the individual does, or why they are done. Thus difficult infant temperament may be identified by, but not equated with, certain behaviours.

Some concern and controversy over the difficult infant construct has been evident in the more recent temperament literature. A succinct summary of the place infant temperament theory and research has presently reached, and where directions for future research might be headed has been provided by Thomas (1984). It is clear from his comments that while progress has been made in the area,

there are a number of issues to be addressed in the future.

Two such issues are those of (a) the validity of difficult temperament as a within-the-child characteristic (Bates, 1980, 1982; Bates & Bayles, 1984), and (b) the dangers inherent in any categorisation of infants as difficult through screening tests in the first 6 months after birth (Carey, 1982; Rothbart, 1982). Kronstadt, Oberklaid, Ferb, and Swartz (1979) reported from their study that infants identified as difficult by their mothers did change their behaviour considerably from between age 5 weeks and 6 months after birth. (Or could it be that the mothers reported changes in their perceptions of their infants?) The empirical evidence, then, does support Rothbart's call for caution in the sense that labelling of a difficult temperament too early in the infant's life may predispose parents toward a particular view of their infant, or the infant's behaviour may change in a positive manner over that time without any simultaneous change in parent perception.

The discussion presented previously in this thesis reported Bates' (1982) contention for two bases to difficult temperament, these being within-the-child characteristics and the social impact of the infant. In a comprehensive review of the literature, Bates (1980) queried the validity of the difficult infant temperament construct as being wholly attributable to characteristics within-the-child, especially as the earlier consensus had been derived from parent reports, and, furthermore, they pointed to a demonstrated lack of correlation between maternal/parent reports and observer ratings. Results from a further study (Bates & Bayles, 1984) supported the view that mothers' reports of infant temperament consisted of both objective and subjective components.

In similar vein, Thomas (1984) put the following questions in relation to postulated biases in mothers' reports, "is a parent's distortion, when it occurs, due to a subjective misperception of the child, a misjudgement of specific items on a questionnaire or interview, or some idiosyncratic response to the observer or interview?" (p. 106). Bates and Bayles (1984) suggested that one

direction for the future of temperament research is to advance theoretical propositions concerning those factors which might be most important in parent perception, and then to attempt to answer them. A further direction suggested by them is to see whether the apparent objectivity of a perception can be improved by adding a correction factor based on these subjective components. Putting these suggestions into operation may provide answers to the questions posed by Thomas (1984).

The theoretical and research literature based on infant crying indicates that it is one area of infant behaviour that does have powerful subjective impact on caregivers. Bowlby (1958) postulates five initial infant responses as being fundamental to infant attachment behaviour (i.e. sucking, clinging, following, crying, and smiling). The first three of these initial responses are seen as requiring only a relatively limited reciprocal response from the mother. Crying and smiling, however, are dependant on altering maternal behaviour for their results. The various ways in which crying might alter maternal behaviour have been summarised by Murray (1979) in her presentation of two models to explain the way crying might elicit caregivers' responses. Due to the compelling nature of the cry which makes an adult response obligatory, the infant's cry is considered to be an activator of emotion in both the egoistic and altruistic models proposed by Murray.

Frodi and Lamb (1980) have pointed to the degree of negative emotional response that an infant's cry can arouse. They reported that bouts of crying often precipitated abusive behaviour by caregivers, and that the cries of premature and atypical infants were more aversive to adults than those of normal infants. Therefore, differences in the acoustic properties of infants' cries (Berry, 1975; Brennan & Kirkland, 1983; Wasz-Hockert, Partanen, Vuorenkoski, Valanne, & Michelsson, 1964; Zeskind & Lester, 1978) appear to have differing levels of subjective impact on adults.

In order to determine how the subjective impact of infant crying might be moderated by individuals, Lounsbury and Bates (1982) looked specifically at the amount of prior

experience a mother had with infants, the degree of maternal nurturance, and how difficult the mother saw her own infant as being. The results from their study showed that a knowledge of the mother's prior experience with infants allowed the most accurate prediction of her responses to each kind of infant cry, and empathy was the strongest predictor of response. This finding is in line with Wolff (1965), who stated that: "With some exceptions, the mother's personal style (and hence her past experience) are far more important than the form of crying for determining how she will care for her crying baby" (p. 93).

Other areas of difference between individuals' responses to infant crying and fussing have been demonstrated. In a study of maternal and paternal responses to infant distress, Worobey, Laub, and Schilmoeller (1983) pointed out that there will be differences in parents' tolerance, ability to accept dependancy demands, and success in coping with their infant's fussing. Their study examined differences in irritability (including crying behaviour) between infants aged 1 month. Although no differences were found based on the infant's gender, variation in irritability and consolability across the infants did exist. The kinds of soothing techniques used by the parents were also studied. Auditory, visual, and position shifting stimulations were the techniques used. The more the mothers used each type of stimulation, the sooner the infant stopped crying. With the fathers, visual and position shifting behaviours were the most effective. Although no differences were reported in soothing techniques used by parents, 21% of the parents were unsuccessful in quieting their infants before five minutes had elapsed.

Bell (1979) reported in one study that the average duration of infant crying between age 6 weeks and 4 months was 7.7 minutes per hour, and that it ranged up to 21 minutes. A continuation in infant crying, despite caregivers' attempts to soothe, may mean that parental tolerance levels will be exceeded even if the acoustic properties of the cry are not in the atypical range (Frodi & Lamb, 1980).

One influence on parental level of tolerance to infant crying will be that of what a parent thinks about a perceived lack of success in stopping their infant from crying and what consequences that lack of success will have for subsequent interactions (Hinde, 1979, p. 4). The reports of Lounsbury and Bates (1982) and Wolff (1965) also indicated that previous experience with infants will have some influence on that tolerance level. Therefore the subjective impact that infant crying has on parents, and perhaps especially mothers, arises from a number of interwoven and complex influences.

The theoretical and research evidence cited above does indicate that infant crying does cause stress for parents and mothers in particular. An analysis of a mother's perceptions of her infants crying may provide some insights into those areas which contribute to the objective and subjective components of maternal reports of difficult infant temperament.

Thomas, Chess, and Korn (1982) have explained that one of the merits of their concept of difficult infant temperament is that parents no longer need to have feelings such as anxiety and guilt over their interaction when an infant remains difficult despite their best efforts to soothe. The provision in the Bates' (1980, 1982, 1983) and Bates and Bayles' (1984) concept of subjective and objective components to parents' reports is not inconsistent with the Thomas et al. (1982) approach. That is, the concept presented by Bates and Bayles does not deny the possibility of lessening parents' feelings of anxiety and guilt concerning their infant's behaviour.

What the subjective-objective dichotomy can achieve at a pragmatic level is to allow for parents to recognise that their infants may demonstrate behaviours over which they as parents cannot have direct control. At the same time the subjective component allows for a parent to have control over her or his own perceptions of, and responses to the infant's behaviour. Of course this latter statement can only be of use in any practical way where parents are aware of the subjective components of their perceptions.

Research studies designed to identify subjective components of parents' reports may assist parents in having greater control over their own behaviours and accepting that there may be areas of their infant's behaviour which they cannot change directly. However, changes in parent perception and behaviour can have an indirect influence on infant behaviour that may lead to reducing anxiety and tension in the mother-infant relationship.

Belsky, Taylor, and Rovine (1984) investigated the development of reciprocal interaction in the mother-infant dyad. The reported results showed that component behaviours of the interaction both increased and decreased in that infant behaviours displayed across-age instability, and that the relative control at the absolute level of interaction appeared to shift over time (infant age 3-9 months) from mother to infant. They concluded however, that: "Nevertheless, individual differences at the molar level remain relatively unchanged, as do mean levels of interaction, suggesting that there is constancy in the face of change" (p. 716).

Their conclusions suggest that where a lack of stability is demonstrated in mother-infant interaction, as was demonstrated in the Thoman, Acebo, and Becker (1983) study, this pattern of interaction set early in the relationship is likely to remain constant. A further implication is that where infant crying does have some stress impact on a mother early in the relationship, deleterious effects may, over a period of time, become observable as a characteristic of that mother-infant dyad, and crying behaviour may be perceived by the mother as a characteristic of her infant.

Therefore, keeping in mind the caution expressed by Rothbart (1982) that early screening which identifies infants as having a difficult temperament might prejudice a caregiver's perception of the infant, a more appropriate kind of support might be to focus on the caregiver's perception of the infant's crying *early* in the relationship. Providing support for a mother having to cope with infant crying at this early time might also avoid

establishing negative patterns of interaction. One simple method of identifying those mother-infant situations where infant crying might be stressful is to locate instances where a mother reports her infant as crying a lot. Where an infant has been medically screened and has no identifiable health problem that would account for constant crying, the reported crying may indicate a mother's perception that she has no direct control over it.

Mothers and Stress from Infant Crying

While much of the research discussed so far has emphasised the nature of the interaction between a mother and her infant, that interaction frequently occurs within a wider family context. One study that investigated the characteristics of the father-infant was carried out by Belsky, Giltrap, and Rovine (1984). They pointed out from their results that fathers can be as sensitive to their infants as mothers, that the way fathers play with their infants and their reasons for holding them are different from mothers, and that by the end of the first year infants have developed attachments to their fathers that are independent of the relationships they have established with their mothers. The experiences of mothers and fathers with their infants were considered by Belsky et al. (1984) as being quite distinct, despite similarities when parent-infant interaction is examined from a developmental point of view. They also indicated from their results a likelihood of differing consequences for each parent where there is stress impact from infant crying.

In the present study, the focus is on women who are the mothers of a first infant, who have reported the infant as crying frequently, and who are in the middle-class socioeconomic group. Mothers in this socioeconomic category are sometimes taken as a base-line group in studies attempting to identify differences between mother-infant patterns of interaction. Two examples are found in the studies undertaken by Crittenden and Bonvillian (1984), and Nover, Shore, Timberlake, and Greenspan (1984). The former study looked at the relationship between maternal risk

status and maternal sensitivity across six groups of parents. The groups for the study were determined on the basis of type of parental risk status and were labelled as neglecting mothers, abusing mothers, mentally retarded mothers, low-income (socioeconomic stress) mothers, deaf mothers, and middle-class (non-risk) mothers.

The latter study (Nover et al., 1984) examined the relationship of maternal perception and maternal behaviour with normal mothers and their infants, selected to avoid any confounding effects of a priori risk factors. Such risk factors were listed as perinatal complications, physical and mental illness, abuse, poverty, and single-parent families that might contribute to distorted perceptions on the mother's part, or to mother-infant relationship problems. Results from the study were reported as indicating that even 'normal' mothers had distortions in some of their perceptions which resulted in the their behaviour being seen as less sensitive to and more interfering with their infants.

Maternal response of this kind was found to correlate with the anxiety level of the mothers, even though none of them was found to be anxious as indicated by the normative standards for the adult female population as reported for the IPAT Anxiety Scale Questionnaire (Krug, Scheier, & Cattell, 1976, cited in Nover et al., 1984). Implicit in this kind of interpretation is the potential for observer or researcher distortions in their perceptions of an infant's behaviour, of the mother's responses, and of those patterns of interaction that might be deemed as providing appropriate base-lines for comparison between mother-infant dyads.

The mother-infant relationship emerges from the literature discussed so far as being a special case in the establishing and maintaining of a relationship. Given the diversity and complexity in the nature of the contributions in each particular dyad, there does appear to be an inherent danger in making the assumption that middle-class mothers tend to be stress-free in terms of a priori risk factors established as such on the basis of normative criteria. Since research results show that an infant's cry can be

stressful for caregivers, all parents may be potentially at risk from stress in dealing with a new infant.

The concept of stress and its effect has been a central theme in the topic of mental health and personality development. Lazarus (1966) makes a distinction between sources of stress, that is the stressor which may be an internal or external aversive event, and the individual's response to the stressors in terms of perceived aversiveness. Following this distinction, Hamilton (1979, 1983) has developed an information processing model to explain stress in terms of stressors, strain, and load. In developing his cognitive model, Hamilton regarded the term stress as being imprecise and having too many connotations (Holzman & Bitterman, 1952, cited by Hamilton, 1979). In brief, he uses the compound term stressor-strain when referring to the high demands placed on resources of individuals. These high demands activate emotions and actions such as discomfort, avoidance strategies, and anxiety. Used in this sense, Hamilton sees stressors as being the agents and strain as the effects. Stressors and strain feedback together are taken as defining the load on the whole system.

The concept of stressor-strain highlights the important role of cognitive activity in encoding high demands and the development of individual differences in "the perception and anticipation of levels of strain as a function of learning superimposed on, and yoked with, biological thresholds" (Hamilton, 1979, p. 72). It follows from this concept that the coping capacity of the individual with regard to stressors will be dependant to some extent on previous experiences, together with the way in which the individual appraises the situation within which the stressor is perceived.

A pertinent point in relation to the mastery of stress has been made by Mandler (1979), namely, that having a sense of mastery can reduce the deleterious effects of a stressor under two conditions;

- (a) where action is taken with regard to the threatening situation that may change an event and so reduce its

- threatening effect, or,
- (b) without changing any of its objective aspects, a situation may be reinterpreted in such a way that the events are not perceived as being threatening any longer.

Under the latter condition, the subjective sense of control is more important than the objective control of the stressor, and a sense of control may be achieved where the relevance of the event takes on a new perspective to the individual. Where the stressor is infant crying, and action to reduce the threat of strain from the crying is not successful, a reinterpretation of the stressor that results in a sense of control may be more successful in reducing strain for the mother.

The manner in which infant crying may be perceived as a 'hassle' by a mother is evident from research undertaken by DeLongis, Coyne, Dakoj, Folkman, and Lazarus (1982), who used the term in their research. Their study examined the relationship between the hassles of daily living and somatic health, and then compared the usefulness of this concept with the methodology provided by a life events approach and health status. Hassles are defined as the ongoing stress and strains of daily living that are characterised by frustration, irritation, demands, and troubled relationships (Lazarus & DeLongis, 1983). DeLongis et al. (1982) point out that the previous investigators who have examined the stress of daily living have focused on particular sources of stress such as noise (Glass & Singer, 1972), commuting in rush hour traffic (Novaco, Stokols, Campbell, & Stokols, 1979), and sex-role conflicts (Pearlin, 1975), rather than taking a broad spectrum of everyday stressors which might characterise the life-styles of individuals.

Hassles are also seen by DeLongis et al. (1982) as providing a proximal measure of stressors as distinct from distal measures. In this sense, hassles provide a measure of those events that are in the immediate perception, or immediate experience of a social event, and so will usually involve personal meaning for the individual. The results reported in the DeLongis et al. (1982) study illustrate

that use of proximal measures such as daily hassles can identify the immediate stressors that are appraised as such by individuals, together with some indication of the resulting level of strain for the person. In the reported study, the frequency and intensity of hassles were positively correlated to the degree of somatic illness and the relationship was stronger than that obtained for life events.

A relationship between everyday stressors (hassles) and psychopathology has also been suggested by Lewinsohn and Talkington (1979), and Kanner, Coyne, Schaefer, and Lazarus (1981). These studies reported that the combination of the frequency and the degree of subjective aversiveness of unpleasant events during the previous month was moderately related to depression.

A comprehensive review of the literature examining the cognitive features of depression has been completed by Beck and Rush (1978). Depression is conceptualised by them as being a result of cognitive distortions where the individual regards all aspects of her or his present experience and future in an idiosyncratic manner with a systematic bias against self, and thus beyond personal control. Oakley (1980) makes important distinctions concerning the 'depression' women may experience after childbirth. Four areas considered by Oakley are:

- (1) a short-term relief/reaction syndrome, commonly known as post-partum 'blues',
- (2) a state of heightened anxiety on first being alone with and responsible for the baby.
- (3) fluctuating depressed moods early in motherhood, and
- (4) clinically definable 'depression'.

The characteristic feature of the latter state is reported by Oakley as being an interference with physical well-being such that a feeling of being able to cope is inhibited. She pointed out that these different aspects of measuring reactions to childbirth indicated that it is normal for mothers to experience difficulties.

However, the observation that such difficulties vary greatly in nature and effect is highlighted by other

studies. For instance, Elliott, Rugg, Watson, and Brough (1983) investigated the mood changes of 128 women during pregnancy and after the birth of a child. Reported differences were observed between the patterns of change in individual women, but without exception, the changes were in the direction of improved physical and psychological health after the birth. Grossman, Eichler, and Winickoff (1980) indicated from their study of pregnancy, birth, and parenthood that while early parenthood with a first infant can be a positive and enriching experience, it also entails major adjustments and inevitable strains with variability in the way people perceive, interpret, and deal with that stress.

It can be assumed, then, that the daily events which are viewed by mothers as hassles, or perceived as unpleasant, will vary for individual mothers. Additionally, the same kinds of events, such as infant crying, may be viewed as unpleasant but for reasons that will differ for individual mothers. DeLongis et al. (1982) concluded from their study that an approach using the concept of daily hassles holds more potential for modification through therapeutic or preventive intervention than a life events approach because hassles are more likely to represent the individual's meaning of the stressors as reflected in self-perceived ineffectiveness in managing one's daily routine. The identification of the kinds of events that are perceived as hassles for those mothers who say their infants cry constantly may provide them with information that will enable them to manage their daily routine with feelings of being able to cope.

Providing Support for Mothers with Crying Infants

The impact of stress and social support on mothers and infants has been highlighted in a study undertaken by Crockenberg (1981). The positive effects of social support were reported in her study as being strongest for mothers with irritable babies. Social support was available for the mothers from three sources; the father, older children in the family, and other people such as an extended family.

friends, and professionals. Infant irritability was assessed from the Neonatal Behavioural Assessment Encounter (Brazelton, 1973), together with irritability clusters (Kaye, 1978) which were derived by averaging the results across two administrations. The adequacy of the mother's social support was associated with the security of the infant-mother attachment. Low social support was associated with high resistance, high ambivalence, and with anxiety attachment being demonstrated by the infant. Crockenberg's conclusion was that infants who are irritable, or in other ways more demanding of their parents, are only at risk with regard to later developmental problems if there are deficiencies in meeting these infant's special requirements.

The conclusion reached by Crockenberg raises the issue of how infants with special requirements might be identified, how environmental deficiencies might be determined, and what particular kind of social support is appropriate for mothers of these children. While it is beyond the scope of this present thesis to provide possible answers for these questions across the whole spectrum of mother-infant relationships, the discussion presented so far has indicated that constant crying reported by a mother may point to one category of infant behaviour that indicates a special requirement for some mothers and their infants, with the possibility of a cry-hassled mother feeling out of control of her environment. The earlier discussion also intimated that a mother might be able to regain a sense of control concerning her infant's crying where she has opportunity to explore her own understanding of her situation.

The benefits of providing support as a preventive measure rather than as a response to a crisis is implicit in the arguments reported by Crockenberg (1981). That stance is further sustained by the results from those studies which were discussed earlier and which centred on the establishing and maintaining of mother-infant relationships. Where intervention with a mother and infant is intended as a means of crisis-prevention rather than being crisis-intervention, a home-based approach may be one where appropriate support

can be provided with a minimal level of interference.

Gray and Wandersman (1980) have reported both some of the problems and some of the promising strategies provided by home-based interventions. Amongst the problems inherent in this approach they suggested complexity, expense, and time requirements, as well as the need to take account of the variations among people and the interactions in their daily living. Central to those techniques discussed by these researchers as being of promise were those which can strengthen a mother's sense of control over her own and her child's development. Assisting a mother to solve her own problems was also viewed by them as a valuable way to facilitate a sense of control.

It is suggested in the present study that a further way of facilitating maternal problem solving is by assisting a mother to clarify and identify problem areas. Perhaps even more fundamental is the identification of the way a mother feels about and appraises problem situations. This may be especially the case where the effects of infant crying result in a mother having feelings of not being able to cope. Providing this kind of support for cry-hassled mothers in their own homes may provide the basis for preventive assistance that will have minimal interference outcomes for a mother and her infant.

The Ethics and Justification of Providing Support

The means of support used in the present study is the personal profile method. An important facet of the method is that it is intended as a means of providing support or assistance as soon as a mother becomes concerned about her infant's crying. That is, help is provided before a mother indicates that caring for her baby is beyond her abilities or capability, or that she is in danger of physically harming her infant. The use of the personal profile method with a mother assumes a need for preventing or defusing a possible crisis situation.

This being so, it is necessary to consider some of the ethical issues inherent in the concept of providing support in the manner provided by the personal profile method, that

is, at a time prior to a mother's active seeking of assistance. The justification for such a stance is made explicit in the particular instance of a mother who is concerned about her infant's crying, and some criteria are specified for support methods intended for use with mothers who have reported sustained infant crying.

Human responsibility has been discussed by Snook (1980) as being a central issue in ethics. In a paper on mental health and moral values he has emphasised the importance of neither diminishing nor removing peoples' sense of responsibility for their actions. Of equal importance, though, is Snook's contention that a humane approach to ethics is one that recognises and responds to those situations where responsibility is diminished or absent. He has also pointed out that while it is unethical to treat as irresponsible those who are responsible, it is equally unethical to do the reverse. Difficulties inherent in making these distinctions are acknowledged by Snook, but he expresses concern over a global and unsubstantiated assumption that humans are always fully responsible for their actions. In the particular instance of parents with their infant, one consequence of infant crying may ultimately be a diminished responsibility for actions that possibly lead to child abuse.

It has already been indicated from some of the findings of the research reviewed earlier that parents may have decreased feelings of control in situations where they feel unable to stop their infant's crying. Other reports have documented the outcomes that may result from parents having a reduced sense of control in dealing with their infant. For example, the link between parents' feelings of frustration over their inability to tolerate and regulate infant crying and the high levels of child abuse in the United States has been reported by Schaper (1982). In a discussion on the maltreatment of children, Scott (1978) lists crying and screaming (especially at night) as being features which are commonly characteristic of infancy which may become a major threat to the parent over a period of time, resulting in encounters which endanger the parent.

child, and family. Kirkland (1979) has also presented a case for sustained infant crying being related to the occurrence of child abuse. Korbin (1981) has noted too that despite differences in emphasis and approach in explaining child abuse and neglect in Western nations, it is agreed that child maltreatment arises from a complex interaction of parental characteristics, attributes of particular children, and environmental and social stressors.

In a discussion of the prevention of child abuse, Bloom (1981) has suggested that three factors are involved in the abuse of children;

- (i). The parent must have some potential to abuse, such as the prior experience of having been abused as a child,
- (ii). The child must have some trait or characteristic that makes the parents perceive the child as making demands on their energy and resources, and
- (iii). Some crisis must occur to aggravate the abusive attack.

The stance taken in the present study is that where an area such as infant crying is identifiable from research as contributing to parental stress, that this identification places a responsibility on society to provide parents with some form of appropriate support. A general recognition of Western societies' acceptance of responsibility toward children subject to neglect and abuse is perhaps most aptly illustrated by Schoeman's (1980) comments that:

I shall assume that, if a parent or guardian fails to promote the child's interests at some threshold level of adequacy, a form of intervention, ranging from counselling to imprisonment of the parent as well as loss of parental rights to the child, may be legitimate (p.7).

Where there is a possibility of avoiding the crisis intervention described by Schoeman through action that might prevent abuse, then taking those steps would seem to most promote the spirit of the ethics of human responsibility as presented Snook (1980). Rather than a person's sense of responsibility for their actions being diminished, a sense of responsibility could be enhanced where the parent or mother is supported in a manner that results in an increased sense of control over self. On the one hand, Halpern (1984) has argued concerning home-based early intervention:

For practical and human reasons, we cannot wait until our knowledge of programme effects is scientifically adequate before we attempt to provide support to young children and families experiencing chronic poverty or psychosocial stress (p.7).

On the other hand, however, it would appear to be of equal importance to recognise that where knowledge is incomplete concerning appropriate definitions for parental 'levels of adequacy' (Schoeman, 1980) and 'programme effects' (Halpern, 1984), unintentional and negative consequences (Dickin, McKim, & Kirkland, 1983) may be the outcomes of preventive or supportive intervention.

In the present study, in order to provide safeguards and minimise the possible harmful effects of intruding in the mother-infant relationship, a model of mutual participation (Coyne & Widiger, 1978) has been the base from which the support method has been developed. Mutual participation used in this sense means that the supported person takes the status of a responsible adult with a responsible and active part in the direction of activities taken. The problem of maintaining the individual's rights to freedom, autonomy, and personal choice, and the way in which such rights may conflict with the therapist's responsibilities in psychotherapy (Foster, 1978) is discussed fully by Widiger and Rorer (1984). However, in

supportive methods, the likelihood of any conflict between the responsibilities of the helper and the rights of the person being supported are decreased where the function of the assistance is specifically to avoid any decline in the well-being of the person being assisted.

Hart (1968) has listed four areas of responsibility for therapists in a counselling situation as being those of role responsibility, causal responsibility, capacity responsibility, and liability responsibility. A brief definition of these four areas as outlined by Widiger and Rorer (1984) follows.

The idea conveyed in the term *role* responsibility is that the fulfilment of duties, tasks, or obligations accompanies a certain position, office, or title. *Causal* responsibility refers to the causing or producing of a certain consequence, result, or outcome. The distinction between role and causal responsibility lies in the expected service that is inherent in the definition of role responsibility, whereas an act of commission or omission while providing the service will cause an effect. Causal responsibility, then, is separate from role responsibility.

Capacity responsibility refers to an ability to control one's actions as well as having an ability to foresee or predict the outcomes and effects of those actions. The term implies the command of certain necessary qualities or abilities to do so. *Liability* responsibility carries with it the notion of being held accountable, given credit, or providing compensation for what did or did not occur, or in other words, of being held responsible for outcomes.

From these definitions it can be seen that each could be assumed to apply not only to the therapist, counsellor, or consultant, but also to any person in the position of parent or caregiver. Therefore, mutual participation as used within the context of this present study has a wider base of participants having the same areas of responsibility toward another person.

The way in which mutual participation may be of further benefit in support methods used prior to a crisis situation being present, is highlighted by Hare-Mustin,

Maracek, Kaplan, and Liss-Levison (1979). These authors have pointed out that where models of therapy focus on how to produce change in the client, as is often the case with crisis intervention, such models may overlook the implications that some procedures have in relation to the client's rights. They also contended that assistance should be given in a manner that will help attain the client's goals.

Supportive assistance with a cry-hassled mother assumes, within the context of the present study, that a mother will want to interact with her infant as a responsible parent and that supporting her in her development as a parent will assist her to achieve this goal. All the same, while it may be appropriate to consider a mother as willing to accept the responsibility of being a parent in the terms outlined above, assuming that a mother is *response-able* may not be. The latter term implies an ability to be able to carry out certain responsibilities, of being in control of those areas with an associated 'can' that will make them happen. The reviewed research indicates that mothers dealing with infant crying may not be response-able. Providing them with support may be one means of enabling or empowering their capacity to be responsible as well as being response-able.

The point made by Hare-Mustin et al. (1979) concerning how changes are produced with clients also has implications concerning the outcomes different kinds of support will have for those clients. An avoidance of inert outcomes, such as dependency on the supporter or leaning on that person for advice, would appear to be desirable where the stated goal is to ensure a sense of control over self. A supportive method that aims to provide assistance through self-reliance might initially employ a passive approach, for example listening, followed by a period of mutual, active engagement that is directed toward independence.

Earlier discussion concerning the basis of difficult infant temperament indicated a duality in mothers' perceptions of their infant. The objective and subjective components referred to by Bates (1980,1982) and Bates and

Bayles (1984) imply that while mothers do have a capacity to stand back and analyse what is going on, or to act as 'thinking' parents (Bell, 1979), there is also a part of that appraisal that is less apparent or totally obscured to the perceiver. This lack of clarity may result in distortions or perceptions that differ from those of observers.

A study undertaken by Meares, Penman, Milgrom-Friedman, and Baker (1982) attempted to isolate some of the events that might contribute to a child being perceived as difficult. From the results of their study the researchers hypothesised two components of a mother's perceptions of her new infant. While advising caution concerning their results, they suggested two factors which may be involved in the mother's judgements of her new infant:

- (a) the possibility of a 'projective' identification process whereby characteristics are projected to the infant from a pool of traits the mother finds in herself or sees in her husband, and,
- (b) a second factor which appears to involve a fairly accurate perception of the infant's capabilities.

One of the major points raised by the proposition that there are two bases to a mother's perceptions is that both the subjective and objective components are assessed as such by observers. From the mother's point of view, because she is the person dealing with the infant on a day-to-day basis, it is her perception of her infant that is going to be the determinant of how she interacts with him or her. Because infant crying is known to have some stress impact (Bell, 1980; Frodi & Lamb, 1980; Kevill & Kirkland, 1979,

Kirkland & McKim, 1984), and the reports of difficult infant temperament of which infant crying is one characteristic, rely predominantly on mothers' reports, the perception the mother has of her infant's crying may affect her perception of the infant. This reduces the opportunities for her to fulfill those areas of responsibility which were set out earlier in this chapter.

The relationship among infant temperament, maternal concern, and adjustment during early infancy, and the

stability of these variables over time was explored by Kronsadt, Oberklaid, Ferb, and Swartz (1979). Their results indicated that mothers who reported their infants as difficult also reported having major concerns. The five-week age point was where the largest proportion of mothers reported having difficult infants. In their discussion, these researchers suggested that it might be of value to identify those mothers who have major concerns whether or not the infant is classed as difficult from a questionnaire. They suggested, too, that exploring a mother's perceptions and feelings about being a parent could assist in providing advice and management strategies. However, the view in this thesis is that a more positive way to assist may be to provide the mother with a means by which she can view her own perceptions more objectively. This form of assistance for a concerned mother, that is where there is opportunity for a mother to regulate her own areas of adjustment, would allow for maximum mutual participation by the two participants.

Criteria for Support Methods used with Mothers

Much of the research discussed throughout this thesis has demonstrated that although the way in which a mother draws conclusions concerning the behaviour and personality of her infant is currently a topic of research interest, more information is required before this process can be said to be fully understood. Given the current state of knowledge, there is a need for caution whenever there is an intention to intrude in the mother-infant relationship. At the same time, the research has also indicated that providing support for mothers with a new infant can make an important contribution to the quality of the mother-infant relationship. In taking account of these two points of view, the following general criteria appear to be relevant for a support method intended for use with a mother concerned about her infant's crying.

The support method should be proactive rather than being reactive in that the mother should be actively engaged in clarifying her own concerns and initiating her own

management or adjustment strategies and not just responding to advice. The promotion of a proactive stance may be more readily achieved through an informal and home-based approach in preference to a clinical one. The latter may place limitations on the possible alternatives from which a mother can choose strategies which are appropriate to her.

In a paper dealing with choice in childbirth, Richards (1982) has pointed to the limitations placed on technology used in childbirth by the ideas and assumptions behind their design. Support methods developed for use with mothers and infants will be prescribed in a way similar to Richards' point concerning machines used in childbirth; that they embody assumptions about how, when, and where they should be used. Where methodological restraints placed on a mother are minimal, she will have greater assurance of a level of control over the outcomes from the support that is provided, and the well-being of herself and her infant is more likely to be maintained.

A second criterion arises from the first. It is that the support should take the form of providing information for the mother to process rather than being directive. The first two criteria indicate that the person who is in the supporting role will have a facilitative function that allows for a mother to assess her situation in a manner that will promote an increased sense of control over self, even where the infant continues to cry.

While the context of the infant's crying and the ways the mother copes with it may be individual to her, the method of support should avoid any emphasis which leads the mother to feel singular in her concern about the infant's crying. Research cited previously in this present study (Meares et al., 1982; Rothbart, 1982) indicated that the method of support should avoid any possibility of creating a difficult infant where a mother does not perceive the infant as such. Confidentiality should be maintained for the mother but all information pertinent to her particular instance should be available to her (Kirkland, Deane, & Brennan, 1983).

The criteria enumerated above set parameters for the structuring of a procedure intended as a way of providing support for a mother and prescribe some of the limits for their application. A practical application of these criteria is demonstrated in the description of the personal profile method which is given in Chapter Two. Personal profiles are used in this present study as a method of obtaining a representation of the perceptions mothers have of their infant's crying and as a way to assist in lessening their concerns about that crying and so increase their sense of control.

Summary

The present chapter has considered the proposition that infant crying and the effects of that crying are potentially harmful to all caregivers, but perhaps especially to mothers, their infants, and the development of a sense of harmony in their relationship. That initial proposition was followed by a further proposal: that providing home-based support as a preventive measure for mothers who say their infants cry frequently is likely to both facilitate control over self and to improve the relationship with the infant.

The discussion supported the view that providing assistance in this manner early in the mother-infant relationship would be most likely to prevent any long term harmful effects that the infant's crying might have on her or his mother. Some of the ethical issues inherent in the notion of providing assistance to cry-hassled mothers were considered and criteria for methods of support with minimal interference were enumerated. The development and description of the personal profile method, a way of providing cry-hassled mothers with support, is given in Chapter Two.

Chapter 2

Personal Profiles - A Method For Support

The discussion in Chapter One proposed that, where a mother describes infant crying as being disruptive, assisting her to feel she has an increased sense of control over herself could contribute to the development of positive qualities in the mother-infant relationship. It was also proposed that providing support in this manner early in their relationship would be most likely to minimise any long-term potentially harmful effects of an infant's crying on her or his mother.

This chapter introduces the personal profile method as a way of providing support in order to increase a mother's sense of control where she reports infant crying. Personal construct theory (Kelly, 1955) is the theoretical perspective from which the method has been derived, and the structure of the method is a modification of repertory grid technique (Kelly, 1955).

The assumptions underlying the personal profile method are discussed, and a description of the method is given together with an explanation of the modifications that have been made to Kelly's (1955) repertory grid technique. The implications these modifications have for the application of the personal profile method are also discussed.

A substantial and growing body of literature about personal construct theory is available. Because this study has as its focus infant crying, the literature concerning personal construct theory and repertory grid methods has been confined to those areas that relate to a mother's construing of her infant's crying and that provide an explanatory basis for the personal profile method.

The personal profile method has been developed for the specific purpose of assisting a mother to assess the way she perceives her infant's crying within the context of her day-by-day routine. It is a multi-faceted method that involves the eliciting of a mother's perceptions of salient elements in her environment. The elements are then

presented in a form where similar elements are grouped in clusters which the mother is able to view, so recognising their similarities. Furthermore, the procedure enables the mother to identify those elements that are perceived as being hassles or concerns, where hassles are the 'chronic strains of everyday life' (DeLongis, Coyne, et al., 1982).

The procedures of the personal profile method provide opportunities to promote a mother's understanding of her own perceptions of her infant's crying. The method is intended to provide support in an educative manner at the immediate level where a mother is dealing with infant crying daily. The method is intended to place control in the mother's hands by providing her with feedback that is based on her perceptions about her infant's crying.

Theoretical Background

The personal profile method is grounded in personal construct theory (Kelly, 1955). The basis of a personal construct system is the way an individual experiences and then interprets people and events in her or his world. That is, actions and events are interpreted by individuals from the perspective of a set of beliefs, values, and convictions that determine the range of possible interpretations for each person.

These sets of relationships are, in Kelly's terms, personal constructs which arise from a person's psychological processes. Each construct was postulated by Kelly (1955) to have two poles that are arrived at from a discrimination of those similarities and differences that characterise people, events, and objects.

The fundamental postulate Kelly (1955) proposed as the foundation for personal construct theory states: "a person's processes are psychologically channelized by the ways in which he anticipates events" (p. 46). Bannister and Mair (1968) have pointed out that each word in the fundamental postulate expresses some aspect of Kelly's assumptions concerning the nature of humans. In Kelly's view, past events provide a structure from which a person evaluates present events, and then anticipates events which

are likely to occur in the future on the basis of that evaluation. Within this framework, individuals are considered to be actively seeking and initiating, not merely reacting to their environment. In simple terms, Kelly is proposing that it can be helpful to understand human behaviour and experience as consequences of the way future events are anticipated.

Bannister and Mair also added that Kelly did not claim his fundamental postulate to be true. Nonetheless, while the implications of the postulate were being worked out, Kelly believed it should be regarded as though it were true. This present thesis does not attempt to determine whether or not Kelly's fundamental postulate is true. Rather it uses the framework of Kelly's personal constructs as a means of understanding and gauging the perceptions a mother has of one particular aspect of her infant's behaviour, crying.

Kelly proposed eleven corollaries or propositions to explain the formal content of personal construct theory, much in the way that Hull's formal theory postulated axioms, theorems, and propositions (Hilgard & Bower, 1966). The corollaries, which are listed in Appendix G, have been given a particular characteristic by the language Kelly has used to describe them. Full documentation and discussion of the corollaries has been undertaken in other sources, such as Kelly, (1955), Bannister & Mair (1968), Bannister & Fransella (1980), and will not be examined in detail here.

Assumptions Underlying the Personal Profile Method

By accepting Kelly's (1955) fundamental postulate the following consequences occur:

- (i). The constructs held about the present will be the basis from which future events are anticipated.

- (ii). Future responses to people and events will arise from the constructs one has 'now'.

As a consequence of using personal construct theory as a framework, the following assumptions are made concerning the personal profile method;

- (i). The constructs a mother holds about her infant's crying will determine how she will anticipate the infant's crying. Those anticipations will, in turn, guide her actions when she is dealing with the crying.

Given the first assumption, it is proposed that a helpful method of assistance will be one that can provide both immediate support and suggest alternatives for dealing with the crying in the future.

- (ii). Infant crying has powerful and negative characteristics that may focus a mother's attention on that behaviour.
- (iii). Where a mother reports her infant as crying a lot, her expressed concern may focus initially and exclusively on her infant's crying, but there may be other elements or items that contribute to the infant's crying being the focus of concern.
- (iv). The way a mother construes people and events in her environment will be unique.
- (v). In an interactive-support situation the mother who is being given the support should be an active participant.. The personal profile method enables a mother to contribute by describing and defining her own problem areas, focusing on the relevant variables within her defined problem area, and looking for ways to lessen or remove sources of concern within her own environment.
- (vi). One of the ways to assist a mother with the activities listed in (v) above is to provide some means for her to be able to view what she has been talking about. Where the information provided by a mother is organised within a diagrammatic visual display, being able to view the information will assist with the activities described in (v) above through an increased understanding of her own constructs.

(vii). Being able to see the mother's constructs in a visual display will assist the helper to understand the mother's perceptions about her infant's crying.

Each of these assumptions can be linked directly to the concept of increasing a mother's sense of control over herself and her environment regardless of her infant's crying behaviour. The assumptions also have a direct link with Kelly's (1955) personal construct theory both through the fundamental postulate and through the supporting corollaries.

The connection between the first assumption of the personal profile method, that a mother's anticipations of her infant's crying will guide her actions, and Kelly's fundamental postulate has already been described. The link between the remaining assumptions and personal construct theory can be elaborated through some of the corollaries.

The second assumption listed above was that the negative characteristics of infant crying may become the focus of a mother's attention to the exclusion of other behaviours and events. The main point of Kelly's (1955) construction corollary, "a person anticipates events by construing their replication" (p. 50), is that people place an interpretation on what they are interpreting, anticipate future actions and events on the basis of that interpretation. The interpretation arises from the structure of the individual's constructs, not the structure of what is being observed. Given, then, that the mother's interpretation of the infant's crying will arise from her constructs, one form of support would be to assist the mother to view the infant's crying from a positive perspective.

The third assumption, that the concerns expressed initially by a mother may focus exclusively on her infant's crying, although other people, events, and situations may be contributing to that concern, is also linked with Kelly's construction corollary. Where a mother has an opportunity to interpret infant crying in a context that is broader than

just that of the infant's crying behaviour, that broader context can increase her range of alternatives for anticipating future actions.

The connection between personal construct theory and the assumption that a mother's constructions of people and events in her environment will be unique is provided through Kelly's individuality corollary. This corollary reads "persons differ from each other in their constructions of events" (p. 58). Although the reported infant crying may be a common denominator in each reported instance, a mother's constructions of her infant's crying will be associated with other aspects of her environment in a way that will be unique.

The fourth assumption is that in an interactive-supportive situation each mother should be an active participant. The procedures used to complete a personal profile enable a mother to contribute by describing and defining her own problem areas. The procedures used in the personal profile method ensure that the mother is actively engaged in the sorting out and the lessening or removing of her concerns about infant crying. The procedures, which are elaborated in a later section in this chapter, are adapted from those Kelly (1955) used for his repertory grid technique.

Kelly's organisation corollary states "each person characteristically evolves, for his own convenience in anticipating events, a construction system embracing ordinal relationships between constructs" (p. 56). Here, the main point being made by Kelly is that not only are constructs personal, but so also is the hierarchical system into which they are arranged. The way a mother's constructs are arranged will highlight the individuality of each mother's situation to an extent greater than the difference between individual mother's constructs. That is, even though the mothers may have constructions about the same kinds of people and events, the manner in which the constructs are organised will differ. A method used to provide support with infant crying should allow for this personal scale of value.

The fifth assumption is based on Kelly's experience corollary. The assumption is that where the information provided by a mother is organised within a diagrammatic visual display, it will assist her to participate by the describing and defining of her own problem areas, and that focusing on variables other than infant crying will increase a mother's understanding of what is happening in her environment. Kelly's experience corollary, "a person's construction system varies as he successively construes the replication of events" (p. 60), indicates that an individual's construct system changes where there is a lack of confirmation for predictions about particular actions and events. The opportunity for a mother to visually examine her perceptions of her infant's crying along with other items that are similar or dissimilar may assist her to have a more positive perception of the crying.

A final assumption made concerning the personal profile method is that where mothers are enabled to 'see' their constructions, this will not only assist in their understanding, but will also increase the helper's understanding of the way the mother views her own situation. The link here with personal construct theory is through the commonality corollary which states "to the extent that one person employs the construction of experience which is similar to that employed by another, his or her processes are psychologically similar to those of the other person" (p. 90).

The Role of the Helper

The assumptions in the personal profile method and the implications these have for its development have so far related directly to a mother as the individual being interviewed and helped. Implicit in that discussion is that the helper who undertakes the construction of a personal profile with a mother will be an integral part of that method. Kelly (1955) believed that therapists or clinicians using repertory grid technique, (the instrument Kelly developed to apply his theory of personal constructs in a clinical setting), should adopt a "subsuming construct

system" that is "primarily methodological" (p. 595).

In other words, providing assistance may be best achieved where the helper employs the client's constructions to interpret a situation. In this sense, the role of the clinician becomes that of being a facilitator only. When the personal profile method is being used, the helper should employ a flexible construct system that allows for constructions that may be in conflict with those of the helper's own. Where the facilitator uses a mother's perspective to view the situation, it will also allow for variation between the constructions of cry-hassled mothers. Using the mother's perspective as the basis for assistance will avoid a stereotyped approach to the mother's interaction with her infant.

There is, though, a further role for the helper. Where the helper is able to share an understanding of a cry-hassled mother's constructions, some insight into the process of mother-infant interaction might be gained. Before appropriate methods for assistance can be considered, it is important to gain information concerning the way infant crying might place mothers or the mother-infant relationship at risk.

Seligman (1975) pointed out that effective therapy should be aimed at prevention as well as cure. Information gained across mothers' personal profiles may suggest ways in which activities can be undertaken to lessen any stress associated with infant crying. The second-order function of the helper as researcher assumes validity in the researcher's placing interpretations on mothers' personal profiles even where the method has been developed to obtain the mother's interpretation of her situation.

The personal profile method has been developed as a way to lessen or obviate the need to impose an outside interpretation on the mother's situation where infant crying is of concern to her. However, while the meaning inherent in each personal profile will be individual to a mother, Kelly's (1955) sociality corollary subsumes an analyst role for the helper. The sociality corollary states "to the extent that one person construes the construction processes

of another, he may play a role in the social process involving the other person" (p. 95). This corollary explains interpersonal interaction in terms of each person's understanding of the other (Bannister & Fransella, 1980). Individuals do not have to have similar construction systems in order to interact. There does, however, have to be a construing of other peoples' constructions in order to have an understanding of those people. In this sense, the researcher's construing of the mother's constructions can be undertaken without prejudice to the integrity of the idiographic (Allport, 1962) nature of the personal profile method.

Kelly's fundamental postulate, together with the construction, individuality, organisation, experience, commonality, and sociality corollaries have been reviewed as they apply to the personal profile method. The dichotomy and choice corollaries are implicit in the structure of the personal profile method itself, in the same way that they are inherently a function of Kelly's (1955) repertory grid technique. The section which follows elaborates the modifications that have been made to repertory grid technique (Kelly, 1955) in the development of the personal profile method.

The Personal Profile Method and Repertory Grid

Kelly's (1955) repertory grid technique demonstrates a flexibility that has enabled it to be used across diverse research and therapeutic situations in a variety of ways. Examples include work with the disabled (Beail, 1984), depressed patients (Sheehan, 1981), anorexia nervosa (Crisp & Fransella, 1972), stuttering (Fransella, 1972), and teaching and learning (Thomas & Harri-Augstein, 1983).

The repertory grid technique can also be applied to the topic of infant crying. Its usefulness lies in two areas. It allows for the elicitation of a mother's constructions and an examination of the relationships amongst these with reference to infant crying. It is a way of gauging how infant crying fits into a mother's perceptions. The repertory grids second major use lies in this capacity to

capture accurately those constructions within a format that is constant between interviews and participants.

The personal profile method differs from conventional repertory grid applications in particular ways. One of these ways is the emphasis that the personal profile method has on education as an objective for its development rather than psychotherapy. Indeed the personal profile method is not intended for psychotherapy, and may well be unsuitable for this purpose. Kelly (1955) developed the repertory grid technique as a way to operationalise, in clinical practice, his beliefs about human cognition and behaviour as reflected in personal construct theory. Personal profiles, it must be stressed, are constructed to serve educational and supportive objectives, whereas repertory grids typically serve psychotherapeutic goals.

Repertory grids have three main components;

- (i). The elements which define the focus or sphere of construction. Elements are ostensible aspects of the environment. An example is people who are significant to the mother. The construction is the total configuration in which elements and constructs are related.
- (ii). The constructs which determine the way the elements are grouped or differentiated by a person. Constructs are personal organisations of experience; such as the way it is anticipated a significant person might react, and
- (iii). A system that links the way a person judges each element on each construct. Systems are the deliberative, evaluative procedures where individuals reflect in order to make judgements.

Beail (1985) has pointed out that the administration of repertory grids usually occurs in five stages. These are the elicitation of the elements, the elicitation of the constructs, completing the grid or matrix, analysing the matrix, and finally, interpreting the results. The emphasis

that repertory grid technique places on the client's constructions vis-a-vis specific and selected elements is reversed in the personal profile method. In the personal profile approach, emphasis is focused on the elicited and nonselected elements by way of constructs that are restricted to the mother's feelings about those elements. The implications arising from this shift in emphasis are elaborated further in the description of the personal profile method that follows.

In the personal profile method, the elicitation of the elements, the constructs, and the completion of the matrix are undertaken in a semi-structured interview. An analysis of the matrix is then completed on a computer and the interpretation of the results takes place at a second interview. The way the personal profile method incorporates each of the five stages is now described.

Description of the Personal Profile Method

Eliciting the elements. The element of central interest in this research is the infant's crying. However, it is anticipated that other elements will also have some relationship to the mother's construing of her infant's crying. It is assumed, too, that these other elements will differ amongst individuals. These additional elements may assist in placing the infant's crying in a less prominent position in the mother's perspective. Obtaining a mother's perception of her infant's crying in relation to other people and events in her setting is, consequently, the major emphasis in the personal profile method. Whereas repertory grid applications typically focus on the user's constructs as the area of interest for the clinician, the personal profile method is different in that it is the elicited elements that are primarily of interest to the mother and her helper in the interview situation.

To ensure that all elements used have meaning for and are important to the mother, elicited elements only are used to complete the matrix. Thus no elements are supplied, not even for the first matrix. A further advantage of this procedure is that the likelihood of an element falling

outside the 'range of convenience' (Kelly, 1955) is lessened where elicited elements are used. Falling outside the range of convenience is said to occur when the user finds one particular construct is not applicable to all the elements. Yorke (1983) has also warned that elements with no clear purpose to the user in a grid will tend to cloud results.

Although the elements are not supplied for the first profile, the original elements and their related affective constructs are re-presented for completing subsequent profiles. Thus these self-supplied elements may also be used for further profiles. However, the mother does have the freedom to change any of the elements or constructs from the original matrix; a new matrix can be completed, or the unchanged matrix can be completed in its original form. Where a mother chooses to retain any or all of the original elements, the sense in which the elements are supplied for these later profiles is different from the case of the repertory grid where the interviewer supplies elements from the outset.

While the process of eliciting the elements maintains relevance for the mother, using all of the elicited elements means that they may be of a mixed nature. Non-selective, the elicited elements may introduce possible complications. Elicited elements may be in one of three categories; people, events, or situations, all of which can be used for the personal profile matrix. It is possible that elements used in this manner may exceed the range of convenience for the elicited constructs. There is, though, the opportunity for users to change constructs when the profile is being compiled. It is considered that the opportunity to change the constructs, together with the elicitation of matrix components, will maximise the construct range of convenience.

The process of elicitation of elements may be illustrated by the following example. At her first interview a mother is asked to talk about her infant. Discussion is prompted simply with a statement such as 'Tell me about being at home with your baby'. While the mother is

talking, the interviewer keeps brief notes of the people, events, and situations referred to. These become the elements for the profile and are subsequently called 'items'. Collectively, the items are considered as describing the setting a mother views herself to be in with her infant.

One constraint imposed by the clustering programme used for the analysis of the personal profile is that a minimum of seven items is necessary. Prompting will be needed where fewer than seven items are elicited spontaneously, or where the infant's crying is not discussed. Extending the list of items can be undertaken with the question "You have given me a list of . . . people and some of the situations you are in with your baby. Are there any others that should be included?".

Where infant crying has not been directly referred to in the discussion, a prompt may be: 'What kinds of things does your baby do during the day?' Prompting should take an indirect form rather than specifically mentioning crying since the mother's evaluation of it as part of her constructions is important.

Eliciting the constructs. For Kelly (1955), the construing of reality was seen as primarily subjective and personal. Obtaining the person's own dimension of meaning was seen as being crucial in therapy. To retain that personal dimension, the constructs for a personal profile are elicited from the mother, for, as Yorke (1983) warns, the external supplying of constructs, where it occurs, does make assumptions about their shared meaning.

In this study, the mother's elicited feelings are the constructs that group and differentiate the personal profile items. A central question, then, is that of how a mother feels about the items she discusses. As the items are recorded, any feelings expressed with that item are also detailed. In a personal profile, these expressed feelings are the emergent constructs. As with the items, a minimum of seven constructs are needed in order to meet the requirements of the clustering programme. Where less than seven constructs have been offered, a prompt will be

necessary. Prompting can be undertaken when the matrix is being completed. The emergent feeling can be listed and read aloud, then followed by the question 'What other feelings do you experience when you are working or playing with your baby?'

A contrasting pole is also required for the emergent feeling, and may be either positive or negative. The contrast is elicited at the same time as the matrix is being compiled. For example, if a mother has said that she feels miserable when her baby cries, she is asked at the later point what she considers as opposite to feeling miserable about the crying. Kelly (1955) believed that constructs are bipolar or dichotomous in that people make evaluations in terms of similarities and differences.

Repertory grid employs a variety of methods for the elicitation of constructs. The most commonly used of these is, perhaps, the triad method where the user is asked to distinguish between three elements in terms of similarity and differences. A self characterisation method was also used by Kelly (1955), where the user is asked to write in the third person a character sketch about self. The descriptors used in the sketch become the constructs for the grid.

In contrast, the personal profile method uses the less structured form of conversation to obtain the emergent constructs. However, Beail (1985), who also employed this method, has pointed out that some constructs elicited in this way may not initially be useful for a grid in that they may not fully reflect the user's meaning and may require further probing.

Listed amongst constructs that are not considered useful are those that are excessively permeable, or excessively impermeable (Kelly, 1955). A permeable construct is one that will admit to its context elements that are not yet included in it (Adams-Webber, 1979), and so an excessively permeable construct is one that admits elements without sufficient discrimination. This may result in a lack of order or confusion within the construct system so that inappropriate validations are looked for. An

excessively impermeable construct, then, is one that is not open to change through the admission of new elements on occasions when it is appropriate to do so. Other constructs that are not considered useful are those that are only situational, or those that are superficial or vague.

The use of emergent feelings only as constructs for a personal profile is one way of preventing these less useful constructs being elicited. Such an approach may also enhance the supportive value inherent in the process of completing a personal profile in so far as it provides the opportunity for the mother to talk about feelings associated with such an evocative event as infant crying.

The length of time it takes to elicit the items and feelings will vary between mothers. The stage at which a comprehensive list of the items and feelings has been obtained will be apparent when there is repetition. Alternatively, the discussion can be terminated in agreement with the mother that the pertinent or essential items and feelings have been elicited.

Completing the matrix. The mother and the interviewer work together to compile the matrix. An illustration is provided in Appendix H, Volume 2. All the items are listed in columns along the top of the matrix. The emergent feelings with their contrasts are listed in rows on the left side. Each dichotomous pair occupy one space on the left, and the positive feeling is always listed first with its opposite alongside. For instance, if 'love' is the emergent feeling, it is written first, and the negative contrast, such as 'hate' sits next to it.

A check is made to ensure that each entry does reflect the user's meaning with a question: 'This is what has been recorded as an item you talked about. Do you agree with that?' Where there is not agreement, the mother has opportunity to redefine or eliminate that item or construct.

The mother then rates each item against each construct on a 5 point Likert type scale. It is explained that a rating of 1 or 2 is positive, 3 is a neutral rating, and 4 or 5 is negative. Button (1985) has stated that rating is the most flexible of the scoring methods for repertory grids

because it provides more freedom of choice concerning the differentiation of elements.

Button (1985) and Yorke (1983) have both pointed out that there is controversy with the use of rating scales in terms of the meaning of mid-point ratings. The personal profile method makes clear to the user the meaning of the mid-point rating as being neutral rather than not applying at all, or being irrelevant. It is assumed, then, that the mid-point rating for a personal profile will be used as a neutral point.

There are other issues that require consideration concerning the use of a Likert-type scale for the mathematical ordering of a personal profile. These are;

- (i). Does a rating for a particular construct change in intensity from one element to another? The level of intensity at either pole may change between elements rated the same. That is, the saliency of the construct may change from item to item. However, it is accepted that even though there may be a change in the intensity of a feeling rated in the same way from one item to another, the construct will still have overall saliency for that item within the personal profile.
- (ii). Do different verbal labels used for constructs represent the same feelings? An assumption within the context of the personal profile is that there is differentiation between the construct labels simply because the constructs have been elicited from, and validated by the mother.
- (iii). Is the user-perceived range of the scale time independent? That is, does the positiveness or negativeness of a feeling indicated by a rating change over time, between profiles? The shift in scale range implied in this issue would be difficult to isolate and quantify. This aspect is not of major importance in the study due to the way the scale has been divided into positive, neutral, and negative regions. Therefore, while

the mother's interpretation of a shift from a rating of 4 to 5 may be uncertain, there is little doubt that a shift from 4 or 5 to 3, 2, or 1 has involved a positive perceptual shift by the mother.

The ratings can be undertaken using one of two procedures. Each item can be rated on one construct at a time, that is across the matrix, or one item can be rated on all the constructs. The latter system will proceed down the matrix. Rating across the matrix moves the user's attention from one item to the next, while rating down switches attention from one feeling to the next for each item. Because of the mixture of events, people, and situations used as items in the personal profiles, rating down the matrix is considered the most appropriate procedure. This will help to retain the focus on a particular item throughout the rating process. After the ratings have been completed, the matrix is ready for analysis.

Analysing the matrix. Scanning the matrix in its raw form will provide a preliminary view of those items that are being construed in a positive or negative manner. It is usual, though, with repertory grids to clarify the patterning in the grid by mathematical analysis. The personal profile method looks specifically for similarities in the way the items (elements) are perceived.

Beail (1985) has documented a number of methods for achieving the measure of association in repertory grids, although he has stated that no particular programme for the analysis of grids has been developed, and none is more favoured than others. In the present study, a programme called CLUSTER (Bimler, Note 1) is used as a measure of association between the items in the profile. The CLUSTER programme computes the (euclidian) distance between the position of the items in the construct space:

$$D_{ij}^2 = \sum_{k=1}^N (x_{ik} - x_{jk})^2$$

where x_{ik} and x_{jk} are the user's rating of items i and j on construct k . A similarity between items i and j is

computed on the basis of this distance. A high similarity between two items implies similar user scores, and the items would be close together in the construct space.

Principal components are abstracted from the similarity matrix. These are used as the basis of a two dimensional cluster plot. Finding principal components is analogous to finding the perspective which allows an observer to see the most of a solid object. The principal components are independent and support the greatest variation of position possible within a set of items.

A two dimensional plot is drawn from the first two principal components and cluster lines can be drawn around items matched above a specified similarity rating. These were chosen for this study as 88% and above. Preliminary work (Deane, 1981) had indicated this level of similarity as being one where the association between the items in the cluster made sense to a mother. The clusters found at 88% and above appear to be useable to the mother as she looks for similarities between items in her personal profiles. CLUSTER also provides a 'minimum spanning tree'. The minimum spanning tree links items of greatest similarity.

It is important to note that the cluster analysis does not reinterpret the raw data. It only organises the data into a visual framework based on the ratings. The essential meaning assigned by the mother is retained.

Interpretation of results. The pictorial representation of the clustered items (see Appendix H, Volume 2), is presented to the mother at a next interview. At this time, differentiation between the most negative and positive items is pointed out to the mother by the interviewer, together with items that have high similarity. This visual re-presentation of the items in the construct space is considered to be an important aid in helping a mother to evaluate her own setting and the way she is perceiving her infant's crying within that context.

The items of similarity are presented as being the same as contour lines on a terrain map. Items and/or clusters at the extreme positions in the plots are checked against the ratings for positiveness or negativeness, Where the ratings

are found to be negative, the relevant items can be identified as 'concerns' the mother has in her setting.

It will also be possible to identify whether an item rated as a concern has a broad or limited range on the constructs. Where an item has been rated negatively on all the constructs, then it can be regarded as being of general concern within the context of the profile.

If an item is not rated negatively on all the constructs, then it is considered to be of less concern. That is to say, there are fewer negative feelings associated with that item, and a positive feeling context can also be identified. In this study, an item is classified as a "general concern" if it is rated negatively over at least three items. Another type of concern has been labelled a "priority concern". A priority concern is the reason the mother undertook to complete a personal profile in the first place.

The priority concern of all the mothers in this study was infant crying. However, on the basis of the ratings of crying (an item) on the constructs, the crying may also be a general concern (i.e. rated as 4 or 5 on three or more constructs) or only local (i.e. rated as 4 or 5 on less than three constructs).

The description of the personal profile method provides a suitable framework from which to consider Kelly's (1955) dichotomy and choice corollaries. The dichotomy corollary states "a person's construction system is composed of a number of dichotomous constructs" (p. 59). The elicited and contrasting feelings in the profiles incorporate this corollary. Where the items are rated over the emergent and contrasting feelings with a negative or positive allocation, the choice corollary is accommodated. The choice corollary indicates that "a person chooses for themselves that alternative in a dichotomized construct through which they anticipate the greatest possibility for elaboration of their system" (p. 64).

The personal profile method does not differ from the more traditional use of repertory grid technique in the incorporation of these two facets of personal construct

theory. However, the main focus of the personal profile method is on the elicited items, particularly those that emerge as concerns; that is, are given a rating of 4 or 5 on at least one construct. This approach does differ from the more traditional uses of repertory grid in two ways; (i). There is a shift in emphasis from the constructs to the items (elements) as the main area of interest, and (ii). The clustered items, identified as concerns (or otherwise), have immediate relevance for the person being helped rather than being constructs to be used as a diagnostic tool for the helper. While the constructs do provide information for both participants, it is not inherent in the method that the viewing of the constructs be used as the primary channel for assistance.

At a practical level, then, the usefulness of the personal profile method for a mother arises from her allocation of an item to a construct rather than at the level of construct relationships per se. The focus is on whether or not an item is rated as a concern, and on the shift of those concerns from a negative to a positive dimension.

The use of repertory grid approaches is potentially harmful with unskilled or 'untrained' practitioners, since core or central constructs are elicited as part of the application. Core constructs are those that have control over all other constructs, and it is the core constructs that maintain a sense of identity and existence (Button, 1985) for the individual.

Kelly's (1955) discussions concerning core constructs and their resistance to change indicated that trauma can be experienced by a client where a grid operates at the level of core constructs. Alteration of peripheral constructs does not imply serious modification to core constructs (Button, 1985).

In contrast, the personal profile method is not designed to operate at a 'deep' clinical level but is intended to act in a more immediate 'low-key' way to provide

assistance in a day-to-day situation where the mother has expressed some level of concern about her infant's crying. The method does not require the identification of core constructs in order to provide this assistance. Rather, the personal profile method deals with peripheral constructs, that is, constructs outside of the core group.

A critical underlying tenet in the development of the method is that there is no necessary expectation of any chronic disorder or disturbance in the mother's constructions. This means that within the personal profile procedure identifying the position of the items within a mother's feeling constructs is the process that can assist her to assess and reconstrue her setting within a 'safe' context.

Using the elicited feelings as the constructs for the profiles means that these will not be representative of all the constructs that will be relevant to the elicited items. The elicited feelings provide a framework for organising those items that are of concern in a mother's daily routine, and her feeling dimensions concerning these can be altered without threat to core constructs.

The concept of general and local concerns used to classify negative items in the profiles is one that should be clearly understood as being distinct from the classification of constructs into categories such as 'tight' and 'loose' as used by Kelly (1955). These latter terms can be applied to individual constructs, or to sub-systems, and total systems of constructs (Button, 1985). For example, loose construing is where an element may be construed at one pole and on another occasion at the other pole. A tight construct shows predictability and conciseness by remaining at one particular pole.

One purpose of the personal profile method is to assist the mother in the deliberate construing and reconstruing of items in the negative region to the positive region. The fixed designation of negative and positive poles to the constructs means that the tight and loose terms cannot apply in the customary manner since loose construing suggests randomness or nondeliberated movement.

Practical Implications

To ensure a mother feels she can discuss areas that may be a problem, individual interviews will need to be undertaken in a setting that is not too formal. The mother will also need to be willing to complete a personal profile. Its effectiveness will be dependent, in part, on her frankness during the discussions. The method presupposes, too, that a mother have some reasonable ability to communicate her thoughts. The time commitment required to complete a profile should be sufficient to gather the necessary information while also being efficient in using a minimum of her time.

The way a mother construes the helper will also be a further factor determining the effectiveness of the personal profiles to capture individual meaning. The helper will need to explain competently the personal profile approach and listen quietly during the discussion. An ability to prompt gently where necessary, using cues from the discussion, and being able to record notes quickly and accurately are other desired skills.

Another important feature will be the environment in which the interview occurs. If a mother is to share her problems with a person she does not know, she will need to feel as comfortable as possible. An option of having the interview at the mother's home, or if she wishes, at some other venue nominated by the helper is desirable. Either place should be where there will be a minimum of disturbance by persons who the mother may construe as intruding. The time for the interview should be nominated by the mother so that she will not feel unduly hassled either by keeping the appointment or while it is taking place.

An explanation of the main terms used in a specific manner for the personal profile method is provided in the glossary (see Appendices).

Summary

The opening section of this chapter described the way in which the personal profile method has been adapted from Kelly's repertory grid technique as a means of assisting cry-hassled mothers to have an increased sense of control over their infants' crying. The personal profile method is a 'low-key', educational intervention, rather than being a psychotherapeutic intervention. There are seven assumptions underlying the development of the personal profile method, and each of these has been linked with Kelly's fundamental postulate and those personal construct corollaries that have some relevance to the assumptions.

Although the personal profile method has its basis in Kelly's (1955) personal construct theory there is one fundamental difference between the personal profile and repertory grid methods. Whereas repertory grid technique typically has an emphasis on the constructs elicited from a client, the personal profile method focuses on elicited elements (items) as a means of providing assistance.

The implications this difference has for the personal profile method are discussed. The similarities between the personal profile method and repertory grid technique are also discussed, and the adaptations that have been made for the personal profile method are described.

Method

Participants

The participants were seven mothers, aged between 23 and 33 years (mean age = 27.5 years), who had reported their infants as crying to the paramedicals (Plunket Nurses) they visited postnatally. All the mothers were caucasian and had a first infant aged between 3 and 11 weeks (mean age = 6.5 weeks). Three of the infants were female and four were male. Each mother had been in a stable relationship with her partner for more than 2 years prior to the infant's birth, and during that time had also worked in a career listed in one of the first three levels of the Irving and Elley (1977) scale of women in the workforce. The scale categorises the occupation of working woman in New Zealand. The levels used in scale are based on income from occupation.

None of the mothers was medically ill during the study. One of the infants was slightly jaundiced at the time of the first interview, and over the interview periods one infant was treated for an ear infection, another developed a heat rash, and a third infant had a cold for 5 days.

The total number of interviews for each cry-hassled mother ranged from four to seven. Information about the participants with regard to age, previous occupation, total number of interviews, and infant's age at time of first interview is summarised in Table 1.

Instruments

Personal profile method. A matrix format was used for the collation of the information the cry-hassled mothers provided for their personal profiles. A full description of the way the information is compiled has been provided in Chapter 2 of the thesis. In brief, the items a mother refers to are listed in separate cells across the top row of a blank personal profile form, while the feelings (constructs) she uses to describe these items (and the

TABLE 1
Participants' Background Information

Participant	Mother's age	Previous occupation	Number of interviews	Baby's age* at first interview	Baby's gender
Cry-Hassled Mothers					
A	33	Bank accounting clerk	7	8.4	M
B	28	Computer supervisor	4	8.6	M
C	23	Kindergarten teacher	5	3.7	F
D	30	Executive secretary	4	11.0	M
E	23	Retailers representative	6	8.3	F
F	31	School teacher	5	8.0	M
G	28	Computer supervisor	4	8.0	F

* Baby's age in weeks.

opposite pole) are listed in separate cells down the left hand column of this form. The mother then rates each item in terms of each feeling (construct) on a 1-5 bipolar scale. A completed example of such a form is presented in Appendix H, Volume Two. A cluster analysis (Kirkland & Brennan, 1984) is then carried out on the data from the form.

Infant profile forms. The format for the infant profile method has been developed by Kirkland and Brennan (1984) as a means of summarising the ways in which aspects of an infant's behaviours are viewed by individual parents. The method was used in this study as a way to provide an alternative framework for recording the mother's perceptions of the infant's crying behaviours. The method also brings a

range of infant behaviours to the mother's attention.

The format for the infant profile method is shown in Appendix A. The 24 behavioural situations used in the profile are listed separately on a page. The six attributes used to describe the behaviour of the baby in those situations are on a separate page. Each situation chosen by a mother is rated individually against each of the attributes. The data is analysed in the same way as the personal profile data. When a mother is completing the ratings there is provision on the form for her to add further attributes if she wishes.

Diary forms. The diary forms used in the study with the mothers are illustrated in Appendix B. The diary form is constructed in such a way that a variety of infant behaviours can be recorded daily in 15 minute blocks. The cry-hassled mothers in this study were asked to record the infant's crying behaviours.

It was up to the mother to decide what constituted crying, that is, she may have included restless and grizzly behaviours as well as intense crying, and the crying may have been intermittent rather than continuous over the 15 minute period. The main purpose in using the forms was to determine the approximate number of cry bouts occurring over a week, and the times at which the cry bouts were taking place.

Cry-hassled mothers' evaluations. In order to evaluate the usefulness to the mothers of the three interventions (i.e. the personal profile method, the infant profile method and the diary forms), each mother was supplied with an evaluation form, see Appendix C. Given a choice of very useful, useful, or not very useful, each mother was asked to state which category best described how she found the interventions.

Because the interventions were being used to provide the mothers with support in dealing with their infant's crying, the categories of usefulness were used to ascertain the level of support the mothers perceived each method as providing. This aspect of the evaluation was explained to a mother when she was asked to complete the form, at her final

interview.

Procedures

Locating cry-hassled mothers. One of the paramedical support systems available to mothers in the postnatal phase of parenthood is known as the Plunket Society. At the suggestion of one of the national directors of the society, a letter (see Appendix D) was written to three of the society's senior nurse advisors in a major centre, giving details of the research and requesting their help in locating mothers fitting the criteria listed in the first section of this chapter. When agreement was received from the senior advisors, information concerning the research was forwarded to area nurses (see Appendix E). The practical difficulties encountered in locating cry-hassled mothers who met the research criteria meant that the time schedules cited in the letter had to be abandoned. Instead, the interviews took place as outlined later in this procedures section. A letter for potential participants (see Appendix F) was included with the information for the area nurses. This letter provided information that ensured participants were alerted to the exploratory nature of the study.

Prior to the commencement of the interviews, each senior supervisor was visited by the researcher to provide clarification of any areas of the research that were required. It was agreed then that the Plunket rooms could be used as an interview place if a participant indicated a preference not to be interviewed at her home. An assurance was also given to the advisors that at no time would the participants be offered specific advice about child-rearing or health during the interviews. If a participant was to seek advice from the researcher, she would be referred to her Plunker Nurse, her doctor, or to some other support service where this was appropriate. Although this provision was made prior to the commencement of the study, none of the mothers sought advice from the interviewer during the study.

Identifying cry-hassled mothers. If a mother indicated to her plunket nurse that her infant cried frequently and

providing that the infant was not medically ill, the nurse then informed the mother about the present research project and asked if she would be interested in participating. A mother who was interested in participating was told to expect telephone contact from the researcher within 2 or 3 days.

Contacting cry-hassled mothers. Seven of the ten potential participants willing to take part in the study met the study criteria listed above. While a strict adherence to the selection criteria adopted for the study strengthened internal validity for the research, it does, however, restrict the study to a subset of the population of cry-hassled mothers, thereby imposing limitations on the generalisations that can be made from the findings.

During initial telephone contact with a potential participant, the researcher introduced herself to the mother, giving her name, age, and details of research association. The research objectives and the three intervention methods to be used in the study were then briefly outlined. The mother was informed that an approximate time of involvement for each week of participation was 1 and a half to 2 hours each interview, with a minimum of four interviews.

The confidentiality of information was emphasised, but it was explained to a mother that should she take part in the study permission to discuss her case with her nurse may be sought. The voluntary nature of participation was also emphasised, with the mother being free to withdraw at any time during the study. Opportunity to decline participation was also given. Where a mother still wished to take part, selection criteria adopted for the study were checked, the name, sex, and age of the infant ascertained, and the date, time, and venue for the first interview were established. While all interviews did ultimately occur at each participant's home, the alternative of meeting at the Plunket Rooms was provided.

Cry-hassled mother interviews. It was not possible to know in advance exactly how many interviews might be appropriate because the personal profile technique had not

been used with a cry-hassled mother over a sustained period of time. A minimum of one interview each week for 3 consecutive weeks, followed by a final interview 2 weeks later was established in order to obtain a mother's view over at least a 1 month period. It was intended that the total number of interviews for each cry-hassled mother should not exceed eight unless a mother's personal profile indicated that it might be undesirable or harmful for her to cease at that time. That is, the ratings in her personal profile might indicate that continued support was desirable.

Since the first interview was also the first face-to-face contact for the participant and the researcher, the introductions included the researcher's name and research affiliation. How soon into the interview the three methods were introduced depended largely on how the initial interaction proceeded. However, regardless of that feature, the structure was that the diary form was introduced first, followed by the infant profile, and then the personal profile.

The diary form was introduced first because its format is such that mothers are likely to be familiar with its structure. The infant profile method was introduced prior to the personal profile method because it has a set format. Furthermore, it is easier to get to areas of concern if discussion is centered initially on the infant. The personal profile method was introduced last.

The participants who were using the diary forms were left a form each week for completion during the ensuing week. An infant profile was completed at each first interview with all of the cry-hassled mothers. A further set of infant profile forms was left with the participants for completion at the end of that week. The second infant profile was completed either prior to or at the next interview, as it suited the mother. This pattern was followed for subsequent interviews. Results from the first infant profile were available to each participant at her next interview, results from the second infant profile at the third interview and so on.

For each mother, a personal profile was constructed at the first interview, with the results available at the second interview. This procedure was followed for each interview. In every instance, the current infant and personal profiles were completed prior to any discussion of the results from the previous week's profiles.

Follow-up Information for Participants

Four months after the completion of the field work, a confidential interim report was available for the mothers and nurses who participated in the study. The data from each mother was identified by a code which was made known to her and she was invited to comment on the material if she wished to do so. Two of the 14 mothers made comments concerning the interventions used in the study, but no new information was obtained. A reporting session was also held with the senior nurse advisors and area nurses, where tentative findings from the study were presented.

Chapter 4

Results

The results presented in this chapter are those that were obtained from the investigation of the major study objective. That objective was to investigate the personal profile method as a way of recording mothers' perceptions of their infants' crying and to then use the profiles as a way of providing support for the mothers. The results were obtained from the case-study material which is documented fully in Volume 2. All of the material in Volume 2 is arranged so that each participant has a case-study folder, with a separate appendix, H to M, being used for each mother.

The results are presented in four sections. In the first section an example of the clustered items and constructs from a personal profile is explained in a manner similar to the presentation that would be made to the mother who had completed the profile.

The second section considers the personal profile data from all of the mothers. The items and constructs from all of the personal profiles are compared, and are considered in terms of the emergent general and local concerns. Infant crying is then analysed as the priority concern. That is, the mothers had sufficient anxiety to report to a paramedical that their infants were crying, and this was the basis of their participation in the study. An important question, then, is that of whether infant crying emerges in the personal profiles as being a concern to the mothers, or, do those items that refer to the infant's crying have negative ratings? Where this is so, infant crying is a priority concern in the personal profile.

The third section examines data from the individual case-studies, and integrates the data obtained from the three methods used in the study: the personal profiles, the infant profiles, and the diary forms. A table for each mother shows the items in her personal profiles as general or local concerns, with infant crying being highlighted.

The way these concerns cluster over the interview weeks is illustrated in those instances where there is a particular point to highlight from the personal profiles. Because the main emphasis in the interpretation of a personal profile is on the clustered items, the profiles of the clustered constructs are not considered in this section in the same detail that is accorded the items clusters.

Two histograms are given for each case illustrating the bouts of infant crying recorded by the mother and the level of concern for infant crying (the priority concern) expressed in her personal profiles. Two further histograms are provided for each case to illustrate the bouts of recorded crying over the interview weeks and the use of the grumpy, grizzly, crying dimension (one pole of attribute 6) in the infant profile.

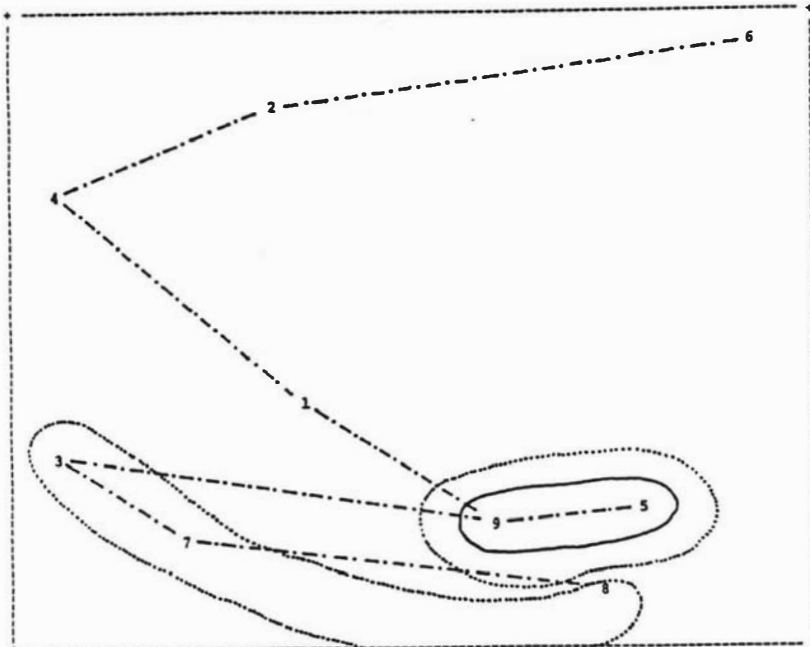
The fourth section presents two other types of concerns that emerge from the analysis of the personal profile results. These are concerns that are primary and/or auxiliary to infant crying (the priority concern).

Section I: A Personal Profile Example

The first personal profile completed by participant A is presented as an example to explain how to interpret personal profile clusters. The ratings the mother used to complete the matrix are shown in Table 2. The clusters of profile items and constructs are shown in Figures 1 & 2.

Items profile. The items at the base of Figure 1 are those that have been rated by the mother as the most negative. The most negative item overall is 'husband's help', item 8. The most positive item at the top of the profile is the 'baby's day-time feeds', item 6. The items in between these two regions are readily identified: item 7 'talking to friend', item 3 'baby's screaming during the day', item 9 'time to self', item 5 'house cleaning chores', item 1 'baby's screaming at night', item 4 'baby's cleaning up', item 2 'middle-night feed time'.

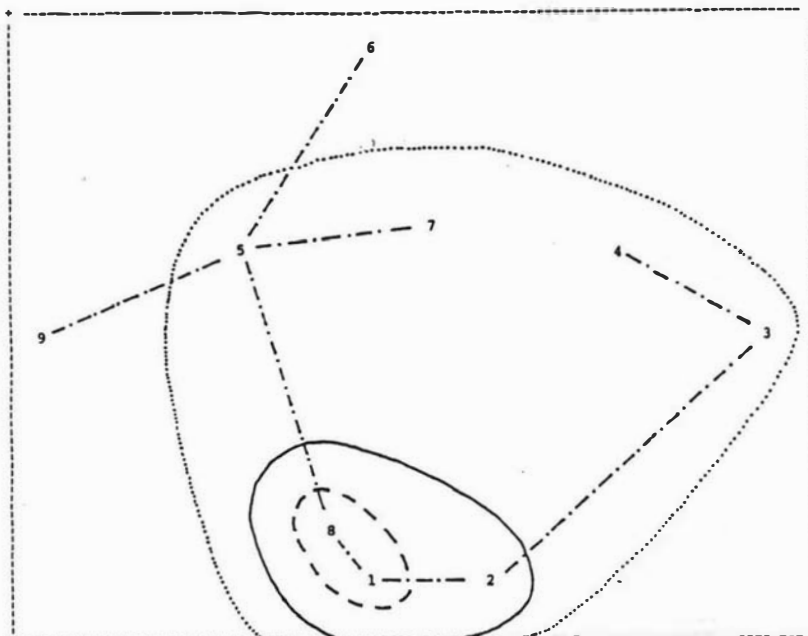
Items 8, 7, and 3 form a group of negatively rated items that are shown to cluster in terms of similarity at



- 6 = baby's day-time feeds
- 2 = middle-night feed time
- 4 = baby's cleaning up
- 1 = baby's screaming at night
- 3 = baby's screaming during day
- 5 = house cleaning chores
- 9 = time to self
- 7 = talking to friend
- 8 = husband's help

Figure 1. First clustered items for participant A.

----- joins most similar items.
 The clustering levels are: - - - - = 96%, ——— = 92%,
 = 88%.



- 6 = wanting to be with baby - wanting to get away
- 7 = relaxed - tense
- 4 = not feeling guilty - feeling guilty
- 5 = in control - out of control
- 3 = satisfied - frustrated
- 9 = can do something for baby - can't help baby
- 8 = calm - emotional mess
- 2 = not exhausted - exhausted
- 1 = feeling human - feeling a blob

Figure 2. First clustered constructs for participant A.

----- joins most similar constructs.
 The clustering levels are: - - - - = 96%, ——— = 92%,
 = 88%.

88%. However, the two items that the mother perceives as being the most similar are items 9 and 5, 'time to self' and 'house cleaning chores'. These two items cluster at 92%, and remain independent of other items at 88%.

There are two items in the profile that refer to the infant's crying, items 3 and 1. Item 3, 'baby's screaming during day', is rated more negatively than item 1, 'baby's screaming at night'. The other three items that refer to the infant, 'baby's day-time feeds' (item 6), 'middle-night feed time' (item 2), and 'baby's cleaning up' (item 4), are in the more positive region. None of these items cluster above 88%, so the mother is perceiving them in a manner that shows greater differentiation than those items in the more negative region. However, neither of the infant crying items (items 1 & 3) in the negative region cluster together.

The positions that each of the infant items hold in the profile demonstrate four features of importance for this mother:

- (a) She does have some perceptions of her interaction with her infant that are more positive than others (e.g. items 6, 2, & 4 c/f with items 3 & 1), and these are differentiated in the profile for her to view. Emphasis on the infant's crying behaviour is tempered by the other situations where she is perceiving the infant's behaviour in a more positive way.
- (b) There is differentiation shown in the profile between the two infant crying items (items 1 & 3), with one of these being less negative than the other.
- (c) The infant's crying is not the item that she is viewing as the most negative in her profile setting.
- (d) The profile also demonstrates that the other items clustering with item 3 (items 8 & 7), which is the most negative infant item, indicate two ways in which the mother can be supported with the infant's crying. These are by having a friend to talk to, and having help from her husband.

Constructs profile. The profile of the constructs (see Figure 2) shows two that are clustered at 96%. These are: construct 1, 'feeling human-feeling a blob', and construct

8, 'calm-emotional mess', and they are viewed by the mother as being more similar to each other than any of the other constructs. This means that these two constructs are used, that is rated, in a similar manner on the same items.

When construct 2, 'not exhausted-exhausted' is clustered with constructs 8 (calm-emotional mess), and 1 (feeling human-feeling a blob), the level of similarity is at 92%. These constructs have been used more often in the negative region than the constructs displayed at the top of the page. The feeling of 'wanting to be with the baby' has been rated positively on more items than any of the other constructs. Two constructs, numbers 9 (can do something for baby-can't do something), and 6 (wanting to be with baby-wanting to get away), remain unclustered at 88%.

Section II: Comparison of the Personal Profiles

Only the first profiles from each cry-hassled mother have been included in the present analysis. These were the profiles that were obtained at the time the mothers had expressed some anxiety about infant crying (see Appendices H to N, Volume 2).

Items. The 76 items from the first personal profiles can be categorised under the following five headings: 'baby's behaviour', 'baby's routine,' 'mother's behaviour', 'mother's routine', and 'other people'. Table 3 lists the items subsumed under these five headings. It should be noted, however, that not all of these items evoked negative feelings.

The most commonly reported baby behaviour overall was that of crying, including grizzling, screaming, and roaring, and it was used on 15 occasions. The infant crying items did emerge as a concern in each of the cry-hassled mother's personal profiles.

The terms used to describe the cry such as 'screaming' and 'roaring' suggest that the intensity of the cry has some impact on a cry-hassled mother. The time at which the crying occurs (indicated by items such as screaming at 6p.m., 4a.m., at night, & when waking) also appears to have

TABLE 3
Categories of Items from First Personal Profiles

Baby Behaviour	occasions used	Baby Routine	occasions used	Mothers' Behaviour	occasions used	Mothers' Routine	occasions used	Other People	occasions used
screaming at night	1	daytime feed	2	no time to think	3	cleaning	1	husband at home	2
screaming at 6pm	1	night feed	2	no time gardening	1	housework	2	dinnertime with husband	1
screaming during day	1	baby's feedtime	5	no time night school	1	dinnertime	1	time with husband	1
screaming at 4am	1	after feedtime	2	lack of sleep	1			husband's help	1
roaring times	1	day sleep	1	being demanded on	1			lack of husband's help	1
crying at home	1	night sleep	1	no-one to talk to	2			talking to friends	1
crying during the day	1	settling baby to sleep	1	shouting times	1			visitors at home	1
cry times	2	floor time	1	shaking baby	1			time with other mothers	1
when begins to cry	1	taking baby out	2	crying times	1			at other people's places	1
when continues to cry	1	bath time	1	leaving baby to cry	1			plunket nurse	1
crying when waking	1	using front pack	1	me in afternoon	1			Karltane	1
crying after feeding	1	baby's cleaning up	1	me in mornings	1			paediatrician/Doctor	1
crying instead of sleeping	1			no time to self	1			family unit	1
when grizzling	1								
when smiles	3								
when is asleep	2								
spilling after feed	1								
comfort sucking	1								
TOTAL	22		20		16		4		14

some importance for the mothers. Indeed, the individual personal profiles presented in Appendices H to N (Volume 2) show that the mothers did make differentiations between particular aspects of the infant's crying in the labels they used for the items, and which contributed to the crying being perceived as a concern. In the baby routine items, reference to feedtimes was made by each cry-hassled mother and on nine occasions overall.

In the categories of the mother's behaviour and mother's routine, the items used most frequently referred to the lack of time for the mother for activities such as sleeping, thinking and sorting out about the baby, gardening/leisure time, and night school. In the 'other people' category, six of the cry-hassled mothers referred to their husbands, and on seven occasions the topic of the husband emerges in the personal profiles from both a negative and a positive perspective.

Constructs. Appropriate categorisations for the constructs are not as easily derived as were the items. While feelings such as guilt, feeling bad, worse, and miserable all express a general negativeness, further categorisation of these is not possible without assuming a common meaning for each mother. Since the personal profile method is attempting to capture each mother's personal meaning, it is not considered appropriate to make such an assumption.

However, there is one feeling expressed by each mother where the term disorientation may be useful as expressing a commonly felt emotion (see Table 4).

Such items used by the mothers as 'feeling like a blob', 'feeling as though I'm going mad', and 'feeling like a machine', also imply a sense of depersonalisation. The initial feelings of shock and surprise the mothers also reported at their later interviews when they were discussing the experience of looking after a new baby add emphasis to the disorientation tendency they expressed in their personal profiles. Such feelings were also recorded in the interview notes (see Volume 2).

TABLE 4

Cry-Hassled Mothers' Disorientation Constructs

Participant	Disorientation construct
A	feeling like a blob
B	feeling as though I'm going mad
C	feeling out of touch
D	feeling like a machine
E	feeling as though I'm not coping
F	feeling overwhelmed
G	feeling as though I'm not coping

Items as concerns. A concern has been defined in the personal profiles as any item that has negative ratings. A summary of the concerns from each first personal profile shows that from a total of 76 items overall, 65 emerge as concerns. Concerns identified in the personal profiles can be further categorised as local or general. A local concern is where the items are rated negatively on two or fewer constructs. A general concern is rated negatively on at least three constructs. Overall, there are 47 general concerns and 18 local concerns reported in the first profiles.

Infant crying, including grizzling, roaring and screaming, is used on a total of 16 occasions for the first personal profiles. In 12 instances crying is rated as a general concern, while in the other four instances it is rated as a local concern.

Table 5 is a summary of items which were a priority concern. Infant crying emerged as a priority concern in all of the personal profiles. Table 5 also indicates the number of negative ratings that were used by each mother, and shows when the crying ceased to be a concern in a mother's personal profile (i.e. when only positive ratings for infant crying occurred).

Where positive ratings are used for the entire ratings on any item, it is considered as an alleviation of the concern. Positive ratings for the entire infant crying items did not occur in five instances. These were items 2 and 11 (participant E), items 10 and 12 (participant F), and item 11 (participant G, see Table 5).

Table 5

Summary of Priority Concern Context and Time of Alleviation

	Participant															
	A		B			C	D			E			F		G	
	Item Number of Mother's Concern															
	1	3	1	2	3	2	1	5	8	1	2	11	10	11	12	11
Proportion of negatively rated constructs	*															
	5/9	3/9	9/9	9/9	9/9	2/8	1/10	8/10	9/10	2/9	8/9	9/9	6/7	3/7	7/7	2/9
Profile indicating alleviation	3	2	2	3	2	2	2	3	4	5	**	-	-	4	-	-

* The first number is the number of constructs rated negatively. The second is the total number of constructs used by the participant.

** A '-' indicates that alleviation of the concern did not occur.

The results summarised in Table 5 demonstrate that where any infant crying item is rated negatively on fewer constructs than another infant crying concern in the same personal profile, the priority concern with the smaller negative context shows alleviation first. The results for participants A, D, E, and F illustrate this point.

In those instances where there is no alleviation of the priority concern, that is the item is not rated positively on all of the constructs, a decrease in the negative context is evident in the final profile for participants E, F, and G. See Vol.2, pages 136, 138 & 201.

Where infant crying is a local concern in any one profile, that is the item is rated negatively on two or fewer constructs, it does not suggest the concern will necessarily be alleviated. The results for participant G in Table 5 demonstrate this point.

Section III: Case-Study Results

The cry bout information from the diary forms has been illustrated in a histogram for each participant. Because the personal profile and the infant profile information is presented on separate pages, the cry bout information has been duplicated for ease of comparison. Participants C and D do not have histograms for cry bouts because they did not complete diary forms.

The information from the infant profiles used in the histograms was obtained from the use the mother made of the grumpy, grizzly, crying dimension in the infant profiles. This dimension is one pole of attribute 6 in the profile. The other dimension is happy, positive, joyful.

Participant A

The data from which the results for this participant have been derived are reported fully in Appendix H, Volume 2.

Personal Profiles

(a) Concerns. Table 6 summarises the number of items that were rated as local or general concerns across the five profiles completed by this participant.

TABLE 6
Personal Profile Items as Concerns
Participant A.

Profile	1	2	3	4	5
<u>Number of Concerns</u>					
A. General - total	6	3	3	3	2
(- infant crying)	2	1	0	0	0
B. Local - total	2	0	1	0	0
(- infant crying)	0	0	0	0	0
C. Non-concerns	1	6	5	6	7
<u>Total items (A+B+C)</u>	<u>9</u>	<u>9</u>	<u>9</u>	<u>9</u>	<u>9</u>

The point of most interest in Table 6 is the change from two infant crying items being general concerns in the first personal profile to only one being a general concern in the second profile. The second infant crying item is no longer construed as being a concern in the remaining profiles. Neither of these two infant crying items move to being a local concern in the remaining profiles, and the ratings for both are all positive (that is, they are alleviated) after the second profile. Therefore, the mother's more positive construing of her infant's crying is

identifiable within the first two profiles. Items other than infant crying that were rated as concerns in the first personal profile and remain as general concerns until the fifth profile were items 8 and 9.

(b) Items clusters. The clustered items from the first personal profile are compared with the clustered items from profiles two and three in Figure 3. The first profile is shown in Figure 3A, the second in Figure 3B, and the third is shown in Figure 3C.

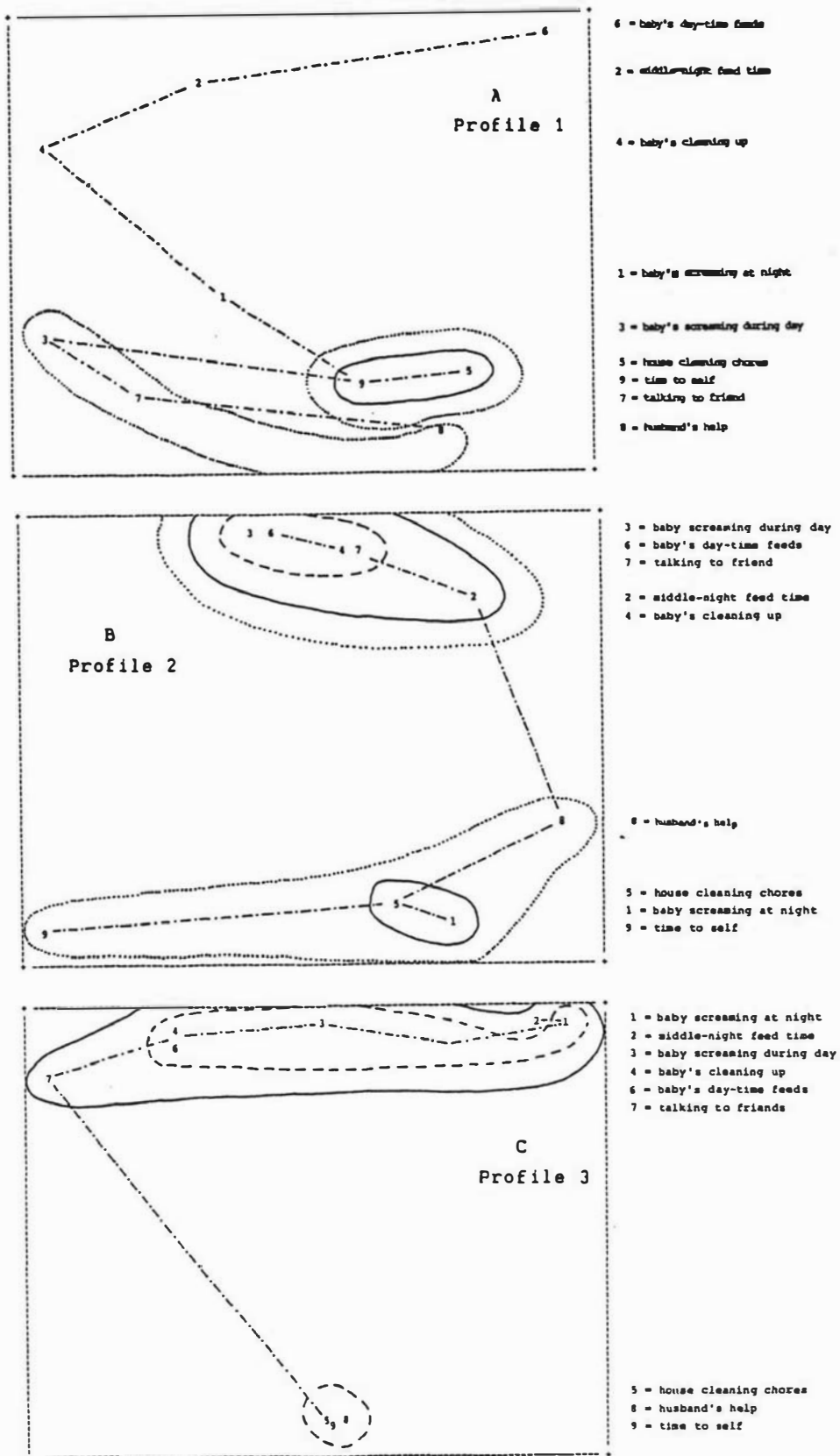
Figure 3 illustrates the shift in position of the clustered items that occurred over the first three profiles. The item 'husband's help' (item 8) holds the most negative position in the first clustered profile, Figure 3A. In the second clustered profile, Figure 3B, the item 'baby screaming at night' (item 1) takes the most negative position and has high similarity with item 5, 'house-cleaning chores'. The item 'baby screaming during the day' (item 3), can be seen in the positive cluster at the top of the second profile.

The three items that account for the general concerns in Table 6 are shown clustered at a high level in the third profile, Figure 3C. These items are 'husband's help', 'time to self', and 'house-cleaning chores', with neither of the infant crying items showing as concerns. The pattern for this cluster remained fairly stable over the remaining profiles.

(c) Infant crying concerns. Figure 4 shows changes in the priority concerns (infant crying) as they were recorded in the personal profiles.

The context of the concern is the number of feelings (constructs) on which the infant crying items were rated negatively.

Figure 4 shows the total number of constructs on which items 1 and 3 (infant crying) were rated negatively. Figure 5 shows the total number of cry bouts the mother recorded on the diary form. No cry bouts are shown for the first interview because the first diary form was completed over the first week.



Figures 3A, 3B, and 3C. First 3 clustered items for participant A.

Clusters of Items. - - - - joins most similar items.
 The clustering levels are: - - - - = 96%, ——— = 92%,
 = 88%.

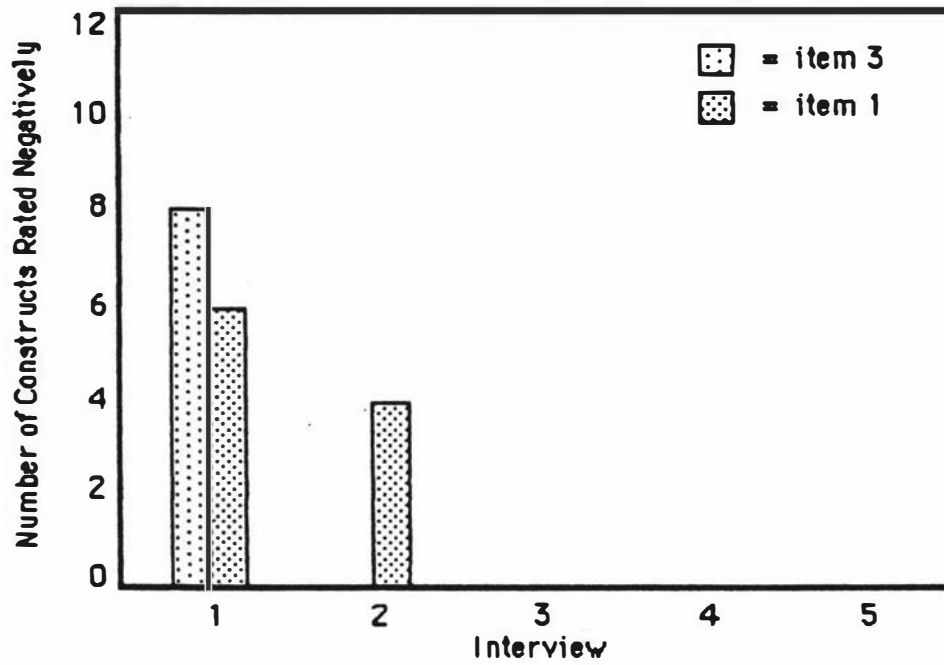


Figure 4. Infant crying as the priority concern in the personal profiles. Participant A.

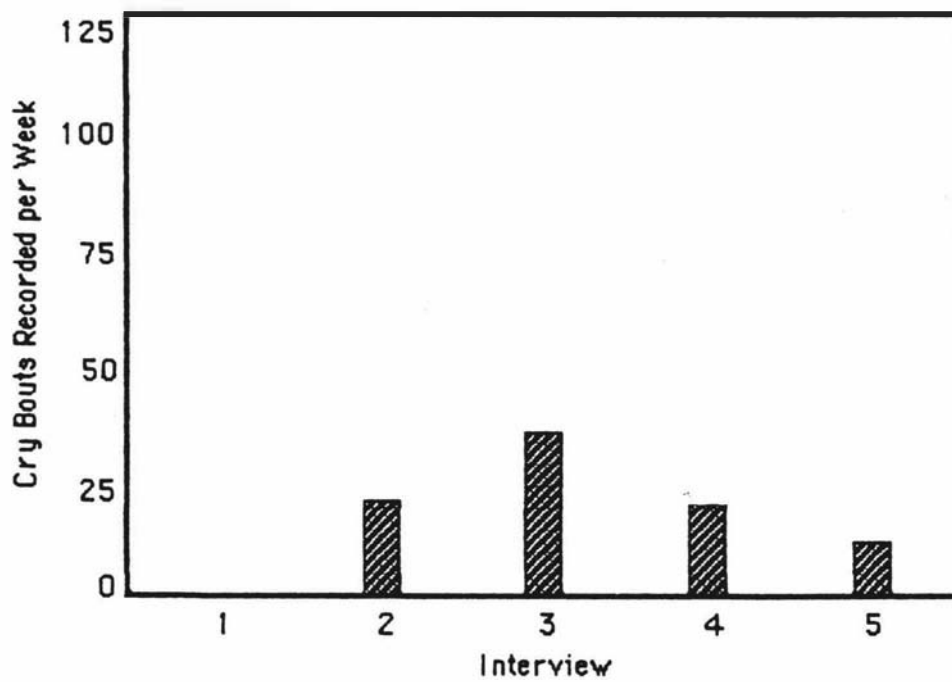


Figure 5. Cry bout data from the diary forms. Participant A.

The major point of interest in Figures 4 and 5 is the way that the infant crying item 'baby screaming during the day' (item 3) is rated positively after the first profile, even though there was an increase in the number of cry bouts the mother recorded over the next week.

Infant Profiles

Figure 6 shows the number of situations on which the grumpy, grizzly, crying dimension (attribute 6) was used in the infant profiles.

The number of items on which the crying dimension was rated in the infant profiles decreases from eight in the first infant profile to five in the third profile, and one in the fifth profile. This is consistent with the positive trend of the item 'baby screaming at night' (item 3) in the personal profile, despite the increase in the recorded cry bouts over week 2 (interview 3), which are shown in Figure 7.

Participant B

The results for this participant have been derived from data that are presented in Appendix I, Volume 2.

Personal Profiles

(a) Concerns. A summary of the number of items that were rated as general or local concerns is presented in Table 7. The concerns are summarised across the four profiles the mother completed.

All of the items in the first personal profile were rated as concerns. The table shows that three infant crying items are general concerns in the first personal profile. Two of these items are no longer concerns in the second profile, while one of them is a local concern.

The third profile shows that no items are rated as concerns and infant crying emerges as a local concern again in the fourth personal profile. The total number of items changes between the first and second profiles because the mother deleted some of the items she used in her first profile.

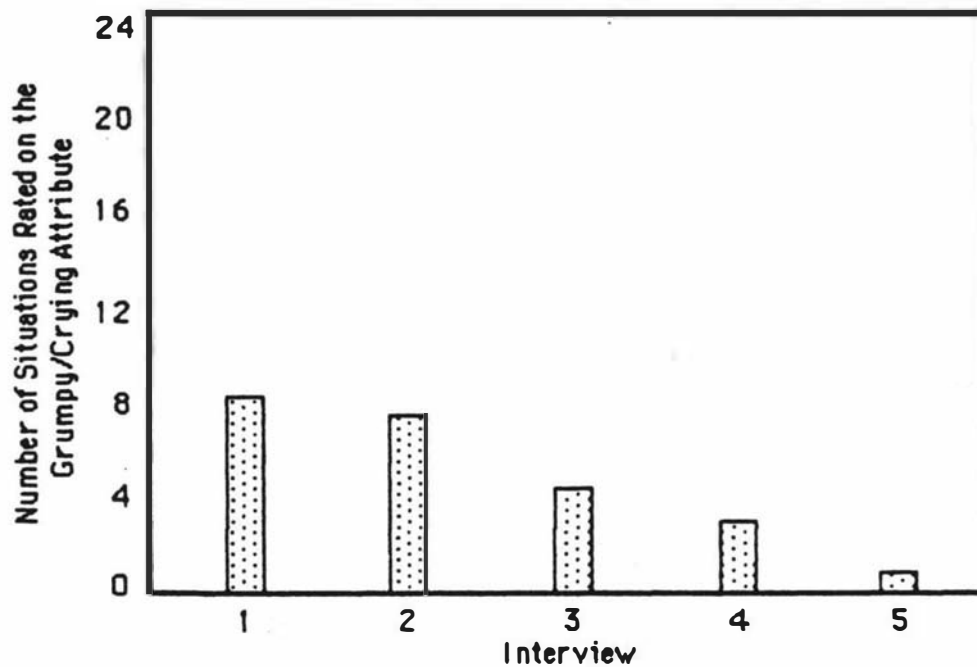


Figure 6. Infant profile grumpy/grizzly/crying dimension. Participant A.

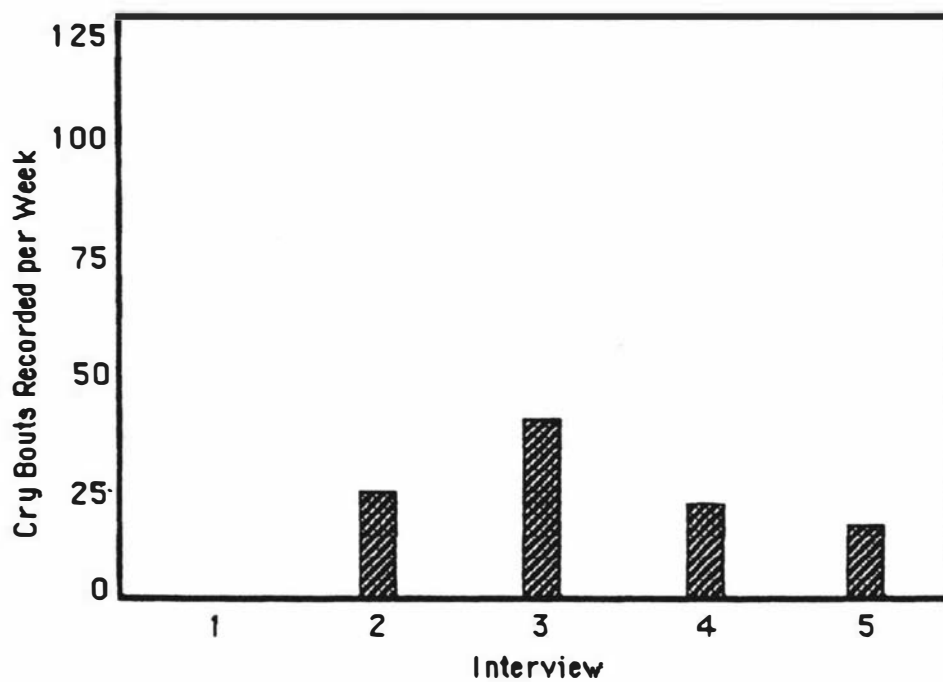


Figure 7. Cry bout data from the diary forms. Participant A.

TABLE 7
 Personal Profile Items as Concerns
 Participant B.

Profile	1	2	3	4
Number of Concerns				
A. General - total	12	0	0	0
(- infant crying)	3	0	0	0
B. Local - total	0	1	0	2
(- infant crying)	0	1	0	1
C. Non-concerns	0	9	10	8
Total items (A+B+C)	12	10	10	10

(b) Items clusters. The clustered items in the first personal profile are shown in Figure 8. Items 7 'my lack of sleep', 2 'baby's screaming 6pm', and 1 'baby's screaming 4am' are clustered at 96%, and items 8 'shaking baby' and 3 'baby crying during the day' are included in this cluster at 92%. The position of these items at the base of the profile indicates that these are the most negatively rated items. Four of the five items in this cluster are items that refer to the infant, three refer to infant crying and one to the mother shaking the baby.

The remaining item, 'my lack of sleep', indicates one way in which the mother might be assisted to cope with the infant, that is being able to have sufficient sleep.

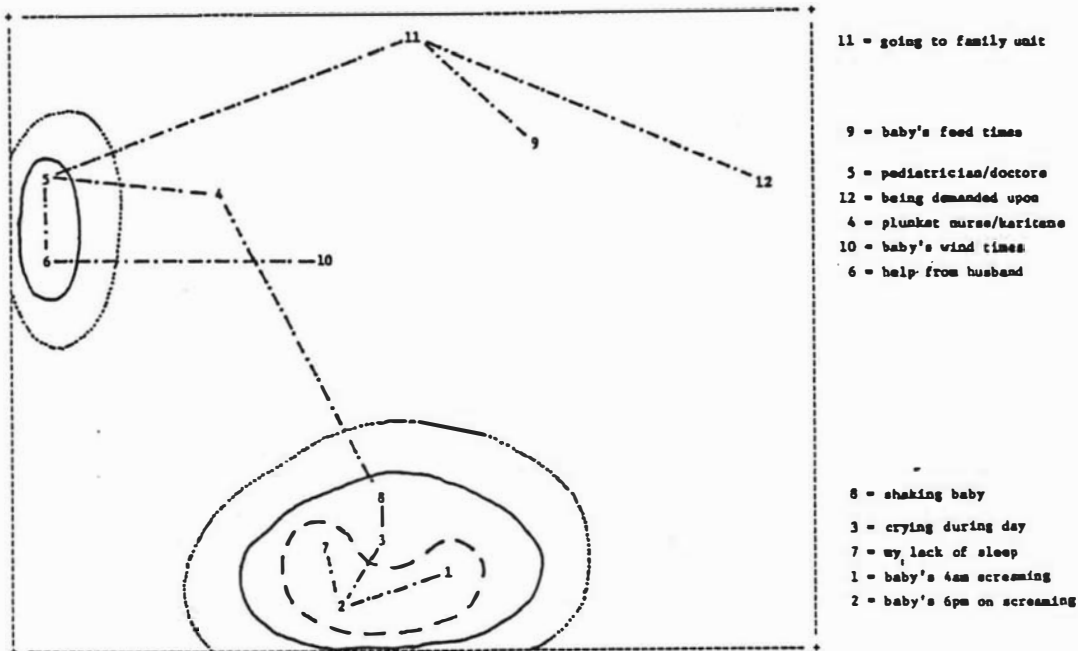


Figure 8. First clustered items for participant B.

--- joins most similar items.
 The clustering levels are: --- = 96%, — = 92%,
 = 88%.

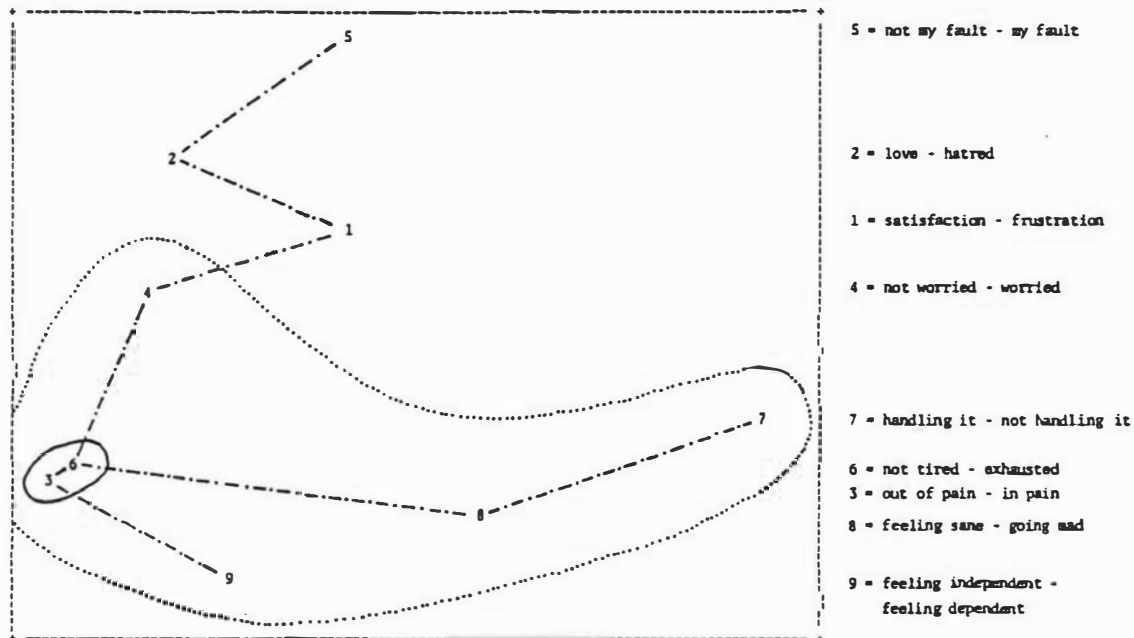


Figure 9. First clustered constructs for participant B.

--- joins most similar constructs.
 The clustering levels are: --- = 96%, — = 92%,
 = 88%.

(c) Constructs clusters. The clustered constructs for the first personal profile are shown in Figure 9. The constructs in this profile are of particular interest because of the mother's comments in her personal profile evaluation where she stated;

The profile allowed me to see things I was blinded from seeing. I didn't think there was any affection for the baby until I saw the printout (Vol. 2, Appendix I).

Construct 3 'out of pain-in pain' and 6 'not tired-exhausted' cluster at 92%, and constructs 4 'not worried-worried', 7 'handling it-not handling it', 8 'feeling sane-going mad', and 9 'feeling independent-feeling dependent' join this cluster at 88%. The constructs that remain unclustered at this level of association are of interest because they are in the more positive positions in the profile. These unclustered constructs are numbers 5 'not my fault-my fault', 2 'love-hatred', and 1 'satisfaction-frustration'.

(d) Infant crying concerns. The levels of concern for the infant crying items recorded in the personal profiles are shown in Figure 10.

The level of concern is indicated by the number of constructs that were rated negatively for each item. The high level of concern that is demonstrated on the three items in the first personal profile has disappeared for two items in the second profile and is reduced on the remaining item in the second profile. One infant crying item re-emerges as a concern in the fourth profile.

Figure 11 shows the total number of cry bouts that were recorded on the diary forms over the interview weeks. A comparison of Figures 10 and 11 indicates that the level of concern recorded in the personal profiles declined after profile one in spite of the high number of cry bouts that were recorded over the remaining weeks.

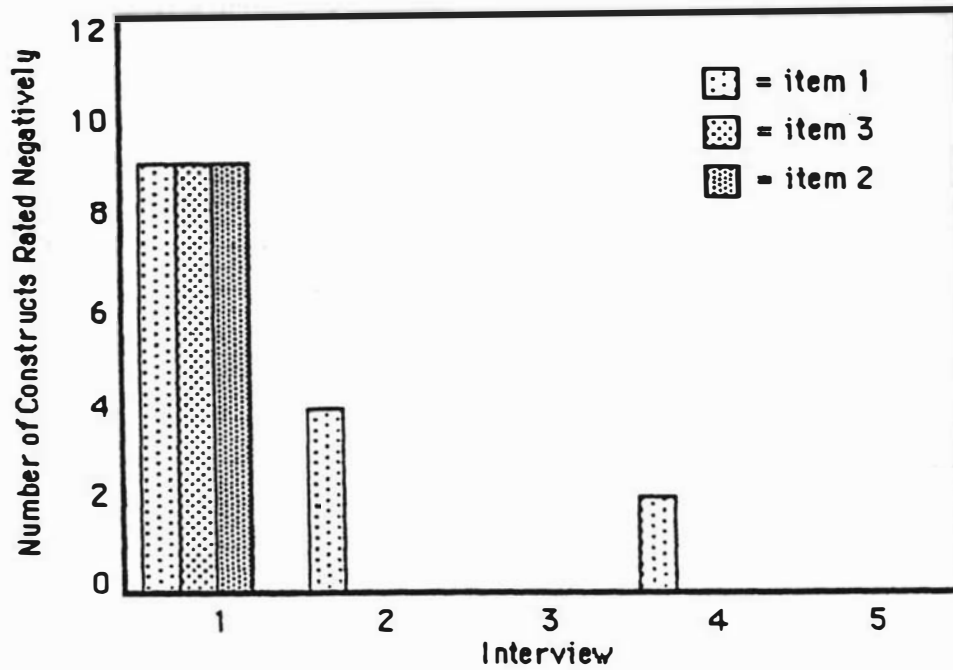


Figure 10. Infant crying as the priority concern in the personal profiles. Participant B.

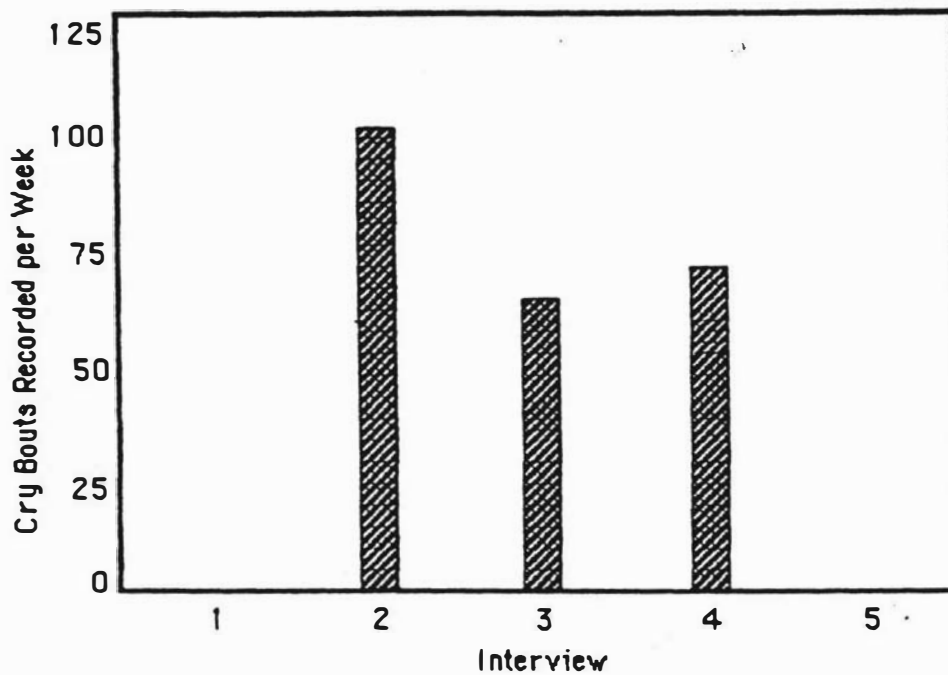


Figure 11. Cry bout data from the diary forms. Participant B.

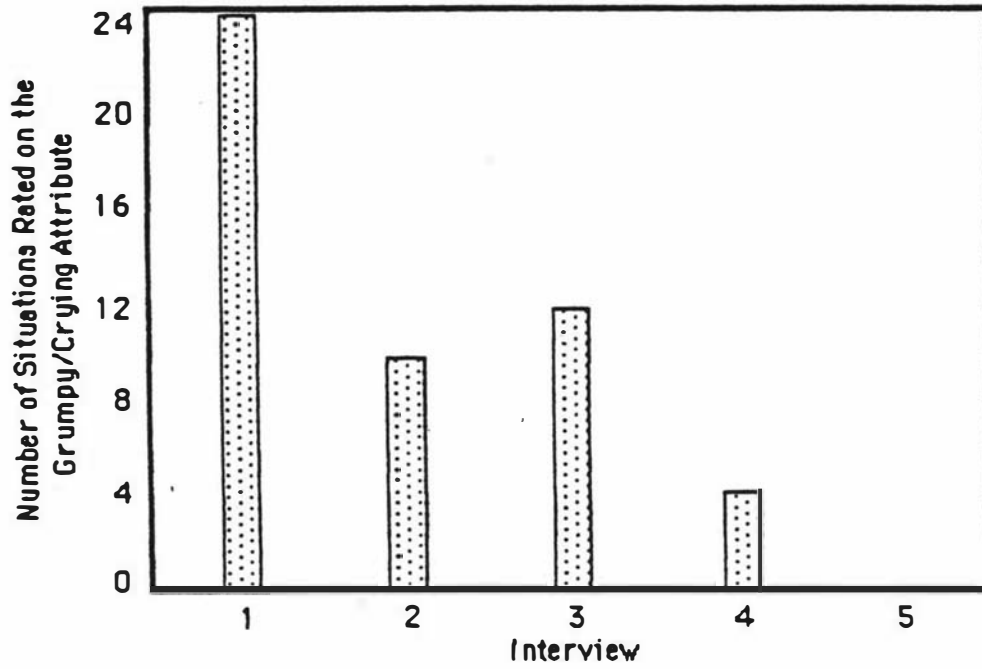


Figure 12. Infant profile grumpy/grizzly/crying dimension. Participant B.

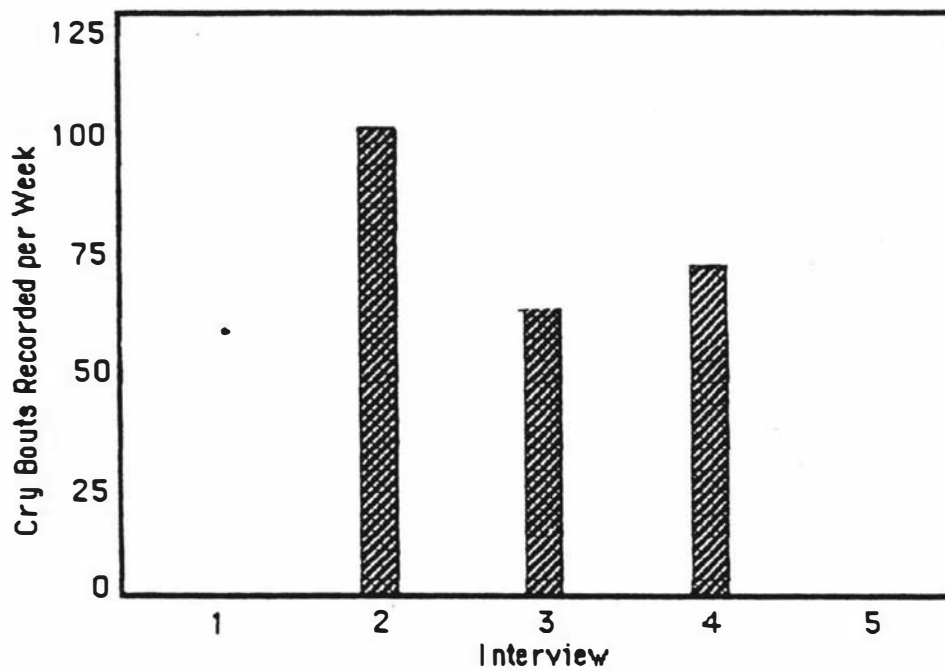


Figure 13. Cry bout data from the diary forms. Participant B.

Infant Profiles

Figure 12 shows the number of situations in the infant profile that were rated on the grumpy, grizzly, crying dimension of attribute six in the infant profiles. The decline in the number of ratings between profiles one and two is a trend that is shown in the personal profiles on the infant crying items.

The results from the third profile show a slight increase in the number of situations rated on the cry dimension while there is a decrease in the number of recorded cry bouts. Figure 13 shows the recorded cry bouts over the same period.

Participant C

Appendix J, Volume 2, contains all of the data from which the results for this participant have been derived.

Personal Profiles

(a) Concerns. Table 8 shows that all of the items in the first personal profile were rated as concerns. Five of these were general concerns and three were local. The one infant crying item was rated as a general concern. None of the items were rated as concerns in the other three profiles that were completed.

(b) Infant crying concerns. The level of concern recorded for the infant's crying in the first personal profile is shown in Figure 14. No diary forms were completed by this participant.

Infant Profiles

Figure 15 shows the number of constructs that were rated in the grumpy, grizzly, crying dimension of attribute six in the infant profiles. The level of concern recorded in the first personal profile (see Figure 14) has disappeared in the second profile even though attribute six is used in the remaining infant profiles. However, that use does show a decrease over the profiles.

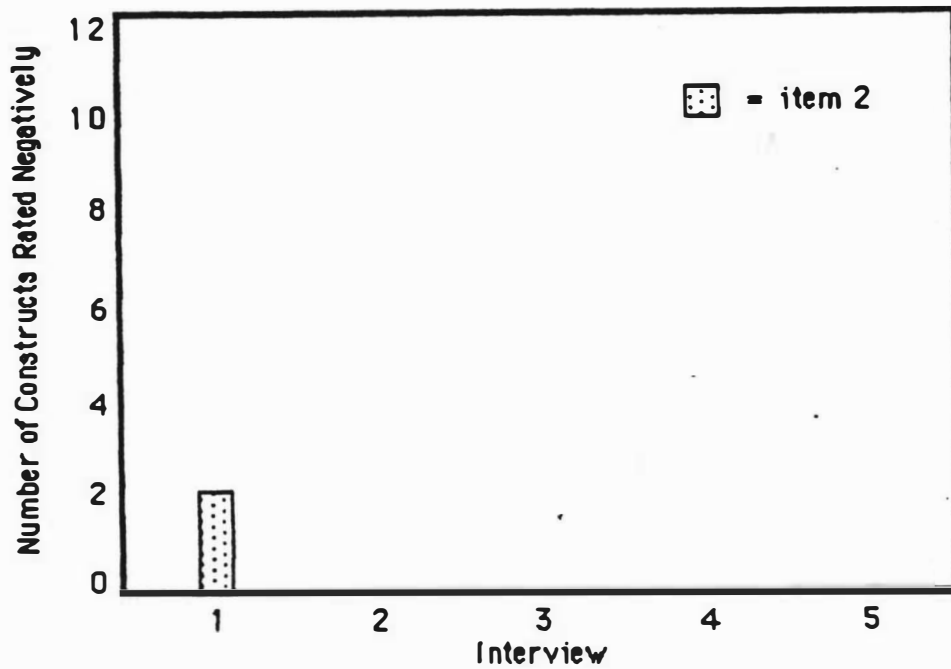


Figure 14. Infant crying as the priority concern in the personal profiles. Participant C.

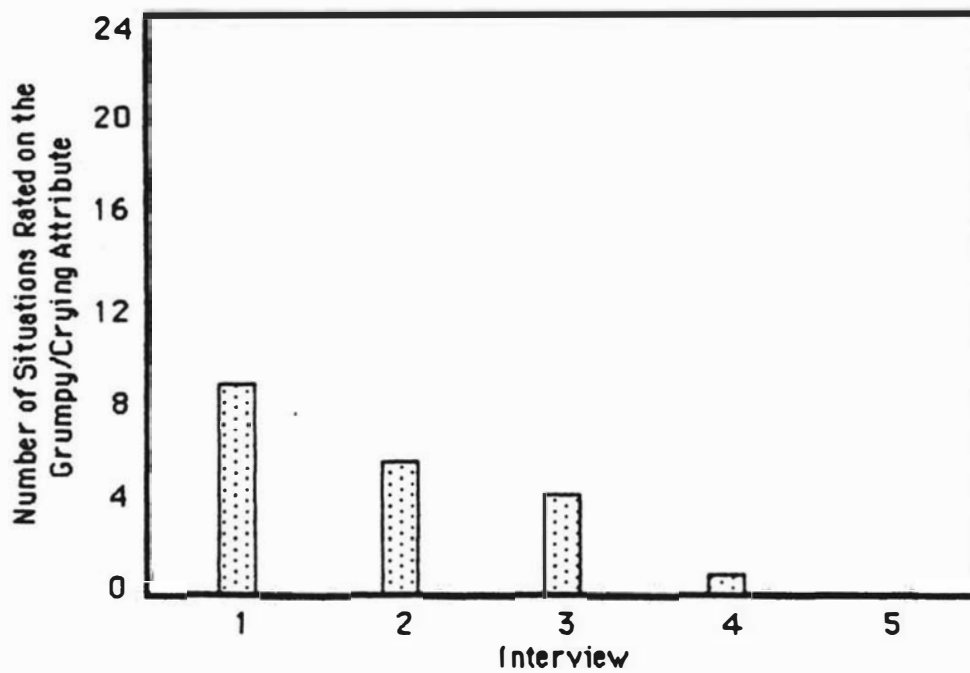


Figure 15. Infant profile grumpy/grizzly/crying dimension. Participant C.

TABLE 8

Personal Profile Items as Concerns
Participant C

Profile	1	2	3	4
Number of Concerns				
A. General - total	5	0	0	0
(- infant crying)	0	0	0	0
B. Local - total	3	0	0	0
(- infant crying)	1	0	0	0
C. Non-concerns	0	8	8	8
Total items (A+B+C)	8	8	8	8

Participant D

The results for this participant have been derived from data presented in Appendix K, Volume 2.

Personal Profiles

(a) Concerns. Table 9 shows the items in the personal profiles that were rated as being concerns. Eleven of the thirteen items in the first personal profile were concerns. Six of these were general concerns and five were local concerns. Two infant crying items were in the general concern category, and one was a local concern.

In the second personal profile, six of the items were concerns, and seven were not. The two infant crying items

that were general concerns initially remain as such in the second personal profile while the local infant crying item has been rated positively. The number of concerns in the third personal profile have been reduced to two, and all of the items are rated positively in the fourth profile.

TABLE 9

Personal Profile Items as Concerns
Participant D

Profile	1	2	3	4
<u>Number of Concerns</u>				
A. General - total	6	2	1	0
(- infant crying)	2	2	1	0
B. Local - total	5	4	1	0
(- infant crying)	1	0	1	0
C. Non Concerns	2	7	11	13
Total items (A+B+C)	13	13	13	13

(b) Items clusters. Figure 16 shows how the three infant crying items were clustered in the first personal profile. The most negative item in the cluster is item 8 'baby crying instead of sleeping'. Item 5 'baby crying after feed (wind)' is clustered at 92% with item 9 'dinner time with husband'.

The third infant crying item (1) 'baby crying when waking' clusters at 92% with item 3 'feed times'. This cluster is in a more positive position than the other two

infant crying items.

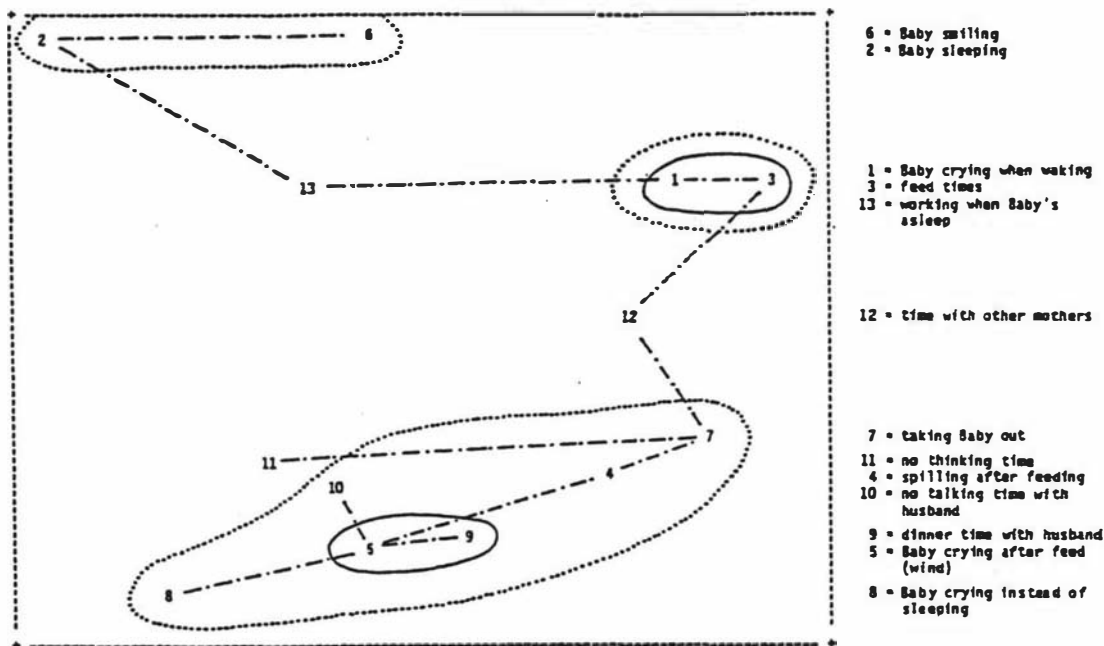


Figure 16. First clustered items for participant D.

Clusters of items. - - - - joins most similar items.
The clustering levels are: - - - = 96%, — = 92%,
..... = 88%.

(c) Infant crying concerns. Figure 17 shows the level of concern expressed in the personal profiles with regard to the infant's crying. Item 8 was the most negative item in the first clustered profile, but even so it is rated positively on all of the constructs in profile four, as were all of the infant crying items. This participant did not complete the diary forms.

Infant Profiles

The use of the grumpy, grizzly, crying dimension in the infant profiles declined only slightly over the 4 weeks the profiles were completed, as shown in Figure 18. The grizzly/crying dimension is also used during week 4 when there is no concern expressed in the personal profile about infant crying, see Figure 17.

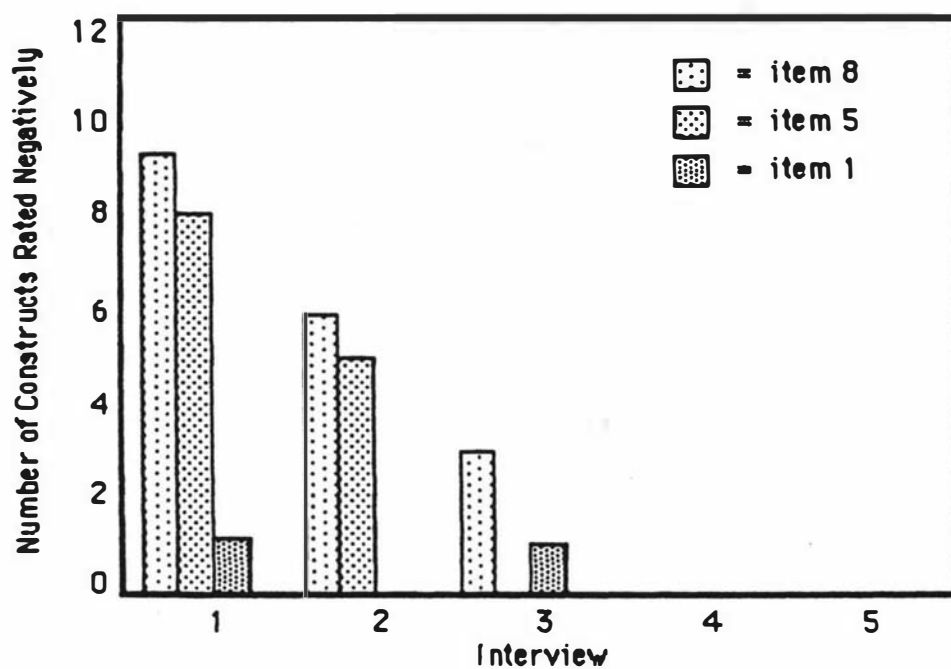


Figure 17. Infant crying as the priority concern in the personal profiles. Participant D.

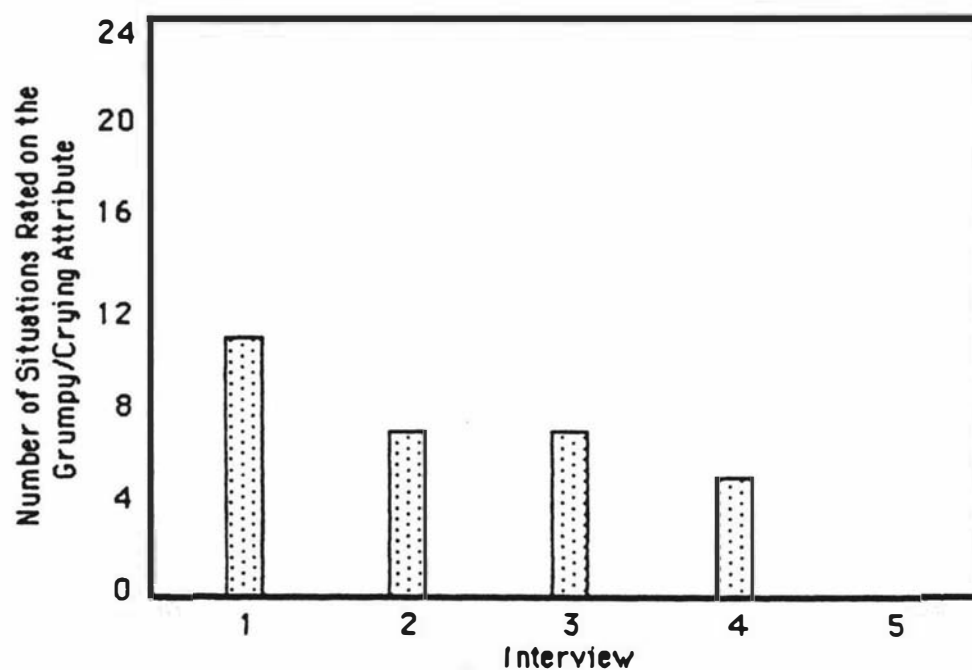


Figure 18. Infant profile grumpy/grizzly/crying dimension. Participant D.

Participant E

The data from which the results for this participant have been derived are in Appendix L, Volume 2.

Personal Profiles

(a) Concerns. Table 10 shows that all of the items in the first personal profile were rated as concerns.

TABLE 10

Personal Profile Items as Concerns
Participant E

Profile	1	2	3	4	5
<u>Number of Concerns</u>					
A. General - total	8	6	8	7	3
(- infant crying)	2	3	2	2	2
B. Local - total	3	5	3	1	0
(- infant crying)	1	0	1	1	0
C. Non-concerns	0	0	0	3	8
<u>Total items (A+B+C)</u>	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>

Eight of these were general concerns and three were local. Two infant crying items were rated as general concerns, and one was a local concern. All of the items remain as a concerns in the second and third profiles, and in the second profile the three infant crying items were general concerns. In the fifth personal profile, three of the eleven items remain as general concerns, two of these

are infant crying items.

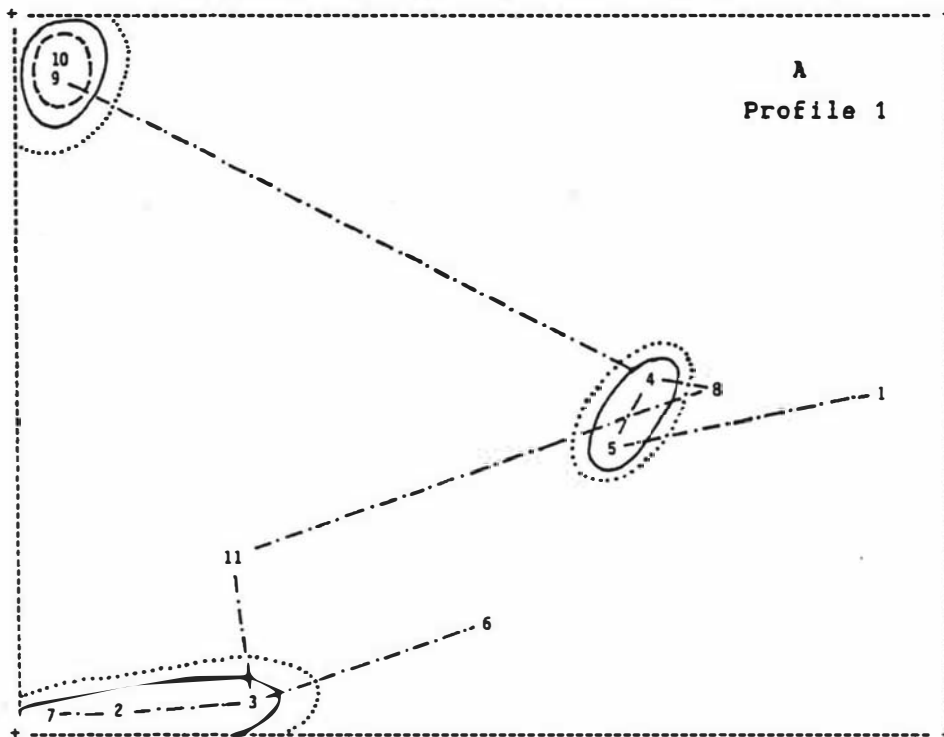
(b) Items clusters. The first two clustered items profiles are shown in Figure 19. Profile one is shown as Figure 19A, and the second profile is shown as Figure 19B.

The first personal profile (Figure 19A) shows the most negatively construed items clustered at 96%. These are items 2 'when baby continues to cry', and item 3 'no-one to talk to at home'. Item 7 'my shouting times' is unclustered. Item 11 'leaving the baby to cry' is also in the more negative region of the profile. Items 1 'when baby begins to cry' and 8 'my crying times' are in the less negative region.

The profile indicates that the mother is not construing the baby beginning to cry as the most negative event. It is construed as being more negative when the baby continues to cry and when she leaves the baby to cry. The two items associated with the most negative infant crying item indicate ways the mother might deal with the baby's crying. Having someone to talk to at home (item 3) would perhaps assist the mother. The mother also indicated during her interviews that when she shouted (item 7) it stopped her from hitting the baby.

Figure 19B shows the clusters for the second profile. Item 7 'my shouting times' is the most negative item in the profile, but it is not associated with items 2 'when baby continues to cry' and 3 'no-one to talk to at home' as it was in the first profile. Items 2 and 3 cluster at 96% in this second profile, so they are construed as being more similar in this profile than in the first one. The positions of the other items in the second profile remain similar to those held on the first profile.

(c) Infant crying concerns. Figure 20 shows the level of concern recorded for each of the infant crying items in all of the personal profiles. Only item 1 'when baby begins to cry' has been rated positively on all of the constructs by the time the final profile was completed. That is, it was the only infant crying item that was alleviated. Item 11 shows a greater decline in the level of concern than item 2.



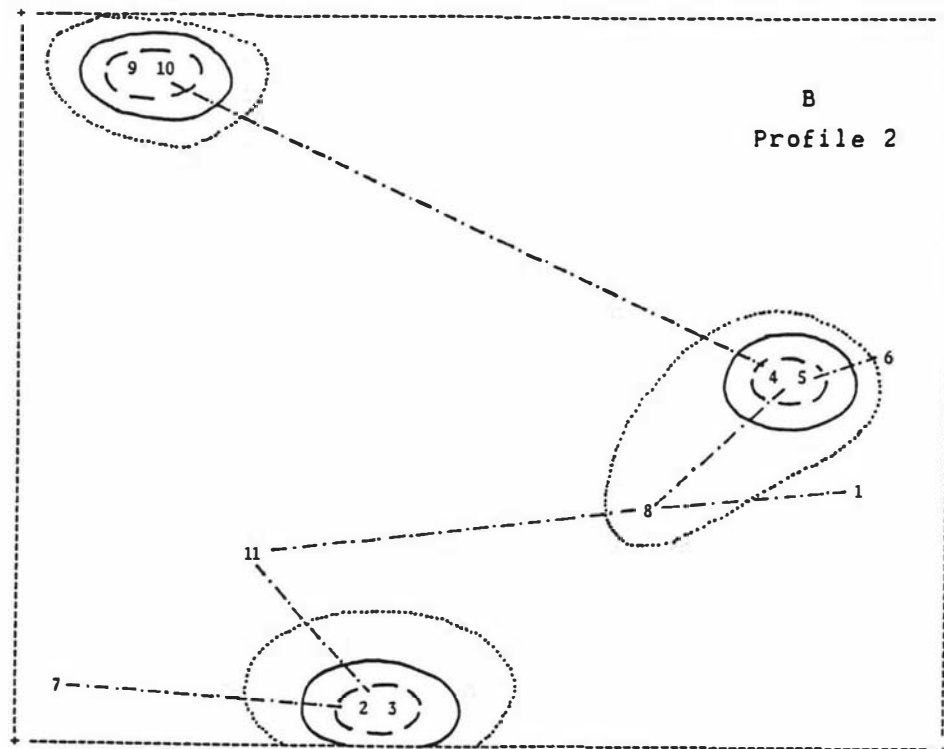
10 = when Baby is asleep
9 = when Baby is good

4 = when husband is home
8 = my crying times
1 = when baby begins to cry
5 = at other peoples' places

11 = leaving baby crying

6 = early evening feed time

3 = no-one to talk to at home
7 = shouting times
2 = baby continues to cry



10 = when baby is asleep
9 = when baby is good

6 = early evening feed time
5 = at other peoples' places
4 = when husband is home

1 = when baby begins to cry
8 = my crying times

11 = leaving baby crying

7 = shouting times
3 = no-one to talk to at home
2 = baby continues to cry

Figures 19A, and 19B. First 2 clustered items for participant E.

Clusters of Items. - - - - - joins most similar items.
The clustering levels are: - - - - - = 96%, ——— = 92%,
..... = 88%.

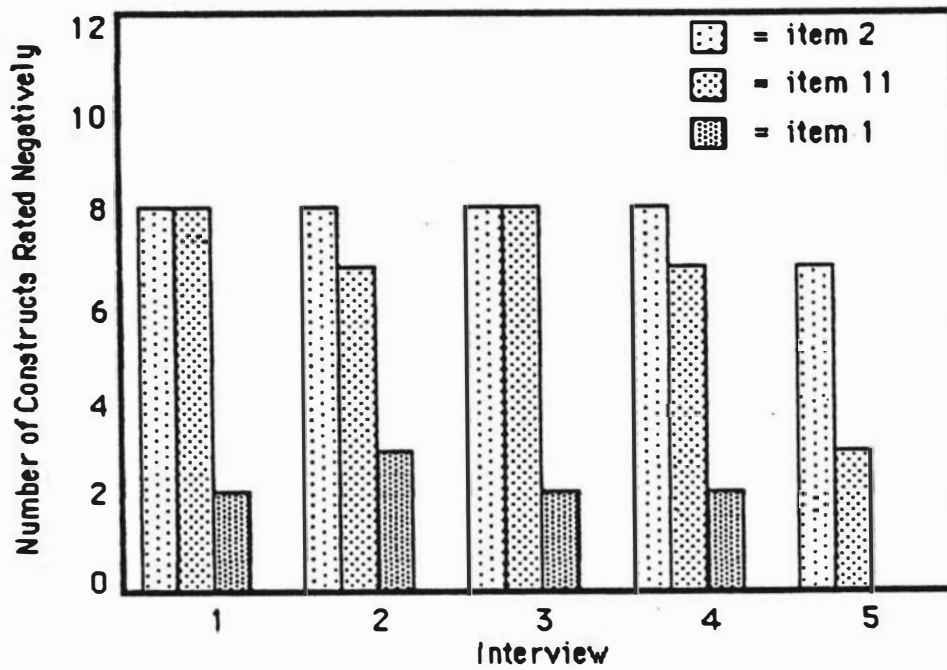


Figure 20. Infant crying as the priority concern in the personal profiles. Participant E.

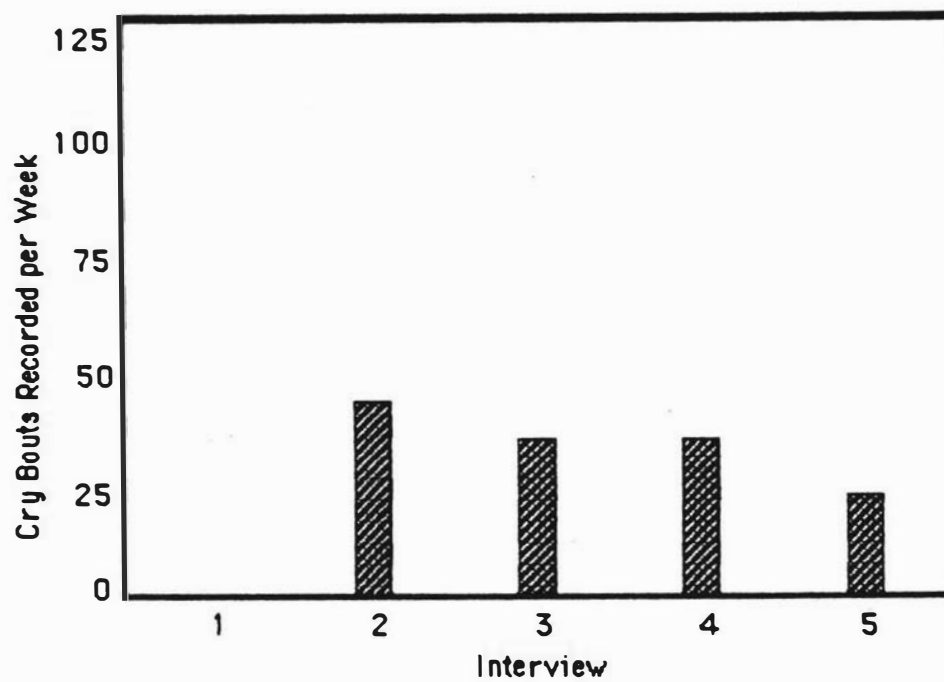


Figure 21. Cry bout data from the diary forms. Participant E.

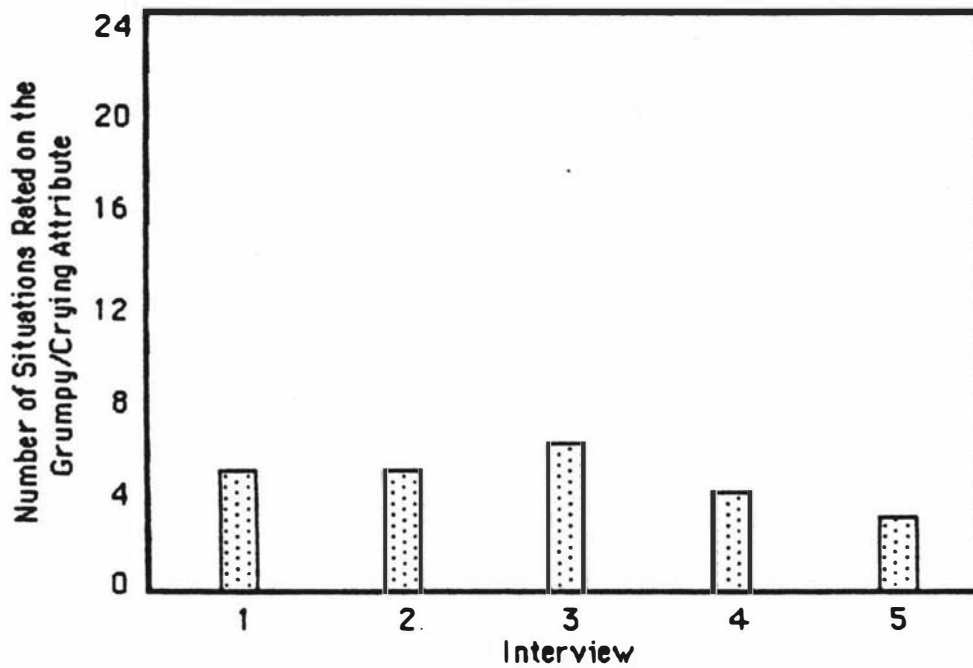


Figure 22. Infant profile grumpy/grizzly/crying dimension. Participant E.

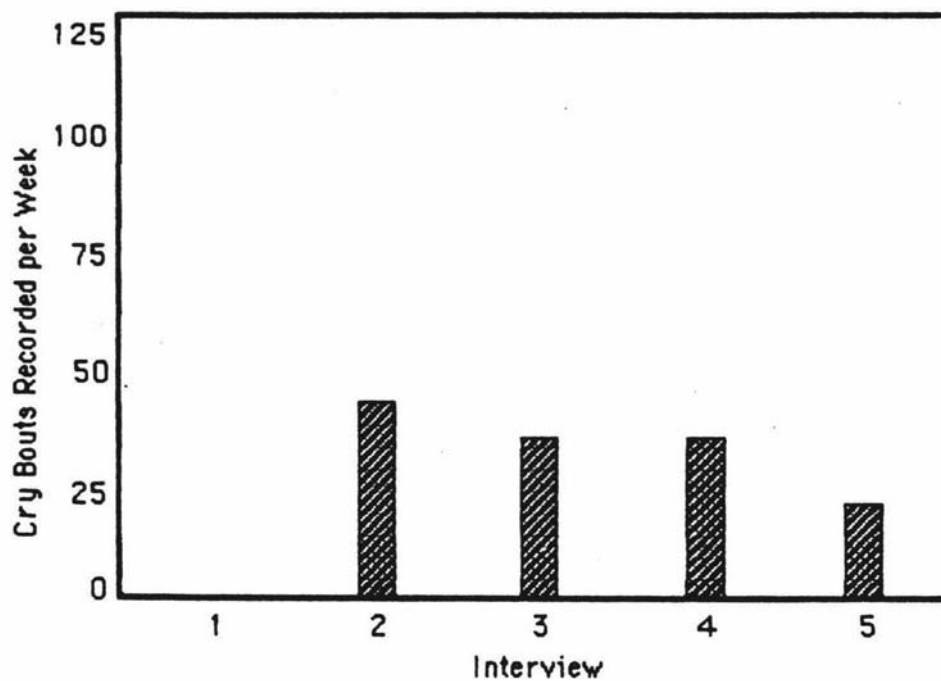


Figure 23. Cry bout data from the diary forms. Participant E.

The cry bouts from the diary forms shown in Figure 21 indicate that the total number of cry bouts recorded each week tended to remain fairly constant.

Infant Profiles

The use of the grumpy/crying dimension in the infant profiles is shown in Figure 22. There is a slight increase in the number of situations this attribute was used on in the third profile, but overall it tended to remain fairly constant. When the attribute use is compared with the recorded cry bouts, see Figure 23, both of these can be seen to be reasonably constant.

Participant F

The results for this participant have been derived from data presented in Appendix M, Volume 2.

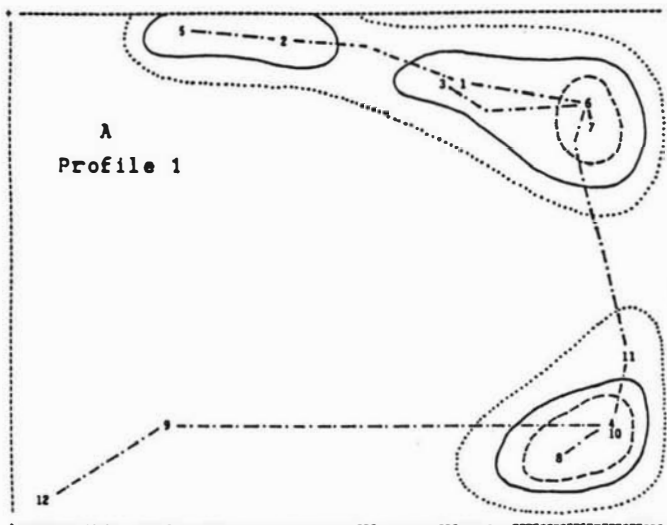
Personal Profiles

(a) Concerns. Table 11 shows that six of the twelve items in the first personal profile were rated as general concerns, and three of these were infant crying items. Six of the items were not concerns.

The number of items not rated as concerns increases across the five personal profiles, but only one infant crying item is in that category. Two of the infant crying items remain as general concerns throughout the time the profiles were completed.

(b) Items clusters. Figure 24 shows three consecutive clustered items profiles as 24A, 24B, and 24C. Figure 24A shows how the infant crying items were clustered in the first personal profile. Item 12 'when baby roars' was the most negative item in the profile and was unclustered with, but most similar to item 9 'thinking sorting out times about baby and me'.

In Figure 24A, item 10 'when the baby cries' was clustered at 96% with item 8 'when at home alone with baby', and item 4 'baby after feed times'. Item 11 'when baby grizzles' was the least negatively construed infant crying item.

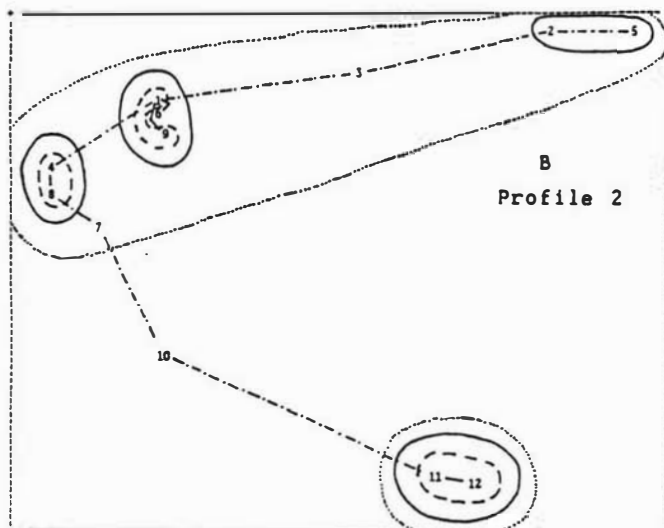


A
Profile 1

- 5 - when baby smiles
- 2 - going for walks - baby in front-pack
- 1 - baby's feed times
- 3 - husband home
- 6 - when baby has his bath
- 7 - when we have visitors

11 - when baby grizzles

- 9 - thinking/sorting out time
- 4 - baby after feed times
- 10 - when baby cries
- 8 - when at home alone with baby
- 12 - when baby roars

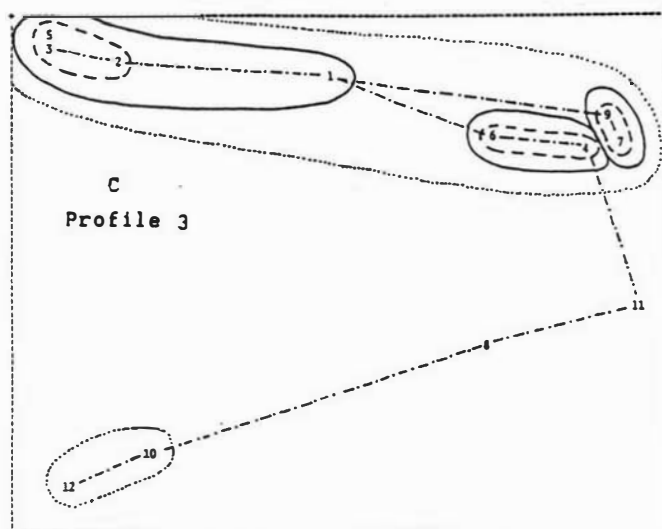


B
Profile 2

- 5 - when baby smiles
- 2 - going for walks - baby in front pack
- 3 - husband home
- 1 - baby's feed times
- 6 - when baby his his beth
- 9 - thinking/sorting out time
- 4 - baby after feed times
- 8 - when at home alone with baby
- 7 - when we have visitors

10 - when baby cries

- 11 - when baby grizzles
- 12 - when baby roars



C
Profile 3

- 5 - when baby smiles
- 3 - husband home
- 2 - going for walks - baby in front pack
- 1 - baby's feed times
- 9 - thinking/sorting out time
- 6 - when baby has his bath
- 7 - when we have visitors
- 4 - baby after feed times

11 - when baby grizzles

- 8 - when at home alone with baby

10 - when baby cries

12 - when baby roars

Figures 24A, 24B, and 24C. First 3 clustered items for participant P.

Clusters of items. --- joins most similar items.
 The clustering levels are: - - - - = 96%, ——— = 92%,
 = 86%.

TABLE 11
 Personal Profile Items as Concerns
 Participant F

Profile	1	2	3	4	5
Number of Concerns					
A. General - total	6	3	3	2	2
(- infant crying)	3	3	2	2	2
B. Local - total	0	2	1	0	0
(- infant crying)	0	0	1	0	0
C. Non-concerns	6	7	8	10	10
Total items (A+B+C)	12	12	12	12	12

Figure 24B shows how the infant crying items clustered in the second profile. The two most negatively construed items cluster at 96%. These are item 12 'when baby roars' and item 11 'when baby grizzles'. Item 10 'when the baby cries' is not clustered with either of these items and has moved to a more positive position in the profile.

In Figure 24C, items 11 and 10 have reversed positions from the previous week, and the association between the items in the most negative positions is at a level lower than in the previous profile. In each of the three profiles there tends to be a clear differentiation between the clusters containing the most and least negatively construed items.

(c) Infant crying concerns. Figure 25 shows the level of concern expressed about the infant crying items in the personal profiles. Item 11 has been rated positively on all of the constructs in the fourth profile, and so shows alleviation. Items 10 and 12 remain as general concerns in the fifth profile.

The cry bouts recorded in Figure 26 show an increase over week 3. This was the period when the infant had an ear infection. When this same period is compared with the level of concern shown in the personal profile (Figure 25), the level of concern about the infant's crying has decreased from the previous profile.

Infant Profiles

Figure 27 shows how the situations in the infant profiles have been rated on the grumpy, grizzly, crying dimension of attribute six. The ratings used on this dimension did not increase over the period where the recorded cry bouts show an increase. The recorded cry bouts are shown in Figure 28. The recorded cry bouts show an increase in week 4 where crying is not shown at all in the infant profile.

Participant G

The data from which the results for this participant have been derived are presented in Appendix N, Volume 2.

Personal Profiles

(a) Concerns. Table 12 shows that eight of the eleven items in the first personal profile were rated as concerns. Four of these were general concerns and four were local concerns. One infant crying item was rated as a local concern, and this item remained as a concern in the final profile. The movement in the ratings of the items tended to be that of the general concerns moving to local concerns rather than the concerns being alleviated.

(b) Items clusters. Figure 29 shows the first clustered profile of the items. The one infant crying item, 11 'baby's crying at home' is not the most negative item and

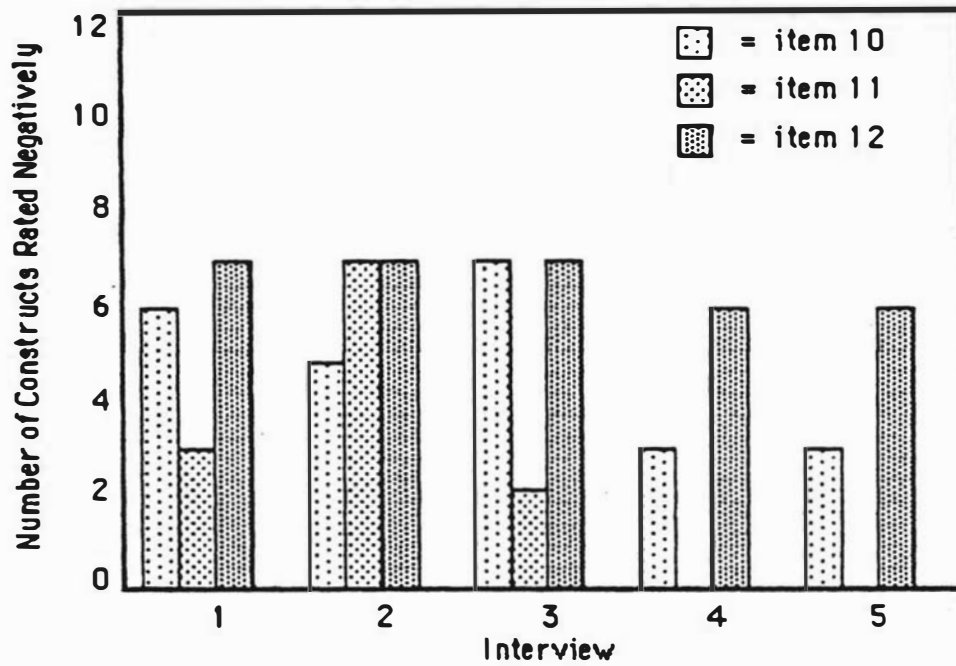


Figure 25. Infant crying as the priority concern in the personal profiles. Participant F.

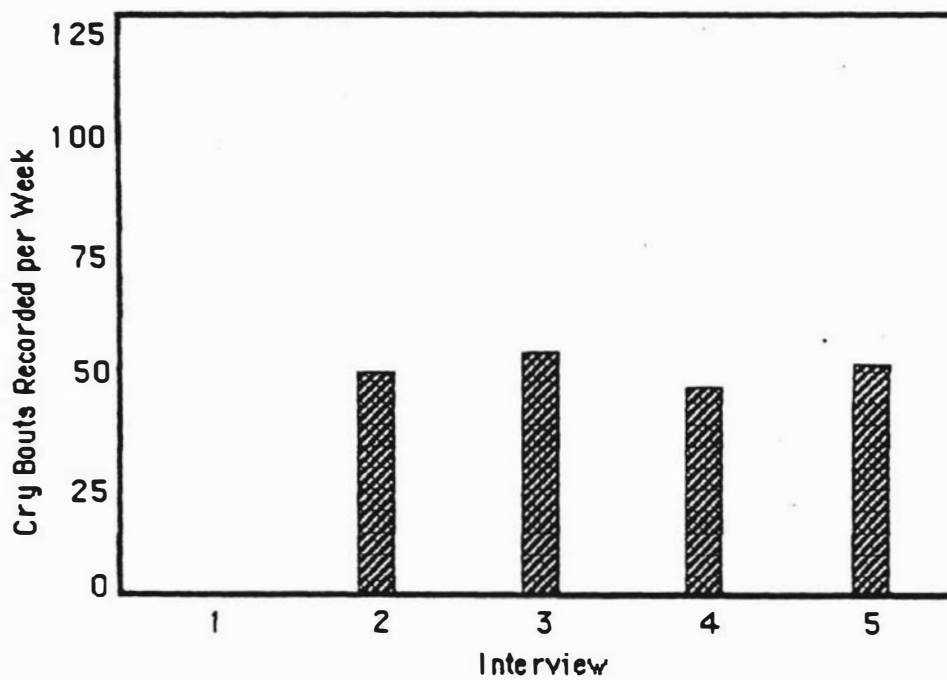


Figure 26. Cry bout data from the diary forms. Participant F.

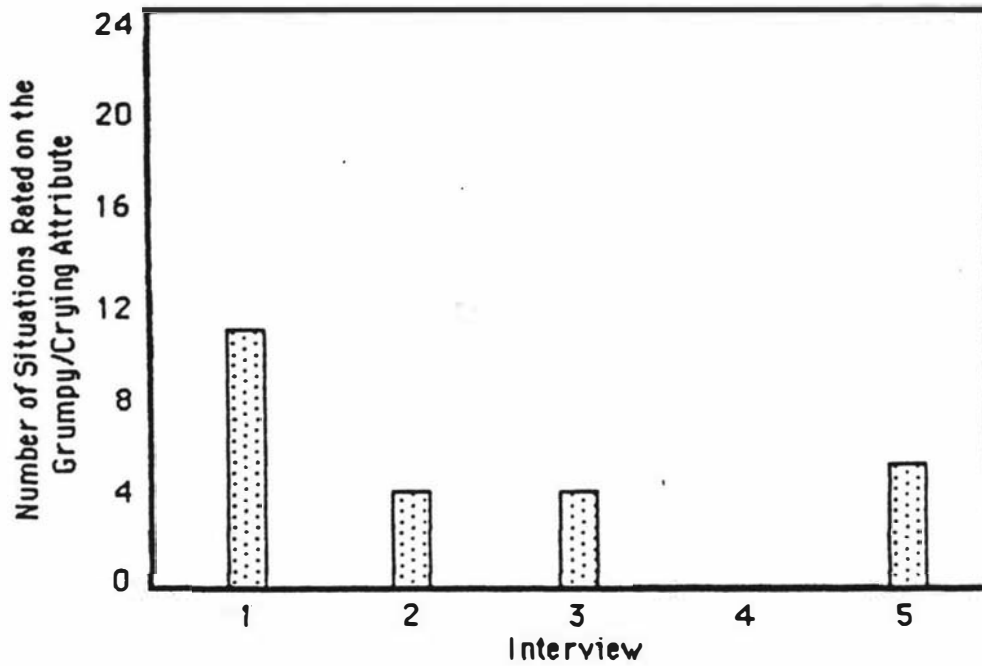


Figure 27. Infant profile grumpy/grizzly/crying dimension. Participant F.

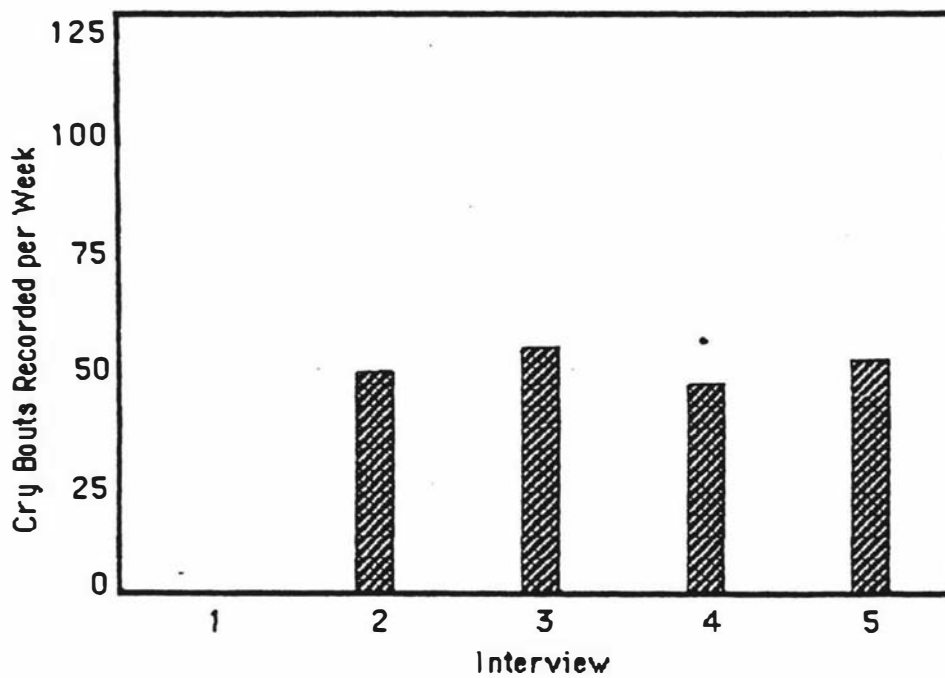


Figure 28. Cry bout data from the diary forms. Participant F.

TABLE 12

Personal Profile Items as Concerns
Participant G

Profile	1	2	3	4
Number of Concerns				
A. General - total	4	3	2	2
(- infant crying)	0	0	0	0
B. Local - total	4	4	7	6
(- infant crying)	1	1	1	1
C. Non-concerns	3	4	3	4
Total items (A+B+C)	11	11	12	12

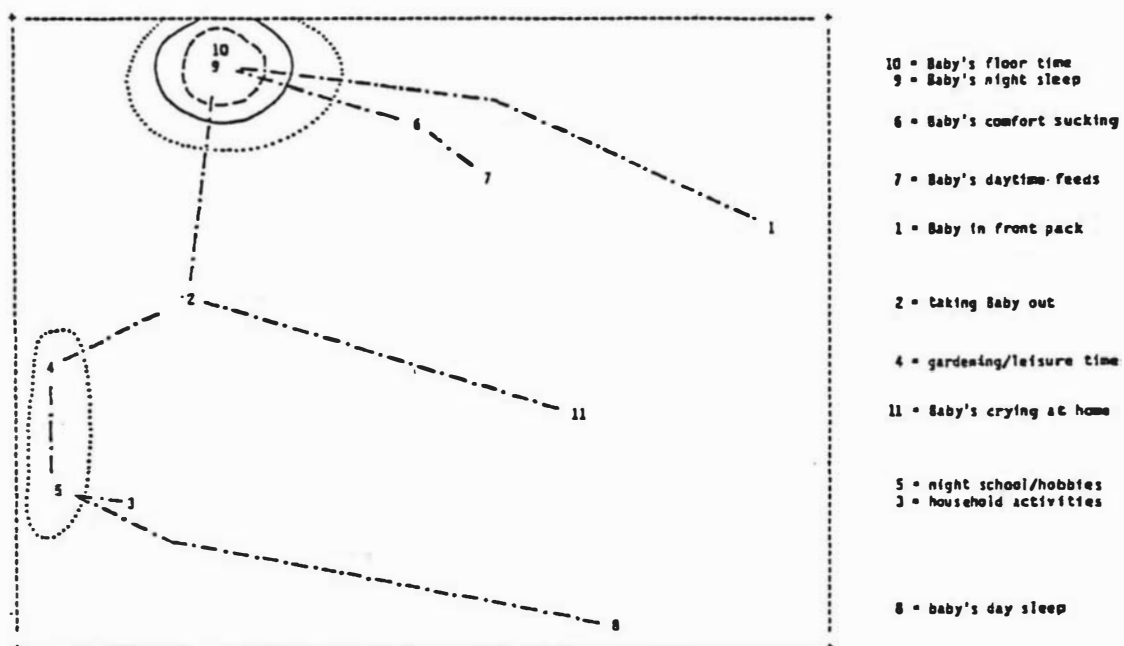


Figure 29. First clustered items for participant G.

Clusters of Items. - - - - joins most similar items.
The clustering levels are: - - - = 96%, — = 92%,
..... = 88%.

is unclustered with any of the other items. The most negative items are item 8 'baby's day sleep', item 3 'household activities', item 5 'night school/hobbies', and item 4 'gardening/leisure time'. Items 4 and 5 cluster at 88%.

The two most positive items are 9 'baby's night sleep bassinette' and 10 'baby's floor time'. These two items cluster at 96%.

(c) Infant crying concerns. The level of concern expressed in the personal profiles about the infant's crying is shown in Figure 30. The number of cry bouts recorded over the interview periods is shown in Figure 31. The number recorded tends to remain fairly constant.

Infant Profiles

Figure 32 illustrates the use of attribute six in the infant profiles. The small increase shown in the use of the grizzly, crying dimension for profile three occurs at a time when the recorded cry bouts (Figure 33) show a slight increase.

Section IV: Primary and Auxiliary Concerns

An examination of the personal profiles obtained from the study indicates two further concerns in addition to priority, general, and local concerns. There are 'primary concerns' and 'auxiliary concerns'.

A primary concern, which is identifiable at the bottom of the clustered profiles, is an item that is rated as being the most negative of all the items. Therefore the priority concern, infant crying, may also be the primary concern. However, an item which is not a priority concern (that is, an item other than infant crying), may be the primary concern. An example of this type of concern is evident in Figure 1A. Here the most negative item (the primary concern) is 'husband's help', not a priority concern (infant crying).

The other type of item that can be identified has been called an auxiliary concern. The term applies where an item is clustered at 88% or above with an infant crying concern.

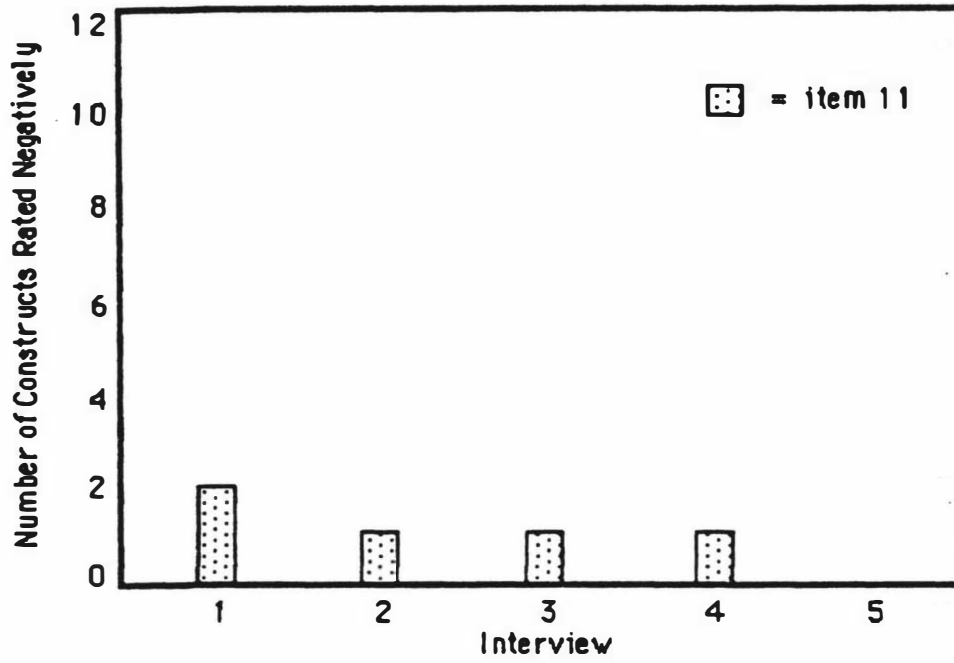


Figure 30. Infant crying as the priority concern in the personal profiles. Participant G.

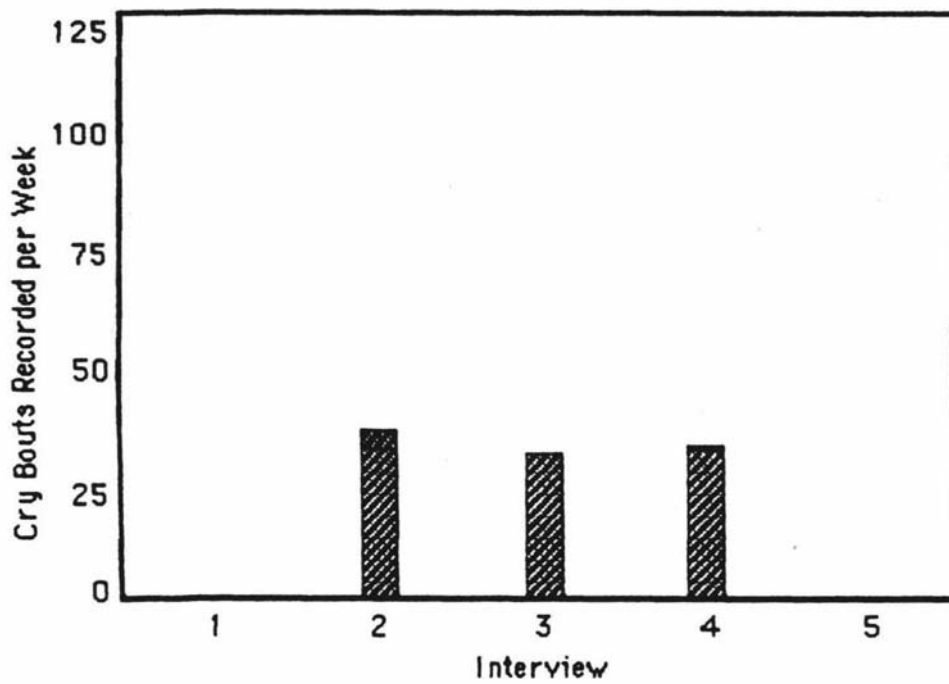


Figure 31. Cry bout data from the diary forms. Participant G.

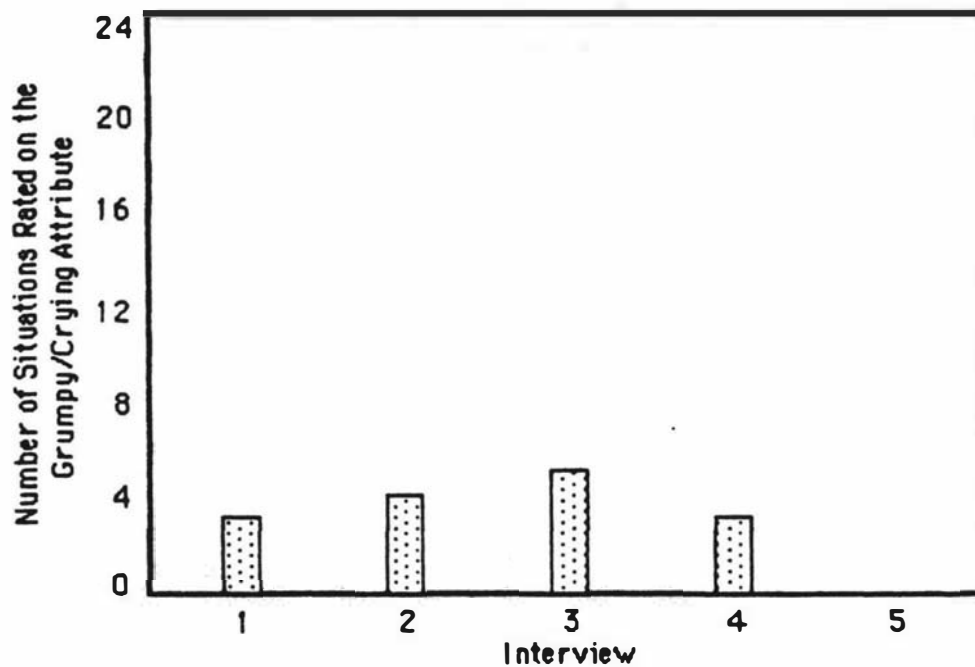


Figure 32. Infant profile grumpy/grizzly/crying dimension. Participant G.

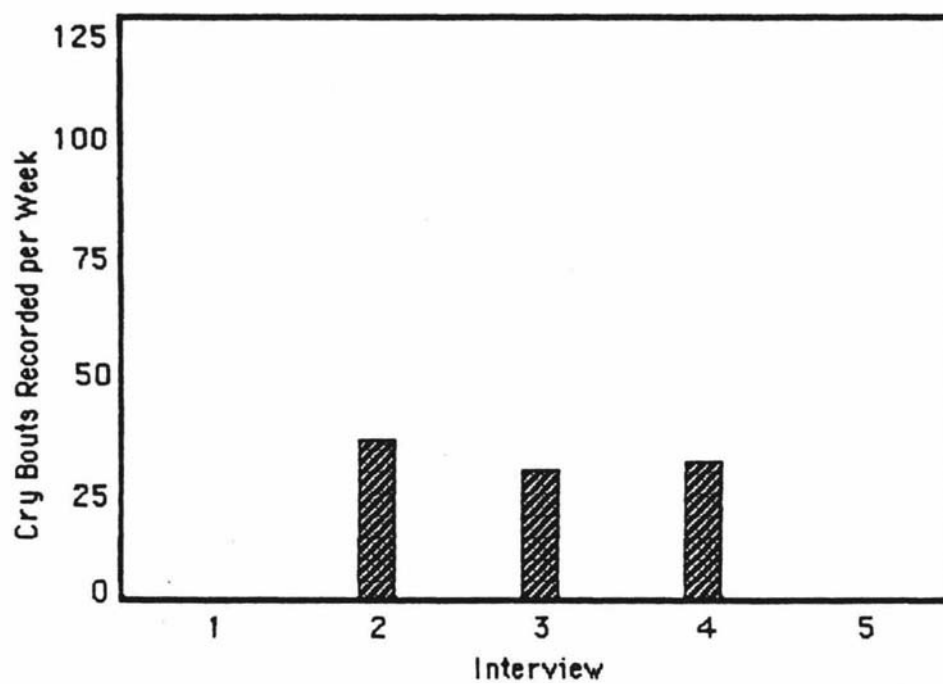


Figure 33. Cry bout data from the diary forms. Participant G.

It is useful to be able to identify this type of concern beyond the item label because its clustering with a priority concern may indicate ways that will help a mother to cope with the infant's crying. The point is illustrated in Figure 1. The item 'baby screaming during the day' (item 3) is rated negatively and is clustered at a high level of similarity with the items 'talking to friend' (item 7), and 'husband's help' (item 8). These three items have been rated negatively and are similar, thus forming a negative cluster. In the cluster, item 3 is a priority concern, item 7 is an auxiliary concern, and item 8 is a primary and an auxiliary concern.

The identification of the three types of concern in the personal profiles, that is priority, primary, and auxiliary concerns, is an additional way in which the personal profile method can assist a mother to cope with her infant's crying. The movement of the priority, primary, and auxiliary concerns from each participant's personal profiles are shown in Table 13. The table shows the priority, primary, and auxiliary concerns across all of the profiles each mother completed.

In Table 13, the participants' identification letters are shown on the left of the table. The second column shows the item number that is referred to from each personal profile that is in the priority, primary, or auxiliary category. The key for the symbols explains how the type of concern has been labelled, where 'P' is the priority concern, 'Pr' is the primary concern, and 'A' is the auxiliary concern. The use of 'P,Pr' indicates that infant crying (the priority concern) is also the most negatively construed concern (the primary concern). The symbol 'O' has been used to show items other than those that are initially primary and auxiliary concerns and which fall into those categories in later profiles.

Also included in Table 13 is a summary of the number of constructs (feelings) on which each particular item has been rated negatively in the individual profiles. The number of constructs indicates whether the item is a general concern, that is the item has three or more negative constructs, or a

TABLE 13

Priority, Primary, and Auxiliary Concerns:
All Participants

Participant Profile	1	2	3	4	5					
	*	**								
Item number	type	context	type	context	type	context	type	context	type	context
A										
1	P	5	P	4	AI	-	AI	-	AI	-
3	P	8	AI	-	AI	-	AI	-	AI	-
5	O	1	O	4	Pr	8	AI	-	AI	-
8	Pr,A	9	AI	-	Pr	9	Pr	9	Pr	9
9	O	9	Pr	6	Pr	9	Pr	9	Pr	9
B										
1	P	9	Item Deleted							
2	Pr,P	9	Pr,P	1	AI	-	Pr,P	1		
3	P	9	AI	-	AI	-	AI	-		
7	A	9	AI	-	AI	-	AI	-		
8	A	8	AI	-	AI	-	AI	-		
C										
2	P	2	AI	-	AI	-	AI	-		
5	Pr,A	5	AI	-	AI	-	AI	-		
D										
1	P	1	AI	-	P	1	AI	-		
5	P	8	P	5	AI	-	AI	-		
8	Pr,P	9	Pr,P	6	Pr,P	3	AI	-		
4	A	6	A	1	AI	-	AI	-		
7	A	2	A	1	AI	-	AI	-		
9	A	7	O	1	AI	-	AI	-		
10	A	5	AI	-	AI	-	AI	-		
E										
1	P	2	P	3	P	2	P	2	AI	-
2	P	8	P	8	P	8	P	8	P	7
11	P	8	P	7	P	8	P	7	P	3
7	Pr	8	Pr	7	Pr,A	8	O	5	AI	-
3	A	8	A	8	A	8	Pr,A	8	A	4
F										
10	P	6	P	5	P	7	P	3	P	3
11	P	3	P	7	P	2	AI	-	AI	-
12	Pr,P	7	Pr,P	7	Pr,P	7	Pr,P	6	Pr,P	6
4	A	6	AI	-	AI	-	AI	-	AI	-
8	A	7	O	1	O	5	AI	-	AI	-
G										
11	P	2	P	1	P	1	P	1		
2	O	1	AI	-	Pr	2	Pr	5		
8	Pr	6	Pr	6	O	1	O	1		

* The concern types are as follows:

P = Priority concern

Pr = Primary concern O = Concerns other than Priority, Primary or Auxiliary

A = Auxiliary concern AI = Items no longer rated as a concern (alleviated).

** In the personal profile method, the number of constructs over which the concern is rated negatively is called the context of the concern.

local concern, which has two or fewer negative constructs. When each of the three kinds of concern are traced across the profiles, the unique perspective from which each mother was viewing her infant is highlighted in the following manner;

- (a) by the number of items that referred to infant crying,
- (b) the number of constructs on which the priority concerns are rated negatively,
- (c) whether infant crying is also the primary concern,
- (d) when the concern about the infant crying was alleviated (that is, rated positively on all of the constructs),
- (e) whether an infant crying concern that had been alleviated re-emerged in subsequent profiles.

Summary

The main study objective was to record cry-hassled mothers' perceptions of their infants' crying and to use the personal profile method as a means of providing them with assistance. The results obtained for this objective have been reported in four sections. The first section illustrated how a personal profile can be interpreted with the mother who has completed it, and the ways in which it can assist her to reconstrue her situation.

The second section compared the first personal profiles of all of the cry-hassled mothers who participated in the study, with particular emphasis on infant crying as a concern. In section three, the case-study results for each participant were presented, and, finally, section four presented two kinds of concern that emerged in the profiles that were additional to the priority concern (infant crying). These additional concerns were primary and auxiliary concerns which can be associated with the priority concern. They indicate practical ways in which a mother can be assisted to cope with her infant's crying.

Chapter 5

Discussion

The present study was undertaken to explore the use of the personal profile method as a way to assist mothers who had sufficient concern about their infants' crying to mention it to a paramedical they attended postnatally. It was postulated that the personal profile method would be able to give support to such a mother by recording and analysing her perceptions about the crying, and by providing her with a visual display that would cluster and also differentiate those concerns. The results are discussed under the following headings: A. Using the personal profile method, B. The mothers' perceptions of the crying, and C. Providing support with the personal profile method.

A. Using the Personal Profile Method

Basic to personal construct theory is the concept that the meaning of an item's (element's) position in the personal profile is relative to the construct system in which it was generated. Therefore the question of how a personal profile may be interpreted requires careful consideration. Two interpretations are relevant in the context of the present study, the interpretation assigned by the cry-hassled mother, and that assigned by the helper in a researcher capacity. In assessing the ability of the personal profile method to identify mothers' concerns, and its usefulness in helping a mother to cope with them, the discussion which follows takes account of these two interpretations.

One question that is central to the mothers' use of the personal profile method is that of what kinds of things can be said about her use of the profile. In addressing this question, the discussion in this first section considers the clustered personal profile that was presented in the results, and secondly, the data that was compared in the results from all of the first clustered personal profiles.

A Clustered Personal Profile. The example used in the results to show the way in which a personal profile can be interpreted illustrates how the clustered items can provide very specific information in the visual display about a mother's constructions. The clustered items provide a 'scene' or 'picture' for the mother about the way she construes events that occur during the day. The comments made by the mother who completed the illustrated profile indicate that this picture or over-view in the profile had not been clear to her prior to her viewing of the clustered profile. Her first viewing of the clustered profile was at her second interview after she had rated her second personal profile. Her comment was:

Perhaps I don't have a problem baby.
there are other things in the situation
(Vol. 2. Appendix H).

The mother also expressed surprise at the way the items were clustered and said that she was managing much better than she had thought.

There are two points that can be made from these results. The mother compiled the personal profile and the clusters resulted from her ratings, so what she was viewing was her personal perspective. She was, though, apparently unaware of how the specifics, or details, of her constructions related to each other. That is to say, it appears that she was not totally aware that her infant's crying was not the only or the major concern that she was dealing with.

One explanation for this circumstance is provided from the literature on infant crying where the emotional and stressful impact of the infant's crying is highlighted in, for example, Murray (1979), Frodi & Lamb (1980), and Bell (1980). The negative aspects of the infant's crying seem to have overshadowed characteristics of the other events that occurred in the mother's routine, at least at an initial level of awareness.

The second point is that the visual display of the clustered items gives the mother feed-back information that provides her with additional information about her constructions. Being able to see visually, as distinct from conceptually, what she has talked about appeared to have increased the mother's level of awareness about her own constructions.

One of the assumptions made about the visual display in the personal profile method (see Chapter 2) was that it would assist the mothers to understand the way they were viewing their situations. Comments made by other participants about the way the personal profiles had been of assistance to them also confirm this to be the case. Their comments indicate too, that other aspects of the personal profile process were helpful to them. For example:

Participant B:

It (the personal profile) made me see things I didn't see, that I was blinded from seeing.

Participant C:

Using the personal profile has helped me to be aware of my own feelings. For example, I had got resentful with John (her husband) on Saturday, but had been aware of what it was and coped with the feeling. I didn't share that with John. I felt I had been able to put a label on things after doing the profile, whereas prior to that it had only been my feelings.

Participant D:

The most interesting thing (about the personal profile) was sorting out the

categories, that really made me think. I got them clear. I thought about things I hadn't differentiated. I hadn't realised things were getting more positive, but it was with the ratings.

Participant E:

The personal profile was useful because I found out when I was in control and in what sort of situations I lacked control. I also discovered that after I started to prepare myself for the baby's crying times that the out of control situations became easier to deal with.

Participant F:

The ratings were quite personal, and you realised things were getting better.

Participant G:

I could see things and my feelings improve in the way I reacted to different situations. The printout was the most useful part of the method.

A Comparative Analysis of the Items as Concerns. Two types of items were categorised within the structure of the personal profile method. Items that were rated negatively on the constructs (feelings) with a 4 or a 5 were designated as being concerns for the mothers. Within that designation a concern could be either local or general. A local concern is where the item has negative ratings on two or fewer constructs. The general concerns are rated negatively on three or more constructs. The results indicate that the item used most often in all of the first personal profiles referred to the infant's crying behaviour, including terms

such as 'grizzling', 'roaring', and 'screaming'. Each infant crying item was a concern, and was more often a general concern. Thus the infant crying each mother reported to her paramedical was construed negatively and became the priority concern in each first personal profile.

That concern, as identified in the personal profiles, did not disappear in every case by the time a final profile was completed, but the level of recorded concern did decrease in each instance. Three of the participants no longer rated infant crying as being a concern in their final profiles, and in the framework of the terms used for the personal profile method, this was considered as an alleviation of the concern.

The final profiles from the other four mothers showed fewer negative ratings on the priority concern, and so the concern about the crying was considered to have lessened. The value of being able to distinguish between negative and positive items as concerns or nonconcerns lies in the way it enables the mother to discern between positively and negatively construed infant items, and also between infant crying and other items that are construed negatively.

There is an advantage, too, in being able to consider items as being local or general concerns. Where the item has been rated negatively on three or more constructs, the negative context for that item is assumed to be greater than that of a local concern. Where the negative ratings for a particular item decrease in subsequent profiles, this lesser number of negative feelings can be viewed by the mother as being an improvement in how she feels about that particular item. The concepts of general and local concerns appear to provide a convenient way for mothers to gauge the difference between negative items in any one profile, and the changes in how they feel about their infants' crying across their profiles.

The broader context of negative feelings with a general concern implies a more generalised and therefore perhaps a more serious concern than is the case with a local concern. The results from the thesis do not necessarily support such an argument. Where infant crying was a local concern

initially, that concern did not always show alleviation at a final interview, whereas some of the infant crying items that were general concerns were rated positively on all of the constructs in the final profiles, and in some instances before then. The intensity and saliency of a concern may be factors which contribute to this occurrence.

However, the concept of persistence in relation to an expressed general or local concern may be an important issue where mothers are coping with infant crying. Further research in this area could be undertaken to ascertain the intensity of a rating on an infant crying item as compared to the intensity of the same ratings used for other items in any one personal profile. One way to do this would be to ask the mother to identify concerns rated in the same way as being greater or lesser than another. That is, some items may be more salient than others when they are rated in the same way on the same construct.

One assumption made about the personal profile method and stated in Chapter Two was that a personal profile could be a means of taking some of the attention away from the infant's crying as the focal point of a mother's concern. The results reported in the individual case-studies do show that the perceived level of concern as recorded in the first personal profile diminished in later profiles even where greater or similar numbers of cry bouts were being recorded.

The DeLongis et al. (1982) study reported the merit of assessing the strains and stress experienced by individuals in terms of the daily 'hassles' they experience, rather than a life-events framework being used. The basis for this advantage lies in the relevance that the concept of daily hassles has for people when they are making assessments about what is going on around them. The notion of measuring a mother's concerns in the personal profile method is adapted from the DeLongis et al. concept of hassles.

The level of investigation that has been undertaken in this present study indicates that it was of some benefit to the mothers to be able to identify, as concerns, the daily events and interactions that were occurring while they were dealing with their infants. Being able to monitor the

changes indicated by the level of the concerns, and the alleviation of concerns in the personal profiles, provides a less subjective means of evaluation for a mother than just that of recounting to a listener those events that are worrying her. The use of the personal profile visual display is also a means by which the helper can monitor the way he or she is understanding the mother's situation.

How the mothers felt. While the main emphasis in the personal profile method is on the clustered items, the constructs the mothers used provided the context from which that emphasis was obtained. The way in which the constructs the mothers used reflect a feeling of disorientation has been reported in the results. Bannister and Fransella (1980) have indicated that where feelings of disorientation are evident in an individual's construct system, the person may feel that he or she is unreal even though the world is real enough. The pressure of adjustment to home life with an infant may lead to a previously independent working woman having feelings of disorientation and so contribute to her becoming hassled by her infant's crying.

It is also possible that a mother's being concerned about her infant's crying could lead to her feelings of disorientation. The results indicate, though, that the mothers' feelings of disorientation declined even though the recorded cry bouts remained at about the same level throughout the research. Again, further research in this area is required in order to determine whether feelings of disorientation contribute to or arise from a mother being concerned about her infant's crying.

It is of interest that none of the mothers actually used the term 'depresssion', although they did use terms such as 'anxiety', 'not coping', and so on. These other terms do have relevance to Oakley's (1980) discussion on depression referred to earlier. The second of Oakley's four kinds of postpartum depression was a state of heightened anxiety on first being left alone with and being responsible for the infant. The terms used by the cry-hassled mothers may be an indication that they were experiencing this kind of depression described by Oakley.

Oakley (1980) also pointed out that different ways of measuring reactions to childbirth indicated that it is normal for mothers of new infants to experience difficulties. Where a mother's concern or difficulties about infant crying are considered as being normal, there may be a tendency for the people whom mothers approach or consult for assistance to accept those circumstances as being unalterable or to acknowledge no requirement to offer assistance or support.

The feelings the mothers used in this study to describe their situations, together with the ratings they used on those feelings, show that their negative feelings about the events in their day-to-day routines with the infants were often dominant feelings. This was the case particularly with reference to the infants' crying in the first personal profiles.

Some of these feelings have been used by Oakley (1980) to describe one form of depression associated with childbirth. The results from the personal profiles do show that the cry-hassled mothers did have times of stress expressed through feelings of anxiety, not coping, feeling overwhelmed, and so on, and that they did have negative feelings about their infants' behaviours. These kinds of feelings may lead to mothers becoming cry-hassled in the way the term has been used in this present study.

B. Mothers' Perceptions of the Crying

The mothers' perceptions of the infants' crying were available in three ways: from the priority concern in the personal profiles, from the grumpy, grizzly, crying dimension in the infant profiles, and from the diary recordings of the cry bouts. The comparisons made between these three methods in the individual case-study results indicates that infant crying was a concern for each of the mothers in their first personal profiles.

The level of concern about infant crying showed a decrease in the personal profiles in some instances even though the actual number of recorded cry bouts increased or remained the same after that decline. Participant A. for

example, rated both of the infant crying items at the positive pole of the constructs in her third personal profile, thus indicating that there had been a change in the direction of her ratings. In the personal profile terms, the change to all positive ratings on an item is considered as an alleviation of the concern. Thus her concern about crying was apparently attenuated even though the behaviour, as recorded in the diary forms, persisted.

Similarly, participant F showed a decrease in her feelings of concern about the infant's crying in her fourth personal profile even though the recorded number of cry bouts increased that week. One of the infant crying items was rated positively in the second personal profile completed by participant B, and infant crying returned as a local concern in her fourth personal profile. The level of concern recorded in this latter profile was lower than that recorded initially.

The results from participant E show the ratings made for the three infant crying concerns and the recorded cry bouts as being fairly constant over four of the interviews. One infant crying item, 'when baby cries', was alleviated (rated positively on all of the constructs) in the fifth personal profile. The cry bouts recorded for the week of that interview show a slight decrease in the numbers that were recorded. The two infant crying items that remain as concerns are 'when the baby continues to cry' and 'leaving the baby to cry'.

Two mothers, participants C and D, did not complete the diary forms. The priority concern recorded by participant C in her first personal profile was alleviated in her second personal profile, and the three infant crying concerns recorded by participant D were alleviated in her fourth and fifth profiles.

These results suggest that in some cases, the perceptions mothers have of the infants' crying do have both subjective and objective components (cf. Bates & Bayles, 1984). The personal profiles are reflecting an emotional aspect of the mother's perceptions, that is how she is feeling about the infant's crying in particular situations.

This perception appears, from the results, to be more subjective than the perceptions that are recorded in the infant profiles and the diary forms.

The results from participant A suggest, too, that her feelings about the infant's crying were influenced by features other than just the crying, such as wanting a friend to talk things over with, and having more help from her husband. Participant A was also the mother who conjectured, after she had viewed her first personal profile, that perhaps she didn't have a problem baby.

The results from participant F also suggest a case for the subjective and objective components in the mother's perceptions. In her fourth personal profile, the level of concern recorded about infant crying decreased from the previous week with one of these concerns being alleviated, while the number of infant cry bouts recorded for that week increased. This was the week the infant had an ear infection. One possible explanation for the difference in the recordings between the two methods is that the mother felt she understood the reason for the crying because of the diagnosed ear infection, and so she made allowances for the infant's behaviour.

The implications these results have for the personal profile method is that these more subjective components of the mothers' concerns can be viewed and evaluated by them. Being able to compare the decline in the feelings of concern about the crying against the recorded cry bouts can assist the mothers to regain or maintain a sense of control over their own feelings, even though the recorded cry bouts are perceived by them as increasing or remaining the same.

Discussed in the literature review was the concept of a sense of mastery which led to a reduction in the deleterious effects of stressors (Mandler, 1979). The sense of mastery contributes to a reinterpretation of a situation. Although there is no change in objective aspects of a situation, the events are no longer perceived as being threatening. The results from the present study suggest that the cry-hassled mothers did have both subjective and less subjective components to their perceptions of the infant's crying. The

levels of concern expressed in the more subjective personal profile concerns can be monitored against the more objective perceptions recorded in the diary forms.

It could be argued, too, that the infant profile method also provided a less subjective view of the mothers' perceptions of the crying than was given within the personal profiles insofar as the mothers' evaluations of the infants' behaviour was made on attributes and situations that had been supplied to the mothers.

The mothers' use of the grizzly, grumpy, crying dimension was quite consistent, with only a gradual decline occurring over time. However, participant F did not use the grumpy/crying dimension on the infant profile in the fourth week where the recorded cry bouts increased and the infant had the ear infection. While the infant profile may record mothers' perceptions that are less subjective than those in the personal profiles, they may also be recording perceptions that are more subjective than those in the diary forms.

The benefits some of the mothers felt they gained from the use of the infant profile method were expressed by the mothers in their comments reported here.

Participant A:

It (the infant profile) stops you thinking things are so bad. When you think about it, it's not as bad as you imagined it. You think, oh well, some things are getting better. The bad things are uppermost in your mind before then (Appendix H, Volume 2).

Participant C:

I could see the patterns. I did a comparison thing while I was filling it in. The clusters were useful for the patterns (Appendix I, Volume 2).

Participant E:

This method was useful because it made me more aware of the baby's reactions to different situations (Appendix C, Volume 2).

C. Providing Support with the Personal Profile Method

The results from the personal profiles recorded two kinds of concerns in the clustered items additional to infant crying as the priority concern. These two additional concerns indicate the ways in which a mother might be able to find assistance in coping with the crying. The primary concern is the most negative item in the clustered profile and the results indicate that this is not always the priority concern, that is, infant crying. Other people or events may be construed by the mother as being more negative than the crying. However, the mother may not be aware of this until she has an opportunity to view the clustered items in a manner provided by her personal profile.

The auxiliary concerns are evident where items cluster with the priority concern at 88% or above. At this level of association with the primary (the most negative) concern, and where that is also the priority concern (the infant's crying), the auxiliary concern can indicate ways in which the mother can be assisted, such as having the husband to help more, having a friend to talk to, or being able to get more sleep. These are practical ways in which the mother can help herself, and while they may appear to be self-evident, the mothers' comments recorded earlier in this section indicate that they were not always aware of these aspects on their situations.

Thus the personal profile method can give assistance to a mother who is dealing with infant crying by providing a means for her to view her constructions of the crying, and in addition, it enables her to see clearly some ways in which she can lessen the stress from the crying. The identification of auxiliary and primary concerns is one way

in which the personal profile method appears to provide the mother with a view of the more subjective constructions she has of her infant's crying.

When the personal profile method is used in conjunction with the infant profile and the diary forms, these other methods seem to be providing the mother with information about her perceptions of the crying that are less subjective than those in the personal profiles. Being able to evaluate the crying from these three personal perspectives can highlight particular features of the crying for the mother.

One of the issues raised in Chapter Two was that of what kind of support is appropriate where mothers have not actively sought assistance to cope with infant crying other than voicing some anxiety about it. The literature review also discussed the problem of labelling infants as difficult where infant screening is used to identify such infants. The results from this study indicate that the mothers' more subjective perceptions of their infants' crying do change, regardless of the number of cry bouts recorded. The results suggest, too, that the more subjective components of a mother's perceptions may influence her constructions about the way the infant is behaving so that she may perceive the infant as being a crying or 'difficult' baby regardless of whether screening methods have been used.

Infant crying was described as being one of the characteristics of difficult infant temperament by Thomas, Chess, and Birch (1970), and they have indicated that difficult infant temperament can be identified by but not equated with certain behaviours. The results obtained from the mothers who have been called cry-hassled in this thesis suggest that these mothers could have been perceiving infant crying as a characteristic of the infant rather than as a behaviour only.

Using the personal profile method to assist a mother means that it is not necessary to screen the infant in terms of categorising the infant as difficult or easy. The mother's constructions of the infant's crying can become a focus for providing assistance without an associated risk of labelling the infant as being difficult.

Forsyth, Leventhal, and McCarthy (1985) conducted their study on the meaning that the infant's behaviour has for his or her mother. They concluded from the results that, for breast-feeding mothers, one of the most important predictors of subsequent feeding problems was the mothers' concern about the feeding experience. Brennan (1985) has highlighted the differences that exist between mothers' ratings of their infants' cry characteristics and their own affective reactions to the cry. Mothers who reported the greatest number of aversive or compelling cry characteristics were not necessarily those who reported the greatest number of affective reactions and vice versa.

The results from these two studies suggest, as do those from the present study, that one appropriate way to provide support for a mother who is concerned about her infant's crying may be to assist her in having a sense of control through the way she is perceiving the crying. These results can also be interpreted in terms of the modes of construing that Kelly (1955) has proposed within his theory of personal constructs.

Kelly hypothesised three different modes of construction to describe the construing process. These are pre-emptive, constellatory, and propositional modes. The constructs used by an individual are classified under these three mode categories according to their (perceived) control over the elements being used. The pre-emptive and constellatory modes provide a frame of reference for considering the results from this thesis about the way the mothers construed the infants' crying.

Bannister and Fransella (1980, 2nd ed.) describe a pre-emptive construct as "a construct which pre-empts its elements for membership in its own realm exclusively" (p.29). The effect of pre-emptive construing is that there is a gross restricting of the elaborative possibilities, which is best illustrated by the modulation corollary. "The variation in a person's construct system is limited by the permeability of the constructs within whose range of convenience the variants lie." (Kelly, 1955, p.562).

In more simple terms, an individual's constructs can vary only to the extent that new experiences and new events can be added, with discrimination, to those which it already involves. Permeable constructs are open to the addition of experiences beyond those on which they have initially been formed. A pre-emptive mode of construing, then, is characterised by the impermeability of the constructs, and does not allow the entry of new experiences to modify the constructions that already exist.

Therefore, where a pre-emptive mode of construing is employed by a mother about the infant's crying, her infant is interpreted by her as being only a crying infant. In developmental terms, this implies that to a cry-hassled mother, the crying infant may grow into a naughty baby who then becomes a bad child, and so on. Should this be the case, then in Kelly's terms the mother has moved to a constellatory mode of construing thus further reducing the opportunity for her to reconstrue or change her outlook of the child. A constellatory construct is one that demonstrates stereotyped or typological thinking (Bannister & Fransella, 1980) and it fixes the place of the elements relative to the construct. That is, the constructs are impermeable.

These proposed modes of construing may account, in part, for some instances of child abuse. Kelly's (1955) fragmentation corollary "A person may successively employ a variety of construction subsystems which are inferentially incompatible with each other" (p.562), explains how this situation could arise. The mother may have anticipations about her infant's behaviour that do not correspond with what happens when she is in a real situation of taking care of her or him.

The use of personal profiles in conjunction with the supporting methods used in the present study, appears to be a process which can facilitate a mother's shift from a possible pre-emptive mode of construing her infant as a crying-baby to a propositional mode of construing. Where there is propositional construing, crying would be viewed as only one aspect of the infant's behaviour rather than being

perceived as an attribute of the infant, thus avoiding a constellatory construct system from which an infant may eventually be at risk from abuse. An explanation for the possibility of a move by a cry-hassled mother from one mode to the other as a result of using the personal profile method is found in the concept central to Kelly's (1955) range corollary, "A construct is convenient for the anticipation of a finite range of events only" (p. 562).

Where an infant is no longer construed by her or his mother as a crying-baby, or the mother's range of constructs concerning her infant is extended, she appears to have moved from a cry-hassled state to one where she knows how to adapt to her situation regardless of whether or not her infant continues to cry. If a mother can establish and then maintain her relationship with the infant from a propositional mode of construing her or him, then the characteristic of 'readiness' (Hinde, 1979) is most likely to be the basis for her interaction. That is, the mother responds to and anticipates the infant's communications from a broader range of infant behaviours than crying only. In order that readiness become a characteristic from which the mother operates, the mother's anticipations will necessarily be from a frame of reference that is open to change as interaction with the infant occurs over a period of time.

The comments made by some of the mothers indicate that they perceived themselves as making changes that were appropriate for anticipating the infant's behaviours. For example:

Participant E

I don't think that in the first couple of months the baby became less cryful, it was my attitude toward the situation that changed (Appendix L, Volume 2).

Participant D

But I feel I've made all the changes. I

accept Don (the baby) as he is now and expect evening times not to be so good, so I cope. Don hasn't made any changes at all. I've changed my attitude (Appendix K, Volume 2).

The mothers tended not to change their personal profiles over the interview periods by adding further constructs or through deleting those that were used in the first profiles. The changes in the profiles' clustering were a reflection of changes in the ratings and some of the items. This kind of change may not necessarily indicate permeability of the constructs, although a shift to a positive feeling about a particular experience that has been construed negatively could imply a new experience in relation to that particular element.

The explanation given by Kelly (1955) for pre-emptive constructs is that; "Pre-emption is a way of ruling out other constructs" (p. 520), and "Pre-emption commits one to handling a given situation at a given time in one way and one way only" (p.520). Perceiving a new situation from a negative perspective at an initial stage may imply a commitment that is equivalent to pre-emptive construing. Where a mother copes initially with infant crying through, for example, shouting or shaking the infant, this may be the one and only way she handles the infant's crying where no appropriate support is available to her.

Summary

The discussion of the results was presented in three sections. A first section considered some of the benefits of using the personal profile method with cry-hassled mothers. One benefit was seen as providing a mother with information about her perceptions of the infant's crying through the personal profile's visual display. Having information about the infant's crying that can be seen visually appears to give information that is additional to the conceptual information a mother has about her constructions of the crying.

The way in which the personal profiles identified the mothers' concerns also appeared to have benefits for them in the following ways. A mother can distinguish between those items which are concerns and those which are nonconcerns, particularly in relation to the infant's behaviours, and those items that are more negatively construed than infant crying can also be distinguished.

In the second section, the mothers' perceptions of their infants' crying was discussed. Three methods were used to obtain those perceptions; the personal profile method, the infant profile method, and diary forms. A case was made in the discussion for the personal profile method being a means of assisting a cry-hassled mother through the identification of her more subjective perceptions of the infant's crying, that is, through her feelings about the crying. The grizzly/crying dimension of the infant profile and the recorded cry bouts in the diary forms appeared to provide a less subjective view of the mothers' perceptions of the crying.

A final section considered the results from the main study objective within the framework of Kelly's (1955) three modes of construction. These are a pre-emptive mode, a constellatory mode, and a propositional mode. It was argued in the discussion that a cry-hassled mother may be using a pre-emptive mode for construing her infant's crying, whereas a propositional mode would be more likely to contribute to the characteristics a mother requires to respond positively to the crying. The personal profile method may assist a mother to attain a propositional mode for construing her infant's crying.

Chapter 6

The Secondary Study

Bates and Bayles (1984) have raised the issue of what subjective factors would be most important in parents' perceptions of their infants as difficult. There is a deficit of information concerning the development of a mother's perception of her infant as being difficult, and research studies that attempt to provide support for mothers with crying infants might be able to contribute further by also attempting to identify those areas that appear to have some part in influencing mothers' views of their infants. In the present study, three areas are considered as possibly contributing to those perceptions: the mother's experiences of pregnancy, labour, and birth, her maternal expectations, and the time at which the mother has an understanding of the infant's cries.

The decision to investigate these aspects in a second study with mothers other than those who were cry-hassled, but who would correspond in terms of the other research criteria, was made on the basis of two issues that emerged during the interviews with the cry-hassled mothers. It has been pointed out by Leifer (1980) that while a case-study approach does ensure that the uniqueness of each mother's maternal experience is preserved, important comparative data can be lost where striking similarities of responses are ignored or left unnoted. Each of the issues, expectations, experiences, and understanding, had sufficient relevance to the aim of the secondary study objective to examine them with mothers who had not reported any anxiety about their infants' crying. The supplementary objective was that of attempting to isolate features that might contribute to a mother becoming hassled by her infant's crying.

An indication that the cry-hassled mothers' pre/postnatal experiences might contribute to their becoming cry-hassled emerged from the interviews for their personal profiles. In each case, the mothers gave an account of an adverse event that could be expected to have some impact on

the perceptions they had of their present experiences with the infants. Examples of such events included severe illness during pregnancy, caesarian births, epidurals, illness after confinement, and so on. The question then arose of whether mothers who had not reported infant crying had similar experiences in these areas.

A second issue arose out of the information the cry-hassled mothers provided spontaneously during some of their later interviews. The information was that they felt able to understand what the infant's cries meant where it had not been possible for them to do this earlier.

The question of whether a cry-hassled mother knew what her infant's cries meant had not been specifically asked during the interviews. Some of the constructs the cry-hassled mothers used in their personal profiles implied that they did not understand what the cries meant. Examples from the profiles were feelings of not being able to understand the reason for the cries, and a feeling of not being able to help when the baby was crying. However, this point had not been followed through with direct questions about the mothers' understanding of the cries.

At the time the cry-hassled mothers said they had that understanding, it was indicated in a manner that appeared to reflect relief. The question of whether mothers who had not reported infant crying were able to say they understood the meaning of their infants' also became relevant to the identification of those features that might contribute to a mother reporting her infant as crying.

Leifer (1980) has reported from her study on the psychological effects of motherhood that the infants' crying often evoked feelings of anxiety and guilt for the mothers who participated in her research, and that the ability to discriminate between various types of crying was an important aspect in the development of maternal feelings. She has also reported that the mothers who felt they could respond adequately to the infants' crying were able to do so at the end of the first postpartum month. The infants in the present study were older than the age specified by Leifer at the time the cry-hassled mothers reported an

ability to understand the cries.

Pre/Postnatal Experiences

The importance that womens' experience of pregnancy, labour, and delivery has for adjustment after birth has been well documented (e.g. Ballau, 1978; Breen, 1975; Brown & Harris, 1978; Grossman, Eichler, & Winickoff, 1980; Oakley, 1980).

Two themes that emerge as being common to these documentations are a consideration of the pregnancy period as a time of adjustment and developmental change for mothers, and that a first-time experience of pregnancy and child-birth is qualitatively different from subsequent occasions. For example, Oakley (1980) has argued that the adaptations required during this time are "on the whole greater than those that attend other births" (p.180), with greater disturbances to established life-styles, routines, and ideas. Grossman et al. (1980) stated "for first-time mothers, pregnancy seems to be a much more consuming and emotionally compelling experience than for experienced mothers" (p.31).

Sluckin, Herbert, and Sluckin (1983) have briefly discussed some of the "considerable difficulties" (p.43) that mothers of first-born children face, such as lack of contact with babies before the birth of their own, and having little appreciation of the needs of their baby despite the efforts of antenatal clinics to prepare them for motherhood. Oakley (1980) also pointed out how a lack of experience concerning the responsibility and work entailed in caring for an infant could readily provoke depression for inexperienced mothers.

A further area of agreement in the literature cited above arises from the impact that the relationship within which the pregnancy and birth occur has for the mother. The possibility for support available during these periods to a mother with a partner is obviously greater than where a mother is in a single or solo position. This stance is confirmed by the results from research undertaken by Weinraub and Wolf (1983) who studied the effect of stress

and social supports on mother-child interactions in single and two-parent families.

Two conclusions drawn from their results were that single mothers experience greater stress with more life changes and longer working hours, and that the lives of single mothers are more segmented through greater separation in the various roles of mother, worker, and woman than was the case for married mothers. Parental effectiveness was enhanced by the availability of support and reduced by increases in stress for the two groups of mothers.

Breen (1975) and Oakley (1980) have both referred to the predominance of negative feelings experienced by mothers of female babies. They described the feelings as being depression, irritability, and anger. Oakley also cited female infants as being less likely to be criers than male infants. Therefore while these negative feelings cannot be interpreted easily in terms of a perceived dimension to the infant's behaviour, it appears that the gender of the infant does have some impact on the mother's feelings about the infant. Oakley (1980) also made an association between the degree of technology used during birth and the kind of relationships that subsequently developed between the mother and the infant. The use of technology classified as high/medium was linked with medium/poor feelings for the baby.

The question of why maternal outcomes with a first infant should be so crucially linked to particular factors such as those just described is one that Oakley maintained can only be carried out at the level of individual personality and meaning vis-a-vis the mother. Breen (1975) also indicated that the mother's view of her infant is important in terms of the quality of the mother-infant relationship.

The personal accounts provided by the cry-hassled mothers during the interviews for their personal profiles about their pregnancies, labour experiences, and deliveries provided an impetus for the secondary study. Mothers who had not expressed any anxiety to their paramedicals about infant crying were also asked for personal accounts of their

pregnancy and childbirth experiences. Further information sought from both the cry-hassled and the nonhassled mothers was the amount of previous contact they had with other infants before the birth of their own.

Maternal Expectations

Clark (1975) reported the impact that a mother's expectations of labour and birth can have on her perception of the actual experiences. Although Clark warned of a need for caution in the interpretation of her results, it appeared from her study that where a mother's expectations have been realistic, outcomes from her experience of delivery were perceived by the mother as being positive. Where the expectations were unrealistic, the labour and birth were perceived by the mother as being negative events.

An influence from psychological factors during labour and delivery has also been reported by Grossman et al. (1980), with particular reference to anxiety. They found that both first-time and experienced mothers with high levels of anxiety were more likely to have complicated deliveries. One point made by Grossman et al. from these results was that the process of childbirth is one of complexity and that there is a psychophysiological basis to that complexity.

The study Oakley (1980) carried out on women in confinement highlighted the potential influence that mothers' unrealistic expectations could have on the chances of postnatal maladaptation and depression occurring. For first-time mothers there appeared to be a difference between their expectations and the reality of pregnancy and childbirth. Two areas of unrealistic expectations were described by Oakley (1980). There was more pain than the mothers had anticipated and there was more technological interference than they had expected.

When mothers are involved in caregiving activities for the first time, there may also be some difference between what they expected it would be like carrying out those activities and what they think about them in actuality. If a mother describes her infant as crying, then it seems

likely that there may be some difference between her expectations of how it was going to be and the reality of caregiving as she perceives it. This is especially so given the earlier point made by Sluckin et al. (1983) that first-time mothers lack information concerning the caretaking of their infants in spite of participation in antenatal classes.

Braun (1976) has noted that the influence of negative information about students on their teachers is greater than that of positive or neutral information. In the instance of motherhood, where the infant is described by a mother as crying, and that crying is interpreted by her in a negative manner, the mother may not have expected that the infant would cry so often, or she may not have thought about any possible impact on herself from the infant's crying prior to her or his birth.

Jeffrey (1976) has referred to parents' unrealistic expectations and lack of understanding of the sequences of child development as a constantly recurring theme in the literature on child abuse. One way to ascertain any difference between a mother's expectations of how her infant would be and how she is finding the reality of working with the infant is to ask what she had expected it would be like to be caring for her infant at home. The mothers who participate in the present study are to be asked that question as well as whether or not they had attended antenatal classes.

Method

Participants

Fourteen mothers took part in the secondary study. The seven cry-hassled mothers who participated in the main study also contributed to the second study. The information obtained from them in their interviews for the personal profiles was used in this second study. Seven other mothers, who had not indicated any concern about their infants' crying to the paramedical they attended postnatally, also took part. The mothers in this second

category are called nonhassled mothers.

The nonhassled mothers fitted the general criteria that had been established for the main study. They were caucasian with a first infant younger than 3 months, they had each been in a stable relationship prior to the infant's birth, and they had worked in a career in the first three levels of the Elley and Irving (1977) scale of women in the workforce.

It was not intended that the nonhassled mothers would match the cry-hassled mothers in a control group sense, but it was desirable to have some equivalent features between the two categories of mothers. Such areas of commonality would provide a base from which an examination of the information could be undertaken with more confidence than where there were no features common to the two categories of mothers.

Table 14 shows a comparison of the participants' ages, previous occupations, total number of interviews, and the infants' age at the time of the first interview. Participants were aged between 20 and 33 years, the mean age being 27.8 years. The infants were aged between 3 and 11 weeks (the mean age was 6.5 weeks) at the time of the first interview. Five of the infants were female and nine were male.

Procedures

The interviews for the two categories of mothers were different in that the nonhassled mothers were interviewed on one occasion only, whereas the cry-hassled mothers had already provided the information relevant to the second study in their personal profile interviews. The nonhassled mothers were given the same information about the study as the paramedicals gave the cry-hassled mothers for the personal profile study (see Appendix F).

It was then explained to each nonhassled mother that if she participated in the study there would be one interview of about one and a half hours duration, and reason for asking her to participate was that she had not expressed concern about the infant's crying. The researcher made the

TABLE 14
Participants' Background Information

Participant	Mother's age	Previous occupation	Number of interviews	Baby's age* at first interview	Baby's gender
Cry-Hassled Mothers					
A	33	Bank accounting clerk	7	8.4	M
B	28	Computer supervisor	4	8.6	M
C	23	Kindergarten teacher	5	3.7	F
D	30	Executive secretary	4	11.0	M
E	23	Retailers representative	6	8.3	F
F	31	School teacher	5	8.0	M
G	28	Computer supervisor	4	8.0	F
Nonhassled Mothers					
H	27	Registered nurse	1	6.0	F
I	25	Kindergarten teacher	1	6.7	M
J	33	Accountant	1	5.6	M
K	27	Manageress	1	6.9	F
L	30	Deputy charge nurse	1	3.0	M
M	20	Computer coder	1	3.0	M
N	31	Self-employed retailer	1	4.0	M

* Baby's age in weeks.

interview times with the nonhassled mothers after the paramedicals had supplied their names. The interviews were carried out at the mothers' homes.

The interviews with the nonhassled mothers were semi-structured in that the mothers were each asked to describe their pregnancy, labour, delivery, birth, and hospital experiences, and to describe what it was like since being home with the baby. Where the responses did not specify information about attendance at ante-natal classes, contact and experience with other infants, and the method of feeding the infant, questions about these features were asked directly. Each mother was also asked if she knew what her baby's cries meant, and if so how long she had been able to do so. Each of the mothers was also asked what she had expected it would be like to be at home caring for her baby.

Results

Pre/Postnatal Experiences

Tables 15 and 16 provide a summary of the cry-hassled and nonhassled mothers' reports of pregnancy, labour, delivery, and hospital stay. There is no clear indication of any distinction between the two categories of mothers with regard to adverse experiences. Adverse experiences were reported in both categories except for participant N who had a home birth.

Table 17 records the reported attendance at antenatal classes, method of feeding the infant, and the amount of previous contact with other infants. All of the cry-hassled mothers attended antenatal classes, five of the nonhassled mothers attended. Six of the cry-hassled mothers and three of the nonhassled mothers were breastfeeding their infants.

The reported previous contact with other infants shows a difference between the two categories of mothers, such difference emerging in the way the question was answered rather than there being a difference in actual experiences. For example, participant B and participant I have indicated experience with nieces and nephews, but the cry-hassled mother (B) has also qualified her response by saying that

TABLE 15

Cry-Hassled Mothers' Reported Pre/postnatal History

Participant	Pregnancy	Labour	Delivery	Hospital stay
A	O.K. I worked until 6 weeks before the birth.	Not too difficult.	Epidural-caesarian.	Mother on drip for 24 hours, had difficulty attending baby.
B	Good. I was 7 months pregnant before I knew. Worked until day before delivery	Hard. Blood pressure up and down and vomiting.	A lot of pain. Epidural -forceps birth with sutures for mother.	Baby high blood pressure 24 hours, some projectile vomiting. Baby returned to hospital for 1 week after being home for 1 week.
C	O.K. Worked until 5 weeks before baby was born	Not too difficult.	Not too difficult.	Baby badly jaundiced. Had gastric washout on day 3.
D	Bladder infection at 4 months. on antibiotics for 2 weeks. Worked until 8 th month.	Contractions stopped during labour. Long labour (16hs) and a long time to be in pain.	Baby 2 weeks early. I had to work hard myself because of the stopped contraction.	I wasn't with it in hospital. When the nurses haven't been with you during labour, they don't seem to know how it was for you. I wanted more tuition about infant care.
E	Good. I worked until the 7 th month.	Normal, only 4.5 hours.	Normal.	Depressed and weepy while in hospital.
F	Awful. Haemorrhaged badly during the first few months. I thought I had miscarried. Kidney stones at 4 th month. 8 th month. 5 days in hospital while stones passed. Foetus did not move during final week and heart beat dropped. The fluid level was low and I was worried.	Worried and anxious due to low fluid level and baby's dropped heart beat.	Caesarian. The baby and I had low blood pressure.	Baby had skin infection, on antibiotics for 5 days. I was worried, tired, and sore.
G	Good.	Good. Only 2 hours.	Delivery went O.K.	The baby was born with a weepy eye, on 3 rd day spread to other eye. Baby was woken every hour for 3 days for eye bathing. Mother high temperature. 5 th day, isolation 48 hours.

TABLE 16

Nonhassled Mothers' Reported Pre/postnatal History

Participant	Pregnancy	Labour	Delivery	Hospital stay
H	Good. Worked until 3.5 weeks before birth.	Easy labour with 2 hours of contractions.	2 weeks early, but otherwise normal.	A 9 day stay I hated. Baby was jaundiced and I felt out of control.
I	Sick throughout pregnancy night and day until 2 hours before delivery.	Surgically induced with hormones to keep contractions going. 11 hour labour.	Epidural, normal delivery with some sutures.	Baby jaundiced and had blood tests. I had pain relief for sutures.
J	Good, but I was sick for the first 3 months.	Normal. I was surgically induced because the baby was a week overdue.	It was a painful delivery with use of pethydene. Some sutures were necessary.	I was tired and uptight while in hospital. I had RH negative injection the day after the delivery.
K	Good.	Not too difficult.	Epidural - caesarian.	I felt out of control of myself and the situation. Baby had high jaundice, the nurse said she could suffer brain damage. I had a raw deal and was pleased to be home.
L	Overall, good. I worked full-time until 9 th month and part-time until 7 th .	22 hour labour that seemed a long time.	Epidural - caesarian.	Was on antibiotics for 24 hours due to length of labour. Felt relaxed in hospital and enjoyed it.
M	A lot of day sickness until the 5 th month, but really no problems. Worked until day before delivery.	A 5.5 hour labour.	Baby 1 week early. Epidural, babys heart stopped at end of labour, cord around baby's head. Forceps birth. Sutures for me.	Nothing unusual happened.
N	Good, worked until 1 day before delivery.	Normal	At home with no drugs.	Had help at home and the mid-wife to call on.

TABLE 17
Additional Participant Information

Participant	Attendance Antenatal classes	Method of Feeding Infant	Previous Contact with Other Infants
CRY-HASSLED MOTHERS			
A	Yes	Breast	very little contact
B	Yes	Bottle	some nieces & nephews but little babies are different
C	Yes	Breast	none with little babies
D	Yes	Breast	only through friends with babies
E	Yes	Breast	none at all
F	Yes	Breast	a little with family
G	Yes	Breast	a little contact
NONHASSLED MOTHERS			
H	Yes	Breast	yes, as a nurse
I	Yes	Bottle	yes, I have lots of nieces and nephews
J	Yes	Breast	yes, I have lots of friends with babies
K	Yes	Breast	I knew what to expect. I helped with brothers & sisters
L	Yes	Bottle	some, through friends, not through nursing
M	No	Bottle	yes, my sister has young children
H	No	Bottle	a little contact with children of friends

little babies are different. Participant D, who is in the cry-hassled category, said she has only had contact with babies through friends, while nonhassled mother J indicated she has lots of friends with babies with whom she was able to have contact.

The way in which the cry-hassled mothers have replied to the question appears to indicate a belief that their experiences with other infants has not been sufficient to prepare them for what having a baby of one's own is actually like. On the other hand, the nonhassled mothers' replies seem to indicate an opposite belief, that is, their experiences gave them an indication of what having a baby of one's own would be like.

Cry-Hassled and Nonhassled Mothers' Expectations

A further difference in attitude between the cry-hassled and nonhassled mothers is highlighted by their replies to the question "What did you expect it would be like to be caring for your baby at home?" The replies are reported in Table 18. The replies indicate that each of the cry-hassled mothers had expected that her baby would sleep more than it did. Only two of them, participants D and E, said that the baby cried more than they had expected.

The nonhassled mothers' replies indicate that their infants are either as they expected them to be with regard to awake/cry times, or better than had been expected, except for participant H. She reported some perceived discrepancy between the baby's actual behaviour and what she had expected at night time. Participant M also indicated she hadn't really thought about what to expect prior to her baby's birth.

Understanding the Infant's Cries

While participants D and E had reported feelings of not understanding the reasons for their infants' crying in their personal profiles, none of the cry-hassled mothers had been asked specifically if she could tell what her baby's cries meant. Rather, the cry-hassled mothers provided the information spontaneously during their later interviews.

TABLE 18
Participants' Reported Expectations Concerning their Infants

Participant	Comments
CRY-HASSLED MOTHERS	
A	The baby is more demanding than I expected. I thought he would sleep more.
B	I expected it to be great. I thought the baby would sleep more.
C	It's a shock looking after a baby. I thought it would sleep more.
D	I expected the baby to sleep more. It cried more.
E	I didn't expect him to cry. I thought I would put him to sleep and it would be fine.
F	I expected the baby to sleep more.
G	I expected the baby to sleep more.
NON-HASSLED MOTHERS	
H	I expected the baby to sleep when put down at night, otherwise it's the same.
I	I didn't expect baby to be so easy.
J	I expected baby to take all my time.
K	I expected smelly things and getting up at night.
L	I knew babies got upset and cried.
M	I didn't really think about it. I have a lot of help.
N	I anticipated having a good child, and I did.

The age of each infant at the time the cry-hassled and the nonhassled mothers reported this ability is shown in Table 19.

TABLE 19
Understanding the Infants' Cries

Participant	Baby's age in weeks
CRY-HASSLED MOTHERS	
A	12.6
B	9.6
C	7
D	13
E	11
F	10.6
G	11
NONHASSLED MOTHERS	
H	6
I	2
J	2
K	1
L	3
M	3
N	4

Each nonhassled mother was asked at her interview to establish what the infant's age was when she could understand her infant's cries, if this was the case. The mean infant age for cry-hassled mothers' understanding is 10.7 weeks, and the standard deviation is 2.0 weeks. The mean infant age for nonhassled mothers' understanding is 3 weeks and the standard deviation is 1.6 weeks.

Chapter 6

Discussion

The results from the data obtained for this study suggest that there are facets of a cry-hassled mother's experiences which appear to contribute to her having concerns about her infant's crying. Because the number of participants in the study are small, and the study itself was not undertaken with a control group design, caution is necessary in generalising from these results. However, it does appear that the features discussed below may have some influence on the way a cry-hassled mother construes her situation.

A first area of difference arises from the responses made by the two categories of mothers concerning their reported expectations of what it would be like caring for the baby at home. It seems that the cry-hassled mothers may have had unrealistic expectations of how much time an infant spends sleeping in relation to the amount of time they perceived their infants as being asleep.

These mothers' reports also indicate that the baby not sleeping as much as was expected had more impact than the amount of time it had been expected the infant might cry. The comments made by the cry-hassled mothers during their interviews indicated that they did perceive themselves as having to make changes in order to fit in with their infants.

Certainly these findings are consistent with those from both Clarke's (1975) and Oakley's (1980) studies reported in the introduction to the second study. That is, that unrealistic expectations for delivery experiences were accompanied by the mother having negative perceptions of the birth. The cry-hassled mothers' unrealistic expectations regarding infant sleeping behaviour appear, from the present study findings, to contribute to their concerns and to be part of the complex process of childbirth, including pregnancy and confinement, highlighted by Grossman et al. (1980).

Kelly (1955) uses the term 'anticipations' to account for the expectations that people have for future events. Although the term used with the mothers in this study was what they had 'expected' it would be like to be at home caring for an infant, the discussion concerning the results is based on an assumption that the two terms, expected and anticipated, can be regarded as synonymous where they are used in every-day speech.

The amount of previous contact that was reported by each of the categories of participants could logically be assumed to contribute to the anticipations a first-time mother has of her infant's behaviour. This was an area where there were differences in the way the cry-hassled and nonhassled mothers perceived their experiences.

An actual amount of time spent with other infants, together with a description of the kinds of experiences each had is not available from the present study. However, the mothers' responses (Table 17) do indicate that the cry-hassled mothers seemed to think their experiences were inadequate. Comments such as "but little babies are different", "Only from ..." are more diffident than the responses given by the nonhassled mothers.

This perceived lack of experience on the part of the cry-hassled mothers reinforces the comments reported earlier by Grossman et al. (1980) and Sluckin et al. (1983) regarding the lack of experience first-time mothers have and how this can interfere with the mother's capacity to effectively manage her situation. The results from the personal profile study indicated that the cry-hassled mothers felt that they were were learning to manage their situations more effectively over the interview weeks.

One final area where a clear difference emerges between the cry-hassled and nonhassled mothers is in the time at which they reported an understanding of the infants' cries (Table 19). The nonhassled mothers reported, on the whole, an earlier understanding than the cry-hassled mothers. Whether being able to pacify or soothe an infant indicates to a mother her understanding of the cries is not clear from the results, but the feeling of having an understanding of

the infants' cries does appear to have links with the mothers' feelings of whether they are coping with the crying.

One question raised by the difference between the two categories of mothers' reported abilities to understand the infants' cries is that of the difference in the ages of the infants at the time of interviewing. The infants of the cry-hassled mothers tended to be older than those of the nonhassled mothers.

It is possible that the cry-hassled mothers became concerned about the crying because it persisted beyond a particular period. If this was the case, then the nonhassled mothers may have become cry-hassled at a later time. It would be necessary to confirm the results from this present study with those from a study that incorporated controls for this feature before the data from this study could be considered in any way as being conclusive.

However, two points made by Leifer (1980) that were discussed earlier in this chapter are pertinent. One point was that the end of the first postpartum month was when mothers who felt adequate in responding to their infants' cries could do so. A second point was that an ability to discriminate between various types of crying contributed to the development of maternal feelings.

The mothers' perception of having this ability becomes a point of central interest. In this present study, the nonhassled mothers' perceptions of having the ability to understand the cries at an earlier time than the cry-hassled mothers may have helped to prevent them from becoming cry-hassled.

The concepts of accommodation (Kaye, 1978), management (Bell, 1979), and sensitivity (Ainsworth, 1982) were discussed earlier in the reviewed literature (Chapter 1) as being characteristics required of a mother in the positive handling of her infant. They may also be characteristics that are necessary for an understanding of an infant's cries. The concepts of clarity (Thoman, 1975) and readability by the mother (Goldberg, 1977) of the infant's cries are also relevant to this understanding, or lack of

it, and although the data from this study are not sufficient to substantiate the effects of the features that were examined in the present study, they do point to a need for further research in the area.

One area that shows no apparent difference between the two categories of mothers is in the reports of their pre/postnatal experiences (Tables 15 & 16). The lack of differentiation found between the cry-hassled and nonhassled mothers' pre/postnatal experiences in terms of unpleasant, aversive, and negative experiences is consistent with Oakley's (1980) conclusion that experiencing some difficulty during labour and delivery in particular is 'normal' for mothers.

Although all the cry-hassled mothers had attended antenatal classes, it seems that the information provided during these sessions was not sufficient to give them insights into how much time an infant might be awake during the day, how much of their own time would be required in caregiving with the infant, as well as how the mothers might feel about themselves. These findings are also consistent with the comments of Sluckin et al. (1983) where they have reported inexperience as being prevalent amongst first-time mothers and as contributing to difficulties for them.

It is of interest, too, that all but one of the infants in the cry-hassled mother category were breastfed (see Table 17). It is possible that the amount of time the mother is physically involved in the feed-times during breastfeeding emphasises any lessening of feelings of control over her time in relation to her own activities and the infant's demands. There was no clear differentiation between the cry-hassled and nonhassled mothers on the basis of the infant's gender (see Table 14), even with regard to the negative feelings mothers are reported to have for their female infants (Oakley, 1980).

While some of the findings from the second study show no differentiation between the two categories of mothers, three features do stand out from these results: the differences in the anticipations that the two categories of mothers reported, the perceived lack of previous experience

reported by the cry-hassled mothers, and the time at which the mothers reported an understanding of the infants' cries.

The discussion of the results from the secondary study cannot be concluded without some consideration of two aspects that have implications for the results. One aspect is that the methods for obtaining the data differed for the two categories of mothers. The cry-hassled mothers provided the information over a series of interviews, and the nonhassled mothers provided the information at one interview. The specific purpose of an interview with the nonhassled mothers was to obtain information relevant to the second study, whereas the interviews with the cry-hassled mothers were to obtain information for the personal profile method.

A second feature for consideration is that the data provided by both categories of mothers, and used in this second study, were obtained retrospectively. The problems that are inherent in obtaining and using retrospective data have been documented in a number of studies. A review of some of these studies has been carried out by Bernard, Killworth, Kroenefeld, and Sailer (1984). Their work considered the literature in terms of the validity and reliability of data that has been obtained by relying on the recall of information.

The first feature, that of the difference in the methods for collecting the data for this study, means that the information that was obtained may answer different questions for the two categories of mothers. While the same sorts of questions were asked of all of the nonhassled mothers, some of the information from the cry-hassled mothers was offered spontaneously, not in response to specific questions. However, despite this methodological limitation, it was considered that the similarity in the information provided by the cry-hassled mothers about their pre/postnatal experiences justified a decision to examine data obtained from nonhassled mothers.

A further justification was also linked with the issue of using retrospective data. Robins, Schoenburg, Holmes, Ratcliff, Benham, and Works (1985) have pointed out that

studies based on recall of experiences provide reasonably rapid and inexpensive methods for developing hypotheses. Such studies are useful as an initial step before proceeding to more costly methods of prospective studies.

The secondary study is a preliminary investigation that has identified features that can contribute to future research studies where those features are measured as independent variables. Cook and Campbell (1979) have also pointed out the difficulties that often exist in gaining and maintaining access to research populations in field settings, irrespective of the methodology used. Having access to the cry-hassled and nonhassled mothers for this research gave some impetus to the decision to carry out the second study.

One of the main issues with regard to validity and reliability that the Bernard et al. (1984) review considered was that of the accuracy of recalled experiences. The review states:

Informants are *inaccurate*; memory *does* decay exponentially with time ... And on top of all of this there appears to be systematic distortion in how informants recall just about everything. Furthermore recall may be effected by the subject of the study, by whether informants are active in their recall in some way during the interview ... by whether they keep diaries, by conditions of the interview, or by a variety of cultural factors (p. 509).

However, the reviewers have made an important point that has relevance for this present study. They have suggested that if informants independently provide information that agrees, then the basis for that agreement is likely to be found in norms the people share and actual experience, and that those situations that lack a specific norm should imply shared experiences as the basis for

agreement.

While the presence of some norm whereby the two categories of cry-hassled and nonhassled mothers provided similar information cannot be discounted, a more likely explanation is taken as being that of shared experience. The pregnancies and childbirth experiences were very recent events for all of the mothers, and there is a lack of documentation concerning specific cultural norms for mothers' expectations and experiences of childbirth.

The information provided by the two categories of mothers was given independently, there was some agreement within each category, and strong similarity (Leifer, 1980) is evident in those responses. There is no referent against which the accuracy of answers to the questions asked of the mothers can be compared other than between their answers. However, it is the mothers' perceptions that are used as a referent in this study, and the responses of the cry-hassled mothers' show agreement, the nonhassled mothers' responses show agreement, and the cry-hassled mothers' responses differ from those of the nonhassled mothers.

That agreement, however, can only be seen as providing some direction for further prospective research. The limitations in this study of small numbers and the methodological problems of data collection discussed earlier can be more readily addressed in future studies that are concerned with the issues of mother-infant relationships and the place that infant crying might have in those relationships.

Summary

The secondary study examined information from cry-hassled and nonhassled mothers concerning their perceptions of their pre/postnatal experiences, and their anticipations concerning being at home and caring for an infant. A further feature examined was the time at which the mothers perceived they could understand what their infants' cries meant.

There were differences between the cry-hassled and the nonhassled mothers' perceptions in these three areas. The

cry-hassled mothers anticipated that their infants would sleep more than they did, whereas the nonhassled mothers tended to say that being at home with their infants was as they had anticipated. The cry-hassled mothers reported that they had not had much contact with other infants, while the nonhassled mothers did report contact with other infants sufficient to help them realise what it was like caring for a baby. Finally, the cry-hassled mothers indicated an understanding of their infants' cries at a time later than that reported by the nonhassled mothers.

It is not possible to generalise from these results due to the small sample numbers and other methodological problems. However, the results do indicate that further investigation of these areas with more controlled research procedures could contribute to an understanding of how mothers with a first, new infant become hassled by the infants' crying.

Chapter 7

General Discussion and Conclusions

The Personal Profile Method

The objective of the major study was to use the personal profile method as a means of finding out what perceptions a mother has of her infant's crying where she has expressed concern about that crying. It was considered that using the personal profile method would provide support for such a mother when she was dealing with the crying.

The results from the main study (see Chapter 4) indicate that the personal profile method can be used successfully to identify mothers' perceptions about infant crying in relation to other events and interactions that are a part of their daily routines. Furthermore, the visual display provided by the personal profiles did assist the mothers in evaluating their concerns about the crying. The profiles also put the crying into the broader context of other concerns the mothers had.

Being able to view the crying as a concern in this broader context appears to be one way in which a mother can be assisted to maintain or regain a sense of control when she is dealing with infant crying. In addition, the identification of the mothers' perceptions of their concerns can also help them to find ways to minimise the effects of that crying.

The personal profile method also identified other concerns associated closely in a mother's perceptions with her infant's crying, such as a lack of sleep, and having no-one to talk with about the crying. These other items, called auxiliary concerns, indicated ways in which the mothers could do something immediate, relevant, and practical to help overcome the negative effects of their infants' crying. The mothers indicated in their statements and comments that these seemingly obvious ways of self-help were not always apparent to them prior to their viewing of their profiles, thus demonstrating the usefulness of the method for helping mothers to cope with infant crying.

The personal profile method can also provide assistance to a cry-hassled mother at a more subjective level. The visual display identifies those concerns that the mother is construing more negatively than the infant's crying. Where the mother is able to view these constructions in a 'picture', this appears to assist her with a realisation that she does construe other items as being more negative than the crying. It would appear that the negative characteristics of the infant's crying is often sufficiently dominant to overshadow, at a preliminary level, other negative events and occurrences. The personal profiles seem to put the actual crying behaviour into a more balanced perspective and so enables mothers to focus on other areas of concern, and areas that are in fact positive.

The most negative item in a personal profile is called the primary concern. Often the primary concern is not infant crying, even though the crying may have been perceived by the mother as being the main problem. Recognising that perspective can assist in 'defocusing' the mother's attention from the crying, and thereby help to promote positive interaction between the mother and her infant. Thus, sensitive use of the personal profile method in situations where infant crying is an initially expressed concern can be supportive and have positive outcomes for a cry-hassled mother.

The visual display can also provide assistance for a cry-hassled mother in another way. Where items that have been construed as concerns in the profile move to a more positive position in subsequent profiles, this directional change can be monitored and actually viewed by the mother. However, where a concern in a personal profile shifts to being a nonconcern, that is, the item shifts from negative to all positive ratings, this alleviation of the concern does not imply a 'cure'. It is possible that a level of concern about any item could emerge in a subsequent profile. Indeed infant crying did emerge as a concern in one instance where alleviation had been evident in a previous profile.

The importance of being able to monitor the positive directional changes in the profiles lies in the impact that

that knowledge has for the mother. The mothers' comments in the present study indicated that they were not always aware of the positive changes that emerged in their personal profiles. Thus, identifying those areas that are positive in a mother's situation, or that are moving to a more positive perspective, is a means of providing her with support.

It is evident from comments made by the mothers that when mothers are involved in completing personal profiles, they are engaged in a process. The visual display of the clustered items and the constructs that are available are the most observable and visible part of that process. As such, they have an important and even critical part in providing assistance for a cry-hassled mother. The comments the mothers made about the way the personal profile had been useful, together with other comments they made when they were viewing the clustered profiles, emphasises the part that the visual display has in providing assistance.

The results indicate, though, that other aspects of the personal profile method also provided support for the cry-hassled mothers in the study. The opportunity that the method provided for the mothers to talk about their problems, concerns, and about themselves as people was found by the mothers to be particularly helpful.

The compiling of the matrix for the profiles was a time when the mothers were involved in putting their concerns into a framework at a practical level, and the rating procedure encouraged the mothers to make very specific evaluations about how they were feeling in relation to each of the daily events and the people they had talked about in their profiles. One mother reported undertaking this sort of evaluation at a conceptual level during her interaction with her husband after she had completed a personal profile. The deliberate evaluation of day-by-day events in terms of their positive and negative characteristics can be used as a skill outside of the personal profile framework. The results indicate that the personal profile method provides a structure for the mother to do something about her feelings of concern in ways which are new to her.

The other methods of support that were used with the cry-hassled mothers were the infant profile method and the diary forms. The study results indicated that the personal profiles provided a way to obtain the more subjective components of a mother's perceptions of the infant's crying. While the infant profiles and the diary forms also provided a record of the mother's perceptions, it seems that the recordings made via these methods may be less subjective than those obtained from the personal profiles.

Where it is possible to distinguish differences in a mother's perceptions of her infant's crying, such as was demonstrated in the present study results, she is likely to be able to have control over those more subjective components of her perceptions. This is because these subjective components are based on her feelings about the crying when a personal profile is used to obtain them. Through evaluating the variety of situations provided in the infant profiles, recording the cry bouts, and then viewing her own constructions of the crying in the personal profiles, a mother will be able to distinguish between the events and behaviours she will be able to effectively control. It is, for example, more likely that a mother will be able to control her own feelings about the crying than she will be able to control or stop the baby's crying where she perceives herself as having been unsuccessful in doing so.

It has been argued that the personal profile method is able to provide cry-hassled mothers with support when they are dealing with their infants' crying. The personal profile method, based as it is on Kelly's (1955) personal construct theory, has a phenomenological framework. There are a number of broader issues that arise from the approach used in the study that require consideration in an evaluation of the personal profile method as an effective means of providing support for cry-hassled mothers.

The present research has centred on the perceptions a mother has of her infant's crying where she has indicated some anxiety about the crying. While different kinds of data can be obtained to address the same questions, the main

thrust of the present study has been to examine mothers' views of their infants' crying. In adopting this phenomenological approach, there are some areas where there has been no external measurement against which the data can be checked. Each of the methods used in the study relied on the information that was gained from the mothers themselves. That is appropriate in terms of obtaining the mother's view of her situation, but a question that arises at the methodological level is whether the methods themselves have been adequate in obtaining that data. Whether the personal profile method provided assistance for the mothers or whether the changes that were recorded would have occurred regardless of the use of the method is an integral aspect of that issue.

While it might be claimed there are a number of alternative explanations that could account for the changes that occurred in the mothers' perceptions of their infants' crying, for example, Rogerian reflective techniques (Rogers, 1951), self efficacy theory (Bandura, 1977), and learning theory (e.g. Skinner, 1953), the explanation in the present study is consistent with the method used and the data that was obtained from the mothers. It can always be admitted that no one theoretical explanation is fully comprehensive in accounting for phenomena under discussion. Kelly's theory of personal constructs does seem to work as one means of explaining the way in which the cry-hassled mothers were enabled and empowered through having a sense of control over their infants' crying.

One way in which some external measure could have been applied would be to obtain data from a triangulation approach. An ideal study might use an objective-subjective approach where the mother's perceptions are recorded in a manner similar to this study, a pre/post test could be used to determine the mothers' sense of control and mastery in dealing with their infants, and observer data could be used as an external measure of inter-subjectivity. This feature would be consistent with work undertaken by other researchers, for example Thoman, Acebo, and Becker (1983).

The triangulation approach would assist in dealing more adequately with the issues of external and internal validity (Cook & Campbell, 1979) in field settings. In order to have sufficient time and sufficient numbers of mothers would probably require a team study. The resources available for this study did not allow such an approach.

The results from the study do indicate, though, that future research centred on the subjective and objective features in a mother's perceptions of her infant's crying could contribute further to an understanding of how mothers perceive their new infants. The effects that the infant's crying has on the mother's interaction with her infant could also be examined from this perspective.

Regardless, though, of how an alternative study might be undertaken, there are some areas that will always remain uncertain. There will always be uncertainty as to whether or not an improvement has taken place through the introduction of the helping procedure where that procedure, within the objective of the present study, is to record a mother's perceptions and provide her with support through doing this. Unless there is the opportunity to work in identical environments with identical infants, mothers, and fathers, that question remains very difficult to answer.

One strategy might employ a form of behaviour intervention where a treatment is introduced, an observer frame of reference is used to assess the effects of the intervention, the treatment is withdrawn, and then reintroduced. One problem with this approach in relation to the present study is that the mother's perceptions of the baby's crying and her own experiences cannot be withdrawn because her own psychological life continues. The data collected for this study indicated that some of the concerns the mothers had were alleviated in the sense that there was a lessening of concern and an increase in their sense of coping and feelings of control, not in the sense that there had been a 'cure' for their negative perceptions or for the baby's crying.

The personal profile themselves, the statements made by the mothers, and the other data that was collected, have

been undertaken in a manner that was intended to give cohesion to the ethical, theoretical, methodological, and interpretive areas of the study. The literature reviewed in Chapter One illustrated the pressure and stress that infant crying can place on parents, and mothers in particular. Chapter One also dealt with some of the ethical issues that require consideration when a helping/supportive measure is being used. The personal profile method was introduced in Chapter Two as an intervention intended for use with cry-hassled mothers that has been adapted from Kelly's (1955) repertory grid technique.

The problem of finding ways to assist people in their everyday lives at a time that optimises their independence and which at the same time addresses the ethical, theoretical, and methodological issues that are an inherent aspect of any research undertaken with those people, is one of complexity. This study has attempted to deal with some of these issues. The results from the study indicate that the personal profile method is one way of providing assistance to mothers who perceive their infants as crying frequently and who are anxious or worried about the crying.

The Crying-Baby Phenomenon

The research evidence gained from the study concerning a cry-hassled mother's perception of her infant's crying points to the possibility of a counter-productive feature in the process of mother-infant interaction. It appears there may be a point during the interaction where a cry-hassled mother does not respond to her infant's crying but rather she responds to her perceived crying-infant. That is, there is a possibility that a cry-hassled mother's perception of her infant is of crying as a characteristic of the infant rather than crying being something the infant does at particular times.

A model has been developed within the framework of the study results to illustrate those features which appear to contribute to the phenomenon of a cry-hassled mother construing her infant as a crying-baby. Information about the mothers' perceptions of their infants' crying was

obtained from the personal profiles, the infant profiles, and the diary forms. Features identified from the secondary study as possibly contributing to a mother becoming cry-hassled are also included in the model, presented in Figure 34.

The base of the model (see Figure 34) reflects features reported in the personal profiles such as the mothers' feelings about their infants' cries (e.g. feeling miserable, and bad), the time at which the crying occurred, and the perceived intensity of the crying. The cry-hassled mothers reported an understanding of their infants' cries at a time later than that reported by the nonhassled mothers. The time reported by the cry-hassled mothers was also later than that reported by Leifer (1980). In her study, mothers who felt that they were responding adequately to their infants' crying were doing so by the end of the first post-partum month.

This lack of understanding appears to be closely linked with the mothers' 'readability' of infant crying, referred to by Goldberg (1977). A cry-hassled mother may have difficulty in 'reading', or interpreting her infant's cries. The personal profiles, the infant profiles, and the diary forms used in the present study appeared to assist the cry-hassled mothers to improve their readability of their infants' cries.

The centre of the model portrays three interrelated aspects which appear to be just as important in the mothers' perceptions as those features illustrated at the base of the model. The feelings the mothers had about themselves, such as feeling like a blob, a machine, and so on, were discussed earlier as being indicative of a sense of disorientation. Such feelings may contribute to, or emerge from feelings about the baby's crying. There may be some association between the mothers' perceived lack of time to do other things and the anticipation that the baby would sleep more than the mothers perceived at the time of caring for the infant.

The apparent overshadowing of other infant behaviours by the crying was highlighted in the infant profiles, and

Mother's Perception:

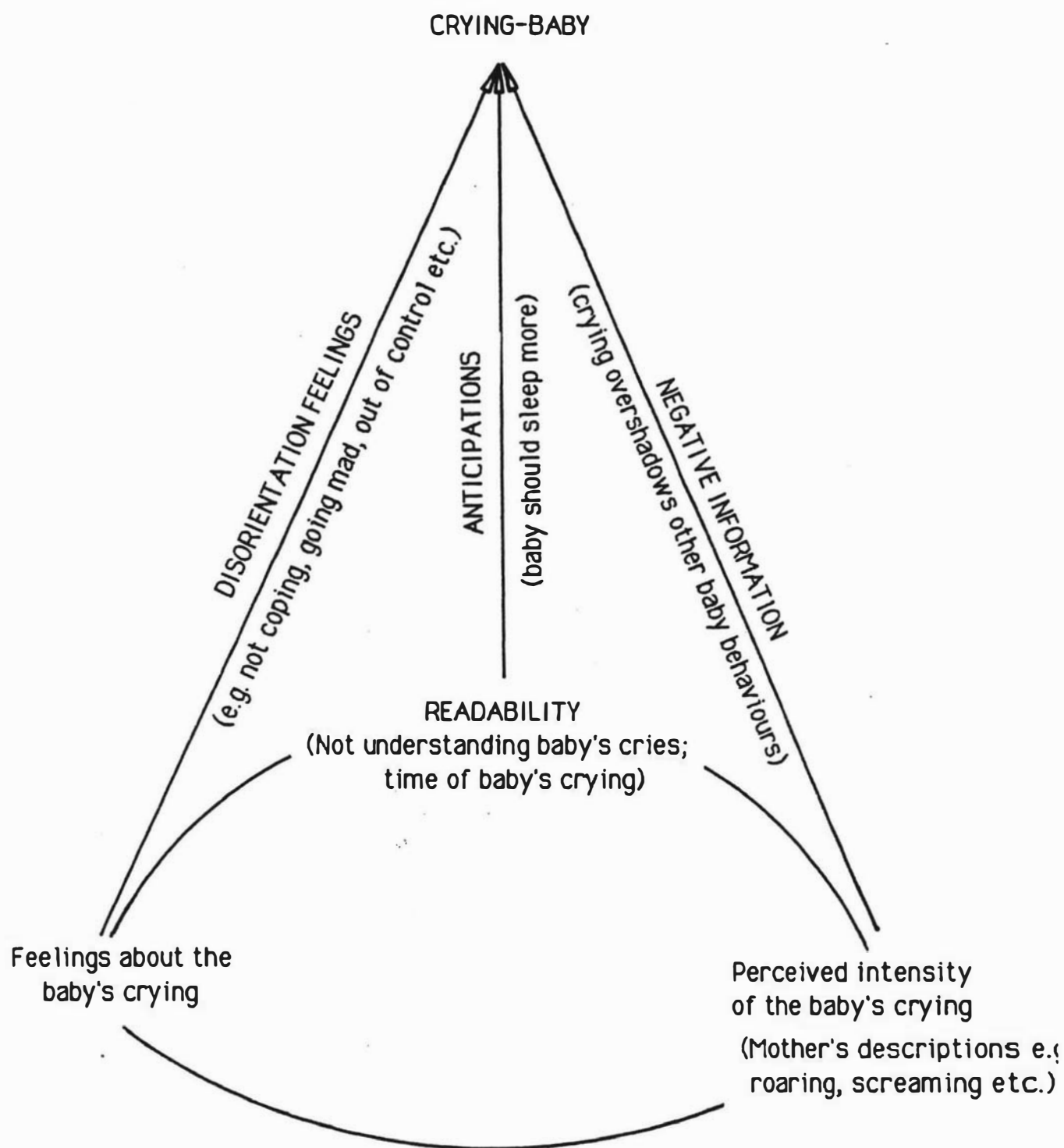


Figure 34. Features contributing to the Crying-Baby Phenomenon.

may have been prompted by the way the mothers perceived the intensity of their infants' cries. The combined effect of all of these features suggest that a cry-hassled mother tends to perceive her infant as a crying-baby, where crying is perceived as a characteristic of the infant, rather than perceiving the crying as something her baby does on some occasions.

One final area of consideration arises from Kelly's (1955) three modes of construing. These three modes, which were discussed in Chapter Five of the thesis, are the pre-emptive mode, the constellatory mode, and the propositional mode. The possibility of a crying-baby phenomenon supports the suggestion that a cry-hassled mother may employ a pre-emptive mode of construction.

A practical illustration of the fragmentation corollary "A person may successively employ a variety of construction subsystems which are inferentially incompatible with each other" (P.562). is provided from the study results. That is, the cry-hassled mothers appeared to be dealing with their infants' actual behaviour, especially awake times, in terms of dissonance with regard to their previous anticipations for the infants' behaviours. Future research could be directed toward ascertaining the validity of these features in order to establish the viability of the model as an explanation for the ways in which mothers perceive, and become concerned about, their new infants' cries.

Conclusions

The general discussion has dealt with a number of issues that arise from the present study. The personal profile method has been presented in the discussion as an intervention that can be effective in assisting cry-hassled mothers to find ways to deal with their infants' crying and to lessen their feelings of concern about that behaviour.

The cry-hassled mothers' changes to more positive perceptions of their infants' crying, as reflected in their personal profiles, occurred despite little decrease, and in some instances there were increases, in the number of cry bouts the mothers recorded during the same period. The

identification of the concerns a mother has, and the changes that occur in those concerns, can help to increase a mother's sense of control about her interaction with her infant regardless of whether the infant continues to cry.

The results from the secondary study suggested that the cry-hassled mothers had unrealistic anticipations about their new infants which may arise from a lack of experience with other infants. The time at which the cry-hassled mothers reported an understanding of their infants' cries was later than the time reported by the mothers who had not indicated any anxiety or concern about infant crying. These three features may contribute to a mother becoming cry-hassled.

The results from the main study have been used in conjunction with the results from the secondary study in order to develop a model called the 'crying-baby phenomenon'. The model hypothesises the ways in which a mother may become cry-hassled. In so doing, the model provides some basis for the direction that future research might take in attempting to find ways to prevent mothers from becoming cry-hassled.

Further research based on the model may indicate how to develop other appropriate interventions that will maximise mothers' positive perceptions of their infants, and, where infant crying is already a major concern, minimise the negative effects that the crying has on the mothers in a manner similar to the support provided by the personal profile method.

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Appendix A: Infant Profile Behavioural Situations

1. When having a bath.
2. After having a bath (drying, dressing, etc.)
3. Middle of night feeding
4. After middle of night feeding
5. "Breakfast" feeding
6. After "breakfast" feeding
7. Mid-day feeding
8. After mid-day feeding
9. Early-evening feeding
10. After early-evening feeding
11. Late-evening feeding
12. After late-evening feeding
13. New food offered (including formula change)
14. Having nappies changed
15. Having nappies changed (morning)
16. When waking at beginning of the day
17. When put down for morning nap
18. When waking from morning nap
19. When put down for afternoon nap
20. When waking from afternoon nap
21. When put to bed early-evening
22. When put down late-evening
23. When playing with toys alone
24. Immediate reaction to strangers

Appendix A -contd

Infant Profile Temperament Attributes

	+	+
moves little	1 : 2 : 3 : 4 : 5	moves much
quiet	1 : 2 : 3 : 4 : 5	loud
comes toward, welcomes	1 : 2 : 3 : 4 : 5	turns from, avoids
adjusts easily, settles in quickly,	1 : 2 : 3 : 4 : 5	adjusts slowly, takes time to adjust
relaxed, placid	1 : 2 : 3 : 4 : 5	rigid, tense
happy, positive, joyful	1 : 2 : 3 : 4 : 5	grizzly, grumpy, crying
	1 : 2 : 3 : 4 : 5	
	1 : 2 : 3 : 4 : 5	

Diary form Parent name: _____ baby's name: _____ Start date: _____

Each of the little boxes stands for 15 minutes. When you have completed this sheet go onto another diary form.

For the present form: _____

	mid-night	morning					mid-day	afternoon				evening														
	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	
Sun																										
Mon																										
Tues																										
Wed																										
Thurs																										
Fri																										
Sat																										

Comments:

Sunday: _____

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

Appendix C: Evaluation of Methods Used

Name

Indicate the category a, b or c which describes best how you found each method used in the research.

Diary Form

a. Very useful b. useful c. not very useful

Could you make some comment about why you have chosen that category; in what way has the method been very useful, useful or not very useful?

Comments

Infant Profile

a. very useful b. useful c. not very useful

Comments

Personal Profile

a. very useful b. useful c. not very useful

Comments

Appendix D: Letter to Area Advisors

Dear

I am writing both to introduce myself and to make a request concerning research I am currently undertaking. During his recent visit, Dr. - was most helpful and suggested that writing direct to you would be an appropriate way to go about making contact, so I have taken his advice.

As a Ph.D candidate, I have been working with Dr. J. Kirkland in the area of infant crying. My particular area of interest centres on a mother with a difficult or crying infant, the way she views her infant, and the concerns and problems she sees herself as having.

Work to date has centred on development of an interview method that will tap into a mother's view of her situation and provide her with an easy to see "map" of the way she sees and feels about what is going on with her infant. The visual display may, in turn, provide her with a self-regulatory guide with regard to adjustments she may want to make in her routine and/or situation. A full explanation of the method is provided in the enclosed book (Infant Crying Symposium, 1981). As well, an introduction to the theoretical framework within which the method is being developed is on p.27.

In summary, the proposed study has two aims. First to explore the usefulness of a personal profile method as a way of assisting a mother to cope with her infant where she sees it as difficult and/or crying a lot. Secondly, to see whether or not her crying infant is central to a mother's concerns, or whether other concerns are instrumental in the crying becoming a central focus.

Of course, in order to carry out the project, access to mothers who see their infants as difficult or persistently crying is necessary, and it is in respect of this I request your help.

Briefly, the format of the study is as follows: a single subject approach involving ten mothers who have had a professional career for 2 years or more after their marriage, have planned at some time to have an infant, and now find the first infant is difficult and/or cries a lot.

Although Plunket nurses in my own area have been willing to assist, it seems the area is too small to readily locate mothers who belong in these categories. Your area seems the most likely place to locate them. I would be pleased to have opportunity to discuss with you any aspects of the research you would wish to have clarified.

I look forward to hearing from you.

Yours sincerely,

Fay Deane.

Appendix E: Information for Area Nurses

Study: Mothers with difficult and/or crying babies.

Researcher: Fay Deane

Introduction

The present study is concerned with capturing the changing view a mother has of herself and her infant in a situation where she perceives her baby as difficult and/or crying a lot.

Nonmedical in approach, emphasis is on identifying concerns and problems a mother sees as existing in her situation where her infant seems unresponsive to her attempts to soothe.

A mother who finds herself in these circumstances is often confused and despairing in what can seem an unordered and chaotic situation. Techniques being used and developed in the study will provide a framework for organising a mother's view of events and actions in her day by day routine with her infant. Patterns may emerge in what may appear to a mother as an unrelated series of events.

Techniques

Three techniques are to be used, two in a set form and one in an open form: Diary form (set), completed on a daily basis by mother at appropriate times.

Infant profile (set), completed by mother on a weekly basis using a defined set of situations baby is in, such as feed times, bath times etc.

Personal profile (open), drawn up on a weekly basis by mother and researcher after discussion concerning mother and her baby.

Participants

Ten mothers who have each had a professional career for at least two years after marriage, and have intended to have a baby for some time; first baby has arrived and is reported by mother as difficult and/or crying a lot, age somewhere between birth and 8 weeks of age. It is the mother's definition of the baby as difficult and/or crying a lot that is important for the study.

Format

Single subject approach with each mother interviewed under one of two schedules: Schedule one. Seven interviews over first to 13 weeks postpartum.

Schedule two. Five interviews over seventh to 13 weeks postpartum. Timing of the second schedule is to allow some degree of control over conclusions drawn from the first schedule interviews.

Appendix E -continued

At the time of initial contact by the researcher, techniques to be used will be fully explained to each mother, an option for withdrawal from the study will be present at all times, and all information relevant to each mother will be accessible to her during duration of the study. Anonymity for each mother will be maintained during and after the study.

Time commitment by each mother will be about 2 hours for the first interview and 1 and a half hours for subsequent interviews. Should they agree, an interview with each mother's Plunket nurse near completion of the study will provide an observer view of each mother and infant.

Research interest. The situation of a mother with a difficult and/or crying baby.

What is the research about? Often a mother with a difficult and/or crying baby is in a trying situation without any apparent way of sorting out what is going on with her baby. This research project is using three methods that may help sort out difficulties with a crying or difficult baby as follows:

1. Compiling information about the baby's sleep-wake-cry times.
2. Developing a profile of baby's activities.
3. Developing a profile of a mother's view of her situation.

What will you have to do? Should you agree to take part in the study you will be involved in five or six interviews to be completed before your baby is about 3 months old.

The first session will take about 2 hours, the following ones about 1 and a half. Each session would be at your home where you are agreeable, on a Tuesday, Wednesday, or Thursday at a time most suitable to you where this is possible. Each session centres on discussion concerning your baby.

Procedures will be fully explained to you at the first session. At each subsequent meeting, results of the previous week's session will be discussed. All information concerning you and your baby will be available to you throughout the study; where you wish it, confidentiality will be maintained.

Who will the research help? Because the study is trying out and developing procedures, it is possible you will contribute more to the study than you will receive from it. Hopefully, our joint exploration and effort will result in benefits for other mothers in a situation where they have a difficult or crying baby.

I am looking forward to meeting you, and will be in contact with you within a few days after you indicate to your nurse you are interested in taking part.

Fay Deane

Researcher.

- Fundamental Postulate. A person's processes are psychologically channelized by the ways in which he anticipates events.
- Construction Corollary. A person anticipates events by construing their replications.
- Individuality Corollary. Persons differ from each other in their constructions of events.
- Organisation Corollary. Each person characteristically evolves, for his convenience in anticipating events, a construction system embracing ordinal relationships between constructs.
- Dichotomy Corollary. A person's construction system is composed of a finite number of dichotomous constructs.
- Choice Corollary. A person chooses for himself that alternative in a dichotomized construct through which he anticipates the greater possibility for extension and definition for his system.
- Range Corollary. A construct is convenient for the anticipation of a finite range of events only.
- Experience Corollary. A person's construction system varies as he successively construes

the replication of events.

Modulation Corollary.

The variation in a person's construction system is limited by the permeability of the constructs within whose range of convenience the constructs lie.

Fragmentation Corollary.

A person may successively employ a variety of construction subsystems which are inferentially incompatible with each other.

Commonality Corollary.

To the extent that one person employs a construction of experience which is similar to that employed by another, his psychological processes are similar to those of the other person.

Sociality Corollary.

To the extent that one person construes the construction processes of another, he may play a role in a social process involving the other person.

GLOSSARYPersonal Profile Terms and Definitions

A cry-hassled mother is a mother who has reported her infant as crying a lot. The mother's assessment that the baby is crying a lot becomes the basis for her being cry-hassled. In this study, the mother has been sufficiently concerned to report her infant's crying to her paramedical. The infant has no identifiable medical problem.

A perception space is the construct system of a cry-hassled mother, together with the items and the position of those items in her construct space. The mother determines, with ratings, the position of items in a bipolar construct space.

A personal profile is a measure (representation) of a mother's perception space and is used as part of a support process for her. A personal profile consists of the emergent and contrasting constructs (feelings), the elicited items (elements), and the ratings of each item on the constructs. The analysed (clustered) results of these components are re-presented to the user. The clustered items are used as the basis for support in the re-presentation phase.

Emergent constructs are those feelings a cry-hassled mother spontaneously refers to as part of her emotional state during the discussion for her personal profile. Each emergent construct has an elicited contrast pole.

Items are the events, objects, and people referred to by a cry-hassled mother when she is discussing her infant for the personal profile. Items are the same as elicited elements in repertory grid technique (Kelly, 1955).

Concerns are those items rated as 4 or 5 (negatively) by a cry-hassled mother.

The context of a concern is defined by the constructs over which the item is rated negatively. The more constructs that are rated negatively, the more general the concern. Conversely, local concerns are those that have a negative rating in a limited context. A local concern has no more than two negative ratings.

Priority concern is the term used to describe infant crying items that are rated negatively in a personal profile. Other types of concerns may be identifiable from the clustered personal profiles.

Alleviation of a concern is considered to have occurred when the ratings within the context of the concern become neutral or positive. Thus a rating shift from 5 and 4 to 3, 2 or 1 indicates an alleviation of a concern. That is, there has been a directional change in the ratings that indicates a shift from a negative to a positive position.

Clusters are groups of items or constructs whose similarity is greater than a specified percentage. There are highly matched clusters of items or constructs (88% or above), moderately matched clusters (between 78% & 87%), and loosely matched clusters, below 78%.

Setting is the term used to encompass the environment a cry-hassled mother describes in the items of her personal profile.

The primary concern is the item that has been rated as the most negative in each personal profile. A primary concern may be an infant crying item, that is the priority concern, but it may also be an item other than infant crying.

An auxiliary concern is any item that is clustered with a priority concern at 88% or above. Auxiliary concerns indicate ways in which a mother might cope with her infant's crying.