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Effects of Parental Responsiveness to Infant Cries on the Caregiver-Infant Interaction and Attachment

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EFFECTS OF PARENTAL RESPONSIVENESS TO INFANT CRIES ON THE
CAREGIVER-INFANT INTERACTION AND ATTACHMENT

by

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B.S., Southern Illinois University, 2009

A Research Paper

Submitted in Partial Fulfillment of the Requirements
for the Master of Science Degree

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RESEARCH PAPER APPROVAL

EFFECTS OF PARENTAL RESPONSIVENESS TO INFANT CRIES ON
THE CAREGIVER-INFANT INTERACTION AND ATTACHMENT

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A Research Paper Submitted in Partial

Fulfillment of the Requirements

for the Degree of

Masters of Science

in the field of Communication Disorders and Sciences

Approved by:

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TABLE OF CONTENTS

	<u>PAGE</u>
INTRODUCTION.....	1
CLAIM 1.....	2
CLAIM 2.....	12
CLAIM 3.....	20
CONCLUSION.....	25
REFERENCES.....	28
VITA	30

Infant crying has been described as a communicative signal between an infant and his or her caregiver. The communication typically begins with the infant crying to convey a message, while the role of the caregiver is to listen and try to interpret the message. The cry of the infant might not only be to gain the attention of the caregiver, but could also communicate a request or convey discomfort about the quality of the caregiver-infant interaction. The caregiver-infant interaction could be negatively affected if the cries are not interpreted correctly by the caregiver. Also, the infant-caregiver attachment may be affected due to the infant not feeling secure or by the caregiver not feeling adequate. Parents of infants who do not give them the positive reinforcement by decreasing crying do not feel they are doing their jobs correctly and have decreased feelings of self esteem. The cries of normal and atypical infants could be interpreted in different ways or responded to differently.

Excessive infant crying may precipitate poor attachment and interaction. Mothers may feel inadequate, because they are not able to soothe their infant. It is important for an Early Interventionist (EI) to monitor the caregiver-infant interaction. Infants who are interacted with sufficiently are more likely to receive higher scores

on developmental scales than that of infants who have not had significant interaction with their caregivers.

Attachment and interaction have been linked to better communication skills in young children (Rossetti, 2001). I am reviewing the literature about baby crying and the parental responsiveness to the cries because I want to find out how cues given by babies are interpreted by the parent, in order to increase parental interaction and attachment skills.

Atypical Crying in Infants

Because caregiver-infant interaction is of the utmost importance, one must consider the effects of excessive or increased crying in infants. Articles that examine the caregiver-infant interaction have been included to determine if this claim is valid. I believe increased or atypical crying affects the parent-infant attachment negatively.

Stifter and Bono, (1998), investigated whether excessive crying (i.e. infant colic) affects maternal self-perceptions of efficacy and separation anxiety. Infant colic is a condition characterized by excessive crying in healthy, young infants. Excessive crying is described by crying or fussing for more than three hours per day, three days per week and lasting more than three weeks. Stifter

and Bono, (1998), examined how the attachment relationships of infants with colic and their mothers developed because they believed that the mothers self-efficacy comes from their ability to respond appropriately to their infants cries and signals.

One hundred full term infants and their mothers participated in this study (Stifter, & Bono, 1998). The researchers identified infants who developed colic by telephone interviews with their parents. The criteria that identified colic consisted of three or more hours of crying per day at least three days per week. The mothers brought their infants to a laboratory at five months of age and completed surveys about self efficacy and maternal separation. According to the results of the maternal self-questionnaire showed mothers of infants who have colic are more anxious about separation than mothers whose infants did not have colic.

When the infants were eighteen months of age the parents were asked to participate in a strange situation which consisted of an unfamiliar person, the infant, and the mother. Both the unfamiliar person and the mother were asked to leave the infant in the room alone and return later to determine the infant's behavior during the reunion which would be classified into one of three attachment

groups consisting of: secure, insecure/avoidant, and insecure/resistant. According to the results of this study attachment in infants who had colic and their mothers was affected (Stifter, & Bono, 1998). The results showed the infants were insecurely attached to their mothers and the mothers had significantly lower self-efficacy scores from their reports (Stifter, & Bono, 1998).

According to the results of Stifter and Bono (1998), increased or atypical crying affects the parent-infant attachment negatively. Stifter and Bono, 1998, reported increased self-efficacy is related to the appropriate responses to the cues of their infant. It is very important for EI providers involved in the lives of these infants to be sensitive to these facts and help increase mother-infant attachment.

Frodi and Senchak, (1990), investigated parent and non-parent responses to pain cries of normal infants and infants with impairments, because they believed parent-infant interaction may be jeopardized in families with severely impaired infants due to the responsiveness to their crying. Parents and non-parents responded to three questionnaires consisting of a background questionnaire, a maternal developmental survey, and a parent opinion

questionnaire. When the participants were on the last page of the questionnaire, a recording of one of six infant cries was turned on by the experimenters. The cries used were pain cries of either two normal newborns, one with *maladie du cri du chat* syndrome, one with Down syndrome, one asphyxiated without brain damage, and one asphyxiated with brain damage (Frodi, & Senchak, 1990). The crying lasted sixty seconds for each participant. After the crying stopped, a woman entered the room with a baby looking for a pacifier. She then leaves the room, and the experimenter returns to ask the participant to complete one last questionnaire regarding infant communication. The questionnaire to be completed was the Perceptions of Infant Cry Inventory. They were also observed to determine their responses to the cry consisting of their effect and their type of response.

According to the results, participants who were exposed to the cry of the asphyxiated infant without brain damage displayed significantly less positive affect than those hearing the other cries (Frodi, & Senchak, 1990). Participants who were exposed to the cry of the infant with Down syndrome were more likely to respond visually, which included looking up or looking towards the door, than those exposed to other cries. Also, participants who were exposed

to the cry of the asphyxiated infant with brain damage more often ignored the cry than with the other cries (Frodi, & Senchak, 1990). The authors concluded infants who are more severely impaired have cries that may be ignored or possibly described as aversive (Frodi, & Senchak, 1990). The parent-infant interaction could be affected negatively due to this finding because cries of atypical infants are possibly ignored in parents and non-parents. This supports the claim that increased or atypical crying affects the parental-infant attachment negatively. Early interventionists who are involved with atypical infants need to be sensitive to these needs and address the parental-infant attachment and interaction. Early interventionists also need to be able to identify situations to better help these parents increase their effective responsiveness and increase attachment.

James-Roberts, Conroy and Wilsher, (1998), investigated the effects of persistent crying on the mother-infant interactions during and after the infant crying peak of six weeks of age, because they believed responses and care-giving behaviors of mothers with infants who cry persistently differ from that of infants who cry moderate amounts. 530 infants were screened between four and five weeks of age to determine their normal amount of

fussing and crying during the morning, afternoon, evening, and night. From this sample, three subgroups were formed consisting of persistent criers, evening criers, and moderate criers. From the screening, 160 participants were used for the following investigation. The mothers of the infants completed diaries for three days about the behaviors and cries of their infants (James-Roberts, et al., 1998). Also, researchers performed home visits to examine the infant and maternal behaviors that occurred during the time of the day the infant was reported to cry the most. The infant behaviors the researchers were interested in consisted of state, and limb and body movements. The maternal behaviors examined were looking at, talking to, physical stimulation, expressions, play, and holding (Papousek, & von Hofacker, 1998).

The mothers were asked to complete questionnaires to obtain self-report measures, psychological state and approaches to parenting. The researchers in this study returned for another assessment at five months of age. They repeated the diary, observations, and questionnaires again during this assessment, as well as included a play session between the mother and infant to determine maternal sensitivity. The results from the study indicated mothers of infants in the persistent crier group spent more time

interacting with their babies than the mothers in the other groups. While it may appear that more interactions would be positive, in fact there are negative results. Mothers in this group were also shown to spend less time than the other mothers in the hold and play activities. The researchers determined the mothers of persistent criers were significantly less sensitive and affectionate towards their babies in interactions during crying and non-crying periods. According to the questionnaires, the mothers of persistent criers rated themselves as more depressed than the mothers of moderate criers, and also rated their infants as more difficult and more unpredictable than the mothers of the moderate crying infants. Assessments of the infants at five months of age showed all of the groups of infants crying had reduced by half, but the group of persistent criers still cried the most of three groups.

James-Roberts et al., (1998), reported mothers of persistent criers spent more time soothing their babies while crying but not interacting with their babies while not crying. James-Roberts and colleagues (1998) stated the mothers of persistent criers were also more depressed than the other mothers. These results are consistent with Stifter and Bono, (1998), which showed mothers do not get the positive reinforcement from their babies, which makes

them more depressed. James-Roberts et al. (1998) also supports the claim that increased or atypical crying affects the parental-infant attachment negatively. The parents of these infants who are determined to cry more than normal infants should be counseled by interventionists about their self-efficacy and feelings of sensitivity toward their infant. Research from Milgrom, Ericksen, McCarthy, and Gemmill (2006) has also shown mothers with depression have negative mother-infant attachment. While mental health is outside the scope of practice for speech-language pathologists (SLPs), Early Interventionists need to be aware and sensitive to these situations. If EIs can identify when a mother is showing signs of depression we can refer to professionals that are able to assist. Also, research has shown increased stressors like increased infant crying may increase depression and feelings of negative self worth which leads to more depression and less likelihood for positive interaction between mother and infant (James-Roberts et al., 1998).

Papousek and von Hofacker, (1998), investigated the persistent crying of infants compared to infants who are considered normal criers because they believe mother-infant attachment is affected by increased crying from the infant. 112 infants and their parents participated in this study

which included both a treatment group and control group. The average age of the infants was three months. The infants were matched on age, gender, and birth status. The persistent criers were referred by an intervention program for fussy babies, and the control group was recruited from the general community.

The researchers began by having the mothers complete a diary for five days about their infant (Papousek, & von Hofacker, 1998). From the diary the infants were assigned to one of three groups. The groups were referred extreme criers, referred moderate criers, and non-referred low criers. The extreme criers were the infants who cried or fussed more than three hours per day, the moderate criers cried or fussed less than three hours per day, and the low criers cried or fussed less than one hour per day (Papousek, & von Hofacker, 1998). After the infants had been assigned to the groups, the families participated in interviews to determine psychosocial risk factors. The mothers were also asked to complete a self-rating questionnaire regarding marital distress, self-efficacy, depression, and their perception of their infants' temperament. In addition, the mothers engaged with their infant so they could assess the mother-infant relationship. Mothers played with their children just as they would at

home while observers assessed the interaction (Papousek, & von Hofacker, 1998)

The results indicated mothers of infants who are considered persistent criers rate their infants as more difficult than mothers of infants who are not considered persistent criers (Papousek, & von Hofacker, 1998). The results also showed the families of persistent criers had increased risk factors during and after pregnancy such as premature labor or conflicts with family. Mothers of extreme criers and moderate criers also showed increased likelihood of depression, exhaustion, and frustration (Papousek, & von Hofacker, 1998). These mothers also had lower scores of self-efficacy when compared to mothers of infants in the control group.

The results from the mother-infant interaction study indicated the infants in the persistent criers group were more withdrawn and showed increased dysfunctional patterns of interaction when compared to the control group. Papousek and von Hofacker, (1998) demonstrated the effects of persistent crying on mother-infant attachment. This supports the claim that increased atypical crying affects the parent-infant attachment negatively. Due to all of the negative outcomes that can be caused by increased crying it is of the utmost importance that EIs are able to give

mothers guidance and work to improve their self image when working with these families. For SLPs reinforcing positive responses that parents have with infants might in turn-taking and early communication activities might assist in increasing positive parental image regarding caretaking. Early Interventionists can also work with these families to teach appropriate responses as well as give families coping skills and alternatives when faced with increased stressors.

Parental Social Responses to Crying

The caregiver-infant interaction will increase if the infant is responded to in a positive way and his/her needs are met. Caregivers will be more likely to respond to infants that positively reinforce response behavior. If the cry of the infant is interpreted correctly and the infant responds by crying cessation, this will increase the likelihood of the parent to continue such behavior. If the caregiver response includes a social aspect, I believe the infant's crying behavior will decrease. Experiments that have examined parental responsiveness have been studied and included to support the claim that parental social responsiveness will decrease the crying of the infant, and when crying increased parental responsiveness is also increased.

Cecchini, Lai and Langher, (2007), investigated whether there is a relationship between communication and newborn crying because they believe that the crying behavior may decrease with the presence of a social stimulus or a tactile stimulus. Thirty newborns participated in this study and all newborns were in an alert state and not crying during the beginning of the experiment. The newborns were placed in one of three groups consisting of a face presentation only, continuous tactile communication and face presentation, or discontinuous tactile communication with face presentation (Cecchini et al., 2007). The continuous tactile communication was performed by the experimenter standing behind the bed to not be visible to the newborn. Then the experimenter presented her finger to the newborn to be held, and moved it slightly when the newborn touched it. The discontinuous tactile communication was performed in the same manner as the continuous tactile communication with one exception. This exception was the discontinuous tactile communication used different timing, alternating every minute, giving her finger and taking it away from the newborn (Cecchini et al., 2007).

Results indicated the newborns did not cry during the discontinuous tactile communication, but did cry during the

face presentation and the continuous tactile communication (Cecchini et al., 2007). Also, the newborns in the group of face presentation cried shorter amounts of time than the group provided with continuous tactile communication. Cecchini et al., (2007), demonstrated the newborns presented with a tactile communication response, either continuous or discontinuous, cried less than the group of infants who were only presented with a face stimulus. These results suggest the tactile communication gave the newborns a pleasant experience that led them to discontinue their crying episode or not to cry at all. This confirmed half of the authors' hypothesis that the presence of a tactile stimulus would decrease the amount of newborn crying. However, the hypothesis that the presence of a social stimulus would decrease the amount of crying was not confirmed. The crying of the infant was not affected by the social stimulus at all in this experiment (Cecchini et al., 2007). This refutes the claim that parental social responsiveness will decrease the crying of the infant. It is important to note that Early Interventionists (EIs) that will be interacting with infants who are not soothed by social interaction alone should try tactile communication, continuous or discontinuous, to decrease the crying behavior.

Wood and Gustafson (2001), investigated the ratings of infant cries from their anticipated responses and examined whether the anticipated care giving response changed when given contextual cues. The hypothesis was increased distress signals would cause the adults to respond, and by providing the caregiver with contextual cues the researchers may change the way the caregiver responded. The 34 non-parent participants listened to the crying of a one-month old infant individually (Wood, & Gustafson 2001). Before the participants began, half of them were told the infant needed a nap, and the other half were told nothing. Then they were asked to rate the infant on how upset the cry indicated. The participants were also asked to raise their hand when they would respond to the cry of the infant.

The results indicated the participants responded quicker to cries they had rated as sounding upset than to crying they rated as being in less distress. The participants only raised their hands when the cries were medium or high levels of distress. The participants who had been given the contextual information that the infant needed a nap waited much longer to respond than the participants who had not been given this information (Wood, & Gustafson 2001).

Wood and Gustafson (2001) demonstrated the effects that contextual information has on the response to infant crying by caregivers, and that the increasing amount of distress will cause caregivers to respond more quickly than to the cries that signal lower amounts of distress. This supports the claim that increased amounts of crying increases parental responsiveness; however, it does not indicate quality of caregiver/child interactions. Also, when caregivers are provided with cues about the crying, they tend to respond differently than they may have originally without cues. This is important to note when thinking about Early Interventionists in the home because when they give cues to parents it may change the way they would respond normally and give the interventionists inaccurate outcomes of goals and objectives.

Hubbard and van Ijzendoorn (1991) investigated the maternal unresponsiveness to infant distress during the first nine months as well as if birth order or gender of the child changed mother response time because they believed that maternal unresponsiveness during the first six months would lead to increased infant crying during the second six months. Fifty mothers and their infants were selected for this study. All infants were normal, healthy, full-term deliveries. The researchers observed the mothers

in their homes at times selected by the mother. The researchers visited the homes on twelve occasions at three-week intervals during the first nine months (Hubbard & van Ijzendoorn 1991). The observers' visits lasted from two to four hours. The observers' arrived while the infant was asleep to set up technical equipment. Observation began when the infant awoke and finished when the infant fell asleep. The researchers did not share the hypothesis of this study with the mothers (Hubbard & van Ijzendoorn 1991). The observer recorded the duration of unresponsiveness and the interaction of the mother and infant after the infant began crying.

According to the results, the hypothesis was rejected (Hubbard & van Ijzendoorn 1991). The increased maternal unresponsiveness to infant distress during the first six months resulted in a decrease in infant crying in the second six months. The crying was reduced by half in the second six months. Also, results showed gender did not affect maternal responsiveness; however, birth order did have an effect on responsiveness (Hubbard & van Ijzendoorn 1991). The results indicated mothers of second born infants were more unresponsive than mothers of first born infants. Hubbard & van Ijzendoorn, (1991), demonstrated maternal unresponsiveness during the first months of an infant's

life decreases the crying duration in later months. This does not support the claim that increased parental responsiveness will decrease the crying of the infant however it does not refute the claim because increased responsiveness did not lead to increased crying.

Van Ijzendoorn and Hubbard, (2000), investigated maternal responsiveness to infant crying as well as examined if increased responses were related to attachment at fifteen months. The authors believed more responsive mothers have infants who cry less in the second six months of life (Van Ijzendoorn & Hubbard, 2000). They also believed infants who are secure cry less than insecure infants during the first year of life. Fifty families were selected to participate in this study. The infants were all normal, healthy, full-term deliveries. The observations began when the infants were three weeks old and lasted until they were fifteen months of age. The observers visited the participants at home twelve times. The visits lasted from two to four hours. The observations began when the infant awoke and ended when the infant fell asleep. During this study the observer recorded the duration before the mothers responded to the infants' crying.

The researchers also conducted a study in which the participants were asked to come to a laboratory for an

experiment. The mothers were asked to play with their infants in a playroom for three minutes alone. Then, a stranger entered the room and watched the interaction between mother and infant for three minutes before signaling the mother to exit the room. After three minutes the mother enters the room and leaves a second time. The stranger then re-enters the room alone and stays for a short period of time before the mother re-enters the room. The researchers rated the quality of the attachment relationship between the mother and infant based on the behavior of the infant during this procedure (Van Ijzendoorn & Hubbard, 2000)

The results indicated the more unresponsive mothers had infants who cried less often in the second six months of their life. Results also showed birth order increased the duration of unresponsiveness. Mothers of first born infants were more likely to respond faster than mothers of second born infants (Van Ijzendoorn & Hubbard, 2000). The results of this study are consistent with the previous study from Hubbard & van Ijzendoorn, (1991) in regards to a change in responsiveness based on birth order as well as a decrease in the second six months of life. According to Van Ijzendoorn & Hubbard, (2000), mothers who respond more promptly were more likely to have avoidant

infants. Also, the avoidant infants were more likely to lead to increased crying in the second six months of life. Infants of mothers who were more unresponsive tended to be more secure and cried less than avoidant infants. Van Ijzendoorn & Hubbard, (2000), demonstrated mothers who were more unresponsive had infants who cried less in the second six months of their lives. Also, they demonstrated attachment is not affected by unresponsiveness. The unresponsive mothers were more likely to have secure infants, where the more responsive mothers were more likely to have avoidant infants who had increased crying later in the first year when compared to the secure infants. This refutes the claim that increased parental responsiveness will decrease the crying of the infant.

Guidance for Families

If parents have increased support and guidance they may be able to cope better during periods of increased stress such as those caused from increased stress. I believe that if parents are given support and guidance and taught to respond to their infants' cries effectively, the infants' crying will be decreased significantly. Experiments that have examined increased amounts of infant crying have been studied and included to support the claim that if parents are given guidance and taught how to

respond effectively to their infants' cries the amount of crying will decrease.

Helseth, (2002), investigated how a nurse deals with infant colic and how parents perceive nurses' contributions. Ten public health nurses and twenty six parents participated in this study. The nurses were recruited by health centers after meeting the criteria of having one year experience in a child health care center (Helseth, 2002). The parents were identified by the nurses based on the criteria of having an infant between 0-3 months who cried more than three hours per day, three days a week, at least three weeks. The nurses' and parents were interviewed to obtain data. The nurses were asked open ended questions regarding experiences dealing with infant colic. The parents were asked open ended questions regarding their expectations of the nurses and their satisfaction of the nurses' interventions during their infant's colic (Helseth, 2002). The parents were interviewed on two occasions. The first interview took place during the period of colic while the second interview took place after the period of colic. The nurses were interviewed on one occasion.

The results indicated the main problem perceived by the parents differed from nurses (Helseth, 2002). The

parents felt their infant was in pain and wanted an effective treatment; however, the nurses were more concerned about the parents with regard to their emotions and coping ability. The nurses' aim is to give the parents support and encouragement to help them cope with the situation. The results showed the parents felt satisfied when nurses gave the guidance and support and reported increased coping which contributed to decreased infant crying (Helseth, 2002).

Helseth, (2002), demonstrated infant crying can be reduced by nurses giving support and guidance to the parents of the infants during the period of colic. The parents who had a good relationship with the nurse and received support to help with coping during colic had infants who displayed a decrease in crying amount (Helseth, 2002). This supports the claim that if parents are given guidance and taught how to respond effectively to their infants' cries the amount of crying will decrease. This is important for interventionists to know because this knowledge could help increase awareness. If interventionists are better able to counsel parents we may be able to help parents cope during difficult times.

Wolke, Gray, and Meyer, (1994), investigated how effective behavioral management counseling is in treating

excessive infant crying because they believe behavioral management counseling would be more effective in decreasing infant crying than emotional support counseling. Ninety two infants and their parents were included in this study with the parents of the treatment groups identified after they had requested help from a national support organization. The parents from the control group were recruited from newspaper articles regarding excessive infant crying (Wolke et al., 1994). To be included in this study parents reported excessive crying as the major problem and that it had occurred for more than four weeks, the infant was between six months or younger and had a normal physical exam.

The parents were first asked to complete a 24-hour diary which included caretaking activities and infant behaviors such as crying and sleeping (Wolke et al., 1994). Parents also complete a questionnaire regarding pregnancy, feeding and health problems and were asked to rate their infants temperament before treatments. The parents in the empathy group were given counseling from other mothers (Wolke et al., 1994). The counselors listened to the mothers concerns and tried to increase confidence and make them feel better about their situations.

The behavioral management group followed a three step process. The first step consisted of counselors asking parents' detailed information based on sleeping, crying, and social stimulation (Wolke et al., 1994). The second step consisted of counselors asking questions regarding the family situation and relationships between partners. Finally, the third step consisted of interventions such as developing routines, reducing overstimulation or increasing stimulation and allowing for self control of behavior. This approach was tailored specifically to each infant and their family.

After treatment, the parents of the treatment groups were also asked to rate their satisfaction of the help received by their counselor. The results of the treatment groups showed a reduction in the amount of fussing or crying (Wolke et al., 1994). The behavioral management group showed a significant reduction where the empathy group showed a moderate reduction (Wolke et al., 1994). Although the control group received no interventions they also showed a spontaneous reduction of crying and fussing. The parents' questionnaires indicated they felt the behavioral management counseling was more helpful in assisting the mother with coping (Wolke et al., 1994).

Wolke, Gray, and Meyer, (1994), demonstrated behavioral management counseling can be an effective way to significantly reduce the amount of infant crying. The parents who received behavioral management counseling had infants who decreased crying by fifty percent. This supports the claim that if parents are given guidance and taught how to respond effectively to their infants cries the amount of crying will decrease. This is important for interventionists to understand because if we are better able to help parents learn effective ways to cope and respond or help teach better social stimulation or recognition of certain cues their infant may show we can help them be successful in reducing their infants cries.

Conclusion

According to the articles regarding increased infant crying included in this paper, the claim of atypical crying affecting the parent-infant attachment negatively is valid. All articles included supported this claim. It is important for Early Interventionists to understand and be sensitive to this. These parents should be counseled regarding how it affects their child later in life and how to get temporary relief from the situation such as babysitters.

Regarding the claim of increased parental responsiveness decreasing infant crying, all except one

article included rejected the claim. According to the articles, decreased parental responsiveness will decrease the amount of infant crying in later months. Research showed even when responses are increased they are not always positive ones. This could lead to bad feelings towards the infant. Early Interventionists need to be aware and able to identify signs of negative interactions because if the interactions are not going to be positive they will affect the attachment negatively.

The claim regarding giving parents support and teaching parents how to effectively respond to infants' cries will decrease the amount of crying was supported. It is important for early interventionists to consider this claim due to the fact that by teaching parents how to respond effectively the infants will decrease their amount of crying. This relates back to the first claim of increased crying affecting parent-infant attachment negatively. If early interventionists can assist parents in decreasing their infants' crying, we can be more successful in facilitating the parent-infant attachment and interactions.

Future research should be directed at finding better ways to distinguish crying of infants. If parents are better able to distinguish their infants cries they may

meet the needs of their infants faster and decreased crying duration significantly. Future research could also focus on how early interventionists support parents in times of increased stress. Because research has shown increased stress may increase depression in mothers and therefore impact mother-infant attachment negatively it would be useful for early interventionist to have empirical research regarding effective ways to support parents during these times. Also, future research could focus the stress of mothers when they have family support as opposed to those mothers who do not have an alternative caregiver. Mothers who have family member or another caregiver available to watch their child in times of increased stress may have a decreased incidence of depression when compared to mothers who do not have an alternate caregiver.

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