AN INTERSECTIONAL APPROACH TO MOTHER-CHILD INTERACTION RESEARCH: INTEGRATING WOMEN’S STUDIES AND NURSING SCIENCE

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Abstract

Jamie Leigh Rogers-Cook: An Intersectional Approach To Mother-Child Interaction Research: Integrating Women’s Studies and Nursing Science
(Under the direction of Linda Beeber, PhD, RN)

The disparities between children with social disadvantages and those with social advantages are reflective of the inequities and patterns of discrimination that occur in the larger social context. However, these discriminatory social processes, such as institutional racism and poverty, are not typically reflected in the traditional positivist mother-child interaction research process that predominantly informs policy. Integrating social processes and related aspects of culture to the science of mother-child interaction could bring researchers a step closer to understanding the causes of disparities and effective interventions to close the gap.

This dissertation focuses on the broad problem of inequities in diverse groups of women and children while specifically highlighting one aspect of the research process: observational measurement. Merging knowledge gained from women’s studies scholarship and nursing science is the impetus for the scholarly works that comprise this dissertation. An intersectional approach to the science of mother-child interaction is the thread that links the three manuscripts within this dissertation. An intersectional approach provides a framework within which a scientist’s primary focus is the consideration of the mother and child’s situational context and the power differentials that inherently influence their relationship and each person’s individual development. From this standpoint, there is a shift from reductionist thinking about women as mothers to an inductive examination of mothering behaviors in diverse and varying groups of women.
There is a specific focus on the concepts of maternal sensitivity and maternal control found in the most commonly used observational instruments because scientists who study mother-child interactions are beginning to question the applicability and validity of these concepts in diverse families. Since these instruments are used in predominant studies that influence public policy and intervention design, it is critical that the instruments accurately reflect a non-biased view of mothering behavior.

This dissertation is organized around three scholarly papers (Chapters Two, Three, and Four) representing distinctive ways of thinking about and examining the study of mother-child interaction. The scholarly works within this dissertation offer an example of critical thinking and science that consider discriminatory processes within society as well as discrimination within the research process.
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Chapter One

Introduction of a Dissertation Written from an Intersectional Perspective

Scientists who study interactions between young children and their primary caregivers have linked the quality of this dyadic relationship to the child’s social, emotional, cognitive, physiological, and physical development over time. Mother-child interactions and the quality of the dyadic relationship have been studied extensively and the results have provided critical information about how a child’s social and emotional states develop into adulthood. For example, interdisciplinary researchers of child development report that the quality of the mother-child relationship is associated with the child’s ability to regulate affect and behavior (Burrous, Cronkenberg, & Leerkes, 2009; Feng et al., 2008; Miller, 2001; NICHD, 2004; Smith, Calkins, & Keane, 2006), form subsequent peer relationships (Gazelle & Spangler, 2007), acquire language (Baumwell, Tamis, & Bornstein, 1997), modulate physiological states (Bell & Belsky, 2008) and achieve academically (Moss, St.-Laurent, Dubois, & Chantal, 2005).

The aforementioned findings have informed public policy and the allocation of resources designated to improve child outcomes. Scientists have been and continue to study ways to improve the quality of mother-child relationships so as to improve child outcomes. The Early Head Start Initiative, The National Child Study, and research supported by The National Institute for Child Health and Development are examples of large federally funded programs designed to understand the contributors of poor academic, social, and emotional
child outcomes and how to improve these outcomes through social programs and mental health interventions. One focus of all of these programs of research is measuring the quality of mother-child interaction because this relationship is thought to be a critical component in every area of the child’s development. Consequently, interventions designed to improve child development include components to enhance the mother-child relationship. Despite extensive research spanning decades and government-funded social, health, and family interventions, there continue to be children whose cognitive, social, and emotional development consistently lags behind. More often than not, these are children of color and/or from low-income families (IOM, 2002).

The disparities between children with social disadvantages and those with social advantages are reflective of the inequities and patterns of discrimination that occur in the larger social context. However, these discriminatory social processes, such as institutional racism and poverty, are not typically reflected in the traditional positivist mother-child interaction research process that predominantly informs policy. Integrating social processes and related aspects of culture to the science of mother-child interaction could bring researchers a step closer to understanding the causes of disparities and effective interventions to close the gap. The scholarly works within this dissertation offer an example of critical thinking and science that consider discriminatory processes within society as well as discrimination within the research process.

**Overview of Dissertation**

This dissertation focuses on the broad problem of inequities in diverse groups of women and children while specifically highlighting one aspect of the research process: observational measurement. Merging knowledge gained from women’s studies scholarship
and nursing science is the impetus for the scholarly works that comprise this dissertation. An intersectional approach to the science of mother-child interaction is the thread that links the three manuscripts within this dissertation. An intersectional approach provides a framework within which a scientist’s primary focus is the consideration of the mother and child’s situational context and the power differentials that inherently influence their relationship and each person’s individual development. From this standpoint, there is a shift from reductionist thinking about women as mothers to an inductive examination of mothering behaviors in diverse and varying groups of women. Throughout this dissertation, there is a specific focus on the concepts of maternal sensitivity and maternal control found in the most commonly used observational instruments because scientists who study mother-child interactions are beginning to question the applicability and validity of these concepts in diverse families. Since these instruments are used in predominant studies that influence public policy and intervention design, it is critical that the instruments accurately reflect a non-biased view of mothering behavior.

This dissertation is organized around three scholarly papers (Chapters Two, Three, and Four) representing distinctive ways of thinking about and examining the study of mother-child interaction. Each manuscript is systematically guided by an intersectional approach. This chapter and the final chapter frame the three papers.

Chapter Two is a focused, systematic integrated literature review of mother-child interaction research guided by an intersectional approach. This manuscript is written specifically for nursing readers and thus follows a traditional format typical of systematic integrated reviews found in nursing journals. The manuscript illustrates the need for linking
the scholarship of women’s studies with the study of mother-child interaction, thus laying the groundwork for chapter three.

Chapter Three is a theoretical manuscript that describes reasons for and how to forge academic collaboration between women’s studies scholars and scientists who study mother-child interaction. It is written for an interdisciplinary audience and follows a typical format that is found in women’s studies journals.

Chapter Four presents the results of a descriptive qualitative study in which I learned how eight women from working-class backgrounds interpreted their interactions with their young children. The design of the study was inspired by my personal integration of women’s studies scholarship and nursing science.

Chapter Five concludes the dissertation with a summary and integration of the findings of the three papers presented in Chapters Two, Three, and Four and the next steps needed to pursue the development of knowledge that will guide interventions with diverse populations of mothers and children.

The remainder of this chapter includes a brief synopsis of a problem in the area of mother-child interaction observational measurement. Following the synopsis is an overview of the tenets of intersectionality. The problem presented provides rationale for the research projects incorporated in this dissertation; the overview of intersectionality provides the anchor for all parts of this program of research.

**Background and Significance**

**Problems in Mother-Child Interaction Measurement**

One way scientists determine the quality of the mother-child relationship is to observe the mother’s behaviors as she is interacting with the child and then score each behavior using
observational instruments created to measure the behaviors. Widely used observational instruments that measure the quality of mother-child interaction commonly include dimensions of maternal behavior, such as sensitivity or control. Within each dimension, a specific mothering behavior, such as following the child’s lead in play or talking in a certain tone of voice is operationalized so the observer can score the behavior. Scores rate mothering behaviors thought to contribute to positive or negative child outcomes. For example, a high score on maternal sensitivity indicates positive maternal behavior, which is thought to represent a higher quality interaction and thus a better chance for a positive child outcome. A high score on maternal control is thought to represent a lower quality interaction leading to less positive child outcomes. These instruments were created based on the behaviors of White, middle class, married women (Ispa et al., 2004; Tamis, Briggs, McClowry & Snow, 2008).

These instruments have been used with African American, Latina and low-income families (Aikens, Coleman, & Barbarin, 2008; Howes, Wishard, Guerra, & Zucker, 2007; Ispa et al., 2004); however the behavioral items that define the dimensions have not been validated in these diverse groups. In other words, the operationalized behaviors that indicate the quality of a mother’s behavior may or may not adequately represent optimal or worst behaviors of women other than White, middle class, married women.

Behaviors of White, middle-class, married women found in observational instruments comprise the optimal behaviors and are considered normal or typical behaviors by which all women are scored (Baumrind, 1972; Cunningham & Barkley, 1979; Hegarty & Pratto, 2004). The use of these instruments has created a dichotomous interpretation of mothering behavior where one group’s behaviors are considered superior to all other mothers. This process
reduces mothering behavior to a template rather than acknowledging the diversity of women’s experiences.

This problem is becoming prominent to scholarly debate. Recently, there have been deliberate discussions about whether the observational instruments used to measure mothers’ behaviors fairly and adequately represent optimal behaviors of all mothers (Ispa et al., 2004, McLoyd, 2006; Collins, 2006). The purpose of the focused integrated literature review in Chapter Two is to examine how diverse groups of women have been represented in studies using observational instruments to measure maternal behavior, specifically maternal sensitivity and control. This study was conducted to systematically evaluate points of the debate about the limitations of observational instruments used to measure diverse groups of mothers’ behaviors. The findings of this integrative literature study spurred my call for collaborative science in Chapter Three and the qualitative study that ensued, which is described in Chapter Four of this dissertation. The following presentation of the principles of intersectionality describes the foundation for the studies comprising this dissertation.

**Intersectionality**

Intersectionality is a way to explain the complex process by which a person’s race, class, and gender lead to an inferior social status (Zinn & Dill, 1996). It explains the multifaceted process by which people are oppressed and disadvantaged based on their subordinate positions within socially constructed categories such as race, class, and gender. In other words, the intersections of race, class, and gender interact to form qualitatively different experiences for every person. Collins (1990) explained that when people embrace and apply the concept of intersectionality in their work, they demonstrate a willingness to acknowledge that some people experience multiple constraints of freedom. Accepting
intersectionality means admitting that a matrix of domination affects all people; but more to the point, it affects some more than others.

Multicultural women’s studies scholars developed the tenets of the concept into an applicable scholarly framework that explains how multiple, complex dimensions of inequality and power structures create social and research inequities and injustice (Berger, 2004; Berger & Guidroz, 2009; Collins, 1993; Crenshaw, 1991; Weber, 2006). Operationalizing the concept of intersectionality arose from a widely shared critique that gender- and race-based research failed to acknowledge, consider, or explain the experience of people from different points of social intersection (McCall, 2005).

Weber (2006) described common premises that have emerged in feminist intersectional scholarship. Her framework is useful in understanding the critical aspects of the intersectional framework and is the basis for the following six points describing the assumptions inherent in an intersectional approach to research. A scientist who integrates these assumptions in the process of imagining, planning, and executing research will be more likely to recognize the numerous ways multiple identities converge to create women’s positions of subordination or domination in society and in mother-child interaction research. Thus the outcomes will be more reflective of the person’s experiences, which, in turn, will better inform how to design and implement interventions.

**Power exists and affects all levels of research relationships.** An intersectional approach to research requires subjective versus objective engagement in every part of the researcher’s process. For example, active interaction between the researcher and the research participant, collaboration between the researcher and community liaisons, and consultation between the researcher and multi-disciplined experts helps the researcher to become aware of
and more fully appreciate the complexities of social inequities that influence the participant’s experience. The relationships between the researcher and research participant, community leaders and academic research collaborators have inherent power structures that should be acknowledged at least and actively defused at best.

Active interaction on the part of the researcher can help equalize power between researcher and participant. For example, prior to executing an experimental study, the intervention can be tested via focus groups or doing a trial at a clinical setting and getting participant feedback about the intervention. This process not only enhances the instrument or intervention, but also conveys to the participants that they are the experts of their experience and that the meaning they make of their experiences is valuable to academic researchers.

Power relationships between the nurse researcher and the research participant are being examined in nursing science. Nurse researchers Mkandawir-Valhmu, Rice, and Bathum (2009) examined the impact of the investigator’s authority on the research process and found that an imbalance of power negatively influences the process of informed consent. Singh and Clarke (2006) published a thoughtful practice-based article examining the multi-level power structures within multidisciplinary teams, between team members and families, and among family members. Research and clinical practice are a microcosmic representation of the complexities of social hierarchical power structures. An intersectional research approach means that these complexities are attended to at every level of the research process.

**Science contributes to people’s social identity.** People’s identities are socially constructed, as are the research process and its outcomes. The researcher’s formulation of research problems, methods of data collection and measurement, and interpretation and
dissemination of research results all have a *trickle down* effect on how people make meanings about themselves and others.

The social identities of “crack babies” (Beattie, 2005) and “crack mamas” are examples of how science contributed to the production of a negative social stereotyping. Scientists’ interpretations of the early studies on the influence of cocaine exposure on fetuses were grossly exaggerated. The misinterpreted evidence occurred because confounding variables such as poverty, violence, inequitable distribution of prenatal resources, prejudiced care providers, and other variables were not considered in these studies (Beattie, 2005). Babies with intrauterine exposure were reported by the scientific community to be permanently and severely damaged. The interpretation of current scientific results contradicts initial findings, but it is too little, too late. The myth of the “crack baby” is firmly entrenched in the public’s mind; children who have mothers with addictions are still viewed as irreparably damaged. Furthermore, their mothers, commonly referred to as “crack mamas,” have been criminalized, stigmatized, and denied treatment as a result of these initial scientific reports.

The interpretation and application of scientific results can profoundly contribute to the social identity of many women and children. The “crack baby” and the “crack mama” are examples of how negative social stereotypes can be produced by science and subsequently accepted and maintained by society.

**Recognizing subordinate and dominant group norms.** Power relationships exist at the macro level of social systems, including health and academic institutions, and at the micro level of interpersonal relationships. The normativity of middle-class Whiteness in mother-child interaction research creates a “center” versus “margin” effect. For example,
standardizing the mothering behaviors of the dominant group (White, middle-class, married) in observational instruments contributes to the dichotomous labeling of “good” versus “bad” behavior as that which does (good) and does not (bad) conform to the “standard.” Naturally, the dominant group will score better (good) because the instrument was designed for use with them. All other mothers are less likely to meet the “optimal” standards. From an intersectional standpoint, it is not reasonable to assume that instruments designed to measure the behaviors for one group will be applicable to or valid in all other groups.

**People who form homogeneous groups are actually different.** Levels of social hierarchy exist when one group’s social status is more highly valued than another. However, it is the social hierarchies within groups that create the greatest diversity (Dill & Zambrana, 2009). In other words, diversity comes as much from the variations within a group as across groups. Dimensions of difference between groups and within groups are fluid and contextual, varying over time and place. Economic, political, and ideological trends affect socially intersecting locations. Therefore, social status is not the same in different regions within a state, country, or world. However, researchers refer to these dimensions as demographics or independent variables, which are fixed. Sometimes, national studies cover many regions and the variable of “race” is expected to mean the same thing across all groups. To do so limits our understanding of the variations within groups that are often considered to have similar cultures, customs, genetics, and values.

Prior to a research endeavor, it is critical to understand the diversity within the group being studied. This can be done by going into the community and talking with people, collaborating with community organizations that have familiarity with the population that will be studied, or conducting qualitative studies prior to or in conjunction with quantitative
work. Getting to know how people organize within a collective group offers invaluable information about how to plan the study and thus a greater chance of designing more successful intervention.

**Concepts:** *Simultaneous and multiplicative.* Social inequalities are interdependent, simultaneously represented, and integrally connected systems that cannot be explained by any one variable (Simien, 2007; Warner, 2008). To put it another way, oppression created by occupying more than one subordinate position is multiplicative, not additive. It is not reducible to one dimension or factor for an individual or a group and is therefore unique. For example, researchers cannot understand the ways women are disadvantaged as women nor the ways people of color are oppressed because of their skin tones unless there is examination of the how the structures (gender, socioeconomic status and race) interact with one another (Weldon, 2006).

The multiplicative effect of diverse social identities directly affects a person’s internal sense of self, external material resources, and participation in and regard for one’s own health. The multiplicative effect of oppression cannot be overstated and is not easily understood; therefore an example may be helpful. A Black, single, working-class mother’s experience of discrimination is different than a White, middle income, married woman’s experience. This is not to say that a married, middle income, White woman does not experience racial and/or gender discrimination, nor does it necessarily mean that every single, Black, working-class mother experiences universal discrimination. The point is that each woman’s experience is qualitatively different. Each woman’s experience of gender intersects with her experience of race and her experience of class -- all of which can only be understood in the context of her own life.
No person can separate their gender experience from their racial experience or either from their class experience; hence the unique social oppression experienced by each woman affects her interactions in personal relationships and those she has with social institutions (Jordan-Zachery, 2007), such as schools, mental health centers, Head Start programs. Audre Lorde (1984) relates her experience of being asked to separate her social identities as “plucking out” one part of herself and trying to present it as meaningful whole, all the while having to “eclipse and deny” other critical parts of her existence (p. 120). The concept of *multiplicative* explains why categorizing individuals by race, class, or gender separately renders the individual’s whole experience invaluable.

**Interdependence: Science and social activism.** Applying an intersectional approach to research means that the researcher is on a clearly defined quest to unveil and challenge power inequities that exist in research and in society at large. Conducting research through the lens of intersectionality means the ultimate goal is not only to achieve statistically significant results but also to work towards social justice for the participants in the research process.

It is misleading to say that taking an intersectional approach in research will ensure full appreciation for the individual’s experiences or that a study using an intersectional approach will achieve social justice. There is really no practical way to fully integrate every person’s individual experience into an intervention research study. However, understanding the assumptions of intersectionality prior to the research process, adhering to the principles when possible, and understanding the limitations of researcher will improve the way science is conducted.
Appendix A includes a non-exhaustive list of questions that a scientist interested in using an intersectional approach can consider when developing a research project. The questions are meant to help the researcher scrutinize subtle points of research that are often overlooked or dismissed and to promote an intersectional approach to research.

**Conclusion**

Ultimately, the purpose of my program of research is to produce new knowledge that will improve the effectiveness of the delivery of care for disadvantaged women, children, and families. To begin this, the focus of these scholarly works is to present: (a) an integrated literature review of the last 10 years of research that include commonly used dimensions that measure mother-child interaction using an intersectional approach; (b) a course of reasoning that will encourage disciplines within the academic community, specifically those interested in the experiences of women and/or children, to work in a transdisciplinary way towards a common goal: helping women and children at multiple levels from the personal to the political; and (c) the analysis of a descriptive qualitative study that brings scholars’ attention to how working-class women interpret their own interactions with their young children.
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Chapter Two

A Systematic Review of Maternal Sensitivity and Control Using an Intersectional Approach

Research suggests that the quality of a mother and child’s relationship directly influences the child’s social, emotional, cognitive, behavioral, and physical development. For example, interdisciplinary researchers of child development report that the quality of the mother-child relationship is associated with the child’s ability to regulate affect and behavior (Burrous, Cronkenberg, & Leerkes, 2009; Feng et al., 2008; Miller, 2001; National Institute for Child Health and Development (NICHD), 2004; Smith, Calkins, & Keane, 2006), form subsequent peer relationships (Gazelle & Spangler, 2007), acquire language (Baumwell, Tamis, & Bornstein, 1997), modulate physiological states (Bell & Belsky, 2008), and achieve academically (Moss, St.-Laurent, Dubois, & Chantal, 2005).

The examination of mother-child interactions is an important and complex undertaking that provides information about how and to what degree a mother’s behavior influences a child’s early and future behaviors. Maternal sensitivity and maternal control are commonly used research concepts that describe a mother’s interactive behavior. Maternal sensitivity and maternal control were defined in the 1950s and 1960s (Ainsworth, 1969; Bowlby, 1969; Sears, Whiting, Newlis, & Sears, 1953; Schaefer, 1959) and have since been used liberally throughout the mother-child research literature as a determinant of the quality of the relationship.
Currently, there is debate as to whether the operationalized behaviors measured within the domains of maternal sensitivity and control are valid for mothers across cultures, ethnicities, and class (Aikens, Coleman, & Barbarin, 2008; Howes, Guerra, & Zucker, 2007; Ispa et al., 2004; Robinson & Eltz, 2004). Researchers have found ethnic minority mothers frequently score lower than European American mothers in measures of parenting behavior (Berlin, Brooks-Gunn, Spiker, & Zaslow, 1995; Yasue & Dishion, 2008). According to Lugo & Tamis (2008), there has been little consideration of research selection bias and endogeneity in science that examines mother-child interaction. For example, until the last decade, the majority of studies of mother-child interaction and parenting have included predominantly middle-class, married, White women -- thus setting the standard for what is deemed optimal mothering behavior (Bluestone & Tamis-LeMonda, 1999; Demo & Cox, 2000; McLoyd & Steinberg, 1998).

Though there is debate about the concepts and their applicability across diverse groups, there has been only one known review of the literature to determine how the concepts are being used across groups. Halgenseth, Ispa, and Rudy (2002) conducted a literature review that specifically focused on Latina families and parental control. However, there has not been a systematic review of the literature to determine how these concepts are measured, how the outcomes reflect mothering behavior across diverse groups -- that is, women of color and/or who are economically disadvantaged -- or how diverse groups’ maternal behaviors are portrayed in academic research.

The purpose of this systematic review is to determine how researchers have defined and used the concepts of maternal sensitivity and control to measure mothering behavior over the last ten years. The research for this review is conducted using an intersectional approach,
as this approach is particularly pertinent to the debate about cultural relevance of these concepts across diverse groups. Following is a brief explanation of intersectionality and overview of the concepts maternal sensitivity and control.

**Intersectionality**

Multicultural feminist scholars define intersectionality as a complex process by which people’s positions of race, class, gender, and sexuality lead to inferior social status (Berger, 2004; Berger & Guirdroz, 2010; Collins, 1990; Crenshaw, 1991; Dill & Zambarana, 2009). The concept of intersectionality was brought about by a widely shared critique that gender- and race-based research failed to acknowledge, consider, or explain the experiences of people from different points of social intersection (McCall, 2005). Different points of social intersection refer to how oppression and power at the intersections of race, class, gender, sexuality, marital status, and other identities affect academic and public knowledge of how we know what we know. A researcher who uses an intersectional approach examines how both formal and informal systems of power are deployed, maintained, and reinforced through axes of race, class, and gender (Berger & Guirdroz, 2010; Collins 1993; Weber 2006;).

A person who uses an intersectional approach to critique and conduct research attends to how normative maternal behavior is defined for all women, how interventions are designed, who receives the intervention, and how people in society construct ideas of which behaviors are critical for a woman to be considered a good mother. A researcher using this approach to study mother-child interaction research considers how constructed notions of good mothering affect women on a personal level (i.e., the way women see themselves as mothers) and on a political level, (i.e., the way policies are created).
Following an intersectional approach, this researcher is particularly cognizant of the steps involved throughout the research process, from titling the article to the interpretation of results and discussion. This review places particular emphasis on how the intersections of race and class of mothers with young children have been considered throughout the research process of these selected works. This author specifically examines how race, class, maternal sensitivity, and control are integrated and compared in the research design, methods, results, and discussion. Attention is paid to government supported research endeavors (e.g., National Institute for Child and Development and Early Head Start) because these are predominant studies that inform public policy, which in turn influences the way the non-academic public understands and identifies good mothering.

The principles of intersectionality provide a more nuanced lens through which to examine mother-child interaction research that brings into focus oppression at the intersections of race, economic class, and marital status. In other words, a researcher who employs an intersectional philosophy sees gaps, biases, and discrimination in existing literature that otherwise may go unrecognized. The basis for this integrated review is the question of how existing mother-child interaction research represents women of color and/or who are without financial resources. Applying an intersectional approach to this integrative review illuminates how academic research, a formal system of power, contributes to, maintains, and/or reinforces a superior/inferior dichotomy of mothering behavior by interrogating how the researcher conducts and interprets mother-child interaction research.

In addition to illuminating gaps, using an intersectional approach means that this researcher searched for ways that researchers in the field of mother-child interaction
incorporated an understanding of social hierarchical power dynamics that existed at the intersections of race, gender, nationality, and economic status. Several researchers included in this review illustrated this understanding as they work towards redefining the traditional and deep-rooted concepts of maternal sensitivity and control. Using this approach in an integrated literature review gives a view of mother-child research that questions the status quo and highlights research that actively seeks equitable research practices and interventions for families.

**Maternal Sensitivity and Control**

Ainsworth, a pioneer theorist of mother-child attachment, defined maternal sensitivity as “the mother’s ability to perceive and to interpret accurately the signals and communications implicit in her infant’s behavior, and given this understanding, to respond to them appropriately and promptly” (1969, p.1). In the early 1970s, Ainsworth developed observational methods to measure mother-child attachment. Maternal sensitivity is one of the operationalized concepts in the observational instrument that she developed (Appendix B) and is the foundation on which current measurements of maternal sensitivity are built. “The optimally sensitive mother is able to see things from her baby’s point of view. She is alert to perceive her baby’s signals, interprets them accurately, and responds appropriately and promptly[,]… temporally contingent upon the baby’s signals” (Ainsworth, Blehar, Waters, & Wall, 1978, p. 142). Maternal abilities, reciprocal give and take, contingency of the infant’s behavior, and quality of the mother’s behaviors have been identified as critical attributes of maternal sensitivity (Shin, Park, Ryu, & Seomum, 2008).

Maternal control has its roots in the concept of maternal over-protectiveness (Leavy, 1938). Schaefer (1959) defined maternal control as maternal anxiety that is transmitted
through a mother’s actions, such as being intrusive, demanding, and coddling the child unnecessarily. At that time, controlling maternal behavior was thought to foster dependency, which was considered an undesirable consequence, through excessive emotional involvement (Schaefer, 1959). Consequently, there was a negative connotation of mothers who exhibited controlling behavior because a child’s autonomy (versus dependency) was deemed important for positive child development. Ainsworth and colleagues (1978) conceptualized maternal control as interfering or directing a child’s play and deemed maternal control insensitive.

**Methods**

**Search Strategy**

A computerized bibliographic data search was conducted to identify relevant articles for inclusion in this systematic review. Several databases were included in the search: PubMed, PsychInfo, CINHAL, Family and Society Studies Worldwide, Mental Measurements, PsychArticles, Psychcritiques, Social Work abstracts, and Women’s Studies International. The search terms were *mother-child interaction, maternal sensitivity, maternal control*, and commonly used proxies for maternal control and sensitivity, *warmth and intrusiveness*.

The search was limited to articles published in English during the time period 2000-2010 and conducted in the United States. The search was limited to these dates because this author was interested in understanding how current mother-child interaction research reflects the integration of intersectional principles, particularly in light of the recent increased interest in cultural and ethnic aspects of mother-child relationship development and debate in the field. Furthermore, particular observational methods and the specific concepts of maternal sensitivity and control were chosen because of their centrality in the predominant way of
measuring mother-child interactions that directly affect U.S. policy governing services for mothers and children.

The preliminary screening yielded 639 research titles and abstracts or articles. A second and third detailed review of the initial articles using more stringent inclusion and exclusion criteria were conducted as follows.

**Inclusion and exclusion criteria**

Published articles whose authors examined the quality of mother-child interaction, specifically focusing on the concepts of maternal sensitivity and control were evaluated for inclusion of this systematic review. To be included in the review, articles met the following criteria: (a) empirical research; (b) mothers aged 18 years and older with no specific focus on a mental or physical disabilities; (c) observations of children under the age of five with no specific research focus on mental, developmental, or physical disabilities; (d) the concepts of maternal sensitivity and control were measured using observational methods; (e) maternal sensitivity and/or control were conceptually and operationally defined within the text; (f) studies (at least one arm) were conducted in the United States; and (g) maternal control and sensitivity were not used to measure pre- and post-intervention but instead were the focus of the study. Note that some children involved in longitudinal studies aged past five years, but the observational data were from mother-child interactions when the child was less than five years old. Also, some authors measure maternal depression but depression was not a focal point of the selected article.

In some cases, only one concept was conceptually defined with a proxy used for the other concept. For example, some researchers defined control but used maternal warmth instead of maternal sensitivity. There were several instances where the concept of control
was defined and then used interchangeably with “intrusive” throughout the article. These articles were maintained in this review as long as intrusiveness was specifically defined as maternal control or one type of maternal control versus a stand-alone concept.

The literature on mother-child interaction is vast; therefore the reviewer had to determine strict exclusion criteria in order to narrow the field enough to conduct this review. Articles that focused on maternal sensitivity exclusively related to infant feeding practices were excluded. Articles whose authors included fathers in the observations were also excluded. Articles that focused exclusively on adolescent mothers were excluded because this reviewer was interested in examining how researchers represent normative adult mothering practices; therefore, the examination of adolescent mothering behaviors is beyond the scope of this paper. Also, there were overlapping articles where researchers used the same sample, used the same methods, and described the concepts in exactly the same way. The duplicative study was excluded from this review. However, if two studies were from the same sample, but differed in their explanation or operationalized understanding of maternal sensitivity or control, then the article was included in the review.

Data extraction

Data extraction was a multi-step process. After a review of each title for relevance to this study, there was a review of the abstracts that remained after the first pass of titles. For the abstract review, the author discerned which articles would remain for the full article review using a data matrix (Appendix C). This preliminary data matrix included (a) the first author(s)’s name, journal, year of publication; (b) a “yes” or “no” column of whether the study was conducted (at least one arm) in the United States; (c) purpose of the paper; (d) a “yes or no” column of whether the concept of control and/or sensitivity were used in the
abstract and (e) whether there was maternal or child psychopathology described in the
abstract; (f) data collection method (observation vs. self report) of maternal behaviors; and
(g) a “yes” or “no” column of whether maternal control and sensitivity were used to measure
pre and post intervention criteria. The purpose of this step was to eliminate articles that did
not obviously fit the established inclusion or exclusion criteria.

Once the remaining articles were established, a more complex data extraction tool
was devised (Appendix D). This data matrix tool included (a) the total sample including a
breakdown of race and socioeconomic status (SES); (b) the actual operationalized definitions
of the concept(s); (c) data collection methods including location and length of the
observation, who coded the observation, reliability of coders of the observation and validity
of the codes used for the observation; (d) the results of the study; and (e) if and how the
authors addressed the constructs of race and/or class throughout the research report,
specifically in the sample, methods, results, and discussion sections.

Results

The results section of this review is organized and presented as (a) the selection of
relevant publications, (b) characteristics of the studies, (c) a synthesis of how maternal
sensitivity was defined, (d) a synthesis of how maternal control was defined, (e) a synthesis
of the observational methods used in the research, and (f) a synthesis of the results of all the
publications included in this review.

Selection of relevant publications

Six hundred and thirty-nine titles were reviewed. Titles were excluded if the articles
were obviously not related to the subscribed concepts of maternal sensitivity and control.
After this first-pass elimination, 257 abstracts were reviewed. The author used the primary
data matrix to review the abstracts and eliminated 203 articles, leaving 54 full-text articles to be reviewed. The more comprehensive data matrix as described previously was used to determine which of these 54 articles would be included in this review. If the authors of these articles did not include definitions of at least one of the concepts, then the articles were eliminated; consequently 27 of the 54 articles were eliminated. After this multi-step data collection process, 27 articles were included in the final review.

Characteristics of studies

Of the 27 articles included, 18 articles were publications related to four large national studies: The National Institute of Child Health and Human Development (NICHD) Early Child Care Research Network \((n=5)\), the Early Head Start Research and Evaluation Study (EHSRES) \((n=7)\), the Durham Child Health and Development Study \((n=3)\), and a longitudinal study in a metropolitan city in the southwest \((n=3)\). However, the findings in each publications report on different subsamples of the larger sample. The remaining 9 articles were independent studies. Refer to Tables 1 to 4 for descriptions of studies that used data from larger studies that are included in the review. The tables summarize sample size, race, ethnicity, and how the researcher used the concepts of control and sensitivity.
<table>
<thead>
<tr>
<th>Author(s)</th>
<th>Year</th>
<th>n</th>
<th>Race</th>
<th>SES</th>
<th>Control</th>
<th>Sensitivity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Child Care</td>
<td>2003</td>
<td>1148</td>
<td>W: 78%</td>
<td>INR&lt;sup&gt;c&lt;/sup&gt;: 3.47</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>Network</td>
<td></td>
<td></td>
<td>AA: 11%</td>
<td></td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>H: 6%</td>
<td></td>
<td>N/A</td>
<td>a priori Composite</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>O: 5%</td>
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<td></td>
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<tr>
<td>Early Child Care</td>
<td>2004</td>
<td>1364</td>
<td>W: 76%</td>
<td>INR: 3.47</td>
<td>N</td>
<td>Y</td>
</tr>
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<td></td>
<td>AA: 24%</td>
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<td>N/A</td>
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<td>a priori Composite</td>
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<td></td>
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<tr>
<td>Belsky &amp; Fearon</td>
<td>2002</td>
<td>1053</td>
<td>W: 84.2%</td>
<td>Can Not Be Determined</td>
<td>N</td>
<td>Y</td>
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<td>N/A</td>
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<tr>
<td>Belsky et al.</td>
<td>2006</td>
<td>1041</td>
<td>W: 81%</td>
<td>INR 3.49</td>
<td>Y</td>
<td>Y</td>
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<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>N/A</td>
<td>Maternal Warmth</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>a priori Composite</td>
</tr>
<tr>
<td>Gazelle &amp; Spangler</td>
<td>2007</td>
<td>581</td>
<td>W: 86.4%</td>
<td>Can Not Be Determined</td>
<td>N</td>
<td>Y</td>
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<td></td>
<td>AA: 8.4%</td>
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<td>N/A</td>
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<td>H: 5.2%</td>
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<td>a priori Composite</td>
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</table>

Note: A priori composites are further explained in 5.

Note: The HOME is an instrument measuring child’s environment and parent’s behavior.

Note: Race and income are displayed as described by the author.

<sup>a</sup> White  
<sup>b</sup> African American  
<sup>c</sup> Hispanic  
<sup>d</sup> Income to Needs Ratio
Table 2.2

_EHSRES in Final Review_

<table>
<thead>
<tr>
<th>Author(s)</th>
<th>Year</th>
<th>n</th>
<th>Race</th>
<th>Control</th>
<th>Sensitivity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gibson-Davis &amp; Grossman-Pines</td>
<td>2010</td>
<td>6449</td>
<td>EA^2: 2907 AA^2: 985 MA^2: 1239</td>
<td>Y Intrusive</td>
<td>Observation: Own Instrument</td>
</tr>
<tr>
<td>Howes Guerra &amp; Zucker</td>
<td>2007</td>
<td>125</td>
<td>125 Mexican Heritage</td>
<td>Y Intrusive</td>
<td>Emotional Availability Scale (Biringen et al. 2000)</td>
</tr>
<tr>
<td>Howes &amp; Guerra</td>
<td>2008</td>
<td>83</td>
<td>83 Mexican Heritage</td>
<td>Y Intrusive</td>
<td>Emotional Availability Scale (Biringen et al. 2000)</td>
</tr>
<tr>
<td>Howes &amp; Obregon</td>
<td>2009</td>
<td>78</td>
<td>78 Mexican Heritage</td>
<td>Y Intrusive</td>
<td>Emotional Availability Scale (Biringen et al. 2000)</td>
</tr>
</tbody>
</table>
Table 2 (Con’t)

_EHSRES in Final Review_

<table>
<thead>
<tr>
<th>Author(s)</th>
<th>Year</th>
<th>n</th>
<th>Race</th>
<th>Control Defined</th>
<th>Control Proxy</th>
<th>Control Measure</th>
<th>Sensitivity Defined</th>
<th>Sensitivity Proxy</th>
<th>Sensitivity Measure</th>
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<tr>
<td>Lugo &amp; Tamis</td>
<td>2008</td>
<td>2089</td>
<td>W²:</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>Y</td>
<td>N/A</td>
<td>Amended a priori Composite</td>
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<td>40%</td>
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<td>B⁰:</td>
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<td>34.8%</td>
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*Note: All families in EHSRES have income below poverty threshold*

a European American  
b African American  
c Mexican American  
d White  
e Black  
f Hispanic
<table>
<thead>
<tr>
<th>Author(s)</th>
<th>Year</th>
<th>n</th>
<th>Race</th>
<th>SES</th>
<th>Control</th>
<th>Sensitivity</th>
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<td></td>
<td>Defined</td>
<td>Proxy</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Pungello et al.</td>
<td>2009</td>
<td>146</td>
<td>AA: 73</td>
<td>EA&lt;sup&gt;b&lt;/sup&gt;: 73</td>
<td>Y</td>
<td>Intrusive</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>AA: 72</td>
<td>EA: 70</td>
<td>N</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>2007</td>
<td>148</td>
<td>AA: 56%</td>
<td>EA: 44%</td>
<td>Y</td>
<td>Intrusive</td>
</tr>
</tbody>
</table>

Note: Race is reported as authors reported

<sup>a</sup> African American
<sup>b</sup> European American
<sup>c</sup> Income to Needs Ratio
Table 2.4  

*Metropolitan Final Review*

<table>
<thead>
<tr>
<th>Author(s)</th>
<th>Year</th>
<th>n</th>
<th>Race</th>
<th>SES</th>
<th>Control</th>
<th>Sensitivity</th>
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</thead>
<tbody>
<tr>
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<td></td>
<td></td>
<td>Defined</td>
<td>Proxy</td>
</tr>
<tr>
<td>Gaertner et al.</td>
<td>2008</td>
<td>146</td>
<td>AA: 5% (^a)</td>
<td>Can Not Be Determined</td>
<td>Y</td>
<td>Intrusive</td>
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<td></td>
<td></td>
<td></td>
<td>EA: 81% (^b)</td>
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<td></td>
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<td>NA: 4% (^c)</td>
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<td></td>
<td></td>
<td></td>
<td>Asian: 2%</td>
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<tr>
<td>Popp et al.</td>
<td>2008</td>
<td>241</td>
<td>EA: 74% (^b)</td>
<td>Can Not Be Determined</td>
<td>Y</td>
<td>Intrusive</td>
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<td></td>
<td></td>
<td>AA: 2.4% (^d)</td>
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<td>NA: 2.4%</td>
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<td>Asian: 0.8%</td>
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<td>H: 13% (^d)</td>
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<td></td>
<td></td>
<td></td>
<td>O: 7.3%</td>
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<tr>
<td>Smith et al.</td>
<td>2007</td>
<td>213</td>
<td>AA: 4.1% (^d)</td>
<td>Can Not Be Determined</td>
<td>Y</td>
<td>Intrusive</td>
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<tr>
<td></td>
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<td></td>
<td>EA: 71% (^d)</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>MA: 15.5%</td>
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<td></td>
<td></td>
<td></td>
<td>O: 4%</td>
<td></td>
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</tbody>
</table>

*Note: Race is reported as author reported*

\(^a\) African American  
\(^b\) European American  
\(^c\) Native American  
\(^d\) Mexican American  
\(^e\) Other (not defined in text)
**Conceptualization of Sensitivity**

Ten research groups used a combination of operationalized behaviors to determine the mother’s level of sensitivity. For example, researchers whose samples were from the larger NICHD and the Durham Child Health and Development ($n=8$) study samples all use a coding system developed by Owens for the original NICHD studies. Owens adapted the scales from Ainsworth’s sensitivity scale (1978) and Fish’s (1990) mother-infant interaction scale. Carlson and Harwood (2003) collected their own observational data and used a modified version of Ainsworth’s sensitivity scale; however, they validated the observational instrument specifically for the mothers included in their study.

Though these researchers used the similar observational codes, maternal sensitivity is not the same across studies. Each research team determined a total maternal sensitivity score from a composite of some or all of the following subscales: sensitivity, levels of intrusiveness, level of detachment or disengagement, level of developmental stimulation of the child, level of positive and negative regard for the child, and affect displayed (https://secc.rti.org/manuals.cfm). See Appendix B for description of the dimensions of sensitivity.

The observational coders rated the quality of the interaction by scoring each subscale on a 1 to 4, 1 to 7, or 1 to 9 Likert scale, depending on the age of the child and the study. The scores of the subscales were summed to form a total maternal sensitivity scale.
In five studies, maternal sensitivity was described in broad terms (versus a priori operationalized terms) such as the mother’s ability to be appropriately attentive to and provide contingent responses to the child (Adam, Gunnar, & Tanaka, 2004) and showing appropriate affect that matched the child’s level of arousal, interests, and abilities (Calkins, Hungerford, & Dedmon, 2004; Martin, Clements & Crnic, 2002; Popp, Spinard, & Smith, 2008; Smith et al., 2007).
Five studies used the Biringen (2nd or 3rd ed.) Emotional Availability Observation Scale to measure maternal sensitivity (Biringen, Matheny, Bretherton, Renouf, & Sherman 2000; Bornstein et al., 2008; Howes & Guerra, 2008; Howes & Obregon, 2009; Little & Carter, 2005). This scale was based on the Ainsworth et al. (1978) sensitivity scale, but it differs from previously discussed sensitivity observational instruments because it rates the dyad’s mutual interactions versus the mother’s ability and interactive skills exclusive of the child’s interactive skills (Biringen et al., 2000). Using the Emotional Availability Observation Scale, the coder rated sensitivity based on the emotional communication between the parent and the infant as positive, appropriate and creative, and when the parent appears genuine, authentic, and displays congruent interest, pleasure and amusement with the child.

**Conceptualization of Control**

Maternal control was inconsistently defined throughout mother-child interaction literature. The concept was used most consistently in reference to a negative maternal action toward the child. Olson, Ceballo and Park (2002) offered a general conceptual explanation of maternal control as a negative verbal or physical action where the mother attempted to control the child’s behavior. They related this negative action to maternal expressions of anger, irritability, or both, which led to less optimal child outcomes. Of those who defined control, Olson, Ceballo, and Park were the only ones to use the term maternal control as a stand-alone concept with no proxy.

In some cases, maternal control is differentiated along a continuum of negative, neutral, or positive maternal action. The conceptual definitions range from general explanations of maternal control to specific discrete operationalized maternal behaviors. In
some instances, maternal control is not exclusive from maternal sensitivity, but was instead one dimension of maternal sensitivity. Figure 2.1 is a graphic display of how maternal control was most commonly defined and measured: *intrusiveness, along a continuum*, and *other terms used that are reflective of maternal control* but not specifically stated as maternal control.

**Intrusiveness.** The most common measurable behaviors determined to represent maternal control (n=17) were labeled as *intrusiveness*. *Intrusiveness* consistently represented as a constellation of insensitive, interfering parental behaviors rooted in a lack of respect for a child’s autonomy. A mother with intrusive behaviors was thought to have her own agenda and either overwhelms the child with excessive stimulation or interrupts the child’s self-initiated activity. Intrusive control was thought to undermine the child’s sense of autonomy.

![Maternal Control Diagram](image)

Figure 2.1: Maternal Control

In 12 of the 17 researcher teams that referred to maternal control as *intrusiveness*, the teams embedded the concept within the total composite of maternal sensitivity (Adams et al., 2004; Belsky, Bell, Bradley, Stallard, & Stewart-Brown, 2006; Belsky & Fearon, 2002; Gazelle & Spangler, 2007; Gibson & Gassman, 2010; Lugo & Tamis, 2008; Mills et al.,...
2007; NICHD, 2003; NICHD, 2004b; Propper et al., 2008; Pungello, Iruka, Dotterer, Mills, & Resnick, 2009; Sheese, Voelker, Rothbart & Posner, 2007). In these instances, a higher *intrusiveness* score decreased the overall maternal sensitivity score.

Ispa et al. (2004) and Howes, Guerra, and Zucker (2007) used the same operationalized behaviors defined as *intrusiveness* as described in the above 12 studies; however, they used this dimension as a stand-alone measure for maternal control. In other words, *intrusiveness* was not measured as a part of an overall sensitivity score.

**Maternal control defined along a continuum.** Some research teams delineated types of maternal control. In other words, instead of maternal control always reflecting a negative maternal behavior, these authors inferred that some types of maternal control did not lead to negative child outcomes as it has been historically referenced in the literature.

Dennis (2008) defined control in three categories: *guiding towards competence*, *encouraging appropriate behavior*, and *critiquing*. The first two categories, *guiding towards competence* and *encouraging appropriate behavior*, related to how a mother may verbally or physically guide a child’s behavior towards a positive end. *Critiquing* referred to when a mother expresses disappointment or criticizes a child when she/he fails to meet the mother’s expectation.

Carlson and Harwood (2003) measured physical control in reference to a specific maternal goal-directed behavior. The observer rated the mother’s use of physical contact to manipulate, limit or control the infant’s movement on a scale of one to nine with nine being “nearly constant physical control.” In this instance, control was not necessarily considered a negative maternal behavior.
Control was also defined as using parental power assertion that is mediated by gentle guidance strategies (Gaertner, Spinrad, & Eisenberg, 2008), maternal warmth (Halgunseth, Ispa, Csizmadia, & Thornburg, 2005) or maternal sensitivity (Martin et al., 2002).

**Other operationally defined terms indicative of maternal control.** Five studies (Biringen et al., 2009; Bornstein et al., 2008; Howes & Guerra, 2008; Howes & Obregon, 2009; Little & Carter, 2005) did not specify maternal control, but instead referred to *non-intrusive* maternal behavior. In these studies, *non-intrusive* referred to the degree to which the mother directs the flow of the interaction with her child. Though these researchers did not directly refer to this behavior as a type of maternal control, it was the opposite of what other researchers label as intrusive control.

**Synthesis of observational methods**

All of the observations were scored from a videotaped interaction of the mother and the child. Authors from 11 articles reported the observations were videotaped in the families’ home, and 17 were videotaped in a laboratory environment. The longitudinal studies had more than one video-recorded observation. The observations either occurred in the lab, in the home, or a combination of both lab and home. Table 6 is a display of observational methods used in the selected studies.

**Length and type of structure of observation.** The length of observation time varied from 5 to 45 minutes. Of the 27 studies, 5 were structured, 17 were semi-structured, and 2 were free play. A *structured* observation was when the research team supplies specific toys to be played with in a specific order for a pre-specified length of time. *Semi-structured* refers to the combination of an observation of free play and structured play imposed by the research team. A *challenge task* was designed to elicit tension within the dyad to determine how they
manage their behavior under stress. The challenge tasks were the Still-Faced Assessment (Tronick, Als, & Brazelton, 1980), increasingly challenging puzzles, separation and reunion with the mother, clean up, and prohibition tasks that restrict the child’s movements. The Still Face Assessment is a challenge task where the mother sits expressionless, which violates the baby’s expectation of social behavior and consequently stresses the young child. A toy bag task is a developmentally designed task that the child completes independently, in a specific order, often with increasing difficulty.

Other researchers devised different methods for structuring the mother-child observations. Biringen’s research team (2000) constructed two six-minute tasks with two clean up sessions, which were designed to challenge the child. Adam, Gunner, and Tanaka (2004) wanted to moderately challenge the toddler to achieve frustration. They designed a prohibition task where the toddler was enticed with a toy but not given the opportunity to play with it, asked to complete a clean-up task, and asked to complete a task that was intentionally slightly above the child’s skill set.
<table>
<thead>
<tr>
<th>Author Year</th>
<th>Number of observations of maternal sensitivity or control</th>
<th>Location of observation</th>
<th>Length of video observation</th>
<th>Structure of observation with description of task</th>
</tr>
</thead>
</table>
| Adam et al. (2004) | 1 | Lab | Not Stated | Structured:  
  - Five Tasks  
  - Challenge |
| Belsky & Fearon (2002) | 1 | Lab | 15 minutes | Semi-structured:  
  - Three bag  
  - No challenge |
| Belsky et al. (2006) | 5 | Not Stated | 15 minutes | Semi-structured:  
  - Toys provided  
  - No challenge |
| Biringen et al. (2000) | 3 | Home, Home, Lab | 16-20 minutes | Structured:  
  - Toys provided  
  - Challenge |
| Bornstein et al. (2008) | 1 | Home | 10 minutes | Free Play |
| Calkins et al. (2004) | 1 | Lab | 12-14 minutes | Semi-structured:  
  - Five tasks  
  - Challenge |
| Carlson & Harwood (2003) | 3 | All Home | 45 minutes | Semi-structured:  
  - Five everyday tasks  
  - No challenge |
| Dennis (2008) | 1 | Lab | 16 minutes | Semi-structured:  
  - Two tasks  
  - Challenge |
| Gaertner et al. (2008) | 1 | Lab | Not Stated | Semi-Structured  
  - Three tasks  
  - Challenge |
<table>
<thead>
<tr>
<th>Author Year</th>
<th>Number of observations of maternal sensitivity or control</th>
<th>Location of observation</th>
<th>Length of video observation</th>
<th>Structure of observation with description of task</th>
</tr>
</thead>
</table>
| Gazelle & Spangler (2007) | 3 | All Lab | 15 minutes | Semi-Structured  
  - Three bag  
  - No challenge |
| Gibson & Gassman (2010) | 2 | Not Stated | 10 minutes | Semi-Structured  
  - Two bag  
  - No challenge |
| Halgunseth et al. (2005) | 1 | Home | 10 minutes | Structured  
  - Two tasks  
  - No challenge |
| Howes & Obregon (2009) | 4 | All Home | 30 minutes | Semi-structured  
  - One task  
  - No challenge |
| Howes & Guerra (2008) | 3 | All Home | 10 minutes | Semi-structured  
  - Three bag  
  - No Challenge |
| Ispa et al. (2004) | 2 | All Home | 10 minutes | Semi-structured  
  - Three bag  
  - No challenge |
| Little & Carter (2005) | 1 | Lab | 10 minutes | Semi-structured  
  - Four tasks  
  - Challenge |
| Lugo & Tamis (2008) | 3 | All Home | 10 minutes | Semi-structured  
  - Two tasks (Challenge |
<table>
<thead>
<tr>
<th>Author Year</th>
<th>Number of observations of maternal sensitivity or control</th>
<th>Location of observation</th>
<th>Length of video observation</th>
<th>Structure of observation with description of task</th>
</tr>
</thead>
<tbody>
<tr>
<td>Martin et al. (2002)</td>
<td>1</td>
<td>Lab</td>
<td>5 minutes</td>
<td>Structured • Challenge only</td>
</tr>
<tr>
<td>Mills et al. (2007)</td>
<td>2</td>
<td>Home, Lab</td>
<td>Not stated</td>
<td>T1=free play T2=Two tasks including challenge</td>
</tr>
<tr>
<td>NICHD Early child Care Research Network (2003)</td>
<td>3</td>
<td>All Lab</td>
<td>15 minutes</td>
<td>Semi-structured • Three bag • Challenge</td>
</tr>
<tr>
<td>NICHD Early child Care Research Network (2004)</td>
<td>2</td>
<td>All Lab</td>
<td>15 minutes</td>
<td>Semi-structured • Three bag • Challenge</td>
</tr>
<tr>
<td>Olson et al. (2002)</td>
<td>1</td>
<td>Home</td>
<td>Not stated</td>
<td>Structured • Clean up challenge</td>
</tr>
<tr>
<td>Popp et al. (2008)</td>
<td>2</td>
<td>All Lab</td>
<td>Not stated</td>
<td>Semi-structured • Two tasks • Challenge</td>
</tr>
<tr>
<td>Propper et al. (2008)</td>
<td>3</td>
<td>Home, Lab, Lab</td>
<td>10 minutes</td>
<td>Semi-structured • Free play(T1) • Strange Situation</td>
</tr>
<tr>
<td>Pugello et al. (2009)</td>
<td>2</td>
<td>Not stated</td>
<td>10 minutes</td>
<td>Semi-structured • Three bag • Challenge</td>
</tr>
<tr>
<td>Sheese (2007)</td>
<td>1</td>
<td>Lab</td>
<td>10 minutes</td>
<td>Free Play</td>
</tr>
<tr>
<td>Smith et al. (2007)</td>
<td>2</td>
<td>All Lab</td>
<td>Not stated</td>
<td>Semi-structured • Two tasks • Challenge</td>
</tr>
</tbody>
</table>
Carlson and Harwood (2003) and Howes and Obregon (2009) designed naturalistic observations that lasted longer than the other methods. Carlson and Harwood taped a dyad participating in five everyday tasks including feeding, bathing, social play, teaching task and free play. Observation time varied from 45 minutes to three hours but the videotaped interaction was the last 30 minutes of the mother and child’s interactions. The videotape was coded for maternal sensitivity and control. Both of these research teams were interested in better understanding the influence of culture, specifically Mexican heritage and Puerto Rican cultures, on the mother-child interaction.

**Coder ethnicity, race and language.** In all studies, trained coders rated the videotaped interactions. Nineteen of the 27 articles in the review had no mention of coder ethnicity, race, or language proficiency. Of those 19 studies, six had at least 50% underrepresented people in the sample (Gibson & Gassman, 2010; Howes et al., 2007; Howes & Guerra, 2009; Howes & Obregon, 2009; Little & Carter, 2005; Mills et al., 2007). Two studies that had samples with 66 to 100% Spanish speaking mothers and children had bilingual coders (Howes et al., 2007; Howes & Guerra, 2009). The authors of these studies did not mention the ethnicity or race of the coders. Several research teams provided an in-depth discussion of the ethnicity and/or race of the coders of the observations (Bornstein et al., 2008; Carlson & Harwood, 2003; Halgunseth et al., 2005; Ispa et al., 2004; Pungello et al., 2009).

**Synthesis of research findings**

There was a wide variety of research in this review with each study looking at different variables associated with maternal sensitivity and maternal control. The result of this synthesis is not meant to be a comprehensive review of the specific child outcomes
related to maternal sensitivity and control. Instead, it is a view of how the researchers incorporate race, culture, and socioeconomic status (SES) into the findings and discussions of their paper. The findings across all the research studies are organized by articles that (a) have no discussion of race or class, (b) compare two groups of women, (c) compare of multiple groups (more than one group represented in the sample) using within group comparisons, and (d) focus on one group of mothers and have within group comparison.

**Studies with limited discussion of race or class.** Six of the 27 articles reviewed had limited discussion of race or class. Of these studies, the total number of White mothers across the samples was 1758 (86%), with total number of women of color being 287 (10% AA, 3% Hispanic, <1% Asian and other). Of the studies that mentioned marital status, between 80 to 100 percent of mothers were married.

It was not possible to extract an exact range of income for this group of studies due to the various ways that income was calculated. Adams et al. (2004) and Martin et al. (2002) reported 95 to 100 percent of their samples were “middle class.” The sample from the NICHD studies was generally middle-class (Belsky & Fearon, 2002; Gazelle & Spangler, 2007). The remaining sets of authors reported the participants average income was between $40,000 and $60,000 (Martin et al., 2002; Smith et al, 2007).

In these six studies, a higher degree of maternal sensitivity and a lower degree of control were consistently predictive of the expected positive outcomes related to security of attachment status and the development of language (Belsky & Fearon, 2002), maternal representations of self as parents (Biringen et al., 2000), positive maternal affect (Adams et al., 2004), decreased family stress (Martin et al, 2002), increased toddler attention (Smith et al., 2007), and less anxious solitude with more competence (Gazelle & Spangler, 2007).
Studies comparing two groups. In nine studies two groups of women were compared on one or more variable. Of the nine, five studies (Belsky et al., 2006; Mills et al. 2007; Propper et al. 2007; NICHD, 2003; NICHD, 2004) compared Black or Hispanic mothers to White mothers using traditional ideas of sensitivity (positive) and control (negative) when judging mothering behaviors. All five research teams found that White mother-child dyads had superior relationship scores as compared to non-White dyads. For example, Black mothers and children, regardless of SES, and children from low SES, regardless of race, were noted to be more dysregulated (NICHD, 2004) than White children, regardless of SES. White dyads from higher SES had the highest relationship scores. Dysregulation was interpreted to mean that children tended to show more negative affect (e.g., crying) and had more negative interaction with their mother. Black (Belsky et al., 2006) and Hispanic mothers were found to be less sensitive than White mothers (NICHD, 2003; NICHD, 2004). Mothers with high SES, post high school education, and who were married were predicted to be “better parents” than the single mothers with lower SES and less education (Belsky et al., 2006; p. 511).

Mills et al. (2007) and Propper et al. (2007) found Black mothers to be less sensitive in the context of free play and book-reading tasks than White mothers. Women who had higher SES regardless of race showed higher sensitivity and more secure attachments. They noted that all mothers were less sensitive in the face of infant negative behavior or affect.

In their gene-environment research, Propper et al. (2007) linked maternal sensitivity scores to their children’s DNA expression. They found that maternal sensitivity was significantly higher in White mothers as compared to Black mothers and that more Black children carried the “at risk” allele. The combination of less sensitivity and the “at risk”
allele was empirically correlated with the child’s hyperactivity and decreased focus in children of Black and White mothers, though the combination was most likely found in Black families.

Carlson and Harwood (2003) compared Anglo and Puerto Rican mothers to reevaluate the concept of maternal control. They determined that Puerto Rican and Anglo mothers had similar levels of sensitivity. However, Puerto Rican mothers showed higher levels of physical control than Anglo mothers, which the researchers interpreted to be a cultural variation versus a deficit in the mother’s interactive behavior. They came to this conclusion because the levels of secure attachments of the two groups were not significantly different even though the levels of physical control were.

**Studies comparing more than two groups.** Black, White and Hispanic mother-child dyads were represented in the samples of Gibson and Gassman (2010) and Ispa et al. (2004). Both research teams used a similar observational coding instrument as the NICHD research groups. Gibson and Gassman used marital status (i.e., married, never married, divorced, or cohabitation) as a measure of comparison. Being married was associated consistently with higher quality maternal interactive behavior including higher maternal sensitivity and less intrusive-controlling behaviors across all groups.

Ispa et al. (2004) examined how maternal intrusive control and maternal warmth predicted child negativity, child engagement, and dyadic mutuality for a diverse, low-income sample of Black, Hispanic, and White women. They found that maternal intrusive control predicted 66% of the negative relationship outcomes when the child was 24 months old. However, the outcomes of black children with mothers who rated high in intrusiveness and high in maternal warmth were not related to negative relationship outcomes. White mothers
who were scored high in intrusive control were linked to more child negativity, less child engagement, and decreased dyadic mutuality. Hispanic mothers whose behaviors were scored as high in intrusive control were linked to increases in child negativity but not child engagement or mutuality.

Intrusive control behaviors were linked to Hispanic mothers’ level of acculturation and White mothers’ level of stress. Hispanic mothers who scored lower on the acculturation scale scored higher in intrusive control, and White mothers with increased levels of stress also had higher intrusive control scores.

**Studies of intragroup distinctions.** Mothers of Mexican heritage were the focus of Howes and colleagues (Howes & Guerra, 2009; Howes & Obregon 2009) while Halgunseth, Ispa, Csizmadia, and Thornburg (2005) focused on low-income, Black, urban families with one focus being on levels of maternal sensitivity as associated with the mothers’ internalization process of racial identity. They used a racial identity developmental stage model to describe each mother’s stage of racial identity and found no association between maternal sensitivity and racial identity. Howes and colleagues (2009) linked levels of sensitivity and control to their distinct cultural community make-up after immigration to the United States.

Each of these research teams adapted or created and validated their own mother-child observational coding instruments with women of the culture/race they were observing. High levels of intrusiveness, as operationalized by these research teams, were not predictive of negative outcomes. This finding contradicts the findings of researchers who have measured intrusiveness using traditional, non-cultural specific observational coding instruments (Howes & Obregon 2009). Both research groups found that, in general, mothers of Mexican
heritage were sensitive and responsive to their children and that proximal factors (e.g., cultural community participation, material and social resources, and acculturation) mediated the child or mother-child outcomes.

**Discussion**

The concepts of sensitivity and control have been used to measure maternal behavior for many decades. Since the development of the concepts, there have been several operationalized versions of the concepts of maternal sensitivity and control, but the substance of the concepts has remained intact. That is, the more sensitive the mother is with her child, the better the quality of the relationship; the more controlling she is, the poorer the quality of the relationship (Ainsworth, 1978; Belsky et al., 2002; Bowlby, 1969).

5 min Historically, the two concepts were considered exclusive behaviors, with each indicating a specific quality or nature of a mother’s behavior. However, from this review, it is clear that the concepts are not exclusive or distinct categories. For instance, many researchers embedded the concept of control or intrusive control within the total score of overall sensitivity. In addition, the concept of maternal sensitivity is often operationalized by adding composite scores of other behaviors such as positive regard; however, a common behavior within the concept of maternal sensitivity is actually maternal sensitivity. The language and the overlap of concepts make understanding the overall meaning of maternal sensitivity confusing. Adding to the complexity, maternal sensitivity and control are not defined consistently across studies, even when the researchers use the same database and the same observational instruments.

Though the concepts are not mutually exclusive, researchers discuss and interpret mother’s behaviors as if they are exclusive categories. In other words, researchers often
identify maternal control as the opposite of maternal sensitivity, with sensitivity being the positive valence and control being the negative valence. This puts mothers who score higher in maternal control in a negative light because they are more heavily weighted on the negative valence, even if child outcomes are not indicative of negative mothering skills.

Clarifying the concepts is necessary if we are to understand how to use the findings from each study to support future studies of mother-child interaction. In various projects, the research teams of Halgunseth, Howes, and Ispa are working towards clarifying the conceptual ideas (e.g., intrusiveness) and understanding how mothers among previously underrepresented groups express these concepts. It seems there is a trend to distinguish types of control in which not all maternal actions that are interpreted as controlling are “negative” behaviors.

The studies of mother-child interaction based on samples that were predominantly White, middle class, married women had few unanticipated outcomes related to the predictability of maternal sensitivity and control. In other words, these women were expected to have high sensitivity scores (positive interactions) and low control scores (negative interactions), and they indeed did.

However, when the samples were more varied (non-White and/or working class women), the child outcomes related to the constructs of maternal sensitivity and control became less predictable. In other words, high scores on maternal control did not necessarily correlate with poor child outcomes in non-White samples. Common to all studies however was the finding that if a mother scored low on sensitivity then child outcomes were likely to be negative.
Researchers are beginning to redefine and validate the concept of maternal sensitivity and control across racial, ethnic, and SES groups as they have become more aware that the constructs within the observational instruments most typically used to measure mother-child interactions are more favorable towards White, middle class, married women (Halgunseth et al., 2005; Howes & Guerra, 2009; Howes & Obregon 2009; Ispa et al., 2004). Understanding this will be helpful in expanding our understanding of optimal mothering behaviors for varying groups of women.

Attending to observational methods, in addition to clarifying concepts of sensitivity and control, is also an important consideration. The length of the video, location of the interaction (home versus laboratory), and ethnicity of observer all influence how researchers determine maternal behavior in diverse groups. Some researchers found that White video coders score Black mothers differently than they do White mothers (Berlin et al., 1995), suggestive of ethnocentric coder perceptions. Yasui and Dishion (2008) found that when using behavior ratings of interactions of culturally diverse families, the coders’ preconceptions of the observer could undermine the validity of the ratings. Good training and interrater reliability checks can seemingly eliminate these problems; however, that is not always enough to eliminate differences between culturally ingrained perceptions of coders (Yasui & Dishion, 2008), especially if the master coder has similarly ingrained perceptions.

In addition, consideration should be given to who is videotaping and where the videotaping occurs. It is possible that some groups are more uncomfortable interacting with their child in front of an observer (the person who records the interaction), particularly if the observer is a stranger (Berlin et al., 1995). Observations in a home setting might feel more comfortable for the participant or it could feel more intrusive. Even the types of toys
provided for the mother and child may be of varying degrees of “typical” for a family. Playing with toys that are unfamiliar to the child or mother could introduce increased variance in the interaction.

Given the limitations of current coding instruments and methods, perhaps the most concerning finding is the comparison of Black and White mothers in genetic studies (Propper et al., 2007; Sheese et al., 2007). First, it is a concern that mothering behavior is one of the first environmental factors being studied as an influence on genetic expression. It is reminiscent of the days when schizophrenogenic mothers were seen as responsible for their child’s schizophrenia (Fromm-Reichman, 1948; Jackson & Mannix, 2004). Significant limitations in the traditional ways of measuring maternal sensitivity and control are being exposed by more current research using more culturally nuanced and valid measures of maternal sensitivity and control. Therefore, it is startling that those traditional observational instruments/codes are currently being used in race comparative genetic research.

**Conclusion**

The experience of motherhood has typically been viewed through one lens -- that of the dominant culture, which is White and middle class. Even when race or ethnicity is a central focus in a research study, comparisons are made against a standard representative(s) of the dominant group. A consequence of using a dominant group standard of mothering behavior (e.g., maternal sensitivity and control) for which all mothers are measured is that mothers not from that group are more likely to rank lower on positive and higher on negative maternal behaviors. These comparisons often result in the identification of deviant mothering behavior (Ysui & Dishion, 2008), which may or may not be the case. Failure to
consider a diversity of maternal behaviors as “normal” limits our ability to understand how the behaviors of mothers contribute to child outcomes.

It is not reasonable to assume that observational instruments designed to measure the behaviors of mothers of the dominant group will accurately measure the adequacy of mothering behaviors of all mothers. When mothers’ scores on observational instruments are consistently higher for one group versus another group, it is possible that the instruments that measure mothering behavior are not tapping into the diversity of positive behaviors across racial groups (Berlin et al., 1995). Group comparisons should be approached with caution because the instrument used to measure mothering behavior has shown the potential to be biased.

Coding systems need to include cultural explanations and interpretations of normative or even adaptive mothering skills within specific cultural groups; otherwise, researchers may be examining and interpreting findings that are not relevant and maybe harmful to the population being studied (Ysui & Dishion, 2008). In order to understand normative or adaptive mothering skills, more research is needed to determine what “normative” is for diverse groups of mothers.

The cultural differences and perceptions of coders have not been thoroughly evaluated. Systematic study of the effects of these coders’ characteristics on observations is needed to better understand how to effectively train coders. Just as importantly, researchers who design codes could examine their own assumptions when determining the score that represents adequate positive mothering behavior.

Mother-child interaction research is beginning to focus on historically marginalized groups in an effort to gain insight and understanding about the unique qualities of various
groups of mothers. The examples of Howes, Ispa, Carlson, and others show promise that there is increasing recognition that more eclectic and distinctive measures of maternal behaviors are warranted and are being developed. They are looking for alternative explanations and areas of competence of mothering that has not yet been integrated into the science of mother-child interaction. These researchers are using multi-method approaches that offer insight into how under-represented women mother their children, which is suggestive of an intersectional approach. They are looking beyond immutable qualities of women towards a contextual, more nuanced way creating knowledge.

The concepts of maternal sensitivity and control are in and of themselves problematic. They are not consistently defined even among researchers who use the observational instruments. If a researcher decides to use either of the concepts to measure mothering behavior, it will be important to specifically define behaviors to be measured so the consumer does not have to make assumptions about what was measured. This is particularly important for intervention research.

There is certainly a need for studies regarding expanding the operationalized behaviors within the concepts of maternal sensitivity and control that are more applicable for mothers who are not of the dominant group. Qualitative studies examining how mothers of typically developing children from under-represented groups interpret their own behavior might be helpful in developing a more intricate understanding of mothering behavior that is more representative of diverse groups of mothers.

Genomics is a popular and increasingly fundable area of science. There are no consistent ways of operationalizing race in research and practice for social, behavioral, and genetic researchers and practitioners (Wang & Sue, 2005). Researchers who identify
“problematic” mothering as a direct genetic influence on children are likely oversimplifying the complex intersections of environmental, social, and cultural impact on people’s behavior. The point that mothering behavior is specifically being linked to alterations in genetic expression of children in a infant field of science unnecessarily opens women who are mothers up to more scrutiny, judgments, discrimination, and oppression. Secondarily, but just as disturbing, is that some of the instruments being used to measure mothering behavior in genetic studies may have racial biases, which makes women of color at a disadvantage in terms of outcomes. These types of studies raise serious ethical questions about social injustices against women in general and, specifically, women of color. These types of studies need to be fixed so that they do not become the mainstay of mother-child interaction research.

An intersectional approach to critical analysis of current work in mother-child interaction research is one way of showing how academic research, a formal system of power, contributes to, maintains, and/or reinforces a superior/inferior dichotomy of mothering behavior. In addition, understanding the points of intersectionality can help researchers design studies that are more likely to lead to unbiased studies that are more likely to produce complex yet accurate knowledge that will lead to more equitable services for women in general and specifically women of color and/or who have scarce financial resources.
References


Chapter three

Disciplinary Border crossing: Creating New Knowledge about Mother-Child Interaction Using an Intersectional Approach

Science drives social policy-making regarding the health and well being of families, particularly women and children. Researchers who study mother-child interaction in relation to child development are particularly influential in public policy decisions because they are respected and funded by agencies that devise social policy regarding the needs of children and families. Studies supported by the Early Head Start Initiative and the National Institute of Childhood Development examine the contributors to healthy mother-child relationships and child development and have produced critical knowledge relative to child health, growth, and development. However, despite advances in our understanding of the mother-child relationship, child development, and the social policies that have ensued, there continues to be an overwhelming number of children who fail to thrive, particularly those of color and/or who live in poverty (Institute of Medicine (IOM), 2002, 2011).

One explanation as to why the health, growth, and development of socially disadvantaged children lag behind children who have social advantages is that the complex underlying social processes (e.g., oppression, racism) and the context of family experiences are not being thoroughly considered and examined. That is not to say that race and/or class and/or gender are wholly ignored. However, scientists who conduct research that is ultimately used to inform public policy most often consider race, class, and gender as independent, acontextual variables. This method fails to explain how social processes of
oppression stemming from race, class, and/or gender influence the relationship between mothers and children, as well as child development in general; thus there are limitations in our understanding of what to do about the disparities in health and development.

One way of broadening research endeavors to include complexities related to health, growth, and development is to integrate multiple disciplines, theories, and paradigms of research (Schultz & Mullings, 2006). In the social sciences, women’s studies scholars use the paradigm of intersectionality to explain the influence of social context and oppression on the well being of individuals and groups (Weber, 2006).

The purpose of this paper is to provide a clear and compelling argument for broadening scholarship endeavors between scientists of mother-child interaction and of women’s studies by using disciplinary border-crossing concepts such as intersectionality in classroom teaching, defining research problems, determining the research process, and creating transdisciplinary research teams.

The concept of intersectionality and the tensions that have limited interdisciplinary collaboration and partnering between scientists who study mother-child interaction and women’s studies will be briefly discussed. Exemplars of research that has been conducted using intersectional principles will be briefly described. Theses studies demonstrate how to move the science of mother-child interaction forward because they show an evolution of scientific inquiry that better incorporates the diversity of mother and child’s experiences. These scientists also illuminate points of entry for collaborative partnerships between scholars of women’s studies and scholars from the multiple disciplines that study mother-child interaction.
The discussion of exemplars is meant to be a springboard to the discussion of how to bring multiple disciplines and border-crossing concepts together to strengthen research endeavors. I explore ways to build upon the progressive work occurring in the field of mother-child interaction research. I do so by discussing specific ways that using the paradigm of intersectionality in mother-child interaction research can become a “recognizable conceptual apparatus that bonds together” (Berger & Guidroz, 2009, p.7) different endeavors in the field to create interdisciplinary collaboration.

**Background**

The idea for this paper came from experiences during my Doctorate program. My program, one of the top nursing research programs in the country, has a particular focus on training nurses to be academic scientists who can lead the way in generating new knowledge in all areas of nursing scholarship. I entered the program with fifteen years of clinical experience as a child, adolescent, and family psychiatric nurse therapist and practitioner. My focus of research is related to maternal-child relationship development and how it contributes to each individual’s mental health development.

After a short time in the program, I decided to take courses in the field of women’s studies, outside of my discipline of nursing; I eventually earned a minor in women’s studies. During this dual immersion, I learned that communication or collaboration between scholars of women’s studies and nursing science was scant at my university. I thus became a translator and an interpreter of sorts to professors and mentors from both areas of scholarship. The further I progressed in my parallel studies seeing my research from two perspectives, the more I recognized gaps in knowledge in each discipline’s scholarship related to mothers and children. This made my position more complex because I was not
merely merging content from both areas but actually developing a distinctive way of thinking that was different than either individual discipline’s perspective.

This dual immersion changed the way I understand research in general, as well as how I understand my role as therapist, academic researcher, teacher, activist, and mother. Most pertinent to this paper, it changed my view of mother-child interaction, from both a practitioner and researcher perspective. The two-fold women’s studies and nursing research standpoint has fundamentally altered the course of my future academic endeavors in a way that will ultimately improve my work (research, practice, and teaching) related to women and children.

Beyond my personal work, I think using the border-crossing concept of intersectionality across disciplines can generate new knowledge that is more likely to address complex social, emotional, and health needs of women and children than scientists from any one field can achieve in isolation - - in my case, women’s studies or nursing science. The quest for a new understanding of how to improve political, social, and personal experiences of women and children is common ground on which to build collaborative academic partnerships. Given my experience of immersion in the academic departments of women’s studies and nursing, I propose that intersectionality provides a compelling language that academicians from various areas of scholarship can understand and value. Throughout this paper, I focus on using an intersectional approach in research and practice as the link between scholars of women’s studies and the multiple disciplines (including nursing) that study mother-child interaction.
An Intersectional Approach

In order for multiple disciplinary scientists to use an intersectional approach -- a border-crossing concept -- for mother-child research, one must have a clear understanding of the term *intersectionality*. Intersectionality is a way to explain the complex process by which a person’s race, class, and gender lead to an inferior social status. The concept emerged from a multicultural, interdisciplinary perspective and is applied in multiple disciplines’ research processes, though not in mother-child interaction research to date.

The principles of intersectionality were developed by women of color, inside and outside of the academy (Weber, 2006), which makes this perspective particularly pertinent to research related to women and children. Intersectional thought emerged to address the academy’s failures to acknowledge, consider, or explain the experiences of people from different points of social intersection (McCall, 2005). Thus, intersectionality is particularly pertinent to research that examines aspects of diverse groups of women and children’s experiences.

Subordinate social positions and oppression by dominant groups are main contributors to a person’s social status and life experiences (Berger, 2004; Berger & Guirdroz, 2009; Collins, 1990; Crenshaw, 1991; Dill & Zambarana, 2009). Oppression that is experienced by a person occupying more than one subordinate position is multiplicative, not additive. In other words, when the intersection of a person’s social locations of race, class, and gender equates to numerous forms of oppression, the resulting multifarious pattern of discrimination is unexplainable by and different from any single form of discrimination (Collins, 1990; Dill & Zambarana, 2009). These patterns of discrimination influence the experiences of individual women and children as well as the relationship that develops...
between them; however, there is limited information about how to integrate these powerful influences into the research process related to mother-child interaction.

The intersectionality framework has shaped the evolution of intersectional approaches to research. Berger and Guidroz (2009) define an intersectional approach as a disciplinary “border-crossing” concept produced through feminist theorizing and activism about the social relations of power. Conceptualizing the intersectional approach as a border-crossing concept suggests an interdisciplinary rigor that helps challenge traditional ways of framing research inquiries, questions, and methods. (p. 7)

In other words, though intersectionality was coined and has been used most prolifically in women’s studies scholarship, its applicability is not limited to those in the disciplines represented under the women’s studies umbrella. An intersectional approach is a way to broaden, enhance, deconstruct, and/or reconstruct the way scientists who study mother-child interaction conceptualize race, class, and gender. This approach can be incorporated at every level of the research process: identifying problems to be studied, formulating questions to be asked, designing methods to generate knowledge, and interpreting research outcomes.

To summarize, intersectionality (i.e., considering the intersections of women and children’s social locations that lead to multiplicative discrimination), is a resourceful perspective for researchers when thinking about the actual women and children who are in their studies. An intersectional approach drives the research process from beginning to end. The scientist is aware of and acknowledges that women’s experiences vary depending on the coordinates of her social location and that her experiences influence her behavior, and the scientist uses this awareness to inform the structure of the research process (i.e., who to include in the study, the methodology, and the methods). An intersectional approach to
mother-child research means diverging from traditional ways of generating knowledge about mother-child interaction and moving towards research that produces a more nuanced understanding of optimal and typical behaviors of mothers and children across the intersections of race, class, and gender.

Establishing Common Ground

Ironically, both the tension and the common ground between women’s studies scholars and those who study mother-child interaction are rooted in the centrality of women. The limitations of an isolative disciplinary approach to mother-child interaction research will be discussed followed by a discussion of the common ground that links the two disciplines.

Tensions

Women’s studies scholars view motherhood as a socially constructed concept whereby women are denied social equality afforded to men because of their biological ability to bear, birth, and feed children (Franzblau, 1999). Inequality means that oppressive conditions in personal relationships and institutions, and low economic and social status are more likely for women who are mothers as opposed to men who are fathers. In this patriarchal structure, motherhood is the only social power open to women (Lorde, 1984) and that “power” ultimately limits women in all other social conditions. Therefore, women’s studies scholars tend to view the notion of mother-child interaction as supporting the patriarchal status quo because research in this area maintains women in a central yet disadvantaged position as compared to men who are the fathers of children.

However, the stark reality is that behaviors and actions of women who are mothers are linked to child outcomes in way that male activities as fathers are not (Jackson & Mannix, 2004). Mothering is associated with women because it is women who do the work
of mothering (Arendell, 2000). Therefore, mother-child interaction practitioners and researchers who develop treatments designed to strengthen mother-child relationships do so because it is women who are doing the bulk of the work of raising the child into adulthood.

People who work in social agencies (i.e., those in social positions of power) -- court systems, departments of social services, mental and other health care facilities, and schools -- hold mothers accountable for a child’s care as per the social norm. Case in point, in my practice over the last twenty-years, I am most often face to face with mothers -- not fathers, not grandparents, not daycare workers or neighbors, but mothers. In other words, when it comes down to a practical/practice level, women are held accountable for the well-being of children and they are the ones for whom treatments are designed.

Even though I am aware of the patriarchal status quo and do not want to reinforce it, the women who show up at my door take precedence, in that moment, over my social convictions. Anecdotally, in my practical experiences, most mothers welcome and engage in supportive intervention and some do have more positive life experiences that are in some part related to services received.

Tensions between mother-child interaction research and intervention and women studies scholars are further complicated because the oppressive social doctrines of motherhood have been at least supported by, if not created by, relationship-development theories (e.g., attachment) typically used in research and practice. I focus briefly on attachment theory because it continues to be a foundation on which mothering behavior is defined, judged, and measured in research that is supported by large federal allocations, and which in turn, informs policy and interventions designed to enhance women and children interaction.
Early attachment theorists (i.e., Bowlby and Ainsworth) specifically said that a mother (versus any other person) is the critical component in the child’s physical, emotional, social and behavioral outcomes. These pioneer and some current theorists of attachment believe that a woman is inherently, instinctually, and biologically activated with the birth of a child and the child’s development is dependent on how the mother’s attachment system responds to the baby (Ainsworth 1969; Bowlby, 1969; Webnar, 2011). The idea of an intrinsic, biologic activation of mothering behavior has been challenged in academic debate, research, and scholarship (Eyer, 1992; Franzblau, 1999; Gottlieb, 1991). Furthermore, there is evidence that environmental risk factors may be stronger predictors of attachment than the mother’s positive parenting methods (Nievar & Becker, 2008). Nonetheless, the concept of attachment or bonding between a mother and child is entrenched and continually reinforced in social and personal beliefs as evidenced by television commercials and pop-culture self-help books related to parenting (Debris & White-Mills, 2008). Theory that essentializes women’s biology and/or social identity and is then translated into popular culture norms creates inequality in many spheres. These spheres include social and academic language, social consequences and policy making, ideas of good versus poor mothering skill, and reproductive rights for women who choose to remain childless, among others. All of these inequities contribute to an oppressive status for women.

In mother-child interaction intervention research, it is important to note that the mother is not necessarily or even most commonly considered a unique biological body connected to an infant, but rather an entry point for intervention. Having said that, practitioners who design interventions do use concepts from attachment theory (e.g., reading a baby’s cues) to design interventions because these interventions have been reported to
strengthen the relationship between a child and caregiver (Bosquet & Egeland, 2001; Suchman, Pajulo, Decoste & Mayes, 2006). The goal is to improve the mother and child’s experiences via the mother-child interactive relationship. In this patriarchally structured society that is not going to change overnight, the best intervention is to work with the person who takes on the caregiving role. Interventions using attachment concepts can often just as easily be implemented with grandparents, fathers, or any primary caregiver of the child, however, most often than not it is the mother. In many cases, the mother is the sole care provider. Researchers who do not examine traditional assumptions about mother-child interaction and attachment or who are not aware of the social implications of their research can reinforce oppressive conditions for women.

From a “non practice,” yet equally important perspective, women’s studies scholars are working towards shifting oppressive social ideology (e.g., women are intrinsically wired to attach to babies) and systems towards more equitable and fair-minded socially constructed ideas and treatment of women who are mothers. Women’s studies scholars tend to see the biological activities of mothers and mothering behaviors as culturally organized rather than a natural, intuitive, or otherwise intrinsically wired phenomena (Arendell, 2000). From this perspective, mothering is a contextual, dynamic (i.e., changing) system of interactions and relationships that is organized by the prevailing gender belief system (i.e, patriarchy) of that particular society (Arendell, 2000).

Rather than studying relationships specifically, women’s studies scholars more often study the phenomenology of mothering, for example, mothering identity (Collins, 2006; McMahon, 1995); mothering roles of specific culture, class or ethnic groups (Dill, 1994,
McAdoo, 2002); or the emotional work of mothers (Chadorow & Contraito, 1989). Other examples are employment, reproduction rights, and technologies.

Studies by women’s studies scholars often directly involve women and give voice to those most underrepresented and marginalized, for example, divorced mothers who relinquish custody of their children (Bemiller, 2011), mothers who are substance abusers (Meyers, 2004), or women with HIV (Berger, 2004). Women’s studies scholars deconstruct the patriarchal social and political status quo, create knowledge intended to shape public policy, and promote political and personal awareness about issues that impact women’s experiences. While this perspective is vital, it is limited when it comes to designing and testing direct interventions (e.g., substance abuse treatment or HIV health awareness groups for women); in other words, the specific “how to” remains illusive.

Limitations of mother-child interaction research and women’s studies scholarship

The experiences of women of color and/or women from working or low-income families were omitted in women’s studies scholarship on mothering until the 1980’s, at the earliest. As in many areas of research, it was as though the phenomenon of motherhood was exclusively that of a White, middle-class, heterosexual, married woman (Collins, 1993; Dill, 1993). Lectures and writings by Collins (1993), Lorde (1984) and Rich (1977) (multidisciplined professors under the women’s studies umbrella) helped to expand our understanding of the phenomenon of mothering by including social context, pointing out how historical experiences shape current ideas of what it means to be a good mother and that the dominant (i.e., White, middle class) way is not the only right way of mothering.

Hayes (1996) discussed how people of Western culture embrace an intensive mothering doctrine, which is modeled after dominant group practices. Intensive mothering
means that the mother’s life becomes exclusively child-centered and her role as mother is all consuming. In order to be a good mother, the woman sacrifices her own needs for the interest of others, especially her children. Even though women’s studies scholars who study motherhood were working towards expanding the concept of mothering and moving away from centering on women in general, conventional notions of family and mothering of the dominant group still prevailed.

Today’s researchers of mother-child interaction are not exempt from discriminatory practices as noted in a recent synthesis of the last decade of literature related to observational measurement of mothering behavior (see Chapter 2 of this dissertation). The review revealed that White mothers, regardless of class, typically ranked higher in “positive” mothering than any racial group measured. That is not surprising given that most of the observational instruments used to measure mothering behavior were derived from the same social ideology of intensive mothering (i.e., child-centered) that mirrors conventional dominant group norms of family and mothering. It is impossible to know what happened first -- science informing social ideations or social ideations informing science -- but it is clear that each reinforce the other.

What limits the conceptualization of the mother-child relationship and the phenomenon of mothering is the lack of a wide angle lens that brings into focus the social intersections that converge at particular points in time to create the complex living conditions and personal experiences of the women and children who walk through the doors of social service and government agencies. Mother-child interaction researchers certainly consider contextual factors such as race, class, culture, and nationality, but more likely as fixed,
singular descriptor variables instead of examining how they interact with or synergize each other or serve as proxies for social processes such as racism and sexism.

Until recently (Ispa et al., 2004, Howes et al., 2007; Hulgenseth et al., 2008), researchers in this area have been slow to examine concepts of the mother-child relationship that limit applicability of mother-child interaction research to diverse groups of women. As in women’s studies scholarship, multicultural perspectives of the mother-child relationship continue to be scant. The disciplinary border-crossing utility of an intersectional approach can shift both fields of research towards creating a more nuanced knowledge about mothering and the mother-child relationship.

**Common Ground**

Women’s studies scholars and the multidisciplinary scholars of mother-child interaction all want more equitable distribution of resources and applicable interventions for complicated problems that women and children face in their daily lives. Herein lies the common ground for women’s studies scholars and those who study mother-child interaction. For women and children there is not an “either/or” reality. They are in a “both/and” situation; thus, social change and practical interventions are needed in tandem.

Women’s studies scholars can pursue the dream of a social reality where child-care responsibilities are not automatically relegated to women and can do so by working with mother-child interaction researchers to identify general topics of research related to women and children, and current biased research practices with suggestions of alternative research questions and methods. Mother-child interaction researchers can be open to alternative ways of thinking about mothering and mothering behavior by joining women’s studies scholars in their work regarding women as mothers. Working collaboratively using an intersectional
approach, both groups of researchers will be more transparent about the biases and
limitations of science, which will more fully account for difference and social positioning
among the scientists conducting research and in the research outcomes.

**Exemplars**

Scholars in the disciplines of psychology, nursing, public health, and social work are
becoming aware of the benefits of intersectionality and are beginning to conduct their
practice and research acknowledging and using an intersectional approach (Kelly, 2009;
Werner, 2008). Areas of research specifically centered around women, such as research on
interpersonal violence of men against women (Conwell, 2010; McLoyd, Cauce, Takeuchi, &
Wilson, 2000; Scott, London, & Myers, 2002) and complex PTSD in low-income, single
mothers (Samuel-Dennis, 2010) are beginning to be conducted using intersectional
principles.

Even when an intersectional framework or analysis is not stipulated, scientists are
incorporating intersectionality into their understanding of women and children, and they are
using an intersectional approach in their programs of research. There are growing examples
of studies that contextualize women’s experiences, focus on one group of women versus
comparing one group to another, and conduct content analysis to establish and construct
validity of the instruments if used in populations for which the instrument was not developed.
The following are three exemplars of such research.

**Contextualizing Experiences**

Dr. Linda Beeber and colleagues (Beeber et al., 2010; Beeber, Perreira, & Schwartz,
2008) provide an exemplar for centering women’s experiences in the research process.
Beeber’s research focuses on how to help low-income mothers -- Black, White and Latina --
who have depressive symptoms. Her study focuses on women with depressive symptoms. The intervention is intended to encourage women to value themselves and to help them figure out how they can foster their child’s development, even as they face the enormous daily challenges to meet basic needs. Furthermore, her project provides an example of collaboration between community agencies (of which the women are already a part) and academic research. This type of collaboration broadens the context of the intervention from an individual treatment to a community purview.

**Centering One Group’s Experience to Learn More**

Howes and colleagues focus their research on mothers of Mexican heritage (Howes, Guerra, & Zucker, 2007; Howes & Guerra, 2009; Howes & Obregon, 2009). Halgunseth, Ispa, Csizmadia, and Thornburg (2005) focus their research on low-income, Black, urban families. They are examining how racism and other forms of oppression influence mothers’ thinking, behavior, and teaching of children. Halgunseth and colleagues (2005) studied levels of maternal sensitivity and control as associated with the internalization process of racial identity. Others linked levels of sensitivity and control to a mother’s distinct post-immigration community configuration and the culture of that specific community (Howes et al., 2007; Howes & Obregon, 2009).

**Expanding Concepts that Define Mothering Behavior**

The Howes (2007) and Halgunseth (2009) research teams adapted or created and validated mother-child observational coding instruments with women of the culture/race they were observing. For example, the term *intrusive* is a commonly used dimension of mothering behavior that has historically been associated with negative child outcomes. If a mother was determined to be *intrusive*, her behavior was considered insensitive, as
interpreted by the research. However, Howes et al. found that the maternal behavior labeled as *intrusive* was not predictive of negative child outcomes for the sample of Hispanic women in their study. Establishing construct validity of observational instruments is a step forward in understanding the nuances of mothering behavior in specific groups of women (Howes et al., 2007; Howes & Obregon, 2009).

The programs of research mentioned above demonstrate a multidisciplinary approach, meaning that many disciplines are working in isolation, but towards a common goal. However, the majority of scientists’ conceptual understanding about the influences of intersecting social locations of race, class, and gender continues to have limited application in mother-child interaction research. For example, there is still limited foundational knowledge of how the intersections of race, class, and gender influence mothering behaviors. Perhaps pockets of isolated research without a common language may change the way knowledge is generated over time. However, connecting the experts in intersectional thought and approach to research – largely women’s studies scholars -- with multidisciplinary researchers of mother-child interaction could facilitate change in a dramatic way.

**Implementing Disciplinary Border Crossing Concepts: Intersectionality Through the Research Process**

Interrogating the research process from an intersectional approach means being cognizant of subtle and obvious forms of discrimination. A scientist using an intersectional approach is conscious of the social location of the mother and child and how that context and process affects each individual and the relationship (Berger & Giodroz, 2009). The researchers Howes and associates (2007) consistently recognized the social locations of the participants in their studies and worked with specific groups to better understand the nuances of mothering behavior.
In order to be cognizant, one must first understand that interlocking systems of oppression actually occur at the intersections of race, gender, class, ethnicity, age, and/or sexuality (Berger & Guidroz, 2009; Mullings and Schultz, 2006). As suggested by Berger and Guidroz (2009), intersectionality constitutes a new “social literacy” that supports novel research questions, methods and approaches (p. 3). Each of the exemplars demonstrated aspects of intersectionality. This new social literacy is needed in order to produce new and applicable knowledge about issues related to child development and family functioning.

**Through Academic Instruction**

Since the acknowledgment of health disparities, *cultural sensitivity* and *cultural competencies* have been integrated into many applied discipline curriculums, which on the surface seems like a shift in the right direction. However, this integration has had questionable impact on practice or research (Price et al., 2005). More to the point, teaching cultural sensitivity or cultural diversity does not account for or acknowledge that social hierarchy produces complex discriminatory patterns that shape people’s lives. Furthermore, most teaching about cultural sensitivity excludes the historical foundations of domination and how history continues to influence and shape individual and group behaviors. In other words, teaching cultural sensitivity does not encourage students to focus on and understand how racism, classism, and sexism have influenced and continue to influence their own behavior and the performance of patients, participants of research, the health care system, the research process, the academy, and community at large. This acknowledgement and open interdisciplinary dialogue about past and current forms of oppression and discrimination could be facilitated within the academy to promote a shift in mother-child interaction research and practice.
One recommendation is to teach the principles and application of intersectionality as a foundational perspective to novice researchers and practitioners across all disciplines that conduct research examining mothers and children. This may seem like a daunting task given all that is packed into a course’s curriculum; however, it is possible to present required material via an intersectional lens. Appendix E is an example of a course outline for nurse practitioner students that introduces and integrates an intersectional approach to psychiatric nursing practice. In this case, intersectionality is not presented as a separate topic; instead it is taught as a philosophical approach to practice and research. One benefit of this approach is that the concepts will be at the foundation of teaching how to practice, thus ensuring greater integration into every dimension of practice outside the academy.

**Through Professional Interdisciplinary Opportunities**

Traditionally, the focus in schools of the applied sciences (i.e., nursing, medicine, public health, and social work) has been narrow and rigid, with little interaction between student scholars or professors of these various disciplines. Needless to say, there has been even less communication between scholars of the humanities (e.g., women’s or gender studies), other social sciences, and those in the applied science domain.

Today, the concept of *interdisciplinary* collaboration is changing the landscape of biomedical research. It is not uncommon to have nurses, psychologists, social workers, and physicians on the same research team. However, despite an increase in interdisciplinary approaches to address a common problem, there continues to be little academic collaboration between applied sciences and women’s studies scholars. A *transdisciplinary* approach informed by intersectionality could facilitate such a collaboration. A transdisciplinary
approach focuses on a topic within and beyond the bounds of one discipline offering the opportunity for generating new knowledge.

Had I not pursued a minor in women’s studies while working towards a PhD in nursing, I would not have considered how the intersections of race, class, and gender influence an individual, a family, a community, and society at large. I certainly would not have taken time to pause and reflect on how the process of research often reinforces the inequities of those who participate in research. Lastly, I would not have understood how to apply an intersectional approach to my own research. My research and practice is now informed by my transdisciplinary education. Such border-crossing educational opportunities promote new knowledge.

**Conclusion**

One limitation of mother-child interaction research that is highlighted throughout this paper is the narrowly defined concepts that represent optimal mothering behavior in observational research. In other words, the concepts have limited application and validity for diverse groups of women. The problem created by such a narrow scope is that it limits our understanding of optimal mothering behavior for women who are neither White, middle-class, nor married. This problem seems small at first glance, but when looked at through the lens of intersectionality, the potential ramifications are quite large. This problem may not have been recognized if researchers had not noticed that studies were generating trends that so-called positive behavior scores were more often higher in one group of mothers over another (Bluestone & Tamis, 1999; Ispa et al., 2004; Tamis, Briggs, McClowry, & Snow, 2008).
Through the prism of intersectionality, developed from my women’s studies background, I conducted two small studies with the purpose of addressing this small but important research measurement dilemma. The first study was a systematic literature review of the last ten years of studies that defined maternal sensitivity and maternal control. Though organized in a traditional nursing science format, the integrated literature review was guided by intersectional principles. Therefore, this review added the perspective of intersectionality by focusing on how scientists portray race and class throughout their research processes. The purpose was to expose limitations of the concepts of optimal mothering behaviors when applied to diverse groups of women.

According to Ispa (2004) there is a dearth of information about how working class and non-White mothers interact with their children. For the second study, I responded to the review of literature and Ispa’s call for more qualitative research to learn how women interpret their behaviors. I conducted a small qualitative study interviewing working-class women about the meaning they make of their own behavior as they interact with their young children. This small study was informed by an intersectional analysis of the existing literature and its qualitative design was in accordance with an intersectional philosophical approach to research. These studies and this synthesis paper provide a foundation on which to build a program of research that will use an intersectional approach to redefine operationalized behaviors found in observational instruments. The goal will be an integration of women’s studies and mother-child interaction scholarship.

Scholars in the field of mother-child interaction research and women’s studies have yet to embrace the perspective that social processes of racism, classism, and sexism contribute to disparities that many women and children endure and to society’s construction
of the ideal mother. By following traditional practices, researchers can contribute to the maintenance of stereotypes about healthy mothering and policies deriving from those stereotypes. For example, most often, White, middle-class mothering behaviors continue to define the criteria for optimal mothering behavior, and these operationalized concepts have been used multiple times in prominent, federally funded studies whose results have far-reaching, personal implications for women and children of color or low socioeconomic status (Ispa et al., 2004; Tamis, Briggs, McClowry, & Snow, 2008). Even with some public acknowledgement of the biases of the observational instruments, they are, to date, still being used without denoting their limitations or opening up their conclusions for multidisciplinary scrutiny.

Prominent scientists continue to attribute the causes of poor child development to the behaviors of the mother rather than acknowledging how race and social stratification create the hazardous environments for children (Geiger, 2006). The consequence of keeping optimal mothering standards as those of White, middle-class, heterosexual, married women is that the mothers who occupy positions of non-dominant intersections of race and class are rendered as deficient, neutral, or invisible (Collins, 2006). In order to move the science of studying mothering and mother-child interaction forward, there needs to be an awareness, acknowledgement, and theoretical understanding of the unique forms of discrimination experienced by women and children who occupy one or more subordinate positions and that the reality of these experiences influence how the child will develop into an adult. Applying intersectional principles can broaden current ideas of optimal mothering behavior for various groups of women as well as the social phenomenon of mothering.
On a broader level, using an intersectional approach means that scientists from multiple and diverse disciplines within the academy will work together to change the way problems in mother-child interaction research are defined and researched. From this common place, communication, collaboration, and academic respect can become the new common approach. A collaborative approach can be facilitated by crossing academic boundaries -- sharing and exchanging ideas by consulting and creating transdisciplinary research teams -- and will bring us closer to finding more applicable solutions for the complicated problems that women and children face in their daily lives.
References


Chapter Four

An Exemplar Study Using an Intersectional Approach: Mothers’ Commentary on Their Mothering Behaviors

Scientists from across many disciplines study early interactions between young children and mothers and have linked the quality of this relationship to a child’s social, emotional, cognitive, physiological and physical development over time (Bluestone & Tamis, 1999; Deater, Dodge, Bates, & Petit, 1998). From some scientists’ perspective, there is a relative cause and effect relationship between a mother’s behavior and her child’s outcome, though not necessarily direct. However, women’s studies scholars and mother-child interaction scientists view the behaviors of women who are mothers from different standpoints. Rather than studying relationships specifically, women’s studies scholars more often study mothering as a socially constructed phenomena. Examples include mothering identity (Collins, 2006; McMahon, 1995): mothering roles of specific culture, class or ethnic groups (Dill, 1994, McAdoo, 2002): or the emotional work of mothers (Chadorow & Contraito, 1989). From this perspective, mothering is a contextual, dynamic (i.e., changing) system of interactions and relationships that is organized by the prevailing belief system (e.g., patriarchy) of that particular society (Arendell, 2000). In other words, the predominant social belief system informs the context and the behaviors of women and children within that context.

Despite an abundance of research on mothers and motherhood in both areas of scholarship, there is less information about how marginalized women (e.g., women of color
and/or women with low-income) experience the phenomenon of motherhood (i.e., women’s studies perspective) or how they most typically interact with their children (i.e., mother-child interaction perspective) than there is about women of the dominant group (i.e., white middleclass, heterosexual, married women) (Collins, 1990; Ispa et. al, 2004). That is not to say that women of color have not been included in research such as the Early Head Start initiative studies. However, understanding normative mothering behaviors of women who are not part of the dominant racial and economic group is not well understood. There is a need to expand our conceptual understanding of normative mothering behaviors of diverse groups of women (Ispa et al., 2004; Tamis, Briggs, McClowry, & Snow, 2008).

The purpose of the study was two-fold. The first was to explore how mothers with low income - - underrepresented in both areas of scholarship - - describe their mothering experiences and interpret their behaviors as they interact with their young children. This qualitative study of eight women with low income was a way to more fully understand the context of their experiences using exploratory research methods (Cole, 2009) and to expand knowledge regarding normative mothering behaviors of women who are not part of the dominant group.

The second purpose was to demonstrate the process of conducting a study that integrates women’s studies and mother-child interaction scholarly perspectives by using an intersectional approach. An overarching goal of this study, as one part of a larger program of research was to move towards a more equitable way of understanding, measuring and interpreting behaviors of mothers who are socially disadvantaged and the advantaging process of white, middle class mothering positioning.
This study came to fruition by viewing a customary area of research - the observational methods of measuring mother-child interaction - through an intersectional lens. From this perspective, the context of intersecting social locations of the mother and child are critical to a researcher’s interpretation of their interactive behaviors. The historical significance and general points of an intersectional approach are explained more thoroughly in the following section. Throughout this paper, I will describe how intersectionality was applied at different points of the study.

**An Intersectional Approach**

Intersectionality is a way to explain the complex process by which a person’s race, class, and gender lead to an inferior or privileged social status (Zinn & Dill, 1996). Theorists of intersectionality explain that social markers of identity such as race, gender, class, and other distinguishing categories (e.g., religion, nationality) do not function independently. Instead, they act in tandem as integrated phenomena resulting in a different identity than if we simply think of a woman’s experience from a race, gender or class perspective separately (Crenshaw, 1991; Collins, 1993). Intersectionality provides a framework for understanding the multifaceted process (i.e., racism, classism) by which some people are oppressed and disadvantaged while others are privileged. A person’s experience in relationship to these processes is based on subordinate or dominant positions within and among such socially constructed categories. A person may be privileged in one situation, while disadvantaged in another.

The concept of intersectionality emerged out of the Western feminist movement of the 1960s and 70s when White feminists dismissed Black women’s call for recognition that racial discrimination, within the feminist movement and in society at large, was problematic.
White feminists opted to focus only on gender equality (Collins, 1990; hooks, 1984; Lorde, 1984) as they opposed splitting the cause of women’s rights into a gender and race issue. Despite opposition, women of color worked towards creating relevant theory explaining the complexity of multiple forms of oppression (Berger & Guidroz, 2009).

Throughout the 1980s, the terms *interlocking*, *intertwined* and *matrix of domination* made way to the now most commonly recognized term *intersectionality* (Dill, 1996; Collins, 1990; Crenshaw, 1991; Jordan, 2007). Scholars introduced the concept in various disciplines, which spurred open academic dialogue from previously silenced voices. It is important to understand the context and evolution from which intersectionality emerged because it was pioneering Black (which expanded to a multicultural perspective) women’s personal and academic experience of looking at gender issues through multiple lens that informed how scholars currently apply intersectionality (Berger & Guidroz, 2009).

Today, the term intersectionality has made its way to a disciplinary border crossing the theoretical approach to academic scholarship and research (Berger & Guidroz, 2009). In other words, intersectionality is not just used by women’s studies scholars. Scholars who use an intersectional approach in the planning and implementation of the research process challenge customary ways of viewing any researchable problem by (a) researching topics that affect populations that are underrepresented in research, (b) challenging widely held assumptions that may have biased tendencies that influence research outcomes, (c) reframing research inquiry by asking different questions about familiar phenomena, (d) using mixed research methods where the researchers seek the experiences and voices of those marginalized to promote the generation of new knowledge, and (e) seeking results that
expand research from a knowledge-generating only endeavor towards the inclusion of social activism and social justice.

For this study an intersectional approach was used throughout the research process: (a) challenging assumptions regarding long standing ways of knowing in a particular field of study, (b) defining the problem to be studied, and (c) choosing methods that assure that the perspectives of socially marginalized women are represented.

**Challenging Assumptions**

The foundation of this study is based on questions that surfaced while training to be a coder for a widely used observational instrument that measures mothering behavior. The instrument is based on an attachment model of child-centered parenting approach, which indicates that following the child’s lead and taking the child’s perspective during the interaction is deemed optimal. From this perspective, parents acknowledge children as individuals who are capable of directing their own learning if sufficiently supported by adults (Belsky, 1984; Dix, 1991; Smith et al. 2005).

During the training, the master coder interpreted one mother’s behavior as “threatening,” which significantly lowered the mother’s maternal sensitivity score; I did not see the mother’s behavior as threatening but could see how, from a child-centered perspective, a coder might interpret the mother’s behavior as such. Most striking at the time was the difference in race and socioeconomic background of the trainees (White, middle or upper class, and educated) in comparison to the mothers being observed. The training videos were of low-income Black, White and Latina mothers of young children. How did we really know how to interpret the behavior of a Black or Latina or White mother with limited financial resources? How did the interpretation of the one mother’s behavior as threatening
influence what we thought about this woman? How did the determination of “threatening” behavior sway our scores on maternal sensitivity despite other behaviors she may have exhibited?

Subsequent to the training, I reflected on the impact of using an instrument that may not be representative of normative maternal behaviors of diverse groups of women. I did a scholarly critique of the observational instrument, which prompted an analysis of the literature. Specifically, I interrogated the literature regarding how normative maternal behaviors have been defined in observational instruments and applied as optimal standards for all women. In addition, I examined who participated in studies that measured optimal mothering behavior and how scientists who designed interventions defined optimal mothering behaviors. Finally, I analyzed who had received interventions based on behaviors that were deemed deficient when compared to the normative group on the dimensions defined by the observational instrument.

The review indicated potential racial and class biases in several studies (see Chapter Two of this dissertation). For example, the behaviors of White and/or socially advantaged mothers were universally superior (as reflected by consistent higher scores) to all women with whom they were compared. This finding was not a revelation in the field, as there have been several experts who have questioned whether or not global dimensions (e.g., sensitivity, control, intrusiveness) commonly used in observational instruments consistently predict child outcomes across diverse, disadvantaged, and/or otherwise marginalized groups (Aikens, Coleman, & Barbarin, 2008; Berlin, Brooks-Gunn, Spiker & Zaslow, 1995; Bluestone & Tamis, 1999; Howes, Guerra, & Zucker, 2007; Ispa et al., 2004; Robinson & Eltz, 2004). Child development scientists have suggested “substantial work is needed to expand the study
of families with young children beyond mother child dyads in White, middle-class, two-parent, first-marriage families” (Demo & Cox, 2000, p. 889).

**Defining the Problem**

Even with advances in our understanding and the acknowledgement of a problem, there continues to be a lack of information regarding the normative mothering behavior of non-White women and/or women from lower socio-economic status. Herein lies the problem: Defining mothering behavior according to the dominant group norms creates misperceptions in the existing literature regarding mother-child interaction and potentially misrepresents the quality of some groups of mothers’ interactions when they are compared to the dominant group’s normative behavior. Without a more accurate or at least more nuanced understanding of maternal interactions, it is unlikely that we will be able to determine interventions that will effectively enhance maternal interactions with mothers of diverse cultural and ethnic origins.

**Choosing the Methodology**

A way to challenge the misperceptions and misrepresentations regarding mothering interactions is to conduct research that specifically focuses on one underrepresented group. In 2004, Jean Ispa and colleagues called for more research to validate observational instruments that are used to determine the quality of mother-child interactions among diverse groups of women (Ispa et al., 2004). Ispa suggested using research methods that elicit information directly from mothers of underrepresented groups. Her suggestion is in accordance with an intersectional approach in that it elicits the voices of women who have not been included in much of the research related to mother-child interaction. In addition, there is a specific activist rationale for the research, in that the call arose from concern
regarding racial and/or class biases or discrimination in current observational instruments.

Thus, the purpose of this study was to explore how mothers with low income describe their mothering experiences and interpret their behaviors as they interact with their young children.

Methods

The design of this study used a qualitative approach. Video-cued narrative reflection and in-depth interviewing with mothers were used to elicit the mothers’ views about their mothering behavior (Pridham, Yin & Brown, 2001).

Setting and Participants

Mothers were recruited from a local preschool that meets our state’s highest requirements for quality education for preschool age children. The preschool served predominantly low-income children age six weeks old to kindergarten age, without diagnosed disabilities or developmental delays. The mother’s ages ranged from 20 to 38 years. They had one to four children. The ages of the children who were observed interacting with their mother were 12 to 48 months and all lived with their mother. One mother had two older children who were not in her custody.

Their self-reported income ranged from $200 to $2,000 per month; according to the average poverty threshold of the U.S. Census 2010, all were below the poverty threshold. Four women identified themselves as African American, one identified as Black, two identified as White, and one did not identify with any particular racial group. All mothers had some college education; six were enrolled in college courses at the time of the study. Five mothers worked as child care providers, and three were not employed. Six women received at least one form of public assistance (e.g., Women Infant and Children, Work First,
Section 8 rental subsidy). One mother’s eligibility for public assistance had expired and her family depended exclusively on the financial support of her extended relatives.

**Data Collection Methods**

Video-cued narrative reflection and in-depth interviewing techniques were used to learn how women interpreted their behavior as they interacted with their child and what they believed informed their mothering behavior. Video-cued narrative reflection provides women with moment-by-moment access to tacit relational experiences with their children (Raingruber, 2003). The purpose of choosing this method was so the mother could more easily recollect, re-experience, and interpret her behavior and, her child’s behavior and determine the meaning she made of their interactive experience as compared to relying on their memory of the interaction.

During their reflection, I used open-ended questions that allowed the interviewees to set the direction of the interview in order to explore their mothering behavior (i.e., grand tour questions). Examples of such questions include, “What do you think influenced the way you mother [child’s name]?” and “How did you learn to be a mother?” While pausing the tape, I asked questions such as “What do you think was going on there?” or statements like, “Tell me what you think about that interaction.”

**Procedures**

The university institutional review board (IRB) and the board of directors of the local daycare approved all procedures for this study. Typical case sampling was used; that is, individuals were chosen because they represented a normative sample of low-income women whose children were without identified developmental delays. The preschool’s director first gave potential participants information about the study and then asked if they would be
interested in participating. If the mother said she was interested, the director had the mother complete a referral form. Once the form was completed, I contacted and arranged to meet them at the preschool at their convenience to explain the study. I obtained written consent using an IRB approved consent form from those who wanted to participate in the study. Thirteen mothers were approached to participate in the study and eight mothers agreed to be contacted. All eight mothers who agreed to be contacted were enrolled.

The mothers agreed to be video recorded as they interacted with one of their young children and to participate in an interview after the recording was complete. The video recording and subsequent interview took place in an unoccupied room in the preschool. The recording was of a 20 to 30 minute interaction between the mother and her child. The mother and her child were asked to interact as they normally would during a typical, casual play interaction. Developmentally appropriate toys from the child’s preschool class were provided which ensured the child’s familiarity with the toys. Examples of the toys were dolls, blocks, cars, musical toys, sand tray, books, markers, crayons, paper, matching games, toy broom and dress-up clothes. The mother and child decided how to use the toys without instruction.

Following the video recording, the mother escorted her child to the designated child-care provider who was typically responsible for the child’s care at the preschool. The mother returned to the room of the recording where we watched and discussed the video recording together. While the mother was taking her child back to the classroom, the video was downloaded onto a university approved, portable computer that was password protected. We jointly viewed the video, pausing at points where she wished to comment on her behavior, her child’s behavior, or their interaction. I paused the video if I had a question or needed
clarification. This video-cued narrative/interview session was audio taped using a digital voice recorder. Field notes were written immediately after the interview to record my observations and impressions of the interview.

Every participant’s recording was de-indentified by assigning numbers, and the content was transcribed. Actual names of participants were kept in a separate locked file. The video recordings were downloaded to another computer secured within the university, and the original downloaded recording was deleted from the portable computer. These data were collected in April and May of 2010.

Data Analysis

A heuristic, inductive analytic approach, (i.e., a non prescriptive method of exploring the data moving from observations to broader generalizations towards themes) (Charmez, 2009) was used to determine the results of this exploratory study. Data were analyzed using methods of content and thematic analysis according to Charmez (2009). A case summary was written of each participant including a brief summary of the mother’s background, impressions of the video recording of the mother and child, and summary of key points from the field notes.

Once transcriptions of all interviews were completed, each was read in its entirety (Sandelowski, 1995) at least three times making quote, process, curiosity, procedure, and “out loud thinking” memos (Mihas, personal communication, 2010). Early memos (i.e., curiosity, quote, and “out loud thinking”) recorded observations of what was happening in the data. By the third and fourth reading of each individual transcript, near codes were determined for short sections of the interview and color-coded using Microsoft Word. The sections consisted of the mother’s whole responses to an open-ended question or her whole
interpretive response to the video as opposed to a line-by-line or word-by-word analysis. Each code was defined to ensure consistency throughout each case and across cases. A codebook was developed and was expanded to include any additional conceptual codes that emerged as more transcripts were coded. Once every case was coded, the coded data were examined so as to identify key themes that emerged across cases (Morse & Field, 1996). In addition, during the coding procedure, I made pictorial representations (i.e., models) of how I visualized what each mother was telling me. Coded data were collapsed and categorized into two broad themes. Procedure memos were written throughout the coding process to ensure a systematic approach to the analysis.

In addition to coding the data, I read each interview and examined the demographic data and other information about the mother. I noted aspects of the mothers’ life history and current life circumstances that concomitantly intersected in a complex web of social factors that influenced their mothering behaviors.

**Findings**

Figure 4.1 is a pictorial of my interpretation of the data. The box atop the model represents various social intersections of these women’s lives which, when interconnected for each specific mother, created a unique experience. The information included in this box is a collection from all of the mothers’ demographics and stories regarding the context of their lives. The words in the box represent the contextual elements that shaped mothers positions of social power and oppression, which thus influenced mothering behavior. The context created a more nuanced view of mothering behavior beyond binary labeling (e.g., sensitive versus controlling, intrusive versus positive regard for child’s autonomy). The red color in this box is simply to make the text more readable. The box of “intersections” in the diagram
visually represents a non-exhaustive list of collective mothering experiences and was critical to my interpretation of the mothers’ interpretations of their mothering identity, behaviors, roles, and goals.

Two major themes with varying subthemes emerged from the data. The first major theme emerged from one of the grand tour questions was, “What influenced the way you parent [your child]?” This theme - - Influences on Mothering - - represents the mothers’ interpretation of what they thought influenced their experience of mothering.

The second major theme reflects the mothers’ views about the Process of Mothering. This part of the model depicts themes that describe a series of actions or operations that produce gradual changes towards a particular result.

**Influences on Mothering**

Mothers’ interpretation about the influences on their mothering resulted from the women’s reflections about how they became the mothers that they are to their children. Several subthemes emerged: (a) innate ability, (b) caring for others, (c) childhood experiences, and (d) personal experiences.

**Innate ability.** Five of the eight mothers described their parenting as an innate ability that either they were born with or that came to them while pregnant or shortly after their child was born. Some mothers said their innate ability was inspired by their love for their children. They described this innate ability as something akin to intuitiveness or an inner knowing about how to interact with and guide their children. Mothers viewed this innate ability as something they were “blessed with” or “always had in me.” One mother reflected, “My mother wasn’t around, so I mean, I just had it. I just learned how to be a good
mother on my own from what I had inside.” Another said, “When I got pregnant, all of it grew on me, I guess.”

Several mothers indicated that it was their growing love for their child that brought out their innate ability to parent. One mother noted: “Just my love for him. My love for him grew inside of me and that’s where I got it.” Similarly, another said, “I think it is my love for her. I want to play with her. I guess I found my inner child. It was always in me.”

**Caring for others.** Along with mothering being an innate ability, some mothers attributed their mothering behaviors to taking care of others earlier in their life. Some of the mothers had younger siblings for whom they felt responsible. One mother felt that she had been responsible for her brother’s well being and was his primary caregiver since she was nine years old. Having this level of responsibility at such a young age meant that she would do “negative things when [she] was young to make sure [her] brother had what he needed” even if it meant breaking social rules (i.e., laws) in order to make sure he was provided for. Another mother shared the story of caring for her brother who was born when she was 16:

I have a brother who [is 16 years my junior]. When he was born, I think I kinda helped with the teaching part a bit…. They laugh and call me his second mom…. So I guess some of the things that I do, I know I got it some from dealing with him.

Other mothers had responsibility for taking care of younger children because they provided childcare at church or schools or had jobs in day cares during their teenage years. These women attributed caring for other children as helping them to figure out how to interact with their children.

**Childhood experiences.** Mothers had varying opinions about how their own experiences in being parented affect their own mothering. Some mothers talked about
emulating some of their mother or grandmother’s behavior such as “singing songs my mom would sing” to their children. Other mothers provided their children with things they found pleasurable in childhood (e.g., Barbie Dolls).

One mother realized during our interview that her current family structure was similar to her family of origin. For example, she had a tendency to be more informative and structured with her children, which was like her mother but she married a man that liked cuddling and playing with the kids, which was similar to her father’s style of parenting.

There were several instances where mothers made conscious decisions to do things that they felt they were deprived of as a child. Mothers who did not have their biological mothers actively involved in their lives frequently mentioned the importance of “being there” for their children. One mother said: “I don’t want my kids to have to deal with [wondering where mom is]. I just feel like I need to be there for them in a way my mother wasn’t.”

Others talked about doing the opposite of what they experienced as a child: “I mean basically, my thing is that I want to do the opposite of how [my mother] raised me”. Two mothers lamented about things they missed out on by not having a mother, such as having help with homework, learning about men, and learning about how to be responsible about school. One mother put it succinctly:

My mom never ever did none of that stuff, like sitting down and teaching me to count…[S]he never spent time with me. She would never do that type of stuff with me. So that’s why I make sure I do that with my kids.
Figure 4.1: The Making of a Mother

Social Intersections: Complex Contexts

- Poor Economy
- Growing up in Poverty
- Race
- Mental Illness
- Foster Care
- Substance Abuse
- Sexual Trauma
- Welfare/Work First
- High School Dropout
- Neighborhood Violence
- Teen Mother
- Unplanned Pregnancy
- Single Mothering
- Child Support/Not Getting
- Child Support
- Section 8
- Mom & Dad
- Some College
- Felony Acts
- Widow
- Homelessness
- Physical Trauma
- Neglect
- Drug Dealing
- Domestic Violence
- Faith
- Growing up Middle-Class
- Racism

Influences on Mothering

- Innate Ability
- Caring for Others
- Childhood Experiences
- Professional and Family Interactions

The Process of Mothering

- Identifying hopes wishes and goals according to personal values
- Acting and behaving in ways congruent with values and role identification
- Identifying roles that are most important in the performance of mothering
Another mother felt she had missed out on being protected by her mother saying, “[T]hings were happening to me where I couldn’t go to my mom and now, she still doesn’t know what happened to me.”

Mothers emphasized, based on their own childhood, the need for children to be confident and self-reliant. One mother in particular stressed this because as a child, she said had to figure out everything on her own. In essence, she thought her daughter could not depend on anyone except her, and because she could not be with her daughter twenty-four hours a day, seven days a week, her daughter had to be self-reliant. To make sure they could take care of themselves, she taught her children how to run bath water, to iron clothes, and to cook in a microwave by age five. She said, “Because I have to work and I have to leave her with people sometime. I need her to be able to, you know, sometimes you have to do things yourself.” Another mother said she was never taught how to be fiscally responsible in daily ways like paying bills. Another wanted her child to be her own individual, so she encouraged her child to do things on her own saying, “I want her to be able to decide what she wants instead of me ruling her life.”

Women’s childhood experience of parenting presence or lack thereof influenced how they parented their child. Three mothers were raised by their biological mothers and had no interactions with their biological father. One of these mother said of her father “He was an alcoholic and I never knew him.” Another mother simply said she didn’t know him. The third mother knew who her father was but never saw him. One of the women went into foster care at age 15 due to her mother’s substance use. All three mothers were currently single mothers of more than one child. One mother was a widow, one was divorced and one had never been married. These women stressed how challenging it was to be a single
mother. All three of these mothers felt that their own mother had done the best she could, but that they hoped their children would achieve even more than they had.

**Professional and family interactions.** There were occasions when mothers talked about learning mothering skills from listening to what the child’s pediatrician was asking them. One said:

I read at the doctors office, they were talking about “Can your child draw a straight line on a paper?….and I would do the same thing….For some reason, that seems to be an important thing that they were asking about, so I said, “Okay, let’s work on that.”

Others said that their sisters and partners helped them figure out how to interact with their children. Two mothers had parenting classes that they thought were helpful in learning how to mother their infant or toddler.

**The Process of Mothering**

Three subthemes emerged that depict each mother’s process of mothering: (a) identifying hopes and wishes for her child, (b) adopting a role in helping her child achieve the goal and (c) her actual mothering behavior (i.e., what the mother did as she interacted with her child that was in accordance with her hopes, wishes, and values). This process of mothering was determined by her value system, and these women universally valued getting an education so that their child could escape poverty.

**Identifying hopes, wishes and goals.** Mothers identified “being happy,” “being successful,” “having decreased stress,” and “having a good life” as the most important things for their child. When asked to describe happiness, success or decreased struggle, mothers essentially described each as escaping poverty. One universal idea of how a child could
reach the desired goal of escaping poverty was education. Other less mentioned ideas about how to escape poverty were independence and confidence.

One mother described success as:

To be able to live life to the fullest, not to worry about nothing like bills or where they are going to get money at or how they are going to pay this bill or that. I don’t want them doing that. I want them to be able to live life with no worries.

For her, success meant that her child wouldn’t have to struggle to get the things she needed like having a place to live or having food.

Another mother said that she wanted her children to graduate from college so that they could do “better” than she and the child’s father, who was illiterate, had done. “Better” meant that her daughter would be able to read and write, which would help her achieve wealth saying. As this mother stated, “The way to get rich is by learning.” When asked to describe what she wants for her child, one mother said this about education:

I want her to never settle for less than her best and to strive hard to meet her goals. And her education, that is the key for her. [Education gives] more opportunities to do things and to get the things she needs.

Another said of education, “When I think of higher education, I just think of freedom, definitely financially. It just opens you to that much more.”

**Identifying important maternal roles.** Mothers in this study could be described as teachers, nurturers, and role models. The one they most associated themselves with was that of a teacher. One mother said she was her daughter’s “first teacher” about the dangers of the world. She said, “I have to teach them the dangers. They have to know the dangers of everything before they get into something they don’t understand.” Another said that she
always tries to teach her child in every moment and does so because she is a teacher at a preschool. Some commented on the need to continually assess their child’s fund of knowledge to determine what area she needed to focus on next. They felt it was there job to teach the child even when the child was in preschool.

Some women described themselves as role models for their child. Many cited going back to school modeled their value of education. Others talked about spending money wisely or investing money in something more permanent like a house instead of “high dollar” clothes. One mother commented on her own casual appearance as being a poor role model for her daughter and wanted her daughter to learn how to present herself differently than she.

Many mothers talked about being the child’s comforter. One mother described herself as her child’s “safe spot.” Others described being the one whom their child comes to for support and love. For one mother, this was counter-intuitive. She said she did not get much physical nurturance while growing up but wanted to “be that person” for her children because she now recognized how much she missed out on.

**Acting and behaving to achieve goals.** This subtheme emerged as the mothers viewed the video and commented/interpreted their interactive behavior. Mothers universally interpreted the actions of their child and made meaning of their child’s language, facial expressions, and non-verbal behavior; scientists label this activity as reading the child’s cues. On many occasions, if the child indicated a change in activity, the mother made the change. For example, one mother noted that her child was tired of an activity because her child momentarily lay on the floor to take a break from counting. Often the mother would put language to the child’s non-verbal behavior, for example, “She was thinking, ‘Why are you looking at me that way?’”
On many occasions, the mothers decided what they were going to do during the interaction. Many mothers picked reading a book, practicing writing letters, shapes or colors, and doing matching games. Only one mother engaged in imaginary pretend play, during which the mother explained that she was trying to teach her child patience. Six of the eight children played in the sand. Every mother used sand play as an opportunity to instruct her child in one area or another. For example, several mothers used the rocks to teach concepts such as smooth and rough. On several occasions, the child was focused on simply digging, but the mothers took the opportunity to teach the child. For example, several played hide and seek with the rocks but added counting into the game, saying things like, “Let’s see how many rocks you can find in the sand.”

All mothers used distraction as a method of transitioning from one activity to another. This was often used when the mother seemed tired of playing a particular activity. Sometimes, even if a child were actively engaged in an activity, the mother would present another activity. One mother said she did this because she was bored. Others said they distracted their child because they knew that their child would have a negative response such as tantruming or crying at the end of one activity if they didn’t present another alternative.

**Discussion**

Numerous researchers have identified significant relations between styles of parenting - specifically mothering behavior - and children’s emotional, social, cognitive, and intellectual development (Burrous, Cronkenberg & Leerkes, 2009; Feng et al., 2008; Miller, 2001; NICHD, 2004; Smith, Calkins, & Keane, 2006). One way mothering behavior is measured is to observe the mother as she interacts with her child and rate her behaviors according to a predetermined set of optimal behaviors. Operationalized optimal mothering
behaviors defined in predominant observational instruments are based largely on the normative behaviors of the dominant group of mothers (i.e., White, middle-class, married, heterosexual women) (Bluestone & LeMonda, 1995; Demo & Cox, 2000; Ispa et al., 2004). Attachment model that uses a child-centered approach is the foundation of dominant observational instruments.

As noted earlier, experts in the area of studying the interactive behaviors of mothering have stated that these ways of measuring widely held assumptions regarding optimal, normative maternal behaviors need to reexamined and expanded. Intersectionality is an analytic frame that highlights the complexities of social power and oppression, and this approach is exemplified throughout the process of this research endeavor. The mothers in this study had lower incomes and were of more diverse racial and ethnic backgrounds than women for whom normative, optimal behaviors were originally defined. The multiple intersections of income, race, ethnicity, marital status, educational status, and others are but some of the complexities that made each mother’s mothering experience a unique one. However, there were commonalities in their narratives about their mothering experiences and their mothering behavior.

In this study, the universal value that mothers had for their children was to escape poverty through education. They talked about that in terms like achieving happiness, decreasing struggle, and being free. The roles the mothers adopted in order to help their child to escape poverty were that of teacher, coach, role model, and nurturer. Their specific behaviors were determined to be in accordance with their value of education, for example, instructing the child by directing the child’s play. Other times, they let the child control the pace and tone of the play. The specific behaviors that were observed and discussed by the
mothers were indicative of what they wanted for their child, which was to escaping poverty through learning life skills (i.e. learning to cook or learning to read) and formal education.

In accordance with this value, they saw themselves as their child’s primary teacher. The mothers consistently assessed their child’s skills and incorporated learning into their play. In many instances, the mothers directed the play while giving the child some choice within the bounds of the prescribed activity. They took every opportunity during the play, using whatever materials available, to advance their knowledge of their child’s capabilities and to introduce and teach their child new things. For example, every mother who introduced rocks into the play assessed and advanced their child’s knowledge of different concepts such as smooth and rough, colors, and/or counting.

One important element in child-centered observational instruments is that the mother be able to accurately and consistently respond to the child’s cues (Ainsworth, 1978). One notable behavior of every mother was her remarkable ability to read her child’s cues. It was clear these women did not miss or ignore their child’s cues. When they were discussing why they did what they did or what their child was doing, most of the time they could describe things that they picked up from their child’s behavior or expression. Their reading of the child let them know how to proceed to the next moment or interaction; for example, one mother explained, “I knew she was getting tired of me counting because she laid on the floor.” In several instances a child’s behavior clearly indicated a desire to end the activity as noted by the mother; however, she pushed the child to complete the task. She explained this was because she had a goal in mind and wanted the child to achieve the goal (e.g., counting to 100) so that her child could feel proud of reaching a new level of learning.
One key feature of the operationalized normative behaviors in widely used observational instruments is that the mothers follow the child’s lead during the interaction, (i.e., child-centered interactions) (Cox, unpublished coding manual, 2007). When the mother does not follow the child’s lead or take control of the play by directing or setting the pace of the play, the mother’s behavior could be considered controlling or intrusive. The idea of intrusive maternal behavior first appeared in the literature in the late 1950s (Ainsworth, 1978; Bee, 1969; Schaefer, 1959). Shafer (1959) identified maternal intrusiveness within the domain of maternal control describing the mother’s behavior as a “wish to control the child, [using] excessive contact and fostering dependency” (p. 230). Mary Ainsworth (1969), one of the pioneer researchers in mother-infant attachment, referred to intrusive maternal behavior in the domain of “interference.” She stated, “A highly interfering mother does not respect her baby’s autonomy and essential separateness. She tries to control him and to shape his behavior, or merely follows her own promptings without regard for his wishes or activity-in-progress” (p. 143).

The concept of intrusive maternal behavior has been used liberally throughout parent-child relationship literature and in observational instruments that measure maternal interactive behavior; however, intrusiveness is not consistently defined (Ispa et al., 2004). Despite the ambiguity of the term, intrusive maternal behavior continues to be associated most frequently with negative social, emotional, psychological, cognitive and verbal outcomes for the child.

The level of instruction and guided learning that many of the mothers exhibited could be interpreted as intrusive behavior. Should coders of frequently used observational instruments score their behaviors, some mothers may have rated low on sensitivity and/or
high in intrusive behavior (depending on how the concepts were defined in the instrument). The scores on these instruments have wide repercussions ranging from the meanings we make of who has certain mothering behaviors to the interventions that are designed to enhance mother-child interactions.

In this study, behaviors that could be interpreted as intrusive were interpreted by the mothers as techniques they used to educate their children. These mothers deemed education as the escape route from poverty; hence, the purpose of their interactions was to direct their children towards a life that would be different than their own. The life they wanted for their child was one that they believed would help decrease their children’s daily struggles to get their needs met and to achieve success and happiness.

These mothers saw themselves as primarily and sometimes solely responsible for helping their child succeed. For some, there was little room for imaginary or pretend play: “I squeeze learning in every chance I get,” or “If I see my child do something once, I know she can do it and I am going to run with it.” This extends the existing literature regarding different associations of mothering styles with different goals of parenting (Bluestone & Tamis-LeMonda, 1999; Bornstein, Azuma, Tamis-LeMonda, & Ogina, 1990; Tamis-LeMonda, 2003; Tamis-LeMonda et al., 2008). Earlier literature often compared all cultures to the dominant group’s culture. For example, early composites of parenting styles (Baumrind, 1972) suggested that African American mothers expected unrealistic levels of obedience, used dominating power, and had low levels of tolerance for the child’s wishes and desires. This was in comparison to White, middle-class, married mothers. Currently there are fewer comparisons. Tamis-LeMonda describes cultural ideas of collectivism and individualism as determinants of mothering behavior. Accordingly, what researchers
sometimes interpret as a negative interaction because it is deemed intrusive could very well be an example of sensitive interactive behavior according to the mother’s value system. The findings in this study suggest that mothers’ behaviors may be misinterpreted, especially if the interpretations are based on a unilateral valence and the values of total child-centered parenting.

On different occasions, the mothers and I read their child’s cues differently. For example, I interpreted the child who ran towards his mother forcefully saying “No!” and laughing as a mixed message but that he ultimately wanted his mother to stop making the noise she was making. The mother interpreted that her son loved the game and that they do that all the time. I focused on the child’s “no” while his mother focused on his laughter. Though I am an expert in child development, with training in observing and rating mother and child behaviors, I am not an expert of this particular child’s behavior. His mother is an expert of his behavior and there was no indication by the child’s everyday behavior that I was more accurate than she. I think we need to carefully consider working class mothers’ interpretations (emic perspective) of a child’s behavior so as to expand our conceptual understanding (edic perspective) of children’s cues.

There are two discussion points about child development. Five of the eight mothers had at least one college credit in area of child development. This means that their knowledge regarding typical child development may have been greater than mothers who have had no education in this area. However, despite perhaps having a better understanding, at least three of the mothers taught and expected their children to be more advanced in some areas of development. For example, one mother taught her three-year-old to run bath water and her five-year-old to iron and use the microwave. In her explanation, she made it clear that even
though she knows she is pushing the child to advance more quickly than is typical, she is doing so because she wants to prepare her children for situations they may face on a daily basis. In this case, the level of child development as prescribed by Western standards is superseded by the necessities of the child’s experiences (i.e. need to care for themselves at younger ages), which could legitimize that level of teaching.

There are some circumstances where these expectations may be interpreted as neglectful, for example, letting a three year old run her own bath water. However, in this mother’s mind and in their reality, there could easily be situations where her children will have to feed or bathe themselves at an early age. Ideas of typical child development are driven by sociocultural norms as evidenced by the discrepant global child norms (Matusov, DePalma, & Drye, 2007). The dominant group’s norms in Western culture set the stage for our expectations of how a child should typically develop and acceptable ways for a parent to help their child reach the expectations, but there are children whose social reality may force them into learning things at an earlier or later time frame. In some cases, we often view the mother’s behavior in a negative light when in reality, she is teaching what she determines to be a necessary life skills.

Our ideas of what is acceptable versus unacceptable mothering behavior could have discriminatory tendencies along social class lines. For example, a low-income mother who teaches her child to cook at a young age may be considered neglectful should the child get burned; yet a mother who injects Botox in her child’s face to ensure longevity on the pageant circuit is not considered neglectful (radio news cast, April 07, 2011). Even if there is societal objection at the mother’s behavior of injecting Botox, the local department of social services would not be called to investigate her parenting skills as they would if a five-year-
old child had gotten burned while trying to cook unsupervised. That is not to say that the later does not warrant inspection. I am suggesting that there may be parenting behaviors of the economically privileged that could inflict damage even if there is no physical sign of neglect. There are potential biases in social systems that warrant scientific scrutiny because scientific results help change social understanding of systems and acceptable behavior. Identifying these types of gaps in knowledge is another example of intersectional thinking in action.

A second point about child development is that mothers in general may not have adequate information about how to scaffold a child’s typical development from one level to the next. It may be that they do well with things like helping them move from crawling to walking but have less understanding of how to encourage more subtle forms of development like fine motor skills, identifying concepts such as shapes, or using imagination. This was evident as one mother explained how she deduced that drawing a straight line must be important since her pediatrician asked her if her child could perform the task. She had no idea why the task was important, but she taught her child to draw a straight line anyway. This finding has implications regarding how primary care providers interact and give information regarding typical development of children. For example, a pediatric nurse practitioner could explain what areas of development are being assessed and the expected level of development. Handouts reiterating the teaching and what stages of development to expect next could be devised and reviewed with the mother.

**Conclusion**

When the values of the observed mothers are different than the values on which the observational instruments are based, then the intent or consequence of the mother’s behavior
is liable to be coded differently than what the mother intended. Furthermore, if observational codes are assigned positive or negative valences, a mother’s behavior may be seen as negative, when in her view, she intended a beneficial outcome. Without understanding the mother’s intent, we may miss the fact that the mother’s intention as expressed in her behavior fits her and her child’s context better than the ones the codes were based on. The consequence of an ill fit is the misinterpretation of mothering behavior and misrepresentation of the quality of the interaction. Furthermore, if interventions are designed to change maternal behaviors based on the results of these codes, they are liable to be ineffective or worse, harmful.

The findings of this study are consistent with findings in studies conducted by, among others, Howes, Hulgenseth, Tamis-LeMonda, and Bluestone and the scholarly works of Collins and McLoyd, for example, that suggest that the context of a mother’s life influences her value system and consequently her mothering behavior. This knowledge has the potential to change the landscape of how mothering behavior is quantified in observational measurement and should be explored further.

One idea of research related to reformulating the concepts found in commonly used observational instruments is to expose the instrument to rigorous scrutiny by content experts (Halgenseth, Ispa, Csizmandia, & Thornberg, 2008). Content experts could be diverse groups of mothers, women’s studies scholars, and mother-child interaction scientists. The purpose of the focus group would be to discuss and determine optimal mother-child interactions across diverse groups.

Cross-disciplinary conversations between mother-child interaction scientists and women’s studies scholars could be a helpful first step in determining strengths and deficits in
both areas of research. This can happen within the boundaries of the academy by cross-listing classes, guest lecturing across disciplines, and developing transdisciplinary research teams (i.e., projects that involve several unrelated academic disciplines that are centered around a common research area) research teams (Strong, 2009). These types of classes offer an opportunity to share and learn different perspectives where more nuanced research projects can be designed and new knowledge and theories can be developed to solve a common research goal. The result of a collaborative and intersectional approach to mother-child interaction research may well contribute to the generation of new knowledge about the variations in mothering behaviors that lead to optimal child outcomes. The knowledge, generated from the mothers themselves, helped explicate how to broaden the behaviors conceptually linked to the broader concepts of mothering behavior (e.g., sensitivity, control, intrusiveness). By including more behaviors, the scope of normative maternal behaviors can be broadened as well.
References


Chapter Five

Discussion

You have reached the final chapter of my dissertation. The purpose of this chapter is to (a) recapitulate the process of writing the dissertation; (b) summarize and integrate the findings of the scholarly works found in Chapters Two, Three and Four; and (c) suggest future research that could build upon the foundational information presented.

This dissertation represents a blending of women’s studies scholarship and mother-child interaction science, which created a novel way of conceptualizing and conducting research related to the measurement of mothering behavior. The hub of the dissertation is intersectionality and the observational measurement of mothering behavior during a mother-child interaction.

Process of Writing

The manuscripts within this dissertation are a result of a bi-level research process. From a macro level perspective, an intersectional approach was applied to the research process. Intersectionality guided my work, originating in my initial curiosity about how behaviors of diverse groups of women are represented in commonly used observational instruments. My initial questions led to a systematic review of a specific area of mother-child interaction research literature with particular attention to the scientists’ use of race and class variables that culminated in a qualitative study examining mother-child interactions from the perspective of working-class mothers.
Concurrently through the course of this dissertation, there was a focus on the context of women’s lives; for example, Chapter Four is a discussion of mother’s own interpretation of how their social locations affected their parenting behaviors while interacting with their child. An intersectional lens guided an interrogation of how the research literature represents the complex social experiences of mothers and, in turn, how these representations affect the measurement of mother-child interaction. Considering the intersecting social locations of women in mother-child interaction research is a way of understanding a mother’s experiences in a way that is different than considering race, class, marital status, and other factors as independent variables, which is most typical in this area of research.

In many instances, scientists who used the traditional methods of study in mother-child interaction research were working within the constraints of research methods, which made it more challenging to consider the way that intersecting social localities of women can lead to experiences of discrimination and privilege. This limits what we understand about women’s personal experiences and how these experiences influence their interactive behaviors with their child.

Finally, I focused on the mothering experiences of low-income women by conducting a qualitative study of mothering interactions with participants who were chosen because they were not those on whom the original codes that established normative mothering were developed. This gave a small sample of women who are underrepresented in normative research related to mother-child interaction a voice in creating knowledge to expand our understanding of typical interactive behaviors. These studies represent a micro and macro intersectional approach in the study of mother-child interaction.
This dissertation contains manuscripts that describe three distinctive yet connected scientific endeavors that built upon one another. The first study (Chapter Two) is an integrative literature review where I interrogated how women of color and/or who have low incomes are represented in mother-child interaction research. In the review, I specifically focused on the concepts of sensitivity and control as they are commonly used in observational instruments that measure mother-child interaction. The second manuscript (Chapter Three) is a theoretical manuscript arguing for collaborative research between women’s studies scholars and scientists who study mother-child interactive research. In the third manuscript (Chapter Four) I present information derived from a qualitative study of eight low-income mothers. The purpose of that study was to gain insight into how women who are underrepresented in mother-child interaction research interact with their young children and how they interpret their actions. The following discussion will summarize each of the studies, the results, and the significance in the context of the larger question about the interpretation of mother-child interactions.

**Chapter Two: A Systematic Review of Maternal Sensitivity and Control.**

Chapter Two is an integrative literature review of the last ten years of studies where scientists have used observational methods to measure mothering behavior during mother-child interaction. The purpose of this systematic review was to determine how researchers have defined and used the concepts of maternal sensitivity and control (two operationalized concepts found in commonly used observational instruments) to measure mothering behavior. The rationale for this integrated review was based on questions about how scientists who study mother-child interaction represent women of color and/or who have limited financial resources. This paper directed a critical eye toward the way in which
scientists incorporate the variables of race and class throughout their study. Twenty-seven articles were included in the review. The findings illuminate two key points: (a) Academic research -- academia being a formal system of power -- has contributed to, maintained, reinforced, and/or dispelled ideas of a superior/inferior dichotomy of mothering behavior; and (b) Some academic research teams are progressively creating more nuanced ways of measuring mothering behavior that is more likely to generate more equitable and less subjective results of mother-child interaction research.

Prior to this review, many social and mother-child interaction scientists (e.g., Jean Ispa, Martha Cox, Tamis-LeMonda, Patricia Hill Collins and others) have noted that the assumptions regarding maternal sensitivity and control may consistently portray one group of mothers less favorably than another group of mothers, which indicates a biased measure. The review provided evidence that supported this premise.

Skewed scientific interpretations of mothering behavior have far reaching consequences; science legitimizes and codifies social views of mothering, which in turn, contributes to the personal identity (positive or negative) of women. When scientists make claims that certain mothering behaviors are deficient (i.e., they contribute to negative child outcomes) and that these deficiencies are more likely found in one group versus another, then social and cultural ideals of acceptable mothering practices are reinforced, including who are considered better mothers. Just as traditional ways of understanding mothering behavior (i.e., the style most associated with white, middle-class, heterosexual, married women) have become the accepted social norm, so too can a new way of seeing and studying the area of mother-child interaction validate an expanded view of acceptable maternal behavior. That is the evolution of science.
However, this particular shift or evolution is particularly sensitive in that it involves difficult dialogue about topics such as institutional racism. Moving science forward in the area of mother-child interaction measurement cannot happen without acknowledgement of discriminatory practices, proposals of ways to address the problems, and the support of the dominant scientific community. “Support” means valuing and funding multiple-method studies to generate more information about the normative behaviors of diverse groups.

This integrative review is an example of a scholarly scientific endeavor that highlights problems in the area of observational instruments in the most recent literature. The review also illuminates ways that scientists are adapting instruments to get more applicable and equitable results.

**Chapter Three: Building Academic Partnerships.** My academic immersion in two programs and the findings of the integrated literature review of Chapter Two prompted me to see the potential value in linking the scholarship of women’s studies with the study of mother-child interaction. This experience laid the groundwork for Chapter Three.

The purpose of Chapter Three was to provide a clear and compelling argument for the development of new academic partnerships between scholars of mother-child interaction and of women’s studies. It is a theoretical manuscript that describes the rationale and means by which to forge academic collaboration between women’s studies scholars and scientists who study mother-child interaction. It was written as a result of recognizing gaps in knowledge in each discipline’s scholarship related to mothers and children. Throughout the paper, I argue that both groups of scholars share a common purpose -- to improve political, social, and personal experiences of women and children -- that makes a collaborative partnership worthwhile. I conducted a formal exploration of the key differences in the world-view of
women’s studies scholars and mother-child interaction scientists as a means of opening a
dialogue focused on figuring out how to move past differences to collaboration. The
conclusion was that interdisciplinary research teams who use an intersectional approach will
be more likely to render a more accurate knowledge of the complex social, emotional, and
health needs of women and children than scientists from a single field could achieve in
isolation.

Chapter Four: An Exemplar Study Using an Intersectional Approach. The
scholarship of Chapter Three inspired the work presented in Chapter Four. Chapter Four
presents the results of a descriptive qualitative study during which I learned how eight
women from working-class backgrounds interpreted their interactions with their young
children and what they thought influenced their mothering. The design of the study was
inspired by my personal integration of women’s studies scholarship and nursing science.
This exploratory study sought the voices of women whose behaviors have previously been
underrepresented in mother-child interaction research.

Though mothering behavior is not considered a direct cause of a child’s school
success or failure, certainly the research that has been conducted regarding mother-child
interaction thus far support that some behaviors are better than others. The problem is that
these favored behaviors are not representative of all potentially optimal mothering behavior,
specifically behavior of women of color and/or who have low income. In other words, the
criteria that constitute optimal mothering need to be expanded. Chapter four is one model for
how an intersectional approach to a nursing science process can be used to begin to expand
typical notions of optimal mothering behavior found in commonly used observational
instruments.
Of course there are limitations to this method as there are for all research approaches. One point that needs to be considered is how the women’s responses were influenced by having a White, doctorally educated nurse conduct the interviews.

Despite the limitation, one important finding was that all women transmitted values that they learned either from their parents or from the absence of them. During their interactions with their children, they transmitted their values by teaching, guiding, and supporting their child’s curiosity for learning. The overarching theme was that every mother believed that education was the key to her child’s rise from poverty. They saw themselves as their child’s primary teacher. Consequently, their mothering behavior reflected their value of education.

On many occasions, the mother’s value of education, expressed by structuring their child’s play, overrode the will of the child. As the mothers watched their interactions, they had no difficulty reading the child’s cues or interpreting the child’s behavior as they readily described what they thought their child’s behavior was indicating. For example, mothers recognized that the child’s behavior indicated they were ready to move on to another activity or that the child did not want to shift to another activity. However, despite the mother’s awareness of the child’s desire, there were instances where her desire to make sure the child got the concept or completed the task led her to respond in a way that was seemingly not responsive to the child’s cue.

Most mothers interpreted their interactive behaviors as attempts to assess their child’s knowledge and to teach their child. Their behavior was motivated by their belief that education was a means to escape poverty. Behaviors such as this would likely be considered controlling or intrusive according to the operationalized concepts found in commonly used
mother-child observational instruments. As noted in Chapter Two, intrusive behavior is most often related to poor child outcomes in the literature on mother-child interaction.

The problem is that many of the observational instruments reflect a value of child autonomy, where an optimal interaction is child-led, not adult-led. This value is not necessarily consistent with the perspective of many mothers, specifically those in the study. There were many occasions where the mothers did not follow the child’s lead; instead mothers often directed the child’s play and set the pace of the interaction.

When the values of the observed mothers are different than the values on which the observational instruments are based, then the intent or consequence of the mother’s behavior is liable to be coded differently than what the mother intended. Furthermore, if observational codes are assigned positive or negative valences, a mother’s behavior may be seen as negative, when in her view, she intended a beneficial outcome. Without understanding the mother’s intent, we may miss the fact that the mother’s intention as expressed in her behavior fits her and her child’s context better than the ones the codes were based on. The consequence of an ill fit is the misinterpretation of mothering behavior and misrepresentation of the quality of the interaction. Furthermore, if interventions are designed to change maternal behaviors based on the results of these codes, they are liable to be ineffective or worse, harmful.

The findings of this study are consistent with findings in studies conducted by Howes, Hulgenseth, Tamis-LeMonda, Bluestone, and others and the scholarly works of Patricia Hill Collins, McLoyd, and others that suggest that the context of a mother’s life influences her value system and consequently her mothering behavior. This knowledge has the potential to
change the landscape of how mothering behavior is quantified in observational measurement and should be explored further.

### Conclusion

This dissertation focuses on the broad problem of inequities in diverse groups of women and children while specifically highlighting one aspect of the research process: observational measurement. The concepts of maternal sensitivity and control are commonly used in influential studies of social policy for women and children. The studies within this dissertation provide evidence that some of the observational instruments that contain these concepts have serious limitations, including racial biases, which put women of color and/or working class women at a disadvantage in terms of research outcomes. Measuring mother-child interaction is a mainstay in determining interventions to improve child outcomes; therefore, given the biases, it is imperative that scientists begin to expand knowledge of what is typical and optimal mothering behavior for diverse groups of mothers. Using an intersectional approach as exemplified throughout this dissertation is one way of beginning to expand knowledge in this area.

Using an intersectional approach is a novel way of doing science related to mother-child interaction research. In using this approach, I was cognizant of the multiplicative forms of discrimination and privilege of the women who participated in the studies, and the work provided a nuanced and specific way of viewing how diverse groups of mothers are represented within the larger research process.

The process of generating knowledge for this dissertation through the unique perspective of intersectionality created a paradigmatic change in my professional and personal world-view. My graduate school immersion in both areas of scholarship, women’s
studies and nursing science, shaped the style and content of this dissertation. Infusing an understanding of intersectionality throughout this research endeavor made me more aware of how power operates within the research process -- in mother-child interaction research as well as in the context of an individual mother’s life. From this perspective, I questioned widely held assumptions about mothering behavior, interrogated the methods and concepts of observational instruments in a scholarly fashion, and designed and implemented a research study using methods consistent with the intersectional perspective. Using the intersectional perspective shifted the research questions and the methods that I used from a strictly positivist approach to a multi-method program of research. Applying intersectionality does not fix discriminatory processes, but this approach can (a) sharpen a scientist’s awareness of discriminatory behavior within and outside of the academy, (b) illuminate gaps in knowledge, (c) expose limitations in widely held assumptions, (d) inspire different research questions, and (e) conduct research in the pursuit of social justice.

Incorporating intersectionality as a philosophical way of thinking about the experiences of women and children creates a common language for women’s studies scholars and mother-child interaction scientists. In order to form transdisciplinary relationships, women’s studies scholars and mother-child interaction scientists will have to shift some of their discipline-specific traditions. Mother-child interaction scientists most typically use a traditional positivist approach to studying mothers’ behavior. Scientists who use a traditional positivist approach often fail to recognize the nuances of behaviors, which in the study of mother-child interaction creates dichotomous thinking about mothering behavior. The results of such studies have a tendency to favor the dominant women’s group behaviors over women who are in subordinate positions as noted in Chapter Two. The results of some studies are
skewed at best, discriminatory and harmful at worst. Of course, this is not to suggest that a positivist approach can or should be forgone altogether. However, there are ways to infuse intersectionality that could address some the limitations in this approach. Exploring different strategies within a positivist approach is future work for scientists of mother-child interaction.

Women’s studies scholars are challenged to accept the current reality that mothers are most commonly the primary caregivers of children and that certain groups of women (e.g., women of color and low-income women) are also underrepresented in their work related to mothering. However, women’s studies work towards social equality in personal relationships, institutions, and economic and social status for women could be critical to changing the way mother-child interaction science is conducted. This type of collaborative scholarship is needed to better understand the complexities outside of and within parent-child interactions which, in turn, will bring us closer to promoting better mother-child interactions that support optimal health of each.

The scholarly works within this dissertation are examples of collaborative scholarship of sorts in that I merged two schools of thought. It is a preliminary step in establishing a need for revisiting, questioning, and expanding the concepts of maternal sensitivity and control so that the normative behaviors of diverse groups of mothers are represented in observational instruments that measure mothering behavior. It also offers a limited glance of how a theoretical framework (i.e., intersectionality) can serve as a disciplinary boundary-crossing approach that can be threaded throughout multiple methods of research. The result of a collaborative and intersectional approach to mother-child interaction research may well
contribute to the generation of new knowledge about the appropriate variations in mothering behaviors that lead to optimal child outcomes.
### Appendix A

**A Guide to an Intersectional Approach in Nursing Research**

<table>
<thead>
<tr>
<th>Points to Consider</th>
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<tbody>
<tr>
<td><strong>Purpose of Research</strong></td>
</tr>
<tr>
<td>The study should connect a health problem with the goal of pursuing social justice.</td>
</tr>
<tr>
<td>- Will the information generated (e.g., instrument development or evidence based intervention) contribute to the achievement of social justice for a particular oppressed group?</td>
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<tr>
<td>- Will the group’s participation in the study facilitate fair and just representation of the problem from their perspective?</td>
</tr>
<tr>
<td>- Will the group directly benefit from the results of the study in a way that promotes the individuals’ own social activism and pursuit of social justice?</td>
</tr>
<tr>
<td><strong>Research Question</strong></td>
</tr>
<tr>
<td>The scientific inquiry should focus on how the intersection of unequal social power relationships affects an individual, family, or group’s health and health care.</td>
</tr>
<tr>
<td>- Does the question arise from the nurse’s clinical, community-based, or other direct relationship with the group?</td>
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<tr>
<td>- Does the question consider the intersection of race, class, and gender versus each as a discrete social variable?</td>
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<tr>
<td>- Does the question seek to build on an individual’s, family’s, or group’s strengths versus compare the group to the dominant group norm?</td>
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<tr>
<td><strong>Literature Review</strong></td>
</tr>
<tr>
<td>The results of scientific inquiry contribute to the construction of social identities. The researcher’s review of the literature should evaluate how multiple disciplines have viewed the particular problem and how individuals or individuals within a group have been represented.</td>
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<tr>
<td>- Who was included in the sample?</td>
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<tr>
<td>- What was the social context (e.g., political, ideological, or economic) at the time of the study?</td>
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<tr>
<td>- What were the prevailing theories of the problem?</td>
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<tr>
<td>- Was one variable (e.g., race, class, or gender) the main consideration or were the intersection of social identities considered?</td>
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<tr>
<td>- Which disciplines have the broadest understanding of the problem?</td>
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<tr>
<td>- Are there any leading experts who can serve as consultants or members of your research team?</td>
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<tr>
<td>- Are there existing models of care that have not been viewed from an intersectional approach but could be tested and adapted to be adequately and justly applied to previously invisible groups?</td>
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<tr>
<td><strong>Research Design</strong></td>
</tr>
<tr>
<td>An intersectional approach can be used in quantitative or qualitative designs.</td>
</tr>
<tr>
<td>- Is there a community partner? What is the community partner’s experience with research?</td>
</tr>
<tr>
<td>- Are there existing models of care in the participants’ community? Completely new models of care are not necessarily essential and, in fact, may be harder to integrate into the community.</td>
</tr>
<tr>
<td>- How will the stringent control of internal and external validity and the requirement of large sample size in an experimental design represent the complexity of the problem? Will the results generated be feasible for implementation in clinical settings?</td>
</tr>
<tr>
<td>- Some quasi-experimental designs can help identify and develop interventions for a heterogeneous group.</td>
</tr>
<tr>
<td>- Be cognizant of the multi-level power relationships among, for example, community providers, academic researchers, researcher, and participant. A detached and objective researcher’s stance is not consistent with an intersectional approach.</td>
</tr>
<tr>
<td>- Is there adequate representation of the individual’s interpretation of the health problem and potential solutions? If not, qualitative or mixed method models will be a better choice.</td>
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<tr>
<td>- Does the sample represent people who experience an extreme of a problem?</td>
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<tr>
<td>- Are the intersections of race, class, and gender considered when determining inclusion and exclusion criteria? A clear and sound rationale of who is not included in the study should be thoroughly explicated.</td>
</tr>
<tr>
<td>- Do recruitment and retention strategies reflect the researcher’s partnership with participants?</td>
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<tr>
<td>- Have the instruments or other measurement tools been validated in the particular group being studied? If not, how can the instruments be adapted and still maintain sound psychometric properties?</td>
</tr>
<tr>
<td>- It is unlikely that the whole of a complex problem will be addressed in one study. Devise a flexible plan for a whole program of research where each study is feasible, pertinent, and applicable to some part of the problem and where each study’s conclusions will build upon another.</td>
</tr>
<tr>
<td><strong>Analysis, Interpretation and Dissemination</strong></td>
</tr>
<tr>
<td>The analysis and interpretation should reflect the simultaneous and multiplicative experience of oppression.</td>
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<tr>
<td>- Research results should be disseminated across disciplines.</td>
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<tr>
<td>- Do the statistical indices of analysis indicate interaction or linear terms?</td>
</tr>
<tr>
<td>- When one social identity category can be omitted in a statistical model (e.g., the study is only on women), then consider what other variables need to be considered? For example, consider how symptom expression interacts with class and race. Levels of poverty may be important to consider as well.</td>
</tr>
<tr>
<td>- Consider changes within individuals over time. If individuals who appear to share common social identities showed less benefit from an intervention than the group as a whole, attempt to determine why the response was different by talking with or conducting a follow-up study with the non-responding group.</td>
</tr>
<tr>
<td>- Is the researcher’s interpretation of the results consistent with the participants’ experiences?</td>
</tr>
<tr>
<td>- The implications of the study should include considerations of health equality and social action. How can the findings be used to promote social justice?</td>
</tr>
</tbody>
</table>
### Appendix B

#### Dimensions of Maternal Sensitivity

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sensitivity</td>
<td>The observer focuses on how the mother observes and responds to the child’s social cues. The key is that the mother has a child-centered focus and is constantly aware of her child’s needs, moods, interests, and capabilities that guide her interactions.</td>
</tr>
<tr>
<td>Intrusiveness</td>
<td>The observer focuses on how much the mother imposes her own agenda despite the child’s signals otherwise. This may include overstimulation, vigorous physical interactions, or rapid pace indicated by the child’s distress or aversion.</td>
</tr>
<tr>
<td>Detachment/Disengagement</td>
<td>The observer notes when the mother appears emotionally uninvolved, unaware, or ill-equipped to take care of the child’s needs of interaction. The mother who is detached seems to miss the child’s cues altogether.</td>
</tr>
<tr>
<td>Stimulation of development</td>
<td>The observer notes the degree to which the mother promotes the child’s development as indicated by her verbal and play responses.</td>
</tr>
<tr>
<td>Regard for child</td>
<td>The observer notes the quality of the mother’s affective expressions towards the child. Positive regard is indicated by a certain affective display such as smiling, laughing, or general enthusiasm. Negative regard is indicated by the frequency and intensity of the mother’s negative affect shown towards the child. The mother’s affect could be flat, which is indicative of neither positive nor negative regard for the child, but may suggest mother’s boredom, depressed state, fatigue, or distraction.</td>
</tr>
</tbody>
</table>
Appendix C

Data for Abstract Review

Author (s) Name:
Title of Article:
Year of Publication:
Journal:

1. Conducted in the United States:  Y   N
2. Concepts of Control and/or Sensitivity mentioned in abstract:  Y   N
3. Focus on Adolescent Mothers: Y   N
4. Focus on Fathers:  Y   N
5. Maternal Psychopathology: Y   N
6. Child Psychopathology: Y   N
7. Data Collection Method: ___Observation ___Self Report ___ Not stated in abstract
8. Intervention Study: Y   N

Excluded from further review if:
- Not conducted in the United States
- No mention of the concept of Control and/or Sensitivity
- Focus on Adolescent mothers
- Focus on Fathers
- Focus was primarily about maternal psychological or physical pathology
- Focus is primarily on child psychology or psychical pathology
- Data Collection Method was reported in abstract as “mother self report”
- Concepts used to measure intervention outcomes

Included for full text review:
- Conducted in the United States
- Control and/or sensitivity in abstract
- No maternal or Child psychopathology or Adolescent Mother or Father Focus
- Data Collection Method: Observation or Not mentioned in abstract
- Not an intervention study

Article proceeds to full text review:  Y   N
Appendix D

Data for Systematic Review

<table>
<thead>
<tr>
<th>Author (s) Name:</th>
<th>Title of Article:</th>
<th>Year of Publication:</th>
<th>Journal:</th>
</tr>
</thead>
</table>

1. Sample Size:
   Race breakdown:
   - W:
   - B:
   - L:
   - O:

2. SES:
   Breakdown according to article:

3. Concepts of Control and/or Sensitivity defined: **Y** **N**

4. Operationalized definition of:
   - Control:
     Proxy used?
   - Sensitivity:
     Proxy used?

5. Observation data collection method: **Y** **N**
   If yes:
   - Location:
   - Length:
   - Coding Scheme:
     - Validity:
   - Observation instruction:
     - Structured:
     - Semi-structured:
     - Free interaction:
   - Observer:
     - Observer training for reliability:
     - Observer race mentioned: **Y** **N**

6. Results of the study:

7. Specific discussion of race and/or class:
   - Sample:
   - Methods:
   - Results:
   - Discussion:

**Excluded from review if:**
- No conceptual definition of Control and/or Sensitivity
- Observational method not used

**Final Decision:** Part of the integrative review? **Y** **N**
Appendix E

Example: Integrating an intersectional approach in nursing academia

This syllabus example is of Week 2 and 3 of an introductory therapy course. The first week theoretically introduces the concept of intersectionality and the following weeks are meant to be an example of practical application of an intersectional approach to learning to be a therapist.

Week 2: BEING a Psychiatric Nurse Therapist: Things You Won’t Learn from the DMS IV-TR

Readings to prepare for class discussion:

The experience of “becoming” is a personal one. This paper is an eloquent example of how Lillan Comas-Diaz, author, “became” and continues “to become” a multicultural therapist. This article is a glimpse of how she is informed, shaped and influenced by her culture, ethnicity, gender and class. Her disclosure of trust of her intuition, her belief in her healing power, her clear intelligence and genuineness with clients is a gift to novice therapist.

This is an example of the type of paper you will be expected to write by the end of the semester; one that describes your process of the early stage of ‘becoming’ of a therapist. Where did you come from? How did you get here?


This is a “no nonsense”, “tell it like it is” article. Marie Crowe explicitly articulates her view of the role of the psychiatric nurse. The article examines some of the bias inherent (gender, culture and class) in psychiatric diagnosis and what psychiatric nurses (and therapist) can do to improve care of people that seek (or are forced to get) psychiatric care. Her work broadens the context in which people identified with “personal inadequacies” known as “diagnosis” can be seen in the context of societies demands, oppressions and discriminations.


This article is an excellent example of how to integrate two theory based models to advance psychiatric nursing care. Finfgeld is careful to describe how feminist therapy models have advanced the care of women particularly in areas, for example, of inter-partner violence, sexual abuse and harassment. However, feminist therapy does not go far enough to include women who continue to be marginalized and receive marginal or
no care; for example, women of color, lower class women, lesbians. Table 1 is clearly
summarizes the overall points of the paper.

MacCallum, E. J. (2002). Othering and psychiatric nursing. Journal of Psychiatric and
Mental Health Nursing, 9, 87-94.

MacCallum does a nice job describing the concept of othering. The purpose of this
article is to raise new therapist’s awareness of a person’s natural tendency to see the
world as “other” if not directly related to self. The author stresses the need to
recognize difference and work across the differences. This article provides
informative examples of how nurses can use knowledge of themselves and their lived
experiences to identify a connection with patients that will enhance care in a way that
maintains appropriate boundaries. Peplau’s (Mother of Psychiatric Nursing)
contribution about the nurse-patient relationship is well integrated into the body of
the information.

Ulrich, Y. C. (1996). The Relational Self: Views from feminism on development and

Relation to self while in relation to others is the crux of this article. Self-actualization
is one reason people come to individual therapy, but is obtained in relation to others. The
development of self is related to the way we see ourselves and the way we relate to others.
This article presents important theoretical concepts that inform psychiatric nurses of
potential ways to help patients via therapy. As important, Ulrich makes the point of the
importance of the psychiatric nursing knowing “self” in order to be able to care for others.
This concept is often overlooked in our practice, but is crucial if we are to be as effective as
we can possible be.

In Class Discussion and Exercises:
1. Verbal discussion of response to readings. Each Student should come with prepared
questions or comments of each reading. (45 minutes)
2. Johari Window Exercise with small group discussion. (30 minutes)
3. View movie Thou Art Loosed:
   Free Writing Response: Answer the following questions based on your thoughts
   integrated with personal responses to the readings:
   • Impressions of main character, mother, step father, boyfriend and preacher?
   • What would be your initial reactions if you met the main character on the
   street?
   • How do your personal experiences influence your reactions to this character?
   • What did you like/dislike about the character as the character developed?
   • What do you have in common with the character?
   • How did gender, culture, race, class and/or sexuality influence the
   development of this woman’s character?
   • Briefly talk about spirituality as it relates to this character.
If you were going to be her or the main character or mother’s therapist, what personal issues would be helpful to acknowledge before entering into the therapy relationship?

**Week 3: Race and Gender and mental health**

→ Special look at “Depression” and “other mental disorders”: Things You Won’t Learn from the DSM IV-TR

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**Readings to prepare for class discussion:**


*Depression is described beyond the bounds of diagnosis in the article by Feely. The article examines the contexts of which people, specifically women, live and how the context of life influences mental health. Feely suggests that people’s lived experiences should be the focus of care. She describes multiple feminist perspectives that expand ways of framing depression beyond medicalization of a problem. The author does a nice job of defining the feminist perspectives to novice nurses who may be unfamiliar.*


*Part one of Understanding Depression describes depression as it affects women and how this diagnosis has affected women as a collective whole. Stoppard conducts a nice review of what is left out of the ways of knowing when the only claim of “knowledge” is based solely on positivist research. Additionally, Stoppard compares the way science has classified women’s experiences as a medical or psychiatric condition and offers other ways of conceptualizing the problem.*


*This article searches the literature to gain an understanding of how women’s experience of mental illness from a perspective other than biology or the medicalization of responses to stress can influence nursing care. Themes that emerged in the literature were psychiatry and social control of women, psychiatry and the medicalization of unhappiness and devaluing women and their roles. The author concluded by offering a few nursing intervention strategies.*


→ Chapter 14, *LaSelva Subterranea*: Initiation in the underground forest. (The Handless Maiden Tale)
This is an optional reading. Estes provides a fascinating use of story-telling to help the healer or the person herself understand a woman’s psyche.

**Choose one of the following:**


*Bring to class a two page discussion of the book you chose.*

**In class Discussion and exercise:**

1. Verbal discussion of response to readings. Each Student should come with prepared questions or comments of each reading. (45 mintues)
2. Divide into groups based on the book you read. (1.5 hrs)
   - Decide on a foreperson to keep you on track.
   - Write a group report on the book specifically addressing the mental health issues that emerged from the book.
     - Based on your readings, what influenced the mental health of the main character?
     - (Write the follow part of the paper as a collective group based on individual responses)
     - In what ways did people identify with the main character?
     - How are you different?
     - (Each write their own response to the last question)
     - What personal issues would you need to acknowledge before you could enter into a therapeutic relationship with the main character?

**Preview of upcoming weeks:**

- Men and mental health: Things you won’t learn from the DMS-IV
- Class and mental health: featuring *Where We Stand* by bell hooks
- Race and mental health: A more focused look
- Sexuality and mental health:
- How to speak..How to listen.