

BELIEFS AND EXPECTATIONS ABOUT REAL AND IDEAL
MATERNAL BEHAVIOR IN EXPECTANT MOTHERS USING A
MIXED METHODOLOGY APPROACH

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ABSTRACT

The study is embedded in Bowlby (1969/1993) and Ainsworth et al., (1974, 1978, 1995) Attachment theory. This research has three objectives: 1) To identify maternal and cultural beliefs and expectations, concerning the maternal role imagined by 49 expectant mothers in their last trimester of pregnancy, 2) to categorize and compare collected data about ideal mother's behavior through mixed methods, and 3) to determine the relationship between the ideal mother's behavior and mother-infant interactions in everyday context. Ethnographic results showed specific and complex aspects regarding mothers' personal beliefs, cultural discourses, and maternal expectations. Pearson correlational analysis conducted was not significant between ideal and real maternal behavior descriptions. Further research is needed to clarify cognitive, affective, and contextual factors related to maternal beliefs and mother-infant interactions.

Key words: *Early child development, mother-infant interaction, attachment theory, qualitative research, maternal sensitivity.*

INTRODUCTION

After almost four decades of theoretical and empirical work on attachment theory, research has shown the importance of early mother-infant attachment relationships for a person's social and emotional development in different ages and cultures (Ainsworth, 1967; Ainsworth, Blehar, Waters & Wall, 1978; Ainsworth & Marvin, 1995; Bowlby, 1969/1993; Posada, Carbonell, Alzate & Plata, 2004; Sagi & Posada, 2002; Waters & Cummings, 2000).

The research for this article is framed within the following assumptions: 1) the trans-cultural generality of attachment relationships in contexts that are different from where they originated; it is stated whether this theory allows an understanding of mother-infant relationships in other cultures (Rothbaum, 2002; Rothbaum, Weisz, Pott, Miyake & Morelli, 2000, 2001); 2) the importance of using methodologies that allow inquiring on cultural specificity regarding beliefs and behaviors in attachment relationships and that, for the same reason, allow to capture particular phenomena of our maternal care practices.

Regarding the trans-cultural generality of basic constructs and hypotheses of the attachment theory, it has been put into question whether these notions are the result of ideological biases of western industrialized societies, which would not apply to other cultural contexts (Rothbaum et al., 2000). Concepts such as maternal sensitivity, the secure-base phenomenon, the connection between maternal sensitivity and attachment security, and the implications of attachment relationships for child's development, need to be investigated in different social and cultural contexts. Although there is some empirical evidence that supports universality (Chao, 2001; Gjerde, 2001; Kondo-

Ikemura, 2001; Posada, 2002; Posada et al., 2004; Posada et al., 2001; Sagi & Posada, 2002; Van Ijzendoorn & Sagi, 2001; Waters, 2002), existing research is scarce and the debate still goes on. The presence of mother-infant attachment relationships in several cultures does not diminish the importance of inquiry about its specific manifestations in diverse contexts.

This study aims to supply evidence on the construct of maternal sensitivity. The attachment theory conceptualization regarding the quality of maternal care, understood as maternal sensitivity (inductive product of observations in the family environment of the mother-infant dyad), seems appropriate and applicable in order to characterize the child-mother interactions in different cultural contexts (Ainsworth, Bell and Stayton, 1974; Ainsworth et al., 1978). Nevertheless, it is necessary to take into account the influence of the characteristics of the dyad's particular interaction context, when implementing maternal care (Posada et al., 1999; Vaughn, Egeland, Sroufe & Waters, 1979). For these reasons, a mixed methodology was used in order to collect information related to this construct (Johnson and Turner, 2002; Maxwell & Loomis, 2002; Portois & Desmet, 1992). The first, based on the maternal sensitivity concept, as defined by the attachment theory: the care giver's ability to identify the baby's signals, to interpret them in an appropriate way and to respond to them in an appropriate and timely manner (Ainsworth et al., 1974). The second methodology, of qualitative and ethnographic nature (Spradley, 1979), was used in order to provide account of the idiosyncratic aspects of maternal care in a local sample.

From the maternal sensitivity construct, theory assigns the determinant role of early care to the quality of the attachment relationships of the child with his or her primary

caregiver. The quality of this care determines the organization of the child's secure-base behavior, which is sustained through a wide range of stressful and everyday situations, as well as across all cultures (Ainsworth, 1967; Posada et al., 1999; Pederson et al., 1990; Pederson & Moran, 1995a).

Based on observations conducted in natural contexts in Uganda (Ainsworth, 1967) and Baltimore (Ainsworth et al., 1974, 1978), Ainsworth proposed a conceptual model of early care that includes four characteristic maternal behaviors: sensitivity-insensitivity, acceptance-rejection, cooperation-interference, accessibility-ignoring the child (Ainsworth et al., 1974). Her research found a high correlation between these behaviors. This has led to recognize these set of behaviors as components of the sensitivity construct. As a matter of fact, most of the research on the relationship between the quality of care-giving behavior and the attachment security of the child are based on the maternal sensitivity construct as defined by Ainsworth and her colleagues (De Wolf & Van IJzendoorn, 1997; Posada et al., 2002; Thompson, 1998).

When searching for an explanatory mechanism of maternal sensitivity, some authors have postulated the existence of internal work models as responsible for the maternal behavior with the baby, since these allow organizing internally the early attachment experiences (Bowlby, 1969/1993; Van IJzendoorn, 1995; Main, Kaplan & Cassidy, 1985). From this perspective, the models are conceived as the result of early attachment experiences and as a way for the child to develop expectations about himself or herself, other people and the social world (Rothbard & Shaver, 1994). Therefore, they allow the child to anticipate and interpret the behavior and intentions of others, specially the attachment figures.

This way, the internal work models act as an internal framework that guides the behavioral, cognitive and emotional patterns, and that allow to predict the attachment behavior. These models contain: a) memories of attachment experiences; b) beliefs, attitudes and expectations of himself/herself and others, regarding the bond; c) goals and needs related to the bond; and d) strategies and plans associated to the attainment of the attachment goals (Collins & Read, 1994). This report focuses on the beliefs and expectations regarding the maternal behavior in mother-infant interactions.

This study defined the following objectives: 1) to identify maternal beliefs and expectations, both personal and cultural, concerning the maternal role imagined by expectant mothers in their last trimester of pregnancy; 2) to categorize and compare the information on the ideal maternal behavior obtained using a mixed methodology consisting of ethnographic methods and an instrument validated by attachment theory, in order to establish similarities and differences in the concepts enunciated by the mothers; 3) to establish the association between the ideal and the actual maternal behavior in her day-to-day interactions with the baby.

METHOD

Subjects

The sample was taken from 49 expectant mothers in their last trimester of pregnancy; most of them were patients at two health institutions in the city of Bogotá: a medical center from a Caja de Compensación Familiar (a system that subsidizes different needs of regular employees, health among them) located in a residential area (14), and the

gynecology outpatient service from an university hospital (24). The rest of the sample was obtained from other hospital and non-hospital sources.

Regarding socio-demographic characteristics, the age average of the mother was 27, with a minimum age of 16 and a maximum age of 38. The participants were from lower-middle class and lower class backgrounds. As for the educational level of the mothers, 17 of them had college education, 10 had technical/vocational education, 17 had completed high-school, and 5 had not finished primary (grades 1 through 5) or secondary (grades 6 through 11) school. Regarding family composition, 26 of the mothers belonged to nuclear families, 13 belonged to incomplete families (lived with the extended family, without the presence of a father figure) and 10 belonged to extended nuclear families (father, mother, children and other family members).

Instruments

ETHNOGRAPHIC INTERVIEW CONCERNING THE MATERNAL ROLE

A semi structured interview made up from previous ethnographic approximations was used. A questionnaire was designed, using descriptive questions in order to identify the personal and cultural beliefs of expectant mothers, regarding their expectations of the maternal role imagined. The ethnographic approach of the interview followed the parameters established by Spradley (1979), with regard to certain characteristics that distinguish this kind of interview, the construction of a rapport process with the interviewees, and the development of different kinds of descriptive questions.

It is important to note that qualitative and ethnographic approximations allow the detailed description of natural environments (Spradley, 1979, 1980; Strauss, 1987;

Strauss & Corbin, 1998), by taking into account the contextual variables, the characteristics of the socio-economic class, and the in-depth analysis of the social actors' cultural premises.

Q-SORT OF MATERNAL BEHAVIOR

This instrument was designed by Pederson and Moran (1995b) from theoretical and empirical descriptions of maternal behavior, taking into account the sensitivity construct proposed by Ainsworth et al. (1978). It is made up of 90 items, evaluated by attachment theory experts with experience in the observation of mother-child interaction. The experts were asked to use the Q-sort items of maternal behavior in order to describe their concepts of the prototypically sensitive mother, interacting at home with her 12 month old child (Pederson, Moran et al., 1990). These descriptions were used to build the theoretical criterion used to evaluate maternal sensitivity. The validity of this instrument has been upheld by several studies (Pederson, Moran, et al., 1990; Pederson & Moran, 1995a, 1996).

The items describe a wide range of maternal behaviors, such as interactive style, interactions during feeding, organization of the surroundings according to the needs of the child; also, the sensitivity to the baby's mood, specifically the mother's ability to recognize and detect her child's communicative signals, in a quick and timely manner and according to his or her needs.

The Q-sort of maternal behavior is applied by observing the spontaneous behavior of the mother with her child in daily life interactions. The observer is given instructions so that he is able to classify the items into nine categories, in order to characterize and

describe the behavior of the mother in question. The items that are more characteristic of the mother's behavior are placed higher (categories 7 to 9) and the items that are less characteristic are placed lower (categories 1 to 3); the items that are not representative of her behavior or that were not observed are classified in the middle of the item distribution (categories 4 to 6). After adjusting the number of items in each category, the final distribution must be 10 items in each of the 9 categories and the score of each item corresponds to the number of the stack in which it was placed.

The maternal sensitivity score assigned to a mother corresponds to the correlation index between the description of each mother and the theoretical description criterion. This correlation reflects the degree of similarity or disparity of the mother's profile with the ideally sensitive mother.

Procedure

Two visits were made to the mothers at their homes during their last trimester of pregnancy, and two additional visits were made after the baby's birth: one in the second month and one in the fourth month. Each visit lasted approximately two hours. On the first visit, we asked the mother to sign a letter of commitment, and we also conducted the socio-demographic survey and the ethnographic interview concerning expectations and maternal role. On the second visit, we applied the ideal Q-sort of maternal behavior in order to inquire about the personal and cultural significance and the expectations concerning her imagined maternal role. This instrument was filled out by the mother, with the advice and help of a field assistant, trained by our team. During the session, the instrument and its classification method were explained to the mother. She was asked to

group the more characteristic and less characteristic behaviors according to how she believed she would behave with her child.

On the third and fourth visits, which took place in the family environment and lasted approximately two hours, each of two observers made two observations, related to mother-infant interactions during daily care routines (bathing, feeding, diaper changing, playing), with the purpose of evaluating the behavior of the mother by applying the Q-sort of maternal behavior (Pederson & Moran, 1995b). These observations were made with a two month interval. One of the two observers that participated on each visit was different for both instruments, thus the inter-observer reliability was established. A main observer was assigned to each family, and she was responsible for contacting the family and for visiting the family on all four occasions, accompanied by another observer.

Three procedures were used to process the ideals of maternal behavior: 1) ethnographic; 2) processing of the ideal Q-sort of maternal behavior; and 3) analysis of the content of the more and less characteristic items, in order to establish categories.

The ethnographic interview was analyzed according to analytic and interpretative procedures: a) open codification: dimensions and sub-dimensions of the material, development of generative questions, hypotheses, and provisional answers to the categories and their relationships (Strauss, 1987; Strauss & Corbin, 1998); b) the data was connected to theoretical elaborations, which allowed to improve its understanding and to identify the cultural aspects in an analytical and interpretative report. Likewise, for very significant segments of the interview, we followed the ethnographic methodology proposed by Spradley (1979), especially the analysis of semantic domain.

Parallel to the qualitative methodology, we calculated the frequency of answers for each of the categories and subcategories emerging from the material, and determined their percentages. This allowed us to organize the information in order to identify the dominant discourses and the weak voices in maternal narratives.

RESULTS

The results are organized according to the three specific objectives already mentioned. With regard to the ethnographic interview, the two main categories for the analysis of the material were: 1) ideal maternal behaviors; this, in turn, gave rise to eight subcategories; and 2) maternal sensitivity after crying, which in turn generated three subcategories. For the analysis of the first category, *ideal maternal behavior*, we used the data provided by the 49 mothers that was organized it into 8 emerging subcategories according to the priority order established by them (see Table 1).

The first subcategory is in reference to *affection and physical contact*. Most of the mothers (59.18%) highlight and acknowledge the importance of affection and physical contact as part of the ideal maternal behaviors, and some of them refer to that as: “to give them love, pay attention to them: all the time, provide understanding, tenderness and no mistreatment” (2125); “to take care of the baby, to love him and pamper him a lot” (2121). Many of the behaviors mentioned by them like *pamper*, *caress* and *give affection*, refer to a loving interaction between mother and baby. According to what can be observed on the data, for these mothers the displays of affection constitute a key element for establishing a relationship with her sons or daughters. It is interesting to

note how these beliefs and expectations regarding the ideal maternal behavior relate to the approach of the attachment theory.

TABLE 1. FIRST CATEGORY: IDEAL MATERNAL BEHAVIORS

SUBCATEGORY		PERCENTAGE
1.	Provide affection an physical contact	59.18
2.	Pay attention and devote time	55.1
3.	Provide education:	
	a) values	36.73
	b) study	26.53
4.	Understanding and dialogue	26.53
5.	Teach rules and boundaries	18.36
6.	Give support	16.32
7.	Maternity as a difficult experience	8.2
8.	One learns through experience	6.12

In this regard, Ainsworth and Wittig (1969), quoted by Bowlby (1969/1993) mentioned two maternal behaviors associated to a secure bond with the son or daughter: frequent and sustained physical contact between the baby and the mother, especially during the first six months of life, and the ability of the mother to calm down an anxious baby by holding him in her arms. Later, Ainsworth et al. (1978) discovered an association between the careful and tender demeanor of the mothers when they held their babies and the development of secure bonds in their sons and daughters.

More recently, Anisfeld, Casper, Nozyce and Cunningham (1990), conducted an experimental study with a clinical sample of low-income mothers and found that the use of a cloth carrier to carry the baby, which allowed for a close physical contact with the baby during his/her first months, promoted a higher maternal *responsiveness* and more secure attachment patterns. On the other hand, Feldman, Eidelman, Sirota and Weller (2002) pointed out that kangaroo care mothers, a technique that consists of a sustained

and intensive skin to skin contact of the mothers with their premature babies during the first month of life, were more sensitive and provided a better family environment when their babies were three months old, than the mothers with traditional incubator care.

In contradiction with most of the mothers, 4.1% of them make emphasis on not pampering much their sons or daughters, influenced, probably, by certain cultural beliefs. As stated by one of the mothers, she relates spoiled children to children who are pampered: "It is not right to pamper the children too much because they become spoiled" (2111). Another mother says: "One should not pamper them too much, or not pamper them at all" (2140); nevertheless, she does not make clear what could be the point of equilibrium in order to establish an ideal relationship with her son or daughter, associated with the amount of tenderness provided by her.

The point of view of these few mothers represents a way to conceive the education during infancy based on the relationship that they try to establish between pampering and spoiling. These perspectives are part of a system of cultural beliefs about the upbringing of a child, as indicated by Muñoz and Pachón in their book *Childhood in the XX Century* (1991):

Here is the baby, frantic and violent, howling in rage. Shriek, my treasure! Howl, beloved baby! Learn what life is about! You would want me to lull you asleep, and to surrender to your whims! But no, dear tyrant, you already had your share of care and the rest does not belong to you. Cry, squirm until you burst! Like all mortals, you are restrained to order! ... When the baby becomes well aware of the uselessness of his spasms, he becomes well-behaved... Unfortunate the weak mother that lets herself be moved (by her baby's antics)... a baby needs 20 minutes of coddling and care every three hours (p. 194).

This text refers to old social imaginaries from the early twentieth century in Bogotá's society, when it was thought that pampering and holding the children when they asked meant spoiling them. In the same sense, the discourses of behavior psychology in the 1930s, dominated by Watson's ideas, recommended the mother to be objectively and kindly firm with her children, and, specially, to never hug or kiss them (Kessen, 1965, quoted by Hoff-Ginsberg & Tardif, 1995).

The second subcategory refers to *paying attention and devoting time*. It applies to 55.1% of the mothers, and it shows the importance of the psychological and physical availability of the mother to her children. *Physical availability* is important to 14.3% of the mothers, who refer in the following way to the daily routines of physical care: "To look after his feeding and care" (2104); "To be aware of feeding, cleaning and dressing him up" (2148).

Apparently, these mothers are conscious of the need that their children have of the physical care required for survival during their first years; therefore, they declare to be able to devote enough time to them and to be aware of the routines that they may require. This type of maternal behavior could be framed within the behavioral systems of the mother's protection of her offspring, in order to achieve adaptive survival of the species, as stated by Bowlby (1969/1993).

Most of the mothers identify with *psychological availability*, and refer to aspects such as: "To assume maternity with responsibility, patience, dedication, effort, love, presence, and availability for the baby" (2144); "To be with him without any kind of pressure or hurry" (2117). A high number of mothers highlight this dimension and

show, based on the different issues mentioned by them, how it is not enough to just perform the physical care routines for their children. They seem to be conscious of the importance of emotional and psychological availability in order to develop a good relationship with them.

Ainsworth, Bell and Stayton (1974) also make emphasis on the importance of the mother's psychological availability for the sensitive care, like being aware of the baby's signals by recognizing him and responding to him in an active manner, which implies that he will perceive her as approachable to his needs and communications. In this sense, a mother can be physically present but not psychologically accessible and, therefore, not able respond to, or prone to ignore the baby's signals.

On the other hand, in this same category we found some differences regarding the understanding of the concept of availability, expressed by three mothers. One of them states the importance of time quality over time quantity, by saying: "availability doesn't mean to spend all day with my child, I prefer to give time quality than time quantity" (2133). Here we observe the importance of the quality of early care over its quantity, stated by the attachment theory, which makes emphasis on sensitive and loving care over the performance of routines. According to this last perspective, Ainsworth et al. (1978) point out how, during feeding routines, the mothers of secure children are very sensitive to the signs and rhythms, and to their food preferences.

It is important to also note the expressions of two mothers: "a mother that takes care of them, that is aware of their needs, that let them be, that is not overprotective" (2146): "You have to take care of him for life, until he is able to live on his own or by himself;

the mother must behave respectfully and lovingly in order to educate them, to know that they are not her property, and that they have their own identity” (2136). When stating the baby’s own identity, the mothers seem to acknowledge their son or daughter as someone who is different from them, as an active and autonomous subject, and they want to give their children the possibility of acting freely, with her to their side.

This position is related to attachment theory postulates regarding the use of a secure base. The attachment security of the boy or the girl depends, at large, on the mother’s availability to welcome him or her, and to allow him or her to distance from her. This is how Ainsworth and Marvin (1995) describe it when they refer to the warmth and comfort of the interactions between the mother and her child. This allows the child to feel enough confidence to explore his/her surroundings, and when he or she comes back to his mother he/she feels at ease with her welcome.

The third subcategory of the maternal ideal refers to *providing education*, and it seems to be very important to these mothers, due to its high frequency: 63.3%. This category was divided into two dimensions: education in values and study, taking into account the differences stated by the mothers.

An important percentage of the mothers, 36.7%, identify with *education in values*. According to the contents of the answers, the values mentioned by the mothers can be classified into three types: religious, moral, and affective. Among religious values, we can find statements like: “to give them a lot of love, to teach them things the way they are and to respect God among anything else” (2122); “religion teaches values, respect and love for God” (2139).

Regarding *moral values* related to social interaction, these mothers say: “I would like to instill in him moral values and to teach him respect for other people” (2115); “...to teach her not to lie, to respect, to get along with everybody” (2107). Likewise, the *affective values* are mentioned, as many of the mothers declare: “Affection, respect, considering him” (2117); “Companionship, respect, effort to provide for his emotional needs...” (2110); “Talk a lot with the son, trust him, and not beat him... be friends...”(2107); “To love them, to help them to understand” (2150).

In the representation of the ideal maternal behavior it is interesting to observe how the mother, as an educator, plays multiple roles, that are not limited just to give physical and affective care, but that extend to other dimensions of socialization. This teaching in values can guide the family. The family’s teachings, especially those from the mother, are decisive factors for adult life and for social performance.

This notion of providing education in two areas, values and study, as goals of maternal socialization, can be related to the approaches made by Goodnow (1988) and Miller (1988), quoted by Harwood et al. (1996). These researchers state that the parents’ belief systems are the result of the influence of particular cultural values with regard to the desired social development. In addition, maternal socialization goals can be linked to the findings of Harwood et al. (1996), who found that Porto Rican mothers give priority to their son’s or daughter’s proper behavior, characterized by being respectful, obedient, and accepted by the community. On the contrary, Anglo Saxon mothers emphasize as long term socialization goals the self-maximization, understood as self-confidence, independence and development of skills and talents. Studies conducted among Latin

families show that the attitudes towards upbringing are more focused on interdependence than on independence (Leyendecker, Lamb, Schoelmerich & Fracasso, 1995) with a more socio-centric than individualistic (Anglo Saxon family) family model, in which the extended family is a source of social contact and support (Leyendecker & Lamb, 1999; Martin & Colber, 1997).

In the subcategory named *study* fall 26.5% of the mothers. These mothers simply mentioned that study is an important element but did not specify the reason why it is important to provide education for their children. If we take into account the socio-economic characteristics of the sample (lower-middle class and lower class mothers) we can think that the mothers expect that by giving their children access to education, it is possible for them to rise economically and to achieve success in life. This could also be a way to give their children opportunities to get ahead, opportunities that, possibly, some of the mothers didn't have themselves due to economic constraints. For these reasons, they could consider study as a key element for their children's upbringing and for their good performance as mothers.

The fourth subcategory refers to *understanding and dialogue* between the mother and her son or daughter, and it was mentioned by 26.5% of the mothers. They say that they "want to be friends of their children" (2107); "Give them all the love that one has, the protection and, especially, the dialogue" (2123); and "Talk a lot with him and trust him" (2107), among others. Apparently, for these mothers dialogue is one of the pillars of the relationship since it allows the development of harmonic interactions, where mutual knowledge is paramount; in consequence mothers are able to raise infants with high self-esteem and self-confidence. Ainsworth, quoted by Karen (1990), corroborates this

statement by saying that self-confidence—perceived or not—the feeling of being loved or rejected or his /her self-esteem are not inherited, but rather built through the relationship with others.

The fifth subcategory refers to teaching *rules and boundaries*, and was indicated by 18.4% of the mothers, who specify some of the maternal behaviors that are necessary in order to raise their sons and daughters, which include: “One must be a little heavy handed” (2111); “To correct in due course and to reward them when one has to” (2103), “To scold them if it is necessary” (2129); “To correct them in a good way” (2145); “Don’t beat them” (2116); “Don’t mistreat them” (2125), among others.

The data reveals the importance of norms and boundaries in order to implement upbringing practices, according to the accounts of a group of mothers. As for the way to establish these rules and boundaries, we observed two basic discourses: one of them validates somehow harsh educational practices; the other one is critical of those practices and says that mistreatment should not be used. This last pattern seems to be related to the one discerned by Jiménez and Suremain (2003): the mothers in the transition model between traditional roles and more autonomous attitudes towards motherhood, although still showing contradictions in their discourse, do not want to repeat the mistreatment that they had to face during their childhood. Similarly, a question arises here regarding the effects of these two modalities on the interactive patterns constructed between the mother-infant dyads and, in consequence, on the attachment security of sons and daughters.

This last case can be illustrated by this quote from a mother: “To give love without thinking of one’s own childhood, and therefore don’t replicate it” (2132). This shows one mother’s acknowledgement of her own painful childhood experience who, by acquiring conscience of what she went through, does not want to imitate the same behavior when raising her children.

Based on the attachment theory, Colin (1996) argues that the maternal and paternal roles involve, not only taking care of the children, but also setting boundaries. This role is not always easy, because from the second year of age the development of his/her motor abilities faces the child with the experience of his or her own autonomy and the will to exercise power and control. This situation demands that the parents teach their children to co-regulate and self-regulate their own emotions. Hence, sometimes it is hard to be an attachment figure and, at the same time, establish discipline.

The sixth subcategory refers to the *mother’s support for her son or daughter*, asserted by 16.3% of the mothers, who describe support as “The responsibility of having a child, one has to take care of him for life...” (2136); “A good mother is the one who takes responsibility and who is aware that a child is a responsibility... she must be watchful until he grows up, to do that personally”. (2135); “To be understanding, to be there in good and bad times, no reproaching, to give them advice, to give them the love that they need, to be always there” (2108).

These mothers seem to view themselves as fundamental persons in the lives of their daughters and sons, and show a constant disposition towards their requirements as well as physical and psychological availability, where responsibility and support seem to

prevail. The mothers could be considered as unconditional and present subjects throughout their sons' and daughters' lives, not only during childhood but at other moments within the lifecycle.

The seventh subcategory refers to *maternity as a difficult experience*. Although it is only found in 8.2% of the mothers, it is important to take it into account since these types of narratives can be associated to low maternal sensitivity. During the interviews they do not express clearly what they mean by a *difficult experience* (2101), (2102). Nevertheless, as Moss (1967) states, quoted by Bowlby (1969/1993), the acceptance of the maternal role is a factor associated with the sensitive maternal response when interacting with the baby. In this case, the *painful* perception of maternal duties could imply a lack of acceptance of this role, by perceiving the requirements and demands of bringing up a baby as something difficult.

It could also be influenced by cultural imaginaries that show the idea of sacrifice and devotion as the only possibilities of motherhood, as two of the mothers say: "A good mother must put her own needs after her children's; this, in order to bring them up well" (2141); "...to make sacrifices for her children... to breastfeed the baby even if it is painful" (2113).

Since these mothers perceive maternity as a difficult experience, it is necessary to take into account the importance of support networks as an upbringing aid, since a mother's perception of the social support that she receives is associated in a significant way to the attachment processes during early infancy, as supported by research (Atkinson et al., 2000; Cowan & Cowan, 2003).

Studies on maternal sensitivity and attachment security in high risk families show the importance of social supports as mediators in the social development of the child, by increasing the maternal warmth and the ability to respond in a sensitive way to the child's affective needs (Jacobson & Frye, 1991; Lyons-Ruth, Connell & Grunebaum, 1990). In the same sense, Belsky and Isabella (1988) state the importance of contextual supports as organizers of attachment security, especially when the mother has a social support network during the child's upbringing, in the first months of the baby's life. Also, the stress level experienced by the child during the upbringing period is related to the social support received by the mother (Crockenberg, 1981, quoted by Jacobson & Frye, 1991).

The eighth subcategory comprises 6.1% of the mothers and refers to the importance of experience when bringing up a child. Even though it represents a low percentage of the sample's mothers, it is important to take it into consideration because it exemplifies a discourse that diverges from the dominant culture. The mothers say: "One learns through experience" (2101); "It's hard to put it into words; one knows in practice" (2103); "Being a mother is hard, one learns from experience" (2102). These three mothers reaffirm maternity as a role that is learned constantly and progressively, through interaction and the daily upbringing of the baby; therefore, they don't suppose a maternal instinct, as culture sometimes asserts. Studies point out the existence of many cultural myths regarding maternity; in general, a cultural pattern has been intertwined, associating the child's care with the woman's value and identity, as well as with devotion and sacrifice (Leira & Krips, 1993; Morad & Bonilla, 2003) and, therefore, to assume such responsibility is not the result of a natural or bio-social law.

On this point, Bowlby (1969/1993) states the importance of hormonal activation in maternal care and highlights the history of interpersonal relationships with the family of origin and the values and practices of its culture, as factors that affect the guidelines of maternal behavior. All these factors have an effect on higher or lower maternal sensitivity levels during upbringing.

Hereafter, we present the analysis of the second category, *maternal sensitivity before crying*. The data obtained from the 49 mothers is organized into three subcategories, in the priority order established by them (see Table 2).

TABLE 2. SECOND CATEGORY OF IDEAL MATERNAL BEHAVIOR: MATERNAL SENSITIVITY BEFORE CRYING

SUBCATEGORY		PERCENTA
1.	Motives associated with the needs of the child :	
	a) physical	65.3
	b) psycho-affective	22.4
2.	Maternal responses:	
	a) to know the cause of crying	59.2
	b) to look for ways to calm him/her down	34.7
	c) to assume he/she is sick and go to the doctor	26.5
	d) to satisfy physical needs	20.4
3.	Maternal feelings associated with crying	18.4

The first subcategory refers to *motives associated with the needs of the child*. Most mothers (65.3%) attribute the motives of crying to *physical needs*, like illness (38.7%), hunger (30.6%), being wet (22.4%), sleepiness (10.2%), being cold (6.1%), and discomfort (4.08%). The aforementioned is evidenced in some mother's comments: "I would try to help him, to understand him, if he cries it's because he's cold, hungry, wet,

or, maybe, has colic” (2120); “One has to check them since babies cry because they’re wet or hungry” (2117). These data show that mothers are able to recognize crying as a signal and associate it with discomfort, physical distress, illness or the unsatisfied physiological needs of the babies. However, the discourse of most of them doesn’t show other types of baby’s needs.

Nevertheless, we found a group of mothers (22.4%) that takes into account the psycho affective needs of small children, besides their physiological needs. According to them, babies should be held, pampered, fussed over, and they like to be in the arms of an adult. These mothers manifest these needs as follows: “when they throw a tantrum, they can be held, pampered, and it goes away. Babies express themselves by crying” (2112); “She considers crying as a way to express a need” (2146).

In the case of mothers 2112 and 2146 it is possible to see the explicit acknowledgement of crying as a baby’s social signal used in order to communicate and search for proximity and contact with the mother, and not to communicate exclusively the need to be fed, as noted by Bowlby (1969/1993). Besides, another group (14.3%) acknowledges the existence of signals that are not associated to physiological needs, but it interprets them inadequately, attributing negative intentions to them, such as whim, wanting to bother, being spoiled. Therefore, they do not respond to the signal and allow the baby to cry, or respond aggressively, with arguments such as the following: “A baby doesn’t cry just for anything, unless he’s spoiled, maybe from being held all the time” (2123); “Sometimes, he does it as a trick, to be annoying” (2149); “Let him cry sometimes, not because he cries one has to hold him. I check if something has happened to him or if he wants something, or if he’s hungry; so if he doesn’t have anything and wants to bother,

well I leave him alone and that's it" (2124); "It's just whims" (2128). It is interesting to consider how perceptions of infant crying are influenced by different cultural and personal discourses and, in consequence, the ways to respond vary, making it possible to find negative connotations for some mothers. This way, for the mother, crying seems to be more like a nuisance and not like a child's signal of his/her need for closeness. Also, when the needs are not physical but psycho affective, some mothers interpret them in a negative way; crying is not valued as a signal and the mother does not accept the need that the child has of seeking physical contact and proximity to the maternal figure.

These systems of cultural and personal beliefs, exemplified by the aforementioned cases, stand in contrast with the basic statements of the attachment theory (Ainsworth et al., 1974, 1978, 1995; Bowlby, 1969/1993; Pederson & Moran, 1995a). These authors show the importance of responding to the child in a swift manner, adequate and timely, in order to not intensify the signal. This influences the learning of an interactive pattern with the mother, characterized by a sensitive answer on her part.

Although we found these types of narratives, other mothers (4.1%) are uncompromising about not allowing their baby to cry, and justify it like this: "don't allow him to cry too much, look for reasons, hold him, feed him" (2107); "Don't let them cry, feed them, change the diaper, try to find the reason of crying, if it's colic, find out what's going on. I would ask for assistance, so I am able to take care of both of them" (2108). In these two cases, we see mothers that in an intuitive way assume that there is a source of discomfort and through trial and error would try to respond in a sensitive manner.

Regarding the second subcategory, *maternal responses to crying behavior*, we found different types of behaviors. The five most common were: look for the reason of crying (59.2%), look for the ways to calm him/her down (34.7%), assume he/she is sick and go to the doctor (26.5%), satisfy physical needs (20.4%), and ask for help or seek advice from people with more experience, such as the father, the grandmother or the mother-in-law (18.4%).

Regarding the first type of response, mothers present arguments such as the following: “I would try to determine the reason, since it differentiates several types of crying: hunger, illness, dirty diaper, whim, and depending on that I decide what to do” (2144); “One has to see why he’s crying” (2117); “Look for the reason and see if it’s normal” (2106). In this type of answer, the mother assumes a motive that is the source of the baby’s crying, and tries to find out what it is and how to respond.

For the second type of answer, the mother learns by trial and error intuitive ways to calm down her baby; for example: “Don’t let him cry too much, look for reasons, hold him, feed him” (2107); “Look for a way to console him, know why he’s crying, if he’s sick, hungry or wants me to change his diaper, hold him or pamper him” (2109). In these cases, we see mothers who are empathetic to their baby’s crying, who try to respond in multiple ways to their child.

In the third and fourth type of response, the mother believes that the reason of crying is due to a physical distress or an illness and, therefore, tries to respond according to this. Some examples are: “One has to check him out since babies cry because they’re wet or because they’re hungry” (2117); “Crying related to hunger or being wet, teachings from

my mother, feed him, change him, if that's not, then it's caused by pain, and if the crying continues, take him to the doctor" (2129).

In this type of maternal response, if the crying persists, a high proportion of mothers think about going to the doctor. This shows that, in some way, crying produces anguish when it is incessant, when it is not possible to mitigate it and when all physical needs have been met. When the physical causes have been explored, these mothers look for other type of solutions, but they do not suppose psychological motives, like the wish to be rocked or wanting physical proximity, as Bowlby points out (1969/1993).

In the fifth type of response, the mother looks for external support from people with more experience. "I would go to my mother" (2110); "I would ask grandmother and the father what's wrong with the girl" (2103); "If nothing works, I would ask someone with more experience for help" (2119). This strategy of looking for support networks, actors that help to mitigate the anguish and anxiety, is very effective in terms of maternal sensitivity. When it comes to solving and understanding the crying of their babies, support networks seem to influence the use of more sensitive strategies by the mothers (Jacobson & Frye, 1991; Lyons-Ruth, Connell & Grunebaum, 1990).

In the third subcategory, *maternal feelings associated with the child's crying*, we find that crying spawns different feelings, such as fear and preoccupation (12.2%), despair and loss of patience (6.1%): "I am afraid of not being able to work out a solution for my baby's crying" (2114); "It would frighten me" (2104); "I would get nervous, feel despair" (2149); "I would be very worried, I think that if I see him cry I will also cry, not knowing what to do" (2115).

On

In these accounts, crying is recognized as a manifestation that needs to be suspended, because mothers perceive that it produces worries, discomfort and desperation. It seems to be identified with a negative emotion in children and, at the same time, it produces these same emotions in the mothers, as noted by Bowlby (1969/1993). It is important to underscore that some mothers, from the pregnancy period, recognize the negative emotions associated with stressful situations, like crying.

Using data from the *ideal Q-sort of maternal behavior*, we designed classification matrices of the ninety items of the ideal maternal behavior told by the mothers participating in the research, and we selected the 20 items chosen by them as the most characteristic of ideal maternal behavior and the 20 items least characteristic of this behavior. Afterwards, we created categories that grouped the items according to their content, something that allowed us to visualize common themes.

The items selected by the mothers as the most characteristic of the ideal maternal behavior, were organized into 7 categories according to their theme contents (see Table 3).

TABLE 3. CATEGORIES GENERATED BY THE MOST CHARACTERISTIC ITEMS OF THE IDEAL MATERNAL BEHAVIOR

CATEGORY		ITEMS
1.	Is aware of the baby's needs and signals	# 1, 5, 61, 63, 66, 67
2.	Shows affection through physical contact	# 38, 39
3.	Recognizes and accepts the son/daughter as an	# 18, 23, 45
4.	Positive attitude and happy with the baby	# 21, 36, 40

5.	Enjoys the interaction with her son/daughter	# 30, 33, 34, 42
6.	Feeds well her son/daughter	# 48
7.	Knows her child and knows how to respond to him/her	# 12, 24

In *category 1*, the sample's mothers consider an ideal maternal behavior noticing when the baby smiles and vocalizes; also, when he/she is upset or whiny. Likewise, to be aware of the baby even when she is not in the same room, to monitor him/her and respond to him/her when she is engaged in another activity, like cooking or having a conversation with a visitor. Similarly, to accommodate her location so that she can perceive his/her signals and, when she is in the same room, to enable him/her unlimited access to her.

Category 2 is related to showing affection by touching or caressing the baby, and holding and rocking him/her in her arms as a typical form of interaction, molding him/her to her body. In *category 3*, the ideal maternal behavior refers to structuring the environment according to the needs of the baby and the mother, achieving a balance between the two; also, respecting the baby as an individual, accepting his/her behavior even if it doesn't correspond to her ideal. Equally, the mother should stimulate his initiatives when feeding him. *Category 4* refers to being delighted with the baby, to show a positive attitude towards him, and to praise him.

Regarding *category 5*, the ideal maternal behavior refers to playing games with the baby like hiding and showing the face or hands, creating an interesting environment for him, seeking face-to-face interactions and being cheerful in the social interaction with the baby. In *category 6*, a good mother provides nutritional snacks. Finally, *category 7*

underscores the correct interpretation of the baby's signals according to his responses, knowing a lot about her baby and being a good informant.

When we compared the selected items with the theoretical criterion (Pederson & Moran, 1995b), we find coincidences in 15 maternal behaviors already described in the categories. Nevertheless, other 5 behaviors are considered by attachment theory experts as not relevant in the definition of the maternal sensitivity construct. This group of behaviors indicated by the sample's mothers is noticeable; it is comprised of behaviors such as: praises the baby, gives him/her nutritious snacks, plays games with the baby like hiding and showing the face or games with hands, creates an interesting environment, and is delighted with the baby. This could indicate cultural differences.

When analyzing the items selected by the mothers as least characteristic of the ideal maternal behavior we can organize them within 6 categories, according to their thematic contents (see Table 4).

TABLE 4. CATEGORIES GENERATED BY THE LEAST CHARACTERISTIC ITEMS OF THE IDEAL MATERNAL BEHAVIOR

CATEGORY		ITEMS
1.	Is not aware of the baby's needs and signals	# 2, 4, 7, 11, 52, 62, 68,
2.	Does not show affection through physical contact	# 41
3.	Does not recognize and accept the son/daughter as an	# 80, 84
4.	Negative attitude and irritability with the baby	# 13, 20, 27, 69, 71, 72
5.	Does not enjoy the interaction with her son/daughter	# 59, 87
6.	Disrupts the baby's feeding	# 51

In *category 1* we organized behaviors considered by the mothers as little sensitive, like not being aware or being insensitive to signals of discomfort and anguish, providing such a slow response that the baby cannot relate it to the action that initiated it, responding only to signals that are frequent, prolonged or intense, sometimes noticing the signals of anguish or discomfort but ignoring them or not responding immediately to them. Likewise, if the mother often *switches off* and does not notice the anguish or discomfort or the requirement on the part of her baby. Similarly, it is not considered sensitive if she does not interrupt the baby's activity when it is potentially dangerous. Also, it is not sensitive if the mother, worried by the interview, seems to ignore or forget the baby, who is in the same room as her during the visit.

Category 2 refers to show affection when she interacts with the baby. *Category 3* refers to behaviors considered as little sensitive by the sample's mothers, such as rarely speaking to the baby and, sometimes, treating him as an unanimated object when she takes him/her from one place to another or when she changes his/her position. Regarding *category 4*, the mothers considered as little sensitive, behaviors like getting angry or mad by the calls for attention or by the baby's signals of anguish or discomfort, being irritated by the requirements and demands for his care, adopting a *suffering* attitude, or being overwhelmed or depressed due to her maternal duties. Also, it is not sensitive to put the baby in another room when he is whiny or in a bad mood so that he does not bother. Likewise, they do not consider sensitive to show, at first glance, little evidence of the baby's presence in the context of the home.

In *category 5*, the behaviors considered as little sensitive by the mothers refer to being abrupt and invasive when interacting with the baby and being uncomfortable and uneasy

when she interacts with him/her face to face. Finally, in *category 6* a mother is not sensitive if she gets upset when the baby gets dirty while eating and when this preoccupation interferes with the feeding.

When comparing the items selected by the mothers with the theoretical criterion, we found coincidence in 18 maternal behaviors already described in the previous categories. However, we found discrepancies in two behaviors considered by the mothers as indicative of low maternal sensitivity: she assumes a *suffering* attitude regarding her maternal duties, and at first glance the home shows little evidence of the presence of a baby. According to the criterion of attachment theory experts, these behaviors would not be characteristic or uncharacteristic of sensitive maternal behavior. These last two behaviors evidence cultural differences regarding the ideal maternal behavior established by attachment theory experts. It is important to stress those 6 out of 7 emerging categories. Both -within the most and least characteristic maternal behavior- are corresponding categories when seen from their two opposite extremes. This allows us to state that the cultural theme contents on maternal sensitivity that emerge in their positive form from this sample, defined as ideally sensitive behavior, are complemented and corroborated by the same contents that emerge in the negative or opposite manifestations, defined as ideally little sensitive behavior.

Next, we present the comparison of emerging cultural aspects related to objective 2.

Comparison of Emerging Cultural Aspects of the Q-Sort of Maternal Behavior and the Ethnographic Interview Concerning the Maternal Role

The purpose of the analysis is to discover cultural aspects by using two strategies: 1) to look for similarities between categories, subcategories and dimensions, using the two instruments; 2) to visualize relationships between categories, subcategories and dimensions, in order to connect the different components that organize the system of cultural meanings about the expectations concerning the maternal role imagined and the ideals of maternal behavior, in a holistic way; 3) to create a general summary of the emerging cultural aspects in order to articulate them and give them coherence (Spradley, 1979).

Emerging Cultural Themes about the Expectations Concerning the Imagined Maternal Role and the Ideals of Maternal Behavior

The analysis of the ideal maternal behavior from categories of attachment theory and from categories emerging from the culture, shows how the dominant voices of most participating mothers focus on three cultural aspects that intertwine in order to determine the ideal of a good mother: 1) to give affection and show it through physical contact; 2) to be aware of her son/daughter and devote time to him/her. Therefore, physical availability is a fundamental characteristic; the psychological dimension also emerges in a good percentage of the mothers, in both methodologies.

TABLE 5. CATEGORIES GENERATED BY THE LEAST CHARACTERISTIC ITEMS OF THE IDEAL MATERNAL BEHAVIOR

SUBCATEGORY:	ETHNOGRAPHIC	Q-SORT	OF	MATERNAL
Subcategory 1. Provide affection and physical		Subcategory 2. Shows affection through		physical contact

Subcategory 2. Be aware and devote time	Subcategory 1. Is aware of the baby's signals and needs
Subcategory 4. Understanding and dialogue	Subcategory 3. Recognizes and accepts the son/daughter as an individual
Subcategory 7. Motherhood as a difficult experience	Subcategory 4. Negative and irritated attitude towards the baby

The

third behavior is understanding and dialogue, which relates directly to the psychological availability and maternal trust of her sons and daughters. Here it is possible to glimpse, through the ethnographic interview that such attitudes go beyond early infancy and seem to be fundamental for the mother-son (daughter) relationship throughout life. An understanding of maternal attitude implies the acknowledgement and acceptance of the son or daughter as an individual, that is, to accept him/her regardless of whether the mother agrees with his/her behavior, as pointed by a mother 2134 “without judging him”, or to respect the baby as an individual, by accepting his/her behavior even if it does not correspond to her ideal, according to the Q-sort of maternal behavior.

The cultural ideal of a mother is to be always available for her sons and daughters and to love them “in good and bad times”, as mother 2102 says. The mothers consider a sign of low maternal sensitivity (Q-sort) to get angry or upset by the baby's calls for attention or his signals of anguish and discomfort, and to get irritated by the requests or demands of the baby's care.

Other weak voices exist, which represent a relatively low percentage; nevertheless, they are present through diverse cultural aspects; therefore, it is important to draw attention to them. They refer to a mother who sees maternity as a difficult experience, because the crying of her son or daughter produces feelings of desperation, fear and impatience

on her. Likewise, this type of mother believes that her baby cries due to unmet physical needs or illness; however, she denies psycho affective motivations, such as the need for seeking proximity and contact, the wish to be held in her arms and be pampered. In consequence, such demands are interpreted as “whim or tantrum” (2128, 2142, 2143) and are either not responded to or punished. Also, some of the mothers who behold this ideal, show a “heavy handed” (2111, 2142) approach to norms and limits. Others, on the contrary, consider that discipline needs to be imposed on time, when necessary, although the reprimand should be conducted in a good manner, without hitting or mistreatment.

In these mothers that we have characterized as weak voices of maternal discourse, we observe that in their ideal maternal representation it is possible to read “a negative and irritated attitude towards the baby”, may be a consequence, in large proportion, of the demands of maternity and upbringing.

It is important to clarify that not all the mothers of this subgroup of weak voices meet all the described behavioral features, but some of them do.

Lastly, we present the analyses of objective 3, in order to determine whether there is a significant association between the ideal of maternal behavior and the actual behavior of the mother in her day-to-day interactions with her baby.

Two observers used the Q-sort of maternal behavior in order to describe their observations concerning the interactive behavior of the mother with her baby. The average of inter-observer reliability was 0.88, ranging between 0.55 and 0.95. The

descriptions of each mother, made by the two observers for the two visits, were averaged in order to obtain an aggregated score of maternal sensitivity. When we analyzed the descriptive statistics of the average scores between ideal and actual maternal sensitivity, we got the following results: in the ideal Q-sort, Mean = 0.65, SD = 0.14 and a range of scores = 0.10 to 0.83. In the actual Q-sort, Mean = 0.71, SD = 0.26 and range of scores = -0.07 to 0.87.

When we compared the data from the Q-sorts of ideal and actual behaviors of each mother, we obtained a non-significant Pearson correlation equal to $r = 0.19$. Therefore, it is possible to conclude that the descriptions of the ideal maternal care are not significantly associated with the descriptions of the mothers' behavior when interacting with their children.

CONCLUSIONS

The results allow us to conclude that, by comparing and contrasting the two types of methodological approaches, it is possible to enhance the information collected on the maternal beliefs and expectations concerning the ideal maternal behavior, as well as the maternal role imagined. However, the ethnographic methodology allowed us to capture specificities related to personal beliefs, cultural discourses and maternal feelings, with more depth and complexity than the attachment theory instrument, which is restricted by its own conceptual framework.

Also, through this study, by using a mixed methodology (ethnography and an instrument validated by attachment theory), we were able to identify cultural aspects referred to beliefs and expectations about the maternal behavior ideals in expectant

mothers, which one could think favor or hamper the maternal sensitivity and the attachment safety in our environment. According to attachment theorists, these beliefs become a frame of reference from which the mother interacts with her baby (Collins & Read, 1994; Rothbart & Shaver, 1994).

Through the maternal accounts and the interpretative analysis, ethnography has enabled us to inquire, in the descriptive and interpretative spheres, on the cultural premises of these social actors, and to understand with certain depth the phenomenon that we studied. Therefore, it is important to continue conducting qualitative studies that allow us to inquire about aspects related to the processes of affective attachments, in normal interaction environments.

On the other hand, the mothers' reports on the ideal maternal behavior during the pregnancy period are not significantly associated with the mothers' behavior in everyday interactions with their two month old babies. These are unexpected results, since one could presume the existence of some coherence between beliefs and expectations concerning the maternal role and the care practices.

However, the differences found between the descriptions of ideal maternal behavior and the actual maternal behavior in interactions with the baby, suggest that we should inquire into several aspects: 1) explore the processes and mechanisms that mediate or moderate the beliefs and behavior of the mother, since it seems that the beliefs and expectations concerning the maternal role imagined in expectant mothers do not necessarily turn into actual care behaviors; 2) identify the distal or proximal contextual factors that tend to favor or obstruct sensitive care practices; 3) methodologically

evaluate the differences between the type of information collected through verbal reports and its possible biases, and rigorous observations in a natural environment; and 4) observe how maternal ideas and beliefs are implemented within each cultural context, and which are their relationships with the behavior and with affective and cognitive components associated to this particular context. For this reason, it is necessary to conduct additional research using mixed, qualitative methods, and at different ages, in order to understand the complexities of attachment processes (Johnson & Turner, 2002; Maxwell & Loomis, 2002).

On the other hand, most mothers in this study's sample possess a medium or moderately high maternal sensitivity as well as a cultural discourse that considers maternity as an essential value in a woman's life, as described in the results. However, there is a small percentage of women with low maternal sensitivity scores on the Q-sort of actual and ideal maternal behavior, which show personal narratives about the meaning of their children's crying, and the corresponding response feelings and behaviors of the mothers, that could interfere in the development of secure attachments in their sons or daughters, as stated by attachment theory research (Ainsworth et al., 1978; Bowlby, 1969/1993; Waters & Cummings, 2000).

In addition, we assume that the practices of maternal care are at large the result of cultural experiences and beliefs within specific contexts (Jiménez & de Suremain, 2003; Leira & Krips, 1993; Morad & Bonilla, 2003), as well as the result of adaptive processes for the survival of our species (Bowlby, 1969/1993). This underscores the importance of looking for intervention strategies that support and favor sensitivity during upbringing, if we want to guarantee development with human quality for our

children. It is also necessary to involve the fathers as affective care figures, with an active role in the father-son (daughter) relationship.

Likewise, it is necessary to include family and social support networks in order to help dealing with the emotional burden, in terms of time, physical and psychological availability and stress derived from the everyday demands of child care. Some studies have indicated the role that grandmothers have as support for teenage mothers in low risk samples, and how this support is related to the well-being of the mother, maternal sensitivity and quality of development of her son/daughter (Cowan & Cowan, 2003).

Similarly, there is empirical evidence in low risk groups regarding the role of support of the child's father to the mother in the transition towards paternity (Belsky & Isabella, 1988). However, the data is not so clear in at-risk populations of teenage mothers where effects of involving the father in the child's upbringing tend to be negative, in terms of the attachment security of the son or daughter (Tarabulsky et al., 2005).

Lastly, it is important to take into account that this was an exploratory and descriptive study, in an investigative first phase, on its subject matter as well as its proposed methodology; therefore, its findings are preliminary and other research teams must explore and confirm them, by using larger samples highly representative of Colombia's population.

The findings show a complex relationship process between beliefs and expectations concerning the ideal maternal role and care practices, which is necessary to understand theoretically first, since it seems to be associated with psychological and contextual

mechanisms. Secondly, empirical research must be conducted using diverse methodologies in order to support possible explicative hypotheses.

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