

Maternal Sensitivity Scales

The Baltimore Longitudinal Project (1969)

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Note: In contrast to Melanie Klein and other traditional psychodynamic thinkers, Bowlby (1969) emphasized the importance of actual experience in shaping personality. According to Bowlby, the organization of secure base behavior arises from an interaction between biases in human infants' learning abilities and an environment that provides organized secure base support. Rather than programming into the genome all the information necessary for organized secure base behavior, evolution has taken advantages of information that is ordinarily available in the human caregiving environment provided by an available responsive caregiver. Bowlby referred to this as the "ordinary expectable environment".

One of Mary Ainsworth's important contributions was to identify key features of parental care that help organize early secure base behavior. Was the key quantity or quality of care? If quality, what are the key parameters of quality care? Ainsworth focused on four aspects of early care: sensitivity to infant signals, cooperation vs. interference with ongoing behavior, psychological and physical availability, and acceptance vs. rejection of infant's needs. Her scales for sensitivity to signals and cooperation vs. interference follow. They reflect both the methodological influence of ethology on attachment theory and Ainsworth's own deep understanding of how behavior works.

If there is a limitation to Ainsworth's analysis, it is that it does not carry her insights into older ages. Current thinking emphasizes that secure base support finds expression throughout childhood. At worst, Ainsworth's error was one of emphasis - she well understood that the organization of attachment behavior is open to experience throughout childhood.

Although meta-analyses suggest that the relation between maternal behavior and secure base behavior is modest, recent studies that closely follow Ainsworth method of extensive observation across behavioral domains, time, and context have replicated the substantial correlations she reported in her original work (see Posada, G., Jacobs, A., Carbonell, O. A., Alzate,

G., Bustamante, M. R., & Arenas, A. (1999). Maternal care and attachment security in ordinary and emergency contexts. *Developmental Psychology*, 35, 6, 1379-1388.)

The power of Ainsworth's analysis of secure base support is evident from the fact that in recent work it has served as a very useful basis for conceptualizing and measuring secure base use and support in adult relationships (see Crowell et al.)

The following scales were developed for use in Ainsworth's Baltimore longitudinal study. Although it takes a bit of training to use them correctly, the underlying insights are surprisingly adaptable to a wide range of situations and ages.

These scales were developed for use with extended (>12 hours) naturalistic observations. They were used to provide a broad brush summary of observations that were also coded in greater detail using a complex set of more behaviorally specific scales.

These scales are provided here primarily for the insights they offer into Mary Ainsworth's exceptional ability to coordinate good sense, clinical insight, and ethological observation. They also illustrate her appreciation for the fact that behavior takes its meaning from the situational, affective, and behavioral context in which it occurs.

The Pederson & Moran Maternal Sensitivity Q-set (see Measurement Library) is generally more suitable for contemporary research. The structure of the items communicates important information about the structure of infant-mother interaction and the q-sort lends itself more readily and flexibly to quantification.

No measure can make up for the limitations of inadequate sampling. Although 12 hours is certainly not necessary get a good estimate of a mother-infant dyad's typical behavior, 10-15 minutes is most unlikely to be enough.

From mimeograph
 JHU, Baltimore
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**Scale 1: Sensitivity vs. Insensitivity
 to the Baby's Signals**

This variable deals with 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. Thus the mother's sensitivity has four essential components: (a) her awareness of the signals; (b) an accurate interpretation of them; (c) an appropriate response to them; and (d) a prompt response to them. Let us consider each of these in turn.

The mother's awareness of her baby's signals and communications has two aspects. The first is the same as the issue covered in the scale "accessibility versus ignoring and neglecting." In other words, the mother must be reasonably accessible to the baby's communications before she can be sensitive to them. Accessibility is a necessary condition for sensitive awareness. It is not a sufficient condition, however, for a mother can maintain the "baby" in her field of awareness without fulfilling the other condition for sensitive awareness. The second aspect of awareness may be described in terms of "thresholds." The most sensitive mother--the one with the lowest threshold--is alert to the baby's most subtle, minimal, understated cues. Mothers with higher thresholds seem to perceive only the most blatant and obvious communications, Mothers with the highest thresholds seem often oblivious, and are, in effect, highly inaccessible. This second aspect is very closely related to the question of interpretation of the baby's signals, or, usually the mother who is alert to minimal cues also interprets them correctly. This is not invariably the case, however. For example, some mothers are alert to the slightest mouth movements, and sometimes incorrectly interpret them as hunger -- or they notice minimal tensions or restlessness and incorrectly interpret them as fatigue.

The mother's ability to interpret accurately her baby's communications has three main components (a) her awareness, as previously discussed, (b) her freedom from distortion, and (c) her empathy. An inattentive, "ignoring" mother is, of course, often unable to interpret correctly the baby's signals when they break through her obliviousness, for she has

been unaware of the prodromal signs and of the temporal context of the behavior. But even a mother who is highly aware and accessible may misinterpret signals because her perception is distorted by projection, denial, or other marked defensive operations. Mothers who have distorted perceptions tend to bias their "reading" of their babies according to their own wishes, moods, and fantasies. For example, a mother not wishing to attend to her baby might interpret his fussy bids for attention as fatigue and, therefore, put him to bed' she in a hurry, might perceive any slowing down in the rate of feeding as a sign of satiation. Similarly, a mother who is somewhat rejecting of her infant might perceive him as rejecting and aggressive towards herself. Mothers who least distort their perceptions of their babies have some insight as to their own wishes and moods, and thus can more realistically judge the baby's behavior. Furthermore, they are usually aware of how their own behavior and moods affect their infant's behavior. The mother must be able to empathize with her baby's feelings and wishes before she can respond with sensitivity. That is, a mother might be quite aware of and understand accurately the baby's behavior and the circumstances leading to her baby's distress or demands, but because she is unable to empathize with him--unable to see things from the baby's point of view--she may tease him back in to good humor, mock him, laugh at him, or just ignore him. The mother's egocentricity and lack of empathy may also lead to detached, intellectual responses to the baby rather than to warm, sensitive interactions with the baby.

A high threshold of awareness and inaccurate perceptions certainly leads to insensitive responses. Nevertheless, the mother may be highly aware and accurate in her interpretation and still be insensitive. Therefore, in the last analysis, the appropriateness and promptness of the mother's response to communications are the hallmarks of sensitivity.

The quality of the mother's interaction with her infant is probably the most important index of her sensitivity. It is essential that the mother's responses be appropriate to the situation and to the baby's communications. Often enough, at least in the first year of life, the sensitive mother gives the baby what his communications suggest he wants. She responds socially to his attempts to initiate social interaction, playfully to his attempts to initiate play. She picks him up when he seems to wish it, and puts him down when he ants to explore. When he is distressed, she knows what kind and degree of

soothing he requires to comfort him--and she knows that sometimes a few words or a distraction will be all that is needed. When he is hungry she sees that he soon gets something to eat, perhaps giving him a snack if she does not want to give him his regular meal right away. On the other hand, the mother who responds inappropriately tries to socialize with the baby when he is hungry, play with him when he is tired, or feed him when he is trying to initiate social interaction.

In play and social interaction, the mother who responds appropriately to her child does not over-stimulate him by interacting in too intense, too vigorous, too prolonged, or too exciting a manner. She can perceive and accurately interpret the signs of over-excitement, undue tension, or incipient distress and shifts the tempo or intensity before things have gone too far. Similarly, she is unlikely to under-stimulate the child, because she picks up and responds to the signals he gives when he is bored or when he wants more interaction than has heretofore been forthcoming.

In the second year of life, and sometimes also toward the end of the first year, it is maximally appropriate for the mother to respond to the baby's signals not so much in accordance with what he ostensibly wants as in terms of a compromise between this and what will make him feel most secure, competent, comfortable etc. in the long run. This is a tricky judgment to make for so much that is done "for the baby's own good" is done both contrary to his wishes and according to the mother's convenience, whim, or preconceived standards. Nevertheless there are situations in which limit-setting, even in the first year, clears the air even though it is initially contrary to the baby's wishes. Similarly there are situations in which the baby's signals might lead the mother to increase the tempo of interaction to the point of discomfort for him, and in which it is appropriate gradually to diminish intensity. Therefore, there is a fine point of balance at which the mother can begin to show the baby that she is not an instrument of his will, but a cooperative partner whose participation must be elicited appropriately. In such instances the mother will slightly frustrate the baby's imperious demands but warmly encourage (and reward) behaviors which are inviting or requesting rather than demanding. Nevertheless in such interactions the sensitive mother acknowledges the baby's wishes even though she does not unconditionally accede to them. The chief point is that a sensitive, appropriate response does not invariably

imply complete compliance to the baby's wish -- although very frequently compliance may be the most appropriate response.

The final feature of appropriate interaction is that it is well-resolved or well-rounded and completed. For example, when the baby seeks contact the sensitive mother holds him long enough to satisfy him, so that when he is put down he does not immediately seek to be picked up again. When he needs soothing, she soothes him thoroughly, so he is quite recovered and cheerful. When he seeks social interaction she enters into a more or less prolonged exchange with him, after which, often enough, he is content to entertain himself. In contrast, the responses of some mothers with low sensitivity seem to be fragmented and incomplete. These mothers may try a series of interventions as though searching for the best method or solution. Highly sensitive mothers have completed, easily and well resolved interactions.

Finally, there is the issue of the promptness of the mother's response to the baby's communication. A response, however appropriate, which is so delayed that it cannot be perceived by the baby as contingent upon his communication cannot be linked by him to his own signal. We assume that it is a good thing for a baby to gain some feeling of efficacy--and eventually to feel cumulatively a "sense of competence" in controlling his social environment. Thus it seems a part of sensitivity to acknowledge the baby's signals in some effective way and to indicate that one is at least preparing to accede to them. During the first quarter of the first year, a mother's sensitivity is most easily judged by her latency in response to the baby's distress signals such as hunger. However during the last quarter, the mother's prompt response to the baby's social communication and signals is probably a more critical measure. A mother is inevitably insensitive when she fails to respond to the baby's out-stretched arms, to his excited greeting, or simply to his smile or gentle touch.

An issue which cuts across the various components of sensitivity concerns the timing of routine activities and playing. In general, arbitrary or very rigid timing of major interactions cannot but be insensitive to the infant's signals, moods, and rhythms. The mother who arranges and organizes day by day activities with her infant in order to most convenience herself, or the mother who thinks by the clock, has little or no consideration of the infant's tempo and current state.

In summary, the most sensitive mothers are usually accessible to their infants and are aware even of their more subtle communications, signals, wishes, and moods. In addition, these mothers accurately interpret their perceptions and show empathy with their infants. The sensitive mother, armed with this understanding and empathy, can time her interactions well and deal with her baby so that her interactions seem appropriate--appropriate in kind as well as in quality - and prompt. In contrast, mothers with low sensitivity are not aware of much of their infant's behavior, either because they ignore the baby or they fail to perceive in his activity the more subtle and hard-to-detect communications. Furthermore, insensitive mothers often do not understand those aspects of their infant's behavior of which they are aware or else they distort it. A mother may have somewhat accurate perceptions of her infant's activity and moods but may be unable to empathize with him. Through either lack of understanding or empathy, mothers with low sensitivity improperly time their responses, either in terms of scheduling or in terms of promptness to the baby's communications. Further, mothers with low sensitivity often have inappropriate responses in kind as well as quantity (i.e., interactions that are fragmented and poorly resolved).

The Sensitivity vs. Insensitivity Scale

9. Highly sensitive. This mother is exquisitely attuned to B's signals; and responds to them promptly and appropriately. She is able to see things from B's point of view; her perceptions of his signals and communications are not distorted by her own needs and defenses. She "reads" B's signals and communications skillfully, and knows what the meaning is of even his subtle, minimal, and understated cue. She nearly always gives B what he indicates that he wants, although perhaps not invariably so. When she feels that it is best not to comply with his demands--for example, when he is too excited, over-imperious, or wants something he should not have-- she is tactful in acknowledging his communication and in offering an acceptable alternative. She has "well-rounded" interactions with B, so that the transaction is smoothly completed and both she and B feel satisfied. Finally, she makes her responses temporally contingent upon B's signals and communications.

7. Sensitive. This mother also interprets B's communications accurately, and responds to them promptly and appropriately but with less sensitivity

than mothers with higher ratings. She may be less attuned to B's more subtle behaviors than the highly sensitive mother. Or, perhaps because she is less skillful in dividing her attention between B and competing demands, she may sometimes "miss her cues". B's clear and definite signals are, however, neither missed nor misinterpreted. This mother empathizes with B and sees things from his point of view; her perceptions of his behavior are not distorted. Perhaps because her perception is less sensitive than that of mothers with higher ratings, her responses are not as consistently prompt or as finely appropriate. But although there may be occasionally little "mismatches", M's interventions and interactions are never seriously out of tune with B's tempo, state and communications.

5. Inconsistently sensitive. Although this mother can be quite sensitive on occasion, there are some periods in which she is insensitive to B's communications. M's inconsistent sensitivity may occur for any one of several reasons, but the outcome is that she seems to have lacunae in regard to her sensitive dealings with B--being sensitive at some times or in respect to some aspects of his experience, but not in others. Her awareness of B may be intermittent--often fairly keen, but sometimes impervious. Or her perception of B's behavior may be distorted in regard to one or two aspects although it is accurate in other important aspects. She may be prompt and appropriate in response to his communications at times and in most respects, but either inappropriate or slow at other times and in other respects. On the whole, however, she is more frequently sensitive than insensitive. What is striking is that a mother who can be as sensitive as she is on so many occasions can be so insensitive on other occasions.

3. Insensitive. This mother frequently fails to respond to B's communications appropriately and/or promptly, although she may on some occasions show capacity for sensitivity in her responses to and interactions with B. Her insensitivity seems linked to inability to see things from B's point of view. She may be too frequently preoccupied with other things and therefore inaccessible to his signals and communications, or she may misperceive his signals and interpret them inaccurately because of her own wishes or defenses. Or she may know well enough what B is communicating but be disinclined to give him what he wants--because it is inconvenient or she not in the mood for it, or because she is determined not to "spoil" him. She may delay an other-

wise appropriate response to such an extent that it is no longer contingent upon his signal, and indeed perhaps is no longer appropriate to his state or mood. Or she may respond with seeming appropriateness to B's communications but break off the transactions before B is satisfied, so that their interactions seem fragmented and incomplete or her responses perfunctory, half-hearted, or impatient. Despite such clear evidence of insensitivity, however, this mother is not consistently or pervasively insensitive as mothers with even lower ratings. Therefore, when the baby's own wishes, moods, and activity are not too deviant from the mother's wishes, moods, and household responsibilities or when the baby is truly distressed or otherwise very forceful and compelling in his communication, this mother can modify her own behavior and goals and, at this time, can show some sensitivity in her handling of the child.

1. Highly insensitive. The extremely insensitive mother seems geared almost exclusively to her own wishes, moods, and activity. That is M's interventions and initiations of interaction are prompted or shaped largely by signals within herself; if they mesh with B's signals, this is often no more than coincidence. This is not to say that M never responds to B's signals; for sometimes she does if the signals are intense enough, prolonged enough, or often enough repeated. The delay in response is in itself insensitive. Furthermore, since there is usually a disparity between one's own wishes and activity and B's signals, M who is geared largely to her own signals routinely ignores or distorts the meaning of B's behavior. Thus, when M responds to B's signals, her response is inappropriate in kind or fragmented and incomplete.

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Scale 2: Cooperation vs. Interference With Baby's Ongoing Behavior

The central issue of this scale is the extent to which the mother's interventions are initiations of interaction break into, interrupt or cut cross the baby's ongoing; activity rather than being geared in both timing and quality of the baby's state, mood and current interests. The degree of interference may be assessed in accordance with two considerations: (a) the extent of actual physical interference

with the baby's activity, and (b) the sheer frequency of interruptions.

Some mothers are highly interfering in an overwhelming physical sense. Such a mother snatches the baby up, moves him about, confines him, and, indeed, releases him with utter disregard for his activity-in-progress. When she restricts and restrains his movements it tends to be by direct physical intervention or force. She may also try to use force in instances in which the baby's cooperation is required if the intervention is to be effective--for example, in feeding, in play, and (although this usually comes later) in toilet training. Other mothers, whose interference does not so conspicuously emphasize physical force nevertheless must be considered highly interfering because they are "at" the baby most of the time--instructing, training, eliciting, directing, controlling.

In either case it is clear that the highly interfering mother has no respect for her baby as a separate, active, and autonomous person, whose wishes and activities have a validity of their own. The underlying dynamics of such an attitude are various; some examples follow. An obsessive-compulsive woman, for example, tends to require a tight control over other people in order to control her own anxieties; such a mother may become anxious and angry when the baby does not do exactly what she wants him to do, when she wants him to do it, and in the way she wants him to do it. Another kind of dynamic behind interference is shown by the woman whose baby continues to be a narcissistic extension of herself; such a woman tends to treat him as her possession, her creature, hers. When she is in a mood to play, she may find the baby charming, provided that he cooperates and plays; when she tires of him she puts him aside; in either case it does not seem to occur to her to attribute any validity to how the baby feels. A third kind of dynamic behind interference is an emphasis on training. The mother feels that she can shape the baby to fit her own concept of a good baby, whether through a determined attempt to elicit behavior she considers desirable or by punishing behavior that she considers undesirable. These three examples do not exhaust the possibilities, but it is hoped that they serve to illustrate the essentials of the underlying attitude--which is that the interfering mother feels that the baby is hers and that she has a perfect right to impose her will on him. She tends to treat him almost as an inanimate possession that she can move about as she wishes--or perhaps, as a more appropriate analogy, as a small child treats a

pet kitten, to be handled, petted, fed, teased, carried, and put aside with complete lack of regard for the kitten's needs and wishes.

Mothers at the other end of this continuum seem to guide rather than to control the baby's activity. Such a mother integrates her wishes, moods, and household responsibilities with the baby's wishes, moods, and ongoing activity. Their interactions and shifts of activity seem co-determined. Rather than interrupting an activity that the baby has in progress, she delays her intervention until a natural break in his activity occurs. Or through mediating activities, often of a playful sort, she can gradually divert him from what he is doing toward something she wants him to do. Such a mother uses mood-setting techniques. At bed-time, for example, she gradually slows down the pace and vigor of their interaction until he is relaxed and calm and more ready for bed than he could have been at the peak of excited play. She invites him to come and cooperate with what she has in mind rather than imposing it on him.

A type of interference (less forceful than direct physical intervention) may be seen in play and vocalization. An interfering mother tends to play entirely or almost entirely by doing something to the baby, or by getting him to do something she wishes. Such mothers instruct the baby in tricks or stereotyped games, persisting even when the baby is in an unresponsive mood. Once the baby has learned the tricks or games to some degree, the mother subsequently plays by attempting to elicit them. Or, as an alternative, she does something playful to the baby, for example tickling him or whirling him about. (These examples are not intended to imply that tickling or whirling are in themselves criteria of an interfering approach, but merely that they can be modes of play which are not co-determined, and often enough, together with "eliciting" or instructing, the only modes available to the interfering mother. Similarly, with vocalization. The interfering mother persistently tries to elicit specific vocalizations (or gestures) regardless of the baby's current interest in vocalizing or lack of it.

In contrast, a "co-determining" mother capitalizes on spontaneity. She responds to the baby's vocalizations, and does a minimum of trying to elicit specific sounds. She tends to pick up something the baby does as the beginning of a play sequence, and responds to his initiations of play. She may attempt to initiate play, but if the baby does not respond, she

either desists, or shifts her approach. Most mothers undertake some kind of instruction, and on one occasion or another deliberately elicit something the baby has learned, so rating is a matter of balance between eliciting and instructing on one hand and spontaneity on the other--and also a matter of appropriateness of context and meshing with the baby's mood.

The extremes of physical interference are to be seen most usually in pick-up and put-down situations and when the baby is free on the floor. The highly interfering mother is likely to keep pulling the baby back from places she does not want him to go, perhaps interspersing direct control with multiple commands, "no-no's," and perhaps slaps. Of course, even a usually non-interfering mother will intervene abruptly and forcibly if the baby's activity threatens physical harm to him, for example, if he is headed toward unguarded stairs or if he is about to swallow some small object. But it is characteristic of the non-interfering mother to "baby-proof" the house and its contents so that physical intervention is rarely necessary--by placing gates across the stairways, by putting away objects which could harm the baby or which she does not want him to have, and the like.

Restraint may sometimes be considered a form of interference, but there is a distinction to be made between forcible physical restraint, such as pinioning the baby's hands when there is a direct physical confrontation between mother and baby and impersonal restraints such as playpens and the straps of a highchair. Restraint that involves physical confrontation will be considered interference. Impersonal restraints will not be considered interfering, except insofar as the manner and timing of imposing the restraint itself constitutes an interference. Thus strapping the baby in a highchair is not an interference, but if, when the baby has been refusing to sit, the mother jerks him down and straps him in, this would be considered an interference. Similarly, placing the baby in the playpen would not be considered an interference per se, but picking him up unceremoniously when he is in the midst of active exploration and dumping him down in the playpen would.

One difficulty with this rating scale is how to rate mothers who have been highly interfering in the past 'and whose babies have become passive' as a result. Such babies may now not try to reach the bottle; it is no longer necessary to pinion their arms.

Such babies when placed on the floor may not explore vigorously so it is not necessary to interfere. Even in instances where it is known that present generalized or situation-specific passivity is correlated with past restraints and interferences, the mother will be rated on the basis of positive evidence of interference (or conversely cooperation) which she now shows. It is assumed that ratings of earlier periods, when undertaken, will tell the story, if, indeed, the mother now gives little evidence of interference.

Routines--feeding, changing, bathing, and bedtime--may be the occasion for interference, just as they may be the situations in which cooperation and co-determination is most clearly illustrated. The general rule of thumb is when interference is a matter of direct physical control it will be considered interference; but when it is a matter of tactful control or accepted impersonal restraint it will not be so considered. In between the two extremes come the milder interferences of verbal commands and prohibitions. Thus, for example, the mother who slaps or holds the baby's hands to prevent him from touching food would be considered interfering; the mother who scolds and warns without physical intervention would be considered interfering to a milder degree. The mother who gives no finger foods would not be considered interfering, unless she slaps, holds, scolds, or verbally prohibits. The mother who tussles or slaps an active child while changing him would be considered interfering. The mother who gives him something to manipulate or who holds his attention by talking to him playfully and thus does not need to interfere physically would be considered non-interfering. The mother who interrupts an active or excited or unsleepy baby and puts him to bed abruptly would be considered interfering. But the mother who plays gentle games, or holds and rocks, and who generally gets the baby into a nap-accepting mood will be considered cooperative. The timing of routines per se, will not, however, be taken into account in rating this variable. (Timing will be reflected in the scale dealing with the mother's sensitivity to the baby's communications and signals.)

This present scale, although not entirely orthogonal to scales of ignoring and rejecting, is certainly not in one-to-one relationship with them. Some interfering mothers alternate interfering transactions with periods of ignoring the baby; others are clearly aware of the baby at all times and are by no means inaccessible.

The Cooperation vs. Interference Scale

9. Conspicuously cooperative. This mother views her baby as a separate, active, autonomous person, whose wishes and activities have validity of their own. Since she respects his autonomy, she avoids situations in which she might have to impose her will on his, and shows foresight in planning ahead--by arranging the physical environment of the house or by her timing her own household routines--in such a way as to minimize the need for interference and for direct control.

She avoids interrupting an activity the baby has in progress. When it is desirable to intervene for a routine or to 'shift' his activity, she truly engages his cooperation, by mood-setting, by inviting him, by diverting him, and by engaging him in reciprocal activity of some sort, often enough vocalization or play. In activity-shifting and indeed also in play, she capitalizes on spontaneity, picking up cues from the baby to help her present what she wants him to do as something that is also congenial to him.

Even a conspicuously cooperative mother inevitably will instruct her baby to some extent or attempt to elicit particular behaviors, but these, mildly controlling interactions both constitute a small proportion of their total interaction and are themselves appropriate enough to the baby's mood and activity-in-progress to be considered co-determined.

Except in rare emergency situations this mother never interferes with the baby abruptly and with physical force. Verbal commands and prohibitions across distance are an inevitable corollary of giving the baby freedom to explore and to learn, but the "conspicuously cooperative" mother manages to structure the freedom-to-explore situation so that she needs to command but rarely. In other words, to be co-determining does not imply either over-permissiveness or a "laissez-faire" attitude.

7. Cooperative. This mother does not have as conspicuous a respect for her baby's autonomy and ongoing activity as do mothers with higher ratings but on the whole she is cooperative and non-interfering. She shows less foresight than mothers with higher ratings do in arranging the physical environment and her own routine so as to avoid the need for interference. Consequently, there are more occasions in which she feels it necessary to interrupt or to exert control. Although she may give more verbal commands or prohibitions than mothers with higher ratings, she tries to avoid undue frequency of

interference, and rarely, if ever, intervenes in direct, abrupt, physical ways.

Nevertheless, she seeks the baby's cooperation in routines and in shifts of activity by mood-setting and other techniques mentioned above. She may, however, be somewhat less skillful than mothers in higher ratings in capitalizing on spontaneity and thus achieving optimum cooperation. Although the balance is in favor of spontaneity in play and in exchanges of vocalization, she may be somewhat more frequently instructive or "eliciting" than mothers with higher ratings.

5. Mildly interfering. This mother is not so much an interfering or controlling person as she is inconsiderate of the baby's wishes and activities. Consequently she Interrupts and interferes more frequently than do mothers with higher rating.

On the whole her interference tends to be mild, however, rather than being direct, abrupt, and physically forceful. She tends to issue more verbal commands and prohibitions to control the baby cross a distance than do mothers with higher ratings. She tends to rely more on instructive eliciting modes of play and interaction and is less spontaneous than they are. Perhaps the most conspicuous difference from those with higher ratings, however, is in regard to routine-interventions and shifts of activity. She pays much less attention to mood-setting and to other techniques that aid smooth transitions from one activity to another. She tends to be matter fact. When she judges that a changing, a nap, a feeding, or merely a shift of locus or activity is desirable she acts accordingly, apparently disregarding the fact that her intervention may break in to the baby's activity-in-progress or the fact that the activity she proposes may be alien to the baby's present mood.

3 Interfering. In distinguishing the mother with a "3" rating from one with an even lower rating, a judgment about arbitrariness is crucial. Like mothers with lower ratings, these interfering mothers display either direct, forceful, physical interference or frequent milder interferences or both. But usually the "3" mother has some kind of rationale for her actions which is perceivable to the observer (even though it may seem far from desirable); the interference is not obviously arbitrary. The mother may be focused on the desirability of undertaking a specific routine at this time; or she may be a "training" kind of mother who is determined to shape the baby to

her way of doing things. There is, however, a reason for most of her interruptions or interferences, whereas the "1" mother is more frequently arbitrary, seeming to interfere for no reason at all. (It is assumed that the totally arbitrary interferences are as incomprehensible to the baby as they are to the observer, and that those that have some "reason" may have some thread of consistency which makes them easier for the baby to adapt to.) In distinguishing the "3" mother from those with higher ratings, it is merely necessary to say that she is substantially more interfering either in frequency or in quality or both. She more frequently displays physical interference or restraint, or she much more frequently interferes mildly--instructing, eliciting, prohibiting, and commanding--or both. Perhaps even more important than the absolute amount of interfering is the proportion of mother-infant transactions that are interfering. The "3" mother is interfering in a greater proportion of her transactions than the "5" or "4" mother.

1. Highly interfering. This mother has no respect for her baby as a separate, active, and autonomous person, whose wishes and activities have a validity of their own. She seems to assume that the baby is hers and that she has a perfect right to do with him what she wishes, imposing her will on his, or shaping him to her standards, or merely following her own whims without regard to his moods, wishes, or activities. There is an arbitrariness about the interference that is striking. Much (although not all) of it is "for no apparent reason". Some highly interfering mothers are conspicuous for the direct, physical, forcefulness of their interruptions or restraints Others are conspicuous for the extreme frequency of interruption of the baby's activity-in-progress, so that they seem "at" the baby most of the time--instructing, training, eliciting, directing, controlling. But the "1" mother tends to combine both types of interference, even though she may emphasize one type more than the other.

Regardless of the balance between physical manhandling and milder interruptions, these mothers have in common an extreme lack of respect for the baby's autonomy, and an obtuseness which permits them to break into what the baby is doing without any need to explain to others or even to justify to themselves the reason for the interruption.

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Scale 3: Physical and Psychological Availability vs. Ignoring and Neglecting

The central issue of this scale is the mother's accessibility to the baby, with emphasis upon her responsiveness to him. Although the essential component of psychological accessibility is that the mother be aware of the baby, she is not truly accessible unless she also actively acknowledges and responds to him.

A highly accessible mother has her baby in her field of perceptual awareness at all times so that he is within reach, at least, through distance receptors. She can divide her attention between the baby and other persons, things, and activities without losing awareness of the baby. She is never too preoccupied with her own thoughts and feelings or with her other activities and interactions to have him in the background of her awareness and to sense where he is and what he is doing. When he is in another room she is quick to perceive any sounds he may make, and she takes precautions not to have him so far away or so closed off that she cannot hear a sound as loud as a cry.

The highly accessible mother not only is aware of her baby's activity and signals, but she responds to him readily. She can switch her attention to him easily if he needs her supervision or protection or if he approaches or tries to catch her attention. To be accessible, the mother does not necessarily understand and interpret the baby's behaviour nor does she necessarily respond appropriately to the baby's signals - nevertheless, the accessible mother is perceptually alert and responsive to her baby most of the time.

An inaccessible mother ignores her baby and in this sense she neglects him. "Neglect" in this context does not necessarily imply physical neglect. The neglect is psychological for the most part - although mothers in inaccessible moods may sometimes show surprising lapses in failing to protect the baby from danger. There are two major types of women who can be described as inaccessible, ignoring, and neglecting. First, there are mothers who are unaware of much of the baby's behaviour; they do not perceive his signals and communications and therefore cannot respond to them. Second, there are mothers who perceive the baby's signals well enough, but do not acknowledge or respond to them, and hence must be to the baby just as inaccessible as if they had been unaware.

Let us first consider mothers who are frequently imperceptive and unaware of their baby's signals. Two main types have been observed. The dynamics of the first type seem the more pathological. Such a mother seems to teeter on the brink of depression and/or fragmentation and disintegration. She finds the demands implicit in the baby's signals an intolerable threat to her precarious balance. It is necessary, in order to hold herself together, to "tune out" the baby's signals. The baby may simply be blotted out of awareness for long periods of time. If he cries, she does not hear him; if he greets her she does not see him. If the baby's signals do break through the mother's defensive barrier, she tends to fall back on a second line of defense, somehow removing from the stimuli emanating from the baby their signal quality. The baby is perceived as making happy sounds rather than crying, or, if he is perceived as crying, the mother cannot imagine what the cause might be and, since she does not know what to do, she does nothing. Whatever the mechanism, the baby's signal is so distorted in the process of reception that it loses any power to impel his mother to respond. Such a mother rarely attends to the baby as a consequence of his behaviour, however much the baby may clamour for attention -- and often enough her baby learns the futility of trying to break through such a barrier and does not clamour. Such a mother tends to attend to her baby according to her own programming as though she reminded herself: "Now is the time to attend to the baby." It seems that her caretaking is a response to the thought of him -- to the concept of baby -- rather than to her perception of him and his signals. When the baby is out of sight, he tends to be out of mind, except that the mother can talk about him, discuss her plans for him, or her policies in managing him. She may give information about him, but often this is meagre because she has not observed his behavior closely enough to give much detail. It is as though her concept of the baby is more real than the baby as he actually exists.

The second major type of mother who is frequently imperceptive and unaware has dynamics that seem less pernicious than those of the first, because the mother is not rendered quite so impervious to the baby's signals and communications. This mother creates a barrier against the baby's demands, but, since she does not back this up by a distortion of perception of his signals, he can, if he signals intensely enough or persistently enough, break through. These mothers tend to be somewhat compulsive. They get preoccupied with their own activi-

ties, whether work or conversations, or they ruminate, lost in their own thoughts and worries. While they are preoccupied thus, the baby may go unnoticed. Such women are one-track-minded, and find it difficult to switch from one set of activities to another -- from housekeeping to mothering, for example. Sometimes they bolster up their need to be uninterrupted by arranging the physical environment so that the baby will not impinge upon them while they are engaged in something else -- work, napping, or adult sociability. They may put the baby away in another room, preferably one far enough away or soundproofed so that they will not be interrupted by him, or they may arrange to turn him over to someone else -- a housekeeper or perhaps another member of the family. They often seem as inaccessible as women who are more defensively unaware, but the critical difference is that, provided the baby is within signal range, she is not completely imperious.

Whatever the mother's reasons for putting the baby away--whether rejecting or not--it may be argued that a mother is more or less ignoring and neglecting under either of the following circumstances: (a) when the baby is having a long "nap" while the mother is talking to the visitor or doing other things and the baby is too far away to have any signals heard and the mother makes no effort to "check" on him; (b) when the mother could be accessible to the baby (i.e. is at home) but turns him over to a housekeeper, another member of the family, or even to the visitor, and busies herself with something else, has a nap, or goes out on an unessential errand, thus making herself inaccessible to the baby, and perhaps even making it impossible for her to be aware of any signals he might make. Under such circumstances the mother has either arranged matters (deliberately or not) so that the responsibility for responding to any signals he makes. When such conditions occur, the rater may shift his rating to a point on the scale somewhat lower than would be suggested by the mother's behavior when she is with the baby or it accepting responsibility for him. The rater will, however, take into account qualifying features such as the mother's attitude and how usual or unusual these circumstances seem to be.

Let us now consider mothers who are inaccessible despite being perfectly well aware of the baby's signals and interpreting them correctly. Such a mother is merely unresponsive to the baby and his signals. She ignores them deliberately -- whether

through policy, for discipline, or through pique. Sometimes it may seem incomprehensible to the observer that the mother can note the baby's behavior, that she can comment upon and correctly interpret the reason for his fuss, and still continue to ignore him. These women do not have distorted perception, but somehow they are not sufficiently able to see things from the baby's point of view -- or perhaps to feel things from his point of view -- to want to intervene. They are too impersonal and objective; in their failure to acknowledge the baby they must seem as inaccessible to the baby as if they did not perceive him.

Throughout this discussion emphasis has been placed upon the mother's failure to perceive and/or to be responsive to the baby's signals. Inaccessibility is most obvious when the baby is, in fact, signalling, and the mother does not respond. There are, however, babies who make few demands--perhaps because they have become accustomed to being ignored. The relative lack of frequency, intensity, or persistence of signalling behavior of the part of the baby may make it all the easier for his mother to ignore him, but the rater should not be misled into over-rating the mother's accessibility on this account. If she can go for long periods without seeming to notice the baby or to acknowledge him she is a candidate for a low rating regardless of whether or not the baby is making obvious demands.

In summary, an accessible mother is aware of her baby and of his behavior most of the time and usually acknowledges his presence, his signals and his communications. A mother is judged to be inaccessible if she frequently or perhaps for prolonged periods does not acknowledge the baby or respond to him--whether she is aware of his behavior or not, and, indeed, whether she is in the same room or not.

This scale does not take into account the quality of care that the mother gives the baby or the quality of her interaction with him. Some mothers are constantly aware of the baby and responsive to his signals, and yet they respond inappropriately or even sadistically. It is the bare fact of the mother's acknowledgement of his real presence that is important of this scale--not the quality of her response to him.

Note: This variable is similar to Scale MC-1 of the first quarter ratings scales--mother's availability to the baby. The previous scale was, however, concerned with the issue of the limited availability of

the part-time mother. This present scale is concerned only with the mother's accessibility when she is at home. The working mother will, therefore, be rated only on the basis of her behavior when she returns home from work.

The Availability vs. Ignoring and Neglecting Scale

9. Highly accessible. M arranges things so that she can be accessible to B and B to her. She keeps him close enough so that she can be aware of his states, signals, and activities. She is very alert to his whereabouts and doings. Even when he is napping in his room she has a selective filter tuned in to any sounds he might make. She is capable of distributing her attention between B and other people and things, and is rarely so preoccupied that she is unaware of B and unresponsive to what he is doing. She rarely, if ever, ignores any active approach or demand of B's, even though she may not do what he seems to want her to do. She does not even pretend to ignore him, but rather acknowledges his presence and his overtures or demands in some way. She rarely, if ever, enters a room without giving B some acknowledgement that she is aware of him.

7. Usually accessible. M is usually accessible psychologically. There may be brief periods during which other demands and other activities may prevent her from being aware of B and what he is doing, but most usually her attention is "tuned in" to him. She is not as smooth about dividing her attention between competing demands as are women with higher ratings, but rather tends to alternate. Nevertheless, she can fairly easily switch her attention to B. She may sometimes be preoccupied enough with her own activities -- including activities concerned with B's care -- that she fails to acknowledge B, perhaps going in and out of the room without seeming to see B's interest in her presence. For the most part, however, she acknowledges B when she enters a room, especially if they have been apart for more than a few moments. (Mothers may be given this rating also if they habitually and deliberately ignore B under one set of circumstances -- for example, ignoring any crying B may do when he is put down for a nap -- and yet are highly accessible at most other times.)

5. Inconsistently accessible. M is inconsistent in her accessibility to B. Fairly long periods of close attention alternate with periods of seeming obliviousness to B, during which M is occupied with

other things despite B's presence and perhaps even despite his attempts to catch her attention. The inaccessibility of some mothers may be quite unpredictable because of a tendency to become easily preoccupied with their own activities and thoughts; other mothers may regularly and routinely plan prolonged periods of unavailability such as during those hours when they do their household chores. During these planned or unplanned periods, M may ignore B when she enters a room, even after a considerable absence, being concerned with other things. She may become so caught up in a conversation, activity, or thought that she seemingly forgets about B and ignores what he is doing -- responding neither to his attention-getting behavior, nor to dangerous or "naughty" behavior which ordinarily would evoke an intervention. Nevertheless, this mother is more often accessible than inaccessible, and during her periods of accessibility, she is highly responsive to B.

3. Often inaccessible, ignoring, or neglecting. M occasionally seems responsive to B's behavior and to the signals implicit in it, but she is more frequently inaccessible than accessible to him. She may be too preoccupied with her own thoughts or activities to notice him, or she may notice and correctly interpret his signals without being moved to acknowledge them. She typically enters and leaves the room without acknowledging B or his signals, whether they are conspicuous, subtle, or muted. Although she frequently ignores him, she is not entirely oblivious. If B signals strongly enough or persistently enough, M may respond to him -- and in this she differs from mothers with even lower ratings. On the other hand, if the baby is an undemanding baby, and tends not to signal frequently or strongly, the mother's accessibility must be judged in accordance with the extent to which she does acknowledge him, whether he demands it or not. The mother with this rating -- and also and even to a greater extent mothers with lower ratings -- tends to give B attention with her own programming rather than in accordance with his, although she may give him intense attention in the occasions when she decides to attend to him at all.

1. Highly inaccessible, ignoring or neglecting. M is so preoccupied with her own thoughts and activities for most of the time that she simply does not notice B. She enters the room without even looking at him, let alone acknowledging him; his smiles are not returned. When B is elsewhere she seems to forget his existence. B's sounds do not seem to filter

through to her. She may talk about B, but it seems that the baby as conceptualized is more real than the baby upstairs crying, or the baby across the room who may be rocking, or playing or even actively demanding her attention. This mother only responds to B when she deliberately turns her attention to do something to or for B -- making a project of it. In fact, M rarely "responds" to B in the sense of giving care and social attention contingent upon B's behavior. Rather, M is often so completely unaware of B's signals that her interventions are characteristically at her own whim and convenience.

From mimeograph
JHU, Baltimore
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Scale 4: Acceptance vs. Rejection of the Baby's Needs

This scale deals with the balance between the mother's positive and negative feelings about her baby -- about having a baby and about this particular one -- and with the extent to which she has been able to integrate these conflicting feelings or to resolve the conflict. At the positive pole there is love and acceptance over-riding frustrations, irritations, and limitations -- or perhaps more accurately, encompassing and de-fusing the negative feelings. At the negative pole anger, resentment, hurt, or irritation conflict conspicuously with and limit positive feelings and result in more or less overt rejection of the baby. It is assumed that the arrival of a baby poses a potentially ambivalent situation -- and that for all mothers there are positive and negative aspects. Among the negative aspects is the fact that the new baby impinges on and limits the mother's own autonomy and interferes with other activities which are important to her in one way or another. Furthermore, there are inevitable irritations and frustrations in interacting with this particular baby from day to day. Among the positive aspects is the undeniable appeal a baby makes to his mother -- evoking tenderness, protectiveness, and other positive reactions.

It is assumed that there are positive and negative elements in all mother-infant relationships. We are concerned with how the mother, given her present life situation, has been able to balance them. It is assumed that at the desirable, accepting, positive end of this continuum negative components are not so much absent as somehow subsumed within the context of the positive relationship. It is also as-

sumed that at the undesirable, rejecting, "negative" end of this continuum positive components are not so much lacking as they are not integrated with the negative, rejecting components, so that there is an alternation between tenderness, nurturance, and delight on the one hand, and anger, resentment, irritation, hurt, and rejection on the other, without any adequate meshing of the two together. There is a good and lovable baby and a bad and infuriating baby, but the real baby as he actually exists is somehow lost between the two.

The assessment of the balance between positive and negative is not easy. The social norm is that mothers love their babies and do not reject them. The angry, rejecting, negative components of the mother's relations with the baby tend, therefore, to be suppressed or repressed. The positive components are, of course, more acceptable, and the mother usually feels free to express positive feelings openly. She may even feel impelled to put on a show of affection in excess of her real feelings. To complicate things further a baby has much appeal even to an essentially rejecting mother, and she may be genuine in her positive expressions while trying to hide (perhaps even from herself) her negative feelings. Finally, it is acknowledged to be healthy for a person -- even a mother-- to give vent to angry feelings rather than trying to submerge them with the consequence that they may simmer for long periods of time during which they color the tone of behavior and interfere with positive feelings. Momentary outbursts of anger or irritation must not be given undue weight if they are embedded in an otherwise clearly positive, warm, loving relationship. On the other hand, the rater must be alert to signs of submerged resentment in the case of the woman who finds it very difficult to acknowledge anger, and must give them due weight.

Some mothers clearly have positive feelings upmost; they express them frequently and spontaneously and without any apparent striving to play a loving role, to make a good impression, or even to be kind to the baby. They acknowledge the baby's exploratory interests, and do not feel hurt when they lead him away from her. They sense and respect the baby's budding desire for autonomy and mastery and understand his anger when he is frustrated; therefore they did not view early conflicts of interests as struggles for power in which they must be aggressive or else be overwhelmed. These are women whose love-hate impulses are well enough integrated that they can feel almost wholly positive

toward their babies without danger of repressed hostility. Such a mother, perhaps because she is able to empathize with the baby, does not interpret instances of disruptive, annoying behavior as an indication of a potential character defect in the baby which must be "nipped in the bud." Although sometimes the baby may seem clearly angry at her, she interprets neither such episodes, nor episodes of more diffusely uncooperative or annoying behavior, as adequate reason for her to feel hurt or to institute retaliative measures. She may feel a brief surge of annoyance, but she does not consider the baby himself as a suitable target on which to focus her anger. She may acknowledge his anger. She may openly express her own exasperations. She may discourage the behavior in question. She may deal with her own momentary irritability by some means which gives her a chance to "cool off" before resuming her interaction with the baby. But she does not harbour resentment or hurt, and because she does not "take it out" on the baby, he is unlikely to feel rejected, especially if momentary irritation or behavior-directed disapproval is embedded in general warm acceptance.

Some outwardly accepting mothers are more rejecting than those, described above, who can give brief, healthy, situation-specific vent to annoyance. The pseudo-accepting mothers comply with the baby's demands, but in a way which is in itself inappropriate. They comply masochistically, and in a pseudo-patient, long-suffering way, and usually underneath this type of compliance lies much repressed aggression -- which is usually deep-seated and of long standing, and which has little to do with the baby except as his behavior may serve to activate this repressed aggression and threaten the defenses against it. Such a mother cannot give healthy vent to the anger occasioned by the baby's behavior. She smothers it, and tries to be patient. Her very defenses against expressing her anger make it impossible for her to be truly responsive to the baby, and hence he tends to find her compliance unsatisfying. Both this and the often inappropriate outbursts of irritation which inevitably break through the defenses add up to rejection.

Clear-cut, overt rejection is unmistakable. Some highly rejecting mothers are quite open in their rejection. Such a mother may say that she wishes that the child had never been born, or she may be less open but nevertheless say what a nuisance he is and how he interferes with her life. Or she may complain more specifically, pointing out the baby's de-

fects and shortcomings, and dwelling on her problems with him. To be sure, to talk with the observer about concerns and problems does not necessarily imply substantial rejection, but to emphasize these constantly rather than the baby's good points and the pleasure he yields suggests at least an undercurrent of rejection. (In fact, it is well known that damaged or handicapped babies, who obviously present more problems than 'normal' babies do, tend also to activate more rejection in their mothers. Therefore, whether or not the "problem" has an adequate realistic basis is irrelevant for our purposes.) Another way in which a mother may voice rejecting attitudes, without actually saying that she rejects the baby, is to say, often in a heavy-handed "joking" manner, all sorts of uncomplimentary things to the baby while she is interacting with him -- "stinkpot," "fatso," "stupe," and the like -- or to comment to the observer, in an apparently "objective" way that this is an ugly baby, uglier than its siblings, or that it has a flat head, protruding teeth, or a nasty temper (just like his father's) and the like. (Such uncomplimentary remarks should be distinguished -- although this is sometimes difficult -- from "tough" comments made by an essentially accepting mother to disguise from the world just how crazy she is about this baby.)

Rejection is of course expressed in behavior as well as verbally. When it is overt, it is unmistakable. The highly rejecting mother may show her rejection by constantly opposing the baby's wishes, by a generally pervasive atmosphere of irritation or scolding, by jerking him about with ill-concealed anger, and by joining battle with him whenever he seems to challenge her power. Less obvious -- and perhaps less highly reflecting -- is chronic impatience, or a punitive or retaliatory putting of the baby away or deliberately ignoring his overtures, as though the mother were trying to say to the baby: "You snubbed me, didn't do what I wanted you to do, rejected my overtures, and now I will 'show you!'" Teasing is sometimes a less obvious way of expressing negative feeling-components. Even when the baby responds positively to teasing, there seems to be some negative aggressive component in the teaser's behavior -- and in extremes teasing is obviously sadistic, even though the sadism may be veiled by seeming warmth and good humour.

This scale is related to the previous scale "A-3--Mother's Acceptance of the Baby--which dealt with the mother's acceptance-rejection in terms of the degree to which the baby is felt to interfere with her

own autonomy. This emphasis seemed appropriate during the first three months when the chief issue of acceptance seemed to be one of the mother's autonomy. In the latter part of the first year, however, the baby has emerged as more of a person in the mother's eyes--a person who can be sometimes entrancing or appealing and sometimes irritating and even infuriating. The present scale therefore focuses chiefly on the balance between positive and negative feelings. Nevertheless the previous issue of the mother's acceptance or resentment of the degree to which the baby infringes on her own autonomy is still relevant and will be taken into consideration.

The chief difficulty in rating is expected to occur in trying to distinguish rejection as defined by this scale from ignoring and neglecting, which is dealt with in another scale. The rater is referred to the discussion of this point in the introduction to the other scale. A rule of thumb was suggested. If the baby is in the same room with his mother, and if it is clear that her ignoring of his signals is deliberate, then the instance in question will be considered rejection--especially if there is evidence that the mother is motivated by an angry or "hurt" desire to punish or to retaliate. (Similarly, the mother who arbitrarily puts the baby away--for a nap or gives him to someone else--will be considered rejecting, especially if there is evidence that she is irritated by his behavior or tired of him.) It is assumed that somehow the baby can perceive rejection under these circumstances. If, however, the baby is in another room--as for example, when he is crying when put down for a nap or waking from a nap--the mother's failure to respond will be considered ignoring.

It is emphasized that this is only a rule of thumb. Ignoring in the sense of being oblivious to the baby and failing to perceive his signals may be a special case of rejection, and may have similar motivation, although the implication is that the negative component is more completely repressed than in rejection. Indeed some mothers may be both rejecting and ignoring, alternating more or less overt rejecting with the covert rejection implicit in ignoring. It nevertheless seems worthwhile to distinguish these two variables because it seems likely that babies respond differentially to the two patterns of behavior, and that certain patterns of infant behavior may be associated with relatively overt rejection in which the angry component can be more clearly sensed than to the covert rejection implicit in ignoring.

Furthermore, the positive ends of the two scales--accessibility and acceptance--may be distinguished. Some mothers are accessible in the sense of being clearly aware of the baby and yet behave in a rejecting way. Other mothers may be on balance positive in their feelings, and hence fairly accepting, and yet may become involved in other activities to the extent that their accessibility is fairly frequently low.

The Acceptance vs. Rejection of Baby's Needs Scale

9. Highly accepting. M is highly accepting of B and his behavior, even of behaviors which other mothers find hurtful or irritating. She values the fact that baby has a will of his own, even when it opposes hers. She is pleased to observe his interest in other people or in exploring the world, even though this may on occasion lead him to ignore her overtures. She even finds his anger worthy of respect. She can, on rare occasions, be irritated or frustrated by B's behaviour, but this tends to be brief--soon over and done with--and it does not occur to her to feel that B himself is a worthy target upon which to focus her anger. She not only loves B, but she respects him as an individual. At the same time she accepts the responsibility for caring for him, and does not chafe against the bonds which tie her down temporarily and which restrict her from activities in which she would otherwise enjoy participating.

7. Accepting. The balance of feeling is still clearly toward the positive, and accepting, loving side, and irritation and resentment are infrequent in comparison. This mother does not show as much respect for the baby as a separate, autonomous person as do mothers with higher ratings, and she may not show as much obvious acceptance of the fact that he has a will of his own, that he is often interested in other people and things, and that he can get angry. She is generally patient with B, and her patience seems a matter of genuine acceptance of his demands and inefficiencies rather than over-compliant, long-suffering, pseudo-patience. She seems to suppress (or repress) relatively little of her feelings toward B, perhaps chiefly because there is relatively little undercurrent of negative feelings, especially toward him. Moreover she generally accepts the limitations to her own autonomy presented by B and her care of him.

5. Ambivalent. M seems chiefly positive in her feelings toward B, and on occasion she obviously enjoys him; nevertheless resentment or hurt may

break through in inappropriate ways. The inappropriateness is largely a matter of M taking some behavior of the baby's--angry, frustrated behavior, or assertion of will, or momentary preference for other people or things--as a deep-seated mother-directed hostility, opposition or rejection, and this leads her to retaliate with behavior that is essentially rejecting behavior. Or, M may be somewhat impatient and irritable with the baby at times, rejecting him when he ceases to be compliant or endearing, and yet there is enough positive interaction to preclude a lower rating. Or M may point out either frequently or inaccurately that B rejects her, in that he seems to prefer someone else or will not come to her readily; her dwelling upon behavior that she interprets as rejection seems likely to imply an undercurrent of rejecting B. Or M may tease B when he is upset, angry, or otherwise difficult -- and the teasing, of course, aggravates the difficulty. For a rating of "5" the expressions of negative feeling must not be predominant over positive, mutually enjoyable interaction, whatever the assessment of underlying dynamics; if they are, the rating should be lower.

3. Substantially rejecting. M's negative responses, veiled or open, are frequent enough to outweigh expressions of positive feelings toward B--although she is neither as openly nor as strongly rejecting as women with lower ratings. Ways in which her anger or resentment toward B may be expressed are as follows: (a) by putting him away from her when he does not do what she wants -- or by deliberately ignoring him as a retaliation -- and this is not merely a matter of insensitivity but a clear rejection of him; (b) by dwelling in conversation on B's bad points and the problems he occasions rather than upon his good points, accomplishments, and the pleasure he yields; (c) by saying critical, uncomplimentary, nasty things to and about B in his presence even though these are "joking" (although it is difficult, these should be distinguished from "tough" comments designed to conceal strong positive feelings); (d) by a veiled irritation with B which underlies a long-suffering, pseudo-patient compliance to his demands (which are perfunctory compliances and hence not satisfying) and which occasionally becomes overt in impatient, rejecting behavior; (e) marked impatience; (f) a sadistic undercurrent which is largely concealed but which comes out in little ways. Also here one might classify the mother who shows hurt, retaliatory behavior more frequently or more strongly than the "5" or "4" mother.

1. Highly rejecting. M is clearly rejecting of B and her positive feelings toward him are frequently overwhelmed by her resentful, angry, rejecting feelings. This may be manifest in any one or a combination of different ways. She may openly voice an attitude of rejection, saying that she is sorry that she ever had him. Or she may somewhat less openly voice her rejection by implying that he is a great nuisance, and that he interferes substantially in her life and with what she would like to be able to do. Or she may complain about B more specifically, pointing out his defects and shortcomings. Even though she may refrain from verbalizing her rejection of B, she may manifest it by a constant opposition to his wishes, by a generally pervasive atmosphere of irritation and scolding, by jerking him about with ill-concealed anger, and by joining battle with him whenever he seems to challenge her power. There may be positive aspects in her relationship with B which suggest that she can enjoy B, but these are rare and isolated in their manifestations.

* Difficulties have been encountered in rating highly defended mothers who seem bland or emotionally detached, and who give evidence neither of positive acceptance as defined by scale points 9 and 7 nor of the hostile components of feelings or behavior as specified by the other scale points. It seems best to rate such women 5, despite the fact that they do not show the expressions of negative feeling specified in the definition of that scale point. It is understood that the intermediate points 4 or 6 may also be used, depending upon the tendency for either negative or positive feelings to break through the generally emotionless facade. It is further understood that there may be enough veiled rejection in a seemingly "matter of fact", emotionless mother to justify a rating of 3 as the rating point is presently defined.