

Ainsworth

Maternal Sensitivity Scales



Note on Secure Base Support and Attachment Behavior

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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

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 wants 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 otherwise 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 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 bed-time--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. 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

3. Interfering. 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 man-handling 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.