

A Study Describing Mothers' Opinions of the Crying Behaviour of Infants Under One Year of Age

The focus of this study arose from a review of literature related to the part infant crying may play in shaken baby syndrome (SBS). A common finding of studies exploring the mechanism and management of infant crying (Barr *et al.*, 1991; St James-Roberts *et al.*, 1996; Morris *et al.*, 2001) is that, despite the difficulties in agreeing a definition for excessive crying, there is no doubt that parents find prolonged crying episodes challenging. St James-Roberts *et al.* (1996) identified that the audible features of crying may be less important than its unpredictable, prolonged, hard to sooth and unexplained nature. Raiha *et al.* (2002) point out that persistent crying in infants could lead to problems of interaction between parent and child. St James-Roberts (2007) suggests that infant crying is a common concern for parents that may trigger infant abuse and Barr (2003) indicated that exasperated parents may resort to shaking a crying infant. Literature specific to studies regarding shaken baby syndrome indicates that crying is frequently a trigger factor (Wyszynski, 1999; Devins, 2003). The aim of this study was to describe mothers' opinions of the crying behaviour of infants under one year of age to establish some baseline information that could be utilised in the design of preventative programmes and parent education.

Method

Design

A descriptive qualitative study was undertaken using Blumer's (1969) principles of symbolic interaction as the basis for analysis.

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Short Report

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'Audible features of crying may be less important than its unpredictable, prolonged, hard to sooth and unexplained nature'

‘Included mothers of infants more than three months of age but less than one year of age attending the child health clinic’

‘Further questions included how they felt when their baby cried and how the baby’s father coped with the crying’

Sample

A convenience sample of 24 mothers of infants attending one of two child health clinics between 20 January and the 15 February 2004 was used. Two fathers were present at the interviews. Interviews were conducted in two selected health clinics. A specific sample size was not decided on at the start of the project, as it was agreed that the sample size would be determined by data saturation. The study included mothers of infants more than three months of age but less than one year of age attending the child health clinic.

Exclusion criteria were as follows:

- Parents of infants less than three months old.
- Parents who had had previous children on the child protection register or who currently had children on the child protection register.
- Parents who were known to have been or suspected to have been involved in a previous shaken baby incident.
- Parents of an infant under one with identified disabilities.
- Local authority foster carers.
- Parents under the age of 18 years to avoid ethical issues associated with interviewing minors.

Prior to any contact with parents taking place, the study sought and obtained consent from the local ethical committee and from the Primary Care Trusts’ research governance officers.

Role of Researcher

Written and verbal information provided to interviewees prior to interviews taking place contained information regarding the interviewer’s professional background and child protection responsibilities. Although this could have led to a restriction in data collected it was decided to be essential that these details were shared at this stage.

Data Collection

The use of semi-structured interviews to collect the data permitted a greater exploration of views and behaviours by allowing the interviewer to follow a set of interview prompts to gather the required data (Layder, 1994; Blumer, 1969).

The interview schedule, based on discussion with other health professionals and a review of relevant literature, contained questions regarding age, whether interviewees lived with the other parent of their baby, and whether they had regular help with caring for their baby. Further questions included how they felt when their baby cried and how the baby’s father coped with the crying. The schedule was piloted with parents who attended a child health clinic in an area separate to that used for the main study.

Following piloting, a final version of the interview schedule was developed. This included prompts regarding feelings evoked by a

crying infant, factors that they felt had influenced how they coped with a crying baby and whether they felt that baby boys should be stronger than girls and therefore cry less.

Data Analysis

Transcribing Interviews

Interviews were transcribed by the researcher within a seven-day period of the interview taking place which meant that the content and format of the interview were easily recalled. This, together with the field notes kept by the researcher, allowed for the recall of non-verbal signals.

Thematic Analysis and Coding of Interview Transcripts

The interview transcripts were subjected to a constant comparative analysis based on Blumer's (1969) three underlying principles of symbolic interaction that:

- People act on the meaning that things (objects, situations, interactions, etc.) have for them.
- Meanings emerge through social interaction.
- Meanings are managed through an interpretative process.

During this process several themes became apparent, such as parents turning to family and friends for advice on coping with a crying infant. Once themes had been identified, a coding grid was compiled which indicated where and how often the themes were to be found in each transcript. The use of the coding grid allowed the researcher to examine links and differences between various themes leading to the identification of main subject areas and the process also provided an audit trail for the process.

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Results and Discussion

Background Information

In total, 24 interviews were carried out. Twenty two were with mothers of infants less than one year of age in the selected areas and two with fathers present. The age range of parents interviewed varied from 18 years to 42 years but 61% (n = 14) were in the 26 to 30 age range. The age range of the infants was predominantly three to six months old (n = 20).

Parental Responses to Crying Infants

Parents Feel that it is their Fault if their Baby cannot be Consoled
Just under half of parents (n = 10) felt that it was their fault if their baby had periods of prolonged crying because they felt that they

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‘Statements about fathers’ ability to cope were often accompanied by laughter or remarks about men not knowing what to do’

should be able to comfort their baby. Examples of this can be seen where, when asked how it made them feel when their baby cried, interviewees responded with statements such as:

‘upset and angry with myself you know it’s my fault I don’t know it’s just natural isn’t it like any mother really don’t know what to do. I just want to make him better — you know, stop him crying’ (interview no. 2)

‘it can be quite distressing umm you know what have I done why can’t I make him better that sort of thing’ (interview no. 3)

This clearly demonstrates Blumer’s (1969) three principles of symbolic interactionism in that it could be said that parents have developed meanings regarding the roles of both parents and infants from previous social interactions which tell them that parents know how to console crying infants. However, interaction with their own infant proves this not to be the case and they feel at fault because they are not able to cope and live up to previously interpreted meaning. This in turn leads to them having to make a new interpretation of the situation based on the social interaction with their own infant that, in reality parents, are not always able to console infants and that if they cannot, then it may not be their fault.

Taylor and Daniel (2000) found that many factors played a role in identifying children who could be at risk of a shaking injury. One of the factors was excessive crying in the infant. Blumenthal (2002) also suggests that children are usually shaken in response to prolonged inconsolable crying. With this in mind one of the implications for shaken baby syndrome from the findings of this study could be that parents suffering feelings of inadequacy with regard to their parenting ability, or those who are experiencing their infant’s crying behaviour as a threat, could resort to shaking their baby. Clearly, professionals working with new parents need to be aware of such factors and to give unambiguous messages to parents about how long babies may cry for, that they often seem to cry for no apparent reasons, and that neither the parent nor the infant is at fault.

Fathers Cope with a Crying Infant by Passing the Care Back to the Mother

Twelve mothers stated that fathers appeared to cope with a crying infant by passing it back to its mother. Mothers’ statements about fathers’ ability to cope were often accompanied by laughter or remarks about men not knowing what to do when it comes to the care of babies. Typical examples of this were:

‘well he’s okay you know but he doesn’t have him on his own so you know he just sort of looks to me to sort him out’ (interview no. 2)

'normally he hands him to me (laughs) if he can't settle him. Normally he's like give him a bottle or a cuddle but if he doesn't stop he'll give him to me' (interview no. 19)

'crying isn't an issue that he can't deal with because he know that I'm there to cope with it but I think that if I was . . . if I wasn't there and he was on his own . . . he would probably have to ring someone for reassurance like his mum' (interview no. 11)

Barclay and Lupton (1999) suggest that men have preconceived expectations of fatherhood and anticipate that they will be involved with the baby as a friend or playmate and that they expect this kind of involvement to be reciprocal. If this is the case, it seems little wonder that fathers return the care of crying infants to their mothers. Jordan (1990) indicates that most fathers, irrespective of preconceptions regarding how it will be to become a parent, feel overwhelmed by the realities of parenting and that they want to become more involved but are not sure how to accomplish this. If this is true, it seems understandable that they automatically turn to their partners who they think will know what to do with a crying infant. Cowan and Cowan (1992) found that during pregnancy both men and women thought that women would be responsible for the majority of childcare and that men clearly expected their wives to be more competent with babies. They also found that in many cases women felt uncertain about passing the care of their infant over to their husband who they felt might not be able to cope.

The statements that commonly appear in this research regarding fathers handing the care of a crying infant back to a female seem to demonstrate that parents have developed meanings from previous social interaction (Blumer, 1969). Such interaction would most likely have been with family and friends, but could have been with the media or from reading relevant literature and they have absorbed the message that mothers will cope with crying infants better than fathers and will know what to do. Therefore fathers are likely to hand the infant back to its mother if it cries. Several interviewees indicated that they thought that if they were not available, the fathers of their infants would call their own mothers for help with how to console a crying baby. This again appears to confirm the notion that females will be more competent with childcare.

The implications of this finding suggest that when fathers are left with the sole care of their infant they might succumb to feelings of stress and resort to shaking an infant who in their view refuses to be consoled. Starling and Holden (2000) found in a study of 76 cases of shaken baby syndrome in Canada that men were the perpetrators in 70% of the cases. The data collected for this project give the impression that fathers may have difficulty caring for a crying infant due to preconceived notions that men are not as capable as women in the area of childcare. If this is the case, healthcare

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'When fathers are left with the sole care of their infant they might succumb to feelings of stress and resort to shaking'

‘They felt that their baby sometimes cried just to gain their attention’

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‘Respondents indicated that infants reacted to stress between adults such as arguments’

workers involved with new parents need to be aware that men may require support to develop skills and confidence in caring for infants and should include them as much as possible in any preparation for parenting that takes place.

Parents’ Interpretation of the Crying Behaviour of Infants

Infants Cry because they want Attention

Interviewees indicated that they felt that their baby sometimes cried just to gain their attention and gave examples of instances where they felt that their infant cried so that they would interact with it either by picking it up or talking to it.

‘she needs to say “alright I’m here you know please take notice of me don’t get on with whatever you are trying to do I’m here” (interview no. 11)

‘he likes attention yeah he loves attention and he get attention all day . . . he loves to be picked up’ (interview no. 21)

It could be said that infants learn to cry for attention in response to social interaction with their carers who often pick them up when they cry. This social interaction could lead to the baby understanding that, if it cries, it will be picked up and get attention.

Parents could be seen to have developed the meaning that infants cry to get attention from interpreting interaction with their baby when they have responded to their infant’s crying and it has settled. This may seem to be an innocent interpretation and subsequent meaning but it could also lead to parents feeling resentful of a baby whom they perceive as crying just to gain attention.

Healthcare workers need to reinforce meanings regarding babies crying to communicate a need above the notion that babies cry to gain attention because such attributions of meaning could lead to parents feeling manipulated, or even threatened by their infant.

Infants will Cry as a Reaction to Parental Stress from Tiredness or to Parental Arguments

Interestingly, eight parents believed that their infants would sense tension in their parents either from tiredness or especially from arguments. Research into children living in families where intimate partner violence occurs (Abrahams, 1994; Taft *et al.*, 2004) demonstrates that infants can be adversely affected by being in a home where violence between parents is common. Findings indicated that children could be affected to the point of not feeding or sleeping well. Mullender and Morley (1994) also found that infants living in homes where intimate partner violence occurred showed a high incidence of crying, anxiety and sadness or eating problems.

In this study into mothers’ opinions of crying behaviour of infants, respondents indicated that infants reacted to stress between

adults such as arguments. They reported that infants seem to have been very aware of such interactions and to have reacted in a frightened or negative manner. Parents made statements such as:

'I think if we have a row you know not that we row very often at all but there was one morning where we . . . just weren't getting on the night before and were just carping at each other and that didn't make him happy at all' (interview no. 10)

'oh yeah we used to like play fight and she didn't like it at all . . . she used to cry' (interview no. 20)

The fact that infants appear to be crying in response to parental stress could have serious implications. If an infant continues to cry in a situation that is already dominated by violence, the perpetrator of the violence may see this as a threat and react to the crying with more violence. This seems to be an area worthy of in-depth research.

Factors that Parents Felt had an Influence on How They Coped with their Crying Infant

Parental Tiredness has an Impact on Ability to Cope with a Crying Infant

Clearly, parental tiredness can lead to irritability and a reduced level of patience with a crying infant. Parents indicated that lack of sleep due to any reason, but most commonly due to a crying infant, greatly affected their ability to cope with a crying baby and often led to them crying and experiencing feelings of frustration. Examples shared in the interviews were:

'a major factor in how you cope is how much sleep you've had that is the number one thing how much sleep you've had' (interview no. 7)

'if I'm tired then it can be really bad . . . and well you know all . . . oh help how can shut him up or all . . . please shut up . . . give me a break' (interview no. 17)

Totterdell (2001) suggests that new parents often experience considerable difficulty in adjusting to the sleep patterns and crying bouts of their new baby, and that prolonged periods of disrupted sleep can have adverse effects on parental well-being and family life. When the effects of sleep deprivation are combined with other reported factors such as feelings of guilt and frustration, it is possible to see how harmful outcomes such as shaking could result. Clearly, health professionals need to encourage parents to take all opportunities to catch up on lost sleep and perhaps support them in asking a family member for support when they are feeling tired.

Gender Differences in Expectations of Infant Crying

Interviewees were asked whether they felt that baby boys should be stronger than baby girls and should not cry as much. Although

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‘These statements appear to be at odds with the other statements that baby boys and girls are the same’

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‘These may alert new parents to some of the possible pitfalls and misconceptions in this area’

the common response to this prompt was ‘no, boys and girls are the same’, some interviewees did go on to share statements that seemed to contradict this. For example:

‘I’ve got a boy and he’s a crier and I think although I do comfort him when he’s crying sometimes he cries and I think it’s a bit girlie’ (interview no. 6)

‘I think he’s definitely like a more rough and tough baby than . . . my friend has a little girl and I mean she was like a little lady and he’s really strong and boisterous but I don’t think that they are different not really’ (interview no. 19)

These statements appear to be at odds with the other statements that baby boys and girls are the same. Although they were not replicated in all interviews they need to be given careful consideration. Given that, as Showers (1992), Jaywant *et al.* (1998) and Hymel (2002) suggest, boys are shaken more than girls, this could be an indicator of underlying expectations regarding male infants that if not met might result in a shaking incident due to frustration at their crying.

Taking this point even further one interviewee commented.

‘my partner, though he wants them (boys) to be strong, but me, if they cry they cry it don’t make any difference really whether they are strong or weak, but M he wants them strong’ (interview no. 5)

Although this statement was not replicated in any other interviews in this project it is worthy of serious consideration because such a potent desire for his son to be strong could possibly lead to this father experiencing strong negative feelings if he were to cry for long periods. Showers (1992) proposed that cultural expectations are such that boys are expected to cry less often than girls do and that they are stronger and can withstand rougher handling. Studies carried out in Scotland and England (Jaywant *et al.*, 1998; Barlow and Minns, 2000) demonstrate the increased risk to male infants from shaking, therefore this theme seems worthy of further exploration with fathers regarding their expectations.

Conclusion

This study suggests some themes and directions for further research, conclusions based on the data can only be tentative, but could be tested further to assist in developing strategies in the UK using the same approach that Spurgeon (2003) argues could be taken in Canada. For example, evidence regarding how parents cope with a crying infant, such as the need to ensure that parents get adequate sleep, may be valuable inclusions in a prevention programme. Findings regarding parental perceptions about why infants cry could also be usefully incorporated into parenting programmes. These may alert new parents to some of the possible pitfalls and misconceptions in this area.

Other findings of this study are that mothers suffer feelings of guilt when they are not able to console a crying infant, and that they perceive that fathers would respond to a crying baby by passing it to a female carer. Mothers' interpretations of infant crying behaviour indicate that they think that infants will cry to gain attention and as a reaction to parental stress and that tiredness influenced their ability to cope with a crying infant.

Showers (1992) suggested that many parents believe that boys can withstand rougher handling and that this can lead to shaking incidents. This study identified that mothers did make statements that seemed to support the suggestion that male infants can be perceived to be stronger than females. This seems to indicate that this is an area that requires more investigation.

This project has contributed to exploring parental opinions of infant crying behaviour. The data collected have provided information regarding how parents cope with and perceive a crying infant. They could be utilised by professionals during parentcraft sessions and could be further developed by other studies into this area of research.

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