

MOTHERS' ATTITUDES TO SINGING TO THEIR INFANTS

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ABSTRACT

Background. Mothers' infant-directed singing has been found to express emotion through its repetitive melodic contours and engaging sound quality. This study is contributing to the current interest in this area by investigating mothers' attitudes and perceptions of singing in home settings. Although mothers lack confidence as singers, singing has been seen to have an impact on their relationship with their infants, upon their own self concept and to precipitate more singing. This abstract refers to a survey, the first part of a three-part study of maternal attitudes to singing to infants.

Aims. A questionnaire aimed to measure factors about mothers' attitudes. These included singing alone and with others, awareness of the impact their singing has on their infant, and whether infant-directed singing has specific purposes. It aimed to provide findings that will inform further investigations of singing at home and how it is used intentionally and spontaneously.

Method. A questionnaire was given to mothers with infants under one year old who attend National Health well baby clinics in Oxfordshire, UK. A balance of closed questions, rating scales and open-ended questions were used to elicit information about the age, sex and position of infant in the family and the mothers' attitudes and experiences of singing at home.

Results and Conclusions. To date, 91 out of 100 questionnaires have been completed and a full analysis will be presented in September. Emerging themes in responses to open questions are being correlated and checked and the attitude scales analysed according to factor. The results are beginning to show that a large majority of mothers feel insecure about singing, but that to date, not one mother has stated that she never sings to her infant.

1. BACKGROUND

'I sing to my baby at home because ... it makes him smile... It's easier than finding things to say and I don't like to not communicate with him.'

(Statement by a mother in a baby clinic in Oxfordshire UK February 2003).

This paper aims to explore the role mothers play in singing during the natural day to day care-giving routines with their infants under one year old. It is contributing to the expanding body of research studies during the last twenty years, that have focused on the expressive qualities of mother-infant interaction.

These have emphasised its importance in supporting language development (Trevvarthen, 1987; Papousek, H. 1996; Papousek, M. 1996), communicative companionship (Malloch, 1999; Trevvarthen, 1999), conveying emotions (Trehub and Nakata, 2002), and fostering of cultural identity (Trevvarthen, 1994, 2002). The majority of studies have concentrated on the musical elements of infant directed speech with its characteristic melodic contours that carry distinctive messages (Fernald, 1989, 1992a, 1992b) and shared meanings for both mother and infant. A number of Canadian studies have recorded the sophisticated nature of infants' auditory perceptions to melodic contours (Trehub & Schellenberg, 1995; Trehub, Schellenberg & Hill, 1997), to lullabies and playsongs (Rock, Trainor and Addison, 1999), as well as the acoustic characteristics of infant-directed singing by both mothers and fathers (Trehub et al., 1997). The majority of these studies have used data observed in laboratory conditions. However, the uses and purposes of singing in the home environment and in daily routines in families have been less documented. Since the study by Trehub et al. (1997), part of which was to ask parents to keep diaries of their singing, there have been a number of more recent surveys auditing the kinds of songs and music parents choose to use with infants, (Custodero, 2002; Johnson-Green & Custodero, 2002; Ilari, 2002). However, these studies would be complemented by further investigation into the reflections and attitudes of parents and carers towards the perceived functions of infant-directed singing.

In UK, since 1998, the year after the Labour party returned to power, there has been a steady increase in Government funded, local initiatives, under the Sure Start scheme. Set up in the wake of the success of projects like Head Start in USA, this aims to improve the health and well-being of families and children before and from birth so that they are ready to flourish when they enter school, and so as to reduce the chances of social exclusion later in life. One such local project, the Peers Early Education Partnership (PEEP), in Oxfordshire, which supports parents and carers as their children's first educators, uses songs and rhymes to enhance carer-child relationships and to encourage listening and talking skills with children from birth to five years. Emotional messages are given and received and aural awareness is encouraged (Street 2001). Informal observations of carers and their children under three interacting during weekly group sessions over a five year period revealed that:

- many parents have their own repertoire of songs and rhymes they sing to their infants;
- parents' attitude to singing within a group is different from that of singing to their child on their own;

- parents recognised that infants under one year old could distinguish between different songs;
- parents value songs and rhymes as part of their repertoire of spontaneous playful activities;
- parents use songs for a variety of purposes.

These observations contribute to the large body of stories and accounts from parents in other projects, who talk about singing to their infants in terms of shared enjoyment and relief from boredom. Parent's accounts of their feelings of shared singing experiences in a group with their infants, have been comprehensively documented in the report of the Sound Start Project (Clift, 2002). This aimed to influence positively, through music and singing, the parent-child bond between the 26th week of pregnancy and during the child's first year. Project leaders encouraged the composition and recording of inter-generational lullabies and parents' personal songs, for use in their families. Although many parents lacked the confidence to record a repertoire of songs from home into dictaphones, the feedback by participants in sessions was positive about the 'time out' in the antenatal groups to relax and bond with the baby. For the postnatal mothers, singing was reported to be helpful as an accompaniment to everyday caring routines including car journeys. This latter factor is given particular significance by Karen McKenzie (2002) in her survey of singing to infants. Both these studies have emphasised the power of singing to help feelings of attachment between parent and infant.

The observations of and by parents from these three studies, although largely anecdotal, show that parental singing could be valuable aspects of their care-giving role. A more detailed investigation of the nature of a mother's recognition of her infant's musical and perceptual competencies in these playful singing times, may reveal aspects of maternal self concept which relate to the powerful support mothers can give their infants in their early learning.

Several recent studies have suggested that the emotionality in the quality of mothers' singing makes singing potentially more powerful a tool in regulating an infant's behaviour than infant-directed speech. Trehub and Nakata, (2002) have compared the responsiveness of babies to audio-visual recordings of the speech and singing of their own mothers in laboratory and home settings, and found that the babies looked significantly longer at the image of their mothers during singing episodes than in speaking episodes. Although singing has been seen to contain similar characteristics of speech to infants – rhythmicity, repetition and simple pitch contours, the singing style has been most notable for its emotional expressiveness (Trehub and Schellenberg, 1995). Shenfield, Trehub and Nakata (under review) tested the arousal consequences of 'live' maternal singing by targeting salivary cortisol levels in mother and infant in episodes of infant directed speech and compared them with infant directed singing. Their findings indicated the greater efficacy of infant-directed singing over infant-directed speech in modulating the arousal levels in healthy non-distressed 6-month-old infants. It is this study that points to the implications for maternal singing being an effective care-giving tool, where certain physiological changes in infants' states of arousal have been demonstrated. However, the nature of what 'powerful' means in the context of the mother-infant dyad needs more investigation.

The benefits of playing music in the Newborn Intensive Care Unit (NICU), has been found to stabilise oxygen saturation levels which enhances the development of premature infants (Moore and Standley, 1995). Standley (1998), has found that premature infants respond to massage while music is played simultaneously, to the extent that female infants were discharged an average of 11 days sooner than control female infants. More recently, premature infants in the NICU receiving lullabies sung by a female vocalist, have been found to have gained in weight as their rate of sucking increased in response to the singing (Standley, 2000). It is interesting to see how studies in the differing domains of music therapy, psychology, health and music education overlap in their focus and contribute to our understanding of the sophisticated nature of infants' musical perceptual competencies and the part that singing might play in enhancing the mother-infant relationship.

2. SURVEY OF MATERNAL SINGING

The present paper reflects the first stage of a three-part research study that is investigating the role and purposes of maternal infant-directed singing, and the attitudinal factors involved. The first stage is a survey by questionnaire to ascertain whether mothers do sing at home to their infants, whether they recognise that their singing has an effect on their infant and whether they consider singing to have specific purposes. It also seeks to measure the level of confidence mothers have in their self concept as 'singers' and whether this influences their infant-directed singing. Although it falls within the domain of music education, it was decided that the sample of mother-baby dyads for such a survey was best accessed, for reasons of homogeneity, via the well baby health clinics run by regional Primary Care Trusts (PCTs) under the UK National Health Service. This required permission from the Oxfordshire Applied and Qualitative Research Ethics Committee and from the directors of clinical governance within the 2 PCTs, before any pilot could take place. This committee meets monthly to review research applications for access to National Health staff or clients and to safeguard ethical protocol in their implementation. The committee requested justification for this study in focusing on maternal roles, while many main caregivers are fathers. It also asked questions on issues of inclusivity and equal opportunity of participation of those mothers for whom English may be an additional language. It therefore presented the researcher with a rigorous procedure that was equally applicable to research projects in the fields of medical practice.

The aim of the survey is to seek information as to the attitudes of 100 mothers to singing to their infants under one year old, to gain information that will form the basis for further qualitative research. Two further studies will take the form an observation of video recorded infant directed singing compared to infant directed speech, and commentaries by mothers on the significance of their singing.

To date, 91 mothers, out of the total sample of 100, have responded to a questionnaire distributed at 5 infant clinics and although data collection is incomplete and to be analysed in detail, some emergent findings include the following:

- No mother has stated that she never sings to her infant.
- 29% have agreed or strongly agreed with the statement that 'it is often easier to sing than to talk to an infant'
- 50% have agreed or strongly agreed with the statement, 'I haven't got a singing voice'.

As to the purposes of singing, these are emerging in the responses to open questions, and include factors previously reported by Trehub & Trainor, (1998); to soothe, to entertain, to make the infants laugh, smile, gurgle and make sounds themselves. Other reasons have been more reflective of mothers' states, in as much as singing helps them to relax themselves and to feel calm. One response has stated that singing takes the frustration out of feeding time; that it makes for quality time, where you can 'cut off'. 'Quality time' was a term also voiced by participants in the Sound Start Project in relation to singing at home. Other responses to the open questions are demonstrating an awareness of maternal emotional support through singing; as in 'it reassures (the infant) of my presence'. Or it reminds another mother of her own mother singing to her and this was a happy time and she wants her daughter to feel the same.

From the results of both the pilot and the questionnaire to date there is emerging evidence of a discrepancy between the level of confidence as singers and the ubiquitous activity of infant-directed singing that takes place in the privacy of the home. A full report of the analysis of findings will be made at the presentation. This research and other studies (Clift 2002, Trehub and Nakata, 2001) are beginning to suggest that parents also make up their own songs. These are used both to punctuate events in the infant's day and to reinforce how the mother may be feeling. They often take the form of repetitive snatches from different familiar songs, and musical mantras that 'work' for both mother and child, and may also be person specific. Further analysis may reveal more information about the age at which mothers feel their singing is most appreciated or needed, and will prompt questions relating to repertoire and how mothers recognise the musical perceptual competencies of their infants.

3. CONCLUSION

Where musicians, educators or health professionals are working with carers and their infants there are implications for encouraging the use of singing as a powerful tool in the care-giving role. This may take the form of encouraging made up songs, reviving and consolidating a repertoire of nursery rhymes and singing games and emphasising the infants' expressive competencies. Above all, I would suggest, that valuing the potential of mothers to recognise that they can adjust the quality of their voices in a rich variety of ways in singing, just as healthy mothers do in their infant-directed speech, could be useful in building confidence in singing. Furthermore, recognition by mothers of their infants' musical competencies in response to their singing could be a valuable factor in fostering a sense of well-being, in confirming developing companionship and in empowering mothers in their supportive role in their infant's development.

4. REFERENCES

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