An exploration of the relationships between family and social support and parent-child attachment: multicultural perspectives in the United States and Ireland.

Mary E. McGuire-Schwartz

University of Massachusetts Amherst

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AN EXPLORATION OF THE RELATIONSHIPS BETWEEN FAMILY AND
SOCIAL SUPPORT AND PARENT-CHILD ATTACHMENT:
MULTICULTURAL PERSPECTIVES IN THE
UNITED STATES AND IRELAND

A Dissertation Presented

by

MARY ELLEN MCGUIRE-SCHWARTZ

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AN EXPLORATION OF THE RELATIONSHIPS BETWEEN
FAMILY AND SOCIAL SUPPORT AND PARENT-CHILD ATTACHMENT:
MULTICULTURAL PERSPECTIVES IN THE UNITED STATES AND IRELAND

A Dissertation Presented

by

Mary Ellen McGuire-Schwartz

Approved as to style and content by:

J. Kevin Nugent, Chair
Grace J. Craig, Member
Leda Cooks, Member

Andrew Effrat, Dean
School of Education
DEDICATION

This work is dedicated to my loving and supportive family. To my parents, John and Marie McGuire, my partner and husband, Mark, and my children, Mandy and Noah, who have all taught me the importance and value of love and family support.
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ABSTRACT

AN EXPLORATION OF THE RELATIONSHIPS BETWEEN FAMILY AND SOCIAL SUPPORT AND PARENT-CHILD ATTACHMENT: MULTICULTURAL PERSPECTIVES IN THE UNITED STATES AND IRELAND

MAY 2003

MARY ELLEN MCGUIRE-SCHWARTZ, B.A., GODDARD COLLEGE
M.S., BANK STREET COLLEGE OF EDUCATION
Ed.D., UNIVERSITY OF MASSACHUSETTS AMHERST

Directed by: Professor J. Kevin Nugent

This study explores the relationships between family and social support and parent-child attachment. It uses an ecological approach to study ten at-risk families in two family support programs in two different cultural settings. The experiences and perspectives of the ten participants in the family support programs inform the study. The participants are mothers with children under five years of age. Five live in the United States and attend a family center. Five live in Ireland and use a home visiting program. The findings of this study are rooted in the unique cultural contexts of the two family support programs and the ten participants, their individual meanings, experiences, and understandings.

A qualitative case study approach within the unique cultural contexts of the two family support programs is used. In-depth interviews, observations, surveys, videotaping, and document analysis are the primary research methods
used. From these data, the findings are presented using descriptions and contextual details to compile portraits of the participants’ experiences and perspectives. Member checks and peer debriefing established trustworthiness.

The findings of this study suggest positive relationships between family and social support and parent-child attachment for the ten participants. The social support programs provided emotional support, material support, and information to the participants. Within the context of the family support programs, the participants reported that they experienced positive supportive relationships, a sense of empowerment and positive affirmation that promoted their self-esteem, self-worth and maternal confidence. They experienced non-judgmental support from the staff, opportunities to network and talk, respect for mothers, and models for parenting options and alternatives. Their relationships and interactions with staff and other mothers helped to relieve their depression, reduce their sense of social isolation, foster communication and provide social networks. They also positively affected maternal sensitivities and responsiveness and promoted feelings of self-confidence. The findings suggest that these family support programs aided in the development of parent-child bonds and parent-child attachment for the ten participants in their unique cultural contexts.
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CHAPTER 1

CONCEPTUAL FRAMEWORK

Introduction to the Study

In this study, I explored the relationships between family and social support and parent-child attachment. This study used an ecological approach to study ten at-risk families in two family support programs in two different cultural settings. The participants were mothers with children under five years of age. The experiences and perspectives of the ten participants in the family support programs informed the study. Five lived in the United States and attended a family center. Five lived in Ireland and used a home visiting program.

This study provided the opportunity to explore the participants’ perspectives on the relationships between family and social support and parent-child bonds by capturing their words and actions, examining artifacts of the programs, and producing new insight and knowledge of the social phenomena. It also provided the opportunity to explore the unique cultural contexts of the ten participating families while involved in a family support program. The participants’ multicultural perspectives on the relationships between family and social support and parent-child bonds were explored.
This study addressed the need for more research, particularly qualitative research, that adds to our understanding of relationships between parents and children and environmental factors that may affect attachments in the early years (Andresen & Telleen, 1992). As a case study embedded in family support programs, this exploration of the relationships between family and social support and parent-child attachment relied on interviewing, observation, and historical and document analysis as primary methods of analysis. Case study methods provided the opportunity to illuminate relationships and cultural meanings and focus on individual families lived experience within the cultural contexts of the study (Marshall & Rossman, 1999; Rossman & Rallis, 1998).

**Personal History**

As a qualitative researcher, I was particularly sensitive to my personal biography and how it shaped the study. Family and social support played an important role in my personal and professional life and in my attachments to loved ones. This support has enabled me to form life long attachments with family and friends, to buffer life’s stress, and to pursue my goals in life. Mentors, as a part of this support system, provided me with social support and role models to emulate. My personal history was filled with examples of family and social support, particularly during stressful times, which enhanced my coping skills and relationships with others.
In my family, there was a unique history of family and social support in the United States and Ireland. My grandparents who immigrated to the United States from Ireland provided support to family members in both countries. My grandparents were struggling to raise their five children in a third floor tenement apartment. However—even without an abundance of material resources—my grandparents opened their home to other relatives to stay with them for extended periods of time. When her brother’s wife died in childbirth, my grandmother took in her nephew to raise him until her brother was able to raise him. My father’s cousins recalled care packages and money sent to help family members in Ireland.

This cultural tradition and history of family support continues in my family. My parents have always provided their children and family members with support whenever needed. Housing, financial support, moral support and love are freely given. This tradition continues in my own family. Its roots, I believe, are in a tradition and history of Irish family kinship ties with large extended families providing much support to parents and children (Greene, 1994). For many families that I work with, this type of support is not always available. For many isolated parents in the inner city, resources such as food and housing are often in short supply. Families, to help cope with meeting their needs, may use both formal and informal social support. It is through my work
at the Family Center that I became more aware of parents' coping strategies and
use of formal and informal family and social support.

Professional Interest

Throughout my work with families, I observed how family and social
support act to strengthen families and help them to buffer stress, to provide
quality time with children, to find role models for parenting skills, and to share
with other families the joys, the sorrows, the concerns, questions and difficulties
of parenting and life. In my work in childcare as a director and teacher, I
observed that family and social support played an important role in helping
families cope with the stress in their lives. At times, it also provided them with
the ability to relax and enjoy their children.

As a consultant working with families in a family support center, I became
very aware of the stresses in the lives of families and the role of family and social
support in helping families. Family and social support can help families cope
with stress, provide safety, access programs and services, find housing, provide
food, relax, play with their children, prepare for jobs, develop skills, and learn
about parenting from other parents and staff. Based on my observations and my
pilot studies, I believed that a relationship existed between family and social
support and parent-child bonds. This study was designed to provide data to
further explore these initial observations and to examine the relationships
between family and social support and parent-child bonds in two cultural contexts. The phenomena were illuminated with the rich contextual details that included the perspectives of the ten participants.

My interest in this topic was rooted in my own personal history. Through my work with families, particularly families in stress, I have come to believe in the importance of a strong relationship between family and social support and the quality of the parent-child bond. Unfortunately, there is very little documentation in the literature of the relationships between family and social support, particularly in stressed families, single parent families, low income families, families with children with disabilities, young parents, and families in diverse cultural settings (Andresen & Telleen, 1992; Dilworth-Anderson & Marshall, 1996). In this study, I proposed to address these populations by including ten families dealing with stress, seven single parent families, one child with a disability, and five young mothers, in two diverse cultural settings.

Academic Curiosity and Pilot Studies

My academic curiosity in the relationships between family and social support and parent-child attachment was piqued by pilot studies. I conducted two pilot studies: one on the role of family center support on parent-child relationships and one on the effects of the family center on the child’s mesosystem, the interconnectedness and linkages between settings that affect the
child’s environment (Bronfenbrenner, 1979). These led to an exploration of the role of family center support in providing protective factors for six at-risk families living in poverty (McGuire-Schwartz, 1999).

Protective factors including parenting support, social interactions, play experiences, early childhood programs, food, housing, and safety were found in the family support programs. These protective factors can mediate the deleterious effects of poverty, hunger, social isolation, violence, and other risk factors on the child and parent. Using Maslow’s Hierarchy of Needs (Maslow, 1954, 1968) and Bronfenbrenner’s (1979) ecological systems theory model, the pilot studies examined the role of family center support in helping families meet basic human needs and the effects of the family center on the child’s microsystem and mesosystem.

Through an examination of the child’s activities, interactions, relationships, and interrelationships, I examined the effects of the family center on parent-child relationships using the two pilot studies. Methods used included observations, interviews, rating scales, surveys and questionnaires. This study, *Family center support: Effects on parenting and the child* (1999) demonstrated the impact of family center support on the child’s experiences, play, interactions, involvement in special education programs, relationships, and connectedness.
with others. There were possible implications for the child’s social, emotional, and cognitive development that required further exploration.

The parents’ responses in regards to parent-child bonds and attachment, in particular, led me to this study. To better understand the role of family support on parent-child bonds, the participants suggested that I undertake a more in-depth study over the course of six months. In this way, I would better see and understand what they said in interviews and questionnaires and demonstrated in observations about their parent-child bonds within the context of a family support program. The pilot studies heightened my focus and interest in uncovering the relationships between family and social support and parent-child bonds. This study provided a more in-depth exploration over a longer period of time, with more contextual details and descriptions, than the original pilot studies.

During a literature review, I was stimulated by the findings of the Dublin Child Development Study, a longitudinal study of Dublin-born children in working-class families begun in 1985. This study found that eighty percent of the children were classified as securely attached (Wieczorek-Deering, Greene, Nugent, & Graham, 1991). In this study, it was thought that the large proportion of securely attached infants might be due to the ameliorating effects of the social network contact found within the Irish context that might serve as a buffer to
stress (1991). This was a very high rate of securely attached infants, as measured by the Strange Situation Paradigm, compared to other studies of attachment security in which findings of secure attachment in Western Europe (9) and the United States (21) average 66 to 67% (van Ijzendoorn & Sagi, 1999). Do social networks provide social support that is a buffer to stress and provide a context for secure attachments? What are the perspectives of parents? The Irish cultural context might have provided protective factors within the constructs of family kinship, social networks, and social support. I explored these issues in my research.

Policies and Programs in Ireland

Ireland has a national policy of supporting grants for locally based community and family support groups. The Commission on the Family to the Minister for Social, Community and Family Affairs addressed the national issues of building strength in families, supporting families in carrying out their functions in the care and nurturing of children, promoting continuity and stability in family life, protecting and enhancing the position of children and vulnerable family members, undertaking research, raising public awareness, and making it happen, in its final report, Strengthening Families for Life (1998). My fascination with the Irish cultural context was enhanced by the combination of an ecological context that included the family kinship ties in the child’s immediate
environment and the overall national policy structures that guided and impacted local programs in the child’s community.

The Community Mothers’ Programme is an example of an innovative support intervention program in working class communities that used mothers in the community to deliver a program focusing on healthcare, nutritional improvement, child development, breastfeeding support, and mother and toddler groups (Johnson & Molloy, 1995).

In sum, it was a combination of personal history, professional interest, and academic curiosity that has led me to this study, embedded in both the United States and Ireland. It provided a circle of personal, professional, and academic inquiry rooted in the cultures of the United States and Ireland. For me, it was an exploration of who I am personally, professionally, and academically. It was a personal journey of discovery and understanding through time, cultures, history, and experiences. For me, there were connections between the family and social support found in the Family Center funded by Catholic Charities in the United States and the Irish cultural traditions of family support within social networks of large extended families. There was a strong Irish-American history and influence within the Catholic community of Bridgeton in the United States.

I explored the relationships between family and social support and parent-child bonds in these two cultural contexts in a qualitative study that took
place in Bridgeton and Ballydalkin using multiple methods that were interactive and humanistic, emergent, and interpretive. During this study, I reflected on who I am and used complex reasoning that was multifaceted and iterative while viewing social phenomenon holistically. This study has the potential to provide the insight, understanding, and perspectives of the ten participants on the relationships between family and social support and parent-child bonds in these two cultural contexts.

Cross-Cultural Context

This study was a cross-cultural study that can help to identify the variety of experiences that shape child development, the roles of parents, and the roles of family networks and support systems. Cross-cultural studies can provide insight into the diversity of child rearing practices and belief systems (Nugent, 1994). Children develop within the contexts of environments that are shaped by their families and cultures. The cultural context affects the socialization process, the child rearing practices, and the attachment relationships (Valsiner, 1989).

Cultural Transmission

Within the context of the family and community, cultural transmission (the transfer of the collective culture from one generation to the next) takes place and children develop their own personal culture (Valsiner, 1989). This process, according to Valsiner, is bi-directional and every new generation reconstructs
new solutions to problems of organizing social life (1989). The personal cultures of family members and others in the child’s environment play a mediating role in the process of organizing the environment that guides development (Valsiner, 1989). “Cultures themselves are also dynamic and continually modified by the people who experience them” (National Research Council, 2000, p.68).

According to Valsiner, “the development of infant-adult attachment is guided by cultural rules that determine acceptable forms of conduct” (1989, p.228). There is great diversity in the culturally acceptable forms of attachment (1989). Families interpret these rules differently so that the personal cultures of family members and others in the child’s environment will shape the child’s attachments (Valsiner, 1989). The formation of attachment ties occurs within the individual socioecological context (1989). Within the context of family support programs, parents may share some cultural meanings and norms. This study explored the personal meanings and understandings of family support and the bonds of the participating families and provides insight into how the personal cultures of the participants affect parent-child bonds.

Vygotsky’s theory of sociocultural development provides a framework to understand how social and cultural influences affect children’s development (Berk & Winsler, 1995). There are cross-cultural variations in the activities and experiences that cultures emphasize. In order to understand the development of
the individual, it is necessary to understand the cultural context and the social group in which socialization occurs (Berk & Winsler, 1995; Valsiner, 1989). The socialization process involves the active reconstruction of the parents' culture by the child and influences the child’s ways of thinking and interpreting the world (Berk & Winsler, 1995; Valsiner, 1989). Social relationships and experiences vary in different cultural contexts.

Cultural Community and Parent-Child Relationships

The context of the cultural community may affect the relationships between parent and child. "The mother-child dyad though universally important to children’s survival and development may not be such an exclusive and all encompassing relationship in communities where families contain a number of children living near other kin and involved in long-term support and obligation with other community members. Children may have varied relationships with different people playing specialized roles" (Rogoff, Mistry, Goncu, & Mosier, 1991, p. 173). In many cultural communities, the relationships between mother and child are not exclusive and involve relationships with others (Rogoff et al., 1991).

Historically, the care of children has been culturally mediated and affected by economic considerations. Traditionally, extended families in the non-Western world share in the care of young children. In most cultures, the care of children
is a shared responsibility involving siblings, grandparents, relatives, and others (Werner, 1984).

This study examined how families and social support programs provided a context for developing parent-child bonds and for sharing in the care and rearing of children in two different cultures. Cross-cultural studies such as this one can contribute to the understanding and appreciation of diverse child-rearing practices and beliefs. They can also empower us to question assumptions about child development and the predominance of one’s own cultural view (Nugent, 1994).

Cross-cultural studies also indicate that cultural and educational variations may affect mother-infant interactions and maternal responsiveness, particularly verbal response (Richman, Miller, & LeVine, 1992). Models of caretaking within a cultural context may also be influenced by social ecological factors and cultural practices (Tronick, Morelli, & Ivey, 1992). Diverse relationships and attachments, including simultaneous and multiple relationships needed to be taken into account in the exploration of attachment relationships and theory in this study.

This cross-cultural study explored the bonds and relationships of the families involved. The cultural diversity of the participants provided the opportunity to explore unique patterns of bonds and attachment relationships
within the context of family support programs. The cultural backgrounds and
ethnic identities of the participants include American, Irish, Puerto Rican,
African-American, Latina, Haitian, Native American, and other cultural
backgrounds. Cultural influences included the family support program, cultural
background, community, and ethnic identity.

This qualitative study provided the opportunity to explore the
relationship of family and social support and parent-child attachment in cross-
cultural contexts. A research study in different cultural contexts provides the
opportunity to broaden our knowledge of cultural differences in the socialization
process and reveal universalities and specifics of human behavior, and the roles
of mothers, fathers, and family and social support networks (Nugent, 1994).

Family and Social Support and Parent-Child Attachment

This study explored family and social support and relationships to parent-
child attachment. There is a need for more detailed contextual research
exploring the relationships between family and social support and parent-child
attachment because there is little research available that provides the
socioecological, contextual details of families participating in family support
programs. Most research on family and social support is quantitative, often
consisting of surveys or questionnaires that include little cultural and contextual
detail to inform us about the families participating and their parent-child
relationships and attachments. A qualitative research study is more likely to increase our knowledge of the families' experiences within the cultural context. This approach explores the relationships between family and social support programs and parent-child bonds and attachment, and the cultural meanings and understandings of parent-child attachment.

Associations and links between social support and infant-parent attachment are complex. Research findings in the literature are mixed and often lack contextual details. Risk factors and protective factors, affectional and nonaffectional bonds, coping resources and life stress, personality and emotional well-being, quality of parenting and family history, all shape the parent's behaviors toward the child and the security of attachment. There is a need for more research, particularly qualitative research that will add to our understanding of relationships between parents and children and the factors that affect attachments (Andresen & Telleen, 1992).

To more fully understand the impact of family and social support on families and relationships, it is important to provide rich, contextual details and descriptions and to explore individual social and cultural influences. Research studies indicate that family and social support may provide a buffer to stress for families (Andresen & Telleen, 1992; Belsky & Isabella, 1988; Chase-Lansdale, Brooks-Gunn, & Zamsky, 1994; Crnic, Greenberg, Ragozin, Robinson, & Basham,
There also are indications of relationships between family and social support and the quality of parenting (Crnic et al., 1983; Crockenberg, 1981; Feiring, Fox, Jaskir, & Lewis, 1987; Jennings, Stagg, & Connors, 1991; Lieberman, Weston, & Pawl, 1991; Lyons-Ruth et al., 1990; Melson, Ladd, & Hsu, 1993) and secure attachment (Crittenden, 1985; Crockenberg, 1981; Isabella, 1994; Jacobson & Frye, 1991). However, these studies provide very little contextual information from the perspectives of the participants. More qualitative research is needed to fill the gap.

Family Needs and Family Support Programs

Family support programs may help parents meet the needs of their families and buffer stress. The development of secure parent-child attachments may be at risk in families who are stressed. Research has indicated that secure attachment relationships may be a protective factor for children at-risk (Egeland & Erikson, 1999). Without rich contextual details, however, we know very little of the individual experiences, stresses, and cultural meanings of families. Quantitative research does not focus on the individual experiences of families in the cultural context.

Families who are stressed might include families with more than one child, adolescent mothers, single parents, low-income families, families with
irritable infants, families with low-birth weight infants, and families with special needs children. Most research studies include white, married, and middle-class samples. Moreover, the participants’ own voices and viewpoints are often not heard or included in the studies. The need for more research that includes diverse, multicultural voices is demonstrated by the limited research that includes these voices and perspectives. The qualitative research method, used in this study, provided the opportunity for these voices to be heard. This study added the rich, contextual detail of participants in family and social support programs in different cultural settings. It contributed to our knowledge of diverse child rearing practices, attachments, and belief systems. In addition, the study explored and described the roles of mothers, fathers, and family and social support programs and networks.

**Ecological Systems Within Cultural Contexts**

This research explored the different ecological systems within the cultural contexts of the United States and Ireland and their national policies. It explored how these shape the experiences of families participating in family and social support programs and their immediate settings. According to Bronfenbrenner (1979), “the ecology of human development involves the scientific study of the progressive, mutual accommodation between an active, growing human being and the changing properties of the immediate settings in which the developing
person lives, as this process is affected by relations between those settings, and by the larger contexts in which the settings are embedded” (p. 21). Crucial to Bronfenbrenner’s ecological systems theory is an understanding of the interactions between systems. In his view, the microsystem of the child is affected by the context and environment that are shaped by the broader contexts of the mesosystem, exosystem and the macrosystem (Bronfenbrenner, 1979).

“The macrosystem refers to the consistencies observed within a given culture or subculture in the form and content of its constituent micro-, meso-, and exosystems, as well as any belief systems or ideology underlying such consistencies”, according to Bronfenbrenner (1979, p. 258). Dominant beliefs and ideologies help to shape public policy, cultural values, and the implementation of programs.

In this study, I explored how cultural differences between the United States and Ireland shape the experiences of the families involved in the study through an examination of public policy, funding, documents, artifacts, and cultural values and belief systems. I examined artifacts and documents that relate to the family support programs and public policy. I interviewed program staff about cultural values, belief systems, public policy and funding. I also interviewed participants about their perspectives. In addition, I made observations of the program, staff, and participants.
In sum, this study explored the meanings of family and social support and the parent-child bonds of the ten families involved in family and social support programs in the United States and Ireland. It also explored the participants’ perspectives on the relationships of family and social support on the development of parent-child bonds. The qualitative research design provided contextual detail and information about the socio-environmental factors that may affect family and social support and its relationship to parent-child attachment through the case studies of two programs in two cultural contexts. The study provided the insiders’ view of the interrelationships of family and social support and parent-child bonds in the specific contexts and cultures of the families participating in the study.

The Care of Children

This study explored the care of children and their relationships within two cultural contexts. The care of children observed within the family support programs included models that extend beyond the nuclear family. According to Werner, “worldwide, the exclusive care of children by their mothers is an exception rather than the rule” (1984, p.7). In some situations, a friend, relative, or domestic cares for children when the parent is not available. In other situations, children are left to care for themselves—such as latchkey children—when family is not available. The care of children is embedded in a cultural
context of social networks and social support that families use and receive, including, kith, kin, and others. Children develop important relationships and attachments within these networks of social support.

Support Networks and Families

This study examined the support networks of the participants. In the United States, there is a history of informal support networks that extend back in history (Zigler & Black, 1989). These networks include extended families, friends, neighbors, and other groups and individuals, and they provide families with emotional support, advice, role models, material assistance, child care, and help in solving problems (Kagan, 1994; Zigler, 1989). These informal support networks exist for some families, but for many this type of social support is not available, due to significant changes in society (Zigler & Black, 1989). These changes include economic factors including the high cost of housing and transportation, and joblessness, a lack of affordable, safe housing for families, transportation, increases in poverty among children and female headed families, increases in single parenthood, teenage pregnancy, increases in the geographic mobility of families, stress, and their effects on families and children, which include abuse and neglect (Zigler & Black, 1989). In this study, many of the families were affected by these changes.
Family Support Programs and Families

This study explored how family support programs may have provided families with social networks of support and their relationships to parent-child attachment. Family support programs have been developing for the last thirty years in the United States in response to the needs that have arisen due to major changes in society. These programs are designed to provide the social support to families who might not otherwise have this support (Kagan, 1987; Kagan & Weissbourd, 1994; Zigler & Black, 1989). Family support programs work within the context of community and family life and build on the strengths of families (Zigler & Black, 1989). The family support movement in the United States has a history that includes the settlement houses and the family resource movement. The family support movement works with all families regardless of income, race, or ethnicity and grassroots programs are located in rich, poor, urban, rural, white, minority, and mixed communities (Kagan & Weissbourd, 1994; Zigler & Black, 1989). Within the context of family support programs, social support to families is provided.

Sources of Social Support

This study examined the sources of the participants’ social support, the types of support, the quality of the support, and their satisfaction with the social support. Social support is a broader construct, extending beyond families in
construct and definition. The construct of social support is broad and encompasses many different components (Pierce, 1996). Social support is multidimensional in nature, and the impact of supportive relationships on personal outcomes is complicated and has a broad range of variables that are interconnected (Pierce, 1996).

Social support is a complex construct and encompasses at least the following three components: perceived social support, supportive relationships (provider/recipient relationships), and supportive transactions (behavioral exchanges that elicit support from another, the enactment of supportive behaviors)(Pierce, 1996). Supportive behaviors include emotional support (care and love) and instrumental support (assistance in coping)(Pierce, 1996). This study explored how families viewed these types of support and how this support affected parent-child relationships. It explored the insiders’ views on what is supportive and what is not, and on what helps and what does not.

Social support can include family, kin networks, friends, neighbors, community programs, and school-based programs, work training programs, informal social support, church, community, and recreational organizations (Simons & Johnson, 1996; Thompson, 1995). Social support consists of social relationships that provide or can potentially provide material and interpersonal resources that are of value to the recipient, such as counseling, access to
information and services, sharing of tasks and responsibilities and skill acquisition (Thompson, 1995).

Social Networks

There are natural and formal social networks that can provide social support. These social networks can include families, school, church, government, and relationships within the workplace, neighborhood, community, and kinship ties near and distant (Kagan & Weissbourd, 1994; Thompson, 1995). The social ecologies of families affect the structure of the social networks and social support available to individual families (Thompson, 1995). The contexts of individual social networks and social support experiences of families and their relationships and interrelationships with parent-child bonds were explored.

Social networks and social support are complexly linked (Pierce, Sarason, Johnson, & Henderson, 1996; Thompson, 1995). Many ethnic groups use social support embedded in social networks of kith and kin with different subgroups responding differently to social support (Dilworth-Anderson & Marshall, 1996; Dunkel-Schetter, Sagrestano, Feldman, & Killingsworth, 1996; Werner, 1984).

Cultural Context and Social Support

This study explored social support within two cultural contexts. It was important to understand differences within cultural contexts. Cultural influences within a community may affect the social support that exists.
Understanding social support within a cultural context requires a knowledge of the cultures in which support is given and received, of the influences of cultural identity on shaping the context of social support, and of the context of social support which allows for an understanding of the structure of social support (informal vs. formal or both) (Dilworth-Anderson & Marshall, 1996). For example, the economics and history of African-Americans affect the structure of social support which tends to include relational networks that have fluid and flexible boundaries and include helping with child care, sharing households, and providing emotional support (Apfel & Seitz, 1991; Dilworth-Anderson & Marshall, 1996) (Stack, 1974; Werner, 1984). Cultural context plays an important role in shaping the family and social support environment of the family. In Bridgeton, Black and Latina culture influence the cultural context.

The Black community in the Flats (the poorest section in a Midwestern city), as described in All Our Kin, used shared parental responsibility among kin to take care of one another’s children (Stack, 1974). “The responsibility for providing food, care, clothing, and shelter and for socializing children within domestic networks may be spread over several households” (Stack, 1974, p. 62). These social networks among kith and kin enable parents to cope with poverty. Fathers often helped the children and mothers out by providing kinship affiliation and assumed an active role in nurturing the children (Stack, 1974).
Latino familism is thought to include collectivist family arrangements with a strong orientation and obligation to the family that produces a kinship structure that is qualitatively different from other groups (Baca Zinn & Wells, 2000). Familism has multiple meanings that according to Ramirez and Arce (1981) include four key components that are structural familism (multigenerational family households), normative families (unity and solidarity), demographic familism (family size), and behavioral familism (interaction between family and kin networks). Kinship networks are an important survival strategy and provide cultural, emotional, and mental support, as well as a way to cope with socioeconomic marginality (Baca Zinn & Wells, 2000).

Latino children are less likely than Anglo children to live in isolated nuclear units with parents alone. Latino children are more likely to live in diverse contexts with multiple models of socialization in kinship networks of social relations with a pattern of nonexclusive mothering. Families are shaped by social structure and are closely connected with other institutions and structures in society. It is important to view family life within the complexities of economic, political, and cultural structures of different racial and ethnic groups (Baca Zinn, 1994). The care of children may reflect the adaptations of families to those structures and their individual needs. Black and Latina models of social
support may influence the families in Bridgeton. They may, however, diverge from these influences.

In an examination of the exosystem (institutions and settings that influence quality of life for the child) of the Irish family, Greene noted that although several aspects of support are weak for parents including day care and parental leave for parents, there are positive supports for families within Irish culture (1994). “Although the traditional Irish stem family, where three generations lived in the same household is less prevalent than it used to be, there is still some evidence that kinship ties are still strong in both urban and rural families” (Greene, 1994). For many families, these kinship ties may continue to provide important social support to families. Economic, political, and social changes in Irish culture and society may be changing the traditional family structure and support systems within Ireland. As a member of the European Union, Ireland is now a part of a much larger economic and political community. With a strong economy, the Celtic Tiger, Ireland is a destination for migrants, refugees, and asylum seekers. These changes coupled with changes in the patterns of family life caused by economic prosperity may affect the family and social support systems of families. Family support services and programs are offered throughout Ireland by government agencies, charities and other organizations.
This study explored the relationship between family and social support and parent-child attachment. Through multiple methods including interviews and observations, attachment relationships and behaviors were explored in context. This provided rich, contextual details and examples of parent-child attachments in two cultural contexts.

Attachment theorists such as John Bowlby and Mary Ainsworth have helped to frame a theoretical understanding of attachment. John Bowlby conceptualized attachment theory in 1958 with the paper, “The Nature of a Child’s Tie to His Mother”, and with the first volume of his trilogy on Attachment and Loss, in 1969 (Ainsworth, 1978; Bowlby, 1969). Bowlby viewed attachment as a fundamental form of instinctive behavior. He believed that it has its own internal motivation that postulates that the child’s tie to his/her mother is a product of the activity of a number of behavioral systems that have proximity to the mother as a predictable outcome (Bowlby, 1982, 1988). The development of infant-adult attachment is guided by cultural rules that affect the exact ties (Valsiner, 1989). Cross-cultural studies inform us that different models of attachment prevail in different cultural contexts (Rogoff et al., 1991). These models include cultural variations of embedded relationships with other family
members, important non-family companions and caregivers (Rogoff et al., 1991). More in-depth cross-cultural research is needed to explore cultural variations.

Bowlby’s theory of attachment transformed and integrated ideas from a variety of theories of human development, evolutionary biologists, cognitive scientists, developmental psychologists, and psychopathology (Bowlby, 1982, 1988; Carlson & Sroufe, 1995; Cassidy, 1999). Bowlby emphasized the importance of early experience and early relationships, developmental stages or sequences influenced by previous patterns, as well as the incorporation of an internal world of mental processes as the key to the ongoing power of early history (Bowlby, 1982, 1988; Carlson & Sroufe, 1995; Cassidy, 1999). Cultural context has a role in determining early experiences and early relationships (Valsiner, 1989).

Early Relationships

Attachment theory provides a formulation of personality based on early relationships (Carlson & Sroufe, 1995). Its origins were in Bowlby’s observations and inquiries into the lives of 44 juvenile thieves who had experienced early emotional deprivation in the 1940’s (Carlson & Sroufe, 1995; Cassidy, 1999). These clinical investigations of deviant parent-child relationships marked a beginning of convergent studies of normal and pathological processes from
which emerged an ethological approach to the study of socioemotional
development (Carlson & Sroufe, 1995).

Bowlby, however, “departed from psychoanalytic tradition in his
emphasis on the quality of care as the central issue of infancy and his view of the
individual as active, adapting, coping, and shaping his or her own experience in
the developmental process” (Carlson, 1995, p.583). The role of early relationship
experiences and reciprocity plays an important role in the development of
attachments and emotion regulation in Bowlby’s attachment theory (Belsky,
1999; Bowlby, 1988; Carlson & Sroufe, 1995; Cassidy, 1999).

Emotional Bonds

The importance of emotional bonds with caregivers for the developing
child is emphasized in Bowlby’s attachment theory for the survival and well
being of the child. “Attachment theory regards the propensity to make intimate
emotional bonds to particular individuals as a basic component of nature,
already present in the neonate and continuing through adult life into old age.
During infancy and childhood bonds are with parents (or parent substitutes)
who are looked to for protection, comfort, and support” (Bowlby, 1988, pp.120-
121). The role of the attachment figure to provide the child with strategies,
which can be used to cope with the events of everyday life, is particularly
important in children at risk (1982).
Attachment evolves over the first year of life and creates an affective bond between the infant and the caregiver(s) that is characterized in terms of the regulation of infant emotion and attachment (Bowlby, 1982, 1988). Patterns of dyadic regulation of emotion represent the culmination of infant development in the first year and the basis from which self-regulation evolves (Carlson & Sroufe, 1995). These affective bonds may vary in different cultural contexts. This study explored attachment relationships and provided contextual details that are missing from many studies.

Behavior Systems

Attachment behavior systems are believed to develop within the infant as a result of interaction with the environment, and interaction with the principal figure(s) in the environment, typically the mother or other primary caregiver, that results in the infant attaining or maintaining proximity to the attachment figure who is better able to cope with the world and provide the biological function of protection to the child (Bowlby, 1982, 1988). Within individual and collective cultural settings, socioecological contexts may provide different models of attachment relationships and behavior systems. This study explored the attachment relationships found in these two cultural contexts within the United States and Ireland.
Bowlby used evolutionary biology in conceptualizing attachment as a repertoire of preadapted behaviors (e.g., smiling, crying, clinging, signaling, and proximity seeking) that promote interaction and are thought to have evolved because of the role they play in promoting survival (Bowlby, 1982, 1988; Cassidy, 1999). Adults are thought to develop complementary attachment behaviors (e.g., smiling, touching, holding, etc.) that promote a response in the infant (Bowlby, 1982). Cultural and educational variations and socioecological factors may influence behaviors (Richman et al., 1992; Tronick et al., 1992).

Organization and the Primary Caregiver

In most environments, the infant organizes around a primary caregiver and one or more others (Bowlby, 1988). In order to survive, the infant must become attached to a specific other person who is available and responsive in emergencies (Carlson & Sroufe, 1995). By the end of the first year, virtually all normal infants - however treated - become attached (Schore, 1994; Sroufe, 1997). Attachment organization occurs even in the case of maltreatment and severe punishment, although the quality of attachment will vary greatly depending on the responsivity of the caregiver and the degree of reciprocity between the child and the caregiver (Belsky & Nezworski, 1988; Carlson & Sroufe, 1995; Sroufe, 1997).
Cultural Variations in Attachment Behavior

Cultural variations in the care of children may influence the exact nature of attachment relationships. "The mother-child dyad, though universally important to children’s survival and development may not be such an exclusive and all encompassing relationship in communities where families contain a number of children living near other kin, and entwined in long-term support and obligations with other community members" (Rogoff et al., 1991, p. 173). Children may have varied relationships with different people playing specialized roles. It is important to explore the varied relationship in different cultural contexts through culturally sensitive methods.

In determining contextual factors that affect patterns of attachment, culture is an important mediator of behaviors. Many cross-cultural studies use Bowlby’s conceptualization and Ainsworth’s operationalization of attachment and apply them to various non-Western cultures (van IJzendoorn & Sagi, 1999). Bowlby (1982) conceptualized attachment as an outcome of evolution and as universal in humans, nonhuman primates and other species. The universality of attachment does not mean that it is not sensitive to culture-specific influences and differences with globally adaptive behavioral inclinations, depending on the cultural niche (van IJzendoorn & Sagi, 1999).
Ainsworth's early study of attachment took place in Uganda and described the development of attachment in a multiple-caregiver context in a naturalistic study in the homes of the children. Cross-cultural studies reviewed by van IJzendoorn and Sagi (1999) provide evidence of attachment in a network of multiple caregivers. Children develop attachments in a network, with several attachment figures. Universally, parents across cultures were found to prefer secure children. Their analysis and integration of attachment research suggests a balance between universal trends and contextual determinants with the three basic attachment patterns (avoidant, secure, and ambivalent) found in every culture in which attachment studies were conducted (1999).

Secure Base

The attachment system supports infant exploration and mastery of the environment (Bowlby, 1988). The attachment figure (or figures) becomes a secure-base for the child to return to in the process of exploration and mastery of the environment (Bowlby, 1982, 1988; Carlson & Sroufe, 1995; Sroufe, 1997). Mary Salter Ainsworth developed the concept that the mother or mother-substitute provides the child with a secure base from which to explore based on her studies of Ganda children in Uganda who exhibited proximity-maintaining behaviors, some as early as fifteen and seventeen weeks (Ainsworth, 1967; Ainsworth, 1978; Bowlby, 1982). Ainsworth found that once mobile, infants
commonly used their mothers as a base from which to explore, when conditions are favorable the infant moves away from the mother on exploratory excursions and returns from time to time, but when the mother is absent such excursions became less evident or ceased (Ainsworth, 1978; Bowlby, 1988). These phenomena might be observable in different cultural contexts.

The Strange Situation Paradigm, developed by Ainsworth to measure attachment security in the laboratory setting, is not always a culturally sensitive tool. It assumes the primacy of one attachment relationship. In some cultural contexts, children experience multiple caretakers and attachments. There must be a fit between the methods of a research study and the participants-in-context (Tronick et al., 1992). “Cross-cultural research”, according to Nugent, “also serves to challenge the validity of our current assumptions about human behavior and to free us from our own unconscious ethnocentrism” (1994, p. 3). Cross-cultural research provides the opportunity to describe what happens in other cultural contexts and to explore cultural diversity in depth and breadth.

Developmental Pathway

The attachment relationships formed during the early years may influence the developmental pathways or trajectories of the child. Attachment is a major issue in child development, according to Bowlby. He states, “the developmental pathway followed by each individual and the extent to which he or she becomes
resilient to stressful life events is determined to a very significant degree by the pattern of attachment he or she develops during the early years” (Bowlby, 1988, p.172). Many researchers have found correlations between secure mother-infant attachment and later psychological and social development (Bowlby, 1988; Egeland & Erikson, 1999; Sroufe, 1997). Secure infant attachment may provide children with an important tool for dealing with stress and buffering its effects (Nachmias, Gunnar, Parritz, & Buss, 1996). Attachments that children form with their primary caregivers are similar to the attachments that they form with their mothers (Bowlby, 1988; Howes, 1999).

Attachment relationships are seen as the basis of social, emotional, and cognitive development (Dunn, 1993; Meins, 1997; Sroufe, 1997). The first social relationship of major importance in a child’s life is an attachment to a primary caregiver. A secure attachment relationship may have great significance for the child’s social and emotional development and later relationships (Berlin & Cassidy, 1999; Bowlby, 1988; Carlson & Sroufe, 1995; Sroufe, 1997). A secure relationship between the child and the mother/caregiver(s) is seen not only as the basis for the child’s sense of self-efficacy and social skills, but also of significance in the development of later relationships (Berlin & Cassidy, 1999; Dunn, 1993; Sroufe, 1997). Attachment relationships may provide a working model of self for the child and for the development of the regulation of emotions, for the child’s
sense of trust, for the acquisition of communication skills and a base for resiliency (Bowlby, 1982, 1988; Dunn, 1993).

Interpersonal interactions and social relationships are important in the development of higher mental function and cultural development, "Since the attachment to the primary caregiver is the first social relationship the child will form, it will clearly be of major importance in cognitive development" (Meins, 1997). In different cultural contexts, children form attachments with different caregivers. The quality of these attachments is important to the development of the child.

Research Problem and Topic

In this study, I explored the relationships between family and social support and parent-child attachment in the United States and Ireland from the multicultural perspectives of ten participants in a small-scale naturalistic research setting. Through a "cycle of inquiry" that involved theory, practice, personal experience, and research questions that shaped decisions about gathering data, I relied on multiple methods to explore my topic (Marshall & Rossman, 1999). "The research questions then shape decisions about gathering data. The research project proceeds dialectically as possible research focuses, questions, sites, and strategies for gathering data" (Marshall & Rossman, 1999, pp.25-26). "Initial insights and the recycling of concepts begin the process of
bounding and framing the research by defining the larger theoretical, policy, or social problem that the study will address” (Marshall & Rossman, 1999, p.32).

This study was grounded in dialectic relationships, both personal and theoretical.

The purpose of this study was to explore and investigate this topic. This led me to identify and “discover important categories of meaning” (Marshall & Rossman, 1999, p. 33) from the participants about the relationship of family and social support and parent-child bonds. Planning this study, I hoped that “salient themes, patterns, or categories of meaning for participants” (Marshall & Rossman, 1999, p. 33) would be identified and revealed through the research methodology.

Through a review of family and social support and attachment literature, I discovered that there is very little research that focuses on the perspectives of parents or on multicultural perspectives. Much of the existing research focuses on white, middle class, two parent families, using quantitative approaches such as the Strange Situation Paradigm and surveys. There are individual studies that take place in different cultures, but qualitative cross-cultural studies on parent-child bonds that provide the perspectives of the families are few and do not offer the multifaceted approach of this study.
In order to explore this topic, it was important to define the meanings of parent-child bonds and family and social support both theoretically and practically. The participants defined these concepts. The researcher and the participants explored the meanings within different cultural contexts through multiple methods including interviews and observations.

Significance of Study

This study is significant because it provided the opportunity to explore the relationships between family and social support and parent-child bonds in the United States and Ireland. It accomplished this through case studies of two social support programs and ten families who participated in them. Through multiple methods including interviews, focus groups, observations, reflective interpretations by parents of video recordings of parent-child interactions, maps of child’s bonds, family and social support surveys, I explored the interrelationships between family and social support and parent-child bonds from the parents’ perspective. The research reflected individual family experiences in two different cultural contexts and is limited in its generalizability.

This study embraced the characteristics of a qualitative research study. It took place in natural settings using multiple methods that are interactive and humanistic, emergent, and fundamentally interpretive. As a researcher in this
study, I viewed social phenomena holistically. I systematically reflected on who I am in the study, with sensitivity to my personal biography and its effect on the study and with complex reasoning that is multifaceted and iterative (Rossman & Rallis, 1999).

This study is significant because family support and social support may provide a buffer to stress affecting the emotional bonds (attachments) that develop between parents and children. Family and social support or the lack of it may have an effect on the development of parent-child bonds (attachments). I explored the relationships and interrelationships between family and social support and parent-child bonds in different cultural contexts through the voices of parents participating in family and social support programs. Culture affected the context and meanings of family, support, and attachment. Personal experience, cultural values, and the meanings that individuals gave to family and social support and parent-child bonds are important to an understanding of their relationships and interrelationships.

Multicultural Perspectives

By exploring multicultural perspectives, diverse voices of parents are heard, providing opportunities to understand individual experiences and perspectives in different cultural contexts. Are there common or different experiences and understandings? What can be learned from different cultural
contexts about the relationships and interrelationships of family and social support and parent-child attachment? The voices of parents providing their perspectives on the relationship between family and social support and parent-child bonds in different cultural contexts are rarely heard. This study explored their perspectives, understandings, meanings, and experiences.

**Meanings and Cultural Contexts**

This research provided the opportunity to explore and identify the meanings of family and social support, parent-child bonds and the perceived relationships between them in different cultural contexts. Patterns, themes, and categories of meaning were explored. There is a paucity of information available on social support and parent-child bonds across cultural groups (Andresen & Telleen, 1992; Dilworth-Anderson & Marshall, 1996). This research study is likely to contribute to the literature on family and social support and parent-child bonds by providing the voices and multicultural perspectives of parents participating in a family and social support programs. Very little research has explored the multicultural voices of families participating in family and social support programs. The insights and perspectives of families may be useful to providers and policy makers designing policies and funding family and social support programs in different cultural contexts. Program policies, funding, and services in the two contexts provide further insight into the relationship between
the contexts of national policies and how it plays out at the program level. The cultural contexts in the two settings influenced and shaped the findings.

Educators and other practitioners working with families may gain further understanding of the inter-relationships between family and social support and parent-child attachment in different cultural contexts.

General Research Questions

The questions framing this study explored the relationships between family and social support and parent-child bonds in different cultural contexts through the voices of multicultural families participating in family and social support programs in the United States and Ireland. The research questions explored and uncovered the cultural meanings of the participants and the embedded contextualism within each setting.

The following research questions served to guide this study through interviews, observations, field notes, documents, artifacts, and focus group conversations:

1. How do families view the relationships between family and social support and parent-child bonds (attachment)?
2. How does the cultural context shape the experiences of individual families within the two cultures?
3. How does the national policy context (macrosystem- dominant beliefs and ideologies in society that shape policy) play out at (influence and affect) the program level (microsystem)?

4. What do family and social support and parent-child bonds (attachment) mean to the participants in this study and how is it influenced by their culture?

5. What are the perspectives of families on different types of family and social support and their relationship to parent-child bonds?

6. What relationship does family and social support play in the development of parent-child bonds?

7. How do the experiences of individual families shape the relationships between family and social support and parent-child bonds within the cultural context?

Limitations and Delimitations

The limitations of this study included the fact that the sample size was limited to ten families in two cultural contexts. The findings of the study were specific to these ten families. This study, due to its limited size, provided a voice for the individual families. It was not representative of either the Irish or United States culture as a whole. It provided insight into the ways that cultural context
and national policy context played out in the individual experiences of the participants.

Although the study focused on the universal themes of family and social support and parent-child bonds, the individual cultural meanings and understandings were affected by individual experience and cultural context. The study was limited in focus to the relationships between family and social support and parent-child bonds. Other issues and concerns of the families were explored in the course of the study, but the focus remained on the specified topic. Issues such as race, class, gender, socioeconomic status, and violence informed the study in their relationship to family and social support and parent-child bonds.

My personal perspectives and bias limited the study. My lenses filtered the data. I brought my own understanding and interpretation of the data. Through triangulation, member checks, a critical friend, and field notes, I attempted to transform the data through description, analysis, and interpretation.
CHAPTER II.

LITERATURE REVIEW

The goals of this study are to explore the relationships between family and social support and parent-child attachments in ten families from two different cultural settings. The ten families are participating in family and social support programs, five in the United States and five in Ireland. This review of literature encompassed these areas: family and social support including social networks and family support programs and effects on parent-child relationships; attachment and factors that may affect attachment including distal and proximal factors; and the role of culture on parent-child bonds and attachments. I reviewed a variety of studies that have relevance to an exploration of the relationship between family and social support and the development of parent-child attachment. What do we know, and what do we need to know? I introduce and provide definitions for each area of review.

Family and Social Support

Introduction

Social support can include family, kin networks, friends, neighbors, community programs, and school-based programs, work training programs, informal social support, church, community, and recreational organizations (Simons & Johnson, 1996; Thompson, 1995). Social support consists of social
relationships that provide or can potentially provide material and interpersonal resources that are of value to the recipient, such as counseling, access to information and services, sharing of tasks and responsibilities and skill acquisition (1995). Although there has been a great deal of research on family and social support, there is little that provides insight into what that support means to the families that receive it. This study is designed to provide documentation of the viewpoints of families that receive family and social support through family support programs.

Social Networks

There are natural and formal social networks that can provide social support to families. These social networks can include families, school, church, government, and relationships within the workplace, neighborhood, community, and kinship ties that are near or and distant (Kagan & Weissbourd, 1994; Thompson, 1995). The social ecologies of families affect the structure of the social networks and social support available to individual families (Thompson, 1995). Social support is viewed as an interaction between individual difference variables and the environment (Coble, Gantt, & Mallinckrodt, 1996). Based on a "growing body of research, it appears that at least three conditions may be necessary for an individual to derive benefit from social support for coping with a stressful life event: (1) the environment must offer support of the functional
types and from relationship sources that match the coping requirements of the event; (2) the individual must possess social skills necessary to engage in supportive relationships, establish intimacy, and recruit the specific types of social support needed for coping with the stressor; and (3) the individual must have the personality disposition and willingness to exercise these skills” (Coble, 1996, p.141).

Kin Networks

Kin networks provide many families with social support. Many ethnic groups use social support embedded in social networks of kith and kin with different subgroups responding differently to social support (Dilworth-Anderson & Marshall, 1996; Dunkel-Schetter et al., 1996; Werner, 1984). Social networks and social support are complexly linked (Pierce et al., 1996; Thompson, 1995). Understanding social support within a cultural context requires a knowledge of the cultures in which support is given and received, of the influences of cultural identity on shaping the context of social support, and of the context of social support which allows for an understanding of the structure of social support (informal vs. formal or both) (Dilworth-Anderson & Marshall, 1996). The economics and history of African-Americans affect the structure of social support which tends to include relational networks that have fluid and flexible boundaries and include helping with child care, sharing households, and

Social support from family can be positive or negative (Chase-Lansdale et al., 1994; Dunkel-Schetter et al., 1996). In general, social support is associated with less anxiety, and less depression (Dunkel-Schetter et al., 1996; Lyons-Ruth et al., 1990). Differences in the amount of social support received and in the sources of social support during pregnancy are evident in comparative studies of Latinas, African-Americans, and European-Americans and Latinas who differ in levels of acculturation (Dunkel-Schetter et al., 1996; Koniak-Griffin, Lominska, & Brecht, 1993). Latina mothers received less social support than European-Americans and African-Americans, indicated less need for support, and greater satisfaction with received support, and may perceive their lives in the United States as less stressful, or may under represent their need, or other variables such as attitudes ways of coping mediate or modify relations between social support during pregnancy (Dunkel-Schetter et al., 1996).

Structural features of social networks, such as size, social embeddedness, dispersion, ease in which members can obtain contact with social network members, geographical proximity, stability, consistency of network associates, turnover, extent of social interaction, and the size of the group, affects the value
of social networks to the individuals members involved in the network (Pierce et al., 1996; Thompson, 1995).

Middle class families traditionally seek information and social support from their own parents, friends, and family to avoid negative development of their children, the quantity and quality of support is positively associated in some studies with maternal sensitivity and interaction (Goldstein et al., 1996) (Melson et al., 1993). Children living in poverty do not always have the safety nets of education, economics, and social support of middle class children (Hashima & Amato, 1994). The family support movement, which is rooted in the self-help movement of the 1960’s, Head Start and Parent-Child Development Centers, and the settlement house movement, provides social support to families (Weissbourd, 1989). The Family Support Movement emerged in the 1970’s and reshaped the dialogue on how human services are provided (Kagan & Weissbourd, 1994; Powell, 1989; Weissbourd, 1989).

Family support and education programs which are rooted in the ecology of the family and the community may provide social support to enhance the child health and development; prevention of child and family dysfunctions, such as abuse and neglect, self-esteem, and problem-solving; and promotion of informal and formal community support for families (Kagan, 1987; Weiss, 1989; Weissbourd, 1989). Children, according to Weissbourd and Kagan, need to be
understood in the context of their world. Family support programs take a child/family/community-centered orientation (Weissbourd, 1989). This ecological orientation stressing interdependence by strengthening one family may help to strengthen the community (1989). Powell points out that the theoretical and empirical work of Urie Bronfenbrenner has been influential in stimulating a shift in parent education based on Bronfenbrenner’s theoretical belief that early intervention is more effective when parents are involved in the program (Bronfenbrenner, 1979; Bronfenbrenner, 1986; Pfannenstiel & Seltzer, 1989; Powell, 1989). Further longitudinal and qualitative research will add to our understanding of families and their needs and roles in family support programs.

An in-depth qualitative research study including interviews and observations would inform and enrich our knowledge of parents’ experiences in family support programs. The families’ perspectives are lacking in the research literature on family and social support. How do families perceive family support programs? What are the families’ perspectives about the relationship between family and social support and parent-child attachment?

Family Support Programs, Social Networks, and Parenting

In an exploration of family support programs and their relationships to parent-child bonds, it is important to explore the social networks that are formed within family support programs. Family support programs provide services to
families that empower and strengthen adults in their roles as parents, nurturers, and providers with a focus on prevention and can help parents develop social networks that can alleviate isolation and loneliness (Kagan & Weissbourd, 1994; Weissbourd, 1989).

With support networks, families may be better able to endure whatever hardships arise (Zigler & Black, 1989). Family support programs usually work within the context of community and family life, building on the strengths of all types of families and often with young families (1988). Research on the effects of family support is limited. Much of the research that has been conducted is university based research and Head Start research. University based research programs are designed with an experimental format, predetermined format, special targeted populations with an emphasis on research, professional staff, and defined outcomes that could not be replicated on a national scale due to high cost (Zigler & Black, 1989). Integrated university and grassroots studies would provide more data; qualitative data would enhance the data on how family support affects individual families.

Research on social networks provides insight into the dimensions of social networks and their relationship to selected aspects of maternal well-being, behaviors, interactions with children, and parenting.
Levitt, Weber, and Clark (1986) examined the extended social networks available to 43 infant-mother dyads in urban, intact and middle-class families. Marital relationships were found to be the primary source of support. There was a strong relationship between spousal support and maternal well-being. The second source of support was through her mother, and then friends or family members, but husbands provided more emotional support. There was no relation between spousal support and attachment, and support from other sources was not related to attachment (Levitt, Weber, & Clark, 1986). Data collected included a social network questionnaire, infant temperament data, and the Strange Situation (Levitt et al., 1986). The mothers included an average of 13 persons in their networks, although mothers reported receiving support from very few people (Levitt et al., 1986).

Levitt, Weber, and Clark’s (1986) study was a small sample of middle-class intact families. More in-depth interviewing may have provided more details and possible links between social support and security of attachment. This study lacks cultural and economic diversity in its sample.

In a study of 89 families of working poor Hispanic inner-city families and their premature and sick infants, the nature of the social support network of mothers and the relation between the mother’s social support network and maternal behaviors was examined (Feiring et al., 1987). When the infants were
three months the mothers were interviewed about sources of support and type of support received, and videotaped together for a 15-minute session to play or care for their infants. There was coding of 25 behaviors including frequency of touch, hold, kiss, and rock (Feiring et al., 1987).

The findings (Feiring et al., 1987) indicated that more relatives than friends were reported to give support. Goods were the type of support reported most frequently. Mothers of premature infants reported fewer people giving support goods than mothers of mature infants. Exchange of assistance between mother and network members can have a positive or negative relation to maternal behavior depending on who gives what. Data suggested that services from the father and goods from relatives and friends have a positive relation to proximal maternal behavior. Although support appears to be related to a positive effect on proximal maternal behavior, support goods from relatives and friends are negatively related to distal behavior. Advice from relatives, but not from fathers, is positively related to maternal positive affect. The fathers’ advice was considered criticism. This study found that the source and type of support are related to maternal behavior, even after infant risk status is taken into account (Feiring et al., 1987).

This study adds to the knowledge of different contextual factors and characteristics affected by risk factors and their impact on maternal behaviors.
More detailed contextual information would provide a fuller picture of the different determinants of parenting and social support. Not all social support positively impacts maternal behaviors. Further exploration of social support and the factors that influence positive and negative effects would add to our understanding of social support and its relationship to parenting.

Jennings, Stagg, and Connors (1991) examined the characteristics and functioning of social networks of mothers with young children to determine how mothers' networks relate to their parenting behavior (Jennings et al., 1991). Mothers' personal and maternal networks were related to the quality of their play interactions with their four-year-old child. Forty-four mothers of diverse socioeconomic backgrounds with 22% single parents were interviewed about their personal networks (all persons deemed important) and their maternal networks (all those deemed important as mother). The average mother reported 22 people in her personal network and the average maternal network was eight to nine.

Jennings, Stagg, and Connors (1991) found that the size of mothers' maternal networks was related to all aspects of mothers' personal networks. Mothers with more cohesive networks (in close proximity with frequent contact and more interrelationships) had smaller networks and tended to be less satisfied with their personal networks. Mothers who were satisfied with their personal
networks had larger maternal networks and were more satisfied with their maternal networks. Mothers’ networks showed a clear relationship to their interactional style with their child. Mothers’ satisfaction with personal networks and the size of maternal networks were related to a warmer and less intrusive style of interaction, as well as to mothers with less cohesive networks. Mothers with more cohesive networks were found to be more intrusively controlling with their children. Both types of networks were found to influence parenting behavior (Jennings et al., 1991).

The methods used included surveys and rating scales. More in-depth interviewing and observation would provide more rich data about networks and their impact on parent-child interactions.

Melson, Ladd, and Hsu (1993) examined the relations among maternal support networks, maternal perceptions of parenting, maternal attributions for parenting situations, and children’s social development as indexed by peer acceptance, and cognitive performance in a sample of 69 middle-class, married mothers and their preschool-age children. Children were enrolled in a university preschool and childcare center. All parental measures were collected during individual at-home interviews. Parental measures included the Social Network List, and the Social Support Questionnaire, and the Perceived Difficulty at Parenting Tasks measure (Melson et al., 1993).
The results of this study (Melson et al., 1993) indicated that larger and better quality networks were predictive of child cognitive performance, independent of maternal cognitions. Mothers with larger networks reported less difficulty helping their children cognitively or socially. More satisfaction with support was related to less perceived difficulty helping the child socially, while greater willingness to seek support from network members was related to less perceived difficulty in helping the child cognitively. Larger networks may directly expose children to cognitively enriching stimulation and may affect maternal interactive behavior. The results supported both direct and indirect links among maternal support networks, maternal cognitions about parenting, and child development. The linkages were qualified by the dimension of the network, the type of parent helping situation and the domain of development (Melson et al., 1993).

This study was limited by a restricted white, middle-class sample, with a lack of observational data on mother-child interaction, a narrow range of parental cognitions, and limited measures of child development. Maternal stress and attachments were not addressed in the study. It does provide some background regarding social networks and child development that may have implications for the study.
Burchinal, Follmer, and Bryant (1996) examined the relationship of social support networks and family structure of 62 low-income African-American mothers to the proximal and distal measures of the mother’s parenting style and to the children’s social and cognitive development. The sample was part of a longitudinal study examining the effects of early educational intervention on children’s cognitive development (Burchinal, Follmer, & Bryant, 1996).

The findings indicated that mothers with larger networks tended to report more interactions per day, and more mothers tended to be positive than mothers with smaller networks. Larger networks tended to be denser and more likely to include people who provided child-care assistance, more friends, and more male and female relatives than smaller networks. Network size was positively related to overall quality of the home environment.

The results suggest the structure of social support for this group may not be comparable with those of other ethnic groups (Burchinal et al., 1996). Mothers with extensive social networks were more responsive, accepting, and involved, and less directive in controlling their children’s behavior, in contrast to mothers with smaller networks. Networks were related to only one child outcome measure, child activity level. Children whose mothers had large networks exhibited more appropriate lower activity levels and less hyper activity during infancy. The results of this study support a systems model of parenting behavior
and child development by indicating that maternal caregiving may be positively influenced by supportive social networks (Burchinal et al., 1996).

This study provides insight into the social support networks of low-income African-Americans. Although it does not provide information on relationship of social support and the security of attachment, it does provide information on maternal caregiving and social support. Social networks may be enhanced through participation in a social support program. These networks may help to buffer stress and provide a protective factor that will encourage the development of parent-child bonds.

Apfel and Seitz (1991) found that young adolescent mothers used four different conceptual models of familial adaptation to adolescent parenthood at 18 months postpartum. These 119 black inner-city young mothers found parental support from their mothers or surrogate mothers in the following ways: (1) parental replacement (10%) with the grandmother taking over for the parenting role for the mother, (2) parental supplement (50%) with shared parenting by the mother and grandmother, (3) supported primary parent (20%) with mothers responsible for full-time care and grandmother visits and provides assistance, (4) parental apprentice (10%) with the grandmother as a mentor to the daughter. These models of support provide insight into the role of family support and kin networks in the development of young children. High-risk (teenage) mothers
find parental support an important protective factor in the care of their children. The model of parental apprentice provides a model that most strongly reinforces the mother’s relationship with the child and probably the child’s attachment to the mother (Apfel & Seitz, 1991).

All of the models provide different models of family support and kin networks that provide the possibility of multiple attachments within the kin network for the child. This study adds to the data on kin networks and their importance in parenting for young parents and individual differences in that support. In this study, the role of the grandmother’s relationship with her daughter and her grandchild may deserve further exploration in other cultural contexts and may have implications in the parent-child relationship.

Koniak-Griffen, Lominska, and Brecht (1993) compared the similarities and differences found in social support networks in 161 black, Hispanic, and white pregnant adolescents to determine if social support is related to prenatal attachment. The results of the study indicated that the proportion of the network list comprised by family was greatest for blacks and smallest for whites. Whites had the largest network of friends and blacks had the smallest network of friends. Culture may affect the size of social networks for young parents.

Social Support and Maternal Behaviors and Attitudes

In a meta-analysis of 66 studies, Andresen and Telleen (1992) evaluated
the relationship between social support available to the mother and maternal behaviors and attitudes. Homogeneous populations of white, middle-class married mothers of young children without physical or mental disabilities were sampled. A variety of instruments were used to assess variables. Significant correlations were found between emotional and material support and maternal behaviors. Social support was measured in 45% of the studies by questionnaires and by interview. Most investigators developed their own measures. Very few used measures used by other studies. Emotional (82%) and material (80%) support were the types most frequently measured. Maternal behaviors directed toward the child were measured often through observation of the mother in the home setting (42%) or in a clinical laboratory (36%). Maternal attitudes included positive or negative feelings regarding the child and toward the responsibilities and tasks involved in child rearing. Maternal stress was measured in 17 (26%) of the studies. Child outcomes were measured in 29% of the studies that measured social support and maternal behaviors (Andresen & Telleen, 1992).

Andresen and Telleen (1992) conducted six separate analyses to evaluate the relationship between the three types of social support (emotional, informational, and material support) and maternal behaviors and attitudes. The results were inconclusive. Significant relationships exist between emotional and material support and maternal behaviors, a direct relationship between social
support and child outcomes could not be demonstrated because too few studies measured specific child outcomes. Samples did not comprise the most highly stressed populations (adolescent, single, low income). Populations of mothers of children with disabilities were rarely studied. Approximately one half of the studies were carried out in the first year of life. Only one quarter included children over the age of three. The studies were limited by the lack of reliability of the instruments used. Maternal-child interactions were often measured in the home setting, which enhances validity because they approximate normal interactions. Questionnaires and interviews were used to measure maternal behaviors without observing behaviors, limiting validity of these measures.

Andresen and Telleen (1992) concluded that most of the studies on social support and maternal behaviors and attitudes use nonrepresentative samples of white, middle-income nonworking mothers with normal children. There is a lack of studies on multiparous mothers and the type of support they need. Employed middle-income, working poor, unemployed poor mothers were not studied in most studies. Future research should include more diverse samples, nonwhite ethnic groups, adolescent mothers, mothers of children with disabilities, and low birth weight infants. Maternal stress and child outcomes also need to be included in future research.
Andresen and Telleen (1992) came to some important conclusions. There needs to be more diverse samples that include the most stressed individuals. Maternal stress and child outcomes need to be examined in studies of social support. Construct validity in the study is also very important. Observations should be combined with other measures (interviews, questionnaires, etc.). Reliability needs to be accounted for in the studies.

This meta-analysis informs us of the research that has not been done. There is a need for more naturalistic studies of diverse families in different cultural contexts. Multiple methods including observations and interviews within the cultural contexts would better inform us of the relationship between social support and maternal behaviors and their relationships to parent-child attachments.

More information and research is needed about the nature of social networks and how the structural and affiliative features of these networks contribute to perceptions of available social support and enacted social support in high-risk families. More information is also needed for the factors influencing efficacy of social support providers, and how these factors influence the efficacy of support interventions in abuse-prone families (Pierce et al., 1996; Thompson, 1995). These studies give insight into what we know and do not know about social networks and their relationships to parent-child relationships and
interactions. The methodologies used including surveys, questionnaires and videotaping of parent-child interactions may provide tools to explore and understand the relationships between family and social support and parent-child bonds.

**Family and Social Support and Parent-Child Relationships**

Research studies involving family and social support indicate relationships between family and social support and the following: attachment, the quality of parenting, parental attitudes, mother-infant interactions maternal sensitivity, maternal self-efficacy, stress buffering, and pregnancy and infant outcomes. Some studies have found a relationship between social support and secure attachment, particularly in high-risk samples (Crittenden, 1985; Crnic et al., 1983; Isabella, 1994). Other studies have found no direct connection to attachment (Belsky, 1996) (Levitt et al., 1986) (Crockenberg, 1981). Further research that provides the insights and perspectives of the families is needed.

In some of the studies, spousal support was seen as an important variable affecting attachment security and maternal behaviors (Belsky, 1984; Belsky & Isabella, 1988; Feiring et al., 1987; Levitt et al., 1986; Nakagawa, Teti, & Lamb, 1992; Simons & Johnson, 1996; Teti & Gelfand, 1991; Wieczorek-Deering et al., 1991). A lack of perceived support in the marital relationship was found related to a higher incidence of stress-related symptoms (Valenzuela, 1997).
Associations and links between social support and infant-mother attachment are complex and appear most in high-risk samples including premature, irritable infants and at-risk and maltreating families (Andresen & Telleen, 1992) (Belsky, 1999) (Berlin & Cassidy, 1999; Crnic et al., 1983; Crockenberg, 1981). Most research samples in studies examining the relationship between social support and maternal behaviors and attachment security include homogenous samples of married, middle class mothers with normal children. They mostly do not include mothers from diverse ethnic backgrounds, multiparous mothers, adolescent mothers, mothers of children with disabilities and low birth weight, and mothers from the most highly stressed populations including adolescents, single parents, and low income families (Andresen & Telleen, 1992). Future research is needed to include these diverse samples.

There are indications in the literature that maternal social support, home visitors, and interventions designed to enhance mother-child interactions, sensitivity, and responsiveness can positively influence mother-child interactions and the development of secure attachments (Crnic et al., 1983; Crockenberg, 1981; Lyons-Ruth et al., 1990; Valenzuela, 1997; van den Boom, 1994; Wendland-Carro, Piccinini, & Millar, 1999). Interventions and strategies such as the use of the Neonatal Behavioral Assessment Scale (1994; 1999), family support such as home visiting (1991); (Crittenden, 1988) and videotaping and discussing parent-
infant interaction (Crittenden, 1985; Egeland & Erikson, 1999) provide social support and have a positive effect on parent-child relationships in cross-cultural studies.

Home visiting programs offering social support can improve health habits, increase parenting skills, reduce abuse and neglect, and facilitate and support emotional development (Anastasiow, 1988; Benasich & Brooks-Gunn, 1996; Lyons-Ruth et al., 1990). In a review of this research literature on family and social support, a mixed picture of effectiveness is found on the effects of social support on children’s development (Powell, 1988), (Berlin & Cassidy, 1999), (Andresen & Telleen, 1992), (Crnic et al., 1983), (Goldstein et al., 1996).

Improvements in child outcomes, according to Powell and Eisenstadt, are not easily secured through programs that focus on parents and family functioning (1988). Parent education methods used with a middle class population might not readily transfer to low-income parents. Informal exchanges of ideas among peers, however, may offer perspectives that extend and perhaps challenge existing knowledge and beliefs (Powell & Eisenstadt, 1988).

There are multiple contextual determinants of attachment relationships between parents and children. Culture, risk factors, protective factors, internal representations, life experiences, maternal sensitivity, spousal support, family
and social support, social networks, and other factors all influence attachment relationships. The patterns of attachment relationships develop in the context of the relationships, the family, the community, the culture, and the society and other ecological factors and interactions in which they are developed (Belsky, 1999; Bronfenbrenner, 1979; Bronfenbrenner, 1986).

There is a growing body of research on attachment that includes contextual determinants such as family and social support. There is also research that examines the role of social networks, social support, and family support as a single factor or as one of many factors or as a part of a larger study or intervention study involving attachment relationships or antecedents to maternal sensitivity or attachment relationships.

**Attachment**

Secure attachment may serve as a protective factor for children in families who have experienced high levels of stressful life events. A history of responsive care and secure attachment is associated with positive developmental outcomes (Egeland & Erickson, 1999). Family and social support may also alleviate parental stress and result in more parental sensitivity and qualities of secure attachment (Belsky, 1984)(Egeland, Jacobvitz, & Sroufe, 1988) (Crnic et al., 1983).

Bowlby found that attachment behavior does not disappear with childhood but persists throughout life (1982). This may be a culturally
constructed view that does not apply to all cultural contexts. If attachment is a universal phenomenon, the variations in the cultural contexts of development and child rearing practices must be considered. Bowlby does not consider the variations in family structure, size, and multiple caregiving in his statement. He addresses the issue of secure attachment and its effect on the child’s development. We must look beyond ethnocentric views and consider other worldviews in our quest for knowledge. Can this concept be transferred to other cultural contexts where child rearing is a shared experience within family and community networks? Including the diverse views of parents and families in different cultural contexts can enrich our understanding of these findings and their universal applications.

Ainsworth developed the concept that the mother or mother-substitute provides the child with a secure base from which to explore based on her studies of Ganda children in Uganda who exhibited proximity-maintaining behaviors, some as early as fifteen and seventeen weeks (Ainsworth, 1967; Ainsworth, 1978; Bowlby, 1982). Ainsworth found that once mobile, infants commonly used their mothers as a base from which to explore, when conditions are favorable the infant moves away from the mother on exploratory excursions and returns from time to time, but when the mother is absent such excursions became less evident
or ceased (Ainsworth, 1978; Bowlby, 1988). The original study in Uganda took place in a naturalistic setting using observations.

Later, Ainsworth examined the secure base and attachment behaviors in a study of a group of 106 white middle-class Baltimore-area families. Observations were made of the infants’ exploratory and attachment behavior, and the balance between them, both at home and in a strange situation in the laboratory. The data from these observations was used to rate attachment behaviors (Ainsworth, 1978; Bowlby, 1988).

The development of attachment occurs within a network of influences operating on many levels (Bowlby, 1988). An ecological view provides a model that examines how contextual factors influence the child directly or indirectly through parenting and other factors (Bronfenbrenner, 1979). Some contextual factors (marital relations, maternal history, social network support, stress, social milieu) may have a direct impact on the development of attachment relationships and influence the mother-child dyad (Belsky & Isabella, 1988). Patterns of maternal negative and positive perceptions about self and others may be related to the quality of the mother’s interactions with the infant and eventually to the quality of attachment (Spieker & Booth, 1988).
Attachment behaviors are activated whenever young children feel distressed and insecure, and need to get in close contact with their caregiver (Bowlby, 1982).

Ainsworth’s Strange Situation Paradigm is a laboratory-based experiment. It is based on a western cultural view of mother-child relationships and attachment. It does not take into consideration other worldviews of multiple caregiving and cultural childrearing practices. The fact that it takes place in a laboratory does not lend itself to naturalistic observations and behaviors. Other methods of observing attachment relationships in the natural settings of the child with normal interactions would give a more realistic view of the child’s attachments and relationships. The study of attachment in cultural context contributes to our understanding of development as a dynamic interaction between the child and the culture in which the child is embedded (Valsiner, 1989).

Insecure Attachment

Avoidant and resistant attachments may affect later behaviors and relationships with others, causing disruptive, anti-social behaviors (Fonagy, Target, Steele, & Steele, 1997).

Factors that interfere with the development of secure attachments can be associated with the development of disruptive behavior problems and include
life stress and family adversity (Spieker & Booth, 1988), and parental psychopathology (Lyons-Ruth, Alpern, & Repacholi, 1993).

Distal and Proximal Factors and Attachment

Belsky and Isabella (1988) examined the role that distal factors (social network, maternal personality, marital relationships) and proximal factors (mother-child interactions) play in influencing or predicting security of attachment. The risk of insecurity increased as sources of stress in the family increased. Many determinants of attachment-security were found. Their analysis found that “sources of stress can be buffered by sources of support, the risk is greatest when multiple sources of stress exist” (Belsky & Isabella, 1988, p. 87). The parent-infant relationship is embedded in a family system in which maternal personality, marital change, and changes in temperament influence the mother-infant relationship (Belsky & Isabella, 1988).

There was a lack of diversity in the sample; it was limited to Caucasians. The methods used included the Strange Situation, which is a culturally defined method of viewing attachment. More rich contextual data that includes observations of parent-child interactions in natural settings and the perspectives of the participants through in-depth interviews would add details and descriptions to our understanding of proximal and distal factors affecting attachment.
Maternal Risk Status and Maternal Sensitivity

Crittenden and Bonvillian found a clear relationship between maternal risk status and maternal sensitivity in mother-infant interaction. Low income, socioeconomically stressed mothers spoke less to their children, had less infant adapted communication, showed less affection, responded less contingently, and showed less sensitivity to infant cues and cries (Crittenden & Bonvillian, 1984). Further qualitative research exploring cultural meanings and communication might illuminate cultural and contextual differences in communication styles and child rearing practices.

Parental Antecedents of Attachment

In a meta-analysis of 66 studies on parental antecedents of attachment security, De Wolff and van IJzendoorn (1997) found that the association between maternal behavior and infant attachment was significantly weaker in studies of lower class or clinical samples. It was suggested that the formation of attachment relationships under complex lower class or clinical conditions may not be adequately explained in a linear way or monocausal way. Socioeconomic status appeared to be a significant moderator. This suggests that attachment security maybe especially liable to nongenetic, environmental influences (De Wolff & van IJzendoorn, 1997).
The findings raise the question of the cultural validity of the measures used in the studies (Strange Situation) and the importance of examining and interpreting the complex transactions between context and sensitivity. The influence of socioecological factors in the environment must be considered and explored to more fully understand the issues. This meta-analysis led to questions and concerns for other researchers.

Belsky, Thompson, and Cowan responded to De Wolff and van IJzendoorn analysis and raised issues related to the need for further research and the limits of the meta-analysis in conceptualizing attachment to simple causal modals and ignoring family system models, over- and under-estimated mothering effects, the limits of statistical analysis, risk models, the role of fathers, and indirect effects on attachment security, the focus of future research and the need to examine new questions and areas of study (Belsky, 1997; Cowan, 1997; Thompson, 1997).

New Directions for Attachment Research

Our knowledge of attachment and attachment relationships is enriched by the wealth of research in the literature. However, the role of the participants in research designs is limited. Qualitative research designs with more active participant involvement would provide for more contextual detail and
information about the development of attachment relationships, factors affecting attachment, stresses to those relationships, and coping strategies.

Cross-cultural comparisons would enrich the data available. Although some cultural studies exist, the literature has limited cross-cultural studies and comparisons. More naturalistic research methods with more diverse samples would further add to the knowledge of the contextual factors affecting attachment relationships.

Social Support and Attachment

In a study of forty-six Caucasian and two Asian-American mothers and infants of predominantly middle-class two parent families, Crockenberg examined the influence of infant irritability, maternal responsiveness, and social support on the development of secure and anxious infant-mother attachments at 1 year (1981). The findings of this study indicated that the adequacy of the mother’s social support was associated with the security of the infant-mother attachment (Crockenberg, 1981). Low social support was associated with high resistance, high avoidance, and with anxious attachment. Support had its strongest effect on irritable babies and their mothers suggesting that the availability of social support is particularly critical when the family is particularly stressed (Crockenberg, 1981).
Social support was an assessment of the affective and material assistance experienced by the mother in her mother role, relative to the stresses experienced by her. Social support from three sources was included—father, older children in the family and others (extended family, neighbors, friends, and professionals). Social support directly impacted the infants' attachments with unresponsive mothers when involved grandparents, fathers, and siblings were involved in caring for the infant. Infants with unresponsive mothers may have been buffered by their involvement (Crockenberg, 1981).

Crnic et al. (1983) found evidence that supports the role of social support as a moderator of stress. Stress was found to impact on mothers' interpersonal feelings and satisfaction and had a negative impact on maternal attitudes toward parenting as well as mothers' ability to recognize and respond to their infants' subtle cues. Infants whose mothers were under greater stress were less responsive and less clear in the cues provided. The evidence in this study suggested some specificity in the role of social support as a moderator of stress, and the relationship may depend on the intensity of the effects of stress and the proximity or intimate nature of the effects of stress (Crnic et al., 1983).

The mothers' social support, in this study, had a significant impact on the infants' behavior (Crnic et al., 1983). Mothers' perceived social support appeared to provide significant benefit to the infant in the enhancement of reciprocity and
mutual gratification within the relationship. Social support appeared to be a meaningful ecological variable influencing parenting attitudes, mother-infant interaction, and infant development. It appeared that social support from various sources seems to facilitate more positive child-rearing attitudes and behavioral interactions. In addition, the benefits of maternal social support also affect the infant in infant responsiveness, reciprocity, and gratifications during interaction are increased (Crnic et al., 1983).

Further research is needed to explore and examine the effects of social support and stress in different cultural contexts and their connection to parent-child relationships and attachment. There may be contextual factors that mediate interactions and relationships.

A relationship between social support, parenting, and secure attachment was found in a study of 31 infants at high social risk due to the combined effects of poverty, maternal depression, and caretaking inadequacy were assigned to weekly home-visiting services (Lyons-Ruth et al., 1990). Seventy-four percent of the 31 high-risk families had a maternal history of state documented maternal history of psychiatric hospitalization or child maltreatment or current maternal depression. The goals of the home-visiting service were to provide accepting and trustworthy relationships, to increase the family’s competence in accessing resources to meet basic needs, to model and reinforce more interactive, positive,
and developmentally appropriate exchanges between mother and infant, and to
decrease social isolation from other mothers through encouraging participation
in parenting groups and drop-in social hour. Two nonintervention groups were
also assessed. One was a group of ten high-risk families that were untreated.
Eighty-one percent were depressed or had a history of psychiatric
hospitalization, but no documented maltreatment cases. The third group was a
group of 35 matched families from the same neighborhood who had never
sought or received social services directed at parenting skills (22.9% reported
depression).

Assessment measures included demographic data, maternal depression,
maternal social isolation, maternal verbal IQ, maternal behavior at home, the

The results of this study (Lyons-Ruth et al., 1990) indicate that
developmentally-oriented, home-visiting services can have a significant impact
on the early development of infants at severe social risk. Infants of depressed
mothers were twice as likely to be classified as securely attached (61% vs. 23%) in
relationships with their mothers at 13 months of age and outperformed non-
treatment infants on the Bayley Mental Development by ten points. The
intervention included 13 months of home-visiting services (46 completed visits)
that included concerted outreach and a strong social service component with a
focus on the mother-infant relationship, indicating that there are benefits to social support for infants at-risk. Interventions effects were more consistently demonstrated for infants of depressed mothers, the untreated infants of depressed mothers did poorly. The authors suggested that maternal depression, a history of child maltreatment, and psychiatric hospitalization in addition to low SES are much more specific predictors of at-risk infant social and cognitive development (1990).

This study is noteworthy, but it does not provide a rich contextual picture of the families involved in the study. It does, however, provide insight into the relationships between family support programs that include home visiting and parent-child attachment, particularly in the cases of maternal depression. More in-depth analysis and exploration of individual contextual factors might add to the findings. The small size of the study limits its generalizability and transferability to others.

In a study to assess the impact of maternal depression and adversity on the mother-infant face-to-face interaction at two months and on subsequent infant cognitive development and attachment, the quality of the infants’ attachment was significantly affected by the occurrence of adversity; insecure attachment was more common in the context of stressful events or long-term
difficulty (Murray, Fiori-Cowley, & Hooper, 1996). The sample in Cambridge, England consisted of white predominantly middle to upper class families.

The study (Murray et al., 1996) found that the depressed mothers were rated overall as less sensitive and expressed fewer affirmations of their infants' behaviors and more negations. The more sensitive the mother, the more actively engaged the infant with the mother. There was no difference in the degree the infants engaged actively with the mothers. The quality of infants' attachment to mothers was significantly affected by the occurrence of adversity. This study, found that depressed women were less sensitively attuned to their infants, their responses were more negating and less affirming of the infant's experience, and did show more instances of disrupted behavior. Infant attachment, however, was strongly associated with the mother's own attachment experience with her own mother and transition to motherhood (Murray et al., 1996). This study offers further insight into the effects of depression on parent-child interactions and the association of the mother's own attachment experience. An exploration of these factors in different cultural contexts that included social support would add to a better understanding of these relationships and the impact of family and social support upon them.

Jacobson and Frye (1991), in a study used an experimental design to evaluate the effect of support provided to 46 first-time mothers participating in
WIC, prenatally and during the first year postpartum on the development of attachment. This study uses the Q-set to assess attachment. It compares two different procedures, the Criterion Sort and Attachment Ratings to analyze the Q-set data. A measure of cognitive performance-complexity of play was assessed at 13 months. Complexity of play predicts language production and comprehension and relates to performance on the Bayley Mental Development Scales. Each woman was asked what kind of help and support she needed. Experimentals were told they would be assigned a “volunteer coach” who would visit them in their home, one-on-one, periodically to talk about their pregnancy and delivery and early infant care. Controls were asked whether they would be willing to participate in a program involving home visitation by a “volunteer coach”, if available, and were not included if they declined the program (Jacobson & Frye, 1991).

Women in Jacobson and Frye’s (1991) study ranged in age from 17 to 32 years and were predominantly white, unmarried (57%) with unplanned pregnancies (87%). Oakland Family Services provided social support and information regarding pregnancy, early childcare, and development during home visits. The control groups were only seen during assessment visits. Prenatal and neonatal (NBAS) assessments, perceived life stress assessment, interviews, developmental tests, the HOME (13 months), and Q-set Attachment
Ratings (14 months) were administrated. Findings indicated no significant differences between experimentals and controls in terms of maternal demographic, social support, or personality characteristics. Social support did not influence the quality of stimulation provided by the mother or affect the play measures. Infants of mothers in the experimental group were rated more securely attached than controls on the attachments ratings measures. This study provides evidence regarding the effect of maternal social support on the development of secure attachment. For the mothers in this study, who probably experienced more stress and less support than other studies, support may be necessary to promote secure attachment due to the isolation and number of stressful events occurring in their lives (Jacobson & Frye, 1991).

This study (Jacobson & Frye, 1991) provides evidence of a relationship between social support and attachment in an at-risk sample. In this sample, the need for more interventions may be present in the experimental and control groups. More information on the experimental use of the Q-sets would be useful. More contextual detail and information on the families and the quality of the attachments through more in-depth descriptions of the attachments also would be useful.

Life Stress, Support, and Attachment Security

Nakagawa, Teti, and Lamb (1992) studied the effects of life stress and
support on parenting and attachment security among 53 Japanese mothers and their preschoolers living temporarily in the United States. The families were upper-middle class and the children ranged in age from 15-58 months. The methods included completing demographic, ecological, life experience, marital harmony, and social interaction questionnaires, a home visit, and a two-hour observation of the child and mother. The 90-item Attachment Q-Set was used to assess attachment by the researchers after the visit (Nakagawa et al., 1992).

The results of this study (Nakagawa et al., 1992) indicated that mothers who lived in the United States for 6 months or less reported more major life events and lower social support scores than mothers who lived in United States for more than six months. It appeared that the quality of social support improved perceptions of parental well-being among mothers experiencing high levels of stress when support was high but was not associated with perceptions of well-being or stress when stress was low. Social support may buffer the effects of life stress on the perceived stressfulness of parenthood. Social support was negatively related to attachment security. The more satisfied mothers were with their support, the less secure their children appeared to be.

This study (Nakagawa et al., 1992) was one of the first to examine the context of social-ecological variables in the Japanese mother-child relationship. Cultural differences in family structure and other variables may influence the
findings. Further cross-cultural research is needed. Cross-cultural studies and comparisons would add to the knowledge of cultural differences in attachment relationships and sources of support and may have implications for this cross-cultural study.

The Role of Culture and Parent-Child Bonds

In determining contextual factors that affect patterns of attachment, culture is an important mediator of behaviors. The universality of attachment does not mean that it is not sensitive to culture-specific influences and differences with globally adaptive behavioral inclinations, depending on the cultural niche (van IJzendoorn & Sagi, 1999). Most cross-cultural studies use Bowlby’s conceptualization and Ainsworth’s operationalization of attachment and apply them to various non-Western cultures (van IJzendoorn & Sagi, 1999). In this study, the multicultural perspectives of the parent are being used to provide more contextual detail about parent-child bonds and family and social support.

Some methods may be ethnocentric and not be transferable to different cultures and contexts. There is a need for culturally sensitive methods that provide contextual information and explore the role of culture in the development of attachment relationships. Cultural variations and meanings affect the dynamic interactive process of socialization and child rearing practices.
(Nugent, 1994; Richman et al., 1992; Rogoff et al., 1991; Tronick et al., 1992; Valsiner, 1989; van IJzendoorn & Sagi, 1999). To understand the development of the individual, it is necessary to understand the social and cultural contexts that are shared by the members of socioecological contexts (Berk & Winsler, 1995; Valsiner, 1989). Qualitative research methods provide an approach to explore, explain, and interpret cultural contexts, meanings, and understandings of individual lived experience within cultural contexts (Marshall & Rossman, 1999).

Ainsworth’s early study of attachment took place in Uganda and described the development of attachment in a multiple-caregiver context in a naturalistic study in the homes of the children. However, the development of the Strange Situation Paradigm shifted the study of attachment to the laboratory and not the natural settings and contexts of children’s lives. Cross-cultural studies reviewed by van IJzendoorn and Sagi (1999) provide evidence of attachment in a network of multiple caregivers (van IJzendoorn & Sagi, 1999). An analysis and integration of attachment research suggests a balance between universal trends and contextual determinants with the three basic attachment patterns (avoidant, secure, and ambivalent) found in every culture in which attachment studies were conducted (van IJzendoorn & Sagi, 1999).

In most cultural studies examined by Van IJzendoorn and Sagi (1999), children develop attachments in a network, with several attachment figures.
Universally, parents across cultures were found to prefer secure children. Most of the cross-cultural studies reviewed were small-scale, in-depth observational studies combined with a longitudinal component. Both an “etic” (theories and assessments) and an “emic” (cultural, social and behavioral approaches) were used in the cross-cultural studies reviewed. These approaches, according to Van IJzendoorn and Sagi (1999), provided high validity.

Contextual Determinants and Attachment Security

Contextual determinants within a culture may affect the security of attachment. In a study of 100 Irish urban infants and mothers (part of the Dublin Child Development Study), the distribution of infant-mother attachment in a sample of predominantly working class families was established (Wieczorek-Deering et al., 1991). Three main attachment groups were identified with 80% of the infants classified as secure (B), 15% as insecure-avoidant (A), and 5% as insecure-resistant (5%). No difference in attachment security was found in family demographics, socioeconomic status, or educational level (Wieczorek-Deering et al., 1991).

Women who suffered parental loss during childhood had more insecurely attached infants (46.2%) and single mothers were more likely to have insecurely attached infants. Maternal confidence tended to be significantly related to attachment quality. The fathers’ support was also a factor in secure attachments.
This study-replicated findings of other studies in Western Europe that insecure-avoidant (A) pattern tends to be more frequent than insecure-resistant (C) pattern of attachment. The number of secure attachments (80%) in the predominantly lower socioeconomic sample with 38% single mothers was considered high. Possible explanations for the high rate of secure attachment included: the ameliorating effect of social network contact within the Irish context acting as a buffer to stress, the relationship between social network contact and attachment quality, and other supportive factors within the Irish culture (Wieczorek-Deering et al., 1991).

This study used multiple methods and a diverse Irish population of married, single, and lower socioeconomic families. This group exhibited a high percentage of secure attachments. What contextual factors in the Irish culture contribute to this? Through an in-depth qualitative research study, parents’ experiences and perceptions can be explored.

The Role of Protective Factors and Parent-Child Bonds

Family and social support may provide protective factors for children and families that help to support their parent-child bonds. Access to family support programs and services may help to buffer stress and provide coping strategies to deal with risk factors. In addition, protective factors may help the child and family cope with risk and adversity.
Multiple factors may influence the course of the parent-child relationship. Good nutrition, health care, adequate housing, a safe neighborhood, social support, family support, access to services, and education may provide protective factors for the child and the family. Individual development is affected by protective factors and risk factors and the contexts and interactions that take place between them.

Bronfenbrenner (1979) provides a model to view development as a "progressive, mutual accommodation between an active, growing human being and the changing properties of the immediate settings in which the developing person lives, as this process is affected by relations between these settings, and by the larger contexts in which the settings are embedded" (p. 21).

Protective factors are those dispositional attributes, environmental conditions, biological predispositions, and positive events that reduce the risk of maladaptive outcomes under conditions of risk (Garmezy, Masten, & Tellegen, 1984; Greenberg, 1999). Development is regarded as a process in which cognitive-affective and biological factors in the individual, and distal and proximal factors in the environment, are involved in a constant, reciprocal interaction (Magnusson & Bergman, 1988).

Factors such as characteristics of the child, the quality of the child’s relationships, and broader ecological factors such as high-quality schools, safe
neighborhoods, and secure attachments may be protective factors for the child (Carlson & Sroufe, 1995; Greenberg, 1999). A protective factor may interact with the risk factor to buffer its effect, may disrupt risk, or may prevent the risk factor from occurring (Greenberg, 1999). Buffering or neutralizing factors that encourage stress reduction, such as supportive social networks, positive life events, intelligence, degree of engagement, good peer relations, and family cohesion and stability, all play a role in facilitating adaptation to stress and may be protective factors (Garmezy, 1988).

In findings from the longitudinal Parent-Child Project, Egeland and Erickson (1999) found that secure attachment serves as a protective factor for children whose families have experienced high levels of stressful life events and may serve as a protective factor against the negative impact of various adversities and risk factors (Egeland & Erikson, 1999).

In the Kauai Longitudinal Study of 698 high-risk and resilient children, certain protective factors seemed to have a more general effect on adaptation than specific risk factors (Werner, 1989). The three types of protective factors that emerged were dispositional attributes of the individual, such as sociability, intelligence, language and reading skills, and an internal locus of control; affectional ties within the family that provide emotional support in times of stress; and external support systems that reward the individual’s competencies
and determination and a belief system to live by. The data in this study indicated that the relative impact of risk and protective factors changed at various life phases (Werner, 1989). This study provides some insight into the protective factors for resilient children that can ameliorate or buffer responses to stressful life events. Family and social support and affectional ties may provide protective factors that enhance and support parent-child bonds. This study further explores these relationships.

Risk factors are those dispositional attributes, environmental conditions, biological predispositions, and negative life events that increase the risk of maladaptive outcomes (Garmezy et al., 1984; Greenberg, 1999). Development is complex and it is unlikely that there is one cause of maladaptive outcomes or disorders (Greenberg, 1999). A model for conceptualizing risk factors describes, “four general risk domains include child characteristics (temperament, biological vulnerability, neurocognitive function); quality of early attachment relationships; parental management/socialization strategies; and family ecology (family life stress and trauma, family instrumental resources, intra- and extra-familial social support)” (Greenberg, 1999). With the intersection of two, three, or four risk factors, there is increasing probability of later problems. Different combinations of different risk factors may lead to different disorders (1999).
In a sample of 103 urban, low-income mothers and their one-year-old infants participating in a longitudinal investigation of vulnerability and resilience found that maternal behavior and maternal and ecological risk factors explain higher rates of insecure infant-mother attachments. Adolescent parenting, perceptions of low social support, low educational attainment, maternal defensiveness and/or “insensitive” maternal behavior (hostile, unavailable or intrusive/controlling) were all associated with insecure attachment (Vondra et al., 1999).

The quality of the parent-child relationship, and the type of parenting the child receives impacts attachment patterns. Child maltreatment, including abuse and neglect, can impact attachment patterns and later aggressive, hostile behaviors and may result in anxious attachments (Crittenden, 1992; Lyons-Ruth et al., 1993).

Egeland and Erickson (1999) found that multiple factors came together to influence the parent-child relationship in the Parent-Child Project, a longitudinal study of high-risk women enrolled in 1975 while pregnant with their first child. Personal factors such as a history of abuse and neglect, adolescent issues of autonomy and identity, anxiety, depression, and antisocial personality often combined with economic stress, chaotic home environments, family conflict, and a lack of social support, increasing the likelihood of problems in the parent-child
relationship (Egeland & Erikson, 1999). Many of the mothers were from a poverty background, young with a low level of education and had experienced significant stressful life events, including a high incidence of family conflict, substance abuse, and frequent moves (1999). Three critical variables that distinguished mothers who broke the cycle of maltreatment from those that did not was the availability of emotional support, the mother’s relationship with a husband/boyfriend, and involvement in long-term, intensive psychotherapy (1999).

Families living in poverty often have multiple risk factors. Secure parent-child bonds and appropriate attachment behaviors to support secure attachments are at risk in these families. Compounded risk factors may put the development of healthy attachments at risk. Family abuse, neglect, social isolation, drug abuse, foster care, poverty, mental illness, malnutrition, maltreatment, homelessness, high risk neighborhoods, abuse, neglect, violence, anxiety, adolescent parenting, depression, economic stress, and a lack of social support can be risk factors that adversely affect the development of secure attachment (Bartlett, 1996; Belsky & Isabella, 1988; Bombardier, 1997; Crittenden, 1988; Crittenden & Bonvillian, 1984; Egeland et al., 1988; Egeland & Sroufe, 1981; Garbarino & Kostelny, 1993; Garbarino & Sherman, 1980; Gelles, 1989). Within high-risk groups, family and social support may provide protective factors to the
risk factors found (Laucht, Esser, & Schmidt, 1997). Families in high-risk neighborhoods, particularly single parents, may have a greater need for social support programs to reduce the risk of child abuse. Families at risk may require comprehensive interventions that are flexible in addressing the unique needs of each family (Egeland & Erickson, 1999). Parents who receive support may feel less parenting stress and exhibit more supportive affective behaviors (Hashima & Amato, 1994). There is a need for more research to understand individual differences in responses to contexts of poverty and to understand the effects of interventions to alleviate the effects of poverty (Huston, McLoyd, & Garcia Coll, 1994). Family and social support programs may provide at risk families with interventions that may provide protective factors and alleviate risk factors and benefit parent-child bonds.

More in-depth contextual data would add to our understanding of risk factors, protective factors, family social support programs and how they may affect parent-child bonds. In families at risk, secure attachments can be at risk due to ecological risk factors. Protective factors such as family and social support may play an important role in the development of secure attachments. Further contextual research is needed. This study adds the perspectives of families living within socioecological contexts that are lacking in the literature.
Conclusion

The research reviewed includes a variety of studies examining social support and family support and the development of attachment, attachment behaviors, maternal behaviors, maternal sensitivity, and other determinants of parent-child bonds. Some of the studies are long-term or short-term interventions. Other studies are exploratory in nature.

Associations and links between social support and infant-parent bonds are complex. Distinctions between risk factors and protective factors, affectional and nonaffectional bonds, coping resources and life stress, personality and emotional well-being, quality of parenting and family history, all shape the parent’s behaviors toward the child and the security of bonds. There is a need for more research, particularly research that will add to our understanding of relationships between parents and children in context.

The research has indicated that secure attachment relationships may be a protective factor for at-risk children. There is a need for more detailed contextual research exploring the relationships between family and social support and the development of parent-child bonds, particularly in highly stressed families. The mother-child relationship is an important relationship for most children, but children maintain important relationships with others including fathers, grandparents, and caregivers. Early relationships have an important role in the
child’s socialization within the cultural niche (National Research Council, Medicine, 2000). We do not know what parents’ perspectives are on what works for them, what does not work for them, and their relationships with their children. Studies of highly stressed families should include families with more than one child, adolescent mothers, single parents, low-income families, families with irritable infants, families with low-birth weight infants, and families with special-needs children. Their voices are not heard in the literature. Further exploration of what their voices can tell us about their perspectives on relationships between family and social support and parent-child bonds is needed. We know very little from the literature about the parents’ views. Their voices and insight would add to our understanding of the meanings of parent-child bonds and family and social support. Further exploration of how the cultural context affects child-rearing practices, mediates risk and protective factors and supports parents in their relationships with their children is needed. The research available does not provide us with an in-depth view of families’ experiences.

Some of the studies examined diverse samples; most did not. Most of the studies involve white, married, and middle-class samples. The need for more research that includes diverse samples is evident by the limited research in these areas. Cross-cultural studies enrich our understanding of the cultural variations
in development. There are limited studies focusing on the meanings of family and social support to families and its relationship to parent-child bonds. Our knowledge about social support and parent-child relationships in cross-cultural samples is very sparse. Studies examining the connections between family and social support and parent-child bonds in different cultural contexts are non-existent.

Research with cultural credibility is needed. Cultural credibility requires diverse samples within the cultural context, observations in the natural environment, interviews, and other methods that provide trustworthiness and dependability. What role does culture play in the experiences of families in family and social support programs? How do cultural differences shape what goes on? How does the context of national policy play out at the program level? These topics are explored in this study. They provide us with the insights and perspectives of the participants.

Our knowledge of family and social support and parent-child bonds and relationships is enriched by the wealth of the research in the literature. Our knowledge is limited by the credibility and transferability of the current literature to different cultural contexts. The role of the participants in most research designs is limited. More qualitative research design would provide us with more contextual detail and information about the socio-environmental
factors that affect individual families. More naturalistic research methods with more culturally diverse samples would add to the knowledge of the contextual factors affecting family and social support and its relationship to parent-child bonds. This study explores what these relationships are and what they mean to the families within the contexts of two family support programs.

The literature defines attachment, attachment relationships, and attachment behaviors. What are the parents' perspectives? Are these universal concepts with meaning to families? This exploration of the relationships between family/social support and parent-child bonds from the perspectives of parents in two cultural contexts provided the etic and emic views of what went on and illuminated the relationships and meanings in the two cultural contexts.
CHAPTER III

RESEARCH DESIGN AND METHODS

Overall Approach and Rationale

This research is designed as a qualitative case study of ten participants in two family support programs, one in the United States and one in Ireland. The case study approach allowed me to more fully explore the relationships between family and social support and parent-child bonds through the use of interviews, observations, surveys, videotaping, maps, and documents. The research took place in naturalistic settings within family support programs: the Family Center, in Bridgeton, Connecticut, United States and the Visiting Mothers’ Programme in Ballydalkin, Dublin, Ireland.

Setting

The setting of the study is in family support programs in a large industrial city in the United States in Connecticut and in a large city in Dublin County, Ireland. The site in Connecticut is one in which I have an ongoing relationship with the participants as a consultant. My involvement and observations of the Connecticut program led me to this study. I developed hunches about the relationship between family and social support and parent-child bonds through my work and through initial studies that I conducted there.
Timeline

I began this study in September 2001 and completed final member checks in March of 2003. The research data were gathered over a period of 15 months with site visits to each setting every few months to gather data and accomplish member checks (Appendix B). This enabled me to establish trust and long-term relationships with the participants. I explored and observed their understandings and their meanings through their words, their interactions, their descriptions, their body language and their reactions. I developed relationships with the participants and their children. I used multiple methods that were interactive and humanistic, emergent, and fundamentally interpretive.

As a researcher in this study, I view social phenomena holistically. I systematically reflected on my role in the study, with sensitivity to my personal biography and its effect on the study. To do this I utilized complex reasoning that is multifaceted and iterative through the multiple methods that allowed me to go back and explore, question, and affirm the individual meanings of the participants (Rossman & Rallis, 1999).

Case Study

I used the genre of the case study in the research design. The case study genre allowed me to explore the research questions in a comprehensive fashion. This design employs open-ended techniques, which are emergent, holistic, and
exploratory (Rossman & Rallis, 1998). The case study design begins research in
the natural setting and includes historical and organizational contexts, using
multiple data collection methods (Marshall & Rossman, 1999). It provides a
research design that fits the complexities of the design, to explore the
relationship between family and social support embedded in the two cultural
contexts of family support programs in the Bridgeton and Ballydalkin, focusing
on these two particular groups of participants. I use descriptive and heuristic
methods to explore, illustrate and illuminate relationships and meanings
(Marshall & Rossman, 1999; Merriam, 1998). Case studies provide a design that
focuses on the individual lived experience within a cultural context. The study is
bounded by the design with two groups of families with young children
participating in two family support programs. It provides depth and breadth in
data collection that provides detail and leads to an understanding of the groups
under study (Merriam, 1998).

Using the case study genre, I was able to explore and uncover the
interaction of significant factors characteristic of the phenomenon of families
participating in a family support program. Through this study, I gained a
greater understanding of the relationships between family and social support
and parent-child attachment in the participating families. The data that I
gathered helped to describe, illustrate, and provide detail on individual lived
experiences within the two cultural contexts. Through the multiple methods of interviews, observations, and document and artifact analyses, I explored what is known about the phenomenon of the relationship of family and social support and parent-child bonds. Due to the research definition of attachment, the word “bonds”, which is less culturally defined, is frequently used in my questions with participants. These questions informed my study. Do families raise children the way that their parents did? What is the role of family and social support in the behaviors of the parents and the behaviors of the children? What are the roles of parents, partners, friends, and families on parent behaviors and parent-child bonds?

Consistent with the case study genre, I conducted research in naturalistic settings where families spend time with their children. I explored the multicultural participants’ perspectives on the relationship between family and social support and parent-child bonds. The multicultural participants include American families of diverse cultural backgrounds including African-American, Puerto Rican, Native American, Latino/a ethnicity in the United States and Irish families in Ireland. This study is limited to families with young children participating in a family support program in the two cultural contexts. The case study genre provides overall strategies which include “immersion in the setting and rests on both the researcher’s and the participants’ worldview” (Marshall &
Rossman, 1999, p.61). Using multiple methods allows me to be flexible and to take advantage of the open-ended, emergent, holistic, and exploratory perspectives that are inherent in the case study method.

The process of doing this study was emergent and reflective. Throughout the process of the research, I constantly rethought my assumptions. The phenomenon of reflexivity, the sensitivity and interplay between simultaneous awareness of self and others in the study were an important process and issue (Rossman & Rallis, 1998). It required me to give careful consideration to my relationship with the participants and to the decisions that I made. In the United States, I have a professional relationship with participants. In Ireland, I felt a strong cultural link to the country. These relationships and feelings affected the conduct of my study. Participants also had relationships and feelings that they brought into the study. I always tried to "be aware of and vigilant about the baggage we carry into the inquiry" (Rossman & Rallis, 1998, p. 40). I was open to the views and perspectives of others.

In the search for truths, I actively involved the participants in the study. I shared my interpretations of emergent findings with participants through member checks on a regular basis. I gathered data over a period of one year, and triangulated the data by drawing from different sources, including the parents, families, staff, surveys, observations, videotapes, conversations, artifacts, and
documents. I used different methods including individual interviews, focus
groups, discussions, observations, family support maps, surveys, and the
parents’ written descriptions of their interactions and relationships. The research
study emerged with the participants as an active part of the dynamic process that
evolved. I consulted with the parents and staff on how to document information.
By encouraging their input into the study, I demonstrated that it was a
participatory process that valued and respected their knowledge and
participation.

The study affected and changed our dynamics together. It increased our
awareness of family and social support and parent-child attachment and
attachment behaviors. Observations may have changed the natural flow of
interactions and bonding behaviors. Perhaps, the participants changed or
modified their interactions and behaviors because I observed them. For some
participants, this may have meant moving away from me, for others, this may
have meant an exaggerated interaction with their child. Multiple, naturalistic
observations of parent-child interactions in the setting over an extended period
of time were designed to provide a representative sample of parent-child
interactions. My ongoing relationships with the participants provided them with
more comfort as they got to know and trust me, thereby encouraging more
natural observations.
Parents and children welcomed me into their lives in their homes, at the Family Center, and in their playgroups. My repeated visits over an extended period of time created a sense of trust, familiarity and warmth with the mothers, children, and staff. In Ireland, I spent extended, intensive periods of one to two weeks every few months getting to know the families in their homes and in the playgroup over a period of 15 months. My contacts with participants in the United States were on a regular weekly basis due to my work at the center with intensive periods for interviewing and member checks every few months over the course of a year.

Due to the fact that I conducted the study with multiple methods and over an extended period of time in two different cultural contexts, I had the opportunity to observe and interview participants over time. I made decisions and choices based on the emerging processes of inquiry. I looked again, asked again, probed further, and found out what I needed to conduct the study. I saw new and different interactions. I developed a more in-depth understanding of what I was doing, of what the participants said and did, and of how we interacted together. We built knowledge and understanding of ourselves and of the relationship between family and social support and parent-child attachment as a part of this empirical process. Qualitative research is "rooted in
empiricism;...knowledge is obtainable only by direct experience with the physical senses” (Rossman & Rallis, 1998, p.6).

The questions, responses, observations and interactions that took place during the process of research shaped the research design, the content and the questions. The individual and group understandings of the subject and questions affected the responses and progression of the study. Cultural understandings and meanings were significant both in the asking of questions and the responses given. For this reason, the design format was semi-structured, open-ended, and culturally sensitive. Open-ended questions were an important part of the research design. They encouraged and facilitated the open detailed responses of the participants. The involvement of the participants in developing and understanding the questions and research design was an essential and integral part of the research design. Parents and staff had an active, participatory role in developing the questions and direction of the study.

This study provided an opportunity to discuss, observe, and to explore the relationship of family and social support and parent-child bonds through triangulation, the use of multiple methods to confirm the emerging findings (Merriam, 1998). The methods included focus groups (Appendix C&D) in each setting which allowed the participants the opportunity to discuss and reflect on the meanings of family and social support and parent-child bonds; the in-depth
interviews of all participants including parents and staff, which provided data on their perspectives on family and social support and parent-child bonds; the observations of parent/caregiver-child interactions which provided documentation of relationships; a Family and Social Support Survey (Appendix E) which provided information about social support and social networks; A Map of the Child’s Bonds (Appendix F) which provided information about the size and nature of the children’s bonds; and a Description of Parent-Child Relationships and Play (Appendix G) which provided the parents’ written description of their relationships with their children, and document and artifact analysis which provided additional descriptive information related to the study.

“Mixing methods can enhance the research purposes of corroborating, elaborating, developing or initiating understandings of social phenomena” (Rossman & Wilson, 1994). The mixed methods included focus group interviews, in-depth interviewing, personal history, observations of parent-child interactions, the collection and study of documents and artifacts, participants’ written descriptions of parent-child video recording of parent-child interactions, and mapping of family and social support. This research design required multiple sources and methodologies in order to understand and make meaning of the complex relationships between family and social support and parent-child bonds. “The results of one method may shape the strategies of other
methods”, according to Rossman and Wilson (1994, p.323). In this process, “one method may lead to new thinking and suggest alternative ways to pose research questions and challenge the original conceptual framework of the study” (Rossman & Wilson, 1994, p. 323).

This study incorporated a participatory and collaborative mode of research that involved participant’s input in the design of the study. The focus group questions were developed with participants in Bridgeton. The surveys and forms were developed after initial interviews and some knowledge of the participants was known. Flexibility and responsiveness to the sensitivities of the participants was crucial in the design of the study. Participant responses, concerns, questions, and reflections were an important part of the research design. Interview questions evolved in the process. One question led to a response, which led to a new question, or a reflection that led to a new path of inquiry, a new understanding, or new knowledge. This process of reflective thinking and reflexivity helped to make the research an exciting and dynamic process. The participants helped to shape the design of the study.

In talking with parents participating in a family support program about my proposal, parents suggested that I explore the family and cultural backgrounds of the participants. They also suggested that I discover whether families raised their children the same way that their parents did in order to
explore the effects of family and social support. I incorporated these ideas into the study. I explored families' histories and cultural backgrounds in the study. I was interested in exploring the relationships between family and social support and parent-child bonds. In order to explore these relationships and stories, I needed to understand the experiences and the meanings that the families participating in the family support program make of their experiences (Seidman, 1998).

Methods

The following methods were employed in this study to understand the experiences and the meanings of the participants. The study began with focus group in each setting and was followed by an individual in-depth interview and observations.

Focus Groups

Focus group interviewing provided an opportunity for participants to listen to the opinions of others and understand and clarify their own opinions (Rossman & Rallis, 1998). Through focus group interviewing, understandings and meanings of parent-child bonds and family and social support were discussed. A focus group interview, initiated the study, providing opportunities for the parent participants to listen to others' opinions and understand and
clarify their own opinions at the beginning of the study. This led to a more in-depth understanding of the research study. Individual interviews followed.

**Individual In-Depth Interviews**

Following the focus group, an individual in-depth interview took place with each participant. In Ballydalkin, the first interview took place during the first week of data gathering. A second individual in-depth interview took place with each participant during the second round of data gathering. In-depth interview in the phenomenological tradition was an important part of my case study. It provided me with the opportunity to hear and present the stories, the cultural meanings and understandings of the families participating in the study. One individual in-depth interview took place with staff in each program including the program director and coordinator, employed staff members, and volunteer Visiting Mothers. According to Seidman, “interviewing provides access to the context of people’s behavior and thereby provides a way for researchers to understand the meaning of that behavior. A basic assumption in in-depth interviewing research is that the meaning people make of their experience affects the way they carry out that experience” (Seidman, 1998, p. 4).

**Observations**

Observations of parent-child interactions in the natural settings of the Family Center, the playgroups, and the homes of the participants provided me
with the opportunity to observe the families in actions and words. Observations of parent-child, parents, and parent-staff-child interactions in these settings provided the opportunity to triangulate emerging findings, to substantiate findings in the interviews, to record behavior first-hand, and to provide knowledge of the context (Merriam, 1998). They helped me to make meaning and develop understanding of the relationship between family and social support and parent-child bonds.

**Video Recording and Reflection**

With the agreement of parents, a video recording of parent-child interactions was made and viewed with the parent. This provided an opportunity for the parents to view and reflect on their meanings and understandings of the interaction. The video recording of parent-child interactions provided the opportunity to discuss with parents their reflections on the interaction and any meaning it had related to parent-child bonds. Participants’ perspectives unfolded in the process (Rossman & Rallis, 1998). The participants who agreed to being videotaped described their interactions with their children. They were able to step back and reflect on what they saw. This created another layer of understanding for the participants and for me. They provided me with their reflections. These reflections included an increased awareness of closeness and connectedness between parent and child, eye contact,
touching, reciprocity in actions, gazes, and facial expressions. There was an unfolding of awareness about the relationship upon viewing the videotape that was not evident in the interviews. This provided another opportunity to co-construct meaning, a tool to enhance and interpret. Film documents nonverbal behavior and communication and provides a tool for discovery and validation and empowerment (Marshall & Rossman, 1999). Some families did not feel comfortable being videotaped. Four families in Ireland and three in the United States were videotaped.

Family and Social Support Survey

Each participant completed a Family and Social Support Survey (Appendix E) that I developed based upon the parents' responses and a review of family and social support surveys used in the literature review. The participants used qualitative descriptions for the quality of relationship and satisfaction with social support after the first individual interview. At the time of the second individual interview, a second Family and Social Support Survey with a Lickert scale from one to five was added to further define and elaborate the descriptions of the participants for quality of relationship and satisfaction with social support.
Map of the Child’s Bonds

Each participant completed a Map of the Child’s Bonds (Appendix F). The map detailed the child’s bonds as (1) Very Strong Close Bonds; (2) Close Bonds; (3) Warm Bonds; and (4) Casual Bonds. This map provided information about the size and nature of the child’s bonds.

Description of Parent-Child Relationships and Play

I developed a form, the Description of Parent-Child Relationships and Play (Appendix G) for the participants to write down their descriptions of their relationships with their children and their play. It was my goal to explore parent-child relationships in-depth. I wanted parents to have many opportunities to express their perspectives on their bonds with their children. I also wanted to explore some of the issues in the attachment literature including exploration, closeness, comforting, sensitivity, responsiveness, independence, and coping with separation and stress from the perspectives of the participants. This method increased opportunities for the participants to reflect, discuss, and ask questions about meanings and understandings. This method added a layer of depth and substance. It provided written documentation of the parent-child relationship added to the methods of interviews, observations, and videotaping. In checking their descriptions during member checks, participants often added to the descriptions.
Document and Artifact Analysis

In each setting, I examined documents and artifacts relevant to the programs. These documents and artifacts included in-take forms, monthly reports, information forms, information sheets, research reports, annual reports, government studies and reports, journal articles, and other documents and artifacts. These provided background, information, and history of the programs and settings.

The methods of data collection helped me to “capture the actions, words, and artifacts that helped me to scrutinize-data...to produce new knowledge about the social phenomena” (Rossman & Rallis, 1998). In addition, there were opportunities to explore the relationship between the individual family’s cultural background and history of family support and their participation in an organized, formal family and social support program through interviews and discussions with the families participating.

In my quest to build logical connections between words and actions, I sought the input of member checks, critical friends, and others who helped me to understand and interpret the data. The use of field notes, research memos, and other methods also aided me in making meaning of the data. “Knowledge is iterative, it builds on itself” (Rallis & Rossman, 2000, p.84). In seeking meaning, one discovery led to other discoveries. “Dialogic inquiry is grounded in the
epistemologic assumption that truth-or knowledge-is not a given: it is constructed through the learning of individuals and groups” (Rallis & Rossman, 2000, p.84).

As a case study researcher, I sought to understand the emic (insiders’) and the etic (outsiders’) perspectives of the families participating in the study (Rossman & Rallis, 1998). “The case study design is employed to gain an in-depth understanding of the situation and meaning for those involved”, according to Merriam (1998, p.19). In this research design, I explored the relationship between family and social support and parent-child bonds from the perspectives of families in two cultural contexts. It is important that I carefully and thoughtfully interpreted the meanings of words, actions, and understandings in the two cultural contexts. As an outsider in a cross-cultural study, I needed to gain assistance from others more familiar with cultural expectations, interactions, and language differences. I pursued this knowledge through discussions with participants, staff, peers, colleagues, and relatives.

My understandings are affected by my personal biography and culture. As a part of my design, I further explored my personal history and biography and interest in the research topic. Through discussions and interviews with family members in the United States and Ireland, I explored my own cultural context and the cultural understandings and meanings that I brought to the
research study. This enhanced my connectedness with the cultural contexts within the study.

In this study, I needed to be reflexive, to incorporate the etic and the emic perspectives and the interplay between them (Rossman & Rallis, 1998). I used introspection and reflection, recorded data systematically using observation notes, field notes, memos, member checks, and triangulation to understand cultural meanings and cues (1998).

Due to the cultural contexts and the nature of the study, there are ethnographic aspects that needed to be taken in account. I explored both the cultural contexts of the two settings and the cultural differences that shaped what was going on in each setting. In the lives of the participants' families, I explored how culture and cultural context shape the meanings of parent-child bonds and family support and the relationship between family and social support and parent-child bonds. Through an exploration of artifacts, documents, national policies, and funding, the context of national policy and its effect on family and social support was compared through its impact on the families. In each setting observations and data collection were made that reflected how policy and cultural context play out in the experiences of the families on the program level. These explorations included documents, artifacts and interviews with parents, staff, and administrators.
Trustworthiness

Through the use of multiple methods and over an extended period of time, the data were analyzed and triangulated for recurring themes and patterns, and led to understanding cultural meanings and cues in the data (Rossman & Rallis, 1998). The trustworthiness of the data is enhanced by the use of multiple methods over an extended period of time. A continual process of keeping field notes, running records, member checks, a critical friend, research and analytic memos aided in the analysis and interpretation of the data (1998). Triangulation, the use of multiple methods and multiple informants, adds to the standards of trustworthiness. Data analysis is part of the ongoing research design. I systematically recorded the data and make comments about it, consulted the participants (member checks) and others for interpretations and cultural meanings, and shared the emergent data with a critical friend. Through field notes, research and analytic memos, running records, observer comments and reactions, questions, analytic insights, summaries, and other methods, I modified the design as needed (Rossman & Rallis, 1998).

Participant involvement in the process of research design and methodology and data collection through member checks and input enhanced the trustworthiness of the study. Reciprocity, honesty, trust, and respect for each participant in the study added to the trustworthiness. The use of informed
consent that states the purpose of the study and the use of the findings and confidentiality of all the data added to the ethical conduct of the study and trustworthiness.

Access

I made initial contacts with key individuals at both sites, requesting and receiving access. The site in Connecticut, a family support program, and the site in Ireland were both confirmed by the spring and summer of 2001. My relationship with the program in Connecticut facilitated access to the participants and the program as a research site. The program director and the coordinator of the family center approved my proposal. It was up to the parents to decide whether to participate. Initially six parents agreed to join the study. Five families completed the study.

During my March 2001 trip to Dublin, I made contacts with faculty and staff at the Dublin Institute of Technology and Trinity College thanks to my advisor and dissertation chair, Kevin Nugent and his research contacts. Dorit Deering of the Dublin Institute of Technology (D.I.T.) faculty, a research colleague of my advisor, met with me and introduced me to faculty and staff at D.I.T. who are involved in family support research and evaluation. Sheila Greene, a friend and colleague of my advisor met with me and put me in contact with other faculty at Trinity with more knowledge and expertise in family
support. These contacts led me to phone contacts with several program directors and coordinators of family support programs in Ireland. People were open to the possibility of my conducting research, but further contact and relationships were needed and developed.

Access to the Irish site required contacts made in Ireland. Doors were opened to me through Kevin Nugent’s research contacts in Ireland. These contacts led to other contacts while I was in Ireland in March 2001. E-mails, letters, phone calls, two visits to Ireland and a follow-up visit to key individuals there were involved in gaining access. Initial contacts were made in March 2001. A followup visit in May 2001 to discuss research possibilities helped to finalize the site in Ireland. Permission from the area health board was required to gain access to the research site. The Visiting Mothers’ Programme is supported and administered by the area health board.

Background

The Family Center is a part of a social service program run by Catholic Charities in Connecticut. A soup kitchen is a major focus of the program. The Family Support Center started in response to the numbers of families with young children using the soup kitchen. “The goal of our Family Center is to nurture, support, value, and empower parents as the primary facilitators of their children’s physical, emotional, and intellectual development. Professional,
caring individuals work to build trust with each family that participates in our program. Our primary goal is to help the parents, most often single-parent mothers, to increase their parenting skills through modeling of appropriate interaction with the children as well as participation in traditional parent-child play groups” (Family Center Document).

The Family Support Center is open five days a week, from Monday to Friday, from 9:30 AM to 12:30 PM and provides breakfast and lunch for the families. The program is targeted for preschool children, from newborns to kindergarten students. The staff observe the children for any developmental delays, help the parents actively seek evaluations and services, act as advocates for the families, get to know each family, and help the families with whatever issues are currently affecting their quality of life. The staff empowers the families to be pro-active in working to make positive changes in their and their children’s lives (Family Center Document).

Family support services include breakfast and lunch, counseling, workshops, parent groups, parent-child activities, play groups, Healthy Families, Birth-to-Three programs, infant programs, job readiness group, substance abuse programs, a health clinic, and social services. The contexts of the lives of families participating in the program may include poverty, homelessness, mental challenges, mental illness, substance abuse, social isolation, social
disorganization, violence, and other risk factors that can affect the development of children. The Family Center is a neighborhood resource providing early childhood interventions and family support for children and their families at-risk.

I am an Early Childhood Consultant to the Family Center. I have access to the families and the staff. My relationship with the program began about five years ago. I began the research study in Family Center in early October 2001 with a focus group. Individual interviews followed.

During March 2001, I made a trip to Ireland to explore possible research sites. At that time, I made initial phone and e-mail contacts with key individuals in family and social support programs. I narrowed possible sites to conduct the study to two programs. Both programs provided family social support and playgroups for mothers and children. I met with key individuals at the end of May 2001 to further explore research possibilities and work out the logistics to conduct the study over the course of the next six months to a year. The Visiting Mothers’ Programme was a good match to conduct the research because families continued enrollment in the program for two years and the staff was very accommodating. Research began in October of 2001.

The Visiting Mothers’ Program is a parent support program, which combines monthly home visits by a trained neighborhood mother (visiting
mother) who provide monthly structured visits during the baby’s first two years, providing empathy and information in a non-directive way to foster parenting skills and the parents’ self-esteem (Visiting Mothers’ Programme, Annual Report 2001-2002). The Visiting Mothers use illustrated material to show alternatives available to parents in coping with various child-rearing problems. The Visiting Mothers’ Programme sponsors weekly Parent and Toddler playgroups in the local community center. The Visiting Mothers’ Programme uses experienced volunteer mothers in disadvantaged areas to give support and encouragement to first and second time parents in rearing their children using a child development program. “The Family Development Nurses who facilitate the programme have moved away from the biological model of health care, working for people, to a model which involves working with people. In fact the model is one of parent enablement and empowerment which encourages parents to learn to cope with difficulties they encounter in bringing up their children and to find their own solution to their problems” (Visiting Mothers’ Programme, Annual Report 2001-2002, p.5).

In the annual report evaluation of the program, 57% of parents were single parents, 33% were teenage parents, 28% of Programme mothers initiated breastfeeding, 96% of Programme parents started reading to their infants in the first year of life. There were no reported cases of child abuse. There were 809
families involved in the program, which included 69 Asylum seekers/Refugees and 73 Traveller parents. The Visiting Mothers' Programme is facilitated by the Area Health Board. It aims to develop the skills of parents of young children and build their self-development focusing on health care, nutritional development, and overall child development (Visiting Mothers' Programme Annual Report 2001-2002).

Access to the Irish program and participants began October 22, 2001. The families are Irish and live within a specific area/township of Ireland and participate in the Visiting Mothers' Programme.

Beginning the research study in Ireland a few weeks after September 11, 2001 proved to be a daunting task. I had some difficulty getting on a plane and felt a sense of post-traumatic stress when I first arrived in Ireland. The Irish participants quickly put me at ease and the study began with a focus group, individual interviews, and observations at the playgroup during the October 2001 week that I spent in Ireland. I was able to relax in Ireland and proceed with the study. Grainne Foley remarked to me that she thought I was suffering from post-traumatic stress disorder syndrome when I first arrived. I must admit that flying out of New York a month after 9/11 frayed my nerves. In Ireland, Grainne discussed her personal experiences in Northern Ireland with acts of violence. Her cultural response to the tragedy of September 11 was different from mine.
She emphasized the importance of getting on with life and not letting acts of terrorism keep you from life and living.

**Personal Biography**

My personal history and cultural background intensified my interest in conducting research in the United States and Ireland and influenced the methodology. As an Irish-American with dual citizenship in the United States and Ireland, I bring a personal history and interest in both settings. My cultural background and understandings have played an important role in guiding me to this research design and to conducting the study.

**Data Management**

Data management was an important and continual process throughout the research study. Attention to data management is particularly important in case studies, where there can be a tremendous amount of data and a range of data sources that may present disparate, incompatible, or contradictory information (Merriam, 1998).

A significant amount of data was collected and organized throughout the study. This data included transcripts of interviews, field notes, observations, documents and artifacts, logs, research memos, files, transcripts, audiotapes, and other data. The organization and management of the data was an important ongoing task. Reflective remarks, memos, and summaries of the data was
recorded and organized in a computer file. The creation of a confidential file box and file folders to store and code data facilitated the organization of the data. Interview audiotapes were labeled, transcribed and filed by date. Field notes were kept in a notebook that included research memos and observations. A master calendar recorded the schedule of interviews, observations, meetings, etc.

I kept notes in notebooks and computer files. Transcripts were organized in folders by participants' names and coded for confidentiality. File boxes were used to store and organize transcripts, documents, and artifacts. Portfolio folders were used to organize and carry transcripts to research sites. Tapes were copied and stored before transcriptions were completed. Data was saved on the computer and then backed up on disks.

Data Analysis

The case study format relies on historical and document analysis, interviewing, and observation (Marshall & Rossman, 1999). "Data analysis is the process of bringing order, structure, and interpretation to the mass of collected data" (Marshall & Rossman, 1999, p.150). Data collection and analysis often occur together. The organization of the data, the development of themes, categories, and patterns, the coding of the data, the testing of emergent understandings, the search for alternative explanations, and the writing of the study are the phases of the analysis of the data (Marshall & Rossman, 1999).
brought order and structure to this process by being methodical, keeping reflective notes after each interview, listening to the tapes and developing new questions and directions for the next interview or meeting, organizing the data, and recording emerging categories, patterns, and themes. I constantly compared what I knew with emerging data.

Triangulation of the data aided me in this process. Data collection and analysis was a simultaneous process; as I collected the data I began the process of analyzing it (Creswell, 1994). Analysis required multiple strategies to systematically organize the data, familiarize myself with it, generate categories, themes and patterns, code the data, and search for alternative explanations of the data (Rossman & Rallis, 1998). Throughout the process, I immersed myself in the data through the transcription of data, reflections, field notes, research memos, analytic memos, member checks, peer debriefing, a critical friend, the coding of data, and the organization of data into recurrent themes and categories. In this process, data reduction occurs in each phase of analysis (Rossman & Rallis, 1998). As new data developed, I compared it with existing data and searched for new and recurring categories, themes, and patterns. I color-coded and organized them on index cards and computer files.

Throughout the study, I involved the participants in member checks. These were ongoing discussions with the participants regarding interpretations
of participants' reality and meanings in the data and helped to ensure the truth and the value of the data (Creswell, 1994). Member checks involved participants in the process of emergent findings. Participatory modes of research involved the participants in most phases of the study (Creswell, 1994). Participants reviewed the transcripts and my interpretations of findings. I asked them questions, sometimes I asked for interpretations of words and phrases or meanings. I asked their permission to use the transcripts, findings and interpretations in my study. I took any data from the transcripts that they were not comfortable sharing. There was very little that they were not comfortable sharing in this study. I think that our relationship and the trust that we shared were responsible for this. This was a collaborative effort that included co-construction of the data.

A critical friend provided dialogue and feedback in the process of evaluating and making meaning of the data (Rallis & Rossman, 2000). Peer debriefing by center staff, colleagues, friends, and relatives provided feedback and insights into the data. Each setting with its unique social and cultural context has its own salient features and characteristics. Peer debriefers within each cultural context were important in the analysis to understanding cultural meanings and interpreting the data. In Ireland, I stayed with a Visiting Mothers' Programme family development nurse and her family, which facilitated frequent
discussions about the program, meanings, understandings, and interpretations of
the data. Frequent contact with the director of the program led to further
clarification and understanding. My long-term, open, trusting relationships with
the participants were key to my analysis, understanding, and interpretation of
the data. My research visits to Ireland took place every three months.

Themes

Through preliminary analysis of the data, I found many emergent themes. My
process of color coding passages in the transcripts and developing color-
coded index cards helped me categorize and organize the emergent themes. I
also checked research notes and memos for emerging themes and patterns.
These categories and themes included parent-child bonds, family and social
support, role models, relationships, self-esteem, self-confidence, trust, love, non-
judgmental support, closeness, guidance, play, interactions, isolation, depression,
communication, talking, options, culture, behaviors, interactions, stress, the
buffering of stress, reciprocity, access, support, relaxation, enjoyment, parenting,
learning, understanding, encouragement, tension reliever, parent identity and
needs. These categories and themes were explored in the study through the
interviews, conversations, and observations. Every participant’s understanding
of these themes is affected by the cultural context. For this reason, a focus on the
cultural meanings of these themes to individual participants was important for me to explore and understand within the cultural context.

Coding

The conceptual framework guides the coding of the data. Data were organized through the use of conceptual ordering, the organization of data based on specific properties and dimensions (Strauss & Corbin, 1998).

Microanalysis, the detailed line-by-line analysis of transcripts generates initial categories with properties and dimensions and suggests relationships among categories, according to Strauss and Corbin (1998). Open coding of the data aided in the search for identifying concepts, phenomena, properties, dimensions, and subcategories. Axial coding aided in “the process of relating categories to their subcategories termed ‘axial’ because coding occurs around the axis of a category, linking categories at the level of properties and dimensions” (Strauss & Corbin, 1998, p.123). Through the use of microanalysis, I generated initial categories searching line by line, using color-coding in the transcripts. I developed an index card system to organize the data and sort through the identified categories and concepts. I began to see relationships among the categories, the properties, and the dimensions in the data from the two settings. I was able to link the different categories. This process helped me in the initial coding of the interview data.
In this process of analyzing data, there are many strategies to reduce the data. The search for patterns led to the finding of main patterns that will help to clarify concepts (Miles & Huberman, 1994). The conceptual framework provides a guide, but the analysis of the data provided the findings. Through a constant comparative method of data analysis of reading transcripts, field notes, and memos, important aspects of the data were found (Merriam, 1998). Aspects of the data analysis were descriptive and contextual, while other aspects were constructed and interpretative (Miles & Huberman, 1994).

The case study genre lends itself to a variety of ways to interpret and present the data. Interpretations of the data were co-constructed by the participants and the researcher (Miles & Huberman, 1994).

"A case study design", according to Merriam, "is employed to gain an in-depth understanding of the situation and meaning for those involved. The interest is in process rather than outcomes, in context rather than a specific variable, in discovery rather than confirmation" (1998, p.19). This design and these methods of analysis helped me to find recurrent themes and patterns in the data. I searched for meanings as I systematically analyzed the data. They helped me in the process of “making sense of the data” (Merriam, 1998, p. 192). The data analysis led me to an unfolding of the emerging findings. All of the pieces of data were important to my findings. I needed to constantly compare and
analyze the data. It was through the triangulation of the data that I came to my findings.

Role of the Researcher

In my role as a researcher, I needed to consider issues that affect my relationships within the two cultural settings. As an early childhood consultant in one setting, I have a history of regular contact with the family center and its participants. This relationship with the staff and families can create “a problematic balance, a dialectic between being an insider, a participant in the world one studies, and an outsider, observing and reporting on that world” (Thorne, 1979, p. 216). The issues and conflicts inherent in each research situation are different. Specific issues and conflicts in one setting include a prior knowledge of the participants, subjective assumptions and bias based on prior knowledge and experience, objectivity in my dual roles as observer and participant, the “politics” (Punch, 1994, p.84) of my dual roles in the research study, and trust and confidentiality issues in my dual roles. My relationships with the participants and their relationships with me affect the study. It was important that I “be aware of and vigilant about the baggage that we carry into the inquiry” (Rossman & Rallis, 1998, p.40). It was important that I separate these roles when necessary. I needed to reflect on these dual roles and relationships.
In the Irish cultural context, I needed to be aware of any personal or professional bias due to cultural differences or misunderstandings. I needed to be sensitive to subtle cultural cues and language differences. I needed to be vigilant regarding my personal and professional biases and interpretations. As an Irish-American with strong connections and feelings about my Irish cultural background and beliefs, I had to be aware of their effect on my role in the study. It was important for me to ask questions about the meanings of words and interpretations of meanings and understandings. At times, I needed to ask questions about words, meanings, and pronunciations. I found cultural differences, but I also found a culture that was familiar to me. In the use of words, accents and phrases in Ireland, the voices of my grandparent, aunts, uncles, and cousins resonated with familiarity. I had to remember that Ireland is a dynamic, changing culture. It is no longer my grandmother’s Ireland. Many things have changed and are changing.

I began to hear and recognize the different accents in Ireland. People from different regions speak in different tones and use different phrases. I found myself adopting some of the phrases, words, accents, and tones of Irish family members. My language changed while in Ireland. I adopted phrases, intonations, and words. It was important for me to clarify and understand simple differences in language, language usage, and meaning within the cultural
context. Member checks, discussions and conversations with participants and relatives in Ireland were crucial in the process of understanding meanings and interpreting data.

It was important for me to establish and define my role as a researcher in each setting without bias.

**Ethical Considerations**

Accountability and responsibility in the research project included gaining the consent and participation of the participants, doing no harm, avoiding deception, and maintaining the privacy and confidentiality of the data (Punch, 1994). My access and acceptance in the world of the participants provided benefits and dilemmas. I hope that I gained the trust of the participants, and I hope that they opened up to me in ways that they would not without that trust. It is my responsibility to accept and respect that trust by being trustworthy and ethical in my research study. Their collaboration with me demands that I accept and respect the parameters of our relationships in the study and be respectful of the participants. “The use of “member checks” to share interpretations of emergent findings with participants may help to keep the research valid and honest” (Rossman & Rallis, 1998, p. 45).

Through the conduct of this study, I developed new sensitivities associated with ethically and professionally conducted research. My cognizance
of conflicting sensitivities and views developed as the study progressed. My perspective on how to conduct the study grew and changed. I was meticulous in documenting and recording, deliberate and conscious in process, and decisive in explicating and displaying decisions and actions so that others can understand how it was done and assess its adequacy (Rossman & Rallis, 1998). A log of my interviews and observations helped me process and clarify my feelings, beliefs, interests and bias. In my search for truth, I provided credible, trustworthy, and possibly transferable data that was gathered over time. By involving the participants in the research design, I found “participatory, shared, and purposeful engagement with the participants” (Rossman & Rallis, 1998, p. 52). This I hope led me to find truths, to be fair and equitable, and to maintain ethical standards of practice and integrity for acceptable and competent practice.

Due to my familiarity with the participants in one of the settings, I was very cognizant of any bias that I may have in either site. I was also vigilant in providing the participants’ perspectives in the study. I was careful to separate my preconceived ideas and definitions of family support and social support and parent-child bonds and relationships and the participants’ views in the study. I provided opportunities to explore, to generate knowledge, and to hear the voices of the participants in both cultural contexts without bias. The findings of this
study are exploratory and preliminary. They are limited by the duration of the study and the data collected.
CHAPTER IV

FINDINGS

Introduction

The goal of this study was to explore the relationships between family and social support and parent-child attachment with multicultural perspectives. This study included ten families participating in family support programs, five in the United States and five in Ireland. The findings of this study derive from the case study of their participation in family support programs. The study involves multiple sources of information including a focus group and two individual interviews with each participant, observations of parent-child interactions at home and in playgroups, family and social support surveys, maps of child bonds, descriptions of parent-child relationships and play, videotapes of parent-child interaction, interviews with program staff and providers, documents, and field notes.

These multiple sources provided me with the opportunities to discuss, observe, and explore the relationships and meanings of family and social support to parent-child attachment from the perspectives of the parents and to answer my research questions. The interviews with the parents were my primary source of data for the study. Names and places are changed to protect the privacy and confidentiality of the participants.
The Contexts of the Study

The Settings:

Bridgeton, United States

Ballydalkin, Ireland

Bridgeton is a large manufacturing and industrial city with a population of approximately, 140,000 people. Highways separate the major ethnic neighborhoods. It is a diverse city with a population predominantly identified as White (45%), Hispanic/Latino (31.9%), and Black/African American (30.8%), (U.S. Census Bureau, Census 2000).

Ballydalkin is located in the Republic of Ireland a part of the European Union. The Republic of Ireland has a population of 3,914,336 (Report from Central Statistics Office, 2002). Roman Catholics comprise 94% of the Irish population; Protestants comprise 4% of the population. Dublin is the largest city with a population of 920,956 (Report from Central Statistics Office, 2002). Ballydalkin is a part of the South Dublin County Council with a predominantly commercial, manufacturing, and professional services economic base. The County has a population of 237,000 with approximately 42,000 people in Ballydalkin. The average household size in the county is 3.5 persons.

The Families

The participants in the study live in two settings. This data were from
conversations, interviews, the Family and Social Support Survey, and observations. One group of five parents live in a large industrial city in the northeastern United States, Bridgeton, Connecticut and participated in a family support program, the Family Center. The mothers in this group range in age from 22-35, with one to four children from birth to twelve years. There were three boys and five girls involved in the Family Center with their mothers at the time of the study. There were three single mothers and two married mothers, one being a long-term partner. None of the women worked outside of their home.

The two married mothers lived with their children and partners in apartments; one lived in a lead-free apartment due to the lead poisoning of her son. One single mother was evicted from her apartment and was temporarily residing with her aunt and mother in an apartment. One single mother resided with her children in a condominium owned by her mother. One single mother was evicted from her apartment and made two moves during the course of the study. The educational level completed ranged from seventh grade to two years of college. During the course of the study, one single mother received her high school diploma, one single mother decided to pursue her G.E.D., and one mother returned to community college classes.
Factors possibly putting the families at risk include poverty, single parenthood, social isolation, unsafe, high risk neighborhoods, low educational attainment, unsuitable housing and housing instability, depression, histories of abuse, violence, family dysfunction, and drug and alcohol abuse, and the special needs of children.

One group resided in Ballydalkin, part of a large town near Dublin in eastern Ireland, and participated in a family support program, the Visiting Mothers’ Programme. The Irish mothers ranged in age from 20-33, with one to two children from six months to ten years. There were four boys and two girls involved with their mothers in the Visiting Mothers’ Programme. There were four single mothers and one married mother. One of the single mothers worked outside of her home at the beginning of the study. One single mother began part-time work at the end of the study and another began caring for a friend’s child on a part-time basis. The four single mothers resided in the homes of their parents and the married mother resided with her husband and two children in Ballydalkin housing estates, attached single-family units. The educational level completed ranged from six months in secondary school (college) to a leaving cert from secondary school studies.

Factors possibly putting the families at risk may include single parenthood, low socio-economic-status, low educational attainment, unsuitable
housing and housing instability, depression, social isolation, adolescent parenting, and the special needs of children.

**Support Program Involvement**

The participation of the families in the support programs is voluntary. Parents freely choose to be involved. The Family Center in Bridgeton is in a green house that is open from 9:30 AM until 12:30 PM in an inner-city neighborhood. It is part of a social service program provided by Catholic Charities and includes a soup kitchen. Breakfast, lunch and a playgroup are provided Monday-Friday. Many parents take the bus to the center.

The Visiting Mothers' Programme in Ballydalkin is a part of the Regional Health Board and involves a family development nurse and neighborhood mothers who visit new mothers once a month in their homes. A weekly playgroup in the community center is sponsored by the Visiting Mothers. The local public health nurse and Visiting Mothers often refer new mothers to the program.

**Results**

The study began with a focus group in Bridgeton at the Family Center and in Ballydalkin at the home of a Visiting Mother. The participants were able to discuss family and social support and their parent-child bonds. This led to individual interviews. The first individual interviews in Ballydalkin took place
in the homes of the participants during my first research trip to Ireland in October 2001. The second interviews in Ballydalkin took place in January 2002. During these interviews, I was able to observe parent-child interaction and engage in casual conversations with the participants.

The responses of each participant during the focus groups were springboards for individual questions in the first individual interview. These responses were part of the initial research findings to be discussed. This interview explored in-depth the individual experiences and meanings of family and social support to the participants and its relationship to parent-child bonds. Relationship building and trust were developed during the individual interviews, observations during playgroup, and visits with the participants to complete member checks, surveys, maps, and descriptions of parent-child relationships.

Conversations and contact over an extended period of time led to greater familiarity and shared common experiences. Spending time together that included talking about the children and playing with the children fostered closeness with the children and parents and in Ballydalkin, with some of the grandmothers, too. Open-ended questions allowed the participants to expound upon subjects of interest and concern in great detail. There are no right or wrong answers. I was always open and nonjudgmental in my responses. Perhaps these
are some of the reasons that participants felt comfortable opening up to me and sharing personal histories and experiences during the interviews. These personal histories and experiences added to my understanding of the participants’ perspectives and the relationships between family and social support and parent-child bonds.

This chapter is organized by first presenting initial findings from the focus group, first interview, and social support survey and map of child bonds. Preliminary data analysis occurred with data collection. These findings provided me with a basis to begin to interpret and understand the stories and cultural meanings and understandings of the participants. Through this process of searching for meanings and interpretation, I began to triangulate the data. Through a search for patterns using a constant comparative method to reduce the data, I discovered recurrent themes and patterns in the data and searched for meanings with the participants. This process provided insight into the individual meanings, experiences, understandings, and differences in the two cultural contexts of these ten participants. It also aided me in my search for meanings and interpretation of the data.

The findings of the study are limited to the ten families participating in the study. The study provides a voice for the individual multicultural families in the study. It provides insight into the ways that cultural context and national
policy context play out in the individual experiences of the families participating in the study. My personal perspectives and bias limited my understanding and interpretation of the data as I transformed the data through description, analysis, and interpretation. It was important for me to understand my role as researcher and the emic (insiders’) and the etic (outsiders’) perspectives of the families in both settings.

Initial Research Findings

The focus groups, the first individual interviews, and the family and social support surveys in each cultural context provided initial research findings for the study. The goals of the focus groups were to provide opportunities for the participants to listen to others’ opinions and understand and clarify their own opinions on family and social support and parent-child bonds at the beginning of the study. This led to a more in-depth understanding of the research study.

The goal of the first individual in-depth interview was to explore in more detail the participants’ responses to the focus group questions and their experiences with family and social support. Personal meanings and understandings of family support, social support, and parent-child bonds were investigated. Important themes emerged from this data. The focus group questions (Appendixes C & D) and the first individual interviews provided insight into the patterns of themes in the study. The Family and Social Support
Survey (Appendix E) provided me with the opportunity to further explore the unique qualities of each cultural context. The goals of this survey were to document sources of family and social support, the types of support given, the quality of relationships and the satisfaction in the support provided. Types of significant support examined include emotional, information, and material. Emotional Support included empathy, caring, love, and trust. Informational Support included educational information and advice. Material Support included physical resources and tangible aid.

Table 1 provides the demographic results about the participants from the surveys.

**Family and Social Support Survey**

Table 1: Mothers Participating in Social Support Programs

<table>
<thead>
<tr>
<th>Country</th>
<th>Age</th>
<th>Marital Status</th>
<th>Educational Level</th>
<th>Number of Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ireland</td>
<td>20-33</td>
<td>4 Single</td>
<td>9th Level Secondary School to Leaving Cert.-12th Level</td>
<td>1 (3 families)</td>
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<td>1 Married</td>
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<td>United</td>
<td>22-35</td>
<td>3 Single</td>
<td>7th Grade to 2 Years of College</td>
<td>1 (1 family)</td>
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<td>States</td>
<td>(5)</td>
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The Findings

The findings from the surveys, which were completed by parents in each cultural context, provide insight into the types of support the families receive. The Lickert Scale range of 1 to 5, from low to high, examines the quality of relationships and satisfaction in the Irish and American participants (Appendix E). Table 1 provides data on the participants.

The Family and Social Support Survey provides insight into some of the differences in the cultural contexts for significant sources of support, quality of relationship, and satisfaction.

Parent Support

The Irish participants found the quality of relationships and satisfaction with parent support high (5) to somewhat high (4). All of the Irish participants found parent support to be a significant source of support. This contrasted with the American participants. Three American participants received support from their parents, but found the quality of relationships and satisfaction with support midrange (3) to low (1). Two American participants found no significant support from parents. Parents provided emotional, informational and material support.

Partner or Spouse Support

Four Irish participants found partner or spouse support a significant source of support. The quality of these relationships varied from high to
somewhat high to low quality. The satisfaction with this support also varied from high to somewhat high to low satisfaction. One participant found no support or satisfaction. Three American participants found partner or spouse support a significant source of support. The quality of these relationships and satisfaction in this support were somewhat high. Two participants found no support from a partner or spouse. Partners and spouses provided emotional, informational and material support.

Family and Relatives

Five Irish participants found family and relatives a significant source of support. They found the quality of relationship to vary from high to somewhat high and satisfaction with the support from high to somewhat high. Three American participants found family and relatives a significant source of support. They found the quality of relationship from somewhat high quality, to midrange to low and satisfaction with the support from somewhat high to midrange. Two American participants found no support from family or relatives. Family and relatives provided emotional, informational, and material support.

Friends

Three Irish participants found friends to be a significant source of support. The quality of relationships varied from high to somewhat high to midrange and satisfaction with the support ranged from high to somewhat high to midrange.
Four American participants found friends to be a significant source of support. The quality of relationships ranged from somewhat high to midrange and satisfaction with support was high to somewhat high to midrange. One American did not find friends a significant source of support. Friends provided emotional, informational, and material support.

Neighbors

Four Irish participants’ neighbors found neighbors to be a significant source of support. The quality of relationship ranged from somewhat high to somewhat low and satisfaction with support ranged from somewhat high to somewhat low. One participant found no support from neighbors. Neighbors provided emotional, informational, and material support. None of the American participants found neighbors to be a significant source of support. These findings indicate differences in the cultural contexts.

Family Support Programs

The five Irish participants found the Visiting Mothers’ Programme to be a significant source of support. The quality of relationship ranged from high to somewhat high and satisfaction with support ranged from high to somewhat high. The five American participants found the Family Center to be a significant source of support. The quality of relationship varied from high quality to somewhat high to midrange and satisfaction with support ranged from high to
midrange. The programs provided emotional, material, and informational support.

Counselors and Therapists

Two Irish participants found counselors and therapists a significant source of support. The quality of the relationships and satisfaction with support ranged from somewhat high to midrange. Two American participants found counselors and therapists a significant source of support. The quality of relationships was high and somewhat low and the satisfaction with support was high and low. Counselors and therapists provided informational, emotional, and material support.

Health Care Providers, Work, School, and Clergy

Five Irish participants found health care providers a significant source of support. The quality of relationship ranged from somewhat high to midrange and satisfaction of support from midrange to high. Four Irish participants found the public health nurse a significant source of support. The quality of relationship ranged from somewhat high to somewhat low quality and satisfaction with support ranged from somewhat high to somewhat low. One Irish participant found work and school a significant source of support and two Irish participants found clergy a significant source of support. One American participant found work and school and health care providers as significant
sources of support. None of the American participants rated clergy or public health nurse as a significant source of support. Cultural context and public policy may influence significant sources of support within a community.

Public policy regarding health care services in Ireland and the United States differ. Access to free health care providers, public health nurses and services, through the National Health Services, is available to all of the Irish participants. Public health nurses visit all new mothers in their homes. In the United States, health care providers, public health nurses and services access is not guaranteed or free. Public health nurses do not routinely visit all new mothers in the United States. Many Americans do not have health care, while in Ireland the National Health Services provides health care for all its citizens.

This survey provides insight into the types of significant support, the quality of relationships, and the satisfaction with support in each cultural context. There are differences found in the two settings. It does not, however, provide any contextual detail or explanation. It does not explore the relationships between the support that the families receive and their bonds with their children. The voices and stories of the mothers are not heard in the survey. To answer the research questions, qualitative research that explores and details the parents' experiences, stories, and perspectives is needed.
Themes and Patterns

An overview of the initial findings is presented in this section through concrete examples of the data. The analysis of the qualitative data provided insight into the participants’ individual meanings, understandings, experiences, and differences in the two cultural contexts. Emergent patterns and themes evolved around the areas of social support and parent-child relationships, parent-child bonds, social support and family support, familial relationships, parenting, social and emotional maternal issues, communication, parental education and self-improvement. These universal themes emerged from the participants.

Examples from the data will be used to present the initial findings. The relationships between the social support program and parent-child bonds emerged early in the study. Social support seemed to relieve depression and stress allowing for parents to attend to their relationships with their children and build stronger bonds.

Confidence in Being a Mother

Nuala’s experiences in the Visiting Mothers’ Program led her to state the following:

Social support gives you better confidence in being a mother and that is very important. It’s very reassuring I just think the whole program instills just a whole sense of self worth and confidence to you as a mother...
more support you get, the better mother you’re going to be or the better
person you’re going to be and—in turn—the better children. (interview)

Brigid, in talking about her Visiting Mother, reflects on her family’s
response to Enid’s visits to their home:

My family feels that I’m happier and the social support part that we get
from Enid is great. And I feel better and my family feels that I am more
confident of being a mother. And I’m able to do things by myself as well
as them supporting me. (interview)

Expression of Feelings and Relationships

To Angela social support provides an opportunity to express her feelings,
and then she can focus on her relationship with her child, Desmond, and being a
mother:

I think it’s very good to have somebody to talk to because at least then
you can get a big weight off your shoulders, like you’re not keeping
everything inside. At least I’m not so upset, when my head is wrecked. At
least me head is clear and then I can just concentrate on him and being a
Mom. (interview)

The Visiting Mother provides Tess with the opportunity to confide in
someone outside her family:

I think it’s absolutely brilliant because you’re talking to somebody outside
your own family. You’re not talking to your family. It’s somebody I can
confide in. She comes and she talks about the baby but yet she’d sit there
and ask how you are getting on and how you were feeling. You can just
come out with everything if you have anything to talk about...It’s
somebody different, it’s not like a stranger, but it’s like a friend, it’s like
someone to be there that you can talk to. (interview)
Brigid reflected that:

It’s nice to see a friendly face at the end of the month...I feel like I have a good relationship. She cheers me up when I’m feeling down and all. And I can talk to her about anything. (focus group)

Parent-Child Bonds and Social Support

Social support from the Visiting Mothers’ Programme has helped change and transform Tess’ relationship with her son, Conal. She has become closer to Conal through the play and talks that she has with him:

Now with Enid coming over and the support I get from all them, I have more time for him and I play with him more now...when I come home from work. When I used to come home from work...I’d walk away from him and go upstairs and pretend to get washed so that I didn’t have to play with him. But now when I come home from work, before I even get changed, I sit down and play with him and I ask him what he did during the day, and we have our own little talk. I find it really neat...I have more time for him and I play with him more now. (interview)

Rose describes her experiences at the Family Center and its impact on taking care of her children, bonding with them, and how she deals with stress at the center:

You can vent your feelings about your parenting skills and that just takes the edge off of where you’re going and you get back into that straight line of taking care of your children and bonding with them again...I get a chance to talk about how stressful I get with my children and I like that. I like the fact that I can talk to somebody and I’m not just keeping it in and wondering how am I going to deal with my children. I get to do that. I get to talk about it now. (interview)

Lida’s social support at the Family Center helps her in her relationships with her children, Sonia and Josh. She learns from other parents:
I think it’s helping me to be a better mother. It’s helping me to improve myself because I have comparisons I can do now. I can learn from other people’s mistakes. I can find what works for my kids. I can find what works for me...I think it’s definitely changed the way I raise them because in a way it gives me options. (interview)

At the Family Center, Leah finds that she can be more patient with her son, Daniel. Staff and parents provide support when she needs it:

I think it’s easier here than in the house being more patient with him. I don’t know why, maybe it’s being around other people help a little bit too, and sometimes I’m mad then somebody else will take him. I think it relieves the tension, and so I appreciate the Center for the support that they give us. (interview)

**Accepting Nonjudgmental Social Support**

Mothers found their social support nonjudgmental. This nonjudgmental support was helpful. It made it easier for advice and information to be accepted:

They support you. They don’t criticize you. They’re helpful. (Brigid interview)

You build a relationship up with your community helper and you accept, it’s not criticism, you accept advice. (Nuala interview)

She’s great, she just comes over and she’s not criticizing anything you do. If I feel like I’m doing something wrong, like she’ll give you advice on it. She wouldn’t say oh well you have to do it that way. (Tess interview)

And not have that horrible feeling of somebody judging me. Instead I have this nice vented feeling and I can think clearer and make a better decision if I need to...That’s comforting and not feeling judged. Everybody makes mistakes and we talk about our mistakes and how it bothers you, and you don’t really get that feeling that I’m going to be judged for something that I know I shouldn’t have done. I feel guilty and I’m having problems and I think that was helpful to me. (Rose interview)
Playgroups, Parenting, and Parent-Child Bonds

Each program had a playgroup for the children. At the Family Center, the playgroup was an integral part of the daily program. In the Visiting Mothers' Programme, the playgroup was held once a week in the local community center. The playgroup was an integral part of the program and the social support that it provided. The playgroups were an important type of social support provided by the programs. Mothers find that the playgroups provide opportunities to learn about parenting from other parents, reduce social isolation, and enhance parent-child bonds:

When you go up to toddler group, you watch how other parents are with their child and you start picking up things that they do and it makes the bond between you and your child better. It helps me and because I’m bonding better with him being over in the group. At least he’s playing with other kids but he still looks around to see if his mommy is there. (Tess interview)

I’ve gotten a lot of social support from the parent and toddler group. I found that great because you see how other people interact with their kids and you will see the things that they do with them and that you would like to do with your child then and you chat about things that they do at home with their child and you try it out with your child and it may go great. (Brigid interview)

There is a tendency to stay in and not go to these...because your confidence gets knocked. But I just felt it was marvelous to go there and interact with everybody else. So it’s a brilliant, brilliant program. I just wish there was more resources to do more. (Nuala interview)
...makes you closer to your children 'cause it gives you a chance to maybe know them better. When I bring him here it gives me a chance to see what he likes to do and see how he reacts with other kids and everything. (Leah interview)

Social Support Relieves Depression and Stress

Social support provides opportunities for mothers to relieve depression and stress, reduce social isolation, and learn from others. Lida found that it gave her life back to her:

It means I have a life again besides my kids...I was stuck home depressed myself too, and now I get to interact with other adults, and I’ve made friends, and they help you if you have...questions on anything. Everybody gives their own advice and...you can contact them when you need them, and, if you don’t know who to turn to, somebody here will know where to go or what’s the next step. They’ll keep you on track. It’s everything. (interview)

Nuala found that she built a relationship with her Visiting Mother and was able to open up to her and looked forward to her visits and advice:

You build up a relationship with the mother that calls you and you can talk and I just feel that because she knows you if she saw that you were in any way depressed or bogged down...she’d know and you can explain to her and open up to her about things. And just coming with advice...they go to different people’s houses; they see different things that work for different people. They could say try this for that problem, or whatever, so I really look forward to the visits all the time and for a chat...It’s talking, because sometimes in the house its just baby, baby, baby, you need to talk about yourself. And I think its very, very good especially for new mothers, young mothers, that are unsure of themselves. They need a bit of confidence that yeah, you’re doing a good job. (interview)

Rose finds that social support relieves stress and impacts her home life and relationship with her husband and children by relieving stress:
In the past year it’s actually done a lot being that we can eliminate a lot of the stress of everyday life...it does make a difference. It changes the way I speak to my husband, the way he reacts to the way I am. We don’t argue as much, we don’t fight as much, and that’s because we don’t have all that pressure on us and when we’re happy the kids are happy and then we become a family again. And that I think feels really good. (interview)

The initial findings explored many issues and subjects related to family and social support and parent-child relationships. These examples provide insight into some of the most universal initial findings. It was necessary to reduce the data and concentrate on a few areas. Many of these findings are indicated in the research literature on family and social support. Participants indicated relationships between social support and self-esteem, self-worth, self-confidence, and trust. Social support appeared to reduce social isolation, stress, tension, and relieve depression. Participants indicated in the focus groups and interviews that social support helped them to deal with frustration, anger, and despair. Participants indicated that talking about themselves and expressing their feelings helped them to feel happier, clear their heads and be more “open.” Social support encouraged communication and fostered relationships with providers and other mothers. Participants indicated improved relationships and interactions with others, including family relationships and harmony. There are also indications from the participants that social support increases knowledge and learning opportunities, supports parent-child relationships, and increases understanding of children and child development.
Through their experiences with playgroups, the participants found that they were providing choices and options to children; role modeling and learning from one another; supporting play and developmentally appropriate activities; supporting and improving parent-child bonds; relaxing, enjoying, and experiencing fun times with their children; and meeting and seeing others.

Participants found alternatives to physical punishment through parenting classes, opportunities to compare notes and talk about parenting, observe other parents and see what works, and try different approaches. Providers and other parents provide respite care to parents.

The Voices of the Families:

Reflections and Insights

The voices of the families in the study provide insight into the relationships between family and social support and parent-child bonds. There are not always major transformations in the relationships between parents and children. All of the participants did find, however, that social support provided opportunities for play groups, someone to talk and confide in, emotional support, informational support, and material support which helped them to spend quality time with their children and work on their relationships. It reduced stress and tension in the lives of the mothers. I believe that this resulted in stronger, closer bonds with the children.
Experiences and Reflections of the Families

The participants provided rich, detailed descriptions in their interviews about the relationships between family and social support and parent-child bonds. Their reflections and descriptions of these relationships and bonds are detailed here. The data used included interviews, observations, conversations, maps, surveys, and video recordings. I begin with the Irish participants and later will present the participants in the United States.

Ballydalkin Participants

Brigid, 20, a single mother lives with her daughter, Bernadette, 20 months, her parents and four siblings. She reflects on social support from her Visiting Mother, Enid and her relationship with her child:

It didn’t make me feel so isolated. I felt very isolated at the start because I was in with her all the time, and when Enid started coming down, it was great, and kind of boosted my confidence and didn’t make me feel so isolated, didn’t make me feel lonely. So yeah it was good. Well we’re very close. We’re with each other all the time. I only go out twice a week like during the evening and at that time she is probably in bed...It just makes life a lot happier between us two and makes our bond stronger and makes us get on better. It makes the relationship a lot more relaxed because I’m getting support from other people and I know that I can lean on them if times get hard. So, it makes me and Bernadette a lot more relaxed with each other now that we’re not left out on our own.

It makes me very proud to be Bernadette’s mom. She’s a great kid. She’s very happy. She’s never cranky except for when she is sick. She’s playful, and likes everybody, like even when she’s gone out in the road, like she’ll be saying hiya to everyone that passes. She’s very friendly. (interviews)
Nuala, 33, lives with her husband, Michael, nine year old son, Brian and
eighteen-month-old, Morna, and she wants to be a better parent. Social support
and the Visiting Mothers’ Programme provides her with support in the
challenges she faces with her second child, Morna, who has special needs, she
says:

It’s just made me want to be a better parent. It’s opened my eyes up to
just to how to do it. Anybody can be a parent, you know you have to be, I
just want to try hard and I don’t want in 20 years time when I’m old and
grey or 30 years time for me to say I could have done this, I should have
done that, and that’s too late, it’s going to be too late then. So I just want
to try and be the best parent that I can and by getting all the tips and ideas
and what I see and what I hear and just to spend some good time playing
and interacting with her, you know, just talking to Aileen about food and
what’s the next stage and do’s and don’ts and what helps and what
doesn’t help all that kind of a thing.

Morna “is such good company and she makes you try harder. She pushes
me all the time to try harder.” Nuala describes her special relationship with
Morna by relating:

Well sometimes its like she’s a part of me. I have a very special
relationship with her. I think even more so than with my first child. I
think with your second, you’re a little bit more you know you’ve made
mistakes you know not to do. And because Morna is kind of special in
herself, she is very easy to love. Morna is very easy to love. She is very
easy to make happy, she’s jolly, she’s good-humored, she’s fun, so you
know you give Morna an inch and you get back so much more and it’s so
much easier to be close to your children if they’re nice and good tempered
and basically just jolly. She gets me and I get her. So I think we kind of
bounce off each other. She’s a very easy baby in that respect. And I am
very close to her. I could eat her up sometimes. I just look at her and you
just nearly cry sometimes just looking at her when you think God, she is
so reliant on me as well. It’s a big burden to have somebody so small so
reliant. I feel sometimes I can’t leave her. She does make a little bit
strange, but if I leave her at all and I’m very, very anxious about her. But I
don’t like being separated from her and I swore, I used to laugh at people
like that, but I’ve turned into the people I used to laugh at. (interviews)

Angela, 20, a single mother, lives with her family of seven and her son,
Desmond, age one. Carmel, her Visiting Mother, was nonjudgmental and
supportive. Her support helped Angela to relax and feel good about herself.
The support boosted her confidence and gave her information about taking care
of her baby. It also helped her to form a close loving relationship with Desmond.

Angela’s main sources of support are her family and Carmel. She describes her
support from Carmel in this vignette:

At first, everyone in here was saying don’t do this and don’t do that.
When Carmel started coming over she didn’t really say anything. She
could see that I was doing a good job and that the only thing you can do is
land on your own or then you won’t be able to land at all if everybody
keeps telling you what to do. ...I was going out of me head, I didn’t know
what to do. I just kept snapping all the time. And then when Carmel
came over it was easier for me because she was giving me some leaflets on
how to feed him and what to give him and all and it was just brilliant.
Like when he was two months I gave him a biscuit. And then she comes
and wants me to wait until he can swallow it himself so it is important. It
really has brought a lot off my mind. Because like everybody else has
been saying they had no Visiting Mothers at all when they were starting
out now and I think it is brilliant for us first time mothers. (interviews)

In describing her bonds with and tender feelings for Desmond, Angela
recounts:

Oh he always brings a smile to me face. He really does. And...you know
that he’s always going to be there, and I’m always going to be there for
him. It’s a mother and son thing...It’s very hard to describe something
like that and... I have to admit when he was born, I didn’t know whether I wanted him or not because I am young and only 20, to me I was very young, but then I saw girls that were in there that were only 14 and 15 having babies... when he sat looking at me, he was a newborn, it just flew in, you just have to grow up real fast, even the look he gives you and the funny face that he’s making... He started copying me, he sees everything... It just makes me smile. Oh, it’s so hard to explain, but it’s brilliant, it’s very hard feeling like having me own, like not me sisters and all, but like having me own flesh and blood there like Desmond, me son. I don’t know it’s very hard... He’s a part of me and nobody else and I won’t let anybody else come between me and him. That’s love. That’s family. It’s hard to explain. You can’t really explain love, it’s so deep down... Closeness between me and Desmond. Well the closeness that I feel is like nobody can get as close between me and Desmond, nobody will get as close between me and Desmond. It’s like I said before... When he’s really, really stressed out, I get really, really stressed out, like I could be in a good mood but when he gets really stressed out I will be really stressed out and I’m like pulling my hair out and I’m like what is wrong with you, will you just tell me? It’s like if he’s gone really tormented and I do, he’s not really a narky child. Like he gets a bit narky but he wouldn’t cry and keep crying. All I do is put him in me arms and rock him and sing a song to him. (interviews)

Mairead, 20, a single mother of two boys, Brendan, one year, and Liam, two years, lives with her family. While her parents work and her siblings are in school, Mairead is in the home alone with the children. When her parents return, Mairead takes the children to stay with her boyfriend. Una, her visiting mother, provides her with information on child development, health, and caring for children. Mairead uses this information in caring for her children. She explains:

When Una started calling, it was very good, like little leaflets on fever or whatever, it was very good she came back calling... It helped me bond with the child more because I used to leave him without giving him something to play with. It teaches you what age groups they are and what to give them and what they able to perform the next time... It has
made me realize more about the two of them. Like what they like doing and what they like watching and like how they play with things. It has helped me to sit down and just watch them for a few minutes and then play with them, like how they were doing, not like the way I teach them...It was just something different instead of being in the house and having nobody, like just me and the two kids. It was someone different to come and show you like different stuff on how to deal with the kids. So it was grand. (interview)

Bridgeton Participants

Leah, 22, a single mother and her children, Lola and Daniel have moved three times during the course of the study. They currently live in an apartment in Bridgeton with Daniel, Leah’s boyfriend and the children’ father. His mother is presently living with them. His mother travels to and from Central America where she and her son, Daniel came from. Leah’s cultural background is French-Canadian. Her boyfriend is from Honduras. Leah speaks English and Spanish with her children. Lola was born shortly after the study began. Her brother Daniel is now three. He is bilingual and very active, presenting many challenging behaviors at home and at the center, according to his mother. The Family Center facilitated Birth-to-Three services at the center for Daniel. Leah reflected on social support at the Family Center:

They helped a lot. They have nice things for the kids and everything. They do nice things at Christmas and Easter. They have a lot of help with clothes and stuff. Today we brought home a whole bunch of things. Her toys almost all of them came from over there. And the playpen. A lot of things for her...It’s made it a little bit easier. Sometimes you’re stressed from not having enough clothes or you don’t have food or whatever, and they help you out there. I don’t have to worry about lunch or breakfast.
They have that over there. They help you with basically anything they can. They’ve helped me a lot with him and his behavior problems, with OT and stuff. They’re trying to get me help. It’s made it a lot easier because I think women, when they’re too stressed out, can’t be a good mother because you don’t have as much patience and with this one you need a lot of patience. I think it’s helped me a lot because before I would have to worry about how he doesn’t have clothes or shoes or something. And with them you really don’t have to worry about that because there’s always people bringing in clothes that they don’t need anymore or whatever. That just makes it easier. (interview)

Lida, 25, a single mother, and her children, Sonia and Josh, live in a condo owned by her mother in Bridgeton. Lida and the father of her children broke up before the birth of Sonia. Lida and her family emigrated from Poland when she was a young child. The cultural background of the father of her children is Puerto Rican. Lida speaks English, Polish, and Spanish with her children. Sonia was a young infant when the study began. Lida describes her bond with Sonia:

I know she has a better, stronger bond with me because Josh, he got a chance to live with his father for the first two years and she didn’t. So no matter what, she will never have that bond with her father that he does. So I feel that that extra love that would have went to him goes to me. So I feel she’s closer to me...Because of the lack of the father. (interview)

Parenting holds special meaning to Lida. She and her family immigrated to the United States from Poland. Her mother parented very differently. This is how she describes parenting:

It means forever. It means eternity. It means like...it means you have to be selfless. Taking care of them not only physically and providing for them financially. You know you have to be for them mentally and emotionally, too. You know you have to teach them right from wrong. I have to teach my son so that he doesn’t act the way his father did. (interview)
Her involvement at the Family Center has supported her parenting and helped her to sort out her life and deal with stress and how she feels about herself as a mother. Lida relates her story:

Once I got past all the depression stuff, not to say in the beginning that I wasn’t a good mother...but I...had so much going on. Like I had to put myself back together as a person. So I didn’t have any self-esteem and I didn’t have any confidence. I didn’t have any of that. So I needed to hear that I was doing the right thing you know with my kids. And I got that and like I say now I know with my kids. And I got that and I say now I don’t need anyone there to tell me.

I didn’t feel as confident but I don’t know how else to explain it but when you’re an abused woman, I don’t know how to explain it. Basically I needed somebody to tell me that I was doing good because it was beaten into me that you’re worthless or whatever.

It’s definitely made it better...By helping me get my life together in a sense of sorting everything out and helping me with the information part of it all so I can sort my life out. They’ve helped me to concentrate my time just on my kids and just being in that environment...You learn from the other mothers or the other people that are there. In the beginning, I needed somebody to tell me I’m a good mother. Now I don’t so much need for anybody at the Center to tell me I’m a good mother ’cause now I believe that I am. I’m not the best mother but I think I’m a good mother.

I didn’t have any self-esteem and I didn’t have any confidence. I didn’t have any of that. So I needed to hear that I was doing the right thing with my kids. And I got that and I say now I know with my kids. And I got that and like I say now I don’t need anyone there to tell me, “Wow, you’re doing....” (interview)

Lida feels that education gives her choices and she learned about her rights through the Family Center. She knows stress affects her relationships with
her children and that social support helps to reduce stress and provides
education and information. She says:

If you’re more educated, obviously now you have more choices in life and stuff. You have more options, so like I didn’t know what my legal rights were... If you’re not stressed about... you have three diapers left and you know you’re not going to have any money until next Thursday, you know you’re kind of stressed. And when you’re stressed you don’t enjoy your kids. (interview)

Doreen, 24, is a single parent of Tamara, age two and lives in her aunt’s apartment after being evicted from her apartment. Her mother moved in with them. Doreen grew up in the suburbs outside Bridgeton. Her cultural background includes Irish and German-American. Her daughter’s background also includes African-American. Doreen’s history includes homelessness, stress and problems in her relationships with her parents and living in shelters. At sixteen, she was sent to live with an uncle and aunt in another state due to conflicts with her parents. Her grandmother arranged this.

Doreen describes her relationship with her family and experiences in this vignette:

When I was sixteen, you know, they sent me to Boston and me and my father didn’t talk from when I was like twelve or thirteen. So it’s like they shut off their love if they don’t like what you’ve done. I had been in homeless shelters here in Bridgeton before I moved there. And... really it was my grandmother who got my uncle to take me. And I didn’t know him. I had met him like once before. It was weird, ’cause I was on the train with a garbage bag full of stuff and I really didn’t know where the hell I was going. And his wife picked me up from the train station. I
didn’t even know what she looked like. I didn’t remember. I had seen her like the year before, but…it worked out. (interview)

Doreen thinks that support is important in helping her to deal with stress. She reflects:

I think it’s important to have support because just having other people to talk to and just knowing that other people are going through the same things, and especially since my family has not been supportive, I think just to be around other people and have other relationships, and even if you’re not getting the support that you think you need or whatever, just to know that other people are going through the same thing…. I can get a break from her when I come here which affects us…because I think I’m less stressed out, you know, some time to talk to other people. (interview)

In discussing her bonds with Tamara, Doreen remembers and reflects:

The whole reason I had my daughter was because I wanted someone to love. Seriously. Like I planned on having her. It wasn’t a surprise that I got pregnant. I planned on getting pregnant and that’s like why I had her. (interview)

I’m the only person that Tamara can count on for anything, so she has to trust me and no one is gonna love her more than I love her. She is everything to me. She’s just the only person that I can count on too. Like last week she woke up at four o’clock in the morning and she goes “Mama I love you” and went back to sleep. That’s all she did. (interview)

Doreen’s relationship with her daughter is different from her relationship with her parents. She is actively working to change her relationship with her father through counseling. She knows that she wants to have a different relationship with her daughter and states:

I think being consistent, like knowing that there’s constant love, her being able to trust me, me being able to trust her, like that what she says is really what happened. I know the things, you know, they make stuff up too…I
think just knowing that I tell her all the time that I'll always love her. Like, just that constant knowing that I'll always be there for her. I think that's special to me because that's not how my parents were with me. I know like talking down to her I don't want to do, and I think she learns better when you talk to her regular than baby words...being patient, not being overly aggressive. What I try not to do is be how my father was, and I've been going to counseling. Me and my father go to counseling together one night a week, and I see the counselor by myself too and she was telling me that I need to be really careful about how I am with Tiana, that I don't repeat the pattern with her. That kind of thing...I was conscious of that before she was born but...sometimes that's the only way I know how to deal with things. (interview)

Doreen relates the history of her relationship with her father and the support that she now has in dealing with it. They are working on their relationship. Doreen has issues and concerns about its effect on her relationship with Tamara. She relates:

My father was physically abusive to us and very aggressive and he would like taunt us on purpose to get us mad. And then like you were in trouble if you get mad...He'd tease us and stuff like that. But I don't want to repeat any of his parenting styles with Tamara. It's hard, when I catch myself being like him, I stop and really try to regroup about what I'm doing because with his parenting style, we were estranged for many years, so I don't want this to happen to me and Tamara. Sometimes if I feel like I'm really acting like my dad, I'll go into my room and...whatever happens I'll just stop... And she'll watch TV or whatever. Sometimes I'll just like take a second to regroup and then deal with whatever it is that happened. I know I'm a lot more patient than my father, but, I mean, I'm still not I think as patient as I could be with Tamara and...the way I talk to her. The counseling has helped as far as...with me and my father it's helped tremendously, but as far as me, personally, I don't think it's helped...I mean it's good that me and my father went to counseling 'cause now she has a grandfather. (interview)
Doreen is dealing with many issues related to the way she was parented. It affects her life, but she is taking a proactive role in dealing with it. After she completed the study, Doreen returned to community college and enrolled her daughter, now three, in child care. She has been estranged from the Family Center due to conflicts with the program. Family and social support are issues for her due to her history. While she was involved in the program, social support did provide emotional, material, and informational support that she described as okay and rated with three for both quality of relationship and satisfaction with support. (Family and Social Support Surveys).

Rose, 35, and her husband, Rafael lived with their children, Angelica, five and Pedro, four in a lead free shelter, provided by a city agency, when I began the study. Pedro suffered from lead poisoning due to the lead in an apartment that they had previously lived in. Adequate, safe, affordable, lead-free housing has been a major issue for the family during the study.

Rose and her family moved to Bridgeton from New Mexico several years ago. Rafael’s father lives in Bridgeton. Rose’s family lives in Santa Fe. Rose’s cultural background includes Mexican-American, Native American, and European-American. Rose and her children started coming to the Family Center approximately three years ago. Her support network is small. It includes her parents, husband, Rafael, the Family Center, and health care providers. She has
described the quality of her support as good informational support from her parents, great emotional and informational support from her husband, fantastic emotional, informational, and material support from the Family Center and good material support from her health care providers.

Rose and her family lived down the street from the center. Her neighbor, Cara, encouraged her to come to the Family Center with her children. Rose finds it difficult to open up to others who she does not trust. Rose was very isolated in Bridgeton and had few contacts outside her family and neighbor, Cara. Coming to the Family Center made a difference to Rose as she explains:

“When you don’t have friends and your family’s not around, who do you talk to? Really nobody. And it’s hard for me to talk to anybody I really don’t trust. It took me a while and from what I understand I was here for a good year before I said anything. And I thought I talked a lot but they said I never said much at all. So now you can talk to me and I’m pretty open. (interview)

The Family Center provides her with opportunities to enjoy herself and express her feelings in a nonjudgmental atmosphere. The center also provides her with material resources including food, clothing and help with school tuition. Rose relates her experiences at the center with her children make her life easier:

“I think it’s helpful that they let me vent and then I can express that to my children and they can vent as well...they really enjoy coming here. They seem to like it...The atmosphere feels really comforting and I like the fact that they can come somewhere and feel that nice warmth you get. I think that it has, well for me...it’s hard to explain. Just that they like it. It’s comforting. That’s what I enjoy watching my children feel comfortable. I feel comfortable knowing that I’m not being judged when I’m here and
when I talk about bad experiences that I’ve had at home, you know, I don’t get chastised. I get advised. And that’s helpful knowing that...I think just the fact that this program offers so much. It really makes life just a little bit easier. It really does...It’s helpful just when I need some food or there’s clothing I need or we just need some place to go or the kids need some entertainment. Just little things. It really does take that really nice feeling that you got something there...They gave me crayons and coloring books for the kids, paints for the kids. Things that I couldn’t really do for my kids because we’re so limited in what we have. This is the only place that helps me with the resources. And that’s what I like. (interview)

Rose finds that the support that she receives at the center helps her deal with stress and communicate with and understand her children. She explains:

I think it keeps my stress level down you know. I have a really high stress level and as little that I can cut down on it...it’s very helpful. I mean sometimes I’m so stressed out and I come here and I just talk to Eileen for an hour and then I don’t feel so bad. I get things to think about and I don’t shut down with my kids ’cause I end up shutting down. And I feel bad when I do that so it helps with, keeps me from shutting down and letting my children communicate with me and be close again and we could talk again and I’m not frustrated...And especially if the issue is about the kids, you know. It gives me a little understanding, sometimes I get a little confused about some things that they do and I know that children go through certain levels of I guess changes. And sometimes I’m just a little concerned maybe my children haven’t reached that point or maybe there’s something wrong. It gets concerning after a while. You know, it’s like another thing piled onto another thing. If I could just eliminate some of the stuff. That’s what happens when I come here. I talk and I eliminate a lot of those little things that really drive you crazy. (interview)

Rose describes the special times in her relationships with her children:

The most significant experiences I think, what I really like is we have the cuddling and snuggling, the quiet talks that I have with my children. We have these little things where when I’m reading them bedtime stories or something we talk. They tell me about their day. They talk about things
that happen and I find out things that they would have never told me before but then they’re telling me because we’re at a level where everything is okay, you can talk about anything, you’re not gonna get in trouble as long as you tell me what’s going on. And eventually they open up. I like that. I think that that’s a good way of getting to be close with my children, getting that trust from them, letting them to know that they can tell me anything.

It’s very helpful. It helps a lot. I mean I never did that before until we started to, you know, I started talking more with Eileen and I realized that just having quiet time with my children. You know that works really, really well. And my husband hates it. He thinks I spend too much time with the kids and I spoil them. I don’t think I’m spoiling them at all. I think we’re just having our little times together. You know, and I try to get them together as much as possible and the older they get the harder it is to keep them together to have this quiet time. (interview)

Rose observes her children; she feels this helps her know them better. She has a separate relationship with each child. She shares her perspective:

You have to really, really pay attention to your children. I watch them a lot. I just like to watch what they do, watch their behavior, and I think that’s important. You know, keeping an eye on them, looking at them, studying them, examining what they do, their behavior. I know them pretty well just by watching what they do all the time. I don’t have to constantly you know be on them and be physically with them to know what they’re doing. I can see what they’re doing without them even knowing that I’m watching them. I think that’s really important.

I mean even though I love them so much and the same, it’s good to have a separate relationship with each one of them. Because then they both feel special in their own way. And I give a lot of physical attention to Pedro because that’s the way he likes it. Angelica is not that way. She prefers material attention. Giving things, doing things. She prefers it that way to have that type of attention. So I do that with her and I do the physical things with Pedro. (interview)
The stress in their lives can affect their closeness. Rose understands this and tries to lessen its impact. She tries to find ways to deal with the stress apart from the children. She explains:

It’s hard to be close with them when you’re dealing with a lot of stress. And I’ve been dealing with a lot for the past year. And I try not to I guess shoo them away so much and there are just times when I can’t deal with them. And I try to get them to do other things that occupy them in other ways. And that’s really the only thing I can do. I don’t want to push them away. I don’t want to be cruel to them. I don’t want to tell them “Listen I can’t take it anymore. Just get away from me.” I don’t do those things. I just try to get them to do other things. I try not to let them see that I’m under a lot of stress. And that usually works...I don’t want them to worry. You know? It’s hard enough knowing what I know about the stress. You know, what’s stressing me out. I don’t want them to have to worry about it. They have enough to deal with. They’re just children. They don’t need to deal with it. You know, they’re gonna have a lot of it when they get older. They don’t need to start now.

Well with me it’s not so bad. I can deal with stress if I’m just by myself and then all I have to do is just relax my mind and my body and then I can deal with it. But I can’t have the kids around all the time when I’m doing that. So I try really hard, usually once I get them to bed I’ll spend the night, the rest of the night just by myself relaxing, easing my mind. I’ll drink some tea and just kind of calm myself. And that usually works. I’m usually good the next day until the stress level comes up again. But I’m pretty good at keeping it hidden more or less. I’m good at that. It’s something that I’ve done for years. (interview)

Rose has special times with her children. She describes them as “close and loving times” that are “fun” for them. She says:

They like to help me cook. I don’t always let them help me because they’re still clumsy and they end up dropping things all over the place. But I let them mix things with their hands. When I’m making tortillas, they’ll roll their own little tortilla. The thing we like to do is sleep...
together. And I like that too. My husband hates it though. He’d rather have them sleep alone, but I like to sleep with my children. I don’t know why. I think it just, it feels good.

The times when we’re actually talking and you know it’s quiet time. We laugh and the kids are just so funny when they’re talking about the things that happened in school or the things that happened. I think it’s so fun. I think those are moments that I really, really love and I’ll hold on to, ‘cause I think they’re the most honest with me. They’re the most trusting moments they have with me and they’re actually fun. It’s fun. (interview)

Transformations of Parent-Child Bonds:

Relationships in Family Support Programs

Changes in the Nature of Parent-Child Attachments

Transformations or changes in the nature of parent-child bonds and relationships while participating in a social support program are major findings of this study. In the spoken and written words and actions of the mothers, the observations, the videotaping, and the words of staff and other participants, these transformations are explored. Due to the complexity and detail of the data, I will explore two transformations in detail, which will demonstrate these transformations in rich, contextual detail. One is in Bridgeton, and one is in Ballydalkin.
Transformation One:

Family Center Support and Parent-Child Bonds

The Story of

Cara and Stella

Family Center

Bridgeton, United States

Cara is 32 and the mother of four children. She lives in an apartment in Bridgeton with her partner and three of her children, Stella (5), Gemma (8), and Eva (10). Cara left school in seventh grade. Cara’s cultural background includes Puerto Rican and European-American background. Her partner, Antonio, is of Puerto Rican background. Her early life was difficult and challenging. Her relationship with the Family Center began at the soup kitchen when the center was first formed eight years ago. All of her children know the center as the green house and spend time there during school vacations. Her youngest daughter, Stella was four when the study began. She entered kindergarten in September 2002.

Cara was eighteen when her first child, Juan, was born. Since the death of his father, Juan now lives in another state with his father’s relatives. Juan’s father was extremely abusive towards Cara. Three of her children live with her and her partner, Antonio, the father of her two youngest children. Her
relationship with Antonio was totally different from her previous relationship with Juan. Antonio showed Cara different ways of dealing with life. He showed her patience and is, in her words, her "lifeline."

Cara’s experiences at the Family Center began when her son, Juan was three, her second child, Eva was two and her third daughter, Gemma was nine months. Coming to the center changed her life and her relationships with her children:

When I first became a mother I didn’t have anything to compare it to. I couldn’t compare it to my own childhood. I had to start from scratch. So I wasn’t patient. I did hit my son a lot and I was a pretty abusive mother towards him because I didn’t know any better. I loved him, but as he became a toddler...I became very intolerant and I spanked him a lot. And to this day at night, I will cry just thinking about it because you know how could I have done that to my baby when I loved him so much. It was just the impatience, the ignorance. As I had my other children I could come to a place like this where they teach you alternatives. Because they have had parenting classes you know like how do you deal with certain situations and you know that is not the only way. If that is not working, you try a different way and if that doesn’t work you try a different way to get the outcome you want. You don’t have to resort to violence; you don’t have to resort to...despair. There are other ways to do it. (interview)

Cara’s significant sources of support are her partner, Antonio, her only sister and the Family Center. They all provide her with emotional, informational, and material support. Her relationship with her partner is very good and she is satisfied with the relationship. Relationships with her sister and the Family Center vary, as does her satisfaction with them. They were rated a
three out of five for both quality of relationship and satisfaction with support (Family and Social Support Surveys).

Cara has a small support network. It includes very few outside resources such as friends, neighbors, or health care providers. She receives no support from her mother and her father has passed away. The Family Center is important to her and provides her with a strong protective factor:

"Coming to the Family Center for me is like coming home, because I’ve been coming here since the Family Center was just an idea, so I’ve been through the changes and the progresses and the down hills, ‘cause it’s always not hunky-dory when you come here and there’s always some crisis or other and stress, but, it’s good. It’s a place. (focus group)

Cara is a role model for other mothers at the Family Center. Other parents frequently ask her advice and compare notes with her about children (observations). On school vacations, Cara’s older children come to the center.

When I am here with all three of them they all will go their own separate ways and meet with their friends...And Eva, if you have ever noticed her, she will take over and be the role mother of the little kids. Gemma will do the same...The kids who are always getting in trouble, they will take them aside. Gemma was working with Daniel and she was with him the whole time, the whole two or three hours that we were here. She was just with him that was her pet project...I feel extremely proud. That, wow, these are my children and look at how I raised them. You know, I raised them into little people who can hold their head up high and say you know I am good enough you know. (interview)
In describing her relationships with her children, Cara states, “It is good, it is really good. Even though it has its lumps and bumps along the way...Overall it is whole.” (interview)

Stella started coming to the center as an infant. Her mother came to the center with her older children during her pregnancy. During the course of the study, Cara and Stella came most days every week until Stella began kindergarten in September 2002. Cara often initiated craft projects with Stella and the other children in the playgroup. (observations) In talking about the family center and her bonds with Stella, she reflects:

It affects it in a good way, because I come here and...this morning I got here and right away I decided to sit down with my daughter and make something, create something together, participate and share and bond. If I was at home, I wouldn’t have been doing any of that with her. I would’ve been cleaning or laying down watching TV and have her in a different room watching a different show. You know, just "go over there and leave Mommy alone ’cause Mommy’s doing this.” Once in awhile I’ll have her help me, you know, sort the clothes, separate, but coming here is like we get more bonding here than we do at home ’cause I don’t have to worry about anything that’s going on in the house...It’s just my time is dedicated to them here unless I’m in the kitchen cooking, but, yeah, it’s a good thing. (interview)

Cara’s life revolves around her family. Social support at the center is an important part of her life. The center provides her with quality time with her children, social contacts, resources such as clothing and food, and support from other mothers and staff. The center helps support her children’s attendance at a parochial school:
Social support means to our children, means a way of life. It’s like we don’t know any other life besides...coming to the program and, what you do at home...don’t go anywhere. I’m not a person who goes anywhere. I’m home or I’m here or I’m shopping for food. I don’t go anywhere else except in the summer to the park to go fishing, and I like it like that. So if I didn’t have this program for myself, basically, ‘cause they’re in school and they’re in an after-school program, and in the winter they don’t go nowhere ‘cause it’s too cold to go anywhere. It’s just a way of life for me. I think I’d be bonkers without it, so it’s everything. (interview)

Eileen, a staff member at the Family Center, sees major transformations in the nature of relationships at the center. She sees people with challenging issues and family histories of drug use, homelessness, stress, physical and verbal abuse, poverty, and family dysfunction change in their relationships with one another by showing caring and depth. In Cara, she saw a radical transformation in her bonds with her children and other families. Eileen states about Cara:

One mom in particular who has actually been with the program from the beginning and has four children and went from being very much kind of a street person.... She didn’t send her oldest kid to school most of the time. It was too much trouble. There’s been a radical transformation there. Her kids are incredibly well behaved. She still has fears, she’s somewhat fearful of things, but she’s overcome a great deal of that. Like she was afraid to cook for us in the beginning. Now every time she comes in she wants to cook for however many people, thirty or whatever. She feels good about herself in that regard. Her kids are enrolled in private school now and she is very good about making sure that they attend and participate fully...And she has setbacks like we all do. She’s not a perfect human being. We don’t claim to have fixed her or anything, but she has learned so much about her kids and she’s very good to her kids, very caring and very good to other people’s kids and very kind to the other mothers no matter what her feelings are. She never really lashes out or, she knows how to step back and she’s learned to understand why people are the way they are...The basic thing is that people care about her. She knows the staff cares about her. We’re not going away any time quickly.
We’ve been here a long time...She’s formed very close relationships with the other families. (interview)

Cara’s relationships with her children are very important to her. Their involvement with the center is a strong influence on where they spend time and what they do together. In describing her bonds with Stella, Cara wrote that “We have a very strong bond...She’s very close to me...She’s very independent...She can play for hours by herself...(She’s) very sensitive...She likes to please...She can’t cope with stress and cries easily...(On coping with separation) She has to be hugged and kissed and told it’s okay. As long as I tell her, I’ll be right back and where I’m going, she’s ok.” (Description of Parent-Child Relationship and Play)

Cara’s written description of their parent-child bonds and Stella’s play indicates warm close bonds, security, independence, explorations, sensitivity, responsiveness, and coping. Observations and a video recording confirmed these descriptions.

Stella’s very strong close bonds are with her parents and sisters (4). She has close bonds with her aunt, nephew, and cousin (3), and warm bonds with everyone at the Family Center, and one casual bond with a neighbor. (Child’s Bonds Map)

Cara agreed to being videotaped with Stella during a craft project. Eva and Stella do a craft project at the table with Cara between them. Gemma came in from another room at one point during the videotaping to check in on her
mother and sisters. The closeness between Cara and her children is evident on the tape. There are frequent eye contacts and smiles between Stella and Cara. They mirror one another. Cara remarks on viewing the tape that, “We look happy. The eye contact and the smiles, we do that a lot. Don’t really realize it how, you have those connections with each other.” Cara remarked that she shares a different connection with each child. During the taping, she says that she “clicks” into what each child needs and responds appropriately. She relies on her oldest daughter to help her with her younger daughters. Cara sees the resemblance between herself and Stella while watching the videotaping. They mirror one another. To Cara, “It’s really good.” A strong and loving bond is seen between mother and daughter. (reflections on video taping)

In describing the social support she receives at the center, Cara relates that it gets her out of the house, makes her relationship with Stella better by communicating and spending time with each other and having friends to talk with. (interview source)

In describing her relationship with Stella, Cara describes it as “very close—they giggle and play a lot, they’re really close, and they sleep right next to one another.” They are “compatible” with one another. Stella is a “curious child with a thirst for knowledge.” She is also a “very affectionate child who is comforted by hugs and kisses” from her mother. When Stella masters something
new, Cara sees “the look on her face and you can see the light click on” and those first experiences are very special. (interview)

The bond between Cara and Stella is very warm and strong. It’s a connection that is nurtured and strengthened by their experiences and support from the Family Center. In Cara’s words, their time together and experiences at the center mean a great deal to their relationship and bonds:

It means we’ll get closer. We’re bonding more. It’s something that probably when she’s thirty years old she’ll remember. You know and I’m seventy or eighty and I’ll remember. You know, those one moments. (interview)

Transformation Two:

Home Visiting Support and Parent-Child Bonds

The Story of

Tess and Conal

Ballydalkin, Ireland

Tess is 22, a single mother who lives with her parents and her two-year-old son, Conal in their home in Ballydalkin. It is a comfortable home full of Conal’s toys.

Tess works part-time. Her mother cares for Conal while she works as a cashier. A picture of Tess, Conal, and his father, Sean, sits on the fireplace mantel. Sean’s relationship with Tess has been on and off and on again during
the course of the study. They are now planning to buy a house together next year and eventually marry. Sean sees Conal on a regular basis.

Doctors had told Tess that she couldn’t have children. In her words:

I was told I couldn’t have kids. I have endometriosis and I have a tilted womb as well so I took my chances of never having kids. They were slim, 4% of ever getting pregnant. So when I found out I got three or four different operations and when I found out that I was pregnant I was shocked because I was only 20 and I never, ever planned to have a kid before I was married. I always wanted to get married, get a house and have children. That is what I always wanted to do. I was shocked now but then again I was happy because they had told me I couldn’t do this and here I was, a little baby growing inside me. So all through the pregnancy I was great, rubbing and talking to him...I was so big. But at the end I started getting really sick. I was for the first five months I had morning sickness, afternoon sickness, every sickness. In the end I got toxemia and was really sick then. (interview)

Tess and her mother are very close. When she was younger, her mother was, in her words, “there for everything.” Her mother knew that Tess was pregnant at six weeks. Tess’ mixed emotions at finding out that she is pregnant contrast with her mother’s response in this vignette:

She knew I wasn’t well because I hadn’t been well, and I just thought I had a tummy bug why I was being sick. It wasn’t just morning and that is why I didn’t think of it and I had got a one day period. So I thought I’m not pregnant. So when I had done the test and went to the doctor, I found out I was six weeks gone. I didn’t want to say anything because I didn’t know how my mom and dad would react because I was only 19 and I always said I would never, ever have a baby before I was married. I don’t know, maybe it is the Catholic girl. I always wanted to wait until marriage to have kids. I was kind of a bit disappointed in myself, but I was on the pill. I have epilepsy as well so one month the pill would work and the epilepsy counteracted it. That is what happened. When I came home on Friday, she knew I was going to the doctor, she said, “What is
wrong?” The following day she called me up and said, “Are you going to tell me now you are pregnant or are you going to wait?” I said, “Am I in big trouble?” “Don’t be stupid”, she said. “You’re not 14. You’re not 13 or 14. You were told you couldn’t do this, it should be the happiest day of your life finding out you are.” She was so helpful. I thought I was going to get everything, all that lecture. We got that from Sean’s Dad. His Dad is really old fashioned, you have to be married, you have to have a house before you even think about anything. His mom was great. It took his dad a good while to come around. Until after I had the baby to come around, he just had to take one look at Conal and now he loves Conal. He comes over just sometimes in the morning and drove to the doctors to play with Conal or take him down shopping. So he has two families. He’s going to be a lucky kid. He has everyone. (interview)

After Conal’s birth, Tess was depressed and crying all the time. After she gave birth, it hit her that she didn’t want to be a “mammy.” When she came home, she didn’t want to be around him. He wasn’t her child.

I didn’t know where he came from. I didn’t want him. I didn’t know this child as if I didn’t have him...I don’t know I just went through post-natal depression. I went through a very bad depression and couldn’t even look at him. If he was in the same room I would walk out. (interview)

Aileen, a child development nurse with the Visiting Mothers’ Programme, trains and works with the Visiting Mothers in Ballydalkin. She also visits mothers in the area. Eileen finds postnatal depression in the mothers and talks about how the program supports mothers, in this way:

I suppose the whole program really is supporting the mother really, and I feel a lot of the time if the mother has social contact and is reasonably happy in herself and confident with what she’s doing, she’ll probably have a reasonably happy sociable baby. But that doesn’t always work either. We would then try and encourage them to go to the mother and toddler group as well. I think a lot of the issues now in the last couple years have changed again. There’s a lot of people in private housing back
in the area of Ballydalkin, where I’m working, and they’re under huge pressure with very high mortgages, and just worked up until they had the baby. Their families aren’t around and they’re stuck in these little boxes, and there’s nobody. And really, postnatal depression, I think, is really a huge issue. So, what we would try and do is encourage them to come to the mother and toddler group. That doesn’t work for everybody, but for the ones that it works for, it works...I suppose just talking to them really. I think even giving them your time and letting them chat as well, and also letting them talk about themselves and looking at what they’re eating. Because a lot of the time the mothers aren’t eating. They’re all very bothered about getting back into their jeans and that, and diet is a huge thing. ...the fact that you keep coming back to them as well and keep your appointments...Just let them know that things aren’t easy for everybody all the time either. That everybody has difficulties and problems no matter what experience they’ve had, and just getting to know them. (interview)

When Conal was five or six weeks old, Enid, the Visiting Mother, knocked on her door. Tess’ first response was very negative. This changed over time. Enid’s monthly visits made a difference to Tess.

When Enid started coming over it was someone to talk to. I was getting more relaxed and the more she came over the more I look forward to her coming over now. It is someone to have a chat with. I stopped not hating him, but I stopped disliking the child, which it is not nice to dislike your own child. I read on and on about it in books. I started having more time for him when she came over. I started playing with him more and sitting down and going through the cartoons with him. (interview)

Enid describes her first visits with Tess and her mother in this vignette:

I offered the Visiting Mothers’ Programme to Tess a year ago. And her mom came out to the front door and her mother said she doesn’t need anybody coming in here. She can manage. She has me. And I said, “Oh, that’s okay, I’m not here to take over. I don’t want to be a threat to you and your family. But see this program is a beautiful program, I’m not making her take it, but I’d like to explain it to you.” I have a form that I fill out. I said, “Every child has a number. Every child is coded, the first name and a code, a visiting mothers’ code. It’s totally confidential. I am not coming here to tell you what to do. I am here to gather information
from you and to learn from you.” So I said to the mom, “you can come in on it if you like, you can sit with us”, and she did. And I took out the pack and I went through the pack with the cartoons. I said it’s based on language, development, education, social. And I said, “I bring cartoons every month. Some of them you’ll probably say, ‘Now come on, we’re not thick,’ you know we know how to do this, but some of it”, I said “on diet, on immunization, you’ll love.” Now I said, ”At any time you don’t want this, you just say, ‘look Enid, we don’t want you calling here anymore,’ and there’s no harm done.” “Well come on in then”, I was told. So we had tea. Now I was nervous and I mean I’m involved, but they made me nervous believe it or not. And everything went across the floor. We all got down on our hands and knees together and started picking up all the bits of paper. When I saw Conal, I mean, I just started to admire him and of course then the gran started to relax and of course Tess was a little bit nervous as well. She’s a bit shy initially. So it took about two or three visits before we actually built up a little friendship. But the Mom was still hovering around a bit and then she started to move away and left Tess and myself together which is great. Though occasionally I would involve the mom as well because Tess works. So the mom would be taking care of Conal. (interview)

Tess found that she could confide in Enid. Enid was interested in how Tess was. She became involved in the mothers and toddlers playgroup that Enid ran in the local community center. Tess states:

I think it’s absolutely brilliant because you’re talking to somebody outside your own family. You’re not talking to your family. It’s somebody I can confide in. She comes and she talks about the baby but yet she’d sit there and ask how you are getting on and how you were feeling. It’s great to have someone there that you don’t have to, with your family you’re hiding things, but with Tess you can just come out with everything if you have anything to talk about. She’s great. When she first knocked on the door I didn’t even know what the Programme was. So then after having the baby, she explained what it was...but when she kept coming over...I got on better with her and I enjoyed her more and going to the mothers and toddlers group, it’s been great. (interview)
Tess’ involvement with the Visiting Mothers’ Programme helped to transform her bonds with Conal. She watched Enid with Conal during her monthly visits and talked with her about her relationship with Conal and her parents. At the playgroup, she watched and talked with the other parents. Tess recounts:

When you go up to toddler group, you watch how other parents are with their child and you start picking up things that they do and it makes the bond between you and your child better. Because with me living at home with me mom and dad and my brother. I didn’t make that much of a bond with him because he didn’t know who his mother was, he didn’t know who his father was, because he was looking at us all but now I’m on my own with him I’m bringing him out, I’m watching the other parents and the bond is just getting stronger. It helps me and because I’m bonding better with him being over in the group. At least he’s playing with other kids but he still looks around to see if his mommy is there behind him just to make sure that mom is there.

The way I see it he is my responsibility. Mum will say no I will take him. I don’t know what it is. Enid has made me realize he is my child and I have to tend to him. I have to do more. Enid would ask me questions and I would say my mum is doing that one, my mum is doing that one and she would look at me and say that is not right. I wouldn’t say nothing for a while but when I got to know her, it was easier to talk to her and I used to tell her everything. She encouraged me to do more. She knew she was getting through to me. That’s how it helped as well.

But now with Enid coming over and the support I get from all them, I have more time for him and I play with him more now. Now I am a better person, I’m actually happy and it is nice to have someone to talk to anytime you need to. Being involved in the Visiting Mothers’ Programme, you get to talk to other mothers. Conal gets to interact with other kids because as you see he is here on his own all the time and he enjoys playing with all the other children. I love going over. It is a break out of your own house. (interview)
When Conal was about six months old, he was sick and went to the hospital. Tess was frightened and it made her realize that she had to spend more time with him. She saw Conal smiling at her in the hospital and she noticed that when she walked into the room, he lit up. Enid supported and encouraged Tess in her relationship with Conal and her mother. Tess began to see herself as Conal’s mother and was concerned that Conal was confused about who his mother was at home. (interview)

At the mother and toddler group, Tess says:

Now I play with him. I run around with him in the car and let him play with things. She (Enid) finally convinced me to go and I am glad she did because I look forward to every Tuesday. I love it. He sees her there. He wanted to stay there. He wanted to play. He is usually frightened and usually goes off on his own and I just stand from behind. We are sitting together playing and it is just me and him time, like we are out on our own. In the house my mom is there, my dad is there, someone is always here. Over there it is just the two of us, there is no one else to distract us, it’s just us. (interview)

Tess’ mother took care of Conal when Tess worked. Their bond was close and Conal called her “mum.” Tess and Conal were bonding at the mother and toddler group. Enid encouraged Tess to talk with her mother about her need to be on her own with Conal. Tess and her mother worked it out between them. Conal learned to call his grandmother, nanny. Tess became more relaxed with Conal. Tess describes the changes:

Now I am more relaxed and will play with him all day long if I have to. Like we will sit and watch the telly at nighttime together. He has his
bottle of milk and I say, well you have your bottle of milk, mommy will have her hot chocolate before going to bed. And we both go up and lie down together and I read him a book or sing him a song. I never did that at the start, just the past couple of months. Then he would go to sleep and I would put him in the cot. I have got him in the habit; I have to lie beside him now. In the nighttime I just sit in the chair beside him. I am more relaxed with him. (interview)

Tess’ mother continues to support her daughter. Her mother continues to support Tess and provides care for Conal while Tess works, baby-sits when she goes out, and respite care when she needs it. Tess recalls:

If I was really like upset or real tired or low around my mum will take the baby for an hour. You know when I wasn’t working she would take the baby for an hour, and she would let me go up and just lie down and get it all out of my system. You go up and lie down and think and I come down and he smiles. My Mum is great. If I am tired or sick she is always willing to help out with him. She’s easy to talk to which is an important thing. I can tell her anything. I think talking it through is always the best answer. (interview)

The transformations in Tess and Conal’s bonds and relationships were influenced by their involvement in the Visiting Mothers’ Programme. Enid, Tess’ visiting mother, provided her with opportunities to talk and express her feelings. Tess was empowered to express herself and be Conal’s mother. She was given advice, not criticism. The Visiting Mothers’ Programme provides support for both the child and the mother. Tess believes that the programme is, “a help and a guiding hand.” Tess learned by watching and talking to other mothers at the mother and toddler playgroup. She relaxed and began to enjoy her relationship
with Conal at home and at the mother and toddler group. In describing her transformed relationship, Tess declared and described:

We have a closer bond now and he runs to me more often now than to my mom. And I think he kind of looks at me more because I am getting involved in these things and he loves it.

I love him. I don’t know. Every time we video him when he does something I am so proud of him. Every day he is just doing something new and I just get real proud of him. We are all like that every time he does something new. We are all crying. It just means that…it just shows me how much I love him. When I am watching him playing I am just remembering the time when he was only that size, about a year and a half ago. I am giving the child a lot more time now.

I went on my own with him. Just the two of us went and we had a great time. Like usually I would say no I’m not going on my own with the child but now I am having great fun with him everywhere we go. Like in the car we put on a little tape and we are dancing all the way. Like if anyone is driving by and sees me doing all this, but I love spending time with him now. Before I didn’t. At nighttime we sit down and relax. We watch the telly or we play football.

It just makes me smile. It puts a smile on my face because I rejected him for so long and I am glad now that I have time for him. He is great. I wouldn’t give him back for the world. I love him. (interview)

Tess reflects on her bonds with Conal and the Visiting Mothers’ Programme:

It has made me love my child more. It has given me a proper bond with him. I just love spending time with him now. Even when I go into work, I get upset going to work. I can’t wait for the day to be over to come home and just play with him. Because when I used to come in from work I used to sit here and say go away. I wanted to relax. I was used to relaxing when I came home from work. That is what I used to do before I had
Conal. Now when I come home it is straight onto playing, kicking the ball or running somewhere. I am always bringing him home surprises. (interview)

Tess describes her relationship and bonds with Conal in writing, “His bond with me is very good. We have a closer bond in the last few months. He also has a closer bond with his Daddy. We are very close always hugging. We play games and he always kisses me after. He just loves to be held. When Conal is upset or tired all he wants is to hug or cuddle. He is always exploring. He wants to know what everything is and wants to help with the work around the house. Every time I’m upset he is always there for comfort, tells me he loves me when I’m upset. Conal is very independent, he wants to learn everything and do everything by himself. In coping with stress, Conal calms down when he is in arms; he just needs to hold on to you. Conal sometimes screams when I’m going, others he waves bye at the door.” Tess’ descriptions of their bonds and Conal’s play indicate warm strong bonds, closeness, independence, exploration, sensitivity, responsiveness, and coping skills. (Description of Parent-Child Relationship and Play)

Observations and a video recording confirmed these descriptions. In watching Conal and Tess on the video recording, Tess found it “great to watch the two of them” together. She felt that it showed that she was “his mammy as well as his friend.” She found it “lovely to see how he looked up” at her and
how she “looked at him.” She also found it “interesting to watch their play together and to see him learn.” (Reflections on Video Taping) Their closeness was apparent in the video recording. Conal was not feeling well that day. He looked to his mother for warmth and comforting. She responded sensitively and warmly. Their eyes gazed upon one another. (observations)

In the Family and Social Support Survey, Tess finds the highest quality of relationships (5&5) and greatest satisfaction (5&5) in significant sources of support that include her parents, and the Visiting Mothers’ Programme. They provide emotional and informational support. She describes the quality of the relationships as excellent and she is very satisfied with the support. The quality of relationships with family and relatives, friends, and work are very good (5’s), and she is very satisfied (5’s). Her partner provides material and emotional support, and she finds the quality of the relationship good (4), and she is satisfied (4). Neighbors provide material support and the quality of the relationship is good (4), and she is satisfied (4). Health care providers (3&4), public health nurses (3&4) and counselor/therapists (4&3) provide good quality of relationships, and she is satisfied. Tess has an extensive support system with a variety of emotional, informational, and material support. (Family and Social Support Surveys) This support system is a strong protective factor for her and her son.
In mapping Conal’s bonds, Tess indicated that Conal has six very close bonds that include his Mammy, Daddy, and her immediate family including her parents and brother, Nanny, Grandad, Uncle and his partner. She mapped Conal’s close bonds with ten members of her family and Conal’s father, Sean’s family. Warm bonds with Conal were mapped at seven and casual bonds included five. (Child Bonds Map)

Conal’s grandmother has consistently provided him with very strong close bonds since his birth. This adds to his trust and security in relationships and the very close bond that he is developing with his mother. Conal goes to both his mother and grandmother for hugs, kisses, attention, and play. He is very comfortable and affectionate with both of them. (observations & interviews)

The two detailed transformations provide insight into the relationships between social support and parent-child bonds. These two examples contain many shared perspectives with the other participants, but their stories were unique and based upon their own experiences, cultural contexts, and perspectives. Each participant had a different story to tell with their own perspective on the relationships between family and social support and parent-child bonds in their own cultural context with different risk and protective factors. Some participants had very strong family support from either their parents, partner, and/or families as Tess described. Other participants had
conflictual relationships with either their parents, partner, and/or families or a lack of family support other than the partner as Cara described.

An important finding from the study is that social support did make a difference in how participants felt about themselves and how they dealt with issues and conflicts with their relationships. Tess was able to talk with her Visiting Mother about her issues and concerns. This empowered her to deal with these issues and resolve them. This was a part of the process in developing a close warm bond with her son.

Family Support Programs within the Cultural Contexts

The family support programs are based within unique cultural contexts. They provide family support that is mediated by broader contexts of the ecological systems within society. These include the neighborhood, community, city, county, state, and nation. The programs and policies within each context affect the programs. The findings about these cultural contexts are presented.

Ballydalkin and the Visiting Mothers’ Programme

The cultural context of the five families in Ballydalkin differs from the cultural context of the five families in Bridgeton. The support provided to families is influenced by both the macrosystem (public policies and ideologies) and the exosystem (institutions and settings that influence the quality of life for the child). The programs and their funding are different in each cultural context.
These differences are in part influenced by public policy (macrosystem) and the programs (exosystem) provided in each cultural context. They influence the quality of life for the children and their families through the programs, supports, funding and services provided.

The Visiting Mothers’ Programme has evolved since 1980. It has continually evaluated its methods and changed them in accordance with findings and circumstances in society. The Ireland of 2002 is known as the “Celtic Tiger” and has resulted in prosperity and skilled employment for many citizens, but families with no educational qualifications still live on welfare in unsatisfactory housing (Molloy, 2002).

The Visiting Mothers’ Programme is a part of the National Health Board and receives funding, support, and structure from the Board. The Visiting Mothers are independent community members. There are detailed records that are kept about the services and the program by the Visiting Mothers and family development nurses for the program and Health Board. There are also close collaborations with the public health nurses, local clinics, and other organizations. The program fits into a national agenda of family support. The director of the Visiting Mothers’ Programme, Grainne Foley, provides insight into the history, vision and goals of the program as well as, the national agenda on family support by stating:
The goals of the program are building confidence and self-esteem with parents by its very nature...I think the program was officially ahead of its time, so it would have taken time...you wouldn’t have been supported maybe in the way that you wanted to be...It was a creative process. It was innovative. It was probably very different to what we’re used to. It was also where Irish society was at the time. It would have been changing. It wouldn’t be the norm for that time...You probably didn’t get or felt you didn’t get a lot of support. You also weren’t mainstream...What’s actually happened in the last few years,...Ireland has changed dramatically. There’s been a lot of changes in terms of reports and realizing that support is important, and the Commission on Families was one of the first ones that named it and stated it, and the Child Care Act. So in a sense, the program has very much come into its own now, where it’s actually found a niche...Nurses have been employed by the health board and I’ve been employed by the health board, but the visiting mothers are not employed by the health board. They are actually rooted in the community...The challenge along the way was to try...and it’s been beneficial to have the nurses employed by the system. You never worried about their salaries and also part of the expenses...The volunteers were produced by the Health Board, so we didn’t have to look for that...The visiting mothers have always been free in a sense.

The health board has been facilitating the program, and that they give the official backing, which is beneficial to them, sometimes in terms of families they’re visiting...The “onus” on them really is to develop parent support programs...The program now seems to be fitting into...an agenda...a national agenda...The program...is in the Eastern Region and it would be very much fitting in with...family support services...The program would always be identified as one parent support program or a family support service...But it is developed on the public health nursing service. It’s identified under that umbrella as well...To go for the bigger agenda, you can start picking up the world health organization and primary health care community participation, and it can fit in to that agenda as well...Health promotion is developing in the health boards now, and they are starting to see that it’s fitting in there at the moment, as well. And also with the Department of Health breast-feeding is becoming...a big thing now. So to improve the breast-feeding rates, and again, they’re looking and seeing the program is fitting into that as well...It’s fitting in to quite a lot of national agendas now, but...it’s still different in a sense that they’re
not people that are employed, or could be controlled or could be told what to do. So in that sense it’s different...the visiting mothers have always been free in a sense. (interview)

Although the national agenda in Ireland has changed, the key goals of the program remain the same, Grainne states:

It hasn’t really changed in that it’s still to support parents, build their confidence and their self-esteem, and really empowerment through equality and partnership. Well I suppose equality in terms that we are all equal as human beings really at that level. So in a sense, we may accept that someone has a bit more knowledge than the other or...is from a different background or whatever. But at the end of the day...We are all equal as human beings, the parents, the visiting mother with the parents, the parent with the visiting mother with the parents, the family development nurse, the visiting mother, myself as a family development nurse. (interview)

The national policy agenda in Ireland supports the Visiting Mothers’ Programme. The program is embedded in the cultural context of Ballydalkin. The availability of support services in their neighborhood by a local mother, who accepted, supported and empowered them through support played an important part in how effective the program is in its support of parent-child bonds. The Visiting Mothers and the leaflets that they provided on child development, health, and safety issues provided the participants with nonjudgmental support, which they accepted and appreciated (Appendix H).

There is a national agenda of family support that provided the participants with free benefits and entitlements including children’s allowances, public health nursing services, health clinics, free hospital care, and free General
Practitioner Services and medicine for families with low incomes. These services and supports for families are a part of the cultural context.

The Visiting Mothers' Programme provides documented support to mothers and children. In a seven year follow-up of a randomized controlled study of the program found the following: accident risk requiring hospitalization was lower; intervention mothers were more likely to read to their children daily, to play cognitive games, to read nursery rhymes, to be involved with their children in learning activities, to go to the library, to control television watching, to complete immunizations of polio and H.I.B., to help children with homework, and to benefit in maternal skills (Johnson, 2000; Molloy, 2002). The program produced sustained improvements in parenting skills and maternal self-esteem.

The participants in Ireland had much closer contact with their families than the participants in the United States. The four single mothers in Ballydalkin lived in their parents' homes. The Irish cultural context, with its strong kinship ties, may be a contributing factor (Greene, 1994). None of the American families lived with their families and few received any kind of support from their parents. The Irish participants also tended to have larger support networks, which often included multiple brothers and sisters. Participating Irish families tended to be larger than the American families in the study. Based on the findings from the family and social support survey and map of child's bonds,
the Irish participants had larger extended families who provided support and had closer bonds with the children. The Irish participants’ relationships with their mothers tended to be closer than their American counterparts. Grainne Foley, the director of the program, surmised that, “there are certain things that would be culturally and specific to Ireland, the grannies and the relationship with their parents. They often say Dublin mothers are very close to their mothers, so they don’t go far away from them.”

Family Center Program within the Cultural Context

Bridgeton and the Family Center

The cultural contexts of the five families in Bridgeton differ from the cultural contexts of the five families in Ballydalkin. The support provided to families is influenced by both the macrosystem (public policies and ideologies) and the exosystem (institutions and settings that influence the quality of life for the child). The programs and their funding in each cultural context are different. These differences are influenced by public policy (macrosystem) and the programs (exosystem) provided. The Family Center is funded through Catholic Charities. It receives some grant funding from private and government grants, but it is independently operated. The participants in the study come to the program on their own. They get to the center from all over the city by different means of transportation including walking, riding in cars, and taking the bus.
They come on a daily, weekly, and monthly basis, depending on their needs and circumstances. Some families come every day. Others come less. The support networks of the American families tended to be very small. Most did not have extended families or parents to help them (interviews and surveys).

The Family Center and/or their partners or husbands provided them with their main sources of support. The Family Center, like the Visiting Mothers’ Programme, provided them with material, emotional, and informational support. The Family Center provides more material support, including food, bus tokens, clothing, school supplies, etc (observations and interviews).

Both programs provide playgroups, but the Family Center offers one on a daily basis while the Visiting Mothers Program playgroup is held weekly. Early intervention through a Birth-to-Three program is offered once a week at the Family Center.

Participation in the Family Center is open to all families with young children and can continue as long as the parent needs it. Many older children return to the Family Center on school holidays, vacations, and holiday parties. The Visiting Mothers’ Programme is focused on the first two years of the child’s life, although mothers and children continue to attend the weekly playgroup beyond two. I observed many three and four year olds enjoying the mother and toddler group.
Poverty, violence, and housing issues were major problems for the American participants. Substandard housing and a lack of available rental units created stress for the families. Three of the families in the study spent many hours searching for adequate and affordable housing after evictions. One family moved three times and one family lived temporarily in a shelter (observations and interviews). TANF, Temporary Assistance to Needy Families, provides some support to three of the families with children under five. This federal program is time limited to five years. If they continue to use TANF until their children are five, they will lose these funds forever. One family is no longer eligible for support. In Ireland all families receive support from the Republic for their children regardless of income. There is welfare available for families in need. Some of the American families have no health care. Hospitals and clinics are used when needed. In Ireland there are clinics available to families through the National Health. The cultural contexts and national policies impact the lives of mothers and children in very different ways. They provide very different risk and protective factors within the microsystem, exosystem, mesosystem and microsystem impacting the lives of children and their families (Bronfenbrenner, 1979).

The cultural contexts provide the niche in which social support takes place. There are shared experiences in each setting and there are different
perspectives based on the unique cultural context of each family. These perspectives are solely those of the individuals participating in the study.

Summary

The findings presented in this chapter are an exploration of the multicultural perspectives of five families in the United States and five families in Ireland about the relationships between family and social support and parent-child bonds. The ten families were participating in social support programs during the course of the study. The participants informed the study through family and social support surveys, interviews detailing their histories, experiences with social support and parent-child relationships, observations, informal conversations, maps of parent-child bonds, video recordings and descriptions of parent-child bonds. They provided their perspectives on the meanings of family and social support and parent-child bonds to them. They also provided their perspectives on relationships between family and social support and parent-child bonds. Their experiences and perspectives added to other data will help me to interpret these findings in the next chapter.
CHAPTER V

DISCUSSION, IMPLICATIONS, AND DIRECTIONS
FOR FURTHER RESEARCH

Introduction

The findings of this study are rooted in the unique contexts of ten families' participation in two family support programs. These findings provided insight into the perspectives of five mothers in the United States and five mothers in Ireland on the relationships between family and social support and parent-child bonds (attachment). Specifically, these findings explored and described the multicultural perspectives and contexts of these mothers and their children while involved in a social support program.

The results provided specific insight into the experiences and specific cultural contexts of the ten participants. The Visiting Mothers' Programme participants found that the Visiting Mother's monthly visits provided emotional support, which buffered their stress, by providing opportunities to talk about themselves and their problems. The Family Center participants found emotional and material support, which buffered their stress, by talking with staff and other parents about their problems and available material resources such as food and clothing. The emotional, informational, and material support provided by the two social support programs buffered the stress of the participants, helped them
to relax and enjoy their children, provided role models for parenting, and encouraged positive, responsive interactions with their children, thereby affecting the quality of parenting and mother-child interactions.

This study adds to our current understanding of families in different cultural contexts by providing us with rich contextual details exploring their experiences, perspectives, understandings and meanings about the relationships between family and social support and parent-child attachments. These findings and results confirm some of the existing findings in the research literature about the role of social support, for example, in buffering stress, affecting the quality of parenting, and affecting mother-infant interactions.

This chapter provides a discussion of the research questions, the findings in Chapter IV, the implications derived from these findings, and directions for further research. These findings emerged from analysis of the data, based on focus groups, in-depth individual interviews, observations, Family and Social Support Surveys, Map of Child’s Bonds, Description of Parent-Child Relationship and Play, and Video Recording and Reflections. The findings suggest that there is a relationship between family and social support and parent-child bonds. These relationships may have a role in transformations that can change the nature of parent-child interactions, particularly in the cases of depressed and at risk mothers and families. These findings are based on parent
involvement in social support programs in two different cultural contexts; however, similar universal supports to mothers and children were found in both groups. These recurring themes and patterns will be discussed in this chapter. Implications of the findings for future research will also be discussed.

Research Questions

Review and Discussion

The purpose of this study was to explore the relationships between family and social support and parent-child attachment. The perspectives of the participants inform the research questions. They provide insight into the meanings and experiences of the participating mothers and children involved in the two social support programs. Data from participants, including mothers, program staff, volunteer Visiting Mothers, and documents inform this discussion.

1. How do families view the relationships between family and social support and parent-child attachment?

The unique experiences and needs of each family affected their views of family and social support and its impact on their relationships differently. In both settings, social support relieved depression and stress allowing for parents to attend to their relationships with their children and build stronger bonds.
Angela, a participant in the Visiting Mothers’ Programme, related, “I can just concentrate on him and being a Mom.”

For many families, particularly those in the United States, emotional and material support played an important role in enabling them to devote more quality time to their children. When social support and social networks reduce parents’ stress, isolation, and loneliness, more quality time with less stress and tension can be spent with their children, which can influence their relationship in a positive way. Participants were able to relax and enjoy their children as has been found in other studies. (Jacobson & Frye, 1991; Kagan & Weissbourd, 1994; Weissbourd, 1989). Social support had an impact on the quality of parenting by providing mothers, including depressed mothers, with opportunities to talk about themselves and parenting concerns and issues. This is consistent with other findings (Lyons-Ruth et al., 1990; Teti & Gelfand, 1991). Through these opportunities mothers were able to open up and vent their feelings, feel better about themselves and turn more positive attention and behaviors to their children. Lida, a participant in the Family Center program, stated, “when you’re stressed you don’t enjoy your kids.”

The family support programs provided mothers social support, parenting education and play groups offering role models, alternative parenting styles, choices and options in their parenting behaviors confirming findings identified
in other studies (Andresen & Telleen, 1992; van den Boom, 1995; Wendland-Carro et al., 1999). Social support programs provided the context for the mothers to learn about parenting from other mothers and staff members, to observe other children, to receive parent education, and to participate in play groups. These experiences and opportunities to learn about children and parenting affected the parents’ interactions and relationships with their children. They saw what worked and what didn’t work. Nuala states, “you see other people in the play group...and you see good things and bad things...and you try and take all the good bits in and say I’ll try that later.” Tess comments, “you watch how other parents are with their child and you start picking up things that they do and it makes the bond between you and your child better.” Other parents and staff become role models for the mothers. Role models allow participants to learn about what works and what does not work. They try what they observe and find out what works and what does not work for them. They learn about parenting through role models and observations and by trying out new approaches with their children.

Family support was much more complex than social support. For many of the families in Bridgeton, there was little or no family support. For some of the participants, there was a concentrated effort to parent differently from their own parents. Lida expressed it in this way, “I’m constantly, constantly hugging
and kissing them, telling them I love them. Constantly. And that’s funny because I remember growing up...my mother never told us she loved us.”

In Ballydalkin, four of the mothers were single and lived with their parents, so that family support was an important part of their lives. For them, family support was a very concrete experience and affected their bonds with their children. Most of the mothers expressed sincere gratitude for the support that they received. They did, however, voice mixed emotions at some of the support that they received and its impact on their self-confidence as mothers and their parent-child bonds. Mairin described family support: “To know that you’re not on your own, like if you ever need anything you’re family is there with you.” Mairin also expressed that “Sometimes my mother and father interfere like they say don’t do that. You’re too rough. But you don’t think you are.” Brigid explains, “I have great support from my family...My mom’s always there to help me. She’s helped me through all the bad times. It’s great support at home...I think family can have...a good and bad effect...but sometimes they just aren’t good at giving the support.”

2. How does the cultural context shape the experiences of individual families within the two cultures?

The cultural context shapes the experiences of individual children and families and influences the quality of the lives of the families and children. The
ecological systems of the families are affected by the culture in which they are embedded. In Ballydalkin, the four unmarried mothers lived with their families. The child’s microsystem included close relationships with grandparents, particularly grandmothers, and aunts and uncles, the mother’s siblings, and often the father and his family. This contrasted with the smaller microsystems of the American participants. In Ballydalkin, children tended to have more strong close bonds and close bonds than in Bridgeton, as documented in the Map of the Child’s Bonds (Appendix F). In Ireland, larger families and close familial kinship ties may be cultural factors that influence and shape bonds within the extended family (Greene, 1994). In the United States, the child’s bonds with others may be influenced by the cultural context of having few contacts and small support networks outside of the immediate family.

In Bridgeton, the families lived in an inner-city setting, so that the surrounding American culture inevitably had an impact on family life. Most of the families were isolated by great distances or estranged from extended family, for complex reasons including family conflict. Some of the families relied on public transportation and were often isolated in their homes, housing issues and low socioeconomic status also affected their lives (Zigler & Black, 1989). The Family Center helped them to meet their needs for their families and provided
important resources (emotional, informational, and material) and social networks for them.

3. How does the national policy context (macrosystem-dominant beliefs and ideologies) play out at the program level (microsystem)?

Dominant beliefs and ideologies affect national policies, cultural values and the implementation of programs. In Ireland, there is more acceptance of family support programs and initiatives in public policy than in the United States. Beliefs and ideologies specific to each cultural context shape the direction of national policies and affect the response to the needs of families and children and issues in society. The needs of the families and children within the cultural context may be affected by the national agenda for social support and assistance programs. They may affect the needs of families using the programs and the acceptance of programs within the community. The national policies within each context may also affect the moral and financial support that programs receive.

Based upon Bronfenbrenner's ecological systems theory, the microsystem of the child is affected by the context and environment that are shaped by the broader contexts of the mesosystem, exosystem, and the macrosystem (Bronfenbrenner, 1979).

In Ireland, the government (Health Board) funds the Visiting Mothers' Programme's staff operating costs. Volunteer Visiting Mothers are an important
component of the program. The Visiting Mothers’ Programme is available in a
health district that includes several counties and involves over 2,000 families
annually and includes Breast-feeding Support Groups, Parent and Toddler
Groups, and attention to the special needs of Travellers and Refugee/Asylum-
seekers (Annual Report, 2001-2002). The number of families served by the
Visiting Mothers’ Programme extends through several counties in Ireland.
Individual Visiting Mothers’ Programmes are based in community
neighborhoods.

In the United States, Catholic Charities and grants fund the Family Center
program. There are also volunteers at the Family Center, in addition to three
paid staff members. The program is affiliated with the Moore Center, which
includes a soup kitchen. The Family Center is unique in the city because
breakfast and lunch are served daily at the center along with a daily playgroup.
The program serves approximately 25-30 families per month (Staff Report, 2002).

Public policy in Ireland and the United States differ in their support and
commitment to families and young children. The Irish government takes an
active role in providing programs and funding for family support programs,
such as, the Visiting Mothers’ Programme. The United States government limits
its support and funding of family support programs, such as the Family Center.
4. What do family and social support and parent-child bonds (attachment) mean to the participants in the study and how is it influenced by their culture?

The cultural meanings of family were different in the two cultural settings. In Ballydalkin, Ireland, the meaning of family included a large network of grandparents, brothers, sisters, and extended families on both sides of the child’s mother and the father. In Bridgeton, United States, the meaning of family generally included the immediate family of parent(s) and children. Relationships with extended family were limited and often non-existent. Factors such as distance, conflict, and isolation from others affected both the quantity and quality of family relationships and what they meant to the American participants.

Social support in both cultural contexts enhanced the parent-child bonds. In each cultural setting, the meaning and type of support to each family varied and was indicative of cultural differences in the provision of social support and the needs of families. In Ireland, extended families and the government provided supports to the participants and their children. Relationships with families were sometimes strained and conflicted, but there was a commitment to the daughters and their children that included shelter, food, material, emotional,
and informational support. The single daughters in the study were not turned out of their homes when they became pregnant and had children.

The influence of the Catholic Church within the cultural context in Ireland may affect the acceptance of children's children into the family. Ireland is 94% Catholic. Recent controversies about the servitude of unmarried pregnant workers and forced adoptions of the children of unmarried women by the Catholic Church may have changed the cultural environment regarding unmarried mothers and their children. Many of the children left Ireland never to see their mothers or extended families again. This has been a national issue discussed in the media.

Irish government policies and practices reflect ideologies, values and mores that provide family support programs and policies at the national level. The macrosystem, dominant beliefs and ideologies including cultural, national values, and customs within the Irish cultural context affect the children and their families through the implementation of programs and policies that support families (Bronfenbrenner, 1979). This national acceptance of mothers and children and their needs for support may also affect their acceptance within the family. Grainne Foley, the program director of the Visiting Mothers' Programme, states, "Ireland has changed dramatically. There's been a lot of changes in terms
of reports and realizing that support is important, and the Commission on Families was one of the first ones that named it and stated it.”

In the United States, participants were more isolated from extended families. Government support was also more limited. The support networks of the participants were smaller and the needs of the families regarding material support such as housing and food much greater.

Funding for the Family Center comes from a combination of grants, donations, and Catholic Charities. Rena Rinaldi, the coordinator of the Family Center, states, “this program is part of the Moore Center...a community program of Catholic Charities...All the fundraising and grant writing and whatever is done through the Moore Center, although some of our grants are specific for our program.... And Catholic Charities is...where all the accounting is done and all the real hard core administrative stuff...It ensures cash flow so if we’re in between grants or the money is coming from one or hasn’t come or whatever, it creates a stable base...We have in the past gotten monies from the Krauss Foundation. And also from the city block grants, which is actually HUD money.”

In the United States, there are fewer safety nets for families as public policies moved from Aid to Families with Dependent Children (AFDC) to Temporary Assistance for Needy Families (TANF) with a time limit of five years.
Budget cuts in social welfare programs including health care and nutrition have reduced funding for families and children (Fund, 1998). Many families in the United States have no health insurance and Medicaid is threatened with cuts by the current administration and Congress.

5. What are the perspectives of families on different types of family and social support and their relationship to parent-child bonds?

The participants offered diverse perspectives on family and social support. Support from family members elicited mixed responses. In the Irish families, family support provided to the mothers and children included emotional, material, and informational. The families in Ireland may feel a sense of responsibility towards their daughters and grandchildren. One grandmother in Ballydalkin remarked to me that you have to support them (daughter and her two sons) until she’s of age (21). Sometimes after the birth of a child, family support can be difficult for the mother and create stress. Angela recalled, “Ma, she was always on my back, saying you’re not doing this properly, you’re not doing that properly. Then you feel like cracking up.” Nuala, a married Irish mother, stated that family support is “very, very important” to her. It offers her, “support and help and advice, a lot of support with five sisters and a brother and 21 nieces and nephews, and my mom...good in-laws.”
Brigid looked at the “good and the bad effects” of family support on parent-child bonds. She stated, “They can kind of knock your confidence sometimes.”

The Irish participants in the family and social support survey were more satisfied with the quality of their relationships with family and partners than the American participants. Culture, I believe, is an important factor in this difference. The American participants had considerably less support from family. Many either lived far away from family members and/or had conflictual relationships with family members. Doreen recalled, “Tamara was planned...they didn’t want me to have Tamara...My father and I didn’t start talking again until this past year...my aunt and my grandmother have been very accepting, more supportive than my mother and my father.” Rose lives a great distance from her family but recalls, “I’ve never had support from my family. I mean my father would financially help me here and there, but I’ve never had the emotional support.”

Family support can provide strong protective factors for young mothers and mothers with children with special needs, but as discussed, it can also be a risk factor and have a potentially negative impact on parent-child bonds (Apfel & Seitz, 1991; Jacobson & Frye, 1991). Depending on the contexts, relationships, and history, family support can either be a positive or negative influence on the
parent-child bond (Chase-Lansdale et al., 1994) (Apfel & Seitz, 1991; Dilworth-Anderson & Marshall, 1996). In this study, there was some indication that social support can positively impact family support and its relationship to parent-child bonds. In the case of Tess’ transformation in her relationship with her son, the Visiting Mother clearly supported and empowered Tess in her relationship with her mother and child by providing her with advice, support, and encouraging her to go to the playgroup. This enabled her to talk with her mother, attend the playgroup, and develop an independent maternal relationship with her son. In Tess’ words, “it worked out perfect because Enid (Visiting mother)...wasn’t saying you have to do it that way she was saying sit down and talk to your mom and tell how you feel. If Enid hadn’t said that to me I probably wouldn’t have sat down. I probably wouldn’t have talked to her.”

The clear relationship between family and social support and parent-child bonds presented in Tess’ transformation was not as clear in all of the families. Tess’ depression and single parenthood appear to be important factors in her early rejection of a relationship with her child. Social support may be a protective factor in parent-child bonds for parents at-risk due to the multiple effects of maternal depression, adolescent parenting, poverty, single parenting, isolation, and stress (Apfel & Seitz, 1991; Crittenden, 1985; Lyons-Ruth et al., 1990).
The unique histories, experiences, and presence or lack of family support were factors that influenced the relationships between family and social support and parent-child bonds. This study informs our knowledge of the relationships from the multicultural perspectives of ten families in the United States and Ireland. Social support and its relationship to parent-child bonds meant a great deal to most of the participants. The mothers expressed that with social support, "more confident of being a mother", "concentrate on him and being a Mom", "helps me.... I'm bonding better", "more comfortable being a mother", "not afraid", "not panicking", "closer to your children", "more time with your child", "learn how to bond with this child", "more patient with my son", "playing with my kids", "change things...look at things differently...see my child's behavior from a different point of view." Participants appeared to internalize their social support experiences and then change the nature of their relationships and bonds with their children.

The findings suggest a positive relationship between social support and factors such as self-esteem, self-worth, self-confidence, and trust in each context. For example, participants in the Visiting Mothers' Programme found that the Visiting Mother valued them as individuals and as mothers, showing interest in their well-being and points of view. The participants formed trusting relationships with the Visiting Mothers and these relationships bolstered their
self-esteem, self-worth, and self-confidence. This increased self-esteem and self-confidence affected their parental attitudes, maternal sensitivities and responsiveness towards their children, the quality of their interactions and relationships with their children. The relationships the Family Center participants formed with the staff and other mothers also positively affected their self-esteem and self-confidence by developing trusting, nonjudgmental relationships with positive role models. These role models offered other ways of interacting and relating to their children. The participants were freed in these relationships to develop new parental attitudes, maternal sensitivities and responsiveness toward their children. I observed these changes over the period of the study. For example, Lida became more confident as a mother and eventually found that she no longer needed people to tell her that she was a good mother. These changes were part of a gradual process embedded in the relationships and experiences that I observed in each program between the participants, their children, the staff, and the other mothers. Because social support may affect how mothers interact and bond with their children, it may be an important influence on how the participants feel about themselves as mothers. Social support may also affect maternal sensitivities and responsiveness towards the child and possibly impact the nature and quality of parenting attitudes, mother-infant interaction, infant development, and affect parent-child bonds,
particularly when there is stress, as Crnic and Crockenberg found (Crnic et al., 1983) (Crockenberg, 1981).

These findings show that social support reduces social isolation, stress, tension, and relieves depression by providing opportunities to develop relationships with staff members, other mothers, and social networks within the programs and their playgroups. Participants found that social support helped them to deal with frustration, anger, and despair. By talking about themselves and expressing their feelings, participants felt “happier”, “cleared their heads”, and “more open.” Social support appeared to encourage communication and foster relationships with providers and other mothers. Participants indicated improved relationships and interactions with others, including family relationships and harmony. There were also indications that social support may increase knowledge and learning opportunities, support parent-child relationships, and increase understanding of children and child development.

6. What relationship does family and social support play in the development of parent-child bonds?

The findings indicate strong relationships between family and social support and parent-child bonds. Within the two cultural contexts, differences in family support were found. In the case of Cara, a participant in Bridgeton, her partner was a strong support to her, but other family members were not. The
combination of her partner support, the Family Center, and her dysfunctional relationships with the father of her first child and her family earlier in her life created a context in which her secure relationship with Stella was developed and formed. Social support possibly provided Cara and her children with strength and resiliency to help them deal with adversity, as found in Werner’s studies (Werner, 1989; Werner & Smith, 1992). Through education, support, and strength, her parent-child bond with Stella became a secure relationship. Based upon her description in Parent-Child Relationships and Play (Appendix G), the videotaping, observations of parent-child interactions, the interviews, and observations of Stella’s independence, exploration, and play, the relationship between Cara and Stella is one of love, trust, and security. Their relationship was fostered and supported within the context of their relationships within the family and the Family Center.

In the case of Tess, one of the participants from Ballydalkin, her mother was a strong support to her. However, she also was a source of stress and conflict for Tess, because of her mother’s strong bond with Tess’ son, Conal. Tess’ depression and her early rejection of the child was a factor in her mother’s strong and close relationship with Conal, which included daily care and interaction. During this time, the child developed a close bond with his grandmother and began to call her “mama.” During the course of the study Tess
related some confusion on the part of Conal on whom he called “Mam” and whom he called “Granny.”

He began identifying his granny as his mother. As his relationship with his mother changed and deepened, he began to identify Tess as his mother. She was working very hard to establish a close secure relationship with Conal. Family support provided Conal with secure relationships that he could depend upon. He was well cared for and loved by his extended family. Within the Irish cultural context, strong kinship ties provided important support to Tess and her child.

During the course of the study, Tess and Conal’s relationship developed and flourished with the support of the Visiting Mother and their participation in the mother and toddler group. Based upon Tess’ description in Parent-Child Relationships and Play (Appendix G), the videotaping, observations of parent-child interactions, the interviews, and observations of Tess and Conal together, it was clear that they were developing closer parent-child bonds. The Visiting Mother and the playgroup influenced Tess’ actions and interactions with her son and mother. These actions and interactions within the context of the Visiting Mothers’ Programme supported their parent-child bonds.
7. How do the experiences of individual families shape the relationships between family and social support and parent-child bonds within the cultural context?

The experiences of the individual families in the study shaped the relationships between family and social support and parent-child bonds within the cultural context in an individual manner due to the unique qualities of relationships, sources of support and the quality of support within each niche. For each family, their experiences and their meanings of parent-child bonds were different, although there were common themes and patterns. For the Irish participants, family support provided emotional, informational, and material support. Depression, stress, and isolation may negatively impact their parent-child bonds, but the relationships the mothers found in the Visiting Mothers’ Programme empowered their sense of self-esteem and self-worth and affected parent-child relationships in a positive manner. The Visiting Mothers were, in the words of the participants, a “constant in your life”, someone who “supports you”, “someone to depend on”, someone who built a “relationship” with you that increases “self-worth and confidence” and “confidence in being a mother” and “cheers me up” “talks, reassures, and relaxes” “relieving stress, tension, and depression” with a “calming effect” enabling interactions “relaxing with child” supporting parent-child relationship providing “leaflets” that “help” with
"knowledge about child development" that affect play and interaction with the child. The playgroups also increased social interaction reducing social isolation providing social networks and opportunities to observe other parents. Participants found that the playgroups provided them with opportunities to "learn from other parents", gave "respite care", to "meet others", and "interacting with others", and "increasing understanding of child."

In sum, the data in this study provided rich, contextual detail to answer the research questions. The interpretative nature of the study lends itself to exploring the meanings and understandings about the relationships between family and social support and parent-child bonds and attachment in two cultural settings.

**Themes in the Findings**

Through the triangulation of the data, many themes emerged in both cultural contexts. There were similar recurring themes and patterns found in the data of most of the participants. Many of these themes are documented in the research literature (Crnic et al., 1983; Crockenberg, 1981; Jacobson & Frye, 1991; Lyons-Ruth et al., 1990). This study brings together a number of themes. These themes are central to the findings because of their meaning to the participants and their association with relationships between family and social support and
parent-child bonds. I will explore and discuss these significant and recurring themes.

**Universal Values**

There are universal values such as caring, respecting, loving, and valuing others that are reflected in the practices and philosophies of both the programs. "We’re all connected and just caring about each other can make a difference in our lives", reflected Rena Rinaldi of the Family Center. The participants in both programs are respected, valued and cared about by the staff of each program.

**Positive Relationships with Unconditional Support**

In both programs, there were positive relationships with unconditional support formed between the participants and the Visiting Mothers in Ireland and the participants and Family Center staff in the United States. The positive relationships were based upon trust, positive regard, and acceptance. These positive relationships were observed in interactions between parents, children, and staff in both programs. Confidentiality and respect for the participants were valued. Participants knew that they could “trust” the staff members.

Grainne Foley of the Visiting Mothers’ Programme and Rena Rinaldi of the Family Center spoke of the importance of positive relationships with unconditional support.
Grainne stated, “It’s relationships between adults, but it’s a positive relationship. It’s unconditional positive regard. It’s caring. It’s love in a different sense, pure love...valuing people...It’s this equality thing and it’s positive relationships that encourage growth and development...you see it with the parents and the Visiting Mothers, the nurses...It’s relationships between adults, but it’s a positive relationship. It’s unconditional positive regard. It’s caring. It’s love...pure love....”

Rena Rinaldi, the coordinator of the Family Center, states, “we’re there for them in ways that they really can’t depend on other people to be here. So it’s...unconditional...very respectful of people...build trust by...consistently being welcoming...we care for their kids...the most positive and caring relationships.”

Jeanne, a staff member at the Family Center, describes the relationships with families in this way, “We’re just equals...respect, support and knowing that you are not alone and that there is someone there for you that if you need help or you need someone to talk to, we will always be here. I think it makes them feel...loved or they feel accepted and welcomed and I think it’s all positive feelings that they’re feeling...we respect the families that do come here that they’re individuals and that’s why they keep coming...we start off with love and caring.”
The programs seem to accept people for who they are and are there for them. The programs care about the families. I saw, heard, and experienced these positive relationships. These relationships are an integral part of the ethos of each program. The positive relationships with unconditional support between the staff and parents lay the groundwork for other relationships. They “open the door” to other relationships, in particular the parent-child relationship.

**Nonjudgmental Support**

Participants in both programs found the nonjudgmental support that they received in the programs very important. They were willing to relax and to try new things with their children because it was advice was given nonjudgmentally. “Information is...taken in the relationship of equality”, according to Grainne. Information sheets are given to the mothers in the Visiting Mothers’ Programme encouraging the mothers to make choice of how to care, interact and provide for their children.

Enid states, “I think it’s easier to help somebody outside because you know they’re not going to judge you. They are going to listen. They are not going to comment too much and I’ll always say something positive back. I think that’s very important to them as well.”

“It’s non-judgmental.” (Rena) “I won’t judge them, you know. I would be non-judgmental in that relationship.” (Grainne) “I think it is contact with
another person who is not being judgmental or critical of how they look after the baby. It’s so non-threatening and the Visiting Mothers are just going in and working as friends and as part of the community to them, and they give them their time. You know, and they value them really.” (Aileen)

The theme of nonjudgmental support was found throughout the study in both settings. I believe that nonjudgmental support provided an important context in which relationships could flourish and change. It helped the participants feel supported and uncriticized. Nonjudgmental support helped support the participants in their relationships with their children. This support according to Tess, “helps you along the way, like a guiding hand”, it doesn’t judge, criticize, or put you down. This nonjudgmental support opens the relationship to communication and “talk”, it is possible for the participants to “open up” and “get a big weight off your shoulders, like you’re not keeping everything inside.” (Angela) It provided a comfort zone for the participants; it was a safe environment to communicate, to relieve stress and tension.

Opportunities to Network and Talk

Opportunities to network and talk were provided by each program. The cultural context set the stage for the particular opportunities within the setting.

In her monthly visit, the Visiting Mother provided the participants the opportunity to, “let them talk about themselves” (Aileen). At the Mother and
Toddler group, participants were able to talk and network with other mothers. These opportunities reduced isolation and increased the social networks of the participants.

The Family Center provides “a consistent place to come. I think we create a sense of community that is very lacking in our families’ lives.” (Rena) Families develop “friendships” and form “bonds” with each other.

These opportunities to network and talk provided opportunities to form friendships and bonds with others, to learn about parenting from others, and to relieve stress and tension for the participants. These opportunities affected parent-child bonds because they enabled participants to “relax” and “enjoy their children”, and form more positive relationships.

Respect for Mothers

Inherent in both programs is a respect for mothers. This respect is clearly indicated in the focus of the programs on mothers and their relationships with their children. There is clearly focused attention on the mothers and their needs in both programs. Emotional, informational and material support is given to the families within the parameters of their program’s resources and philosophies.

The Visiting Mothers emphasize the importance of the mother and her needs. Carmel, a Visiting Mother says, “Because new mommies have this thing
that their babies are just so important in their lives which is true but the person and the mommy herself is just as important.”

Enid tells mothers, “I just love telling people how wonderful they are. I love telling them they’re great. Moms are brilliant. I just love women, I think women are fantastic, she trusts me and she knows that I’m not there to fault her. I build up her esteem. I build up her confidence. I just tell her she’s a wonderful. I always admire the baby.” Aileen adds, “It means that somebody values them as people and is giving them the time. Plus a lot of them do build up friendships with the Mothers because a lot of them are local people that could meet them in the shops. It’s somebody showing some interest in them.”

This respect for mothers may affect the parent-child bond, Aileen believes, “if the mother is made to feel important...and that she’s maybe doing a good job or having a relationship even with the Visiting Mother and is made to feel valued, that it’ll build her confidence as well and her own self-esteem, and hopefully, that’ll impact on the child. That she’ll realize that she is a very important person in the child’s life as well.”

The relationships between the mother and the Visiting Mother help the mothers to feel respected. The staff at the Family Center also values the mother and her role in their interactions and work with the mothers. This respect may indirectly impact parent-child bonds.
**Playgroups**

The weekly Mother and Toddler group in the Visiting Mothers’ Programme at the community center and the daily parent/child playgroup at the Family Center were important components in each family support program. The playgroup programs provided mothers with the opportunities to develop a bond with their children in a positive, relaxing, and happy environment. Within the two cultural contexts, there are unique characteristics and differences in the playgroups settings, organization, and programs that reflect the cultural differences. At the Family Center parents are expected to spend time with their children in the playgroup, which is held in the playroom of the Family Center. The Visiting Mothers encouraged the mothers to go to the playgroup, but it is not mandatory. Three of the participants regularly attended the playgroup in Ballydalkin. One participant attended once while I was observing and one never attended.

The playgroups provide opportunities for the parent and child to play and bond together. Nuala reflected on her experiences with Morna by saying, “we enjoy doing it together...we go up to the mother and toddler group together and we play together up there and we play with other people as well. It’s not just us two on our own. I think it’s better for her. It brings her around.”
Role Models

Participants learned about parenting and parent-child bonds by observing other mothers and program staff. They learned about the "good" and "bad", "what works" and "what doesn't work." This informal opportunity to observe parent-child interactions was valuable to parents and their bonds with their children because it gave them the opportunity to learn about other parent-child interactions and relationships. Eileen, at the Family Center, said, "We're models. We're really modeling every imaginable thing every minute of every day. So there's a tremendous amount of teaching going on but it's not done in any kind of a formal way."

Options and Alternatives for Parenting

The family support programs provided participants with options and alternatives for parenting through the playgroups, role models of other parents, program staff, resources, sharing information with other parents, parenting classes and programs. The Visiting Mothers provided information and leaflets about parenting and child development. The Family Center provided information, daily playgroups, parent support groups and counseling.

Empowerment and Positive Affirmation

Both family support programs used a model of empowering and positively affirming families in the programs. Grainne described this model as it
is practiced in the Visiting Mothers' Programme: "support parents, build their confidence and their self-esteem, and really empowerment through equality and partnership...we are all equal as human beings."

Aileen, a family development nurse in the Visiting Mothers' Programme, adds, "I'd say really by building up their confidence and self-esteem really, and encouraging them to information is power."

Rena Rinaldi described how the program works with families, in this way, "the openness, the honesty, not having power over, power with. All those things are the routines, all those things I think create the environment that allows this process to happen. Being very respectful of people, I think, as basic human beings instead of thinking we're professionals, we know everything."

In both programs, the parents are valued as the experts with their own children. They are viewed as "equal partners" with the staff. Aileen of the Visiting Mothers' Programme explained that the mothers, "feel valued and respected and that she's an equal partner in the relationship. She's not being told what to do. That she's been given the opportunity to say 'look, you are the expert with your own child', and to become aware of herself as a mother and also become aware of her child and that she is...building up skills and knowledge, but at a pace that's relevant to her and where she's at really."
The programs are “working in partnership with the families”; creating an “empowering environment” in relationships. These relationships are built in “trust” and “respect.” Una of the Visiting Mothers’ Programme reflects on her relationship with Mairin, “I think because I don’t give her advice or criticize or judge so that makes things so much easier. I am constantly telling her how great she is.” Aileen states, “it’s the support and it’s somebody showing some interest in them. Plus, a lot of them, I think, do like the information that you get...they’re interested in their children. It means that somebody values them as people and is giving them the time. Plus a lot of them do build up friendships with the Mothers because a lot of them are local people that could meet them in the shops.”

Transformations: Supporting and Changing Relationships

The individual transformations presented in the study were unique to the participants and their cultural contexts. Family support programs and the relationships formed between participants and staff encouraged and enabled these transformations to take place. There are many factors that may affect a change in the nature of parent-child bonds and attachment. Family and social support may play an important role and have a strong relationship to parent-child bonds, particularly in families at risk including depressed mothers,
adolescent parents, single parents, and families in poverty. Some of the themes uncovered in this study may have influenced these transformations.

Rena Rinaldi reflected on "difference in the families, some more than others, but they have been with us for years if they have more than one child. The younger children are being raised by much more consistent and positive fashion, so lots of the problems that the family had with older children don't even show up with the younger kids because the parents have changed."

The context of the family support program may help to build self-confidence and self-esteem and encourage the development of parent-child bonds by providing information, developing and building up the participant's confidence, and through this process creating a positive relationship between the parent and child. It is a non-threatening process in which the Family Center staff and Visiting Mothers are working as equal partners and friends within the community and giving them their time.

Key to these transformations is the relationships formed by parents in the context of a family support program. I found that social support may relieve depression and stress, reduce isolation, provide opportunities to confide in others, provide respite care, foster confidence and self-esteem, provide role models and opportunities to form and increase social networks, and learn from
other parents and staff. The cultural contexts mediate the interactions between
the family support, social support, and parent-child bonds.

The relationships between parents and children may be internalized and
transformed by their experiences in the family support programs. The program
helps them feel safe, protected, and supported. This helps them to cope with
stress. This may give them the strength to deal with the issues and concerns in
their lives and more fully develop their relationships with their children.
Through the trust, acceptance, and acknowledgment that they find in the
programs, the participants may be able to realize how good they are with their
children and how well they are doing.

Implications for Practice and Policy

This study may have implications for research, practice, and policy in the
fields of early childhood education, special education, family studies, human
development, psychology, sociology, and anthropology, particularly concerning
children at risk. Application of the findings concerning the role of support in
effective programs may aid in development of early childhood programs, early
intervention programs, and family support programs that are culturally sensitive
to the needs of families and practices that are effective in supporting and
promoting healthy parent-child bonds and attachments.
This study also has implications for research design and methodologies, showing the need for development of future qualitative case study research that adds to our understanding of the relationships between family and social support and parent-child attachment. Research that gives voices to the perspectives of parents may help in the development of programs that are culturally sensitive to the needs of families and practices that are effective in supporting and promoting healthy parent-child bonds and attachments.

Limitations of the Study

The limitations of this study include the fact that the sample size is limited to ten families in two cultural contexts. The findings of the study are limited to the perspectives of the ten families participating in the study. It is not representative of either the Irish or United States culture.

Although the study is focused on the universal themes of family and social support and parent-child bonds, the individual cultural meanings and understandings are affected by individual experience and cultural context. The study is limited by its focus on the relationship between family and social support and parent-child bonds. Other issues and concerns of the families were explored in the course of the study, but the focus remains on the topic of the study and their relationship to it. Issues such as race, class, gender,
socioeconomic status, and violence may inform the study in their relationship to family and social support and parent-child attachment.

My personal perspectives and bias limit the study. I bring to the study my understanding and interpretation of the data.

Future Research

There are several suggestions for future research that have been identified as a result of the explorations in this study.

1. This study explores the relationships between family and social support and parent-child attachment in ten families participating in family support programs in two cultural contexts. In order to explore the understanding and meanings of individuals in other cultural contexts new research based upon this case study methodology should be conducted.

2. This study provided data over an extended period of time. In order to explore the long-term impact of participation in a social support program, longitudinal studies using the original participants could be conducted at five year intervals. This would provide valuable information about the long and short-term effects of family and social support on parent-child attachment. Are there long-term impacts on the parent-child bonds and attachments?
3. Further long term explorations of the children’s physical, social, emotional, and cognitive development would add to our understanding of short and long-term effects of attachment and family support programs.

4. Further explorations of the relationships between family support and parent-child bonds would add to the findings of this study. More in-depth study of family support, particularly grandparents, and their relationships with the parent and child would add to the findings.

5. Further explorations of the roles of fathers would add to this study. The limited presence of fathers in the homes and programs provided very little data directly from the fathers. Their participation in the lives of the children, particularly in Ireland was noted, but not fully explored. This would add another dimension to the study.

6. Further research including families participating in early intervention programs would add to our knowledge of the relationships between family and social support and parent-child attachment in a different context.
Conclusion

This study represents the perspectives of ten families in two cultural contexts on the relationships between family and social support and parent-child attachment. This study allows us to hear the voices of the participants. These voices represent the diverse individual perspectives of the participants. They are voices that enrich our understanding of family and social support, and parent-child attachment in context.

In this study, I presented the findings that explore the relationships between family and social support and parent-child attachment. I found that family and social support appears to support the development of parent-child bonds and attachment through the relationships and interactions that take place. These relationships and interactions appear to affect maternal sensitivities and responsiveness, maternal self-confidence, relieve depression, reduce social isolation, and support parent-child relationships. Themes and patterns that appear to support parent-child relationships and attachment emerged from the data. These included positive relationships with unconditional support, nonjudgmental support, respect for mothers, playgroups, role models, empowerment and positive affirmation, opportunities to network and talk, parenting options and alternatives. These themes may inform practice and present implications for other programs working with parents and children,
particularly family support programs, child care programs, early intervention programs, and other early childhood programs.

The unique experiences and relationships of each family are mediated by the cultural context in which they take place. In our quest to understand children and parents and the relationships that they form with one another, it is vital to hear and learn from their voices and stories.

This study allowed me to come full circle in my quest to explore the relationships between family and social support in the two cultural contexts of the United States and Ireland. I was able to closely observe, interpret, and understand the meanings of family and social support through the voices and experiences of the ten participants and through my own personal, professional, and academic lenses. It enabled me to document and learn from the relationships between family and social support and parent-child attachment in two cultural contexts that hold personal, professional, and academic meaning to me.

The lessons learned from this study are important to me in my professional life as a researcher and as an advocate for young children. The participants taught me about the relationships between family and social support and parent-child attachment, but they also taught me about ways to delve into the unique meanings, understandings, experiences, and contexts of each
participant. I value this both professionally and academically. I learned that there is richness in contextual detail that can be gained by approaching research as an equal partner with the participants over an extended period of time. Further richness is gained from conducting the research in a natural setting with the participants embedded in their own unique cultural context. My research has changed how I understand the experiences and meanings of the lives of the women who participated in the study. I learned what family support programs mean to them and their relationships with their children.

Family support programs helped the participants cope and deal with their individual experiences with depression, a sense of isolation, poverty, homelessness, violence, and other possible risk factors. Family support programs strengthened their relationships and bonds with their children and fostered parent-child attachments.

This study relied on the relationships that I built with the participants over a period of almost two years. These relationships were built upon trust, interest, respect, and continuity. My initial contacts with the program directors facilitated my entry into the family support programs. The longitudinal nature of the study framed the relationships and the trust and openness that the participants expressed. They were informants to the study, but I also respected and valued them as human beings and as mothers. They were my teachers. I
learned from their words and experiences. By listening and responding to the participants as the expert parents, and by following their leads and suggestions, it was possible to uncover social phenomena that are beneath the surface, to get to the meanings and understandings that they hold.

The multifaceted nature of this study enabled me to explore and uncover the relationships between family and social support and parent-child attachment in great depth and detail. The methodology allowed the individual participants to describe and reflect on their experiences in different ways. They were able to reflect, to talk, to write, and to experience the study. I found that the participants discovered new things about themselves and their relationships with their children. This occurred through the process of being interviewed and reading interview transcripts, viewing and reflecting on their videotaped interactions, writing about their relationships, mapping their child’s bonds, and completing the surveys. The methods offered the opportunity to gain greater insight into the phenomena for me and for them. At times the iterative nature of the study seemed repetitive to the participants. They questioned me about it. I explained that I needed to more fully understand their perspectives. One of the participants remarked to me after reading her final transcript and my interpretations that she now understood why it was important to ask again and
again to get at what she meant and understood. The meanings and understandings of the participants unfolded in this process.

I developed relationships with the participants and their children by being a consistent, respectful, trustworthy, sensitive, and reliable person in their lives over a long period of time. I enjoyed being with the participants and learning from them. During a pilot study, a participant told me that if you want to understand parent-child relationships and family center support, you need to do a study over a long period of time. She suggested six months. I also found that it was important to ask for and use the feedback of participants in the design of the study. The participants became my collaborators in this study. We shared ownership. Member checks were an important part of the on-going process. The study grew out of their insight, words, experiences, and reflections. I had to make sure that I was accurately listening to and interpreting their words and experiences.

By beginning the study with a focus group, we were able to get to know one another and the major focus of the exploration. Participants were able to listen to one another and reflect on the questions. I found that everyone became involved and interested in what each person said. The open-ended questions were nonjudgmental. Their relationship with me began openly and honestly. They welcomed me into their homes and their lives. I sat on the floor and played
with their children. I observed their natural interactions with their children in their homes and in the playgroups. We talked and laughed together. I became a part of their lives over this period of time.

This personal journey of discovery and understanding brought me full circle through time, cultures, history, and experiences. It brought me from the Ireland of my grandparents, to the United States of my family, back to present day Ireland and then back again to my home in the United States. These journeys were very meaningful to me because they gave me greater insight into the contexts of my family history and culture. I saw the relationships between family and social support and parent-child attachment in my own family reflected within the study. Within the Irish cultural context, I saw and experienced the roots of the family support and cultural traditions of my family. The Irish participants all experienced strong family support: it was not always perfect, but it helped and supported them in their relationships with their children overall. My relationships in Ireland were strengthened by the support that I received from the participants and their families, the Visiting Mothers’ Programme director, the family development nurse, the Visiting Mothers, and my cousins and their families. I received a thousand welcomes that warmed my heart and enhanced the study. Using the multiple methods of this study, I was able to more fully uncover the meanings and understandings of the participants
and connect them with my own personal meanings and understandings of family and social support and parent-child attachment. The process of doing this study was full of deeply personal meaning to me. It strengthened and enhanced my belief in the importance of family and social support and parent-child attachment.

Each cultural context is dynamic and ever changing. However, positive relationships with unconditional support and nonjudgmental support, based upon values such as trust, love, and respect appear to be universal keys to understanding this topic. They provide the threads that support the relationships between family and social support and parent-child attachments.
Dear ________________

My name is Mary Ellen McGuire-Schwartz. I am a doctoral student at the University of Massachusetts School of Education in Amherst, Massachusetts, USA. Thank you for agreeing to participate in this qualitative research study. It is called, *An Exploration of the Relationships between Family and Social Support and Parent-Child Attachment: Multicultural Perspectives in the United States and Ireland*. The purpose of this study is to explore the points of views of families participating in family support programs. This study will be about connections between family/social support and parent-child relationships in the US and Ireland. This is research for my dissertation.

I am asking you to be a part of this project because I am interested in your ideas. If you participate, I will be able to include your perspectives and experiences in my research study. I am interested in exploring the relationships between family/social support and parent-child bonds. In order to do this, I will use several methods, including a focus group interview, individual interviews and conversations, a list of social support, and observations of parent-child interactions. With your consent, interview sessions will be tape-recorded. Also with your consent, one parent-child interaction of five to ten minutes will be videotaped.

It is your choice whether to participate or not participate in this research study without issue. You are free to withdraw from the study at any time.

I intend to give you an opportunity to review all portions of the study that you are involved in. You may withdraw your consent to have specific parts of your participation used in printed or oral presentations by letting me know in advance. You have the right to review materials, including relevant transcripts, prior to the final written draft and presentation of the document. Your real name and the real names of all participants and the locations of the programs will not be used. False names will be used instead to protect your identity and insure your privacy in all written materials and oral presentations.
With your consent, your participation will include one focus group lasting about one hour, two interviews lasting about one hour each, and observations of you and your child at the family support program for four to six hours. The topics I will want to explore in the interviews include parent-child relationships and interactions, family support, social support, and program participation.

By signing this form, you are agreeing that your participation and that of your child are voluntary. You are also agreeing that you understand the nature of your participation and your rights in this study. In signing this form, you are also assuring me that you will make no financial claims on me for the use of the materials in the interviews, lists, and observations.

I appreciate your willingness to give your time to this study. If you have any questions, please feel free to ask me or to call Professor J. Kevin Nugent.

Thank you,

Researcher’s Signature Date

I have read the above statement and agree to participate as stated with my child. I am parent or legal guardian of my child (children). My child/children will agree to the observation as appropriate.

Participant’s Name Child/Children’s Name

Participant’s Signature Date
Sample Informed Consent Letter

An Exploration of the Relationships between Family and Social Support and Parent-Child Attachment: Multicultural Perspectives in the United States and Ireland

Consent for Voluntary Participation

I volunteer to participate in this qualitative study, and I understand that:

1. I will be interviewed by Mary Ellen McGuire-Schwartz.
2. I will be answering questions about my ideas on family support and parent-child relationships. I understand that the main purpose of this research is to explore the relationship between family/social support and parent-child bonds.
3. The interview will be tape-recorded so that information can be analyzed.
4. My name will not be used, and I will not be identified personally in any way or at any time. I understand that pseudonyms will be used for my name and the location of the family support program.
5. I may withdraw from part or all of this study at any time.
6. I have the right to review material prior to its use in the final oral exam or other publication.
7. I understand that the findings of this study will be included in the doctoral dissertation of Mary Ellen McGuire-Schwartz. It may also be included in manuscripts submitted to professional journals for publication and oral presentations.
8. I am free to choose whether to participate or not without prejudice.
9. Because of the small number of participants, I understand that there is some risk that I may be identified as a participant in this study.

Researcher’s Signature Date Participant’s Signature Date
APPENDIX B
TIMELINE FOR CONDUCT OF THE STUDY

**Bridgeton** – September 2001 – January 2002
Focus Group
Transcriptions
Observations
Member Checks
Individual Interviews

**Ballydalkin** – October 2001 – January 2002
Focus Group
Transcriptions
Observations
Member Checks
Individual Interviews
Surveys, Maps, and Descriptions

**Bridgeton** – January 2002 – August 2002
Individual Interviews
Videotape
Observations
Surveys, Maps, and Descriptions
Examine Documents
Member Checks

**Ballydalkin** – March 2002 – January 2003
Interviews
Videotape
Observations
Examine Documents
Member Checks

**Bridgeton and Ballydalkin** – September 2002 – March 2003
Document Analysis
Follow-up Member Checks
Transcriptions
Additional Observations or Questions
Data Analysis and Triangulation
APPENDIX C

FOCUS GROUP 1

Exploring the Meanings of
Family and Social Support and Parent-Child Relationships

1. What does family support mean to you?
2. What does social support mean to you?
3. What does coming to the Family Center mean to you?
4. What do parent-child relationships mean to you?
5. How do family and social support affect parent-child bonds?
6. What meaning does family and social support play in the development of parent-child bonds?
7. Does family and social support affect your interactions with your child at the family center or at home?
8. What do family and social support mean to your relationship with your child or children?
9. What do family and social support mean to you and your child or children?
10. What do family and social support mean to you and your family?
11. What do family and social support mean to you and your family relationships?
12. What do family and social support mean to you and your relationships with others?
13. What is your favorite part of the family center program?
14. What is your least favorite part of the family center program?
APPENDIX D

FOCUS GROUP 2

Exploring the Meanings of Family and Social Support and Parent-Child Relationships

1. What does family support mean to you?
2. What does social support mean to you?
3. What does the Visiting Mothers’ Programme mean to you?
4. What do parent-child relationships mean to you?
5. How do family and social support affect parent-child bonds?
6. What meaning does family and social support play in the development of parent-child bonds?
7. Does family/social support affect your interactions with your child at the playgroup or home?
8. What do family and social support mean to your relationship with your child or children?
9. What do family and social support mean to you and your child or children?
10. What do family and social support mean to you and your family?
11. What do family and social support mean to you and your family relationships?
12. What do family and social support mean to you and your relationships with others?
13. What is your favorite part of the Visiting Mothers’ Programme?
14. What is your least favorite part of the Visiting Mothers’ Programme?
APPENDIX E
FAMILY AND SOCIAL SUPPORT SURVEY

Name ___________________________  Age ______________________________
Address ___________________________________________________________________
Marital Status _______________  Educational Level ____________________
Number of Children ________  Occupation __________________________________

<table>
<thead>
<tr>
<th>Significant Support</th>
<th>Type</th>
<th>Quality of Relationship</th>
<th>Satisfaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent/Parents</td>
<td></td>
<td>1_________________5</td>
<td>1_____________5</td>
</tr>
<tr>
<td>Partner/Spouse</td>
<td></td>
<td>1_________________5</td>
<td>1_____________5</td>
</tr>
<tr>
<td>Family/Relatives</td>
<td></td>
<td>1_________________5</td>
<td>1_____________5</td>
</tr>
<tr>
<td>Friends</td>
<td></td>
<td>1_________________5</td>
<td>1_____________5</td>
</tr>
<tr>
<td>Work/School</td>
<td></td>
<td>1_________________5</td>
<td>1_____________5</td>
</tr>
<tr>
<td>Neighbors</td>
<td></td>
<td>1_________________5</td>
<td>1_____________5</td>
</tr>
<tr>
<td>Community Mothers</td>
<td></td>
<td>1_________________5</td>
<td>1_____________5</td>
</tr>
<tr>
<td>Health Care Providers</td>
<td></td>
<td>1_________________5</td>
<td>1_____________5</td>
</tr>
<tr>
<td>Public Health Nurse</td>
<td></td>
<td>1_________________5</td>
<td>1_____________5</td>
</tr>
<tr>
<td>Counselors/Therapists</td>
<td></td>
<td>1_________________5</td>
<td>1_____________5</td>
</tr>
<tr>
<td>Priest/Minister</td>
<td></td>
<td>1_________________5</td>
<td>1_____________5</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td>1_________________5</td>
<td>1_____________5</td>
</tr>
</tbody>
</table>
Types of Support

Emotional Support (E)—empathy, caring, love, trust

Informational Support (I)—educational information/advice

Material Support (M)—physical resources, tangible aid
APPENDIX F
MAP OF CHILD’S BONDS

Name ________________________

Very Strong Close Bonds

Close Bonds

Warm Bonds

Casual Bonds
APPENDIX G
DESCRIPTION OF PARENT-CHILD RELATIONSHIP AND PLAY

Bonds

Exploration

Closeness

Comforting

Sensitivity

Responsiveness

Independence

Coping with Stress

Coping with Separation
Mary gets really cross when her child gets jealous... Susan tries to help her child understand.

Up, Mammy!

Not now, love. I'm just going to change the baby's nappy. You may help if you like.

Go AWAY! I am feeding the baby!

Thank you for getting the baby powder for me. Would you like a story when I have finished?

Now look what you've done! You've made your little sister cry!

Mammy loves you so much!

Now everybody's upset.

Susan finds it hard to deal with both children at the same time. But everyone is happier!


Bombardier, C. L. (1997). *Prenatal exposure to cocaine and other substances: its effect on newborn behavior and subsequent attachment behavior*.


