A mixed methods approach to understanding the relationship between attachment and child outcomes: The connection of related findings, theory and cultural implications as explored through the perspectives and practices of attachment parents

by

Haley Veronica Wedmore

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Program of Study Committee
Tricia Neppl, Major Professor
Kere Hughes-Belding
Gayle Luze
Amy Popillion
Susan Stewart

Iowa State University
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CHAPTER 1. GENERAL INTRODUCTION

A majority of Americans believe that parenting is harder than it has been in the past and that children crave more time and attention from their parents (Smith, Cudaback, Goddard, & Myers-Walls, 1994). Compared to other Western cultures, the United States has the greatest incidence of violence, mental illness, and incarceration (Nicholson & Parker, 2009). Couple interactions, parenting behavior, and parent-child attachment are all factors that may influence the level of connectedness that children experience with their parents as well as child adjustment. In the following paragraphs, findings related to couple interactions, parenting behavior, parent-child attachment and child developmental outcomes will be briefly discussed and will be followed by a more extensive review in Chapter 2 of this dissertation.

One theory that helps to explain the quality of the parent-child relationship as well as future developmental outcomes based on this relationship is attachment theory, developed by John Bowlby (1907-1990). Attachment theory posits that humans are social animals who seek connection with others. Ample research supports that secure attachment between parent and child is found to play a major role in shaping child development (Bowlby, 1989; Ainsworth, Blehar, Waters, & Wall, 1978; Goldberg, Muir, & Kerr, 1995). A secure attachment is found to be a major resiliency factor in the face of negative circumstances and is associated with more favorable short and long-term outcomes for the child (Verschueren, Marcoen, & Schoefs, 1996; Seven, 2010; Zhang, 2012).

A parenting style in which parents strive to balance warmth and control in their approach to discipline is commonly known as authoritative parenting. Indeed, a warm, authoritative parenting style is associated with the most positive outcomes in both the parent-child attachment relationship and in developmental outcomes for the child (Brooks, 2011; Holden, 2010;
Heinonen, Räikönnen, & Keltikangas-Järvinen, 2003; Baumrind, 1996; Smith et al., 1994; Maccoby & Martin, 1983). Conversely, findings indicate that child externalizing behavior is related to controlling or authoritarian childrearing (Roskam, Meunier, & Stievenart, 2011).

In terms of parental relationship quality, marital conflict has been associated with less secure child-parent attachment styles and has also been found to negatively influence both parenting quality and child outcomes (Hoghughi & Long, 2004; Lindsey, Caldera & Tankersly, 2009; Gottman & Katz, 1989; Kuehnle & Drozd, 2012; Krishnakumar & Beuhler, 2000). On the contrary, low conflict within a marriage is associated with more positive parenting behaviors including warmth, responsiveness, support and positive attitudes (Hoghughi & Long, 2004). Low marital conflict and positive parenting behaviors are associated with secure parent-child attachment which has been strongly associated with positive child outcomes (Hoghughi & Long, 2004). Further investigation of the predictive value of combined factors at various levels is needed rather than the predictive value of single factors in a vacuum (Greenberg, Speltz, DeKlyen & Jones, 2001). Additionally, further research is needed to investigate the influence of fathers in shaping child outcomes, particularly in early childhood (Roskam et al., 2011; Fearon, Bakermans-Kranenburg, van Ijzendoorn, & Lapsley, 2010; Brown & Mangelsdorf, 2012; Rothbaum & Weisz, 1994). Therefore, the study in Chapter 2 study provides important information by exploring the mediating effects of positive parenting and attachment on the relationship between positive couple interactions and child developmental outcomes while separating for mothers and fathers in order to increase understanding of the influence of parent gender on child outcomes.

It is evident that both parenting and attachment have direct and significant impacts on the child. Attachment parenting (AP) is a specific style of parenting in which parents utilize
particular practices that are associated with nurturing a secure attachment with a child. The main practices commonly associated with AP include breastfeeding, babywearing, and cosleeping. A review of the literature reveals that this style of parenting does not seem to be sufficiently explored despite its popular influence among an alternative culture of parents across the U.S. Further, AP practices have not been empirically evaluated; therefore the connection between AP, attachment theory, and previous empirical findings has not been sufficiently explored through scholarly means. Thus, the study in Chapter 3 offers important information regarding the perspectives of attachment parents from the perspectives of mothers. Previous research and pre-established theory related to attachment parenting will be further discussed in Chapter 3 and Chapter 4.

**Dissertation Organization**

The organization of this dissertation follows the alternative dissertation format. In Chapter 2 of this paper, a quantitative analysis investigated the association between positive couple interaction and child outcomes (externalizing behavior and social competence) as mediated through positive parenting and secure parent-child attachment. In Chapter 3, a qualitative approach was used to explore the perspectives and parenting behaviors of attachment parents and the implications of attachment theory, evolutionary theory, and the societal context in which parenting practices are imbedded. A connection between the quantitative and qualitative findings of this study is drawn in Chapter 4 via the discussion section. In addition, consistencies and inconsistencies were explored between the results of both studies as well as between previous research findings and pre-established theory.

Each study within this dissertation is designed to “stand alone” and was written in manuscript form intended for publication submission. Chapter 2, “Couple interactions and
preschool child outcomes: The mediating role of parenting and parent-child attachment” was written for submission to the *Journal of Marriage and Family*. Chapter 3, “Attachment Parenting: The practices, perspectives, and experiences of mothers regarding attachment parenting within a broader North American societal context” was written for submission to the *Journal of Parenting Science and Practice*. 
CHAPTER 2. COUPLE INTERACTIONS AND PRESCHOOL CHILD OUTCOMES: 
THE MEDIATING ROLE OF PARENTING AND PARENT-CHILD ATTACHMENT

A paper to be submitted to the *Journal of Marriage and Family*

**Abstract**

This prospective, longitudinal investigation examined the role of positive parenting and parent-child attachment on the relationship between positive couple interactions and child developmental outcomes. Data came from the Family Transitions Project and the current sample included 209 mothers, fathers, and their first-born biological child. Assessments included both observational and self-report measures. The results indicated that positive couple interactions were associated with lower levels of child externalizing behavior and higher levels of social competence. Results also showed that for mothers, couple interactions led to more positive parenting behaviors which in turn was associated with a secure mother-child attachment and more positive child outcomes. For fathers, secure attachment was not related to child externalizing behavior, but instead was associated through positive parenting. The results of this study contribute an advanced understanding of how a combination of factors work together to predict preschool child outcomes and highlights important differences in how mothers and fathers impact such outcomes.
**Introduction**

A secure attachment is associated with favorable short and long-term child outcomes (Verschueren, Marcoen, & Schoefs, 1996; Seven, 2010; Zhang, 2012). Indeed, research shows that the type of parenting a child receives is associated with both parent-child attachment and the child’s adjustment. For example, a warm, authoritative parenting style is associated with the most positive outcomes in both the parent-child attachment relationship and in developmental outcomes for the child (Brooks, 2011; Holden, 2010; Heinonen, Räikönnen, & Keltikangas-Järvinen, 2003; Baumrind, 1996; Smith, Cudaback, Goddard, & Myers-Walls, 1994; Maccoby & Martin, 1983; Baumrind, 1967). On the other hand, couple conflict has been associated with less secure parent-child attachment styles and has been found to negatively influence both parenting quality and child outcomes (Lindsey, Caldera, & Tankersley, 2009; Hoghughi & Long, 2004; Gottman & Katz, 1989; Kuehnle & Drozd, 2012; Krishnakumar & Beuhler, 2000; Owen & Cox, 1997).

However, less is known about how parenting and parent-child attachment might influence the relationship between couple interactions and child outcomes. Therefore, the purpose of the present investigation was to examine the mediating role of positive parenting and secure parent-child attachment of both mothers and fathers on the relationship between positive couple interactions and child outcomes. To our knowledge, no other study has investigated the relationship between couple interactions and child outcomes (both externalizing behavior and social competence) as mediated through parenting and parent-child attachment within the same model. Additionally, no other study has examined these effects separately by mother and father. As such, the current study contributes an advanced understanding of how a combination of factors work together to predict child outcomes. We begin with a literature review on the
Theoretical Framework

Attachment theory has been widely researched and is recognized as the dominant theoretical approach for understanding parent-child relationship and early child social development (Brown & Mangelsdorf, 2012). Attachment theory asserts that when an attachment figure is available and is responsive and sensitive to the attachment bids/needs of the child, a secure attachment is achieved (Bowlby, 1989). Through a secure attachment with a main caregiver, the child learns that the caregiver can be trusted to meet his or her needs. In effect, the child's sense of self is developed through the attachment with a caregiver as well as messages received from the caretaker about his or her self-worth and ability to be loved (Ainsworth, 1990). Using an attachment theoretical lens to guide the current research process helps to further understanding of attachment and the overall context of the parent-child relationship.

Literature Review

Couple Interactions, Attachment, and Child Outcomes

Research shows that the quality of couple relationships influence child development. For example, children of parents who experience high distress are found to have a higher incidence of depression, health complications, poor social competence, lower academic achievement, and high levels of externalizing problems (Gottman & Katz, 1989). In addition to the couple relationship, research also supports that secure attachment between parent and child plays a major role in shaping child developmental outcomes (Bowlby, 1989; Ainsworth, Blehar, Waters, & Wall, 1978; Goldberg, Muir, & Kerr, 1995). Several theorists and researchers have explored the relationship between parent-child attachment and child adjustment. For instance,
Verschueren, et al. (1996) found a positive relationship between parent-child secure attachment and the development of a child’s positive self-identity. Self-identity, in turn, was associated with higher levels of social competence and lower levels of externalizing behaviors (Heinonen et al., 2003; Schneider, Atkinson, & Tardif, 2001).

Indeed, Fearon, Bakermans-Kranenburg, van Ijzendoorn, and Lapsley (2010) conducted a meta-analysis and found that children with a secure attachment style engaged in more effective social behaviors and adapted more readily in the transition from preschool to elementary school (Seven, 2010). In contrast, Fearon et al. (2010) found that an insecure and disorganized attachment increased the risk of externalizing behaviors in children. Taken together, these findings support that a close bond with an attachment figure yields a positive self-worth which enables a child to be more socially effective and to view social interaction more positively (Bowlby, 1982).

In addition to findings on the relationship between attachment and child development, there also is an association between couple functioning and parent-child attachment. For example, Owen & Cox (1997) found that chronic marital conflict leads to less sensitive and involved parenting which in turn is associated with an insecure parent-child attachment. In fact, high levels of couple conflict have been associated with less secure attachment (Kuehnle & Drozd, 2012; Lindsey et al., 2009) as it interferes with the parents’ ability to be warm, supportive and involved with their children. Thus, a secure attachment is less likely to be formed and maintained. On the other hand, parents who have less conflictual relationships are more likely to develop a secure attachment with their child (Frosch, McHale, & Mangelsdorf, 2000). This type of couple relationship includes increased warmth, responsiveness, and support toward one another which, in turn, fosters a secure attachment between parent and child. Taken together,
these findings illustrate that couple conflict infringes on the development of a secure attachment which then causes the child to be at greater risk for negative outcomes.

Substantial research has investigated the link between couple conflict and poor child outcomes, however, fewer studies have examined the impact of positive couple interactions on child development. In order to compensate for this lack of attention, the current study seeks to better understand the relationship between specific constructs of positive couple interactions (communication, listener responsiveness, positive mood) and examines the impact on both positive and negative child behaviors. Understanding this link is important as children who demonstrate socially competent behavior as opposed to externalizing behaviors are more likely to experience positive social and developmental outcomes (Boyum, 1995; Schneider, et al., 2001; Rubin, Bukowski, & Parker, 2006).

Couple Interactions, Parenting, and Child Outcomes

There is a strong association between couple functioning and parenting (Erel & Burman, 1995; Krishnakumar & Beuhler, 2000). Spillover is a term that describes the transmission of the couple relationship to the parent-child relationship, where positive couple interactions are associated with positive parent-child interactions and negative couple interactions are associated with negative parent-child interactions (Erel & Burman, 1995). The association between couple conflict and its transfer to the parent-child relationship has been shown to be stronger for fathers as compared to mothers (Krishnakumar & Beuhler, 2000). This finding suggests that fathers experience greater difficulty separating interaction with their romantic partner from interaction with their child. Explanations offered suggest that this tendency is based on the fact that typically men are not as strongly socialized for caretaking as women and may benefit more from a cooperative and supportive partner and coparent (Erel & Burman, 1995).
In a meta-analysis of 39 studies, associations were found between couple conflict and specific ineffective parental behaviors including harsh parenting or lack of acceptance (Krishnakumar & Beuhler, 2000). That is, parents in high-conflict or dissatisfied marriages were found to engage in hostile interactions with their children (Hoghughi & Long, 2004) or show a lack of acceptance of their child (Krishnakumar & Beuhler, 2000) or to be less sensitive and involved (Frosch et al., 2000). Overall, this type of parenting behavior was more likely to be permissive, uninvolved or authoritarian. Conversely, a low conflict, satisfying marriage was found to increase the level of parental warmth, responsiveness, and support toward childrearing (Hoghughi & Long, 2004). This healthy functioning marriage was associated with more authoritative style of parenting that is consistent, confident and competent.

Several studies have explored the relationship between the quality of the couple interaction, parenting and child outcomes (Krishnakumar & Beuhler, 2000). However, research findings have been mixed. For example, Krishnakumar and Beuhler reviewed a number of studies that found ineffective parenting partially or fully mediated the association between couple conflict and child maladjustment. Some studies have found indirect links, whereas others found no link at all between couple interaction and child outcomes or the direct pathway was not weakened when parenting was considered. Such inconsistencies reveal that further investigation of the direct effects between couple interaction and child outcomes as well as the mediating effect of parenting is needed in order to contribute a more complete understanding of these relationships. In addition, the majority of studies that have investigated the relationship between couple interaction and child outcomes have focused specifically on self-reported couple conflict. The present study will expand our understanding of how observed positive couple interactions may influence both parenting and child developmental outcomes.
Parenting, Attachment, and Child Outcomes

Positive parenting has been found to play a significant role in the emotional, cognitive and social development of children (Brooks, 2011; Hoghughí & Long; Smith et al., 1994). Multiple studies reveal that parental warmth and acceptance are associated with higher levels of self-esteem and social competence in children (Heinonen et al., 2003; Schneider et al., 2001). Research also indicates that child self-esteem is related to overall child adjustment and well-being in such areas as social relationships, academic achievement, and resiliency to stressful situations (Heinonen et al., 2003).

Parental warmth is a main ingredient in the building of a secure attachment between child and caregiver (Bowlby, 1982; Ainsworth, 1978). Authoritative, warm parenting has been found to be correlated with secure attachment and a greater incidence of positive outcomes (Brooks, 2011; Holden, 2010; Heinonen et al., 2003; Baumrind, 1996; Smith et al., 1994; Maccoby & Martin, 1983; Baumrind, 1967). Early attachment relationships characterized by sensitive, responsive parents lead to mutual responsiveness in the relationship as the child grows older (Brooks, 2011). In sum, parental warmth and sensitivity plays a critical role in the development of a secure attachment.

Previous studies have examined the mediating influence of attachment on parenting and child outcomes (Bosmans, 2006; Doyle & Markiewicz, 2005). For example, Roskam, Meunier, and Stievenart (2011) found that parental attachment mediated the relationship between parenting and child externalizing behavior. The current study goes one step farther by examining the relationship between parenting and attachment in the context of the couple relationship. Additionally, the mediating influence of these variables will be examined to understand how they
impact the relationship between both child externalizing behavior and social competence. Further details regarding the present investigation are detailed below.

**Present Investigation**

Using a longitudinal design, the present investigation assesses the relationship between positive couple interactions, positive parenting, and parent-child attachment when the child is two or three years old on child developmental outcomes when the same child is five years old. Specifically, the mediating effects of parenting and attachment on the relationship between couple interactions and both child social competence and externalizing behavior were examined. This study furthers the literature in several ways. First, as previously highlighted, the direct effects of couple interaction, attachment, and parenting on child outcomes have been well recognized through previous research. However, to our knowledge, few studies have examined positive couple interactions, positive parenting, and parent-child attachment as predictors of child outcomes within the same model. Indeed, it is argued that further research efforts should investigate the predictive value of combined factors at various levels rather than the predictive value of single factors in a vacuum (Greenberg, Speltz, DeKlyen & Jones, 2001). Therefore, the current study provides important information by exploring the mediating effects of positive parenting and attachment on the relationship between positive couple interactions and child developmental outcomes.

Second, there is a lack of attention to the role that father’s play in child development, particularly related to the role that father’s play in shaping a secure father-child attachment and in turn how a secure father-child attachment influences further child outcomes (Roskam et al., 2011; Fearon, et al., 2010). In fact, in a recent meta-analysis investigating parent-child attachment and child externalizing behavior, Fearon et al. (2010) were unable to investigate the
association between father-child attachment and child externalizing behavior because so few studies had investigated father-child attachment. Most studies to date have investigated the antecedents and child outcomes of mother-child attachment with little attention to the impact of paternal influences and associated outcomes (Brown & Mangelsdorf, 2012). Of the research that has been conducted, father involvement has primarily been investigated rather than the various aspects of paternal parenting that are associated with attachment and child outcomes. In a recent study, Brown and Mangelsdorf (2012) found that paternal sensitivity predicted secure father-child attachment to a greater extent than did father involvement in children ages one to three. Otherwise, a majority of studies to date that have examined paternal influences have focused primarily on adolescent or young adult outcomes. For example, Gungor and Bornstein (2010), found that low paternal warmth and high psychological control from fathers was associated with increased levels of anxiety in adolescence. In one of the few studies to examine the influence of paternal attachment on preschool child outcomes, Roskam et al. (2011) found a direct association between insecure father-child attachment and child externalizing behavior. On the other hand, Zhang (2012) found that a secure attachment between father and child predicted social competence in the preschool years. It is unclear whether the findings from studies investigating the outcomes of older children are generalizable to the outcomes of younger children (Rothbaum & Weisz, 1994). Therefore, the current study investigated how paternal parenting behavior and paternal child attachment may impact preschool child outcomes. Indeed, it has been suggested that future studies should explore the effects of both mothers and fathers in relation to child development (Roskam, 2011; Fearon, et al., 2010). The present study helps to overcome such limitations by investigating the mediating effects of positive paternal parenting and paternal-
child attachment in addition to maternal positive parenting and maternal-child attachment on the outcomes of preschool age children.

Finally, most research has focused on how negative aspects of couple interaction or parenting behaviors influence child outcomes. The findings of this study offer balance by increasing understanding of the predictive value of positive factors on child outcomes as well. The current investigation also used multiple informants, including ratings of parenting behavior by trained observers. This approach reduces method variance biases produced by reliance on a single informant.

Based on previous findings, it was hypothesized that, 1) positive couple interactions will be related to increased levels of child social competence and decreased levels of child externalizing behaviors for both mothers and fathers. It was also hypothesized that, 2) positive parenting and a secure parent-child attachment will explain the relationship between couple interactions and child outcomes. That is, once these variables are added to the model, it is expected that the relationship between couple interactions and child outcomes will no longer be significant. It was further hypothesized that, 3) there will be a specific pathway from positive couple interactions to positive parenting, from parenting to attachment, and from attachment to child outcomes. Given the mixed findings of studies investigating the impact of mothers and fathers in shaping child outcomes, it was further hypothesized that, 4) the model will operate differently for both mothers and fathers.

**Method**

*Participants*

Data came from the Family Transitions Project (FTP), which is a longitudinal study consisting of 559 target youth and their families. The FTP is the product of two earlier studies
that have been combined, the Iowa Youth and Families Project (IYFP) and the Iowa Single Parent Project (ISPP). Participants in the IYFP included the target adolescent, their parents and a sibling within 4 years of age of the target adolescent. Data were collected from these participants annually from 1989 through 1992 and included 451 two parent-families.

Target participants were recruited from public and private schools in eight rural Iowa counties. These adolescents were in seventh grade when they entered the study and included 236 girls and 215 boys with a mean age of 12.7 years. The original purpose of the study was to study economic stress of families in the rural Midwest. All names of seventh grade students and their parents were provided by schools in communities with less than 6,500 residents. Eligible participants were contacted via letter providing them with information about the study and then contacted via telephone or in person and asked to participate.

Seventy-eight percent of those asked agreed to participate in the study. All participants were Caucasian due to the Midwestern rural population targeted for the study. The families were lower to middle-class and at the time the study began in 1989, parents averaged 13 years of schooling and the median family income was $33,700. Fifty-four percent of families lived in towns with fewer than 6,500 residents, 34% lived on farms, and 12% lived in nonfarm rural areas. The average family size was 4.94 members, with a range from 4-13 total members. The average age of mothers was 38 years and the average age of fathers was 40 years.

The total number of participants in the ISSP was 108 and included the target adolescent, their single mother and a sibling within 4 years of age of the target adolescent. The ISPP began in 1991 and data were collected annually from 1991 through 1993. The target adolescents in the ISSP study were the same age as the target adolescents in the IYFP (M age 14.8 years) and in the 9th grade in 1991. Mothers who were the head of the household and had divorced within the past
two years were located through telephone screening and all but 3 eligible families participated in the study. Characteristics of the families within the ISSP and IYFP study were similar and identical measures and procedures were used in both studies aside from the fathers not being included in the ISSP.

Families from the IYFP and the ISSP were combined in 1994 to create the FTP. At that time, target adolescents were in 12th grade. In 1995, one year after graduating from high school, each target adolescent participated in the study with a romantic partner or friend. In 1997, when the targets averaged 21 years of age, the study was expanded to include the first-born child of the target. A child was eligible to participate in the study when he/she was at least 18 months of age. By 2005, children in the FTP ranged in age from 18 months to 13 years old. Thus, the FTP has followed the target from as early as 1989 through 2005 (M target age = 29.07 years), with a 92% cumulative retention rate.

The present study includes 209 target participants with an eligible child who participated in the study at least once by 2005. Eligible children were the first born biological child of the target participant. This study also included the target’s romantic partner (spouse, cohabitating partner, or boy/girlfriend) who was the other biological parent to the target’s child (married/cohabitating = 173). Thus, all parents in this analysis were the biological parent to the child. Assessments occurred at two developmental time periods. The first when the child was 2, 3, or 4 years old and again when that same child was 5 years old. The first time period included 209 children ranging from 2 to 4 years of age (M = 2.14 months; boys = 114). The second time period included 189 children (boys = 105). For the purpose of this study, data were classified as mother- and father-report rather than by status of target- and romantic–partner. Therefore, the mother in this study could be either the target or the target’s romantic partner.
Procedures

From 1997 through 2005, each target parent, his/her romantic partner, and the target’s first-born child were visited in their home each year by a trained interviewer. During the visit, the target parent and his/her romantic partner completed a number of questionnaires, some of which included measures of attachment and child outcomes. Parents completed questionnaires that were appropriate for their child’s developmental level. In addition to questionnaires, the target parent and his or her romantic partner engaged in an observed interaction task during which the couple discussed various topics such as childrearing, employment, and other life events. During the discussion task, targets and their romantic partner discussed questions from a series of cards. They took turns reading questions and the person reading the card was instructed to read each question out loud and give his or her answers first. Then, the other person was to give their answer next and the couple could talk together about the answers that were given. They were to go on to the next card once they felt as though they had said everything they wanted to say about each question.

In addition to the couple interaction task, parents and their children also participated in an observed interaction task. In this task, parents and children were provided with a puzzle that was slightly above the child’s developmental skill level. The activity lasted five minutes and parents were told that they could provide any assistance necessary but that the child was supposed to complete the puzzle alone.

Both interaction tasks were designed to elicit a range of specific behaviors and emotions including positive or prosocial family interaction patterns and parenting behaviors. Trained observers coded the quality of these interactions using the Iowa Family Interaction Rating Scales (Melby, Conger, Book, Rueter, Lucy, & Repinski, 1998). These scales have been shown to
demonstrate adequate reliability and validity (Melby & Conger, 2001). In order to estimate interobserver reliability, 25% of the videotapes were coded at random by 2 independent observers.

**Measures**

*Positive couple interactions.* Couple interactions were assessed during the observational discussion task. The interactions measured included the target parent and his or her romantic partner’s observed behavior towards one another. Three constructs were used to measure a positive couple relationship which included positive mood, communication, and listener responsiveness. Positive mood is measured by the degree to which the person appears content, happy, and optimistic and/or demonstrates positive behavior toward self, others or things in general. High scores in Communication indicate statements that are clear, direct, and reflect awareness of the content of the other person’s statements. Listener responsiveness assesses the degree to which the person attends to, shows interest in, acknowledges, and validates the verbalizations of the other person through the use of nonverbal and verbal assents. Each scale was used as a separate indicator for a latent construct. Each scale included the mother’s behavior to his or her partner as well as the father’s behavior toward the mother. Thus, each scale represents the behavior of the romantic couple. Ratings were scored on a nine-point scale, ranging from low (no evidence of the behavior) to high (the behavior is highly characteristic). Scores for positive couple interactions were internally consistent \((\alpha = .82)\) and interrater agreement was high \((.92)\). The means, standard deviations, and minimum and maximum scores for these construct indicators, as well as all of the other study variables, are provided in Table 1.

*Positive parenting.* Using the observed parent-child interaction task, positive parenting constructs included the same as those used in the martial task: positive mood, communication,
and listener responsiveness. Each scale was used as a separate indicator for a latent construct. A separate latent construct was created for each parent. That is, a construct was created for mother’s positive parenting behavior toward her child, as well as a separate construct for father’s positive parenting behavior toward the child. Ratings were scored on a nine-point scale, ranging from low (no evidence of the behavior) to high (the behavior is highly characteristic). The internal consistency of observational ratings of positive parenting was .74 and .80 (for mothers and fathers, respectively). The interrater reliability was adequate (α = .86) for mothers and fathers.

Attachment security. The Attachment Q-sort (AQS, Waters & Deane, 1985) was used to assess parent-child attachment. Parents were asked to sort through 90 cards that describe specific behavioral characteristics based on how characteristic the behavior is of their child. Test/re-test reliability of the Q-sort was found in a study involving early school-aged children (Ontai & Thompson, 2002). Procedures aimed at assuring validity of this measure were followed in the administration of this assessment. Such procedures include not revealing the construct being measured to the parent, ensuring that the parent is properly trained, giving the AQS items to the parent in advance so the parent has ample time to review them, and providing supervision during the act of sorting in order to respond to questions that may arise (Teti & McGourty, 1996).

In the first step of the AQS, parents were sent the cards via mail and asked to review behaviors listed on the cards and to consider them as they observed their child. Parents were asked to sort the cards into three piles prior to the home visit (Unlike My Child, Neither Like or Unlike My Child, and Like My Child). In the second step of the AQS, in-home interviewers asked parents to further sort the three piles into nine piles (Extremely Unlike My Child, Very Unlike My Child, Somewhat Unlike My Child, Unlike My Child, Neither Like or Unlike My
Child, Somewhat Like My Child, Like My Child, Very Much Like My Child, Extremely Like My Child). Parents were then allowed to change the position of any cards to be more accurate after observing their child further. After the cards are placed in nine piles, parents choose ten cards to go in each of the nine piles through a forced distribution process. The piles are then sorted once more so that items uncharacteristic of the child are placed low in the sort (piles 1-3) and items that are highly characteristic are placed high in the sort (piles 7-9).

After the final sort is completed, attachment security was calculated by assigning each card a score depending on its placement. The parent sort scores were then correlated with the criterion sort scores as based on ratings by attachment experts (see Waters & Deane, 1985). Higher correlations indicate greater attachment security whereas lower correlations indicate insecure attachments. A separate manifest construct was created for each parent. That is, a construct was created for mother’s attachment to her child, as well as a separate construct for father’s attachment toward the child.

Child outcomes. Child social competence was analyzed using both mother and father-reported data from the Preschool Socio-affective Profile (PSP) which measures social competence using a composite of eight items (LaFreniere & Dumas, 1996). Reliability and validity of this measure was established by LaFreniere and Dumas (1996) for use with three to six year olds. The eight items of the PSP were rated by parents on a 3-point scale (0 – not true; 1-somewhat true or sometimes true; and 3 – very true or often true). Sample items include: helps with everyday tasks, works easily with other children, and accepts compromise. Scores from mothers and fathers were averaged together to create a manifest variable. Cronbach’s alpha was reasonable ($\alpha = .78$).
For child externalizing behaviors, data came from the Child Behavior Checklist (CBCL; Achenbach, 2001). The CBCL consists of 107 items which were rated by both parents on a 3-point scale (0 – not true; 1- somewhat true or sometimes true; and 3 – very true or often true). The subscales of externalizing behaviors are aggressive behavior and rule-breaking behavior. Sample items from the aggressive subscale include: argues a lot, physically attacks people, and unusually loud. Items from the rule-breaking behavior subscale include: breaks school rules, doesn’t seem to feel guilty after misbehavior, and lying or cheating. Scores from mothers and fathers were averaged together to create a manifest variable. Cronbach’s alpha was reasonable (α = .87).

Control variables. To ascertain whether the model was influenced by outside social or background characteristics, age of parent, gender of child (0=male, 1=female), parental relationship status (1=married or cohabitating, 0=not married or cohabitating), and per capita income was examined as control variables. Per capita income is measured by calculating the family’s total income and then dividing this by the number of members in the household. The inclusion of these control variables is not expected to influence the results. To be sure, previous research suggests that the SES of the parent is associated with parenting and child outcomes including externalizing behavior and social competence (Conger & Donnellan, 2007). Age of parents has also been found to influence parenting and child outcomes. In a study conducted by Bornstein et al. (2010) adult mothers were found to have more parenting knowledge than adolescent mothers. Boys born to young mothers are more likely to demonstrate externalizing behaviors (Pogarsky, Thornberry & Lizotte, 2006).

Evidence suggests that child gender may be related to attachment and developmental outcomes. For example, insecurely attached boys have been found to engage in more
externalizing behavior and to be less well liked by peers than their insecurely attached female counterparts (Cohn, 1990). In contrast, a meta-analysis conducted by Schneider et al. (2001) revealed minimal differences in attachment security and social competence between boys and girls.

Couple status has been found to influence positive parenting behaviors including warmth, monitoring and parental support (Simons & Johnson, 1996). Cohabiting or single parents are found to be less educated and to have lower income than parents who are married (Holden, 2010). All in all, an evaluation of the statistical consequences of these control variables will enhance confidence in the robustness of the results.

Results

Structural equation models (SEMs) were used to test study hypotheses. Zero-order correlations and SEMs between constructs were estimated using the AMOS software package and full information maximum likelihood (FIML) procedures (Arbuckle, 1997). FIML is a widely recommended and commonly used procedure in longitudinal research in order to estimate missing data (Allison, 2003). Compared to other procedures, such as listwise or pairwise deletion, FIML has been found to provide better estimation of model parameters. Before estimating the SEMs, preliminary correlational analyses were conducted to examine associations between study constructs. Specifically, these relationships were examined separately for mothers and fathers. The following section describes the results.

Tables 2 and 3 provide correlation coefficients between all study constructs. Specifically, Table 2 includes constructs for observed dyadic couple interactions, observed mother parenting, mother report of attachment, and parent report of child behavior. Table 3 includes observed dyadic couple interactions, observed father parenting, father report of attachment, and parent
report of child behavior. The control variables are also included in the correlational analyses. As expected, positive couple interactions was statistically and significantly negatively related to child externalizing behavior ($r = -.22, p < .05$) and marginally related to child social competence ($r = .15, p < .10$). Positive couple interactions was also significantly related to both observed mother positive parenting ($r = .26, p < .05$) and mother report of attachment to her child ($r = .24, p < .01$). Mother positive parenting was significantly related to mother report of attachment ($r = .30, p < .01$), as well as significantly negatively related to child externalizing behavior ($r = -.18, p < .05$), and marginally related to child social competence ($r = .16, p < .10$). Mother report of attachment was negatively related to child externalizing behavior and positively related to social competence ($r = -.29, p < .000; r = .35, p < .000$, respectively).

Similar results were found for fathers in which positive couple interactions was significantly correlated with both father positive parenting and father report of attachment to his child. Positive father parenting was significantly related to father report of attachment and negatively related to child externalizing, with marginal significance to child social competence. Additionally, father report of attachment was significantly negatively correlated with child externalizing behavior and positively correlated with social competence. Finally, the importance of the control variables are shown with many related to either the predictor or outcome variables. For example, couple interaction was related to relationship status and mother’s age. A number of additional control variables were correlated with mother’s age including parenting, attachment, and SES. The same variables were correlated with father’s age. Additionally for fathers, significant relationships were found between attachment and child gender, as well as between SES and parenting.

*Structural Equation Model Results*
The correlations show many of the expected findings; therefore we turn to the SEMs. Separate models were examined for mothers and fathers. All SEMs were estimated in two different ways. First, the models were estimated with the inclusion of the control variables in the analyses. Next, the models were estimated without the inclusion of the controls. Both sets of models generated the same pattern of results, so we review the results without the control variables added to the models. All models tested the following hypotheses: 1) Positive couple interactions will be related to increased levels of child social competence and decreased levels of child externalizing behavior. 2) Positive parenting and a secure parent-child attachment will explain the relationship between couple interactions and child outcomes. 3) There will be a specific pathway from couple interactions to parenting, from parenting to attachment, and from attachment to child outcomes, and 4) Mother’s and father’s interaction and parenting will predict attachment and child outcomes differently. We begin with results from the child externalizing models.

**Child externalizing behavior.** An initial path model estimated the direct effect of positive couple interactions on child externalizing behavior. Consistent with the first hypothesis, model results indicated that positive couple interactions was associated with lower levels of externalizing behavior ($b = -.19^*$, $t = -2.19$). The next step in the analysis was to consider the full conceptual model for mothers as shown in Figure 1. Results supported hypothesis 2 in that mother-child attachment mediated the relationship between positive couple interaction and child externalizing behavior. Specifically, positive couple interactions significantly predicted mother-child attachment ($b = .19^*$, $t = 2.22$), and mother-child attachment significantly predicted decreases in child externalizing behavior ($b = -.24^{**}$, $t = -3.07$). As a result, the initial direct path between couple interaction and child externalizing behavior was no longer significant. Although
positive couple interaction significantly predicted positive maternal parenting \( (b = .24^*, t = 2.46) \), the path between maternal parenting and child externalizing was not significant. Therefore, maternal parenting did not mediate this relationship. However, there was an indirect effect of maternal parenting as positive maternal parenting predicted mother-child attachment \( (b = .23^*, t = 2.74) \). Thus, there was an indirect pathway from positive couple interactions to maternal parenting to externalizing behavior via mother-child attachment (hypothesis 3). The RMSEA and CFI indicated a good fit of the model with the data. Root mean square error of approximation values under .05 indicate close fit to the data, values between .05 and .08 represent reasonable fit (Hu & Bentler, 1999). A well-fitting model should have a CFI greater than .95. The RMSEA for this model was less than .05, the comparative fit index (CFI) was .99, and the value of the chi-square was less than twice the degrees of freedom.

Turning to the model for fathers (see Figure 2), paternal positive parenting mediated the association between positive couple interactions and child externalizing, rather than attachment as it did for mothers (hypothesis 2). Specifically, positive couple interactions predicted positive paternal parenting; which negatively predicted child externalizing behavior. As a result, once positive paternal parenting was added to the model, the direct path from couple interactions to child externalizing behavior was no longer significant. Father-child attachment was not significantly related to either positive couple interactions or externalizing behavior. While the path from positive paternal parenting was significantly related to father-child attachment, attachment did not predict decreases in child externalizing behavior, lending no support for hypothesis 3. There was support for hypothesis 4 because model pathways operated differently for mothers and fathers. The RMSEA and CFI indicated an adequate fit of the model with the data.
Child social competence. An initial path model estimated the direct relationship between couple interactions and child social competence (hypothesis 1). It was found that positive couple interactions marginally predicted increased levels of child social competence ($b = .14^+, t = 1.70$). In looking at the full model (see Figure 3), results again show support for hypothesis 2 in that mother-child attachment mediated the relationship between positive couple interaction and child social competence. Specifically, positive couple interactions significantly predicted mother-child attachment ($b = .18^*, t = 2.11$), and mother-child attachment significantly predicted child social competence ($b = .31^{***}, t = 3.94$). As a result, the initial direct path between couple interaction and social competence was no longer significant. Although positive couple interaction significantly predicted positive maternal parenting ($b = .23^*, t = 2.36$), the path between maternal parenting and social competence was not significant. Therefore, maternal parenting did not mediate this association. However, there was again an indirect effect of maternal parenting where positive maternal parenting predicted mother-child attachment ($b = .23^*, t = 2.69$). Thus, there was an indirect pathway from positive couple interactions to maternal parenting to social competence via mother-child attachment (hypothesis 3). The RMSEA and CFI indicated a good fit of the model with the data.

The results for fathers (see Figure 4) show that positive couple interactions predicted positive paternal parenting; however positive paternal parenting did not predict child social competence. Further, couple interactions also did not predict father-child attachment; however attachment was significantly related to social competence. Therefore, neither positive paternal parenting nor father-child attachment mediated the association between couple interaction and child social competence (hypothesis 2). However, positive paternal parenting did significantly predict father-child attachment. Thus, there was an indirect pathway from positive couple
interactions to paternal parenting to social competence via father-child attachment (hypothesis 3). This result is similar to those found for mothers. Therefore, due to this similarity hypothesis 4 was not as heavily supported for the social competence model. The RMSEA and CFI indicated an adequate fit of the model with the data.

**Discussion**

An impressive amount of research has investigated associations between couple interaction, parenting, attachment, and child outcomes (Fearon et al., 2010; Erel & Burman, 1995; Krishnakumar & Beuhler, 2000). Ample findings reveal a strong association between couple interaction and parenting with mixed reviews on the relationship between couple interaction, parenting, and child outcomes. Additionally, the relationship between parenting and attachment has also been widely supported. However, few studies have examined the interaction between these variables, and no study to our knowledge has examined all of these variables within the same model. Moreover, few studies have examined the unique role of fathers, especially in relation to preschool age children. As such, the results of the current study as discussed in the following section make an important contribution to the literature in the aforementioned ways.

*Positive couple interaction, parenting, attachment, and child outcomes*

The results of this study are consistent with previous findings that reveal positive associations between couple interaction, parenting, and child outcomes (Erel and Burman, 1995; Krishnakumar & Beuhler, 2000). The findings suggest that if mothers and fathers are more positive towards each other in their couple interactions, the child is less likely to engage in externalizing behavior and more likely to engage in socially competent ways.
From the results, it can also be surmised that when mothers and fathers treat each other positively, they, in turn, are more likely to engage in positive parenting behavior toward their child. Furthermore, positive parenting led to a more secure parent-child attachment. This finding lends further support for the importance of both mother and father parenting style in the development of a secure attachment between caregiver and child (Bowlby, 1982; Ainsworth, Blehar, Waters, & Wall, 1978; Goldberg, Muir, & Kerr, 1995). Moreover, this finding extends the limited amount of research conducted on the role that fathers play in the development of a secure father-child attachment. For example, Brown and Mangelsdorf (2012) found that paternal sensitivity was associated with attachment. This study extends that work by elaborating upon other important aspects of observed positive parenting that impact father-child attachment.

Results also showed that mother-child attachment was positively associated with positive couple interaction. This finding supports previous research conducted by Hoghughi & Long, (2004). The fact that father-child attachment was not directly related to positive couple interactions suggests important differences in the impact that couple interactions can have on the parent-child attachment process between mothers and fathers, and suggests that the parent-child attachment relationship is more strongly impacted by positive couple interaction for mothers than it is for fathers. Additionally, parenting is more strongly impacted by positive couple interaction for fathers than it is for mothers.

In addition, for both mothers and fathers, a secure attachment was associated with child social competence. This finding is consistent with previous research showing that a secure child attachment is associated with increased levels of social competence (Seven, 2010; Zhang, 2012). However, for child externalizing behavior, results were different for mothers and fathers. For mothers, the finding that secure attachment was associated with lower child externalizing
behavior is consistent with results of a recent meta-analysis that explored mother-child attachment and externalizing behavior (Fearon et al., 2010). For fathers, it was positive parenting rather than a secure attachment that was associated with decreases in child externalizing behavior. This finding helps to increase understanding of how fathers impact child outcomes in different ways than mothers. Specifically, when fathers effectively communicate, demonstrate listener responsiveness, and exude a positive mood towards their children; their children are likely to demonstrate less externalizing behavior in preschool.

As such, the association between positive couple interaction and child externalizing behavior is explained differently for mothers and fathers. Although there is a positive association between parenting and attachment for both parents, parenting may play a more critical role for fathers in predicting child externalizing behavior, while father-child attachment may play a role in predicting child social competence. For mothers, the attachment relationship plays a more critical role in both child externalizing and social competence. This may be because mothers play a more critical role in the early nurturing process. These findings validate previously found associations between positive parenting, secure attachment and a greater incidence of positive child outcomes (Brooks, 2011; Holden, 2010; Heinonen et al., 2003; Baumrind, 1996; Smith et al., 1994; Maccoby & Martin, 1983; Baumrind, 1967).

Study Implications and Limitations

The findings of this study yield important implications for intervention. For example, previous research has provided abundant evidence for how family members should not interact (risk factors), yet conversely it has not offered as much evidence to support how family members should interact. Because previous research has focused largely on how negative couple and parenting interaction predicts attachment and child outcomes, the results of this study help to
further understanding regarding how positive couple interactions and parenting (listener responsiveness, communication, positive mood) are associated with a secure attachment and positive outcomes for children.

By delineating protective factors that are associated with more positive outcomes, results point to specific ways in which couple interaction could be improved and can be translated to the parent-child interaction. Specifically, the findings of this study contribute further support for the role of communication, listener responsiveness and positive mood in shaping family relationships to be more positive, to be associated with stronger parent-child attachment, and to be associated with more positive child outcomes such as decreased externalizing behavior and increased social competence. This suggests that intervention at the couple level could be particularly helpful in strengthening parenting as well as parent-child attachment and thus lead to more positive outcomes for the child and for the family as a whole. Finally, specific interventions could occur at the parental level where for mothers, the focus should be on improving the attachment relationship with their child and for fathers the focus should be on increasing positive parenting skills in order to decrease externalizing behavior and on developing a secure father-child attachment in order to increase child social competence.

The results of this study should be interpreted with several limitations in mind. First, the sample size is relatively small as a result of the limiting criteria of the study design. Future studies with a larger sample would be able to examine model differences between mothers and fathers in relation to child gender. This would increase understanding of how positive parenting and parental attachment may operate differently for girls and boys. Second, the results may not be generalizable due to a lack of racial, ethnic, or geographic diversity in the sample. These results are encouraging, however should be replicated with a more diverse sample. Finally,
previous research has demonstrated that the observed AQS shows greater discriminant validity than the self-report AQS (van Ijzendoorn et al., 2004). However, the AQS measure has been used in multiple studies over several decades and its content validity is high (Waters & Deane, 1985).

Despite these limitations, this is one of the first studies to use a prospective, longitudinal design to help advance understanding of the relationship between positive couple interactions, positive parenting, attachment, and child outcomes, as well as separate for mother and father influences. Both are found to increase social competence through the parent-child attachment relationship; however, it is only mothers who are found to decrease externalizing behavior through parent-child attachment while fathers are found to lessen externalizing behavior through positive parenting. Results of this study suggest that mothers and fathers play significant roles in shaping the outcomes of preschool age children. In addition, the results add to the dearth of information regarding the influence of father-child attachment on child outcomes, particularly for preschool children.
References


### Table 1: Means, Standard Deviations, and Range of Scores for Study Variables

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*Note.* EB = Externalizing behavior; SC = Social competence.

### Table 2: Correlations Between Constructs for Mother

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*Note.* EB = Externalizing behavior; SC = Social competence.

†p < .10. *p < .05. **p < .01 ***p < .000
### Table 3: Correlations Between Constructs for Father

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<td>-.14†</td>
<td>-.15*</td>
<td>-.02</td>
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<td>9. SC</td>
<td>.15†</td>
<td>.17†</td>
<td>.26**</td>
<td>.05</td>
<td>.10</td>
<td>-.05</td>
<td>.06</td>
<td>-.31***</td>
</tr>
</tbody>
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*Note.* EB = Externalizing behavior; SC = Social competence.

†p < .10. *p < .05. **p < .01. ***p < .000
FIGURES

Figure 1: Structural Equation Model for Child Externalizing Behavior and Mothers
Figure 2: Structural Equation Model for Child Externalizing Behavior and Fathers

Model fit indices:
- χ² = 58.565
- p = .001
- df = 16
- CFI = .960
- RMSEA = .062

Key:
- Solid lines represent significant paths.
- Dashed lines represent non-significant paths.
- Numbers next to arrows indicate standardized regression coefficients.
- Asterisks indicate significance levels: * p < .05, ** p < .01, *** p < .001.

Paths:
- Positive Parenting Father to Child → Communication → Positive Couple Interactions
- Positive Parenting Father to Child → Listener Responsiveness → Positive Couple Interactions
- Positive Parenting Father to Child → Positive Mood → Positive Couple Interactions
- Positive Couple Interactions → Communication
- Positive Couple Interactions → Listener Responsiveness
- Positive Couple Interactions → Positive Mood
- Father-Child Attachment → Communication
- Father-Child Attachment → Listener Responsiveness
- Father-Child Attachment → Positive Mood
- Father-Child Attachment → Child Externalizing Behaviors
- Positive Couple Interactions → Child Externalizing Behaviors
Figure 3: Structural Equation Model for Child Social Competence and Mothers

Model Details:
- Chi-Sq = 18.956
- df = 16
- P = .999
- RMSEA = .000

Paths:
- Positive Parenting Mother to Child
- Positive Couple Interactions
- Communication
- Listener Responsiveness
- Positive Mood
- Child Social Competence
- Mother-Child Attachment

Path Coefficients:
- 0.71
- 0.35
- 0.23 (2.36*)
- 0.85
- 0.63
- 0.23 (2.69)**
- 0.55
- 0.34
- 0.94
- 0.18 (2.11*)
- 0.31 (3.54)**
- 0.43
- 0.36

Note: *p < 0.05, **p < 0.01, ***p < 0.001, ns = non-significant
Figure 4: Structural Equation Model for Child Social Competence and Fathers
CHAPTER 3. ATTACHMENT PARENTING: THE PRACTICES, PERSPECTIVES, AND EXPERIENCES OF MOTHERS REGARDING ATTACHMENT PARENTING WITHIN A BROADER NORTH AMERICAN SOCIETAL CONTEXT

Abstract

Through a Hermeneutic phenomenological methodological approach, the perspectives of ten mothers were explored regarding their experiences as attachment parents (AP) within a broader, American societal context. The results of this study show that the mothers in this study engaged in all practices that are encouraged by AP advocates into toddlerhood or preschool age including the “Big 3”: Breastfeeding, babywearing, and bedsharing/cosleeping. Participants rationalized that AP practices “made sense” scientifically, theoretically, and innately. Overall, participants revealed an agenda aimed at nurturing a strong parent-child connection and towards launching confident, compassionate children into the world. A majority of participants shared that they were formally introduced to AP through the natural birth community and described a variety of natural lifestyle choices that were connected to their parenting decisions. A number of shared attitudes were identified among participants that seemed to support and advocate for their parenting style. Such attitudes were identified as: confident, feminist, unconventional, and gentle. Participants were aware or their status as a minority parenting group and that their parenting practices were atypical and often discouraged or stereotyped by larger society;
however, they were able to survive and thrive as AP by becoming connected to protective communities in which their parenting practices and natural lifestyle values were supported.

**Introduction**

This study explores the experiences of mothers regarding their experiences with attachment parenting (AP). The term, “attachment parenting” was first coined and promoted by Dr. William Sears in the 1970’s. Attachment parents intentionally attempt to create a secure bond with their child and to meet the child’s basic physiological and psychological needs by engaging in particular parenting behaviors such as babywearing, nursing/feeding on demand, extended nursing, and cosleeping/bedsharing. Although such practices were common in the U.S. until the last century and continue to be used in the majority of other cultures worldwide, the practices associated with AP are less common among modern Western parents and therefore, AP is viewed as an alternative parenting style in the industrialized West (Green & Groves, 2008; Schon, 2007; Small, 1998). Despite the popular influence among a sub-culture of Western parents, these parenting practices and associated outcomes are not adequately acknowledged in scholarly literature.

Similar to most social behavior, parenting behaviors and parenting roles are greatly influenced by culture which changes over time based on historical events, trends, the economy, or social movements (Small, 1998; Keller, 2008). For example, in modern society, a majority of American parents wish to see their child(ren) grow to be independent and self-regulated individuals. As such, Western parents are often influenced by parenting advice that seemingly upholds individualistic values. The advice that parents receive is not always grounded in solid research, may be contradictory, and is not necessarily best for their child or for their relationship with their child (Connell-Carrick, 2006; Small, 1998).
Current research suggests that children in the West face the best outcomes when balance is achieved between the child’s sense of independence and dependence (Kunz, 2013). This leads to a host of questions about which parenting behaviors will lead to the best child outcomes. As an example, is it best to allow your baby to “cry it out” at night in order to learn that she can independently fall asleep or is it best to respond to your baby when she cries at night so that she will learn that she can effectively communicate her needs and that the parent will respond accordingly, and thus strengthen the attachment relationship? Expert and lay responses to such a question are likely to elicit a variety of responses influenced by cultural attitudes and scientific knowledge.

Additionally, gender roles associated with parenting have changed throughout U.S. history. For example, prior to the Women’s Liberation Movement, women were discouraged to work outside the home and were strongly encouraged to focus on childrearing and managing the household. Today, over fifty percent of women work outside the home (Kunz, 2013; Liss & Erchull, 2012). Despite predominant stereotypes that feminists are disinterested in parenting and family, research reveals that feminist mothers are more likely to approve of the more intensive parenting practices associated with AP that their non-feminist counterparts (Liss & Erchull, 2012).

Taken together, although practices associated with AP have evolved throughout human history and only recently have not been widely practiced in the Western culture, it is often viewed as an alternative parenting strategy. As such, few studies have investigated the scientific relevancy of AP. The primary goal/purpose of the present study is to bring voice to a sub-culture of Western parents commonly referred to as "attachment parents" and to describe their parenting practices, perspectives, and experiences as they occur for mothers in a broader Western societal
context. Such findings could offer additional insight regarding attachment promoting and positive parenting behaviors and could contribute to the attachment and parenting literature.

**Theoretical Framework**

In order to explore the phenomenon of attachment as it is experienced by attachment parents, attachment theory will be discussed and explicitly connected to the practice of attachment parenting. Attachment theory, developed by John Bowlby (1907-1990), helps to explain the quality of the parent-child relationship as well as future outcomes based on the parent-child relationship. When the attachment figure is available, responsive and sensitive to the attachment bids/needs of the child, a secure attachment is achieved. A secure attachment between the individual and attachment figure is a significant predictor of positive health, psychological, relational and developmental outcomes throughout the individual’s lifetime, especially when parenting behaviors that foster secure attachment continue throughout later stages of development (Schon, 2007). When dependency needs are met, a secure attachment is formed and one comes to know that the world is a safe place, that people can be trusted, and that the self has worth.

Attachment theory is also rooted in evolutionary views and as such, the current study also attends to tenets of evolutionary theory in order to explore attachment parenting behavior. Applied to parenting, the evolutionary approach explains how child rearing behaviors and patterns have been modified during the past 35,000 years as human life has evolved. A connection is drawn between attachment theory and an evolutionary perspective in that both emphasize the importance of caregiver sensitivity and both recognize the evolutionary roots of human behavior. Schon (2007) argues that attachment theory more narrowly focuses on the psychological relationship between child and caregiver and that it does not adequately address
aspects of the infant’s physiological well-being aside from the survival function of the attachment relationship. Therefore, Schon (2007) argues that it is necessary to frame the inherent needs of the child as needing to be met by both the attachment relationship as well as fulfillment of physiological (evolutionary) needs. Attachment parenting is interchangeably referred to as “natural parenting” or “instinctive parenting” based on the emphasis that this parenting style places on meeting both the attachment needs and the basic physiological needs of the child.

**Literature Review**

*Cultural Theory and Other Factors that Influence Parental Behavior*

Parenting is defined as the “purposive activities aimed at ensuring the survival and development of children” (Hoghughi, 2004, p. 5). In an effort to promote developmental success, parents engage in socializing their children to uphold and carry out particular cultural values and beliefs to ensure that children are able to survive and thrive within a particular cultural context. Scholars and scientists continue to question and attempt to explain how parenting is influenced and the effect that parenting has on a child’s development (Small, 1998). The “Culture and Personality” perspective was first developed by Margaret Mead and Ruth Benedict in the 1920’s. This perspective was developed as a result of extensively studying people from different cultures and discovering that what is “normal” in one culture can be considered “abnormal” in another culture. From this research, the insight was gained that culture shapes our thoughts, values, and behavior. As a result of her research in Samoa and New Guinea, Mead found that there are differing, yet equally valid ways to raise children. Mead proposed that daily parenting behavior is based on what the culture dictates and that the way children are parented influences how they will behave as adults. This finding planted the seed for the scientific community to hypothesize that by intervening in parenting, whole societies could be altered (Small, 2006). The field of
parenting studies arose from this attention and child-care experts have risen in popularity. In this day and age, parents are faced with weighing the abundance of conflicting information from experts and various research studies with their own parenting values which have resulted from the intergenerational transmission of parenting as well as from their own individual choices and parenting goals.

*Positive parenting.* Within the field of social science, the idea that parents have a strong influence on their child’s development has been strongly supported through theory and research (Brooks, 2011; Small, 2006). The parenting relationship is based on a strong and healthy relationship and parenting skills are secondary to this (Hoghughi & Long, 2004). Indeed, studies show that positive parenting is strongly associated with a positive parent-child relationship and with positive child developmental outcomes (Brooks, 2011; Hoghughi & Long). Positive parenting refers to a variety of behaviors including sensitive discipline, overall sensitivity towards the child’s emotional and physical needs, warmth, responsiveness, involvement, support, and the ability to coordinate their own efforts with those of their child. Such behaviors are related to children’s cognitive skills, positive mood, and emotion regulation (Brooks, 2011).

Parental nurturance is one area in particular that has been found to have a significant influence on child outcomes (Gungor and Bornstein, 2010). Effective nurturing involves responding to the child’s physical and emotional needs. It involves building a positive relationship with the child where he or she feels valued, supported, respected and loved unconditionally. It has been found that nurturing, when provided effectively and in consideration of the child’s unique needs and temperament, is considered the “single best predictor of successful child outcomes” (Smith, et al., p. 35, 1994).
Smith et al. (1994) recommend that parents establish a positive relationship with children by creating a balance between nurturance and discipline. Baumrind (1967, 1989, 1991) introduced four parenting styles including authoritative, authoritarian, permissive, and uninvolved. The authoritative parent is characterized by being nurturing, setting clear limits while being supportive and democratic in their approach. Indeed, authoritative parented children face the most positive outcomes and are self-reliant, self-confident, and feel secure in exploring their environments (Brooks, 2011).

Attachment parenting. Consistent with attachment theory, early attachment experiences with adult caregivers shape the child’s attachment style and impact the child’s intimacy expectations and behaviors regarding interpersonal relationships throughout life. Attachment parenting is commonly understood as a style of parenting in which parents intentionally create a secure bond with their child and to meet the child’s basic physiological and psychological needs by engaging in particular parenting behaviors such as baby wearing, nursing/feeding on demand, extended nursing, and cosleeping/bedsharing. This style of parenting is also sometimes referred to as, natural parenting, empathetic parenting, and instinctive care (Schon, 2007). From anecdotal experience, the term, “attachment parent” seems to be the most widely used and resonating term, therefore, throughout this paper the term attachment parenting (AP) will be used.

The term, AP was first defined by Dr. William Sears, who found that many parents looked to him for parenting advice and asked such questions as, “Should I let my baby cry?” or “Is it all right to co-sleep with our baby?” He listened to parents observed to be in tune with their babies and observed parenting styles and how babies developed and was able to determine what yielded positive results in the parent-child relationship. After years of field research, he began
teaching parenting strategies aimed at promoting secure attachments. These parenting strategies were based on “the 7 Baby B’s of attachment parenting” which included, 1) birth bonding, 2) belief in baby’s cries and baby’s cues, 3) breastfeeding, 4) babywearing/holding, 5) bedding close to baby, 6) balance and boundaries, and 7) beware of baby trainers (Sears & Sears, 2003).

Derived in part from Dr. Sears’ “7 B’s,” Barbara Nicholson and Lysa Parker present eight principles of parenting that foster a secure attachment between parent and child in their book, *Attached at the Heart: 8 Proven Parenting Principles for Raising Connected and Compassionate Children*. These eight principles are guided by Attachment Parenting International (API), which is a non-profit organization that believes the focus of attachment parenting is to form and nurture a strong connection between parent and child. The eight principles include: 1) preparation for pregnancy, birth and parenting, 2) feed with love and respect, 3) respond with sensitivity, 4) use nurturing touch, 5) ensure safe sleep, physically and emotionally, 6) provide consistent loving care, 7) practice positive discipline, 8) strive for balance in personal and family life (See Appendix B: Summary of API 8 Principles for a summary of each principle).

*Providing for the innate needs of infants and children: Evolutionary theory*

The basic needs of an infant are the same, regardless of culture, yet, parenting behaviors and responsiveness to these needs differ by culture. This leads to the question of which parenting behaviors best meet the needs of the child (Schon, 2007). A growing number of parents and child-care experts in the West are beginning to endorse a parenting style that is more sensitive to the innate emotional and physical needs of the child. The attachment parenting style views children as the experts of defining their own needs and views cues such as crying as communication of a legitimate need. The emotional needs/demands of the child are attended to with sensitivity and validation. As such, the practice of attachment parenting encourages parental
choices such as nursing on demand and extended nursing, babywearing, and cosleeping/bedsharing. Whereas these parenting behaviors are rare in the industrialized/contemporary West, such behaviors were common among our ancestors throughout human evolution and continue to be upheld in many other parts of the world (Schon, 2007).

Schon (2007) uses an evolutionary perspective to explore what parenting behaviors provide for optimal infant psychological and physiological well-being. For example, the human infant is categorized as the “carried type of young,” meaning that it requires being carried on the body of its mother as opposed to other animals which are hidden or physically capable of following the mother around soon after birth (Schon, 2007). One characteristic that the human infant displays is the flexion and abduction position of the legs when lying on the back or when lifted up. This position enables the infant to be carried on the hip and to be held close to the mother’s body. Human breast milk is low in fat and protein and therefore infants must nurse continuously. Therefore, a human infant is genetically adapted to be held often and remain in close proximity to the mother in order to nurse often, on demand in order to receive adequate nourishment.

Based on the need for close proximity and continuous nursing, it can stand to reason that the cosleeping arrangement is what the infant is adapted for in order to receive protection and nourishment throughout the night. The topic of cosleeping is controversial in the United States and is widely discouraged. In a 2009 article in Parenting magazine, it was stated that, “it is unwise to share a bed with your baby under any circumstances.” Such statements are not supported by substantial research and are contradicted by the fact that in 67 percent of all cultures, children do not sleep alone (Small, 1998). Previous research has suggested that mothers
and infants who sleep together are physiologically in sync with one another (Small, 1998). The physical movements, sleep cycles, and breathing of mother and baby affect the other. Cosleeping babies sleep lighter and each time the baby is aroused by mother’s movement, they are able to get more practice in breathing. Cosleeping is also observed to result in the mother attending more to the infant. Cosleeping mothers were found to demonstrate five times the protective behaviors towards their babies when compared to non-cosleeping mothers. They often kissed, touched, repositioned the baby, comforted the baby, and readjusted blankets. When cosleeping is practiced safely, this extra attention as well as lighter sleep and increased arousal that cosleeping babies experience is speculated to prevent the risk of sudden infant death syndrome (Small, 1998).

A human mother’s milk is designed to meet the nutritional needs of her growing infant/child (Schon, 2007). In addition to being genetically hardwired for nursing on demand throughout infancy, there are also indications that humans are designed to nurse well into childhood. When applying the same calculations used to predict weaning ages of primate species that also carry their babies often, the human weaning age is estimated between 2 1/2 – 7 years. This is consistent with weaning ages in other countries in which breastfeeding and child-led weaning are the norm (Schon, 2007).

Schon (2007) argues that over time, Western parenting practices have grown out of touch with basic parenting instinct and have been replaced by parenting practices that are instead conducive to cultural beliefs and norms. Based on the evolutionary design and the attachment needs of the infant/child, Schon (2007) concludes that the attachment parenting approach promotes both the psychological relationship between child and caregiver as well as optimal physiological well-being of the child.
Cultural comparison of parenting and attachment security. Further, Schon (2007) reviews the results of studies that measured mother-infant attachment among three cultures in which responsive, close contact parenting are the norm: the Dogon of West Africa (True et.al, 2001 as cited by Schon); a Black, South African culture (Tomlinson, et al., 2005 as cited by Schon); and an Indonesian culture (Zevalkink, et al., 1999 as cited by Schon). Attachment security was measured in all three groups using the Ainsworth three category classification system for attachment security and results were compared to a predominately Western sample from 32 different studies in which 65% of infants were securely attached, 21% were avoidant, and 14% were resistant (van Ijzendoorn & Kroonenberg, 1988 as cited by Schon). Within the Dogon sample, 87% of infants were securely attached, 0% were avoidant, and 13% were resistant. Interestingly, a majority of the Dogon infants were in the primary care of their grandmothers during the day although their mothers remained closely involved through breastfeeding and by sleeping with their infant at night. This finding suggests that a secure attachment may not depend as much on who the main caregiver is but rather, on the quality of care received.

Among the Black, South African infants, 72% were secure, 17% were avoidant, and 11% were resistant. Within the Indonesian sample, 59% were secure, 7% avoidant, and 34% were resistant (Schon, 2007). The Black, South African sample and the Indonesian sample experienced greater degrees of social and economic stress which are likely associated with decreased parenting quality. The comparison of parent-infant attachment between these cultures suggests that infants who are kept in closer proximity to the main caregiver and whose needs are responded to with greater sensitivity are more likely to develop secure attachment styles and less likely to develop an avoidant attachment style when compared to the more common parenting
practices of Western culture in which infants are more likely to have attachment bids rejected and to have less physical contact with the main caregiver (Schon, 2007). Schon points out that data on infant attachment security of AP infants within Western culture is missing and speculates that rates of secure attachment would be even higher than what is found in the nonindustrial cultures investigated above since there is lower incidence of poverty and other hardships when compared to industrial cultures.

*Who are attachment parents?*

Green and Groves (2008) explored the demographics and parenting behaviors of 275 North American mothers who identified themselves as attachment parents. The mean age of mothers in the sample was 34 years. Approximately 85 percent of respondents were from the United States and 13.5 percent were from Canada. A majority was White, college educated, married, and had 1-10 children ages 3 months to 22 years old.

Of the mothers in this study, 89 percent breastfed exclusively and the mean weaning age was approximately 3 years. According to the National Association for Child Development (NACD), this is much longer than the U.S. national average which is 3 months. However, according to the NACD this age is consistent with the mean age for weaning worldwide, which is 4.2 years. Mothers in this study were also found to nurse their infant based on the infant’s cues such as when the infant needed comforting or was fussy rather than based on a maternally dictated schedule. The mean number of hours that infants under 1 year of age were away from their mothers was 8.22 hours a week. Approximately 30 percent of the mothers reported never leaving their infant in the care of anyone else and 28 percent reported only leaving the child in the care of the father or another close relative. Only 7 percent reported leaving their infant in another’s care for 40 hours or more a week.
During the first 6 months of the infant’s life, 79 percent of mothers reported that their child slept with them in the same bed and only 4 percent reported that their infants slept in their own crib in a separate room. It was found that infants who were formula fed were more likely to sleep in their own crib. Between the ages of 6-18 months, the percentage of mothers who shared their bed dropped slightly to 76 percent. Findings of this study also revealed that AP mothers took the primary caregiving role at bedtime and only 4 percent of infants were expected to go to sleep independently without being held or nursed to sleep by the mother.

_Societal portrayal of attachment parenting._ A recent _TIME_ article entitled, _The Man Who Remade Motherhood_, written by Pickert (2012) has recently publicized AP in America. The story was highlighted on the cover of the magazine by the accompanying title, _Are You Mom Enough_ and raised eyebrows among both AP and mainstream parents in the U.S. Pickert portrays the experience of attachment parenting based primarily on the story of one mother and the experience of Dr. Sears. Pickert strongly suggests that Dr. Sears invented AP and the article provides a background story of Dr. Sears and his influence on parents. In fact, Dr. Sears could more accurately be said to endorse the parenting style and to have coined the term AP based on his observations of specific parenting practices, but not to have invented it. In the first chapter of _The Baby Book_, Dr. Sears states, “Attachment parenting has been around as long as there have been mothers and babies. It is, in fact only recently that this style of parenting has needed a name at all, for it is basically the commonsense parenting we all would do if left to our own healthy resources” (Sears & Sears, p3, 2003).

Based on my perceptions after reading online discussion threads that were generated by such organizations as “Natural Parenting,” I came away with the perspective that the article had a controversial impact. After reading posts responding to the question, “Do you agree? Infuriating
TIME breastfeeding photo is not the reality,” I came away with the perception that some attachment parents worried that the cover photo of a mother nursing her 3 year old son while he stood propped up on a footstool would perpetuate misconceptions of attachment parenting by leading the mainstream culture to identify AP solely as extended breastfeeding. There were also comments indicating offense taken to AP practices being labeled as “extreme” and several disagreed that Dr. Sears had “invented” AP. Conversely, other comments were left by members of the AP community expressing excitement at seeing AP being brought into the limelight and others commented that they hoped that it would further awareness of AP.

Feminism and AP. In response to the TIME article discussed above, the reaction piece Attachment Parenting: More Guilt for Mother, Politt (2012) attempts to fight back the temptation to attack AP and realizes that doing this would only fuel the “attack on mothers.” Nonetheless, she does express dismay regarding AP practices as based on the sweeping generalizations produced by the TIME article that AP forces mothers to adopt an intensive parenting style that leads them to parent in excess, to become helicopter parents, and to lose their careers and social lives as a result. Politt argues that childrearing trends are always directed at regulating the behavior of middle class mothers rather than the behavior of fathers or towards changing policies that impact children or parenting. Politt seem to agree with Badinter’s (2011) argument that intensive mothering is oppressive to women and pushes them out of the workplace and back into the home, yet Politt also empathizes that by staying home, mothers are able to escape the sexist workplace and the role strain caused by the double shift that working moms face.

Still others argue that parenting practices associated with AP, which are largely perceived to be more intensive, are in fact endorsed by feminist mothers and could in fact benefit mothers who work (Liss & Erchull, 2012). Such practices as cosleeping can help to make up for missed
time during the day and to develop a stronger bond between parent and child (Conrad, 2009). Conrad suggests that in our culture in which it is common for mothers to work outside the home, notions of parenting time are restricted to daytime hours and largely based on the parent’s schedule. However, when time is considered from the standpoint of the child, their need for parenting time is not dependent on the parent’s schedule. Additionally, Conrad points out that cosleeping can make nighttime nursing and soothing easier since the mother does not have to fully wake or get out of bed in order to fulfill the child’s physiological and psychological nighttime needs. Taken together, these arguments reveal controversial attitudes regarding the practice of AP and how it connects to feminism.

**The Present Study**

Green and Groves (2008) point out that the practices of attachment parents are more similar to parents in non-western societies than their typical western counterparts. They discuss that in non-western society such parenting practices as breastfeeding on cue, extended breastfeeding, and cosleeping are mainstream practices, whereas attachment parents in western society have deviated from mainstream practices. Green and Groves (2008) assert that further research needs to be done in order to explore what leads parents to choose attachment parenting and to better understand if AP is characteristic of parents who belong to a larger, distinct cultural group in the United States. The current study expands on these findings by increasing understanding about the particular parenting behaviors in which attachment parents engage as well as why they have made the choice to engage in such childrearing behaviors.

Although a great deal of research attention has been focused on attachment theory, the style of attachment parenting has been largely ignored in the literature. In fact, few studies have explored Western samples of attachment parents; therefore further research is needed to provide
more data on attachment parents in the industrialized West. It is asserted that such information is needed to further understanding of natural parenting in a Western context (Schon, 2007). As such, the primary goal of the present study is to increase understanding of the meaning of attachment parenting as it is experienced by mothers living within American culture.

**Methodology**

*Qualitative Methodology*

The methodological design of the proposed study is qualitative. The nature of qualitative research is an inductive and emergent process. In quantitative research, theory guides the data whereas in qualitative research the data guides theory. In this study, the experience of attachment parenting is explored according to the perspectives of mothers in order to contribute to and potentially expand on current literature in the areas of attachment theory and parenting. Throughout the qualitative process, the researcher makes new discoveries that aid and may alter the way the researcher goes about collecting and analyzing his or her data. In this way the research process is constantly evolving. The primary paradigm stance that is taken in qualitative research is constructivism and assumes that reality is socially constructed (Bloomberg & Volpe, 2008). This research aims to enhance understanding of the socially constructed meaning of parenting through the lens of attachment parents.

*Phenomenological Approach to Inquiry*

Through qualitative methodology using a phenomenological approach to inquiry, this study explores the lived experiences of attachment parents (mothers) in order to describe their parenting practices, experiences and perceptions. The Heideggarian (Hermeneutics) approach to phenomenology is interpretive in nature and involves focus on the lived experience versus what one knows (Flood, 2010). In this approach, the researcher is viewed as inextricably linked to his
or her relational and cultural context. The Hermeneutic phenomenologist focuses on the lived experience of the participants and how their choices are influenced rather than being purely descriptive (Flood, 2010). The Heideggarian assumption that there are multiple ways of interpreting also seems most consistent with the social constructivist assumptions of qualitative research; therefore this is the phenomenological approach to inquiry that will be used. As such, the essence of attachment parenting will be presented based on my interpretation of the experiences and perceptions of the attachment parents involved in this study.

Participants

Through purposive sampling, ten participants were sought to participate in this study. Friends and acquaintances of the researcher who identify as attachment parents were asked to participate. In order to participate in the study, eligible participants had at least one child of any age and self-identified as an attachment parent or with a synonymous term such as natural or instinctive parent.

Description of participants

All participants who were interviewed for this study were mothers who identified to some degree with the label of AP. A majority of participants in this study were White. One participant identified as Black, White and Native American. Participants ranged in age from 29 years old to 40 years old with an average age of 35 years old. Seven of the participants were currently married; one was divorced and currently dating; one was widowed; and one was in a long-term cohabiting relationship with the father of her children. Four identified as Christian; one identified as Jewish, and five indicated “none” for their religion or left the field blank on the survey. Two participants obtained High School Diplomas; Five obtained Bachelor’s degrees; two obtained Master’s degrees, and one obtained a Ph.D. Three identified that they are currently stay at home
moms; one works as a Lecturer at the University level, one works as a yoga and music teacher; one works as an actress, one works as a training consultant, two work as early childhood educators, and one works as doula. Of those who indicated their income level, one family would be classified as living in poverty at $15,000; one as working class between $15,000-$30,000; the other five as middle class indicating income ranges between $30,000 - $75,000. Participants had between one and five children (See Table 1: Number and Ages of Children).

Trustworthiness

Based on the highly interpretive nature of this type of inquiry and in order to increase the credibility of the findings, researcher biases were clarified, research intentions were made transparent and member checks were completed. Glesne (2006) describes clarification of researcher bias as one way of increasing the trustworthiness of a qualitative study. In order to clarify my biases, it is necessary for me to reflect upon my own subjectivity regarding AP and such subjectivity may impact the research process. As a mother who also identifies somewhat with the term AP, I have perceived personal and societal criticism of parenting practices associated with AP and have been personally affected by these to some extent. At times, certain stereotypes have led me to feel defensive of attachment parenting. At the same time, my intention is not to doggedly push this parenting approach or to claim its superiority. Rather, my aim was to increase understanding of attachment parenting based on the perspectives and experiences of attachment parents themselves and frame their experiences within the broader societal context. My aim for completing this study paired with my own personal experience with parenting has no doubt impacted the questions I have asked, my interaction with participants, and the way in which I have analyzed the data since it is not something I can fully separate from myself at any point in the research process. I have taken efforts to explore my subjectivity
through analytic memos and inner reflection throughout the research process in order to minimize its influence on my interpretation of the data.

Member checks were completed with eight of the ten participants who were interviewed and I incorporated their clarifications into my findings. Participants were provided with transcription summaries (See Appendix C: Member Check Transcription Summary with Feedback). In each summary, an overall essence of the interview was included along with transcribed data organized by early themes. Follow up questions specific to the participant were asked in these member checks as well. Overall, participants confirmed that I accurately understood and portrayed what they said.

Further, I provided all participants with the preliminary findings that included their direct quotes along with a feedback form to ensure that I contextually portrayed and interpreted their experiences and perceptions accurately or in a way that resonated. Additional feedback and information was invited (See Appendix D: Completed Participant Feedback Form based on Preliminary Findings). Three of the ten participants provided thoughtful feedback and one participant’s husband provided feedback. The participants who provided feedback expressed that all of the findings resonated with them and that they often thought the quotes of other participants were their own because they strongly agreed with what other participants said. I took this as confirmation that I accurately understood what participants told me and that I was able to portray what they told me in a meaningful way. The suggestions I received from participant feedback was considered and much of it was incorporated into the final revisions.

**Dependability**

Dependability describes making the processes and procedures used for data collection and data analysis available for tracking purposes (Bloomberg & Volpe, 2008). In an effort to
provide an audit trail, I completed and saved the following documents: full transcriptions of all participant interviews, analytic memos, transcriptions with coding and themes hand-written in the margins, category/themes/sub-themes outlines, member check summaries and feedback, and results. Documents were either hand-written or saved as word documents. These documents capture the evolving and emergent process from initial stages to later stages in the analysis process. All documents are available for review upon request.

Transferability

In qualitative studies, the focus is less on the representativeness of the sample and more on the transferability of the findings. Transferability is the likelihood that findings can be applied to other settings and or similar contexts (Bloomberg & Volpe, 2008). In order to produce transferability, I have provided a detailed description of participants and I have included the actual words of participants through verbatim quotes. I have done my best to describe the context of their statements based on my observation and interpretation.

Data Collection

Once approval was gained from Iowa State University’s Institutional Review Board (See Appendix E: IRB Letter for Qualitative Study), participants were recruited. Initially I approached friends and acquaintances and then recruited further participants via snowball sampling in which existing participants were asked if they knew of any others who would meet the criteria for this study. In an attempt to recruit additional participants, flyers were be hung in various gathering places in central Iowa in which attachment parents are known to meet including a local midwifery clinic and a Waldorf preschool (See Appendix F: Recruitment Flyer). A flyer was also posted at a health food grocery store. Initial correspondence with participants was conducted via
email and details of the study were explained (See Appendix G: Participant Contact Email Script).

Prior to being interviewed, I obtained written consent from each participant (See Appendix H: Participant Informed Consent Document). Participants were interviewed in accordance with a setting of their preference or by telephone. One participant who lived out of state chose to be interviewed via telephone, one chose to be interviewed in a coffee shop and the remainder chose to be interviewed in their homes or in my work office. Participants were asked to complete a short demographic survey prior to being interviewed (See Appendix I: Demographic Survey). Participants were asked to participate in one hour long interview. Several interviews ended up lasting for an hour and a half.

Ashworth (1999) argues that the researcher must maintain the assumption that all information gained from participant’s recollection of lived experience is meaningful. As such, and in order to allow for emergent findings, the interviews were semi-structured, questions were framed in an open-ended way in order to allow for naturally flowing conversation, and the interview process was not identical in each interview; not all of the same questions were asked for each interview and questions were not necessarily asked in the same order.

Interview questions were designed in order to gain an enriched understanding of the experiences and perceptions of attachment parents within a broader societal context. Based on the emergent nature of qualitative research, the questions listed below served as the launching foundation for the interview process. Interview questions were refined throughout the data collection process (See Appendix J: Interview Questions/Script).

First, I asked questions to gain demographic information about the participants related to their age, ethnicity, relationship status, religion, education level, occupation, income level, ages
of children, and genders of children. Additionally, participants were asked to indicate the degree to which they agreed that the term “attachment parent” described their parenting approach: Slightly Agree, Moderately Agree, or Strongly Agree.

During the interview, participants were asked to discuss how attachment parenting fit into their lives. Often, I started by asking participants to discuss what led them to indicate their particular level of agreement with the term, “attachment parent” as indicated on their demographic survey. At other times, I would pose a grand tour question such as: “What is parenting like for you?” Or “Tell me about your relationship with your child(ren)?” Such questions are described by Glesne (2006, p.84) as a “request for the respondent to verbally take the interviewer through a place [or] a time period.” Grand tour questions are effective in breaking the ice and in generating detail. I attempted to ask the majority of the questions listed on my interview script with many of the participants, however in several cases, I found that when the participant guided the interview, she organically answered many of the questions on my script and provided additional relevant or noteworthy information as well. In these cases, I mainly asked probing questions if they were necessary in order to facilitate more conversation or to clarify certain points made by the participant.

Data Analysis

In order to capture the voices of participants, all interviews were audio recorded and transcribed verbatim. Several analytic memos were completed throughout the data collection and data analysis process in order to capture early ideas for emerging themes or to develop ideas as they arose. In the first phase of analysis, I read through all transcriptions in order to capture the overall essence of what participants revealed regarding their experiences and perceptions as attachment parents. Then all transcriptions were coded by hand using InVivo, descriptive,
affective/values, and holistic coding methods (See Appendix K: Initial Coding by Hand). Through use of the constant comparison method, comparisons were made between codes (Charmaz, 2006).

In the second phase of analysis, pattern coding was used in order to develop major themes from the data and to group meaningful units of data into more parsimonious units (Saldana, 2009). First, I copied and pasted salient excerpts from all transcripts into individual summaries organized by initial codes/themes and used this document as a member check as described earlier. Second, I listed all themes according to participant (See Appendix L: Themes According to Individual Participant - Condensed Version). I then transferred all salient themes from each participant and combined them into a master document (See Appendix M: Master themes: Combined Individual Themes – Condensed Version). During this process I continued utilizing constant comparison and would find at times that a certain excerpt could fall under multiple themes and I would have to decide where it best fit. From here, I used pattern coding and was able to condense and organize the themes and sub-themes according to 3 overarching categories and accompanying themes and sub-themes. Finally, using this outline, common themes were then synthesized into an overall description of the perceptions and experiences of participants related to attachment parenting and are discussed in detail below.

**Findings**

Overall, the voices of attachment parents have been largely missing from the literature and have often been misperceived by the larger culture. The purpose of this study was to provide attachment parents with the opportunity to openly discuss their personal experiences and perceptions regarding parenting within a broader societal context. As the researcher, my role was to listen to and interpret these experiences using attachment theory as my theoretical lens. As a qualitative researcher, I cannot deny my biases in the research process, and therefore I have
aimed to be transparent and to discuss how my own biases or subjectivity could impact my interpretive lens. True to the phenomenological approach, all information received from participants is meaningful and important; however, the findings and interpretations I have reached are reflective of my own interpretative lens and analytical abilities.

Additionally, my role was to draw connections between the experiences and perceptions among and between the mothers who participated in this study. Both collective and individual themes are included in my findings in order to fully represent the voices and ranges of experiences among participants. Collective themes include experiences or perceptions that were shared to some degree by nearly all or all participants. Individual themes included the experiences or perceptions that were expressed by only one or very few participants.

Through this process, I was able to organize the information shared by participants into 3 overall categories which included attachment parenting in action, being an attachment parent, and being an attachment parent in a broader societal context. Each category had accompanying themes and sub-themes. An expanded overview of the categories, themes and all sub-themes can be found in Appendix N: Final Organization of Categories, Themes and Sub-themes. Within Category 1, three themes were developed including: 1) Guiding rationale, 2) Practices, and 3) Agenda and perceived outcomes. Category 2 consisted of four themes: 1) Identity/the label, 2) Background, 3) Personal attitudes, and 4) Associated natural lifestyle. Category 3 included three themes: 1) Minority parenting group, 2) External pressures/challenges, and 3) Seeking support/building a village.

Additionally, a graphic representation of the relationship between themes can be found in Figure 1: Relationships among Themes. The graphic representation illustrates how Category 1: AP in action and Category 2: Being an AP, and Category 3: Being an AP in an American societal
context are interrelated. Being and identifying as AP is likely influenced by engaging in AP practices, believing in the guiding rationales outlined by parents as well as the specific goals identified and the positive outcomes AP parents perceive to be associated with AP. At the same time, the parent’s background, personal attitudes, and natural lifestyle tendencies may incline them to be more likely to adopt AP parenting practices and rationales. Taken together, what AP parents do, why they do it and who they are differs from the common behaviors and perceptions of larger society. Therefore, the framing of their differences in American society leads them to be seen as an alternative parenting group and as such, they are a minority parenting group that faces a host of external pressures and challenges. In order to survive and thrive based on their differences from larger society and the opposition that is sometimes faced, these parents have sought out a supportive community of like-minded others in which to survive and thrive. In turn, this community advocates and educates in ways that reinforce what they do and why as well as who they are and what it is like to be AP within a protected community and a larger societal context.

**Category 1: Attachment parenting in thought and action**

*(Guiding Question: What do attachment parents do; how and why do they do it?)*

**Guiding rationale**

*Makes sense to AP.* There was consensus among participants that AP “made sense” because it meets the basic physiological and psychological needs of the child at any age and particularly during infancy. The mothers in this study articulated that AP made sense on a variety of levels including: scientifically/biologically, theoretically, and clinically. In a practical sense, participants agreed that practices such as babywearing, bedsharing, and keeping baby close made parenting an infant much easier.
Participants discussed the fact that keeping an infant close is critical in meeting his or her most basic needs and that it is “just a smart thing biologically to be close to your child so your radar is turned on to what their needs are.” Another mother aptly states, “It seems to me that many AP practices were evolutionary necessities. Keeping baby close and responding to cues meant survival for the family of cave dwellers. It's just easier in modern society to lose one's instincts in the drone of smartphones and parenting "experts".” Another said, “…your children should be with you, they should be on you… if you look at other animals, they are with their offspring.”

In the same vein, while discussing how she didn’t feel that some more common practices made sense, one participant said,

“People in mainstream society seem to be so bothered [by cosleeping]. But if you went to the zoo, to the bear exhibit, and you saw the mom and dad cuddling over in the corner, and the baby has been left in the opposite corner all alone, every single human would go ‘Oh my gosh! What’s wrong?! Why in the world are they leaving this baby?!’ and yet we will put ours in cages in a different room. I just can’t even wrap my mind around it.”

Based on history of working with children having attachment trauma, a mother shares how she and her husband came to value AP through theoretical and clinical perspective and how this leads her to respond with sensitivity to the needs of her child. She said,

“I understood attachment from Bowlby and Ainsworth but really because I worked with children with attachment trauma and seeing disturbed attachment and how critical of [a] foundation that was. Both my husband and I really aligned with that…we need to protect that sense of safety and trust and value in our children…whatever it takes to make that happen so that means that when it’s nighttime and my child needs me, we’re going to
answer that call and when it’s daytime and my child needs me too many times in a row, I’m going to respond.”

Practices

In the following paragraphs, the practices of the mothers who participated in this study will be presented according to their experiences and perspectives with AP as interpreted by the researcher through a phenomenological lens. Each participant described using all of the practices that are encouraged by AP advocates. Additionally, some practices that are not currently defined as API principles were mentioned by participants. These findings will be further explored in the discussion section of this manuscript. Participants discussed how the following practices make sense to them scientifically, clinically, and intuitively.

Preparation for birth/parenting. All participants planned for natural birth and became involved in the natural birth community during pregnancy or thereafter. Many participants educated themselves about birth and parenting through reading materials by authors including Ina May Gaskin or Dr. Sears, by taking a natural birth class, or by attending birth circles or parenting groups. Majority of participants planned for and had a home birth although a few of those who planned a homebirth did end up having a hospital birth. Attitudes that seemed to influence this decision were reflected by such statements as, “Hospitals are for sick people…Women have been having babies for millennia …your body knows what to do.” Several participants indicated that they had a doula present at their birth in order to provide a strong, positive womanly presence at their birth. Only one participant in this study required an emergency C-section with one child. All babies that were mentioned were born healthy aside from developing common illnesses such as pneumonia soon after birth.
It was believed by some participants that a natural, self-empowered birth prepares both mothers and fathers with the initial confidence for parenthood whereas a birth high in what are viewed as unnecessary interventions often set new parents up to feel that they have failed and are incompetent. Two participants explain how this occurred for them:

“You have this baby and you’re just like I can do anything in the world now like you have so much power and that’s exactly how I felt after I had him like I can do anything in the world now!”

Another participant explained how having an empowered birth experience following a traumatic birth experience was healing and associated with a more positive initial bonding experience with her newborn. She says, “[My second child’s] birth was more loving and I feel like that is, it’s made for a different connection between the two of us.”

A few participants mentioned the importance of taking ownership of the birth and bonding experience. For the participants who did not have homebirths, they attempted to structure the hospital room to be more conducive for a gentle birth experience. This was attempted by taking such actions as dimming the lights, using lavender essential oil, and playing their music of choice. These participants also expressed feeling protective of their baby and honoring that instinct by keeping their baby close and not allowing visitors right away. One participant said, “My husband and I decided not to have any visitors at the hospital the first day and we both say that was one of the best decisions. We just had the whole day to ourselves. Pace yourself, trust in yourself with the breast feeding… Soak your baby in.”

The “Big 3:” Connected feeding (nursing or modified bottle feeding), babywearing, and cosleeping/bedsharing. The “Big 3” AP practices were acknowledged by a few participants as: 1) connected feeding, 2) babywearing, and 3) bedsharing. In infancy, these practices were
suggested to make the transition from the womb to the world a bit easier for infants. One participant articulates this by saying,

“They spend the first nine months of their lives in my belly and they’re all warm, always fed, hearing my heartbeat, my voice and always being rocked and everything and then suddenly they’re just expected to be fine laying in their crib by themselves or laying in a swing. And so it really just made sense to me that I should try to mimic that womb experience as much as possible to make them happy.”

Not only were the “Big 3” and other practices discussed below by used by all participants throughout the infancy of their children, each participant revealed breastfeeding and babywearing their children into toddlerhood. Although all parents of older children or teenagers shared that their children eventually slept in their own beds, bedsharing was still optional based on the needs of the child. Participants believed that these practices were easier for the parents and best suited for meeting the child’s physiological and psychological needs. These 3 practices will be elaborated upon in the following paragraphs.

Through connected feeding, all participants nursed their children, including one mother with her adoptive children. Two participants revealed that nursing was a struggle with their first child and one participant pumped exclusively for two months prior to being able to nurse her infant. Participants who bottle-fed modified their feeding to be AP friendly. A mother of adopted children stated, “although I did partially nurse, my adoptive kids were not exclusively breastfed. I did modify my bottle-feeding to be attachment parenting oriented….you were never out of arms to have a bottle. We switched sides to have a bottle.”

Breastfeeding was also experienced to be easier overall than bottle feeding for one participant who had done both and could compare. She said, “…you didn’t have to worry about
the right temperature of the formula or the milk in the bottle or cleaning and sanitizing things and carrying them around with you… you know I joked to people ‘I’m breastfeeding because I’m lazy’ and…we probably couldn’t have afforded formula anyway.”

Additionally, participants believed that nursing into toddlerhood was beneficial for their child physically and emotionally and that it contributed significantly to their child’s state of good health. They also believed that it became a good tool for comfort throughout infancy and extending into toddlerhood. Each participant nursed at least one child past infancy and into toddlerhood. The oldest age of children nursed in this study was four years of age. After sharing that her child weaned around the age of three, one mother said, “that’s why you have boobs and it’s the best food for them. And then when they’re older it’s a tool…by the time I stopped it was just right at nighttime. Just a little bit of a calm down, now we do stories instead.”

Babywearing was identified as an ideal way to keep baby close and to make life easier for parents since it enabled them to be more mobile while still meeting the demanding needs of the infant to be held. One mother mentions several benefits to babywearing. She said, “wearing the baby keeps them close to you, they smell you, they hear your heartbeat, and they move with you which was so comforting to them when they were in the womb. Plus, even to like maneuver, its way easier at farmer’s markets or the grocery store or even at a concert.”

Other parents indicated that it was much easier to wear their second child so they could still keep up with their older children. One mom says, “it was easy for me to chase around my fist toddler and to play with him while keeping the newborn happy and close to me and snuggled and free hands to make lunch and everything…you know he is right there so I always knew when he was getting hungry, we could nurse.”
Participants observed that their babies were happier when they were held close. One mother found that her infant would not sleep unless she or her husband was holding him. Some expressed that it didn’t make sense to them why babywearing was not common practice in our culture. One mother stated, “we’re the only weird culture that keeps babies in rolling boxes, and in play pins, you know. Keep them on you.”

A majority of parents also shared that they continued to wear their children at particular times when their children were toddlers as well. One mother shared that on a recent hike, she fashioned a sling out of a scarf to carry her three year old son. Another mother shared that her four year old daughter still loves riding in their backpack when they go on family hikes.

Cosleeping refers to a sleeping situation in which the child sleeps on separate surface in the parent’s room. Bedsharing describes a sleep arrangement in which the family members sleep on the same sleep surface or share the “family bed.” All participants engaged in bedsharing with all of their children. The exception was one mother who based on the needs of her child with autism, coslept instead. Even participants who thought that they would not bedshare with their infant found that they instinctively did not want their infant to be far away from them at night. Participants believed that the nighttime needs of their children are just as important as daytime needs and that part of their responsibility as a parent is to be responsive and sensitive to these needs. One participant said, “I don’t get to punch out at 8 p.m. because it’s dark outside. My job is 24/7.” Participants also believe that being responsive to nighttime needs is necessary for positive emotional development and adjustment. One participant said,“…sleep and feeling safe in the night is important to me…sometimes they just need the extra snuggle time and it makes up for the time with our busy lives that we don’t get to be close and be together.”
Each participant shared that they met the nighttime needs of their children in a variety of ways. Majority of participants shared the family bed with each child and those with multiple children shared the bed with multiple children at certain points. Bedsharing in infancy was connected to ease of nursing and attributed to getting adequate sleep. One participant said, “I still can’t imagine how people keep their babies in another bed or another room because it’s so much more work for them! [laughs] It’s just so easy to roll over and nurse your baby.” Another participant said, “When he slept in bed with us it was easier the fact that he slept when I was lying next to him and I got rest too, which made me a better mother the rest of the time.” The participant who had a child on the Autism spectrum accommodated his need to be close, but not too close by having him sleep on a separate surface near the bed (cosleeping) rather than by sharing a bed.

As children grew older, parents gently encouraged children to sleep in their own beds and were likely to lay down with them until they fell asleep if needed. Even those with school aged children or teenagers revealed having an “open door policy” in which their children were allowed in the “family bed” if they were ever scared, stressed, or needed extra “snuggles.”

*Gentle weaning/natural weaning.* The majority of participants who had multiple children shared that their child stopped weaning towards the end of their pregnancy as the result of the milk changing, milk supply decreasing, or because the child sensed that the mother was in pain. One mother of four children shared that she nursed all of her children through all pregnancies and tandem nursed. All of her children weaned on their own between the ages of two and a half and four years old. These children were all guided gradually to night-wean as they grew older.

Although nursing on cue was agreed to be best during infancy, the nursing relationship between mother and child was viewed to be more negotiable as the child grew older. As such, it
was believed that the mother’s needs should also be honored; support was voiced for establishing boundaries such as not nursing in the middle of the night or only nursing for a few minutes at bedtime. Participants encouraged child-led weaning or gentle guided weaning if the child wasn’t ready to wean before the mother. One participant stated, “I know internationally, the natural child weaning age is somewhere between 3 and 7 depending on the child. But if it’s not working for mom, that’s important too. I think that we need to be respectful of our own feelings too.”

*Respond with sensitivity and intention: Follow innate parenting wisdom and trust in child’s cues.* This practice intersects with all AP practices and seems to be a critical, underlying theme. According to one participant, attachment parenting is, “following your intuition being in touch with what’s going on with your child and understanding what their needs are, what their limits are, reading their cues…” Among participants, the appropriateness of the word, “instinct” is not fully agreed upon and other words/phrases were used including “follow your intuition,” or to “listen to your gut.” Another participant said, “I think I call it parenting from the heart…Just kind of intuitive and also listening to each individual child ‘cause they all have different needs.” All in all, participants seemed to be saying that it is important to listen to your innate parenting wisdom and to believe in your child’s cues and to respond to those needs to your best abilities.

Participants revealed a tendency to listen to their instinct and to trust the cues of their infant or developing child at any time, day or night. Participants reflected on how critical this was in shaping their parenting to be more AP oriented and how it gave them the confidence to do what they felt was best for their infant or child’s development and their relationship with their child (See theme: *personal attitudes*).

One participant shared that she and her husband had planned to take a more common approach to parenting, however, their first born son taught them how to parent in a more AP
oriented way. She said, “we had a crib, we wanted to have him sleep alone, and we were not planning on baby-wearing or doing anything like that. But, our son led us to that style of parenting, I was just listening to his cues, ya know, what he needed and kind of found my way, that way.” She felt that by following her maternal instinct, she was compelled to respond to her son’s cues to be held often and this led them to accommodate his needs in unplanned ways, such as by bedsharing.

Participants believed that by following one’s innate parenting wisdom and by responding to the child’s cues, a secure attachment would develop. One participant said, “And those are the very beginning stages of making that, that intuitive connection I think…building that and building a confidence within yourself as a parent because as you’re able to identify those things earlier and meet those needs, it builds a confidence and a trust level and all of those things kind of snowball together.” Another participant expresses how a common parenting practice that encourages parents to ignore their instinct and the child’s cues could negatively impact the attachment relationship between caregiver and infant. She said, “I can’t even imagine leaving my child to cry in the other room and cry himself to sleep because for me, when I think about that logic, that affects their trust, could break their trust for me and my desire to be there for them.”

Further, participants shared or argued that this style of parenting requires the parent to balance intention with instinct. One participant argued that, “It’s more intentional than instinctive, because sometimes my instincts would tell me to do something that would not necessarily be considered attachment parenting…it seems like instinct and intention would be kind of not cohesive but they so are in this way.”

*Meet dependency needs according to child’s timetable.* Participants in this study disagreed with the prevalent belief that independence in infancy and young childhood is
necessary for positive development. In fact, many felt that some of the more common parenting practices may push infants and children to be independent in such a way that is conflicting with the child’s own timetable through such practices as sleeping apart in infancy, using the cry it out method, or use of corporal punishment/harsh parenting. Rather, they find it best to meet the needs of their children and trust in the authenticity of these needs when they are communicated and then begin gently encouraging independence if that does become necessary such as through gentle weaning or transitioning to independent sleeping when they feel their child is close to being ready but needs some encouragement.

They argue that meeting the dependency needs of the infant and young child enables them not to “get stuck” in that need. One participant said,

“…when you meet the child’s need when they have it, they don’t get stuck in that need. And they actually become independent sooner, and all the attachment parented kids I know are the more independent kids…And I had a blanket ‘til I was twelve. That was truly like a need and I think a lot of it had to do with being scared and not attached. My children have never had that, because they were attached to people and not to items. And they didn’t get stuck.”

Participants argue that although it seems paradoxical in our independence driven culture, security and independence result from having dependency needs met first. One participant offers this analogy to challenge more popular attitudes regarding independence. She said,

“…a lot of mainstream society will say ‘Oh my gosh, if you do that you’ll never get them outta your bed or they’re never gonna wean’ all those things, nobody ever says to you ‘Don’t put that baby in diapers, they’re never gonna potty train.’ Everybody would recognize that’s ridiculous. Every individual, even if you do nothing, will potty train on
their own time. And every child wants to mature, wants to evolve, wants to move forward, and everyone’s timeline is different. But it’s ridiculous to think that there are some of those things that would not change.”

The following quote by Peggy O’mara, author of Parenting from the Heart, is reflective of the rationale shared by participants in this study:

“It is the nature of the child to be dependent and it’s the nature of dependence to be outgrown. Begrudging dependency because it is not independence is like begrudging winter because it is not yet spring.” – Peggy O’Mara

Consistent caregiving. Majority of participants made the choice to be with their infants full-time. For some, this has meant living on very little income. One participant says, “I was able to stay home. I mean, we lived on nothing. We really live very simply, barely scraping by, but that was what we would have preferred and I have never regretted.”

Several participants expressed the attitude of not wanting to be away from their infants although this attitude shifted as the infant transitioned into toddlerhood or early childhood. One mother says, “now that the big kids are older, we have left them overnight with their cousins or grandparents and things like that and I’m fine with that. But with a baby, I have no interest in being away from my baby.”

Most of the mothers began working some hours outside the home or engaged in some form of gainful employment once their children grew older and more independent. One married mother worked part-time throughout her children’s infancies. One single mother whose husband was deceased was required to work during her child’s infancy. Two mothers were able to bring their infant to work with them; one on a regular basis and the other as needed. In one family, the
mother stayed home with the children full-time and the dad quit his job outside the home in order to work from home. In one family the mom and dad both worked from home.

The fathers were portrayed by participants as being supportive of AP and invested in the approach overall. The one area that a few fathers were reported to have complaints was with regard to bedsharing, particularly when bedsharing with a restless toddler. Two moms felt as though their husbands valued the AP approach somewhat less than they did. A few mothers also shared observations that their husbands struggled more with gentle discipline and tended to be more reactive at times.

Majority of the fathers were involved in caretaking whether they worked outside the home or not or whether or not they were the sole income earner. Only one participant openly expressed frustration at the lack of involvement from her husband in parenting responsibilities. In particular, fathers were reported to assume nighttime parenting responsibilities for the first born child after the second child was born. Many of the fathers also engaged in babywearing on a regular basis. One participant expressed finding this rather attractive. She said, “my husband, we had this sling that was bright pink and had silver stars on it and I totally remember him wearing [our child] at a…string band show and just thinking ‘He’s the sexiest thing alive!’”

**Positive/gentle discipline.** Participants discussed using positive approaches to discipline including: setting reasonable expectations, framing the needs of the child, not being reactive, having discipline through connection, being authentic, modeling, and showing empathy. The desire to establish a gentle, positive, and safe environment was expressed in various ways. Discipline was identified as one of the most challenging practices of attachment parenting. One mother said, “…we really want to have this gentle discipline and a peaceful parenting type of
approach but we are also strict and have rules to be followed…it’s hard to find a balance and a way to do that that is kind and loving and gentle but also firm and consistent.”

Majority of participants discussed the importance of setting reasonable boundaries based on the unique child’s needs and development by clearly articulating expectations and by using natural consequences. Parents expressed the belief that children should be treated with dignity and respect and that they will treat others as they are treated. There was varied opinion about the use of “time-outs” in which some participants believed they were effective tools and others believed they classified as punishment and that they didn’t teach coping or reasoning skills. Corporal punishment was highly frowned upon. One mother says, “…if you learn physical reactions to situations, you’re not learning the tools to deal with things emotionally or to problem solve or to process.”

Majority of the parents in this study did not seem to frame their child’s undesirable behavior as “misbehavior” necessarily, but rather as a reflection of the child’s normal development or as expression of an underlying need. Participants attempted to understand the nature of the behavior, the underlying issues, and the emotional upset in guiding them how to prevent or respond to the behavior. One mother said, “…if they are tired or hungry I try not overreact if they’re like on their way to bed and they’re being horrible. I’m just like, they’re tired and once they get in bed, this will be over.”

At other times, participants also recognize the need to step back and not intervene unnecessarily and to recognize the child’s ability to learn organically. One participant shared that it is her natural tendency to want to “jump in and fix it” and that she makes conscious effort to step back so that, “things can play out as if I wasn’t there because the lessons that stick are
usually the ones that have a beginning, a middle, and an end rather than we’ve cut out the hard part.”

Another participant explained how she and her husband take a “hands off approach” regarding their child’s peer interaction unless “punches are being thrown” or it becomes essential that they step in. She said, “we realize that children can really solve their own problems without our adult interference and our adult interpretation of what we think is going on, just let children solve it and empower them to do it and they learn so much from doing that.”

Participants aspired to establish discipline through connection. Participants expressed that having a strong connection with their children was more important to them in the grand scheme of things than having their children behave in socially desirable ways. Thus, parents expressed wanting to have a “power with” relationship with their children as opposed to a “power over” relationship in which the parent asserts his or her will over the child. Some participants shared the belief that being authentic with their children and respecting them as equals was important in building and maintaining a strong bond and trusting relationship with their children. One participant said,

“…when you are connecting with your child and being authentic and maintaining that authenticity within yourself, I think it gives them more of a sense of being able to trust in you and in the world and in your connection and ideally be able to be in this place of connection as they go into that transition of having more and more autonomy. So being able to maintain a connection with you because that trust hasn’t been broken because they’ve never really had you on a pedestal, you’ve made sure to be real with them.”

Participants also expressed the important impact of knowing your child, seeing children as good, benevolent beings not intending to hurt or intentionally manipulate, but rather testing
boundaries in developmentally normal ways. One mother said, “You know your child, you know who they are on an emotional and spiritual level and...you know the goodness in their heart that when they go through these bad times when they’re driving you nuts or they’re just having a hard six months or having a hard week, you always know…”

Participants thought it was necessary to admit to their children when they were wrong, to own their mistakes, to apologize and not to attempt to appear superhuman. One mother said, “it’s not that I haven’t made mistakes but then I’m going to be accountable, and I’m gonna tell you I did it wrong, and I’m gonna tell you I’m sorry, and I’m not gonna act like I’m infallible.”

It was believed that discipline does not have to be punishing; rather, discipline can occur through setting limits through natural consequences while at the same time modeling empathy and positive regard for the child. One mother provides an example of how she responded when her 20 month old kept trying to eat raw cookie dough while they were baking cookies. She said, “That’s my opportunity to build empathy is to then say, ‘baby, I’m really sorry that you don’t get to play and bake cookies with me anymore, but honey you weren’t being safe.’”

Participants discussed connecting with their children on an emotional level by addressing their child’s and their own emotional states, even when negative in order to normalize emotions and teach them how to cope with them. One mother described how she believes that parents need to teach children “how to be comforted by other people, to ask for nurturing when you need it, to know how to get through something and rely on interdependence of your community, rather than just trying to prevent them from ever getting upset. That’s not attachment parenting ‘cause it sets you up for failure in the world.”

Furthermore, participants shared that discipline is easier when you have a strong connection with your child since you are more likely to be more in tune with each other. One
mother said, “…you just already have that strong connection... I think as you get to the stage where you’re starting to do some more problem solving…when you’re having to stop and slow down and explain a situation you’re much less likely to have a big meltdown or much more likely to have your child listening to you.”

*Strive for balance.* Majority of participants shared that they strived for balance in various ways. Striving for balance was identified by a few participants with multiple children as being the most challenging aspect of parenting in general. All drew on the support of like-minded parents in order to express their frustrations and to problem solve parenting issues they may face.

Several participants discussed the importance of considering and balancing the needs of all family members and that attachment parenting may look different from one family to the next or from one child to the next in order to accommodate everyone’s needs. One mother said, “I hear about dads on the couch and that can be a real struggle and I think it’s important that we find that balance and that even an adult doesn’t feel rejected through your practices.” Another mother emphasized the importance of nurturing one’s own relationships beyond the parent-child relationship. This same mother, who has five children, two of whom have special needs, expresses that attachment parenting has looked different across her children as she has strived to meet the unique needs of each child. She said,

“I have had a couple of my kids that wanted to be worn to the extreme and then I had one in particular that didn’t really like it. It would’ve not been attachment parenting to force her in a sling when she is giving me all the cues that say ‘I don’t want to be in the sling.’”

Two participants shared that in order to find balance in their lives, they intentionally slow the pace of their day and take time to “spend time in nature” and to “smell the roses.” They prioritize relationships and attempt to hold a simple, flexible schedule by limiting extracurricular
activities. In this way, they are able to take a more child-led approach to their daily lives since they are not constrained or overwhelmed by rigid, demanding schedules. Other participants shared that they and their partners are sure to give each other breaks or to have their own individual time to practice Yoga.

*Meet intellectual/educational needs.* Participants also expressed that it was important to educate their children and to provide for their unique intellectual needs in ways that were consistent with their overall parenting and lifestyle values. All participants were concerned with finding schooling options that would uphold their values and be a good fit for their children. One participant argues that, “The important thing about attachment parenting is you school your children and you school them as appropriate to that individual.”

A majority of the participants in this study pursued nontraditional education settings for their children including Waldorf preschool or public Montessori. One participant expressed that their reason for selecting a non-traditional school setting was “not only about academics,” but also because they wanted their children to be socialized with children who are raised by like-minded parents.

Three participants currently homeschool their children or have previously homeschooled their children. One participant expressed that homeschooling “is just another way to connect even more deeply with our children” and that they do not allow their children to watch TV so that it doesn’t detract from their connection to each other or stunt their imaginations. Two parents expressed that they were in no rush to introduce their children to a formal education system. In response to pressures from family members to enroll her 4 year old in preschool, one participant countered, “She has great things to learn from her mom still and plenty of time to learn from the rest of the world…”
Among participants, it was believed that parenting plays an important role in shaping child outcomes and this was stated outright or implied through related statements. The importance of not only following one’s innate parenting wisdom, but to also be intentional and to consider how today’s parenting choices will impact tomorrow’s outcomes was stressed. One participant said, “…daily you’re making your choices, “How am I gonna nurture my children? Because today has ramifications and tomorrow has ramifications and…I can’t think of anything where it didn’t take hard work to get the good outcome.” Another mother said, “I’m just hesitant to give myself credit for my kids and for what their abilities are and what they can do but I’d like to think that attachment parenting has played a big part in our very bonded relationship.”

Nurturing a secure and connected relationship with child. The desire to nurture a strong connection with their child was echoed by majority of participants. It was important to participants that their children trust and know they can come to them about anything and that they will always be there for them. Parents of older children shared that they believe that their children do have a great deal of trust in them and that as a result they don’t feel that they are seeing the typical behavioral issues that a lot of parents with teens may see in our culture. One mother said, “I had three teenagers [at the same time] briefly…I haven’t had a lot of the typical teenage problems…I haven’t had a lot of it I attribute to a healthy bond.”

Through this strong connection, participants also believed that their children would feel secure and that at a young age, their children would feel safe to explore their environments based on this connection and that as young adults their child would go out into the world with confidence. Two mothers shared their belief that they would never lose this connection with their
children and that it would endure through any future trials or tribulations. Therefore, they did not fear launching their children into the world. One participant said,

“I hope that someday [my child] says, ‘mom, I’m gonna travel around the world’…

Good!…I feel like a healthy secure attachment should mean that I should be able to say [holds up hand as if waving goodbye] because I know it means that you will come back, I didn’t lose you…I feel like it’s a healthy level of you need me now and some day you will need me less and I’m going to enjoy it while you do need me and some day when you don’t because that means I did good.”

To launch good, healthy functioning people into the world. Several participants expressed wanting their children to be “true to themselves,” for their children to be compassionate towards others, and to be interdependent. In the words of one mother, “I want my children to be loving, creative adults who are compassionate about others and our world. I want them to be confident and true to themselves.”

At different points during the interviews, several participants shared their perspective that overall, the AP kids they have known have seemed socially competent and highly caring towards others. Parents believed that “the proof is in the pudding” and that their parenting approach pays off. Their parenting was validated through positive feedback about their child’s good health or how their children interacted with others from teachers, physicians or other relatives. Participants acknowledged that part of what explains such observations are based on the child’s temperament or personality; however they also attributed part of these observations to their parenting which is centered on meeting their child’s needs and less about social conformity. One mother said, “They don’t have to be questioning whether you’re going to meet their need. They don’t have to be making a big production to get a need met and they’re not gonna be expected to do x y and z for
you to make you happy or to suit the situation or something like that before they’re gonna get that need met.” Another mother said, “…if the child feels like they have been honored, and respected and nurtured, they learn naturally to honor, respect and nurture other people.”

To better the world one child at a time. The mothers in this study seemed not only to be motivated by the outcomes they desired for their own children, but for the impact they hoped their family and their child would have on the world. In the words of one participant, “Striving to be loving toward each other makes us all better people and I think it ripples out into the world.” Another participant said, “I want my daughter to be part of making this world a better place. And I hope that, I should say, I hope that what she reflects out to the world is brought back in her too.”

Category 2: Being an attachment parent

(Guiding question: Who are they?)

Identity/the label

Mixed feelings and views were expressed regarding the concept of labeling oneself as an attachment parent. Three participants expressed discomfort with labels. Although all participants were found to use all parenting practices encouraged by AP advocates, two of the participants stated that they moderately agreed that AP describes their parenting approach and that they do not commonly refer to themselves as AP. One also expressed discomfort with the label because of a negative association based on previous experience. She said, “When I read the list of attachment things attachment parents do, I really think I fit every single one, or I do every single thing or have done it in the past. I just never have identified myself as an attachment parent mainly because I don’t want to label or be limited by a label but also I think because early on, I met some attachment parents in my La Leche League group, and there were some that were
maybe giving a bad name to attachment parenting. They were very strict…and very judgmental.”
Many participants shared that they strongly agree that AP describes their parenting approach and expressed that they embrace the label of AP. The consensus seems to be that it is not necessary to officially label oneself as AP in order to use the strategies that are commonly associated with AP. Just as not everyone who believes in gender equality wants to call themselves a feminist, it is a personal choice to label or not label oneself.

A couple of participants theorized that labels are necessary when something is perceived as different and that because AP is atypical in our culture, it has to have a label attached to make it distinct from parenting in general. The parents in this study certainly did not seem to express any possessive or elite attitudes regarding AP. On the contrary, they expressed the desire for this parenting style to be more accepted by larger society so that perhaps the distinction of AP wouldn’t even need to be made. Participants hoped that one day there could be less perceived dichotomy which could lead to less defensiveness and ostracization for all parents.

**Background**

*History.* There was diversity regarding the type of parenting styles in which participants were raised. A few participants had been raised with AP although it was not referred to as attachment parenting by their parents. However, majority of participants did not believe that they were raised with this parenting style. One participant was raised by two abusive parents. Another participant was raised in an unstable environment without her biological mother present. One participant was not raised AP herself, however, witnessed her parents transition more to this parenting style with her younger siblings.

*Introduction/Attraction to AP.* Majority of participants revealed that they gained initial or increased awareness of AP during their pregnancy or after their first child was born. Many
learned more about AP through the resources recommended to them by their midwives and through becoming connected to other like-minded parents through the natural birth community.

Several were familiar with these parenting practices based on how they were raised or how they parented but did not become familiar with the term until years later. A couple of participants shared that they did not do much research on parenting prior to having children; still others actively sought out information about parenting yet most expressed that AP “resonated” with them. In fact, several stated that they would have naturally used many of these parenting strategies even if they had not officially learned about AP. Four participants made the same statement using almost the exact same words, “sounded like what we would do anyways” when reflecting on their introduction to AP. The attraction to this parenting style grew for many participants as the result of observing their friend’s parenting and by admiring the relationship these parents had with their children and by thinking that their children were “awesome.”

Some participants modeled their parenting in part against previous observations of harsh or negative parenting or to prevent intergenerational transmission of negative parenting behaviors. The participants who were raised in an abusive or unstable household shared that they actively sought out information about parenting out of fear. One feared that she would end up parenting as her abusive mother had parented and the other was concerned because she didn’t grow up with an involved mother. One of these participants said, “I knew even before she was born that I needed to do everything to grow and to heal as a person so I could give her that gift of knowing that she deserves love and connection and attachment parenting fits that mold.”

Personal attitudes: Confident/determined, gentle/humble, liberal, feminist, unconventional

One participant stated, “Of the parents I know, those who would identify themselves as AP tend to be well-educated and open-minded, willing to challenge the status quo.” Participants
seem to share a variety of common personal attitudes. All participants within this study indicated that they held liberal political views or philosophies. Feminist attitudes were also revealed by participants’ tendencies to choose a natural, empowered birth experience over a medical birth and by participants listening to their own maternal instinct. Majority of participants made statements that revealed a confident or determined attitude regarding their parenting and their parenting choices. This confidence appears to be what enables parents to “follow their gut” and to make parenting choices that may go against the grain. One mother said,

“we just had a little Moses basket and I would nurse in the middle of the night and then I would set him down in it and he was probably a month or two before I was like, ‘why am I even bothering?’ it was like that ‘ah ha’ moment where I realized that I was doing that because I was thinking that’s what I was supposed to do because that’s what society says, not because this is what feels right for me and my baby and then I kind of threw that out the window [laughs]…I think I’m a confident enough person… I feel like, that helps to be able to trust your own instincts because I feel like we’re in a culture that doesn’t teach that, doesn’t tell women that we have instincts and to listen to them and trust them, but I feel like being a self-confident woman and a self-confident mother that said okay I can do this.”

Along the same vein, majority of participants also shared that they tended to be fairly unconventional in other ways including lifestyle, religion, or other personal philosophies. One participant said, “I’ve always been a little bit off the norm, no one expected me to make typical choices, and I have never felt the societal pressure as an attachment parent to do something different because people thought I would do something weird. And I think that’s served me actually, really well.”
An unconventional attitude paired with a confident attitude was attributed to the lack of negative reactions participants perceived from others regarding their practices, particularly related to public nursing or nursing a toddler. One participant said, “Nobody has ever given me crap for breastfeeding a toddler but I think I give off this ‘Don’t you effin dare vibe.’”

Majority of participants also revealed gentle or humble attitudes regarding their parenting. A few admitted that they are not perfect models of parenting and openly recognized that parenting is a challenging and sometimes thankless job, regardless. In the words of one mother, “parenting in general is hard I think, no matter what way you do it.”

Participants said that although they are passionate about their parenting style, they do not feel the need to push their parenting ideals onto others and consistent with their perception that modeling is the best way to teach, it was expressed that the best way for others to learn about AP was to model it and have others see the positive outcomes of their parenting. In the words of one participant:

“I hope that people that do really connect with attachment parenting are gentle on themselves but then gentle on other people too because they can share so much by just being a role model. They don’t have to make it a point to everybody that they need to be doing something or reflecting judgment back. Let’s just have people be amazed at our children. Go ‘Wow! There’s something special about this child or this relationship.’ And ‘Oh! They must be doing something right. I’m intrigued by it and I want to learn more.’”

Overall, participants revealed accepting and understanding attitudes towards parenting differences that they believed may result from difficult family circumstances, a lack of education or support regarding different parenting options, or having busy lives and high demands. A few clarified that they are not out to convert other parents. One mother said,
“You can’t force that upon anybody and if they don’t feel that in their heart, it’s not gonna work for them and that’s not attachment parenting in the way that I’ve been describing it. So they would probably run into road blocks everywhere they turn unless they’re following their heart with that. Because it is against the grain with what a lot of our society is doing right now.”

Associated natural lifestyle

While discussing AP, several participants mentioned practices such as cloth diapering or alternative or no vaccine schedules. The majority of participants did not make explicit connections between these practices and AP, however a connection seems to be implied as the majority of the participants referenced their natural lifestyle practices in several ways. When asked what AP may have in common, one participant responded, “Many of us are passionate about food and hold strong beliefs, although they may not be the same beliefs, when it comes to feeding our families.” Other participants discussed their natural living habits when reflecting on ways in which they felt they differed from the mainstream. For example, while discussing how society views AP, one participant mentioned that cloth diapering was viewed as strange. Another participant expressed frustration regarding a lack of support for alternate vaccine schedules from local physicians. Another participant argued that such practices are distinct from AP. She said, “I do think there are circles that overlap whether it’s alternative medicine, or cloth diapering that aren’t really a part of attachment parenting… that’s another misunderstanding about what defines attachment parenting…as long as it’s gentle and kind and it’s not our jobs as attachment parents to judge what you feel is best for the needs of your child.”
However, one way in which all participants revealed engaging in practices that are associated with both AP and a more natural lifestyle was through a natural birth. As discussed earlier, nearly all participants gained initial or increased awareness of AP and became connected to other like-minded parents through the natural birth community. Thus, this could be considered the primary link between the practice of a natural lifestyle and the practice of AP. In fact, the natural birth community could perhaps be considered a gate-way for this style of parenting for many of the participants in this study since they were linked to AP resources and groups through the natural birth community. One participant shared her personal observation that seems to attest to this connection. She said, “I really have never met a parent who had a home birth that didn’t practice attachment parenting, whether they realized it or not. Because they’re very intentional about what they want and their desire for a good life for themselves and their child.”

Apart from natural birth, the connection between a natural lifestyle and attachment parenting may have more to do with conscientious decision making that leans more towards taking a natural approach regarding their child’s care and family well-being. Much like several practices associated with AP, many practices associated with a natural lifestyle are also considered unconventional in current society and it is interesting to note that such practices were mentioned primarily as participants were discussing additional ways in which their parenting or lifestyle differs from the mainstream.

Category 3: Being an attachment parent in a broader societal context

(What is it like to parent this way in American culture?)

Minority parenting group

Attachment parents are a minority parenting group in American culture and may face discrimination from others as a result of the stereotypes, misperceptions, or disapproval
generated from larger society. It was evident to participants in this study that their style of parenting is not necessarily in agreement with societal norms for parenting. It was expressed that common parenting practices often don’t resonate for them or make sense to them. One mother said, “I pick up a parenting magazine at the doctor’s office and I’m like ‘What the heck is this?’” At other times, they feel judged such as when attempting to talk about parenting with other parents who follow more common practices. The same mother said, “or I say something about still nursing my two year old and get really weird looks and like ‘oh yeah it’s not really normal in this culture’, you know?”

Because parenting contributes greatly to one’s sense of identity and belonging and because their practices are largely misunderstood or frowned upon by some, AP parents may feel somewhat like outsiders in the context of the larger society. They do not have as many places to go or resources that support their parenting style. Although several participants expressed that they would like to see things be different and for AP to be more widely accepted and better understood, they demonstrated confident attitudes regarding their parenting and were able to seek out necessary support.

External pressures/challenges

Personal experiences. Participants in this study did not seem to feel significantly personally impacted by negative or uninformed societal attitudes regarding AP. Although they did not necessarily find support from the larger society, they were able to find recourse through a supportive community of like-minded others (see theme: seeking support). The negative personal experiences mentioned often involved extended family members, old friends, acquaintances or helping professionals. Participants experienced negative or disapproving reactions regarding such practices as homebirth and nursing a toddler. Other participants felt that their friends or
extended family members did not understand their disinterest in limiting time away from their infants and wrongfully assumed that they needed to spend more time apart from their infant.

*Societal messages/lack of support.* For a majority of the parents in this study, awareness of how their parenting differed from the mainstream and awareness of common stereotypes or misperceptions about their parenting resulted largely from what they observed in the public sphere, outside of their protective communities and through the media’s portrayal of AP. Participants recognized that this parenting style is not the predominant style and that there are pressures that many parents face that may lead them to ignore their parenting instincts at times and to follow more common parenting practices.

Participants recognized that parents can be strongly influenced or pressured by societal norms because “people don’t want to feel ostracized.” Several participants agree that there are strong societal messages that influence parents to fight their innate parenting wisdom at times. One participant argues that in spite of this pressure, it makes the most logical sense to listen to your instinct and respond to the infant’s cues. She said:

“I think that the instinct of the mother is so strong when they’re babies and that everything in your body says, ‘pick up that crying baby.’ But, ya know, ‘that’s not how you get them to sleep, you let them cry’ or, ya know ‘that’s how they learn that they always get what they want.’ I mean I’m hearing voices of actual people I know saying these things to me and I mean that even though I can see where they find some logic in that, I mean I still feel like if there’s such a strong instinct in mom and the baby is only doing what a baby does it just seems perfectly logical that that is what you do.”

*Societal misconceptions/stereotypes.* A few participants identified that a common stereotype about AP is that they are lax or permissive parents. Although a couple of participants
mentioned that they have seen other AP parents as well as other mainstream parents who parent in this regard, they firmly disagreed that this stereotype is an accurate portrayal of AP. One participant said, “And the other views that I was surprised about have been more like interpretations that you just let the child do whatever they wanna do when they wanna do it and not have any boundaries…I don’t see that as attachment parenting what so ever.”

One participant theorized that part of what led other moms to frown upon her decision to stay home and to focus on her family as a priority is because they see it as a being anti-feminist. She said,

“I feel like some of my friends…[think that] you’re not a true feminist if you stay home and care for your kids. Like you’re not equal…I hate that…I definitely see the value of someone being at home and caring for the family. And if that’s the woman, you can still be a feminist and take care of your family, but it’s not like cool or something.”

*Seeking support, building a village*

Participants expressed challenges in finding support for AP parenting practices or their natural lifestyle from extended family, friends, or other professionals in their local communities. Therefore, participants sought support or provided support for AP practices and natural lifestyle practices through organized support groups and by finding like-minded others. As such, participants were able to find recourse from societal pressures and to build and draw on a protected community/village that enabled them to honor their parenting values and to survive and thrive despite opposition from larger society.

One participant theorized that the need for a supportive village is innate and universal for new mothers in particular. She said, “I think mothers with small babies want to commune and you see that all around the world. There’s a natural kind of magnetism…. I think a lot of it has to
do with the fact that the more support you have and the more you feel like your peer group is in line with your ideas you can move forward with confidence.”

Many participants expressed how critical it was to find a supportive community in order to be successful as an AP. One participant said, “without a community of like-minded people then you can’t do it. You’ll like cave into [laughs] the craziness because…they are the people who are going to keep you sane because everyone else is like, ‘you’re a hippy and you’re doing it wrong and your kids are gonna like die of chicken pox.’” Another participant reflected on what led her to become involved in helping to lead attachment parent support groups. She said, “I did feel there was indeed a lot of moms who felt intimidated by societal pressures. [I wanted] to offer support in that way and to build a village; which we’re all lacking in our culture, where you have people you would trust, even in an emergency with your child, that you know these people are gonna be kind, and gentle, and nurturing. You have people you can vent to about the natural problems of parenting without getting the typical, societal, recommendations of changing everything you’re doing that goes against your gut.”

Another participant discusses how she thinks parents are led to seek out like-minded parents not necessarily for the sake of finding homogeneity but as a result of feeling isolated or judged by others who do not practice this style of parenting. She said, “you suddenly realize that the person you’re talking to doesn’t bed-share or views that as unsafe…and so that becomes the issue rather than the sleep…so, those are the sorts of things that cause people to become isolated and to seek out other people that have similar parenting styles. I have never had an issue with having a different parenting style than someone else. But when you’re in those moments, you think, ‘Wow, those people really
let me down because I don’t wanna be judged on my parenting, I just wanted a little help with problem solving’…it starts to maybe like stunt your growth a little bit as far as trying to develop as a parent and once you start finding other people that have common experiences then it kind of opens up a whole other world really.”

She, and the other mothers in this study, have sought other like-minded parents or have participated in groups that support their parenting choices and can help them problem solve through parenting issues in a constructive, non-judgmental way. As a result, they didn’t spend as much time with old friends who were not supportive of their parenting or others who were not involved in this community. One participant sums up this tendency by saying, “We’re all doing home births, babywearing, extended breastfeeding, that kind of thing. So I feel like that’s the norm within that community. Outside of that, you can certainly get some weird looks and some criticism.”

A few participants have taken on leadership roles in support groups. One participant has helped to organize and lead a natural birth advocacy organization. Additionally, several participants have pursued careers in which their values can be honored and shared with others. Two participants teach young children in a non-traditional school setting. Several participants work as doulas and support mothers through pregnancies and birth during the initial months following the birth of a child.

Additionally, participants shared that they seek out professionals who are supportive of AP practices such as physicians who support breastfeeding on cue and extended nursing as well as natural lifestyle practices such as alternative or no vaccine schedules. One participant said, “our current physician right now is a really awesome guy…our choosing to do specific vaccinations, not others, keeping them spaced…he’s open to people’s choices in that way. There
have been times when he has said that she needs an antibiotic and I said ‘okay but I might not fill it’ and he’s like, ‘that’s fine, that’s your choice’...I was carrying [my child] in a sling, and he said, ‘I always see you in the sling’ And he’s pinching her cheek and he said, ‘you’re such a lucky little girl.’ And I was like, ‘Oh! Well that is very nice!’ stuff like that can be really empowering.”

**Discussion**

The voices of attachment parents have been largely amiss in the literature. Therefore, apart from media portrayal, little is understood about what attachment parents actually do in practice, why they do it, who they are, and what it is like for them to practice this parenting style within a broader American societal context. The findings of this study suggest that societal perceptions and portrayals of AP are largely misinformed or skewed and help to clarify their actual lived experiences. Through this research, I sought to portray the experiences and perceptions of AP and what it is like for mothers to practice this parenting style in American culture. In the paragraphs below, I will connect the findings of this study to the main research questions and previous literature which have guided the data collection and analysis of this study. Further, attachment theory, evolutionary theory, culture, and previous empirical findings will be discussed in relation to the perspectives and parenting behaviors of attachment parents.

Contrary to popular misperceptions that AP are lax or permissive parents, the findings of this study suggest that the discipline style of these parents is indeed authoritative. Parents revealed that they do their best to balance a gentle, nurturing approach with developmentally reasonable expectations and clear, firm boundaries. The parents in this study worked to regulate their own emotional states, to model empathy and to help their children to process and cope with their own emotions. Many parents in this study observed positive outcomes in their own children
or other children whom they have observed to be parented by AP such as prosocial behavior, confidence, and independence. Similar observations were reportedly shared by others who were involved in their children’s lives including teachers, extended family, and professionals. Previous research supports that parents who are nurturing and emotionally responsive are likely to have children who demonstrate positive outcomes such as confidence and independence (Brooks, 2011).

Majority of participants expressed their aim to nurture a strong, connected bond with their child(ren). Consistent with attachment theory, participants felt that it made sense to keep their baby close, to listen to their own innate parenting wisdom, and to respond consistently to their child’s cues. Through the intersection of attachment and evolutionary theory, participants reveal agreement with Schon (2007) that their children were adapted for such parenting practices as breastfeeding, babywearing, and cosleeping and therefore engaged in these practices in the belief that they would optimally provide for the physiological and psychological needs of their infants and young children. Additionally, participants expressed the opinion that such practices were mutually beneficial and that these practices made parenting easier and met their children’s needs in many ways.

Each participant indicated engaging in AP in all ways that are consistent with the findings of Green and Groves (2008) as well as with each of the eight principles as outlined by Attachment Parenting International (API): 1) Preparation for Pregnancy, Birth and Parenting, 2) Feed with Love and Respect, 3) Respond with Sensitivity, 4) Use Nurturing Touch, 5) Ensure Safe Sleep, Physically and Emotionally, 6) Provide Consistent Loving Care, 7) Practice Positive Discipline, and, 8) Strive for Balance in Personal and Family Life. Some principles have been refined, relabeled or expanded upon to reflect the participant’s perspective or the researcher’s
interpretation in a way that allows for emergent findings and diverse interpretations of AP and associated practices. For example, the API principle, “feeding with love” was labeled as “connected feeding” within this study because this label clarifies that whether nursing or using a modified bottle feeding approach, the emphasis is on feeding in a way that promotes connection. As another example, the “respond with sensitivity,” API principle was expanded to be “respond with sensitivity and intention: follow innate parenting wisdom and trust in child’s cues.” One practice listed below, “Meeting intellectual/education needs” is not currently identified as an API principle. Additionally, API does not currently refer to gentle weaning a distinct AP practice, however all participants in this study discussed the value of weaning in this way. These emergent findings could suggest practices for AP advocates to consider incorporating into their current principles since they may reflect areas of importance to AP in general.

The characteristics of the participants in this study were mostly consistent with the findings of Green and Groves (2008) who also looked at the demographics and parenting behaviors of 275 North American mothers who identified themselves as attachment parents. The following findings were similar to findings gleaned from this study: the mean age of participants in this study was 35 years; the majority was White, college educated, and married. Participants in this study also expressed hesitancy to leave their infants with another caretaker although they were willing to leave their children with another caretaker as the child grew older and more independent.

The findings of this study and those of Green and Groves (2008) contribute further understanding of the types of characteristics these parents have in common as well as the types of parenting practices they are likely to assume. The findings of the current study also expand on the work of Green and Groves (2008) by contributing further understanding for how and why AP
decide to parent this way by exploring the rationale that parents hold, their agendas, common attitudes, and how they were introduced/attracted to AP.

Schon (2007) suggests that this style of parenting within a Western context requires further exploration and that some cultural milieus may be more favorable for AP. The findings of this study provide further knowledge of AP within a Western context by exploring the challenges that AP may face as a result of pressures to conform to societal norms particularly if they feel isolated. Additionally, the findings of this study suggest that such limitations can be surmountable if AP are able to connect to a supportive community. Specifically, the parents in this study have shaped their cultural context to be more favorable for attachment parenting by seeking out a community of like-minded others and by establishing less structured or rigid schedules so that they are better able to take a more child-centered approach in their daily lives. Additionally, participants have taken on advocacy roles for natural birth, breastfeeding and other practices associated with AP as well as sought out other professionals who will be supportive of their natural lifestyle or parenting choices through midwifery care and finding physicians that will support their choices to breastfeed or follow an alternate/no vaccine schedule.

All participants opted for a natural birth experience and majority of participants planned to have a homebirth with at least one child. It appears that the pursuit of a natural birth experience may have officially opened the gate for AP or at least led many participants to identify their parenting style as AP since this is when majority of participants were formally introduced to the AP model. A few participants indicated that this is how they were parented prior to ever knowing of the label and one participant also shared that she parented this way prior to becoming aware of the label herself. Several participants expressed that when they became formally introduced to AP or learned more about it through the natural birth community, it
resonated with them and they thought it sounded like commonsense or how they would parent anyways. The author of the Time article, *Are You Mom Enough* suggests that Dr. William Sears invented this type of parenting; however, the findings of this study clarify that many of these parents were drawn to this parenting style prior to or without formal knowledge of the practice of AP.

The results of this study show that this group of parents seems to be culturally distinct in their practices, rationale, identity, and agenda. However, consistent with majority of Americans, the parents in this study also want their child to be confident and independent in order to be successful in our culture. Perhaps the main difference lies in how AP and mainstream parents attempt to achieve such outcomes. The parents in this study believe that it is necessary to fully meet the dependency needs of their infants and young children. They feel that some of the more common parenting practices push infants and children to be independent in conflict with their own timetable (sleeping apart in infancy, cry it out method, harsh punishment, etc.). They find it best to consistently meet the needs of their children and trust in the authenticity of these needs when they are communicated and then begin gently encouraging independence if that does become necessary as the child grows older (such as through gentle weaning or transitioning to independent sleeping when they feel their child is close to being ready but needs some encouragement).

According to the current cultural milieu, it may appear that this parenting style “belongs” to this group of more alternative minded parents because the basic practices seem to fit with their parenting and natural lifestyle values. In truth, AP and AP advocates didn’t invent these practices and do not own them. Many parents who do not identify as AP may use some of or all of the same practices that are associated with AP. Indeed, the participants in this study did not express
possessive or elitist attitudes regarding AP and many of the practices are used by parents who do not identify as AP. We can potentially credit AP, however, for increasing awareness and reviving the practices associated with this parenting style, particularly intensive and extensive practice of the “Big 3,” and the value of innate parenting wisdom, however.

The participants in this study have experienced or are at least aware of the pressures that parents face to parent according to larger societal norms as well as the pressures that many mothers of young children face to work outside the home regardless of whether they desire to or not. Additionally, they are aware of the lack of societal support for AP as such practices are perceived by much of society as being more intensive which leads some to believe that they are oppressive to women (Badinter, 2011; Pollitt, 2012). However, the women in this study revealed more liberal and feminist attitudes overall. For example, a few mothers shared that they try to avoid raising their children according to rigid gender role stereotypes by supporting their interest in toys or colors that are more strongly associated with the opposite gender. Indeed, many other characteristics of the attachment parents in this group such as earth conscientious decision making, pursuing an empowered birth experience, listening to maternal instinct, and the overall desire to change the status quo, may well be aligned with a strong feminist mindset. These findings are consistent with previous findings that indicate that feminist mothers are in fact interested in childrearing and endorse AP practices (Liss & Erchull, 2012).

Additionally, AP is often labeled as an “intensive” parenting practice and although it is true that the parents within this study agree that AP and parenting in general is hard, participants agreed that many of their practices seemed easier and more rewarding than more common parenting practices. Participants stressed how practicing the “Big 3” in particular, not only met the needs of their infants and young children, but also met their needs to feed their child with
greater ease through breastfeeding, to get more sleep by cosleeping in most cases, and to have greater mobility as a result of babywearing. The greatest reward expressed by parents was the perspective that using these practices and other practices associated with AP contributed greatly to a strong connection with their infant that nurtured a lasting positive parent-child relationship and positive outcomes that led their child to be secure, confident and compassionate towards others as the child grew.

At a glance it may also appear that AP is only accessible to highly privileged families or those in which the mother is able to stay home with the infant because they can afford to. In this study, it was found that a majority of families fell within the middle income bracket and the remainder fell in the lower income or poverty level brackets. Additionally, it is also argued by some that AP is an intensive parenting practice that is oppressive to women and is only accessible to those women who are willing to sacrifice gender equality (Badlinter, 2011). This argument is supported by feminist beliefs that encourage women to work outside the home or to not take as prominent a role in mothering as our ancestors in order to gain and maintain power in an economy driven patriarchy. However, it can also be argued that this feminist doctrine asks women to compromise or ignore their maternal desires which are likely based on a combination of biological and social conditioning. In such a narrow stance, women are asked to join in societal devaluing of those characteristics which are largely and traditionally associated with being female (nurturer) for characteristics that are largely associated with being male (provider) and thus are more highly valued.

Regardless of whether they choose to stay home full-time with their children or not, Luscombe (2012) argues that mothers today are more likely to research parenting, to make active choices about parenting and to want to do their best to raise their child to achieve the best
outcomes. Lucsombe points out that women today are strongly encouraged to be their best at their jobs and that it is not surprising that women tend to translate their education and commitment from their careers to improve their job as a mother as well. Therefore, they may be more likely to choose parenting practices that are widely seen as being more intensive such as those advocated by AP even if they continue to work outside the home. Indeed, a majority of the mothers within this study chose to put their careers on hold or chose careers that would allow them to have their infant with them. Some say that AP practices are especially beneficial for mothers and the children of mothers who work outside the home because such practices as the “Big 3” enable them to maximize closeness in the mother-child relationship during the time they are together (Conrad, 2009).

The question is begged, why should modern women have to make a choice between mothering and career? We live in a society that values economy over the family, and as a result, our family work policies are lacking and parents are not supported to best meet the needs of their children. Perhaps as Politt (2012) argues, this really shouldn’t be labeled as a women’s issue. By implying that it is a women’s issue, larger society is excused from being involved in the solution, when in fact the solution to these problems may be in the hands of public policy changes that are more supportive of working mothers.

Additionally, the mothers in this study felt that their parenting responsibilities aside from breastfeeding could also be shared by fathers who helped with caretaking responsibilities in ways consistent with AP such as babywearing and bedsharing. In some families, there seemed to be a more egalitarian family dynamic since both the mother and father worked inside or outside the home and both contributed to childrearing responsibilities. These finding provide evidence
against the concern that AP is a style of parenting that devalues the role of the father in childrearing any more so than in typical parenting in which breastfeeding is practiced.

In another vein, this parenting style could be criticized based on the presumption that the basic practices of these parents appear to be antiquated; however, none of the parents in this study expressed nostalgic attitudes, rather, they were drawn to the natural elements of this parenting style as well as their view that the associated practices are firmly rooted in solid theory and science. Parents also hoped that their parenting approach could lead to desired changes in the social fabric of our culture through raising children to be less individualistic, socially competitive, and economy driven and to be more cooperative and family driven. Paradoxically, this parenting style that is rooted in our ancestry may in fact prove to be a progressive parenting style in modern society since it currently differs from the norm yet be gaining somewhat in popularity.

Parents in this study certainly did not seem to express any possessive or elite attitudes regarding AP. In fact, they expressed the desire for this parenting style to be better understood and adopted by the mainstream so that the label of AP wouldn’t even be necessary since they may sometimes feel ostracized by the label. Also, there are other lifestyle values that become associated with AP since many parents who practice the recommended strategies may also practice similar lifestyles (organic food/healthy eating, cloth diapering, etc.) However, it doesn’t mean that you have to practice this lifestyle to parent in a way that’s consistent with AP or that you even have to call yourself an AP in order to follow these strategies. Just as not everyone who believes in equality wants to call themselves a feminist, it is a personal choice to label or not label oneself. The point is that although there are many commonalities among AP parents and they all tend to parent according to what they believe is in the best biological and psychological
needs of their children (often balanced with their own needs), there is still diversity in the backgrounds, values, beliefs and ways in which they practice elements of attachment parenting. Moreover, participants agreed that AP is not based on a rigid set of rules. The central aspect of AP is to be responsive and gentle and to consider the unique needs of each family member with priority to the developmental and emotional needs of the child who is naturally and necessarily dependent on his or her parents to have these needs met, particularly in infancy and young childhood.

Perhaps not all parents, regardless of parenting style identification, will choose to have one parent stay home full time with the kids, to homeschool, or to raise their own chickens. However, perhaps it is time that we as a society reflect on the way in which our parenting approach has been socially constructed to serve adults so that they can better serve the demands of the economy by being productive rather than to meet the dependency needs of our children. AP provides an example of an intentional and connected parenting approach aimed at meeting the dependency needs based on the child’s cues and timetable rather than timeframes that may better serve our fast paced industrial society. In order to contain such societal expectations that may go against the parent’s gut, the participants in this study have demonstrated that it takes a confident, unconventional attitude paired with support for following their innate parenting wisdom to do what they think and feel is right.

Limitations

Majority of the women in this study were middle income, White, college educated and married to a man. Majority of the participants in this study were from a Midwestern town and many were connected to the same community through their birth or education choices. Therefore, the findings based on this sample may not be as transferable to AP at large and may
represent what AP is like in a Midwestern context, rather than an overall Western context. Further research could explore the experiences and perceptions of AP throughout different regions in the US in order to gain a more holistic and complete understanding of the parents who practice this style of parenting.

**Implications**

In particular, professionals should become informed about AP practices and be sensitive to the ways in which their parenting or lifestyle values may not be consistent with societal norms or trends. Clinicians may be at risk for mislabeling such practices in these families as being unhealthy if they do not first consider how the values and lifestyles of these families may differ from those of larger society. Professionals should caution against advising AP moms to “get the baby off the boob” or to “cut the umbilical cord.” Instead professionals need to understand that although these may be more popular attitudes in our culture at large, AP families may parent according to less common values and rationales which lead them to practice parenting differently than what is commonly seen in the mainstream.

Although all participants in this study have found support for their parenting practices through a community of like-minded others, there is a lack of support for AP practices on a larger societal scale. Many of the mothers in this study did not feel comfortable leaving their infant or very young child and this may be partly because it is difficult to find others who will support AP practices, therefore, they may not feel that their child’s needs will be met in ways that are consistent with their parenting or lifestyle values. Therefore, for mothers who would like to work outside the home or to have some time away from their infants or young children, it may be helpful to have daycares that are supportive of AP practices. Moreover, mothers and parents in general could be better supported by workplaces that provide family friendly work policies.
such as extended and paid maternity leaves with guaranteed job holding, flexible work scheduling, option to work from home, and the option to bring infants to the workplace.

*Future research*

There is an overall lack of research that explores the roles and impact that fathers have in parenting. The mothers in this study mentioned the role of the fathers to some degree as they were discussing their parenting experiences. One AP father did provide feedback to the findings of this study on his wife’s behalf. He and two other participants shared their observation that the voice of AP fathers is missing from this study. It should be noted that there is a widely held perception that AP doesn’t lend itself well to father involvement and my intention was not to disclude AP fathers from this study in order to reinforce such perceptions. Rather, I would like to suggest that a separate study explore the perspectives of AP fathers. Future studies could also further explore the involvement that fathers have in AP families in comparison to non-AP families in order to gain an empirically based understanding of possible differences in father involvement and practices.

Although it is clear that several practices associated with AP such as breastfeeding, keeping baby close, responding consistently to the infants cues are linked to positive outcomes for children and are reflective of what the human infant has biologically adapted to throughout human history, little is known about the comparative value of AP next to more modern American parenting practices. Further longitudinal research could explore the long term impact of practices associated with AP that have been under investigated or in which mixed findings have been yielded. Such research efforts could further explore the benefits and risks associated with cosleeping; the associated outcomes of keeping an infant close as opposed to having the infant sleep alone, not being held as often, or being allowed to cry according to typical parenting
practices; or extended separation from the mother who is often the main caregiver in both AP and mainstream parenting. Such findings could tell us more about what parenting practices yield the greatest predictive value for positive outcomes such as attachment security, social competency, academic achievement, and overall functioning throughout childhood and into adulthood. Such studies could attempt to answer the question posed by Schon (2007), “what are the minimum requirements for good care?” How much can we deviate from innate childrearing behavior that has adapted over the course of evolution to meet the basic physiological and psychological needs of the infant/child in order to accommodate modern American societal expectations without causing harm? Future research could help us to better understand potential consequences associated with such deviation and to quantify whether or not there are certain points in which we have potentially deviated too far to the detriment of the human infant/child.

Further quantitative research could also examine the generalizability of some of the findings within this study. Specifically, future surveys could explore the emergent findings of this study by asking participants whether they practice gentle or child-led weaning and how they provide for the intellectual/educational needs of their child(ren) in ways that are consistent with their parenting and lifestyle values. Additionally, future surveys could explore the rationale, attitudes, agendas, natural lifestyle choices, and community involvement that parents have in order to shed more light into why AP practice this style of parenting, who AP are, and what it is like for them to practice this style of parenting within a broader societal context.
References


Table 1: Children by Gender and Age

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Figure 1: Relationships among Themes

- **AP in Action**
  - Guiding rationale
  - Practices
  - Agenda and outcomes

- **Being an AP**
  - Identity/label
  - Background
  - Personal attitudes
  - Natural lifestyle

- **Being an AP in America**
  - Minority parenting group
  - External pressures/challenges
  - Seeking support/building a village

- **What they do and why**
- **Who they are**

What it is like for them
CHAPTER 4. GENERAL CONCLUSIONS

General Discussion

The purpose of the quantitative study as presented in chapter 2 was to explore the mediating effects of parenting and attachment on the relationship between couple interaction and child outcomes including externalizing behavior and social competence. Using a Hermeneutic phenomenological approach, the purpose of the qualitative study as presented in chapter 3 was to explore the perspectives of a group of parents who identify themselves as attachment parents (AP) with regard to their experiences within a broader, American societal context. Attachment theory was used to guide both studies since it is widely recognized as the best established theoretical approach for understanding the parent-child relationship and early child social development (Brown & Mangelsdorf, 2012). Additionally, based on its strong connection to attachment theory in explaining the developmental roots of the parent-child relationship and parenting practices throughout human ancestry, evolutionary theory was also used to guide the qualitative study.

Findings from chapter 2 are consistent with an established history of research showing associations between the following factors: couple interaction, parenting, child attachment and child outcomes (Gottman & Katz, 1989; Bowlby, 1989; Ainsworth, Blehar, Waters, & Wall, 1978; Fearon, Bakermans-Kranenburg, van Ijzendoorn, & Lapsley, 2010; Kuehnle & Drozd, 2012; Lindsey, Caldera & Tankersly, 2009; Krishnakumar & Beuhler, 2000; Brooks, 2011; Holden, 2010; Heinonen, Räikönnen, & Keltikangas-Järvinen, 2003; Smith, Cudaback, Goddard, & Myers-Walls, 1994; Maccoby & Martin, 1983). For example, results showed that the more positive mothers and fathers were towards each other in their interaction (communication, listener responsiveness, positive mood), the less likely their child was to engage in externalizing
behavior and the more likely their child was to demonstrate increased social competence. From the results, it can also be surmised that when mothers and fathers treat each other positively, their parenting interaction is more positive. Additionally, there is a positive association between parenting interaction and parent-child attachment for both mothers and fathers.

Further, mother-child attachment mediated the relationship between positive couple interactions and both child externalizing behavior as well as child social competence. For fathers, positive paternal parenting mediated the relationship between couple interactions and child externalizing behavior. In addition, there was a specific significant pathway from couple interaction to parenting, from parenting to attachment, and from attachment to child outcomes for all models except fathers and child externalizing behavior.

Thus, the results of this study show that the association between positive couple interaction and child externalizing behavior is explained differently for mothers and fathers. There is a positive association between parenting and attachment for both parents; however, parenting plays a more critical role in predicting child externalizing for fathers, whereas for mothers, the attachment relationship plays a more critical role. As such, the findings highlight important differences in how mothers and fathers impact child outcomes and provides information about specific positive aspects of couple interaction and parenting (communication, listener responsiveness, and positive mood) that are associated with a secure parent-child attachment and more positive child outcomes.

Further, the findings of this study help to bridge current gaps in the literature in important ways. First, the findings of this study help to increase understanding of the role that paternal parenting and father-child attachment play in shaping child behavior. The influence of paternal parenting and particularly father-child attachment on child outcomes has been identified as an
area of the literature in great need of contribution (Fearon, et al., 2010; Roskam, Meunier, & Stievenart, 2011; Brown & Mangelsdorf, 2012). Additionally, it has been argued that further research efforts should investigate the predictive value of combined factors at various levels rather than the predictive value of single factors in a vacuum (Greenberg, Speltz, DeKlyen & Jones, 2001). The findings of this study help to examine the predictive quality of combined factors within a mediating model while separating for parent gender. Overall, the results of this study contribute an advanced understanding of how a combination of positive factors work together to predict preschool child outcomes related to externalizing behavior and social competence.

In chapter 2, the experiences and perspectives of mothers who practice AP were explored. Three main themes emerged from the data analysis including: 1) AP in action, 2) Being an AP, and 3) Being an AP within a broader American societal context. Participants rationalized that AP practices “made sense” scientifically, theoretically, and innately. The results of this study show that the mothers in this study engaged in all practices that are encouraged by AP advocates including the “Big 3:” breastfeeding, babywearing, and cosleeping/bedsharing in addition to several other practices consistent with current API principles. Further, all participants in this study were found to practice the “Big 3” into toddlerhood or preschool age and believed that it is important to listen to their innate parenting wisdom, to take their child’s cues seriously, and to be highly responsive to their child’s dependency needs. It was believed that the child’s needs for dependency should be met according to the child’s own unique timetable as opposed to timetables imposed by societal expectations.

Overall, participants revealed an agenda aimed at nurturing a strong parent-child connection and towards launching confident, compassionate children into the world. A few
participants were raised AP, although it wasn’t labeled as such. A majority of participants shared that they were formally introduced to AP through the natural birth community; however, many stated that this approach seemed like commonsense and therefore, they would have parented this way regardless. A variety of attitudes were shared among participants that seemed to enable them to assume this parenting style, and advocate for it in a gentle manner. Such attitudes were identified as: confident, feminist, unconventional, and gentle. A majority of participants described natural lifestyle choices that were connected to their parenting such as natural birth, healthy, organic eating, cloth diapering, and alternative vaccine schedules. Participants were aware or their status as a minority parenting group and that their parenting practices were atypical and often discouraged or stereotyped by larger society; however, they were able to survive and thrive as AP by becoming connected to protective communities in which their parenting practices and lifestyle values were supported.

The findings of chapter 3 help to expand upon the work of Green and Groves (2008) by clarifying and elaborating upon the practices of AP as well as providing new information about why AP choose to parent in a way that is atypical from their mainstream counterparts. Additionally, these findings help to shed light on what it is like to practice AP within a larger, American societal context since little is known about this parenting style within a Western context (Schon, 2007).

Recommendations for Future research

Through differing methodologies, chapter 2 and chapter 3 explore the role of parenting and attachment on child outcomes. Chapter 2 investigated the influence of paternal parenting and father-child attachment on preschool child outcomes and thus contributes to a dearth in the literature regarding the influence of fathers on child outcomes. However, chapter 3 did not directly explore the perceptions and experiences of fathers. Future qualitative studies could
include fathers within the sample or look at father’s experiences and perspectives separately. Further quantitative studies could also examine the involvement of fathers in AP as well as the influence of AP fathers on child outcomes.

Chapter 2 could be replicated to include a sample of attachment parents in order to investigate the influence of AP parenting and AP-child attachment on child externalizing behavior and social competence. The AP parenting measure could consist of the “Big 3.” It is worth mentioning that there is some speculation as to whether or not Ainsworth’s Strange Experiment would be a valid measure for AP (Schon, 2007). The measure was developed based on the parenting behaviors of typical parents which often involves leaving the child in another’s care prior to the age of one year. However, it may be more common among AP that the mother has not left the child in another’s care prior to the age of one year and this could impact the results of the experiment differently since the Strange Situation may also reflect the infant’s reaction to a situation that is unfamiliar and as a result is likely to be more distressing. It has been suggested that use of a different measure be necessary in order to provide meaningful information about the AP-child attachment relationship (Schon, 2007).

Finally, future research could investigate the impact of couple interaction between mothers and fathers who practice AP on the outcomes of children at various ages. Additionally, the association between couple interaction, parenting interaction, AP parenting, and parent-child attachment could be further investigated to increase understanding of the potential antecedents and outcomes of AP for both fathers and mothers.

Conclusion

The results of chapter 2 indicate that a variety of factors including couple interaction, parenting behavior, and parent-child attachment play a significant role in shaping child...
outcomes. Although child outcomes were not measured in chapter 3, the mothers who participated in this study discussed their efforts to engage in positive parenting with their children and to nurture a strong, secure attachment relationship through their parenting approach. It was expressed that the overall intention behind their parenting choices was to attain positive and long lasting outcomes for their children as well as to nurture and sustain a positive relationship with their children.
References


APPENDIX A

IRB Approval for Quantitative Study

INSTITUTIONAL REVIEW BOARD (IRB)
Amendment for Personnel Changes

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<td>Principal Investigator (PI): Tricia Neppi</td>
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<tr>
<td>Degrees: Ph.D.</td>
</tr>
<tr>
<td>University ID:</td>
</tr>
<tr>
<td>Phone:</td>
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<tr>
<td>Email Address: <a href="mailto:tneppl@iastate.edu">tneppl@iastate.edu</a></td>
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FOR STUDENT PROJECTS (Required when the principal investigator is a student.)

Name of Major Professor/Supervising Faculty:

University ID:  
Phone:  
Email Address: @iastate.edu  By IRB

Changes in Key Personnel:
Key personnel includes any individuals who will have contact with the participants or the participants' data (e.g., interviewers, transcribers, coders, etc.). This information is intended to inform the committee of the training and background related to the specific procedures that each person will perform on the project. For more information, please see Human Subjects - Persons Required to Obtain IRB Training. Personnel who will have contact with human blood, specimens, or other biohazardous materials must also complete Bloodborne Pathogens Training. If the principal investigator has or will change, a complete new IRB application is required.

List any individuals to be removed from the study staff: Megan Grummer; Renae Schurbon; Brenda Smith; Alexandria Ulrich

Complete the following table to list any new key personnel:

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<th>Involved in the consent process</th>
<th>Contact with human blood, specimens, or other biohazardous materials?</th>
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Office for Responsible Research: 08/26/11
APPENDIX B

Summary of API 8 Principles

1. Preparation for Pregnancy, Birth and Parenting - Become emotionally and physically prepared for pregnancy and birth. Research available options for healthcare providers and birthing environments, and become informed about routine newborn care. Continuously educate yourself about developmental stages of childhood, setting realistic expectations and remaining flexible.

2. Feed with Love and Respect - Breastfeeding is the optimal way to satisfy an infant's nutritional and emotional needs. "Bottle Nursing" adapts breastfeeding behaviors to bottle-feeding to help initiate a secure attachment. Follow the feeding cues for both infants and children, encouraging them to eat when they are hungry and stop when they are full. Offer healthy food choices and model healthy eating behavior.

3. Respond with Sensitivity - Build the foundation of trust and empathy beginning in infancy. Tune in to what your child is communicating to you and respond consistently and appropriately. Babies cannot be expected to self-soothe, they need calm, loving, and empathetic parents to help them learn to regulate their emotions. Continue to nurture a close connection by respecting the child's feelings and trying to understand the needs underlying his outward behaviors.

4. Use Nurturing Touch - Touch meets a baby's needs for physical contact, affection, security, stimulation, and movement. Skin-to-skin contact is especially effective, such as during breastfeeding, bathing, or massage. Carrying or babywearing also meets this need while on the go. Hugs, snuggling, back rubs, massage, and physical play help meet this need in older children.
5. Ensure Safe Sleep, Physically and Emotionally - *Cosleeping* refers to sleeping in "close proximity," which means the child is on a separate sleep surface in the same room as the parents. *Bedsharing*, also called the "family bed," describes a sleep arrangement where the family members sleep on the same sleep surface. Parents who are frustrated with frequent waking or who are sleep deprived may be tempted to try sleep training techniques that recommend letting a baby cry in an effort to "teach" him to "self-soothe". New research suggests that these techniques can have detrimental physiological effects on the baby by increasing the stress hormone cortisol in the brain, with potential long term effects to emotional regulation, sleep patterns and behavior. The part of the brain that helps with self-soothing isn't well developed until the child is two and a half to three years of age. Until that time, a child depends on his parents to help him calm down and learn to regulate his intense feelings.

6. Provide Consistent Loving Care - Babies and young children have an intense need for the physical presence of a consistent, loving, responsive caregiver: ideally a parent. If it becomes necessary, choose an alternate caregiver who has formed a bond with the child and who cares for him in a way that strengthens the attachment relationship. Keep schedules flexible, and minimize stress and fear during short separations.

7. Practice Positive Discipline - Positive discipline helps a child develop a conscience guided by his own internal discipline and compassion for others. Discipline that is empathetic, loving, and respectful strengthens the connection between parent and child. Rather than reacting to behavior, discover the needs leading to the behavior. Communicate and craft solutions together while keeping everyone's dignity intact.
8. Strive for Balance in Personal and Family Life – The child's needs must be a priority, and the younger the child, the more intense and immediate his needs. Even so, he is one piece of the complete family picture that also includes the needs of the parents as individuals and as a couple, siblings, plus the family as a whole. It is easier to be emotionally responsive when you feel in balance. Create a support network, set realistic goals, put people before things, and don't be afraid to say "no". Recognize individual needs within the family and meet them to the greatest extent possible without compromising your physical and emotional health. Be creative, have fun with parenting, and take time to care for yourself.
Participant #7
2/12/13

Essence of interview: The participant and her husband had not intended to use parenting strategies promoted by AP advocates and during their first pregnancy had planned to have their baby sleep in a bassinet and to do sleep training. Instead they came to use AP by listening to her son’s cues and allowing themselves to follow their own instinct as opposed to rigidly following societal norms around parenting. She describes the father of her children as being very actively involved and that they agree on their parenting style. Although they have not referred to themselves as attachment parents necessarily, they do use all of the practices that are encouraged by AP advocates. She was “turned off” by the label of AP initially due to the judgmental attitudes she observed when working with other AP moms through LLL.

She is mostly surrounded by others who parent similarly, however, has experienced some societal/family/friend misunderstanding or lack of support regarding their parenting choices/lifestyle at times (No TV, Not working outside the home)

She provided two perspectives that were unique from other participants. 1) She discussed the important place of spirituality in her parenting approach. 2) She argues that AP should discourage exposure of young children to media as she believes that it negatively influences children and prevents family connection.

History:
Identity: - turned off by label and perceived judgment from LL group of moms who identified as AP, however, uses all practices encouraged by AP advocates. “When I read the list of ya know, attachment things attachment parents do, I really think I fit every single one, or I do every single thing. Or have done it in the past. But, I just I just never have identified myself as an attachment parent. Um, mainly because I don’t want to label or be limited by a label. Um, but also I think because early on, in my parenting with my first son, I met some attachment parents that I didn’t love [says while sort of laughing] in my [inaudible] league group, I was really involved in my [inaudible] league and um, there were some attachment parents that I just didn’t, I felt like they were maybe giving a bad name to attachment parenting, ya know? They were very strict, ya know if you don’t do this, then you’re a bad parent. Or ya know, very like, uh, strict with their uh belief, and very judgmental. And even though I was doing all of those things, I felt like, “Uhhhh” [frustrated sound].”
How she came to AP: And because we started off with [child], um, ya know, he was a surprise and [husband] and I weren’t married and we were just confused about everything, parenting. And we had not done any research about anything we wanted to do. We just knew, I knew I wanted to breast feed. And I knew I wanted to have a natural birth and so um, but I didn’t know anything about attachment parenting and I [child talking], if I would have I would have been like, “No, way!” because, I , we had a crib, we didn’t want, we wanted to like have him sleep [laughs], sleep alone, and we, we were not planning on baby-wearing or doing anything like that. (Not intentional but instinctive) But, he, our son, led us to that style of parenting probably more than, more than me being self-motivated. It was him, I was just listening to his cues, ya know, what he needed. And, and kind of found my way, that way Responding with sensitivity...

Ways in which they practice AP and why

Ensure safe sleep I was a nanny before I had kids. And all the kids that I took care of were sleep trained and I just thought that was normal (MS norms) and, and then [child] came along and he did not sleep at all. He did not sleep! And I found that the only way he would sleep is if he was on me. And then that worked during the day, but then I found at night that the only way he would sleep is if he was on me, still! [laughs] And so, uh, it happened very quick, ya know, a day [laughs]. Cuz we were in the hospital, and we were like, “He won’t sleep!” [laughs] And so, that first night at the hospital he slept with us and then we got home and I was like, “Oh, he’ll sleep in his little cradle.” And it wasn’t even like a co-sleeper, it was just a cradle separate from the bed and it was so cute and I had it all fixed up nicely and I put him in there and he didn’t sleep. And I also felt like, “Oh my gosh, he’s so far away” Like, I wouldn’t even want him that far away. (Keep baby close) So, I just listened to myself and to him...And so he never like, never ever cried it out, even though I thought that was gonna be the way we would do it [laughing]. Um, and he never slept. Even, he was never a good sleeper... I mean he would take little naps, but he was never a good sleeper. But he was happy, and mostly healthy, once he got over the ear infections. And uh, and then once we realized it was working for him to sleep once we realized that he was sleeping well with us we didn’t want him to be in another room, not even in another bed. We just felt like, well, Feeding with love – easy when bed-sharing especially nursing him, I could nurse him so easily all night long if he was right next to me, and I still can’t imagine how people keep their babies in another bed or another room because it’s so much more work for them!

Benefit/Advantage – Easier to nurse when bed-sharing) [laughs] It’s so, I’m like, “Gosh!” It’s just so easy to roll over and nurse your baby. Um, so he stayed in our bed, then um, and then once I got pregnant with [daughter], and with [first son] it was only a year, we started trying to night-wean him a bit and then by 18 months he was night-weaned and sleeping with [husband]. But still in the bed. Striving for balance night-weaning So, um,
he was not coming to me for any needs, he would, he would go to [husband] which worked really well and so [husband] was the nighttime parent for [first son]. (Role of father – nighttime parent) And, and then I was with [daughter]. So the four of us were in bed together for awhile...

**Respond with sensitivity – follow instinct, trust infant’s cues** And um, he made it very easy, because he was not an easy baby [laughs]. to unique needs of each child - Like I said, I haven’t read a lot of the parenting stuff. Um, I think I call it parenting from the heart. [laughs] I don’t know. Just kind of intuitive and also listening to each individual child cuz they all have different needs. Um, for example, I have one child that’s very emotional and um, needs a little bit more emotionally. And that can be hard especially for my husband to relate to because he’s not emotional.

**Emotional/spiritual connection** - I believe that we are all connected on an emotional level and a spiritual level and um, if you’re in tuned with that you can, ya know you can meet the needs of your children, and people in general in a different way. And um, and, so it’s not something that’s easily easy to describe because I mean, if, you have kids, obviously, you can understand a little better because you just have that, you have more of a connection with your child and um, and so you know um, more of what’s going on. It gets harder when you have more kids, I can tell you that [laughs]. Um, because you can’t, um you can’t ya know, you can’t be constantly in touch emotional with them...from a Waldorf perspective, um we don’t talk about, like, I don’t put feelings on them. Um, because they might not even be aware of cognitively of what’s going on, but I can help them through it without...

“But then there’s this spiritual aspect that, that I believe is very important in the way that we parent and that is um, really talking with their guardian angels. I believe that, that we’re all connected to the spiritual world but especially young children, they’re still so connected to the spiritual world. And I believe that their guardian angels are close to them and helping them and so, having a connection with them, whether it be through prayer or just ya know, “Help me, I’m struggling with this aspect.” A lot of times we’ll talk to their guardian angel before bed, say, ya know, “I’m having a hard time, I can’t figure out why he’s doing this or how I can help him.” And I go to sleep, and I wake up with an answer. Or the next time that that issue comes up that we’ve been struggling”
Follow up Clarifications/Questions:

Below, I have included brief descriptions of the AP principles as advocated by API. As part of this research, I am trying to gain an idea of how the parents in this study practice these principles and why/why not.

I have highlighted the areas that I believe were indicated during our interview as practices used in your family (I think all were indicated in some way). You may also see that I have included examples of how these were indicated earlier in this summary. Please let me know if you disagree with anything or if you have any other thoughts or anything to add.


10. Feed with Love and Respect – breastfeeding; “bottle nursing”; follow infant’s/child’s feeding cues – don’t impose or follow a rigid schedule.

11. Respond with Sensitivity - Tune in to what your child is communicating to you, then respond consistently and appropriately. Continue to nurture a close connection by respecting the child's feelings and trying to understand the needs underlying his outward behaviors.

12. Use Nurturing Touch – babywearing, skin to skin contact, Hugs, snuggling, back rubs, massage, and physical play help meet this need in older children

13. Ensure Safe Sleep, Physically and Emotionally - Co-sleeping or bed-sharing

14. Provide Consistent Loving Care - physical presence of a consistent, loving, responsive caregiver, ideally a parent or a caregiver who has formed a secure bond with the child. Minimize stress and fear during separations.

15. Practice Positive Discipline - Positive discipline helps a child develop a conscience guided by his own internal discipline and compassion for others. Discipline that is empathetic, loving, and respectful strengthens the connection between parent and child. Rather than reacting to behavior, discover the needs leading to the behavior. Communicate and craft solutions together while keeping everyone's dignity intact.

16. Strive for Balance in Personal and Family Life - The child's needs must be a priority, and the younger the child, the more intense and immediate his needs. Even so, he is one piece of the complete family picture that also includes the needs of the parents as individuals and as a couple, siblings, plus the family as a whole. It is easier to be emotionally responsive when you feel in balance. Create a support network, set realistic goals, put people before things.

FYI, these are the strategies as outlined by Sears (basically the same thing):
1) birth bonding, 2) belief in baby’s cries and baby’s cues, 3) breastfeeding, 4) babywearing/holding, 5) bedding close to baby, 6) balance and boundaries, and 7) beware of baby trainers

**Additional Questions:**

1) **How would you identify/describe your political affiliation? You mentioned being liberal in your interview. Anything more you would say about this?**
   I am not much into politics so I am not even sure what the real definition of liberal is. I say I am liberal in the sense that I am open to all different ways of life. I do not think there is one way that is best for everyone. This pertains to religion, politics and parenting.

2) **What would you say is rewarding about parenting this way? What is challenging? What would be helpful?**
   Everything is rewarding because you are so connected to your children. I am able to understand their physical and emotional needs and help them understand them. Having a supportive partner has been a huge blessing for me. We are on the same page and we help each other out. I don’t know of any challenges due to parenting this way. I think parenting is challenging no matter how you do it!

3) **What are your goals for your children/your relationship with your children? What outcomes do you want for them and how do you hope that your parenting choices will contribute to desired outcomes?**
   Wow that is a good question. I want my children to be loving, creative adults who are compassionate about others and our world. I want them to be confident and true to themselves. I know our parenting choices are helping them in this way. We have created a beautiful safe place for them to learn and grow. They feel a lot of love every day and that is the most important thing!

4) **Can you briefly describe how you prepared for your births/parenting and how you feel this preparation has impacted your parenting if at all?**
   I think the most important preparation is finding a good community that supports your view. I did not have this with Andrew and that was really a struggle. It is so important to know you are not alone. We have read a lot of Waldorf books and taken Waldorf parenting classes that have also been super helpful for us. I like to read and learn but the most important thing for me is to follow my heart and do what feels right for our family.
5) Are there other ways that your parenting choices may look different from what you tend to see in the mainstream? Ex – I’m thinking about homeschooling here or other choices you have made in your lifestyle since you have had children.

Homeschooling is one way we are different from other families. It is just another way to connect even more deeply with our children. I feel like the biggest difference in our family is no TV/media. I feel like it has really changed the way our children act and the amount of time we all have together.

Another difference is just our slow pace of life. We do not let our children do a lot of activities. They can each pick one outside class to do in the fall and one in the spring. This has been soccer, art, or dance so far. We really think it is important for children to play and it is okay to be bored! Although our children are rarely bored because they can always think of something to do. We try to keep our schedule simple and we have plenty of time to slow down and smell the roses.

6) What advice would you give to other parents?

My advice is to really listen to yourself and your children. I try so hard to walk the walk and not talk the talk. I do not like to preach and tell people what is best because honestly I do not know what is best for them. However if they see what I am doing and see how awesome my children are 😊 then maybe they will start to ask questions and I am more than happy to talk their ear off!

7) Anything else you want people to better understand about your style of parenting?

One thing that I do not know if I have mentioned is the importance of understanding children developmentally. This has been extremely helpful in parenting our children.

Email response from May regarding Member Check Summary: Hi Haley - I looked through the whole document. It looks fine. I answered the questions at the end. Let me know if you need anything else.
APPENDIX D

Completed Participant Feedback Form based on Preliminary Findings

Please respond to the following questions:

1. **What stood out for you from the findings?** What resonated?
   I think you nailed it! This is a thorough description of AP through real life experiences. The seemingly “radical” parenting method is explained as logically and emotionally sound. I think we come across as people who take parenting seriously and carefully consider the ramifications of our choices. Many times I read a quote then had to look if it was me or someone else in the study.

2. **What do you feel was captured or portrayed well?** Please elaborate.
   I like the section on gentle discipline and various strategies. You drew conclusions about AP as a vehicle to create social change, which is fantastic! It speaks quite highly of our community here in [city], that we parent with an acute awareness of our children’s highly developed souls. The part about nontraditional school choices was really interesting. Love the Peggy O’Mara quote.

3. **What do you feel could be captured or portrayed better?** Please elaborate.
   Expand on the feminist issue. Sounds like many of us struggled with staying home and/or careers from a feminist perspective. Can I stay home as a full-time mother and still be a feminist? Isn’t the feminist movement really about choice? It seems to me that the whole point of feminism is to have real choices AND to respect other women for the choices they make regarding children, family and work.

4. **Anything you disagree with or would say differently?**
   No!

5. **What seems to be missing?** Are there things that seem to be left out? Themes that need more development or emphasis?
   Perhaps elaborate on fathers’ roles (supporting breastfeeding, Babywearing, etc.) Dads taking an active role during pregnancy, labor and birth A conclusion to summarize the major points and bring it all together.

6. **What seems to be overemphasized?** What themes do you think could be dropped?
   The further rationale section could be edited a bit. Many of the quotes make similar points (and of course, they’re all great quotes!).

7. **After reading this, are there further personal experiences, perceptions or additional information you would like to share?**
   Love it! I think you did a great job.

8. **Please feel free to share any other feedback you may have regarding the findings**
   I think this is a wonderful dissertation! Thoughtfully researched, carefully
portrayed, well thought out. It speaks well for AP and should help others understand what makes us tick. Also, I’d love to hang out with these people (including you). They all sound cool! 😊
APPENDIX E

IRB Approval for Qualitative Study

The project referenced above has received approval from the Institutional Review Board (IRB) at Iowa State University according to the dates shown above. Please refer to the IRB ID number shown above in all correspondence regarding this study.

To ensure compliance with federal regulations (45 CFR 46 & 21 CFR 56), please be sure to:

- Use only the approved study materials in your research, including the recruitment materials and informed consent documents that have the IRB approval stamp.

- Retain signed informed consent documents for 3 years after the close of the study, when documented consent is required.

- Obtain IRB approval prior to implementing any changes to the study by submitting a Modification Form for Non-Exempt Research or Amendment for Personnel Changes form, as necessary.

- Immediately inform the IRB of (1) all serious and/or unexpected adverse experiences involving risks to subjects or others, and (2) any other unanticipated problems involving risks to subjects or others.

- Stop all research activity if IRB approval lapses, unless continuation is necessary to prevent harm to research participants. Research activity can resume once IRB approval is reestablished.

- Complete a new continuing review form at least three to four weeks prior to the date for continuing review as noted above to provide sufficient time for the IRB to review and approve continuation of the study. We will send a courtesy reminder as this date approaches.

Please be aware that IRB approval means that you have met the requirements of federal regulations and ISU policies governing human subjects research. Approval from other entities may also be needed. For example, access to data from private records (e.g., student, medical, or employment records, etc.) that are protected by FERPA, HIPAA, or other confidentiality policies requires permission from the holders of those records. Similarly, for research conducted in institutions other than ISU (e.g., schools, other colleges or universities, medical facilities, companies, etc.), investigators must obtain permission from the institution(s) as required by their policies. IRB approval in no way implies or guarantees that permission from these other entities will be granted.

Upon completion of the project, please submit a Project Closure Form to the Office for Responsible Research, 1138 Pearson Hall, to officially close the project.

Please don't hesitate to contact us if you have questions or concerns at 515-294-4566 or IRB@iastate.edu.
INSTITUTIONAL REVIEW BOARD (IRB)
Application for Approval of Research Involving Humans

Title of Project: Parenting within a Western culture through an attachment parenting lens: perspectives, practices, and experiences

Principal Investigator (PI): Haley Wedmore
Degrees: MS
Email Address:

University ID: Phone: Correspondence Address: Email Address: Received: DEC 07 2012

Department: HDIS College/Center/Institute: Iowa State University

PI Level: □ Tenured, Tenure-Eligible, & NTER Faculty □ Adjunct/Affiliate Faculty □ Collaborator Faculty □ Emeritus Faculty
□ Visiting Faculty/Scientist □ Senior Lecturer/Clinician □ Lecturer/Clinician, Ph.D. or DVM □ P&S Employee, P37 & above
□ Extension to Families/Youth Specialist □ Field Specialist III □ Postdoctoral Associate □ Graduate/Undergrad Student □ Other (specify: )

FOR STUDENT PROJECTS (Required when the principal investigator is a student)
Name of Major Professor/Supervising Faculty: Tricia Neppel (Major Professor)
University ID: 13227013818 Phone: 294-8502 Email Address: tneppel@iastate.edu
Campus Address: Neppel: 2358 Palmer Department: Neppel: HDIS
Type of Project (check all that apply): ☑ Thesis/Dissertation ☑ Class Project ☑ Other (specify: )

Alternate Contact Person: Email Address: Phone:
Correspondence Address:

ASSURANCE

- I certify that the information provided in this application is complete and accurate and consistent with any proposal(s) submitted to external funding agencies. Misrepresentation of the research described in this or any other IRB application may constitute non-compliance with federal regulations and/or academic misconduct according to ISU policy.
- I agree to provide proper surveillance of this project to ensure that the rights and welfare of the human subjects are protected. I will report any problems to the IRB.
- I agree that modifications to the originally approved project will not take place without prior review and approval by the IRB.
- I agree that the research will not take place without the receipt of permission from any cooperating institutions, when applicable.
- I agree to obtain approval from other appropriate committees as needed for this project, such as the IACUC (if the research includes animals), the IBC (for research involving biohazards), the Radiation Safety Committee (for research involving x-rays or other radiation producing devices or procedures), etc.
- I agree that all activities will be performed in accordance with all applicable federal, state, local, and Iowa State University policies.

Signature of Principal Investigator Date
Signature of Major Professor/Supervising Faculty Date
(Required when the principal investigator is a student)

- I have reviewed this application and determined that departmental requirements are met, the investigator(s) has/have adequate resources to conduct the research, and the research design is scientifically sound and has scientific merit.

Signature of Department Chair Date

For IRB Use Only
Full Committee Review: □ Review Date: January 02, 2012
EXPEDITED per 45 CFR 46.101(b): 1 Approval/Determination Date: February 25, 2011
Not Research: □ Approval Expiration Date: March 07, 2011
No Human Subjects: □
IRB Reviewer’s Signature

Office for Responsible Research
Revised: 08/30/11
Research Involving Humans Study Information

Please provide answers to all questions, except as specified. Incomplete forms will be returned without review.

Part A: Key Personnel

List all members and relevant qualifications of the project personnel. Key personnel includes the principal investigator, co-principal investigators, supervising faculty member, and any other individuals who will have contact with the participants or the participants' data (e.g., interviewers, transcribers, coders, etc.). This information is intended to inform the committee of the training and background related to the specific procedures that each person will perform on the project. For more information, please see Human Subjects - Persons Required to Obtain IRB Training.

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<th>Interpersonal contact or communication with subjects, or access to private identifiable data?</th>
<th>Involved in the consent process</th>
<th>Contact with human blood, specimens, or other biologic materials?</th>
<th>Other Roles in Research</th>
<th>Qualifications (i.e., special training, degrees, certifications, coursework, etc.)</th>
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<td>Hailey Wedmore</td>
<td>☑</td>
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<td>☐</td>
<td>PI</td>
<td>MS</td>
<td>September, 2008 10-1-08</td>
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<td>Dr. Tricia Nebpl</td>
<td>☑</td>
<td>☑</td>
<td>☐</td>
<td>Major Professor</td>
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<td>Dr. Kere Hughes-Belding</td>
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<td>Dr. Gayle Luze</td>
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<td>Dr. Amy Papilion</td>
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<td>February, 2012 2-12-12</td>
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<tr>
<td>Dr. Jeff Brooks</td>
<td>☑</td>
<td>☑</td>
<td>☐</td>
<td>POS Committee Member</td>
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Office for Responsible Research
Revised: 08/30/11
Request to Change Committee Appointment

I. Student Information

Name: Wedmore, Haley

Department: Human Dev. & Family Studies (HDFS)

Degree (check one): Ph.D.

Current Phone #: (please specify)

II. Committee Change Information

- Indicate the type of change you are requesting and the committee members involved in the change.
- All changes are permanent. If extenuating circumstances require temporary changes, an explanatory memo must be submitted with this form.
- Briefly state the reason or justification for the change in the space provided below.
- Obtain the signatures indicated (Sections III. & IV.). DOGE signature is mandatory.
- Submit the completed request to the Graduate College, 1137 Pearson, in advance of the change.
- The Graduate College response will be returned by campus mail to the administering department to distribute to the DOGE, committee members, and the student.

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<th>Committee Member</th>
<th>Major/Program</th>
<th>Department</th>
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<td>Delete</td>
<td>Dr. Jeffrey Brooks</td>
<td>ELP's</td>
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<tr>
<td>Add</td>
<td>Dr. Susan Stewart</td>
<td>Sociology</td>
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Has the preliminary oral been scheduled (Ph.D. only)? No

Has the final oral been scheduled? Yes

Completed 9/12

III. Approvals

Advisor/Professor(s):

Added/Changes Committee Member(s): Dr. Jeffrey Brooks

Deleted Committee Member(s):

* Signature(s) not required if on P/F, retired or resigned.

Graduate College Guidelines MET

JUN 10 2013
APPENDIX F

Recruitment Flyer

VOLUNTEERS NEEDED TO PARTICIPATE IN A RESEARCH STUDY TO LEARN MORE ABOUT “ATTACHMENT PARENTING”

Baby Wearing, Co-sleeping, Nursing on Demand, Extended Nursing, Gentle Discipline, Emotional Connection, Gentle Birth

Are any of these practices consistent with your parenting approach or values? If so, would you also say that the term, “attachment parent” or a related term such as “instinctive parent” or “natural parent” describes your parenting style to some degree?

If you answered yes to these questions, please consider being interviewed about your parenting perceptions and experiences in order to increase understanding of this parenting style.

This study is being conducted by Haley Wedmore, PhD student at Iowa State University.

Please contact Haley for more information about this study or to schedule an interview.

Phone: 515-710-4537
Email: hwedmore@iastate.edu
Dear,

Hello, my name is Haley Wedmore and I am a graduate student in the Human Development and Family Studies program at Iowa State University. For my dissertation research, I am exploring attachment parenting. I am looking for participants to interview about what attachment parenting means to them and what it is like to practice this style of parenting in general and within a Western culture. I would like to gain more understanding of what leads parents to practice this style of parenting and more about the actual parenting behaviors that are practiced. I am interested in finding out more about what parents find rewarding and challenging about this style of parenting. Additionally, I am interested to learn about what values parents have regarding discipline and how they provide discipline for their children. Beyond these questions, I am interested in learning about anything else parents would like to share related to their experiences and perceptions as “attachment parents.” Such information could potentially offer new insight regarding attachment promoting and positive parenting behaviors and could contribute to the attachment and parenting literature.

In order to meet participant criteria requirements for this study, I am looking for parents who engage in parenting behaviors consistent with what has been coined in Western culture as “attachment parenting” or as other related terms such as “instinctive parenting,” or “natural parenting.” Attachment parenting is commonly understood as a style of parenting in which parents attempt to create a secure bond with their child and to meet the child’s basic physiological and psychological needs by engaging in particular parenting behaviors such as baby wearing, nursing on demand, extended nursing, co-sleeping. It is also commonly associated with the use of gentle, positive discipline and emotional connection. Does this sound like your style of parenting? Perhaps you do not utilize all of the strategies mentioned above or perhaps attachment parenting means something else to you. If you identify at all with this style of parenting, would you be interested in being interviewed about your parenting perceptions and experiences? I plan to conduct one initial interview with participants lasting approximately 1 hour in length and potentially one follow up interview lasting approximately 1 hour in length. If funding is awarded for this research, I plan to compensate participants $20 per interview.

If you agree to participate in this study, your identity will remain anonymous. Additionally, you may choose to leave the study at any time or to refrain from answering any questions that you may not feel comfortable answering.

Please contact me by email or phone if you are interested in participating or if you have further questions about my research or the interview process. If you are interested in being interviewed, please let me know what would be a good time for you to meet and where you would like to meet. I would be happy to answer any questions you may have!
APPENDIX H
Participant Informed Consent Document

Title of Study: Parenting within a Western culture through an attachment parenting lens: perspectives, practices, and experiences.

Investigators: Haley Wedmore (Principal Investigator), Dr. Tricia Neppl (Major Professor), Dr. Kere Hughes-Belding (committee Member), Dr. Gayle Luze, (committee member), Dr. Amy Popillion (committee member), Dr. Susan Stewart (committee member).

This is a research study. Please take your time in deciding if you would like to participate. Please feel free to ask questions at any time.

INTRODUCTION
The primary goal/purpose of the present study is to bring voice to a sub-culture of Western parents commonly referred to as “attachment parents” and to describe their parenting practices, perspectives, and experiences within the context of Western culture. Such findings could potentially offer new insight regarding attachment promoting and positive parenting behaviors and could contribute to the attachment and parenting literature. You are being invited to participate in this study because you have indicated that the term “attachment parent” describes your parenting approach to some degree.

DESCRIPTION OF PROCEDURES
If you agree, you will be asked to participate in one initial interview session and one follow up interview session each lasting approximately one hour in length. You will be asked to discuss what attachment parenting means to you and what it is like to practice this style of parenting in general and within a Western culture. You will be asked to discuss what led you to practice this style of parenting and the ways in which you feel you practice this style of parenting. The ways in which you practice attachment parenting may be consistent with commonly held definitions of attachment parenting or they may differ. I want to know what you find rewarding and challenging about this style of parenting. You will be asked to discuss your parenting beliefs and values overall and how your personal attitudes may influence your parenting. I would like to know what goals you may have for your children. I am interested to learn about your values regarding discipline and how you provide discipline for your children. Beyond the questions above, I am interested in learning about anything else you would like to share related to your experiences/perceptions as an “attachment parent.”

As mentioned above, following the initial interview I may contact you to schedule a follow up interview after I have analyzed the data in order to ensure that I have accurately understood and portrayed what you said and to capture any additional information you may like to share at that time.
RISKS
Previous research experience indicates that there are minimal risks or hazards associated with participation in a research project, however, it is possible that you may experience emotional discomfort while discussing the topic. You are free to refrain from answering any question at any time.

BENEFITS
If you decide to participate in this study there may be no direct benefit to you, however, it is hoped that the information gained in this study will benefit society by capturing the voices of attachment parents. It is hoped that findings will help to further bridge the gap between attachment theory and practice and to provide parents with useful information that will help them to develop and foster secure attachments with their children.

COSTS AND COMPENSATION
You will not have any costs from participating in this study. You will not be compensated for participating in this study. (Note to IRB - If I receive funding for my dissertation, participants may be monetarily compensated up to $20 for the initial interview and $20 for a follow up interview.

PARTICIPANT RIGHTS
Your participation in this study is completely voluntary and you may refuse to participate or leave the study at any time. If you decide to not participate in the study or leave the study early, it will not result in any penalty or loss of benefits to which you are otherwise entitled. You can skip any questions that you do not wish to answer.

CONFIDENTIALITY
Records identifying participants will be kept confidential to the extent permitted by applicable laws and regulations and will not be made publicly available. However, federal government regulatory agencies, auditing departments of Iowa State University, and the Institutional Review Board (a committee that reviews and approves human subject research studies) may inspect and/or copy your records for quality assurance and data analysis. These records may contain private information.

To ensure confidentiality, participants will be assigned a code name or number which will be used on forms and in writing instead of their names. Any other identifying details obtained in the course of an interview or observation will be altered to protect confidentiality. All data gathered will be kept in a password coded computer file that only the principal investigator will have access to. Data will be destroyed 2 years after the interview. If the results are published, your identity will remain confidential.
QUESTIONS OR PROBLEMS
You are encouraged to ask questions at any time during this study.

- For further information about the study contact Haley Wedmore (Principal Investigator) or Dr. Neppl.

- If you have any questions about the rights of research subjects or research-related injury, please contact the IRB Administrator, (515) 294-4566, IRB@iastate.edu, or Director, (515) 294-3115, Office for Responsible Research, Iowa State University, Ames, Iowa 50011.

*****************************************************************************

PARTICIPANT SIGNATURE

Your signature indicates that you voluntarily agree to participate in this study, that the study has been explained to you, that you have been given the time to read the document, and that your questions have been satisfactorily answered. You will receive a copy of the written informed consent prior to your participation in the study.

Participant’s Name (printed) __________________________________________

__________________________________________ (Participant’s Signature)     (Date)
APPENDIX I

Demographic Survey

Date:
Participant (Pseudonym):

1. Age:
2. Gender:
3. Race:
4. Ethnicity:
5. Marital/Relationship status(es) (Please Circle All that Apply):
   - Single
   - Dating
   - Cohabiting
   - Married
   - Separated
   - Divorced
6. Religion:
7. Education Level:
   - None
   - HS
   - AA
   - BA
   - MA
   - PhD
8. Occupation:
9. Income Level:
   - $0-15,000
   - $15,000-30,000
   - $30,000-50,000
   - 50,000-75,000
   - 75,000 +
10. Current age(s) of child(ren):
11. Gender(s) of child(ren):
12. Degree to which parent agrees that the term “attachment parent” or related term
    “natural/instinctive, etc” describes his/her parenting approach: (Please Circle One)
   - Slightly Agree
   - Moderately Agree
   - Strongly Agree
APPENDIX J

Interview Questions/Script

1) Share with me more about attachment parenting and how it fits into your life as a parent… or tell me more about your experience of parenting. You said that you [moderately agree] that the term ‘attachment parent’ describes your approach to parenting. Tell me more about that.

2) I would like to know more about the ways in which you practice attachment parenting according to your personal views. I'd also like to know if you follow some of the behaviors commonly associated with AP and what it has been like if you have engaged in such behaviors as co-sleeping, babywearing, nursing on demand, extended nursing/child led weaning, positive/gentle discipline, emotional connection, etc. If so, why? If not, why?
   Some people who follow an attachment style parenting approach report that they practice cosleeping, babywearing, nursing on demand, extended nursing/child led weaning, positive/gentle discipline, emotional connection. Is that true of your family also?” If yes or no, then “tell me more about that.”

3) Other ways that you practice this style of parenting in ways not mentioned?

4) I'd like to learn briefly about your pregnancy and birth experience like what types of things you did to prepare; where did you choose to give birth and how it went.

5) I'm curious to know how you learned about this style of parenting - was it something you were exposed to, actively sought out, the way you were parented, or something else?

6) I also wonder if and how you see your experience and identity as an attachment parent to be different or similar to parents who may not follow this approach or those who may not identify with the term, "attachment parent."

7) I'd like to know how others react to your parenting style.

8) What do you find rewarding/difficult about this parenting style and what is or would be helpful for you?

9) What are your goals for your children or your relationship with your children? What outcomes do you want for your children? How do you feel that your parenting choices and practices will contribute to these goals?

10) What advice would you give to other parents?

11) What else do you want people to know about attachment parenting?
APPENDIX K

Initial Coding by Hand

Participant_8_3/2/13

Participant Pseudonym: 

Eldest Child Pseudonym: 

Second Eldest Child Pseudonym: 

I: Ok, and so the date is February 2\textsuperscript{nd} and I am here with and we haven’t decided on a pseudonym yet. So um that needs to be decided. Um so um first off um I see here that you indicated that you strongly agree with the term attachment [A: yea I think so] parenting and so [A: umm] can you tell me a little bit more about that?

A: um [pause] I guess um [pause] since well I guess I knew about attachment parenting before. I learn about it when I was pregnant with my first. [I: hmmm hmmm] um and it just kind of make sense to me and so I guess from the beginning of [pause] you know, my first um I, you know during the pregnancy of my first son that I just kinda felt like, “that sounds right to me and that’s what we’re going to do” and so I guess um for the most part we fall under that, that kinda title I guess [I: hmmm hmmm] or label.

I: Okay Yeah. um, I’m just curious about that because um there have been [pause] you know many people that I have interviewed that um [pause] that even though they follow kind of those, of those things that all under attachment parenting that might not necessarily strongly agree with it? [A: Mhh hmmm] Um, so I think it is just kind of interesting to talk about that. [A: Yeah] um, but, but you feel like the label itself really describe and captures the parenting?

A: Yeah, for the most part, I mean there’s always ti’nes when I’m; were not being very attached parents or there’s just moments in a day, but yes, for the most part, you know if somebody asked me what kinda of parent I am I have always said that you know, we do attachment parenting.

I: And so would you say that you feel good about that title? [Inaudible 1:48]

A: Yea I think so. Yea!

I: And um, Can you talk with me a little bit just about how being an attachment parenting fits in to your life?

A: Um, you know like I said, it just has always kinda made sense to me. Um, It wasn’t really what I grew up with necessarily but just when I started um learning more about child birth, and new born care in particular, it just really make sense to me and it works great for us um, especially when the boys were new born it just um [pause] seemed easier. Honestly a lot of it just seems easier [I: Yeah] um and it just seemed like um it was just, that’s just what the kids
needed, um especially with you know their breastfeeding, and co-sleeping, and baby wearing
and, especially those were like our three big, big things that we kinda followed from the
beginning that just um worked well, for us.

I: Mhmm Hm that just fit in very well into, into your life. [A: Yeah] and when you just say that
you felt that it was easier? Um could you talk a little bit more about that? And how you thought
it was easier

A: Yeah um, I just [Laughs] like breastfeeding first of all. My breastfeeding relationship with my
first one got off to; was a rocky start from the beginning he was new and we really struggled
with actually nursing; so I was pumping exclusively for the first couple of months. Um, and
finally we figured out the latch and he started um, actually nursing um, when he was about two
months old and um, for us; especially comparing that to um, to like the exclusive pumping
would; had different formula feeding; but still getting the bottles so you didn’t have to do all that
stuff. It was just easier you know. You didn’t have to do all that stuff [I: Yeah] you didn’t have
to worry about the right temperature of the formula or the milk in the bottle and um; or cleaning
and sanitizing things and carrying them around with you [giggles] it was just; you know I joked
to people “I’m breastfeeding because I’m lazy” [I: Laughs] and um, you know so it was; and the
um financial aspect of it. I wanna say was part of it too. Like we probly couldn’t have afforded
formula anyway. Um so, it would’ve been a struggle so that would; um those are some of the
more um, I don’t know, I guess materialistic aspects of it. But, um, um yeah it was just easy to-
do that um, you never have to worry um, about running [laugh] out milk and stuff. Um, and you
know with co-sleeping; with my first I guess we kind of thought that he’d be in his crib, um at
least part of the time, and that just didn’t work and we didn’t feel like we needed to be up all
night, going back and forth between the rooms. And um, trying to get him to go back to sleep in
his own bed, again it was just easier we all just got more sleep. When he slept in bed with us,
um, and um., for naps you know it was, it was easier; they tell new moms to sleep when baby
sleeps and get as much rest as you can and, um, the fact that he slept; napped better when I was
lying next to him and thought I got rest too, which made me a better mother the rest of the time.

I: It was a typical benefit than

A: Yes

I: I’m going to check this just to make sure it’s still going because; great it’s still going. Sorry.

A: Um, [pause] and um, yeah just things like that just made it easier, easier in general I guess to
do things.

I: Yup
Participant_10_3/15/13

Participant Pseudonym: 

Child Pseudonym: 

I: Yeah so, I guess to start off with on my demographic survey I asked participants to sort of say how they, to what degree they feel they identify with the term attachment parent. So whether it would be um, um, ya know, somewhat agree, um mostly agree, or very much agree and so I’m wondering where you feel like you would be on that?

E: Which is a little bit of a tricky question because I’ve learned since, identifying myself as an attachment parent, that other people’s views of attachment parent are very different than I would have even d[inaudible], but I would that I’m very much on the, the typical attachment parent end.

I: So typical? Hmm.

E: As far as the spectrum.

I: And so when you think typical, what would you say that means do you think?

E: Uhh typical being um, bedsharing is a big one, I think typical. Um, somebody that breastfeeding is important, extended breastfeeding would not be atypical. Um, someone that follows their child’s lead rather than expecting the child to follow their lead or maybe the pace of society. Um...Hmm...Less formal structure as far as time outs or any corporal punishment. Umm: Those are the things I think of right away. That people think of when they think of attachment parenting.

I: Hmm. So typical in the sense that you basically follow or use most of those behaviors that are typically associated with attachment parenting.

E: Yeah.

I: Yeah, great! K, so and I ask that question because I think it’s kind of a um, an interesting question. And I’m curious to see ya know how different people would define attachment parenting and how they see themselves fitting into that definition and how personal that definition might be versus how um, structured that definition might be or where that definition comes from even. So, I’m curious to know a little bit more from you about um, about, about where you feel you would identify, to what level you feel you would identify with that. Maybe where you learned about attachment parenting and yeah.

E: Um, well where I learned about it, maybe we’ll start there. Um, I think I relate to what you were saying earlier that I don’t think I necessarily was brought up in attachment parenting? Maybe I just, I’m not big into labels and neither is the family I grew up in so, my parents are supportive of my style of parenting but it’s not like they think much of it like it’s anything special and like we need to name it [laughs]. And so I sort of feel that way too. But so, there are
components of my upbringing that was attachment parenting. But it was very balanced because I had like a younger sibling that did not sleep well unless he was in the bed, and I had a sibling that would not sleep well unless he had his own space. So, I feel like I had a very balanced upbringing and ya know there was no exact normal. It was what the child needed but again that’s kind of child lead and respecting the child, so in that way I think of it as being, [child speaking in background] that’s how I see attachment parenting. Um, ya know, I, I stumbled upon the baby wearing just because it seemed to fit us? I guess? Um, and maybe I was fortunate that it was the popular thing for the people around me so maybe that just affected me, I don’t know if I stumbled upon it on my own or not. Um, it wasn’t something I planned to do necessarily when I was pregnant. But again, it felt natural so continued it and we still continue it, my daughter loves to ride in the backpack. Um, let’s see, other typical things. There was no spanking in my household, so to me I wouldn’t even dream of going down that route or any sort of direction for my children. Um…my family was very, has a great appreciation for nature, and so I was inclined to go the direction of like Waldorf education and that also embraces a lot of the attachment parenting styles. So, yeah, just one led into another there. Um, my mom breast fed all of, all of us. And I didn’t learn to later on that she breast fed by youngest sibling until he was three. I don’t even remember that. But it’s interesting now to know that. Um, so, I knew that would be an important part of our relationship, became an important part of our relationship and that just carried over to the bed-sharing and just made sense biologically. It fit my needs, it fit her needs. It’s funny, um, thinking from the father’s perspective. I had a conversation with my husband how he, he said, “Well, she never like woke up much during the night.” Um, yeah, cuz I was right there meeting her biological need. That’s how I see attachment parenting.

I: Meeting the biological need?

E: Yeah, yeah, basically all the way along. So, so that’s how I see attachment parenting. And the other views that I was surprised about have been more like interpretations that you just let the child do whatever they wanna do when they wanna do it and not have any boundaries. And like, I don’t see that as attachment parenting what so ever. So I don’t identify with anyone that has that view of what attachment parenting is. And that’s the first thing I think of as an alternative view to attachment parenting.

I: Mmmm. Almost that permissive kind of parenting style. Yeah. So when you’re thinking of how other people see attachment parenting um, who don’t really know about it very much, is that what you’re saying, they, that kind of misconception or your…

E: Apparently I’ve just identified ya know, in the last couple years that people have that view um, more from just seeing that in the media. Not necessarily like reflected to me by any friends that don’t follow attachment parenting.

I: So, not on a personal level but what you just see in the media?

E: No, not on a personal level. Right, yeah. So that, that is a nice thing. Um, I don’t know if you wanted me to talk about like on a personal level or…
APPENDIX L

Themes According to Individual Participant – Condensed Version

Participant #1

Practices

Preparation for birth/parenting - Took Bradley Child birth class. Read tons about birth and talked a lot to people, joined natural birth community

Respond with Sensitivity – confidence in child’s cues

Consistent caregiving – full-time mom/limiting time away

Positive/gentle discipline – Don’t be reactive; reasonable expectations that are developmentally appropriate and in tune with needs of child; redirection; teach by modeling desired behavior

Feed with love – nursing on cue; extended nursing; natural weaning – during pregnancy with 1\textsuperscript{st} and child led with 2\textsuperscript{nd}.

Strive for balance – support network of like-minded parents; couple time; wakes up early to get time to herself

Baby-wearing – has worn both children in a sling

Main tenet – “Your children want to be with you.”

Rationale for parenting style and practices

AP = natural parenting, “just parenting” – children teach us how to parent and we respond to needs

“Makes sense” to AP – scientifically, theoretically

“Parent like an animal” – keep them close, meet evolutionary needs

Doesn’t make sense to parent MS – not fulfilling needs; fight with child; “MS more work”

Don’t push independence too early

History

Raised with some AP: breastfed

Raised with natural lifestyle: healthy food, not a lot of junk
Dad authoritarian – yelled

**Initial exposure/attraction to AP**

Through natural birth community: midwife gate opener

Thinking other AP kids were awesome

**Parenting identity**

Strongly agrees that the term AP describes parenting approach

**Perceived misconceptions and argument**

AP weird b/c it’s hard – really makes things easier

**Perceived outcomes of AP**

Better behaved – compared to what is seen in public domain

Healthy – nursing and healthy eating

Warm – due to nurturing touch

Less conflict between child and parent – due to trusting in child’s needs and meeting needs

“Awesome kids”

**Perceived challenges**

Less time for self – due to constant caregiving

Nurturing extended family relationships – child not ready to sleep alone at grandparent’s house

**Agendas**

Social change – not follow rigid stereotypes; circumcision as human rights issue

Natural lifestyle – natural/homebirth; alternative vaccine schedule

Goal for child – wants children to “be true to themselves” not to follow rigid societal rules.

Protective community that is supportive of Agendas for parents and kids – Waldorf/Cowles Montessori; Holistic Moms group, Le Leche league meetings, and attachment parent meetings.

Limits media’s influence – doesn’t advertise Disney
**Would be helpful**

Village – could leave children with other lactating moms and children

**Personal Characteristics/Identity**

Unconventional – I have never been one to go with the predominant culture...I don’t think the larger culture has a lot of influence over how I parent just b/c I think it’s so nutty."

Confident - “I have always done what seems right to me.”

**Participant #3**

**Practices**


Positive/gentle discipline – Not blameful; use “we” language; “time in’s”; redirection; setting boundaries; hands off approach with peers; natural consequences; Modelling: admit when wrong, show empathy; don’t trick kids; follow through.

Strive for balance – strives to be balanced, healthy, patient, set a positive tone in household (self-regulation); draws on support from like-minded friends

Bed-sharing – shares bed with both children, toddler sleeps in own bed but is welcome to climb in family bed whenever

Nursing on cue and extended nursing; gentle weaning

Responding with sensitivity – empathy, tuned into needs, consistent – even at night

Baby-wearing – she and husband wear their children

Consistent caregiving – Employed - children in her care, father’s care or her mother’s care (who shares parenting values) Has also brought infant to work with her while teaching

Main tenet - Respond with empathy/model empathy

**Rationale for parenting style and practices**

Preparation for birth/parenting - a natural, self-empowered birth prepares us with the confidence for parenthood

Show unconditional love in discipline - Positive discipline
“Makes sense” – from a theoretical and clinical perspective

Builds a healthy attachment = “Foundation of everything”...

Instinctive - this is what feels right to do and I’m gonna trust that.”

History

Raised AP – although not labeled

Initial exposure/attraction to AP

Became familiar with term during 1st pregnancy - Never read Dr. Sears’ book. Heard AP term thrown around while pregnant with 1st “realizing, oh, that kind of just seems like what I’ll do... (natural/common sense)

Parenting identity

Strongly agrees that the term AP describes parenting approach

AP label resonates – “I don’t need a label, but it [AP] resonates with me...it’s what’s best for my family and my child, and my intuition...

Authoritative – “I would feel that I still align with authoritative”

“The gardener” – “I feel like it’s not my responsibility to shape him and mold him into something...but I can tend to the garden.”

Perceived differences between MS and AP

Preparation for birth/parenting - “I think it’s scary to think that you’re responsible for having that kind of power...it’s embedded in us that this is the way things are.”

Personal characteristics

Unconventional – going against the grain; “I’ve had a lot of throwing it out the window moments.”

Confident - permission to follow instinct; “We live in a culture that doesn’t tell women that we have instincts and to listen to them and trust them, but I feel like [I am] a self-confident woman and a self-confident mother that said, “okay, I can do this.”

Challenge

AP tougher on mom – Practices can be more demanding on mom since she breastfeeds
In-laws – damage control

Societal distrust of instinct

**Role of father in AP**

Support mom in whatever way needed

Agrees with parenting approach/invested

**Agenda**

Goals for children – Want kids to know that they are loved, worthy, welcome and safe;

Social change - Be the change you want to see – try to model parenting according to their values rather than being forceful/pushy with it.

Protective community - that is supportive of Agendas for parents and kids – through like-minded friends; extended family members who shares parenting values; Waldorf schooling

**Perceived outcomes**

Positive, loving relationship with children

Loves who the child is – his soul, his spirit, his kindness

Secure attachment – will mean enduring positive relationship with child

Independent
APPENDIX M

Master Themes: Combined Individual Themes - Condensed version

Practices

**Preparation for birth/parenting**

Sought/joined natural birth community (J, C, B, Al, S, M, N, Cl)

Homebirth (Jx2, Cx1, Aux2, Alx1, Nx1, Clx1)

Natural hospital birth (Jx1, Cx2, Sx2, Nx1, Clx1, Ex1)

Planned homebirth but transferred to hospital (B, Sx1, Clx1)

ER C-section (B)

Took Bradley Child birth class. (J, N)

Read about birth (J, C, Au, Cl)

talked to other moms (J)

Read about parenting (J, C, Au, S)

Actively sought out information b/c had no good model of a mother (Au, S)

Waldorf parenting class (M)

Had a doula (N, Cl, C, Au, S, Al, E,

In advance – for 5-10 yrs prior to pregnancy (Cl)

“take ownership of the birth and bonding experience” (E)

**Respond with Sensitivity**

confidence in child’s cues (J, C, M)

Listen to instinct (J, C, M)

Nighttime parenting – “don’t get to clock out b/c it’s dark” (C, B)

**Consistent caregiving** J, C, Au, B, Al
Full-time stay at home mom – past or current (J, Au, B, S, M, Cl, E)

limit time away from infants – short durations (J, C, Au, M, N)

Employed – utilizes family (grandparents, father) or other caregivers who can be trusted to honor parenting style (C -PT, Al – FT, Cl,

Dropped to PT work after having child (N

Brought baby to work (C, S

Respite (B

Works out of home (J’s husband, S’s husband, M and M’s husband,

Positive/gentle discipline –

No corporal (B, Al, E - all

No violence tolerated (B, Al,

Don’t be reactive (J, C, Al, S, N, Cl

Reasonable (J, E

Consider everyone’s limitations (E

Connected Feeding/Feed with love

Nursing a struggle at first (J, N

nursing on cue (J, C, Au, B, Al, S, M, N, Cl, E

extended nursing (J, C, Au, B, Al, S, M, N, Cl, E

more negotiable (B, Cl

modified bottle nursing (B, N

Tandem nursing (M,

Baby-wearing (J, C, Au, B – those who wanted to be worn, Al, S, M, N, E

Extended (J, C, Au, Al, S, Cl, E

Gentle weaning/natural weaning (J, C, S
Weaned towards end of pregnancy (J, S, N, Cl)

Gentle guided weaning (C, N)

Child-led weaning (S, M)

Guided nighttime weaning (M)

Currently nursing infant (C, Cl, M)

Currently nursing toddler (J,

**Bed-sharing** - with all children according to their unique needs (J, C, Au, B, Al, S, M, N, Cl)

   Siblings sleep together (N)

**Rationale/attitudes regarding parenting style and practices**

“Makes sense” to AP – (J, C, Au,

   Scientifically/biologically (J, E

   theoretically (J, C

   Clinical standpoint (C,

   To follow intuition (Au

   Easier (Al, N

   Meets needs (N

   Developmentally (mimic womb) (N

Don’t push independence too early – consider timetable of unique child (J, S –bedsharing, N

**History**

Raised somewhat AP (J,

Raised AP (C, Cl, E

   Parents raised AP (Cl

Raised with natural lifestyle (J, E

Not raised AP – (B, Au, Al, S, M, N


Abusive household – (Au)

Unstable environment – (S)

Younger siblings raised AP (B)

**Introduction/attraction to AP (J,)**

Passively - Through natural birth community: midwife gate opener (J, C, Al, N, Cl)

Thinking other AP kids were awesome; friends’ parenting (J, Al, S)

Common sense “sounds like what we would do anyways” (C, S, N, Cl)

   Natural and normal (Cl)

Parented this way before term was coined (B)

Learned about term through LLL (B, M- turned off,

**Identity**

Strongly agrees that AP describes parenting approach (J, C, Au, B, S, N, Cl, E)

Moderately identifies (Al, M)

AP resonates (C, Cl)

**Perceived outcomes of AP (J,)**

Child

   Better behaved (J,

   Healthy (J, S, M,

   Independent (C, B

   Compassionate/Empathetic (Au, B, M

   No typical teen behavior problems (B, S

Relationship(s)

   Less conflict between child and parent (J,

   Positive, loving relationship with children (C, Au,
Strong, emotional connection (Au, M)

Trusting relationship (B, S, M)

**Perceived challenges (J,**)

**Societal**

Perceived misconceptions/negative reactions (J, N, B, S, C, M)

AP weird b/c it’s hard – really makes things easier (J,)

Societal distrust of instinct (C, B, S)

Societal fear/lack of support for natural birth/homebirth (C, B, N)

**Media’s negative influence**

Having to do “damage control” (Au,)

*TIME* inaccurate portrayal/Creating competition between parents/AP anti-feminist (B, N, Cl)

Misguided advice from experts/professionals/lack of support (B, S)

Lack of support/societal discomfort for public nursing (B, S, N)

Nursing toddler (S, N)

Pressure to parent MS – difficulty listening to gut when it tells us to parent in a way that deviates from the norm (S)

**Role of father**

Values AP less AP than mom (J, B)

**Investment**

Supportive/agrees with parenting approach (C, Au, S, M, N, Cl, E)

Highly involved in parenting approach (C, S, M, Cl)

(Wears baby, nighttime parenting)

Egalitarian – Involved in contributing income and in parenting (M)

Complementary roles - Breadwinner having little involvement with parenting (Au
Deceased (Al)

**Agenda**

**Social change**

not follow rigid stereotypes (J,

Empower parents to follow their gut in a way that feels right without feeling pressured to parent (S, B

Allowing child to find own pace and own inspirations, motivations and loves of life (E

**Natural lifestyle (J,**

natural/homebirth (all)

alternative vaccine schedule (J,

Cloth diapering (N

Placenta encapsulation (N, Cl

**Supportive/Protective community that is supportive of Agendas/values for parents and kids –**

Natural birth community (J, C, B, Al, S, M, N, Cl,

Like-minded friends and acquaintances (J, C, Au, B, Al, S, M, N, Cl

Parent groups: (J,

- Holistic Moms group, (J, S
- Le Leche league meetings, (J, B
- Attachment parent meetings (J, B, S,
- Birth circles (N – leads,

Extended family who are supportive of AP (C, S - Aunt

Limit media’s influence (J, C, Au

doesn’t advertise Disney (J,

**What is helpful**

Village – could leave children with other lactating moms and children (J,
Listen to your gut (B)

Protective community – birth and parenting (B, S, M, N)

Professional support (S)

Breastfeeding support (S)

**Personal Characteristics/Identity**

Unconventional (J, C, Au, B)

Confident (J, C, B, Al, S, N, Cl)

Feminist (all in some way)

Gentle/not pushy (Au, C, B, S, M,)

Humble (B, S)

**Something more...**

Spiritual connection (M)

Being ever present and connected – don’t detach with TV, homeschooling (M)

Meeting educational needs of child in a way that is consistent with family values (all)

Providing for intellectual/educational needs (Cl,)

Alt. Schooling consistent with needs of child: (J, C, Au, B)

  Waldorf (J, C, Au)

  Cowles Montessori (J, S, M – in past)

  Partial homeschooling – in past (B, Au,)

  Full homeschooling/maximize connection (M – Waldorf inspired)

  Education that meets needs of unique child (N)

  Unschooling – avoiding pressures to conform/allowing more freedom/individuality (E
APPENDIX N

Final Organization of Categories, Themes and Sub-themes

Category 1: Attachment parenting in action

(What do attachment parents do; how and why do they do it?)

Theme 1: Guiding Rationale
  Sub-theme 1: Makes sense to AP

Theme 2: Practices
  Sub-theme 1: Preparation for birth/parenting
  Sub-theme 2: The Big 3: Connected feeding (nursing or modified bottle feeding), babywearing, and cosleeping/bedsharing
  Sub-theme 3: Gentle weaning/natural weaning
  Sub-theme 4: Respond with sensitivity and intention: Follow innate parenting wisdom and trust in infant's/child's cues
  Sub-theme 5: Meet dependency needs according to child’s timetable
  Sub-theme 5: Consistent caregiving
  Sub-theme 6: Positive/gentle discipline
  Sub-theme 7: Strive for balance
  Sub-theme 8: Meeting intellectual and educational needs

Theme 3: Agenda and perceived outcomes
  Sub-theme 1: Nurturing a secure and connected relationship with child
  Sub-theme 2: To launch good, healthy functioning people into the world
  Sub-theme 3: To better the world one child at a time

Category 2: Being an attachment parent

(Who are they?)

Theme 1: Identity/the label

Theme 2: Background
  Sub-theme 1: History
  Sub-theme 2: Introduction/attraction to AP

Theme 3: Personal Attitudes: confident/determined, gentle/humble, liberal, feminist, unconventional

Theme 4: Associated natural lifestyle
Category 3: Being an attachment parent in a broader societal context

(What is it like to parent this way in American culture?)

Theme 1: Minority parenting group

Theme 2: External pressures/challenges
  Sub-theme 1: Personal experiences
  Sub-theme 2: Societal messages/lack of support
  Sub-theme 3: Societal misconceptions/stereotypes

Theme 3: Seeking support/building a village