Singing Motherhood: First time mothers' experiences singing to their infants

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SINGING MOTHERHOOD:
FIRST TIME MOTHERS’ EXPERIENCES SINGING TO THEIR INFANTS

by

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A dissertation submitted to the Graduate Faculty in Clinical Psychology in partial fulfillment of the requirements for the degree of Doctor of Philosophy, The City University of New York

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Abstract

Mothers have sung to their children for centuries. Because singing provides an opportunity for self-expression and connection with others, understanding how first time mothers experience this age old practice might help us understand how singing facilitates a woman’s developing relationship with herself as a mother and with her new infant. To date, little research exists on this particular function and experience of first time maternal singing. In this qualitative phenomenological study, 16 first time mothers with infants one year and under were interviewed about their experiences singing to their babies and were also asked to write a one-time diary entry following their interviews. This process was two fold: it provided an opportunity to understand how mothers experienced singing as part of their developing relationship with themselves as new mothers. It also provided an opportunity to learn how mothers experienced singing as part of their task of bonding with and caring for their babies. It was found that infant-directed singing carried out 5 tasks for new mothers in relation to their infants and themselves. These were: tasks of connection, engagement, affect regulation for mother and baby, education pertaining to culture and language enhancement, and an opportunity to reflect upon different periods of a new mother’s life, from adulthood to childhood. The conclusion of the study hypothesizes that the consolidation of these 5 tasks of singing contributes to helping a woman arrive at her own unique mothering identity.
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Introduction

A caregiver singing softly to her baby is a quintessential image of motherhood. The caregiver-child relationship is one where song and musicality have quietly, yet audibly, existed for years. All over the world, caregivers have sung lullabies to coax babies to sleep. In the Southwestern United States, Hopi mothers sing an old melody called "The Black Beetle" while carrying infants on their backs or in their arms (List, 1987). In Panama and Colombia, Kuna mothers, grandmothers, and sisters improvise on a traditional lullaby chant to settle infants into sleep (Lopez & Joly, 1981). In the United States, mothers sing to their children traditional folk lullabies from their childhood—songs like "Rockabye baby," "Slewfoot Sue" or "Go tell Aunt Rhody" (Hawes, 1974). And in ancient Mesopotamia, wet nurses sang Babylonian and Assyrian poems with unique motifs and phrases suited for quieting crying infants (Farber, 1990). Thus, in countless cultures and times, song and singing have quelled the upset infant.

Despite the timelessness of mothers singing to their children, research has only marginally addressed how singing functions for women during early motherhood (Mackinlay & Baker, 2005; Mackinlay, 2009). To date, most research explores infants’ experiences of song, as well as the song-like elements of maternal speech. There has been significantly less examination of the experience, meaning, and function of singing for new mothers in their child’s first year.

Becoming a mother for the first time comes with many adjustments and transitions, which a new mother will inevitably feel psychologically and emotionally. There are new physical changes that influence how she thinks and feels. There are social reactions to her changing appearance over the course of her pregnancy and delivery, which she must process (and at times tolerate). There are also changes in her family constellation as a result of the new baby. And if partnered, there is a change in the dynamic with her partner. Once the baby is born,
there is a change in her relationship to time and sleeping. With maternity leave, there is also a pause in her relationship to her career. At some point in the process, a woman who becomes a mother for the first time likely experiences some of these changes and the innumerable emotions they provoke.

Within psychoanalytic and feminist literature, there has been great emphasis on understanding the psychology of early motherhood and the social demands this new role places on a woman. In particular, psychoanalytic theorists have examined the emotional and psychological changes that are part of new motherhood (Benedek, 1949; Bibring, 1961; Mahler, Pine, & Bergman, 1975; Stern, 1985, 1995; Winnicott, 1956;). These theorists have duly noted the unique period of motherhood, the implicated developmental and emotional challenges, and how these challenges influence a woman’s relationship with herself. Sociology and feminist research have explored the socio-cultural challenges of mothering, focusing on how the social construct of motherhood influences a woman’s psychology at this time (Chodorow, 1978; Rich, 1986; Thurer, 1994). Rich (1986) argues that a woman's overarching identity formation of mother is shaped by the combination of experiences with her children, as well as the societal expectations of motherhood. This literature examines how a woman must confront and navigate the societal pressures of “motherhood” together with developing her own identity as a mother.

In terms of a woman’s relationship with her infant, attachment research has emphasized the caregiver-child relationship. British psychiatrist John Bowlby emphasized that “The infant and young child should experience a warm, intimate, and continuous relationship with his mother (or permanent mother substitute) where both find satisfaction and enjoyment” (Bowlby, 1951, p.13). Within the mother infant relationship, the infant communicates his needs via attachment signals, where the mother sensitively responds to regulate her infant’s states. On a-
moment-by-moment basis, the caregiver infant relationship requires bi-directional, interpersonal, and intra-psychic communication, which each experiences as influencing the other’s behavior (Beebe & Lachman, 1998).

With these changes, first time motherhood involves a woman’s transition into a new relationship with herself, as a mother, and her transition into a new relationship with her baby. The present study hypothesizes that singing functions as one way to help a woman navigate these two inseparable relationships of new motherhood. The following section begins with a brief review of the dominant themes in lullaby texts across cultures and times that reflect expressions of maternal attitudes and concerns. Some of the themes in lullaby texts continue to reflect present day maternal attitudes. This discussion leads to an overview of the research on a woman’s unique psychology at this time and her emotional experiences as she becomes a mother. Following this, is a section on relevant literature from attachment research pertaining to a woman’s relationship to her infant. There will then be an overview of the research on music and singing and its role in affect expression and feeling connected to others. This gives way to a discussion of the research on infant perception of music and singing, the quality of infant-directed singing, and how and why caregivers sing to their infants. A review of these literatures situates the current study, which hypothesizes that singing helps a woman negotiate the relationship with herself and her infant, as she becomes a mother for the first time.
CHAPTER 1: Literature Review

I. The Folk Lullaby: Sung love and quiet protest

Anthropological studies of lullaby texts examine lullaby lyrics for insight into past and present maternal attitudes and conflicts (McDowell, 1977). Some of these themes transcend historical and ethnic divides, existing in cultures ranging from African American spirituals used to soothe infants, Appalachian folk lullabies, Japanese lullabies, and Jewish lullabies (McDowell, 1977; Klymasz, 1968, Masuyama, 1989; Manasseh, 1991). Ethnomusicology research found lyrics to reflect themes pertaining to a woman’s felt demands of household work, her relationship with her partner or master and her anxieties about her child’s health (McDowell, 1977; Masuyama, 1989; Manasseh, 1991). Such lyrics also contain messages about a woman’s psychic conflict in her experiences with her infant and herself (Klymasz, 1968, McDowell, 1977), conveying a mother’s love for her child, as well as her resentment about how her child might curtail her independence, alter her physical appearance, and or perhaps limit her ability to work (Klymasz, 1968). For examples of these lyrics please see Appendix G.

Across cultures, lullaby texts, as well as, the act of lullaby singing were found to reveal both covert and overt functions of infant directed singing (McDowell, 1977, Klymasz, 1968). Outwardly, such caregiving songs allowed mothers (or any caregivers) to soothe and encourage sleep in their infants. By singing in this soothing manner and holding her infant, a mother expresses affection, love and care for her infant. More practically, a successful lullaby was one that quieted a child to allow more time for work, sleep- or simply- more time for oneself (McDowell, 1977). Less obviously, the lyrics of these soothing and loving melodies expressed a woman’s conflicts between her ego and maternal obligations, and her revolt against the cultural
patterns of motherhood (Klymasz, 1968). Folk lullabies expressed a woman’s resentment toward her obligations to her husband and her role in the family (McDowell, 1977, Klymasz, 1968). Folk songs also contained elements of a woman’s contempt for her own mother, depicting a woman’s own mother as critical and rejecting of her bids for comfort and consolation (Klymasz, 1968). Thus, in so many ways, the caregiving songs offer mothers an opportunity to express overlapping- and sometimes conflicting messages. Such messages involve a mother’s expression of love and nurturance toward her relationship with her baby, alongside her protest against and frustration with her new mothering role.

II. New Motherhood: A woman’s relationship with herself and the development of her relationship with her baby

Becoming a mother involves a series of inter and intrapersonal negotiations of the relationships with one’s self and one’s offspring. A new mother must care for and bond with her child, as well as tolerate and adjust to the realities of being a mother. The following section draws upon psychoanalytic, feminist, and attachment research to address a woman’s negotiation of these special relationships at this time.

Feminist scholar Nancy Chodorow (1978) writes:

Mothering is most eminently a psychologically based role. It consists in psychological and personal experiences of self in relationship to child and children. (p. 32)

Relationship negotiations may involve intense mergers with one’s infant, which can momentarily confuse a woman’s sense of herself. Other experiences may involve internal conversations about a woman’s own past caregiving experiences. Or these experiences may involve a woman comparing her mothering experiences to unrealistic societal ideals of motherhood. In addition to
managing all these transitions, a woman must also develop a relationship with her new baby. To do so, she must learn how to understand her child’s signals for comfort, connect with, bond with, and more generally, meet her baby’s needs.

A woman’s relationship with herself as she becomes a mother

Psychoanalytic theory proposed that in the first few months postpartum, there is an intensely joined state between mother and infant. For the infant, Freud (1914) called the initial state between mother and baby “undifferentiated”, by which he meant that the infant did not have a sense of himself as separate from the mother. He also suggested that the newborn is in a state of “absolute primary narcissism”, which he suggested was made possible by the mother’s complete absorption in her baby. Since then, a number of psychoanalytic theorists have likewise suggested that there is an initial stage in which mother and infant are “fused” or “merged.” Benedek (1949) used the word symbiosis to describe the initial primary unity of mother and child. She later elaborated on this symbiosis, saying that the mother’s experience of primary unity also involves her own intense identifications with her child as she recalls her infancy and oral phase of development (Benedek, 1959). In 1956, Winnicott first introduced the term “primary maternal preoccupation” to describe the mother’s close and intense identification with her baby. In their naturalistic studies of mothers and babies, Mahler and her colleagues (Mahler, Pine, & Bergman, 1975) likewise described an undifferentiated phase in which the baby has no sense of himself as distinct from the mothering figure. Mahler also used the terms “autistic” and “symbiotic” to describe these early phases of infancy, which she – like Freud and Winnicott – saw as supported by the mother’s complete attention to the baby’s need for closeness and oneness.
The physical changes of pregnancy and early motherhood also profoundly affect a women’s psychological experience at this time. Bibring (1961) described some of the ways that – as a result of the changes in her body, and her growing awareness of the baby growing inside of her – a woman moves from seeing herself as a single, self-contained organism, to experiencing the growing child inside her as part of herself, and – finally - to the child becoming a significantly separate being from her. Balint (1949) proposed that a woman’s feelings of oneness with her baby during pregnancy do not completely disappear, that even in moments of adulthood, a child will always occupy a place in its mother’s mind as "her little one" - still dependent and one with her body. Erikson (1950) additionally recognized the impact of biological motherhood on her personal psychology, emphasizing that developmentally, like adolescence and menopause, pregnancy and motherhood is a point of no return—becoming a mother means a person cannot truly be a single unit again. For Erikson, even once a child is grown, a mother will always have a strong visceral recollection of the feeling and knowledge that her child was, and somehow still is (in her mind), dependent on her for its life. These statements and observations about the biology of motherhood speak to the realness of this shift in a woman’s mind, as she becomes a mother.

There is also literature linking women’s preoccupations during pregnancy to their experiences with past caregivers. For related reasons, many expectant mothers also seek the company of other mothers. Deutsch (1945) described pregnancy as a time when a woman may rework and resolve her relationship to her mother. A woman is now a daughter and a mother; she must reconsider her mothering role alongside her existing role as a daughter to her own mother. Bibring (1961) made a similar observation, noting that pregnant and post pregnant women mentally turn toward their mothers, reviewing their childhood experiences with their caregivers,
and in most cases, revising their earlier experiences with a useful identification with the
caregiver as a prototypic maternal figure. Slade, Cohen, Sadler, and Miller (2009) described how
pregnancy and new motherhood activates a woman’s internal representations of self and other,
where a woman’s representations of her caregivers and her attachment to them becomes salient
at this time. Slade et al. (2009) also described a woman’s focus on her external relational
network and her concentration on finding strong and dependable support. This may mean
reaching out to other mothers, her own mother, or seeking greater support from her husband.
And similarly, Bibring (1961) noted a woman’s preoccupation with other pregnant women and a
search for a strong support network in preparation for her baby’s birth.

A woman’s relationship with herself as a new mother in society

In addition to negotiating the psychological changes that are part of becoming a mother, a
woman also negotiates her relationship with society in light of her new social role. This too
influences a woman’s psychology and her relationship with herself. In her influential work, The
Reproduction of Mothering, Nancy Chodorow (1978) posits that the exclusive woman-only-as-
mother role is a result of social and cultural translations of a woman’s childbearing capacities,
proposes that motherhood involves two overlapping facets: mothering and motherhood. She
suggests that “mothering” focuses on a woman's relationship with her children, whereas,
“motherhood” is built from male-defined, socially constructed and prescribed societal
expectations.

Social constructions of mothering perpetuate myths that influence a woman’s psychology
at this time (Thurer, 1994). Some myths are that mothering comes naturally to all women, or that
full time mothering is best for infants (Thurer, 1994). Other cultural mothering myths suggest
that mothers are endlessly nurturing to their children, effortlessly emotionally giving, or that mothers instinctively know how to raise children (Caplan, 1989; Swiggart, 1991). When women cannot meet such ideals, these myths may leave mothers feeling inadequate or guilty (Caplan, 1989; Swiggart, 1991). Mitchell (1995) suggests that Western women may experience cultural pressures to be selfless and self-sacrificing, and that this may starkly contrast with other feelings they are having. In a study on the psychological experience of mothering, Barlow and Cairns (1997) found that many mothers were reluctant to share the negative aspects of their mothering experiences due to a combination of societal expectations of mothering and their personal relationship to and value of this role. Their research also suggests that the personal and social pressures of mothering can lead women to feel silenced, and unwilling/unable to fully disclose these experiences.

**A woman’s relationship with her baby**

The unfolding of a woman’s internal dialogues about herself as mother are intertwined with her new experiences and the task of developing a relationship with her baby. This relationship requires a mother’s sensitivity and consistency to ensure her infant’s healthy development. Bowlby (1958) proposed that an infant enters the world biologically predisposed for social interaction. Equipped with behaviors that initiate, maintain, and terminate interaction with its caregiver, the infant finds in this and other relationships with primary caregivers protection, sustenance, knowledge about the world, social interaction, and more generally, emotion regulation. Bowlby (1969) placed extreme importance on an infant’s unbroken and secure attachment to its mother, and the mother’s key place in the child’s attachment system. He saw her job of sensitively responding to her infant’s bids for interaction and comfort as critical to the creation of a secure base for her baby to explore and thrive in the world. Ainsworth’s later
work (Ainsworth, Blehar, Waters & Wall, 1978) provided empirical proof of Bowlby’s hypotheses, and in particular was able to demonstrate that the history of the mother-child relationship, namely the mother’s sensitive responsiveness to the infant’s signals, is reflected both in the child’s feelings of safety and security, as well as his openness to learning and discovering the world. These findings have been replicated many times over since (Belsky, 1999).

What makes it possible for mothers to be sensitive? A number of researchers have suggested that it is a mother’s attachment security, namely the quality of her own representations of attachment and specifically the degree to which her narratives about early attachment experiences are coherent and regulated (Main, Kaplan, & Cassidy, 1985) that will lead to infant security. Indeed, Main and her colleagues, as well as Fonagy, Steele, and Steele (1991) were both able to link the quality of adult attachment to the quality of infant attachment, with secure mothers having secure infants, and insecure mothers having insecure infants. The presumption of this research is that the capacity for affect regulation and non-defensiveness that is implied in adult attachment security permits a mother to be open to her infant’s signals, and to respond to them sensitively.

Developing an understanding to sensitively respond to one’s infant is a learning process for any mother. Yet, new mothers face this challenge for the very first time. As attachment research suggests, past caregiving experiences and the quality of a mother’s attachment representation to her past caregivers influence one’s relationship with her infant. Thus, a woman’s relationship to her baby and with herself as a new mother does not occur in parallel, but rather weave in and out of each other in counterpoint.
III. Music and Singing: Communication and self-expression

Given the relationships a woman must navigate with herself and with her baby, a new mother’s experience of infant directed singing has the ability to express her emotion and engender experiences of connection with her baby. For many people, music and singing are linked to expressing, perceiving and feeling emotions (Hunter & Schellenberg, 2010), and the kinds of music that move us can be deeply personal. Carter, Wilson, Lawson, and Bulik (1995) found that participants were more effective in inducing the intended emotional state (i.e. sadness or happiness) when they chose the music themselves. Research has also shown that in daily life, people use music for mood and emotion regulation (Laukka, 2007; Sloboda & O’Neill, 2001). Singing during tasks or when idle is also associated with an increased sense of well-being, more self-confidence, and a more positive self-image (Wiens, Jansen, & Murray, 2002; Damasio, 1994).

Additionally, the therapeutic value of singing along to music or singing with others may also provide individuals with a feeling of social connectedness and belonging (Miell, MacDonald, & Hargreaves, 2005). Because music connects us to others on a non-verbal level, music is also thought to play a role in strengthening group social bonds and affiliation (Brown, 2000; Mithen, 2005). Music making and music listening contribute to the coordination between people through the temporal regularities and general predictability of musical sounds, where participants can sense a pulse or beat and be moved together by music (Cross, 2007). Even passive listening to music has been shown to engender group coordination (Jones & Boltz, 1989). In a commentary on the role of music in the evolution of socialization, Roederer (1984) noted that the music associated with sexual rites, religion, military operations and other social ceremonies creates a sense of behavioral coherence and belonging among large groups of people.
Clatyon, Sager, and Will (2005) suggests that music's tempo, rhythm, timing, and intensity contours help members of a common cultural group "connect" by what are experienced as the "rightness" of these musical elements. In other words, with repeated exposure to certain qualities of musical elements, musical expectations are formed, which in time enhances group culture.

Thus, music and singing expresses feelings and can enhance social bonding and culture formation. As a woman negotiates her relationship with herself and her baby, these characteristics inherent to singing naturally allow her to express her thoughts and feelings at this time, while also helping her connect and communicate to her baby. This duality of caregiver singing is reflected in the tradition of lullabies and texts, where there are themes expressing a woman’s anxieties and conflicts at this time, alongside her task of regulating and soothing her infant.

IV. Current Research on infant’s experience of music and singing and the quality of infant-directed singing

While infant directed singing is clearly very common in caregiving, suggesting its role in a woman’s relationship with herself and her baby, there is little research focusing on a woman’s experience of maternal singing as a part of the development of these relationships. Historically, research has focused on infants’ experience of singing, as well as how caregivers sing to their infants.

Infant’s experience of music and singing and the quality of infant-directed singing

The caregiver and infant are both primed to communicate musically with each other (Fernald & Simon, 1984). In maternal speech to infants, there is a singsong quality referred to as infant-directed speech or motherese. This quality of speaking exists in numerous languages and
cultures (Fernald & Simon, 1984). Motherese exaggerates the prosodic qualities in speech, elongating questions upward, or when scolding, giving short clipped statements with little pitch variation (Trainor, Trehub, & Unyk, 1993). Infants' sensitivity to musical contour is the same as their sensitivity to the linguistic contours as observed in motherese (Trehub, Trainor, & Unyk, 1993). The musical elements of motherese-like pitch, rhythm, repetition, and contour are thought to be the principal means by which mothers transmit emotion to their pre-linguistic infants (Fernald & Mazzie, 1991; Hodges, 1996).

Infants’ experiences of motherese (maternal vocal pitch contour) give them an emotional “bias” toward certain sounds (Welch, 2005). Research has supported infants’ sensitivity to their mother’s sounds and patterns, such that an infant’s coordination of sound duration and silence is different with their mother than with strangers (Jaffe, Beebe, Feldstein, & Crown, 2001). It has also been found that the quality of these patterns helped predict attachment quality in later development (Jaffe, Beebe, Feldstein, & Crown, 2001).

Infants are even primed to music before birth, and young infants show a remarkable ability to respond and discern rhythmic differences and small melodic changes. The fetus responds to sound by the third trimester and can recognize a frequently repeated poem or story read by their mother (Decasper, Lecanuet, Busnel, Granier-Deferre, & Maugeais, 1994). Neonates prefer their mother's voice compared to a stranger's (Decasper & Fifer, 1980) and can broadly detect rhythmic discrepancies in languages with different elements from their mother tongue (Nazzi, Bertoncini, & Mehler, 1998). Musically, Plantinga and Trainor (2009) found that two-month old infants could remember a short melody and were able to discriminate that melody from another. And as early as six months, infants can also detect single note changes in a short melody (Trehub, Thorpe, & Morrongiello, 1985).
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Other studies have found infant preferences for intervals, pitch, and singing style, and that these preferences can elicit physiological responses in the infant. Trainor and Zacharias (1998) found that infants prefer higher pitched singing compared to lower pitched singing, and two-day-old neonates will listen longer to an audio recording of a woman singing in an infant directed style than a non-infant directed style of singing (Masataka, 1999). Infants will also attend longer to audiovisual episodes of their mother singing compared to audiovisual footage of their mother speaking (Trehub & Nakata, 2002). Lastly, maternal singing has been shown to modulate arousal levels of healthy, non-distressed infants as shown by salivary cortisol levels (Shenfield, Trehub, & Nakata, 2003).

Current research on how and why caregivers sing to their infants

In spite of the prevalence of studies on infant music perception and their apparent biological preparedness to take in music, infant-directed singing and motherese, there are few studies that address parents’ singing experiences with their children (Mackinlay, 2009; Mackinlay & Baker, 2005; Ilari, 2005). Custodero and Johnson-Green (2003) found that parents who had childhood musical experiences were more likely to sing and use music with their children. Custodero and Johnson-Green (2008) also found that the ways parents used music with their infant depended on their observations of their child’s stage of development. Their research suggested that parents of younger aged infants naturally used music in a more nurturing manner to set routine and structure for their infant, whereas parents of older infants used music in a more didactic way to help engage their child with the environment.

Closely related to the exploration of this dissertation, Mackinlay and Baker (2005) found both mother-centered and child-centered reasons for first time mothers singing lullabies to their
children. On the one hand, mothers chose to sing lullabies that specifically relaxed them, made them happy, or accurately reflected their mood. Mothers also chose favorite or familiar lullabies that reminded them of their own childhood experiences and felt this encouraged them to reflect upon their own experiences of being cared for. Mothers reported frequently changing words to lullabies to remain present with their infant. Thus, mothers’ lullaby singing provided them with opportunities for self-reflection, engagement, and assessments of their own physical, emotional and mental needs (Mackinlay and Baker, 2005).

Child-centered reasons showed that mothers sang lullabies their babies recognized to establish routine (Mackinlay and Baker, 2005). Mothers also took cues from their infants about which lullabies elicited a positive response. Mothers reported selecting lullabies that were familiar to their baby because they sensed the familiarity would create comfort and routine for their child. For similar reasons, the study found that some mothers chose to sing lullabies in utero and continued to sing these songs after birth. More broadly, they found that mother-centered and child-centered reasons for lullaby singing were always in concert with one another.

Across cultures, mothers sing lullabies and play songs to their infants (Trehub, Trainor, & Unyk, 1993), the function and quality of which has been explored by Trehub and her colleagues (Trehub & Trainor, 1998; Trehub, Hill, & Kamenetsky, 1997; Trehub, Unyk, Kamenetsky, Hill, Trainor, Henderson & Saraza, 1997; Trehub, Trainor, & Unyk, 1993). Mothers use singing to attract their infants’ attention and regulate infants’ emotion (Trehub & Trainor, 1998). More specifically, mothers sing play songs to stimulate their infant and sing lullabies to soothe infants or promote sleep (Trehub, Trainor, & Unyk, 1993). When singing to their infants, mothers sing in a higher pitch and with greater emotional expressiveness than when not singing to their infant (Trehub, Unyk, Kamenetsky, Hill, Trainor, Henderson & Saraza, 1997). A study on maternal
attachment and the communication of emotion through song also found that mothers classified as Autonomous or Preoccupied sang less playfully to distressed infants than to non-distressed infants. This was compared to mothers classified as Dismissing, who often sang more playfully to their infant unrelated to their baby’s affect (Milligan, Atkinson, Trehub, Benoit, & Poulton, 2003). Their study highlights the impact of maternal attachment patterns on maternal sensitivity, caregiving behavior, and the use of singing to regulate infant affect.

Research has also found that, despite the increased use of background music, modernization, and changes in life style, which Papousek (1996) suggested would reduce maternal singing activities, mothers are still singing! Ilari’s (2005) findings in an interview study of 100 mothers supported that even today, mothers continue to sing and listen to music with their infants. And mothers preferred singing with their infants compared to music listening with their babies.

V. The Present Study

More recently, the impact of music therapy interventions on the infant-caregiver bond is becoming an increasing interest for music therapy practitioners, specifically those therapists working with vulnerable caregiver-infant dyads (Edwards, Scahill, & Phelan, 2007). And while promoting music and singing to explore dyadic relations is not new, there is significantly less literature behind this practice (Edwards, 2011). In addition, there is no research exploring how first time caregivers singing experiences might help carry out tasks related to negotiating a woman’s changing relationship with herself as a mother and her developing a relationship with her baby. This study hypothesizes that first time mothers’ singing experiences help carry out tasks related to her relationship with her baby and herself as a mother. These tasks may relate to
communicating, connecting, regulating and bonding with her infant. These tasks may also relate to her experiences soothing herself through the stress of the transition to motherhood and expressing feelings associated with her social role of mother. Embedded in this proposition is the notion that singing may also help mothers regulate the intense emotions of joy, deep love, awe, anxiety, sadness, anger, and frustration.

In order to examine some of the ways maternal singing may function as a way for a woman to work through her new relationship with herself and role as mother, as well as and her new relationship with her baby, this study examined interview and diary data from 16 first time mothers with children between the ages of 0 to 12 months. Mothers were interviewed about their experiences of singing to their babies and asked to answer one specific diary question the week following the interview. These data allowed the researcher to examine the ways that singing functioned to help women navigate the relationship between herself and her baby.
CHAPTER 2: Methodology

Phenomenological Research

In this study, a hermeneutical phenomenological approach was utilized to explore the lived experiences of first time mothers singing to their infants in their relationship to themselves and their infants. This approach is based on the assumption that “human experience makes sense to those who live it and that human experience can be consciously expressed” (p. 227, Creswell, 2007). Based on this assumption, in an effort to understand the experience of new mothers’ singing to their infants, interview data were studied to identify the most salient themes for the sample. During each interview, the researcher encouraged participants to respond to interview questions in-depth. This was done to ensure a data set rich enough to derive relevant themes to fulfill the study’s objectives.

Participants

The study sample involved 16 first time mothers and their infants, aged one-year and under. Institutional review board approval was obtained as well as informed consent from all participant mothers. Mothers were recruited from one online parenting forum in the New York City area. The researcher also asked friends, acquaintances, co-workers, and faculty at the City University of New York Clinical Psychology PhD program to circulate a flyer (Appendix A) to persons whom they felt met the study’s criteria. The researcher also used a script for recruiting participants (Appendix B). Using these methods, the researcher was able to recruit 16 participants. Mothers and their infants came from 12 urban and 4 suburban cities in the United States. The mean age of mothers in this sample was 33.68 years old (SD= 4.25, range= 28-42). The mean age of infants was 7.5 months (SD=3.74, range= 21 days-1 year). There were 9 boys
and 7 girls. All infants were biological children to the participants; there were no twins in the sample.

The sample was comprised of married, highly educated women, all of whom had at least college level degrees, with the majority of mothers having obtained graduate level degrees. Most participants were in opposite sex marriages; one participant was in a same sex marriage. 16 participants had college degrees (BA, BS). Of these 16 women, 10 had graduate degrees (MA, MSc, PhD, MD, JD). At the time of their interviews, 13 mothers were working and 3 mothers were on maternity leave.

Participants’ partners were typically in their mid-30s and had also obtained college level degrees. Partners’ mean age was 36.12 year-old (SD=4.76, range=28-49). 12 partners had college degrees (BA, BS). Of these 12 partners, 5 had advanced level graduate degrees (MA, MSc, PhD, MD, JD). The remaining 4 partners had obtained high school diplomas, with 3 having some college education. All partners were currently working at the time of the interview.

Participants and their partners were predominantly white, with all mothers having United States citizenship; one mother had dual citizenship. There were some multi-racial and international couples—one participant and four partners had dual or single citizenship outside of the United States. Specifically, 4 mothers in the study were racial minorities (indigenous Latin American ancestry, African descent, Asian ancestry). Of these 4 participants, 2 were biracial (African ancestry and white; Asian ancestry and white). The remaining 12 women identified as white. Of participants’ partners, 3 were racial minorities (African ancestry, Afro-asiotic ancestry, indigenous Latin America ancestry). Of these 3 partners, 1 was biracial (African ancestry and white). Nationally, one mother had dual citizenship (Colombia and United States).
Three partners had citizenship outside of the US (Italy, Slovenia, and Morocco), and one partner had dual citizenship (Morocco and United States).

While there was no formal assessment for infant development, the majority of mothers reported normal pregnancies with no birth complications. Twelve mothers reported having pregnancies and births without any complications. However, 2 mothers reported complications following the birth of their babies, where their infants were in NICU for a number of days and/or weeks. Two other mothers reported difficulties becoming pregnant. There was no formal assessment of maternal depression or other mental health issues.

Participants were given the choice of a Skype or in-person interview. Due to mothers’ schedules and locations, many women preferred having Skype interviews. Specifically, 13 interviews were done over Skype, and 3 interviews were in-person. All interviews were recorded with a digital recording program called Voxie. Interviews were given a unique identification number, de-identified, and transcribed by a professional transcriptionist. All files were sent via a password-protected server.

As compensation for their participation, all mothers were invited to enter a lottery for a $100 gift certificate at Amazon.com.

**Procedure**

Mothers in the study participated in a 45 minute to 1 hour and 15 minute interview. Prior to their interview, mothers were consented for the research. After consenting (Appendix C), participants filled out a 26-item demographics questionnaire (See Appendix D). Following the demographics questionnaire, participants were interviewed using an 11-item questionnaire called *The Caregiver Experience of Singing to Infant Interview* (See Appendix E). This interview took
between 45 minutes and 1 hour to complete. After the interview, mothers were given one week to complete a one-time diary entry, describing a musical moment that had occurred since the interview (See Appendix F). This was to take advantage of any thoughts or heightened awareness mothers experienced since the interview, as well as to give mothers an opportunity to express themselves in a medium other than a semi-structured interview. The receipt of diary entries concluded participation in the research study.

**Measures**

**Demographics Questionnaire.** The 26-item demographics questionnaire gathered pertinent information on the participant, her partner, and her child. Information gathered on participants involved: participant’s age, self-identified gender, highest level of education completed, occupation prior to child’s birth, current employment status, nationality, ethnicity, race, and relationship status. Participants were asked to answer these same questions about their partners. Information gathered on the participants’ children included child’s name, sex, date of birth, nationality, child’s ethnicity, and race.

**Caregiver Experience of Singing to Infant Interview (CESII).** The CESII was developed for the purposes of this study. It is an 11 question semi-structured interview designed to capture new mothers’ memories and experiences singing alone and with their infants.

Prior to the present study, a pilot study was conducted to establish the study’s feasibility, as well as to tighten the interview tool, so as to insure as complete and full responses from participants as possible. The pilot study occurred in two phases.

**Phase One** involved the observation of four, six-week long music and attachment workshops for caregivers and their children. Workshops were led by music therapist Vered
Benhorin, MA. These workshops focused on helping mothers develop tools to connect with their baby through music. Workshops were organized into three age groups for caregivers and their infants: caregivers with infants aged 0-6 months, caregivers with infants aged 6-12 months, and caregivers with infants aged 10-24 months. These workshops served as the foundation for examining the ways mothers might use music with their babies.

**Phase Two** involved piloting the CESII by incorporating the observations and information obtained from the music and attachment workshops. Four first time mothers from the workshop whose infants were under one-year-old volunteered to do pilot interviews. After these interviews, the researcher tailored the questionnaire to incorporate volunteers’ responses and feedback.

With these adjustments, the CESII involved opening questions such as: “Let’s start by talking a little bit about your relationship to music.” “What words come to mind when you think of singing?” “What words come to mind when you think of singing with [child’s name]?” These questions were posed to encourage mothers to warm up to the interviewer and their experiences singing to their infants. The wording of these questions was based on the introductory questions to the Parent Development Interview (Aber, Slade, Berger, Bresgi & Kaplan, 1985). The Parent Development Interview is a 45 item semi-structured interview designed to examine parents’ representations of their children, themselves as parents, and their relationships as children. Because singing to one’s infant, not to mention caregiving, essentially occurs within the caregiver-child relationship, with a focus on the parent, the PDI offered a relevant starting point for the purposes of this study.
SINGING MOTHERHOOD: PIXLEY

The CESII asks mothers to describe particular moments in their musical caregiving and life. This format is meant to encourage participants to be as specific and vivid as possible in their descriptions of their singing experiences. Examples of these kinds of questions are: “Please describe the first time you remember singing to your baby. What did you sing? How did you start to sing to your child in that moment? What was it like for you? What do you imagine it was like for your baby?” These questions were also based on the Parent Development Interview protocol.

**Diary Entry.** A one-time diary entry was collected via a password-protected document-sharing format between the researcher and participant. Following the interview, participants were asked to describe one musical moment they had on their own and/or with their baby. The diary entry also underwent a brief piloting phase. Initially, the diary entry was to be done every day of the week following the interview. Given other daily tasks and concerns, mothers found this burdensome. The researcher then tried asking for 3 diary entries following the interview. This too was hard for mothers. Thus, it appeared most realistic for mothers to complete a one-time diary entry the week following the interview. The instructions for the diary entry were as follows:

Describe one “musical moment” you had this week. This could be singing with your child, singing to yourself, playing a song you like, playing an instrument, clapping a rhythm, etc. What thoughts came to mind? What feelings? What memories?

The diary did not specifically ask for musical moments that only involved singing, because the researcher wanted to give mothers the opportunity to share other ways of using music in their caregiving experiences. This was to account for the diversity of musical experiences in caregiving and to remain open to other musical interactions in first time caregiving that the researcher had not considered.
Data analysis

Interviews and diary entries were analyzed using a voice-centered relational method called the Listening Guide, developed by Gilligan, Spencer, Weinberg and Bertsch (2006). The Listening Guide originated from analyses in Gilligan’s earlier research on identity and moral development, and in particular her suggestion that women’s “voices” are qualitatively different from those of men and needed to be heard and described. The Listening Guide provides a means to track the complex collection of “voices” that exist for any one individual. This method fit this study’s exploration of first time mothers’ experiences singing to their infants because caregiving and motherhood involves a unique psychological period that straddles a number of relationships a woman has with herself, her past and present relationships, and her baby. For Gilligan, the Listening Guide focuses on a woman’s relationship to her social context and society, to herself, and to others. “The voices” that are the object of “The Listening Guide” approach are those voices that layer our psyches as a result of the complexity of these external and internal relationships. It is important to note that while Gilligan’s understanding of “voices” broadly focuses on the multiple experiences of ourselves as we exist in our relationship(s) to society, our minds, and with others, in this study the understanding of “voices” is narrowed to represent participants’ singing experience within the context of first time mothering, and the tasks and preoccupations characteristic of the unique psychology of this developmental period.

The Listening Guide method requires 4 steps, or “listenings,” tuned into different aspects of a person’s experience.

I. The first “listening” was for context. This involved reading an interview transcript with a focus on plot: who are/who have been the “key people” in the participant’s life? What objects
are mentioned? Ideologies? Geographies? Occupations or other contextual factors that set the stage for the participant’s experiences? This first listening also involved the interviewer’s response to the participant and overall interview (similar to countertransference). In the present study, the researcher read each transcript, keeping the following contextual factors in mind: Where is the mother coming from? What is this mother’s musical background, cultural background(s), economic background, does she mention her partner—if so, in what ways? What other social supports does she introduce? What is her professional context? Geographical context? Technological context? Religious context? Does she talk about any trauma around her mothering experiences? And how does this mother respond to the interview itself? How am I responding to the interview?

II. The second “listening” focused on the voice of “I.” All statements in the interview that started with “I” were underlined, pulled out of the interview, kept in order, and organized in stanzas to form what Gilligan called “I poems.” “I poems” zoom in on the interviewer’s unique rhythms of speaking. “I poems” also allow individual voices to be heard as distinct solos. “I poems” help the researcher hear multiple ways a person relates to herself as she talks about her experiences. Where and how does she express doubt, confidence, sorrow, joy, isolation, judgment? According to Gilligan, the length of each I-statement is at the researcher’s discretion. I-statements can be as short as “I love.” Other statements can be as long as “I just loved being able to put songs on at home and make dances.” In the present study, each mother had her own unique I-poem which could be anywhere from 8-14 pages. The I-poems can be taken in chunks or as an 8-14 page epic poem.

Each fully constructed I-poem was then reviewed to listen for the different “voices” within the stanzas. Because mothering is a unique period of psychological development
involving one’s past and present relationships with self and other, particular attention was paid to tense, and what time periods mothers spoke from in their collection of I-statements. When did she speak in the present? Were there discrepancies in the coherence of her narratives when she spoke in the present tense “I,” compared to her past tense “I”? The researcher also kept an ear to how easily mothers shifted tenses in their I-statements. For example: “I sang to my daughter/ I was pregnant/I sing her the same songs now.” Or, “I loved singing in temple/I would/ I think those early experiences definitely influenced my appreciation and love for music.” Or, “I just play my guitar a lot with him/I have been remembering a lot of songs that/I learned as a kid, especially at camp/I used to go to sleep away camp.” Thus, the researcher paid particular attention to how mothers’ I-statements shifted between present and past tenses.

III. The third “listening” returned to the original research question. Keeping in mind the context and unique voices uncovered in the first two steps, the third listening focuses on the original research question, with an ear to the voices and themes gleaned from the “I poems,” and how these voices interact with one another within the context of the overall interview. For the purposes of the present study, this step simply re-engaged the research question while incorporating the contextual factors gleaned from the first read and the salient themes found in the I-poems.

IV. The last and fourth step involved an interpretation of the interview. According to Gilligan this step pulls together the trail of underlined sentences, notes, summaries, and poems to synthesize findings from the entire process. In this last step, Gilligan (2006) suggests the researcher to consider several questions: “What have you learned about your research question through this process, and how have you come to know this? What is the evidence on which you are basing your interpretations? Sometimes, in this step, it may become apparent that the
research question itself needs to be modified, or perhaps even transformed in response to the series of listenings” (p.168). Because this study dealt with multiple interviews, the researcher adjusted this last step, keeping in mind salient themes from all interviews while holding a space for the unique experiences for each individual participant. After reading each interview a fourth time, the researcher re-visited the list of themes compiled from the previous “listenings.” Themes that occurred with the highest frequency across the sample were deemed the “loudest” and most representative of first time mothers’ experiences singing to their infant. Those themes that occurred with less frequency were deemed “softer” and less salient for the sample.

Every interview was analyzed using the Listening Guide methodology as an outline. In addition, two outside readers, Hannah Wallerstein and Natalie Hung (also doctoral candidates in clinical psychology), read two interviews and diary entries each to protect for bias. The readers followed the Listening Guide methodology, writing up their experiences and the themes arising from each read. This information (including any discrepancies) will also be included in the study’s findings. Results will focus on the dominant themes of these 16 new mothers’ experiences of singing to their infants. De-identified excerpts from interviews, diary entries, and “I poems” will be used to illustrate the findings, as well as to honor the beautiful stories and images these women shared.
CHAPTER 3: Results

Sixteen mothers were interviewed about their experiences singing to their infants. In-depth review of the data, using the methodology described in Chapter 3, revealed that singing served an array of functions for new mothers in their new relationship with themselves and in their new relationship with their infant. These functions are described in full below. The characteristics of the sample are described in Table 1, below.

<table>
<thead>
<tr>
<th>Participant</th>
<th>Age (years)</th>
<th>Race/Ethnicity</th>
<th>Age of Child at time of Interview</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Nancy”</td>
<td>42</td>
<td>Caucasian/Irish American</td>
<td>1 year 5 days</td>
</tr>
<tr>
<td>“Adele”</td>
<td>32</td>
<td>Caucasian/Ukrainian American</td>
<td>3 months</td>
</tr>
<tr>
<td>“Marsha”</td>
<td>37</td>
<td>Caucasian</td>
<td>1 year 4 days</td>
</tr>
<tr>
<td>“Lisa”</td>
<td>38</td>
<td>Caucasian/Eastern European</td>
<td>2 months 16 days</td>
</tr>
<tr>
<td>“Mariela”</td>
<td>33</td>
<td>Non-white Hispanic/Latina</td>
<td>3 months 21 days</td>
</tr>
<tr>
<td>“Wilma”</td>
<td>32</td>
<td>Black/African-American/Ghanian</td>
<td>5 months 26 days</td>
</tr>
<tr>
<td>“Bernadette”</td>
<td>41</td>
<td>Caucasian</td>
<td>11 months 14 days</td>
</tr>
<tr>
<td>“Christine”</td>
<td>30</td>
<td>Caucasian</td>
<td>1 year 1 day</td>
</tr>
<tr>
<td>“Georgiana”</td>
<td>31</td>
<td>Caucasian</td>
<td>10 months 28 days</td>
</tr>
<tr>
<td>“Nadine”</td>
<td>30</td>
<td>Other/Black</td>
<td>8 months 30 days</td>
</tr>
<tr>
<td>“Solmaz”</td>
<td>28</td>
<td>Asian and Caucasian/Japanese, German, Swiss</td>
<td>21 days</td>
</tr>
<tr>
<td>“Janice”</td>
<td>32</td>
<td>Caucasian/Jewish</td>
<td>5 months 11 days</td>
</tr>
<tr>
<td>“Elizabeth”</td>
<td>33</td>
<td>Caucasian</td>
<td>8 months 2 days</td>
</tr>
<tr>
<td>“Nora”</td>
<td>33</td>
<td>Other/Iranian American</td>
<td>8 months 15 days</td>
</tr>
<tr>
<td>“Ivy”</td>
<td>28</td>
<td>Caucasian/Jewish</td>
<td>10 months 9 days</td>
</tr>
<tr>
<td>“Marisol”</td>
<td>39</td>
<td>Black and Caucasian/Jewish and Jamaican</td>
<td>8 months 27 days</td>
</tr>
</tbody>
</table>

(Table 1. List of participants)
Mothers’ responses to the interrelated questions of “why” and “what” they sang to their babies fell largely into three categories. In the first category, mothers described how singing itself plays a role in the developing mother-child relationship and in regulating both dyadic partners’ affect. In the second category, mothers described the way the content of songs both convey a range of affects and support both language development and the deepening of cultural experience. In the third category, maternal narratives make it clear that the songs they sing to their babies come from all eras in their lives: from the present, from their adult life before the baby, from adolescence and from their childhood. Finally, just as vocal range, timbre, and expressiveness are unique to each singer, mothers’ individual differences in their singing experiences represented the breadth and variability of this universal phenomenon in caregiving.

I. The act of singing’s role in the development of the mother-child relationship and affect regulation

The act of singing for caregiving appears to serve two primary functions for mothers 1) It connects mother and baby. 2) It calms mother and baby.

Singing connects mother and baby

In the first few months of caregiving, when babies are just beginning to reciprocate, participants reported singing as one way to communicate and connect to their infant on a pre-verbal level. In particular, singing appeared to help mothers tune in to the child and his or her experience; it also provided her a way to engage with her baby.

Participants most frequently reported that singing literally helped them to “connect” and “communicate” with their baby. Solmaz, whose daughter was only 21 days old at the time of the
SINGING MOTHERHOOD: PIXLEY

interview, noted that even though her daughter could not speak or respond with words, the combination of physical closeness, gaze, and singing helped her personally feel connected to her daughter.

A: I feel like if I hold her with my hand under her head and we’re both facing each other and her eyes are open, and I’m singing to her, I feel like, very connected to her—even if she can’t talk back or you know, respond with words.

At the end of her interview, Solmaz returned to this theme:

A: But I think it's that connection. I think mothers have --- for their babies and their way to express their love for them even if their child can't understand their exact words. I feel like they can feel the love of their mother through singing.

Another mother, Marsha, described how in the absence of words, singing was one way for her to quite literally communicate her feelings to her baby with music.

A: I think it's a way to communicate and particularly when they don't have all of their words yet or don't necessarily know what you're saying. They get the feeling of how you're saying it. Because when you sing there's an emotional quality to it. There's expressiveness, the singing.

Although less common, some mothers reported that singing to their baby in utero and postpartum made them feel connected to their infant. For instance, Mariela sang the same song to her daughter in-utero and postpartum. In her interview, she described her excitement at sensing her daughter’s recognition of her voice, and how her daughter’s reaction made her feel a connection to her:

A. I know that I was really excited how she reacted to it [the song]. You know, I felt like she knew me or I knew her -- like there was some kind of connection there.
SINGING MOTHERHOOD: PIXLEY

Within the general category of singing as a means of connecting with babies, mothers most frequently described the role of singing as an opportunity to tune into their infant’s experience, providing a means of engagement.

a) Singing as a way of tuning-in to the infant. Stern defines “attunement” as mothers’ matching some element of the intensity, timing, and shape of their babies’ affect (Stern, 1985); singing provides one way for mothers to tune their modulations in intensity, time, and contour to regulate their infants. In this study, mothers frequently reported adjusting their singing in response to their infant’s behaviors. These observations and adjustments functioned as a way for women to sensitively respond to their infant. Wilma described her experience of tuning into her son’s responses to help him fall asleep:

A: It's just like a fine-tuning because we would be like, ok. There's kind of a fine line between my voice being soothing and my voice like, maybe getting -- in my calculation, getting in the way of him trying to get to sleep, so kind of trying to get that balance.

Nadine described the ways singing allowed her to observe the ways her voice influenced her daughter at various times, and in particular how she learned to appropriately adjust her voice to her daughter’s states:

A: And actually like, if I'm singing -- I've tried it -- like where she's like (indiscernible) eyes rolling in the back of her head, she's about to fall asleep, and I start humming or singing something--it like, wakes her up. She's like, what? Mommy's singing. But when she's like flustered or cranky and I sing those two songs, she quiets but she's still alert. And she just kind of -- it seems like she finds her own personal Zen, you know.

Janice likewise learned from her infant’s response to singing at certain points in the day, particularly bedtime. Thus, whereas singing provided a way to engage her son at playtime,
singing before bed aroused him. Because Janice had observed her son’s responses at different times, she adjusted her singing accordingly:

**A:** But other than that I don't really sing when he's going to bed because it actually -- I sing when -- singing and music has always been about playing, it seems to like, excite him. And he like kicks and smiles and kicks his leg and stuff. So I don't really sing that often to him except like I said, in the car sometimes or doing that song. I don't like, pull out the guitar or play something on my iPod or anything once he's going to bed. Because, for some reason, he gets like really excited about it, and I don't want to excite him when he's going to bed.

The previous quotes demonstrate how singing provided one way for mothers to tune-in and learn about their baby’s experience. Specifically, mothers learned how to sing in ways that sensitively addressed their infant’s needs. In the excerpt below, Wilma described how she learned how to bring her voice down to calm her son.

**A:** And then I would bring my voice down-- I was listening to this woman on Soundcheck on WNYC and she was talking about recording music for babies and how they take songs and kind of remix them to make them calming to babies. And she was saying it was like, bring your voice lower and sing slower. So I was like, oh, and like [child’s name] would get calm. Then I would like bring- the sort of tempo down and my voice down.

b) **Singing as a way for mother and baby to engage with each other.** In addition to using singing as a means of tuning in with their babies’ experiences, mothers used singing to try and elicit the infant’s attention. Oftentimes, mothers sang to distract their infant from crying or to engage their baby so their infant knew they were nearby. Christine’s diary entry described how she used singing to turn her son’s protests before meal-time into a distracting game:

My son was yelling in his high chair because his mama just cannot make food fast enough. ;) While he yelled, I matched pitch with his protests. It stopped him from yelling, and he would smile and yell in a different pitch. I would match that yell with an "Ahhhh" and he would do it again. We did it two or three different times, and he would pause during my turn and then take his turn. He thought it was pretty hilarious.
Ivy described a similar scenario in which she sang from the adjoining room to remind her son that she was still present. In her excerpt, she reflects how her son might feel in response to her singing from afar:

A: So, yesterday I was fixing dinner in the kitchen and I sat him out right by the kitchen door in the living room. There are some toys on the floor and he was starting to get a little bit fussy, just wanting some attention. And so I was able to just keep cooking and doing the things I was doing but started singing one of the songs that had his name in it and a lot of other songs probably too. And I think it -- I don't know what was happening in his mind. My suspicion is that it was just enough of a reminder that oh yeah, mom's just right there. I'm not alone. She's still close by. I can hear her.

Similarly, Nora made up a song whenever she had to put her son in the car. Using repetition, the song provided her with a way to engage her son to distract him from crying.

A: I was like, oh my gosh. How do I get this kid’s attention so that he doesn't start crying basically? And those were -- getting him into the car seat, certain things will happen where it's like, I have no toy or anything that will serve the purpose in the moment except for my voice.

In moments like car rides, the lyrics to Nora’s song are:

We're going for a ride.
We're going for a ride.
We're going for a ride in the car, car, car.
We're going for a ride,
We're going for a ride in the car.

In sum, mothers frequently reported that the act of singing provided a way for them to emotionally connect and communicate with their infant, as well as to connect by tuning in and engaging their infant.

**Singing calms mother and baby**
All mothers reported that singing was a soothing caregiving tool when their child was upset. Participants also commonly reported feeling soothed by their own singing, such that singing, and particularly the repetition inherent in many songs, was calming to mother and baby together.

a) Singing calms baby. As described above, mothers fine-tuned their singing in response to their infant’s behaviors and perceived states. The previous excerpts illustrated how these sung adjustments or “tunings” often worked to help mothers calm their infant. Thus, participants most commonly reported using singing to soothe. Furthermore, singing was especially important in the first few months of caregiving, when soothing one’s infant was most effortful and necessary. Unsurprisingly, the ways mothers used singing to soothe varied. The following are some examples of how mothers sang to calm their baby.

Bernadette described how she sometimes varied her singing to re-engage her son, having learned that this calms him down. In her interview, Bernadette described introducing a new musical phrase when she sensed her son was sad or unresponsive to her current singing:

A: And then sometimes, if he's really sad or not responding, I'll just completely change the whole musical world and just do something like, abadabadabada, abadabadabada, and then he'll just kind of calm down.

Additionally, as described above, when out of their infant’s view, some women reported that singing conveniently calmed their child by letting their infant know they were close by, although this was less commonly reported among mothers. In her interview, Christine described how she used singing to calm her son when they ride in the car. She understood the uneasiness of car rides for her baby; she is out of his sight, and he is strapped into a car seat surrounded by all
sorts of new noises and sensations. In these moments, Christine sang as a way for her to “hold him” when she could not physically reach him:

A: I think it soothes him in the car especially. I think it's a way for him to know that I'm right there. You know, talking to him is not obviously as soothing. I think it's a way for him to know that -- he can't see me obviously because he faces the back but -- and I can't put my arm back there and hold him. I can't do anything except sing to him. So I think it's kind of a way for me to reach out to him. And I think that he knows that I'm right there and I'm soothing him and I'm helping him and everything's going to be ok. So I think that's what helps him.

In a more general discussion about why mothers sing, Adele described how for her, the primary reason mothers sing lullabies is to soothe.

A: And the reasons for that are to soothe them usually into sleep. And so they're -- lullabies tend to have features that are lilting and gentle and soothing and repetitive and all the things that make babies drift off to sleep.

For Lisa, the confluence of fine tuning, engaging, and learning what calms her infant left her feeling that she had her own unique way of singing that was especially soothing for her daughter. In an excerpt from her “I poem,” Lisa described her thoughts and visions about the inimitability of her singing to soothe her baby:

I have this fantasy that it soothes her
I’m singing to her
I can see myself starting to sing to her
I can
I feel like there's nobody else that can sing to her the way that her mother does

b) Singing calms mother. Some mothers offered various reasons as to why singing calmed them. Lisa felt it was the inhale and exhale required to sing that helped her relax. Elizabeth felt singing was another tool in her toolbox to comfort her child; this, in turn, soothed her nerves because she knew it was something she could rely on. Christine also felt singing was
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something she could do when her child cried, which helped mitigate some of her anxiety.

Christine shared her experiences singing to her son and subsequently feeling calmer:

A. There are times if he's just screaming his head off, then I just start singing. And he screams over me for a while, but then he starts to stop. It's like, I feel like I'm actually doing something to help him. Because I try all I could -- you know, is he hungry, does he want his diaper changed, does he want this? And if I don't know, I just start singing to him. And it's like, it calms me. It calms him too but mainly it calms me. It's probably-- by calming me down, it calms him also.

Christine’s “I poem” emphasizes her soothing experience from singing a familiar song to her son, and captures her thoughts about her son’s reaction to her singing, her thoughts about her own reactions during these periods, and how singing in these moments helps to calm her:

I think it calms me a lot which
  I know it helps him
  I was so anxious
I had really bad baby blues
  I was crying all the time
  I would just like sing
  I’d be like Ok
    I did it
    I did it
    I can do this again

Solmaz described her experiences singing to soothe her daughter in the early months of caregiving. Like Christine, she too mentioned the cyclical interaction of singing to calm herself, which soothed her baby:

A: I think it's calming for me, like, basically she's screaming -- like, that's a way for me to calm her so I can like -- hopefully I can release any tension in my body so that she can calm down too. So I guess like, my initial thought when she's crying is like, let me try singing, see if that works. I know that babies can pick up anxiety -- even someone holding them. So I just want to calm myself. So I think the singing is for me and for her.
Thus, for these mothers, singing also functioned as a way to calm themselves and to reassure them in the moment.

c) Repetition with singing calms mother and baby. Mothers frequently reported using repetition with singing to calm themselves and their baby. While repetition with infant directed singing had numerous functions for mothers, the most common function of repetition for the sample was to calm. To define repetition based on the study’s data, repetition involves singing a consistent song during pre and postnatal periods, repeating a specific song throughout the day or at a specific time, or repeating a sung phrase or word. For example, Nadine described how singing the same song established consistency. She felt this created a sense of comfort and calmness for her and her baby:

A: I think it's like, babies love routine and consistency. And so because I'm more confident singing those songs and I consistently sing them to her whenever she's fussy, that it just becomes that soothing -- has that soothing effect because I'm doing the same thing and I'm singing the same song. And it's like, "It's Ok." And I know that I'm in a comfortable safe space because what I'm expecting is about to happen-- you know.

Wilma described how using repetition within a song calms her son:

A: Things that are really repetitive. Like, I had this song, I was like, “When times get sleepy times, [son’s name] goes to sleep, times are sleepy now for [son’s name], [son’s name] sleeps,” and I would just go over and over and over and he -- it would kind of calm him down.

Bernadette noted that singing the same song while tapping the same rhythm on her son’s back and kissing him calmed them both, and provided him a sense of comfort:

A: And then I always sing, (sings) "I love you, a bushel and a peck, a bushel and a peck, and a hug around the neck." And I always tap him in the same way and kiss him on the face in the same way. I don't know. In my mind, it creates like a -- something that he
can rely on to comfort him. I don't know if it's true.

Bernadette explicitly added that the repetition helps both of them to feel good:

A: Only that the repetition -- just feels good to do the same thing over and over again, probably for both of us, you know.

And finally, more practically, Bernadette described the way repeating a familiar song simply is calming because it saves some of her energy:

A: Also, you know what, maybe it's just also because I'm tired--not having to think of what I'm going to sing. It's just like, ok, it's the same thing. Ok, good, you know? I'm just going to say this again.

Thus, within this general category, the act of singing builds multiple aspects of the relationship and contributes to both maternal and infant affect regulation. Participants described the ways singing helped them connect and communicate with and tune-in and engage their infant. Additionally, singing, and the different kinds of repetition singing affords, functioned as a way for mothers to calm their infants as well as themselves.

II. The functions of a song’s lyrical content

Song content appeared to function in predominantly two ways: it provided 1) a means for mothers to express their feelings and thoughts, and 2) a way for mothers to teach their infants. Mothers more commonly described song lyrics as a) a means to teach their child about his or her culture, history, and values within the family, and less commonly as b) a means to enrich their child’s language development.
To give examples of favorite songs mothers sang to their infants, some special tunes were: “The World Goes Round” from the musical *New York, New York*, “Black and Gold” by Sam Sparro, “A Bushel and a Peck” from *Guys and Dolls*, “Great is Thy Faithfulness” a popular Christian hymn, “Hush little Baby”, “It’s alright to Cry” from *Free to Be You and Me*, “Edelweiss” from the *Sound of Music*, “Good Morning Star Shine” from *Hair*, “ABCs”, “Wheels on the Bus”, “Where is Thumpkin”, “Miss Mary Mac,” and “Bye Baby Bunting.”

**Song lyrics function as a way for mothers to express thoughts and feelings**

Although there were many instances of song lyrics expressing mothers’ thoughts and feelings, this section offers a few examples of some of the sentiments portrayed in song lyrics. Offered in their diary entries and interviews, mothers sang songs with lyrics that conveyed feelings such as devotion, fear, gratefulness, the need for reassurance, sadness, frustration and love. The following paragraphs offer examples of emotions conveyed through song lyrics.

a) **Devotion and Fear** were intertwined and interrelated for some mothers. In discussing favorite songs to sing to her infant, Wilma recalled singing a popular song called “Black and Gold” to her son in the first months of caregiving. She explained that although the song is actually about God, the lyrics conveyed a sentiment she wanted to communicate to him. Wilma admitted that she did not consciously choose to sing this song; it was simply a tune that she knew and liked. She elaborated these points in her interview:

> A: But it just has lyrics in it like, “If you're not here, then like nothing else matters,” which is a nice -- it's like a nice sentiment to pass along to a kid. Like, you being here makes all the stuff in my life -- it fills it up with meaning, you know kind of in a way. There was no conscious thing where I was like, I'm going to sing this song to my kid because it'll express everything I feel towards him. I don't know-it's a nice song. I've been singing it ever since I first heard it.
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Lyrically, “Black and Gold” is not only about devotion. It is also about vulnerability and the fear of loss.

The lyrics to the chorus are as follows:

'Cause if you're not really here
then the stars don't even matter
now I'm filled to the top with fear
but it's all just a bunch of matter
'cause if you're not really here
then I don't want to be either
I wanna be next to you
    black and gold
    black and gold
    black and gold

“You are My Sunshine” was another favorite song that participants sang to their babies. The tune’s lyrics express a similar sentiment to “Black and Gold,” concerning devotion and fear of losing the object of one’s devotion. The lyrics are as follows:

You are my sunshine, my only sunshine
You make me happy, when skies are grey
You’ll never know, dear, how much I love you
    Please don't take my sunshine away

For Nancy, “You are My Sunshine” was a very powerful and poignant song to sing to her daughter. In her interview, Nancy explained how, in the first weeks with her infant, the song’s lyrics actually mirrored her experience too closely. Nancy’s daughter was born with an infection leaving her in the NICU in critical condition. Given their struggles in hospital, Nancy’s initial experiences singing the last line of the chorus to her baby was emotionally overwhelming. To Nancy, the lyrics and the tenderness of singing were too close to reality:

A: I remember her, like having her in my arms and starting to sing you are my sunshine to her, and the lyric is, “you are my sunshine my only sunshine you make me happy when skies are gray you’ll never know dear how much I love you….please don’t take my
sunshine away.” And it was just like when I got to this idea to please don’t take my sunshine away you’ll never know how much I love you, it rubbed up against the terror of losing her and that actual event and you know that, yea so I think that it was sort of like umm my psychological, emotional state at that time. I was so shattered, absolutely terrified. I had sort of PTSD symptoms, and postpartum anyway is a very intense experience, and your hormones—and I mean people are always talking about this, but it is really true and having trauma on top of what is happening is really hard hormonally, so the tenderness of singing was almost too much for me and then the lyric on top of it.

Thus, as Nancy sang to her daughter in NICU, the song lyrics, her emotions while singing, her physical state, and the possibility that she could lose her newborn were too much for her. Later, once her daughter had recovered and the family was home, Nancy described how singing “You are my Sunshine” had changed for her. While the words still held the same affective meaning, Nancy was no longer flooded with the same terror. Nancy felt incredibly grateful that her daughter overcame such a traumatic entrance into the world.

b) Gratefulness. While analysis of song lyrics suggested how devotion frequently neighbored fear for mothers, lyrics and mothers’ self-reports also suggested that these feelings also neighbored gratefulness. In interviews, mothers described deep gratitude for their new baby. Georgiana and Ivy described their difficulties becoming pregnant and how grateful they were to have healthy babies. Mariela, who had lost her sister prior to her pregnancy, felt grateful for the joy her daughter brought her family after her sister’s passing.

Georgiana, whose family is active in their church, shared a particular song that she sings to her son called “Great is thy Faithfulness.” In her diary entry, Georgiana recalled how difficult it was to become pregnant and how the lyrics to “Great is Thy Faithfulness” express these feelings:
We sing the song [Great is thy Faithfulness] often at our church. I remember one specific time late in my pregnancy when we sang it, and I reflected on the long struggle to get pregnant and a difficult pregnancy. I was overcome with emotions (and hormones, probably!) at the thought of how grateful I was for the healthy baby inside me. Since I believe that God is the Giver and Creator of life, I see my son as an example of His faithfulness to me. We have also sung this song since [my baby] was born, usually as I'm holding him in my arms during the church service, and I almost always cry as I sing it, still reflecting on those same thoughts.

The lyrics to the chorus of “Grate is Thy Faithfulness” are as follows:

Great is Thy faithfulness, Great is Thy faithfulness
Morning by morning, new mercies I see.
All I have needed, Thy hands hath provided.
Great is Thy faithfulness, Lord, unto me.

Another woman, Ivy, shared her joy and gratitude about becoming a mother. She also recounted the challenges of becoming pregnant, how happy she and her husband were to have their son in their lives. The lyric to a line in a song of psalm 30, communicated her feelings in the moment:

A: And then at some point he just let me know that I was not entertaining enough, and I had to take him out, and I was right on this one song that was kind of a Hebrew-English hybrid of psalm 30, which has the line: “you turned my morning into dancing and forever I will praise you.” And it is about real gratitude after a shift from mourning into dancing. And it took us 7 months to get pregnant and [our baby] is just everything we ever wanted. Those 7 months were pretty hard. And to sing that song with him that day, I love him so much. He just transformed my world and how grateful to God I am for that.

c) The need for reassurance. Song lyrics often expressed the desire for reassurance. Some mothers described being physically tired, emotionally drained, and often unsure, feeling that there was nothing they could do to make things better at moments when their infant was crying.
Songs about change and progress reassured them. For example, Lisa noted how she often sang “The World Goes Round” to her son. The chorus goes:

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Sometimes you're happy, sometimes you're sad
But the world goes 'round
Sometimes you lose every nickel you had
But the world goes 'round
Sometimes your dreams get broken in pieces
But that doesn't alter a thing
Take it from me, there's still gonna be
A summer, a winter, a fall and a spring
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Lisa explained that she often sang this song to her baby, even in tranquil moments. While Lisa did not explicitly state that the song reassured her, the lyrics express a kind of solace in knowing that no matter how hard life is, certain things remain the same.

In a similar spirit of reassurance, Nadine sang a made up song from adolescence titled, “It’s Ok”, which simply went, “It’s ok, it’s ok, it’s ok” in a rhythmic, lulling way. She reported singing this in the first two intense months with her baby. Again, neither of these women specifically said they needed reassurance. However, set against the backdrop of their early experiences with their child, the lyrical content of the song expresses a wish to be reassured.

d) Sadness. Songs lyrics also demonstrated multiplicity in the emotions they expressed. There is a place for sadness and mourning in a lyric that expresses fear of loss or the desiring of reassurance alongside sadness. This was true in lyrics such as the “World Goes Round” and “You are My Sunshine”, which express melancholy in addition to devotion, fear of loss and the need for reassurance.

Solmaz reported singing a song she remembered her mom singing to her, titled, “I’ll love you forever”:  

I'll love you forever,
I'll love you for always,
As long as I'm living
My baby you'll be

While undying love is perhaps the most salient sentiment in this lyric, there is an undercurrent of loss and sadness, expressed in the statement of the singer’s mortality (the mother). If all goes as planned, her child will outlive her.

e) Frustration. “Rock a Bye Baby” was another popular song that mothers reported singing. This song is perhaps more morbid than sad, with lyrics expressing frustration and aggression.

Rock a bye baby
In the tree top
When the wind blows
The cradle will rock
When the bow breaks
The cradle will fall
And down will come baby
Cradle and all

A few participants gave narratives of challenging times, where they had little patience for anyone and anything. These lyrics expressing agitation or frustration safely released emotions for mothers. For example, Marisol felt singing her feelings was a way of expressing her frustration in a playful way that protected her baby.

A: And also getting into a habit of being playful with whatever issues I'm going to have. Like, (sings.) " You may not pull mommy's hair because it would be painful. Please do not do it. Can you please cooperate with your mommy, with a simple request of not pulling her hair." As opposed to like, “Ouch. Kid don't.” You know, I don't want to have a reaction to him. I have to protect -- because I'm a reactive person. So on some level, if my reaction is always to be playful and sing with him, then -- something of a buffer that he shouldn't have to experience any negativity coming from me.
Marsha described a similar moment where she playfully sang precautionary sentiments to her child:

A: And I personally made up a stupid song, too, which -- when you undress them for the -- this is so dumb, oh my God. When you undress them for the bath, you know, there's that walk to the bathroom where they're naked and you don't want them to pee on you. So I made up a song that -- (sings) don't wee wee on me. I'll be walking to the bathroom and so far it seems to work. She has not peed on me yet (laughs).

e) Love. The most frequently reported sentiment in song lyrics was love. A popular song for participants was “I love you a Bushel and a Peck.” A brief analysis of the song’s chorus communicates both the affectionate and aggressive parts of love. The lyrics are:

    I love you a bushel and a peck
    A bushel and a peck and a hug around the neck
    A hug around the neck and a barrel and a heap
    A barrel and a heap and I'm talkin' in my sleep

    About you, about you
    'Cause I love you a bushel and a peck
    You bet your purdy neck I do
    A doodle oodle ooh doo
    A doodle oodle oodle ooh doo

Most mothers reported singing only these first two stanzas. Yet the lyrics in the third stanza emphasize love’s tribulations that are part of the challenges of new motherhood. The song incorporates the difficult and joyous parts of loving deeply. The third stanza goes:

    I love you a bushel and a peck
    A bushel and a peck though you make my heart a wreck
    Make my heart a wreck and you make my life a mess
    Make my life a mess, yes a mess of happiness.
Thus song lyrics were one way for mothers to express what they were feeling with their baby. Whether explicitly stated in the interview, or within the context of mothers’ responses, lyrics most frequently seemed to reflect participants’ thoughts and feelings during this time.

**Lyrics and melody as ways of teaching**

Mothers also described using the lyrical and melodic content of songs to teach their infants. This was particularly true when babies were closer to one year of age and could interact more actively with their caregivers.

a) *Song lyrics and melody teach their infant about his or her culture, family values* (religion, holidays, familiar or important musical patterns and songs) or important parts of the family’s history. Mothers commonly used the lyrics and melody of songs to teach their child about meaningful aspects of their family’s culture, values, or history. For some mothers, this kind of teaching was about faith and religion. For others, teaching focused on their child’s ancestry and ethnicity. And for other women, this sung teaching was about important people in their lives or songs that were important to mothers themselves. Georgiana and her partner reported singing specific songs to their son to expose him to their faith:

*A:* Just a time for teaching him our theology, and so we are trying to start using some of those hymns that I mentioned earlier, and singing those at that time, as well, so that he learns those at a young age and learns the meaning behind the words and the songs.

Ivy also shared her cultural and religious intents singing to her child:

*A:* And also I think about teaching him Jewish songs. I think about how happy I am to be raising him at home, always having these bits of Jewish tradition because he will have heard these songs since he was a baby --- singing something is what we can actually do
with him. I imagine he'll pick up on special Shabbat songs before he picks up on the fact that you know, we don't go to work, or something.

Wilma, whose husband was from Slovenia, wanted to ensure her son heard specific folk songs from her husband’s native country. She knew these tunes were a large part of Slovenian culture and that most people with Slovenian heritage learned them at an early age. She described the following:

**A:** It's important because the folk songs are not -- like, you learn them as a kid, but they're not kid songs. So yeah, so I knew that was going to be a priority also just for like cultural reasons, because I know in Slovenian it is really important -- those songs.

Janice sang a song from the children’s program “Free to be You and Me” because the message in the song was something she wanted to teach her son:

**A:** The lyrics really were moving to me and I was like, this is the exact thing I want him to know, like, grow up thinking and being yourself and being proud of who you are and not caring what other people say and all this stuff.

Mothers also sang or played certain songs to teach their children about the kinds of artists and songs important to them and their family. This also seemed like a beautiful way for mothers to share their individuality with their baby. Mariela explained her desire to create a musical foundation for her daughter that included significant music from her childhood:

**A:** So for me, it's definitely about exposing her to good music. And I want her to have the same kind of foundations that I have, like listening to like classic artists -- well, artists that I consider to be classic, you know? …. So basically, yeah, I want her to have that same -- you know, I can't control what she's going to listen to when she becomes a teenager, but I can control, you know, her foundation and like the kind of music that she's exposed to now.

Nancy described wanting her daughter to know songs that are important to her:
A: Like with Jon Jacob Jingle Heymer Schmidt and Woody Guthrie songs. I just wonder, like the Kingston trio, you know like all these great American folk songs from back in the day, you know I want her to know these songs ---like I really want her to have a repertoire of songs that are important to me.

Janice recalled a childhood song that her aunt used to sing to her as a baby. Sharing this song with her son was a way of continuing the family tradition of this “made up” family tune. Janice described her experience sharing the tune to her son:

A: It doesn't even have real words, just has sort of nonsense words. And it's like that is like a very, very important moving song to me because I remember it from my aunt singing it and actually other people in my family have sung it to their kids. So I do -- when he was really little I would sing that to him going to sleep… And in some ways I think it's a little bit unique. But yeah, I think I was definitely surprised and moved when I remembered it. And I told my dad that I sang that to him and he was like very moved by that. He couldn't believe that I remembered that and he was really touched that that song was continued on.

b) Melody and song lyrics as ways of enhancing language development and teaching the infant about his or her physical world. A few mothers reported reading articles on how singing supports language acquisition, and described purposely singing to enrich their child’s language development. Nancy described one reason she sings to her daughter:

A: I felt really strongly to music as something that enhanced language development as an enjoyable sensory experience, and I wanted to provide my daughter with everything that could potentially help her develop in the best way possible for her, so I think that was another one of my big motivations.

In addition to specifically singing to encourage their children’s language development, a few mothers also sang as a playful and engaging way to narrate and teach their child about the present environment and activity. This type of singing was often a recitative repetitive sung narration.
A: I would like hold her and dance with her and sing to her and it was just um…and you know as she has gotten older and my partner and I both like to make songs up as we are doing things and it is sort of our way of narrating different moments to her that we have together.

In sum, song content predominantly functioned for mothers in two ways. 1) Song lyrics were a way to express feelings and deep emotions involved in mothering experiences. These emotions include devotion, vulnerability, fear of loss, gratitude, sadness frustration and love. The combination of song lyrics and melody as inseparable parts of a tune were 2) most commonly a way to teach one’s infant about his or her culture and family’s values. Or less commonly, song lyrics and melody were a way to enrich language development or teaching about the day’s activities by narrating actions and objects.

III. Finding songs: A musical journey from the present to past.

Analysis of interview and diary data suggested that in many ways the process of finding songs served as an invitation for mothers to travel through many phases of their own development. Once moved to sing, whether to engage the infant, soothe, express their own emotions, or teach the child, women seemed to move through different periods of their lives, gathering and creating songs that provided the soundtrack for their caregiving. This process was a dynamic combination involving mothers singing songs found in their present life with their baby, remembering and singing songs from their adult life before their baby was born, remembering songs from adolescence, and remembering and singing songs from their childhood.

Finding songs in the present

After their baby’s birth, mothers frequently reported turning to family members, partners, other mothers, or music groups to learn songs. Thus, whatever their present support-network,
mothers reached out to learn new musical tools for caregiving. For example, some women reported searching for songs online or going to library groups. Elizabeth had exhausted her standard repertoire of songs and described how she consulted an online forum to learn new tunes:

A: So these moms are like, sending around some songs that they are singing to their babies. I was like, does anybody have any suggestions? I'm getting really sick of these.

Marsha described visiting her local library to learn songs to sing. This experience not only taught her more interactive songs to use with her daughter, but also reminded her of songs from her past. She described her experience:

A: Oh God. I remembered the ones that we all know like Twinkle, Twinkle Little Star and the Itsy Bitsy Spider. I would sprinkle in some Yentl, songs from (indiscernible). I would sing her some of those. What else? I visit my local library. They have baby story time. And for half of it they would read a little book and then they sing kind of short songs. They're songs that I never heard, you know, like you know, that's supposed to encourage them to clap their hands and stuff. So, songs from that I remembered. And then I started to remember songs that I sang as a Girl Scout, which was a lot. That was a whole part of -- every week we learned a new song. Because they're all kids’ songs.

Less actively, some mothers overhead their relatives or parents sing to their infant. Although this was less commonly reported, these moments reminded women of early childhood songs they had previously forgotten, and triggered memories that allowed old songs to resurface. For example, Marsha overheard her mother singing an old song to her daughter; this caused her to remember the song from her childhood:

A: I did not recall the song until I heard my mom singing it to [child’s name]. And I was like, oh my God, that song. You know, it reminded me.
Some women actively turned to their mothers, aunts, or partner’s parents for tunes. Adele asked her partner’s family for their song memories:

A: And then I really had this idea that I really wanted to ask my mother and [partner’s] parents if they had lullabies they remember singing to their babies. So his parents both said that they didn't remember anything. My mother had one and my aunt had one.

Thus, mothers frequently reported using their current surroundings and relationships to learn songs to sing to their baby. Sometimes the songs they learned would trigger memories of melodies from their childhood. At other times, this was an occasion to connect with extended family and the community to learn musical caregiving tools.

**Finding songs from “life before baby”**

Mothers commonly reported remembering songs from their adult lives before the birth of their infant. Sometimes they recalled songs that were significant to them while dating their spouse. Sometimes these were simply popular songs from their adult lives, and women reported pulling phrases to fit their caregiving needs in the moment. Less commonly, mothers used songs that represented an important family member who had passed away before the birth of their child.

Georgiana sings a song she learned from her partner and his family. She describes how, before their baby, her husband used to sing her a song from *Guys and Dolls*, titled, “I Love You a Bushel and A Peck.” Georgiana remarked the intergenerational importance of the song in her husband’s family. Currently, both she and her husband sing “I Love You a Bushel and a Peck” to their son:
A: There's the song from "Guy's And Dolls," "I Love You A Bushel And A Peck." And I don't think I really knew that song well until I met my husband. And then it was the song that his grandmother always sang to him and so he would sing it to me often when we were dating and married. And so we have the words to that song framed and in my son’s nursery. So that would be a song that my husband and I would sing often to my son. And we do a lot.

Similarly, Ivy described a song she sings to her baby that reminded her of life with her husband before the birth of their son. In her interview, she recalled how the song is traditionally sung in Jewish weddings. Now, both she and her husband sing the wedding song at home when they are caring for their son:

A. I think the wedding song doesn't actually bring me back to weddings so much. It's interesting.

Q. Where does it bring you?

A. I think to me and my husband. There’s just songs that we sing at home. It kind of brings me to life before [child’s name].

Women frequently integrated favorite songs from their adult life into their sung caregiving. These favorite selections included tunes from musicals, popular music, folk music, jazz (the list of genres is vast). Marisol described how she tends to use phrases in songs from her adult, pre-baby life to fit her caregiving needs in the moment. In her interview, she reflected on how she resists using children’s based music with her son. To Marisol, it felt more natural to appropriate lines, phrases, or melodies from songs she has appreciated in her adult life:

A: I sing what he needs to hear. --I will sing him -- if it occurs to me to sing a song like that Mark Anthony song. If he starts fussing, I'm like, (speaks spanish), why are you crying? Why would you cry? That's what the song says. So I may reach for a phrase of a song appropriate to the moment.
For Mariela, singing a certain song was a way of honoring her sister. Mariela’s sister suddenly passed away just before she became pregnant. While she was pregnant, Mariela created and sang a special song in memory of her sibling’s life. This song was part of her grieving process but also celebrated the joy and excitement her baby brought to her family. Once her daughter was born, Mariela continued singing this song imbued with honor, sadness, loss, gratefulness and celebration. Mariela’s “I poem” conveys her experience:

I mean
I miss my sister
I’m still
I was really crushed that year during my pregnancy
I was depressed
I miss her
I sing to her like in Spanish “You’re my baby, you’re my (indiscernible), you bring joy, your aunt sent you.
I think
I know
I knew
I think that
I knew that
I wanted to sing her that song
I wanted to honor my sister

Thus, for Mariela as well as other participants, songs and memories of their pre-baby life became a part of their sung caregiving.

Finding songs from adolescence

Although mothers only rarely reported singing songs from this developmental period, a few mothers traveled to their teenage years when singing to their infants, recalling various songs from significant musical artists, job roles, or peer relationships and appropriating these tunes into their caregiving. For example, Wilma appropriated the melody “Eye of the Tiger” to engage and
teach her son, adding her own lyrics. Her tune served the purpose of both engaging and teaching her son to learn how to communicate when he had urinated or had a bowel movement:

A: We are doing elimination communication and after he pees or poos and I put him on the changing table, I sing "I made pee pee in the potteeeee ee ee ee" to the tune of “War’s Slipping into Darkness.”

As mentioned earlier, Nadine used the same song she and her friend created when they were teenagers. She explained how she and her friend used to make up songs to narrate what they were doing. As a mother, Nadine used the song, titled “It’s Ok,” to help regulate her daughter in the early months. She shares her story:

A: When I was in high school, a friend of mine and I would make up songs. And we -- these songs are crazy. But they were basically like songs that were narrating what it is that we were doing at that moment. And we have what we call like, our own CD. And this is before YouTube. And we're like, it's so good, we could make money off it -- crazy. It's a good jingle. But I think those are my most memorable songs where I still know the words even though they're not real songs. You know, they're not like songs for money. But -- so that's what I think about when you asked that question. And like literally there's like -- us doing chores like washing dishes. We were talking about the double (indiscernible) or a chorus of that song. Anyway -- and then there was a song that we made up, and it's called "It's ok." I don't know what happened obviously but something we needed to comfort ourselves and sing -- ok. And I actually sang that song. I've sang and -- repeatedly to my child when she was in that first kind of -- that first trimester of life like, when they're kind of fussy and disgruntled and trying to figure out why they're not in your womb anymore. And she was like cranky and I would sing the "It's ok song," which is hilarious.

Christine, who did not have memories of being sung to as a child, went to her babysitting experiences when she was younger. As a young babysitter, Christine described how, out of necessity, she learned and memorized all the verses to “Hush Little Baby” to comfort the children that she cared for. As a new mother, Christine reported singing these same verses to soothe her infant, and at times, herself:
A. Yeah. So, I used to babysit a lot. I babysat probably three different kids, three or four times a week. And since they were six weeks -- and now they're all like 7 and 8 years old. And so I watched these kids grow up through -- forever. And so I used to sing to them, "Hush Little Baby," and so I know all of the verses to that song. I kind of sing it in my sleep. So when [my son] came home, our (indiscernible) he came home with us at the same time because he was a healthy little baby. And so the first night that we were home together I sat in the Lazy Boy in his room, holding him and I would sing to him like all night long because he's a newborn. But we would sleep for like 40 minutes and then he would just scream. And then he would nurse and then he would sleep for 40 minutes. So I sang all night long, "Hush Little Baby," and I sang it over and over and over again.

These excerpts demonstrate how for a few mothers, songs from their adolescence provided a backdrop to caregiving.

Finding songs from childhood

Most commonly, mothers recalled songs from their childhood. Some recalled parents or relatives singing songs to them, others recalled memories from summer camp and often used these remembered tunes during playtime with their infant. Some mothers went to their favorite childhood musicals or music classes. Others remembered special songs shared with their siblings.

One woman, Nora, did not have any memories of her mother singing to her. Indeed, it wasn’t until her son was born that her mother even began singing to babies. However, when Nora was a child, she and her sister often watched and sang “The Sound of Music” together. The musical was a huge part of her early childhood. As a mother, she now sings pieces from “The Sound of Music” to her son:

A: “The Sound of Music” by the way is another huge, memorable, chapter of music for me when I was kid. My sister and I watched it repeatedly. And I even sung to it with
him already. He loved it. Yeah. I like singing with that. I sing to him, sing all the words to him. That was amazing. And I kind of do it periodically.

Another participant, Adele, who is Ukrainian American, remembered a song from Ukrainian scout camp and other community events that she attended as a little girl. In her diary entry, Adele described her appropriation of this childhood song to include her daughter’s name:

The first thing that comes to mind from today is from the morning, when my daughter was in a good mood, and I was feeling overfilled with love for her. I was carrying her outside onto the sunny deck, where my mother and I were about to bathe her. On the way, I remembered a song that I used to sing at Ukrainian scouting camp and community events as a small child, which is basically a translation of the kids' song "B-I-N-G-O." So the lyrics (in Ukrainian translation) are usually "there was a cat, a very nice cat, and it's name was "ch-o-r-n-a" (which means 'black'). (I guess it was a black cat?) I've been in the habit of referring to my daughter as a little cat lately (in Ukrainian) and so that song sprung into my mind at that moment, but instead of spelling out the "ch-o-r-n-a" I spelled her name. And she was in a friendly mood, cooing and smiling, and it was a fun way to misremember that song from my own childhood.

Janice remembered songs from a favorite childhood program “Free to be You and Me.” Recalling her enjoyment of the program’s songs as a child, Janice watched the DVD with her son. Janice described how meaningful it was for her to re-hear the songs through adult ears. As she listened and sang, Janice felt the sweet experience of being a new mom, while simultaneously traveling back to memories of her childhood:

A: I loved that show [Free to be you and me] when I was a kid. I found it and I got the DVD for him and I've been singing some of the songs. The first time I did it I got really emotional because it was literally like going back into my childhood. And I don't really even know why I got so emotional. But just seeing him respond to these songs that I loved as a kid and that I think had beautiful messages about just good things about the world. And it made be really happy and nostalgic at the same time.

Janice explained how, in the moment, she felt like a child and a mother:
A: It's such a beautiful message to that song and it's such a beautiful song and it meant so much to me as a kid and I couldn't believe that I was playing it for my own child. And I definitely had a moment like, I can't believe this is -- that I have a child, because it made me feel like a child. It was very beautiful and also bittersweet a little bit I guess.

Mariela recalled a song her grandmother used to sing to her as a baby; she now sings this song to her daughter. As she sings to her baby, Mariela feels she is reminded of what it is like to be an infant:

A: That song that I told you, you know, the one I sing to [child’s name] that has real meaning to her. I remember my grandma singing that to me and like kind of making up things like -- because now that I remember the words. She would say, let's have a (speaks Spanish). Like, basically, it was like, go to sleep. And then she would tell me why in music to go to sleep; I have to cook, I have to do the laundry, I have to, you know, whatever. It was like she -- and I remember -- I can like remember being a baby and like being sung to and, I mean, you know, this is an old memory, but just being a baby. Like not knowing anything, not understanding anything, but knowing that there was a person that like took care of me.

Another woman described how singing certain songs helped her feel connected to past caregivers and family members. In her diary entry, Bernadette described singing a song to her son that her mother sang every morning to her and her sister. When Bernadette sings this song to her new baby, she feels connected to her mother and sister, and to her baby:

Since my son was born, I often sing “Good Morning to You” to him when he wakes up. This is a song my mother sang to my sister and I each morning when we woke up. The song comes out of me so naturally - the placement of the notes are so locked inside me - I feel the connection to my mother and sister when I sing it to him, and that connection grounds my connection with my son.

Janice described the intergenerational aspect of singing to one’s baby. Fondly recalling musical memories from her childhood, Janice was moved to create similar experiences for her
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baby. In the excerpt below, she broadly comments on why she believes mothers sing to their infants.

A: And then I think if you have any -- if anybody ever sang to you as a child, if you have any memories of singing or music as a child, I'd think that when you're a mom you will remember those things because a lot of what you do to your own child is based on what you remember being done to you. So if you have any memories of that, it's where it comes out.

Thus, it was very common for mothers in the sample to travel back in time to remember childhood music and memories. Participants either recalled songs and their corresponding memories, or, reported memories and their corresponding songs. For some women, remembering events and songs from their youth seemed to ignite a concert of identification and connection with self, baby, and past caregivers. Through their memories, mothers reported identifying with their infant’s experience, psychologically connecting with past caregivers, and reflecting on their current experience of being a mother.

Overall, mothers went to different periods in their lives to uncover and generate songs. Women psychologically and often experientially dipped into musical pools related to their current adult life and existing relationships, pre-baby adult life, adolescence, and childhood. Some mothers effortless shifted between different life periods, easily recalling songs spanning childhood to adulthood. Other women largely used their adult pre-baby experiences and current life as a mother to generate songs, using relationships with significant friends, family or other parts of their community as a resource for musical caregiving tools.

With these points in mind, the following “I poem” exemplifies how some mothers experienced the process of finding songs to sing as an opportunity to travel across their lives, recalling memories of their childhood, adolescence, pre-baby adulthood, and present life as a
mother. In her “I poem,” Janice remembers songs from “Free to be You and Me.” The poem captures Janice’s mental shifts in order—as they appear in this part of her interview. Back and forth, from past and to present, Janice revisits her life as a kid and reflects on her current life as a mother.

I remember
I loved that show
I was a kid
I found it
I got the DVD
I’ve been singing some of the songs
I did it
I got really emotional
I don’t really even know why
I got so emotional
I loved it as a kid
I think it had beautiful messages about just good things about the world
I think any mother
I’ve been most cautious of that
I guess
I remember
I’ve just been very conscious of the songs and stuff that
I sing
I loved that song when
I was a kid

IV. Participants’ individual differences singing to their infants

Analysis of the data also revealed considerable individual differences among mothers in their experiences singing to their infants. The breadth of these differences was similar to the range one would expect to find in the vocal registers, timbres, and expressiveness of members in a singing group, such that each participant had a particular, unique voice. Participants’ distinct musical backgrounds also influenced their sung caregiving experiences. Mothers also came into
the interview with their own musical histories; some were musicians; others came from musical families; others were passionate music appreciators. All shared unique stories of their musical identities and histories, that intersected their experiences singing to their infants. Lastly, participants’ “I poems,” which were composed of each “I statement” directly pulled from the interview, demonstrated how mothers differed in their use of “I feel” based statements versus “I think” based statements.

Although virtually all participants used singing as a way to connect with their child, their singing in this capacity differed. For example, Janice primarily used play songs to connect with her son, whereas Bernadette primarily used rhythms and tapping to connect with her baby. Further, mothers’ reports suggested that singing as a way to connect to their child was often in direct response to their baby’s reactions and preferences, which inevitably influenced the variation of what and how mothers sing to connect with their infant.

Yet, the child’s response was not the only determinate of how and what mothers sang to connect to their baby. Mothers differed in the affective qualities of the songs they chose to sing. Specifically, Elizabeth associated the minor keys of lullabies with sadness. After repeatedly singing these sad melodies to her daughter, the tunes became stuck in her head. This experience encouraged Elizabeth to find “happier” songs to sing to her infant because she did not want to feel sad, nor did she want to communicate this sadness to her daughter. Conversely, Mariela sang songs during the first year of mothering that were directly related to mourning the death of her sister and to teaching her daughter about her aunt’s life. Mariela chose to sing these songs depicting her sadness because she considered this an important part of her process of becoming a mother and connecting with her child.
When it came to using singing as a way for participants to introduce their baby to their culture and family values, there was again a great deal of variation amongst mothers. Georgiana purposefully sang certain hymns to her son as an introduction to their family’s faith. She felt that singing these hymns would communicate their values and way of life to her son from the very beginning. By contrast, Solmaz, who also had a Christian background, and who had decided, along with her husband, to raise their baby within the Christian faith—did not include hymns in her caregiving. At the time, Solmaz reported that, although she would have liked to, she could not sing these songs to her daughter with the same emotional depth that she experienced them. Rather, she hoped to sing these hymns with her daughter when she was older. Although the interview did not explore Solmaz’s reasoning in greater depth, these two examples demonstrate the variation in which two Christian mothers aimed to incorporate liturgical music in their sung caregiving.

Participants also varied in their comfort levels in making up lyrics, knowing lyrics, and singing different kinds of children’s songs. Nora, for example, reported feeling stunted in her knowledge and memory of traditional American children’s songs. Because she was not sung to as a baby and had parents who were immigrants from Iran, she never learned canonical American children’s music. However, Nora felt comfortable spontaneously generating melodies and lyrics that incorporated relevant activities and feelings with her son. Christine, however, had learned many children’s songs from her experiences baby-sitting and teaching. She often used the numerous verses of these songs with her son and relied less on made up lyrics and melodies. Marisol was not moved to sing children’s songs and shared that she did not find kids’ music compelling to sing to her son, rather, she felt more natural meeting her son’s needs with relevant phrases from adult music, while adding a playful spin to her song and phrase selections. She did
not go into her reasoning in depth but the following section will discuss some of this variation in
greater detail.

Mothers also differed in the developmental periods they returned to in their singing. Some mothers
accessed songs from their childhood to their present life with their baby; others largely accessed
songs from their present adult life. Wilma, for example, had a strong musical background. Electronic,
world, and popular music were strong musical experiences that informed her adolescent to early adult
years. In her interview, Wilma more frequently offered songs from these periods in her sung
caregiving. This was in contrast to Nancy or Mariela, who went to their childhood, adolescence,
and adulthood in thinking of songs to sing to their daughters.

Each participant also entered the interview with a distinct relationship to music. Music was an
extremely special part of each participant’s life, such that it intersected their sung experiences of
caregiving in a range of ways.

Nora described her childhood experiences auditioning for Broadway roles. For Nora, singing had
been about performance and getting on stage. Now as a mother, singing had an additional meaning
as a caregiving tool. Nora reported that this experience of singing was markedly separate from her
musical ambitions and emphasized this difference in her interview as part of her experience of
becoming a mother.

Bernadette studied piano and music composition in college. As a new mother, Bernadette reported
negotiating the values of her musical training with those of her musical mothering. For example,
her education in music composition discouraged the use of repetition. However, in her
caregiving, repetition had become a key and useful component of her caregiving songs. Bernadette
discussed this discrepancy and initial tension in her sung caregiving experiences and
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her musical training. She was not sure how she felt about the songs she created as a new mother, which were fundamentally at odds with the pieces she professionally composed.

Throughout her adolescence and early adulthood Janice had ample experience recording albums and performing in bands. As she settled into adulthood, music fell to the wayside. She often wished music were more present in her life. When she became pregnant, Janice wondered if there would be even less opportunity for music once her son was born. Surprisingly, becoming a mother enhanced Janice’s relationship to music, and she found herself singing more than ever.

Lastly, participants’ variation of “I think” based statements versus “I feel” based statements show how some mothers may have engaged more cognitively with the study, while others approached the study more affectively. This difference could also relate to how comfortable participants felt with the interviewer and their burgeoning mothering identities. Participants’ “I poems,” were composed of all “I statements” directly pulled from each interview. By counting the number of cognitively based “I statements” like: “I think,” “I thought,” “I don’t think,” “I didn’t think,” “I know” and “I don’t know” - and affectively based “I statements” like: “I feel,” “I felt,” “I don’t feel,” “I didn’t feel,” “I love,” “I didn’t love,” or “I don’t love,” the researcher was able to see how mothers differed in how they engaged with the interview and study.

Some mothers began phrases like “I think” more often than “I feel.” Others tended to start their responses with “I feel.” And some participants demonstrated a combination of “I think” and “I feel.” This is interesting in light of the feeling and thinking involved in singing to a child. For example, compared to all participants, Marsha had the most cognitive based statements. More than half of all of her I statements began with “I think.” This is compared to
Lisa who, out of all participants, had the most feeling based statements; almost half of her “I statements” began with “I love.”

Relative comparisons within each participant showed that the majority of mothers tended to use more cognitive based “I statements.” “I think,” was the most popular “I statement” for participants. Interestingly, there were three mothers who did not fall into this majority. Relative to her own “I statements,” Wilma used “I like” the most in her interview. One third of Nadine’s response began with “I don’t know”. And, as mentioned, relative to herself, Lisa responded almost half of the time with “I love.”

V. Conclusion

In conclusion, maternal narratives reveal the multiple functions of singing to one’s infant. The act of singing connects and soothes mother and baby. The content of songs – which varies from made up songs, to show tunes, to lullabies, to whatever comes to the mother’s mind, functions as a powerful form of self-expression and means of teaching one’s child about her or his social and cultural world. The process of uncovering songs to sing takes mothers on a journey from present to past. Finally, although participants’ responses fell into these categories, there was remarkable variation within each grouping. There was also variation in caregivers’ musical backgrounds, and the degree to which participants traveled from their present to their past to access songs to sing to their child. Lastly, the language mothers used to describe these experiences was distinct and existed on a continuum of “I think” to “I feel” statements. The following section will discuss these results in light of the literature reviewed and current research that sets the context for this study.
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CHAPTER 4: Discussion

In the present study, 16 first time mothers were asked to describe their experiences singing to their infants. Qualitative, descriptive analyses of mothers’ narratives reveal that the act of singing, the content of songs sung, and the process of finding songs to sing served a variety of functions for mothers. Singing allowed mothers to 1) Connect to their baby to establish a bond and 2) Regulate emotions for the dyad. The content of songs sung allowed mothers to 3) Express and release feelings during caregiving and 4) Enhance their child’s language development and cultural experiences. Lastly, in the process of finding songs to sing, mothers 5) traveled across their own lifespan to connect with past memories. In this section, I will briefly summarize the study’s findings, which support and elaborate existing research. I will then propose that these tasks facilitate a sixth, over-arching task of motherhood—which is the task of maternal identity development and integration. Finally, I will discuss some of the clinical implications of these findings, specifically the value of singing interventions as a therapeutic modality for new mothers.

I. Summary of results

The act of singing helped mothers develop their relationship with their baby by enhancing feelings of connection on a preverbal level (Task 1) and to regulate emotions for the dyad (Task 2). Mothers adjusted their singing in response to their child’s behaviors. By observing their infants responses to their singing, mothers learned how to sing in ways that best soothed their child in the moment. Many mothers repeated songs and phrases to create a calming rhythm and routine for the dyad. Other mothers sang softly into their baby’s ear. These can all be seen as examples of what Daniel Stern (1985) calls “attunement,” which is mothers’ matching some element of the intensity, timing, and shape of their babies’ affect. Furthermore, because
singing was something participants could do to quiet their crying child, singing also helped mothers feel in control. Participants reported how the repeated successes of singing to soothe and engage their child was reassuring, calming their nerves and anxieties about their mothering. Robert White’s (1959) work on competence motivation, defined as a person’s inherent motivation to efficiently (and effectively) interact with one’s surroundings, can be extrapolated to the study’s results, where participants learned to sing to their children in ways that successfully soothed and calmed their babies. This learning process was one way to enhance a woman’s experience of caregiving efficacy. In addition, singing in a fun and emotionally intimate way provided a means to engaging and connecting with babies.

Song content helped mothers express and release a range of feelings associated with new caregiving (Task 3)—such as gratitude, devotion, fear, sadness, and frustration—while also fulfilling the tasks of connection and regulation (Task 1 & 2). Lyrically, these songs often expressed a mother’s more difficult and complex sentiments, while at the same time, allowing her to connect and regulate the baby. These results are consistent with those of numerous music therapy and ethnomusicology studies that describe how lullaby singing is an emotional outlet for mothers (Masuyama, 1989; Manasseh, 1991; Mackinlay & Baker, 2005). Song content also helped mothers enhance language development and cultural experiences for their infant (Task 4). Lyrics and the melodic contour of songs introduced babies to the sounds of his or her culture(s), and conveyed essential elements of the family’s religion, ethnicity, history, and values. Mothers also sang songs that were precious and meaningful to them, conveying, “this is who I am” to the child.

Participants remembered songs from many epochs in their lives (Task 5) when singing to their infants. This musical time traveling involved remembering songs from one’s childhood,
adolescence, adult life pre-baby, and finally, arriving at one’s current life as a parent. Once
moved to sing, women found themselves negotiating the nostalgic experience of singing these
special, old, songs as newly minted parents. Many participants found singing remembered tunes
to their infant an emotionally powerful experience. Some mothers reported that by thinking of
songs from their childhood, they could better identify with their baby; these songs helped them
remember what it was like to be cared for. In other instances, remembering songs from one’s
past helped mothers feel connected to their own mother, which helped ground them in their
mothering. Also, learning or hearing new songs either from in-laws, friends, or other community
based groups, helped mothers feel connected to a wider network of caregivers.

II. The study in context

The data from the present study strongly supports current research on caregiver
experiences singing to their infants. Findings were consistent with Trehub and Trainor’s finding
(1998) that mothers sang to attract their infant’s attention and regulate emotions. Custodero and
Johnson-Green (2008) found that infant age influenced whether caregivers sang soothing or more
didactic songs to their infants. In line with these findings, current study participants reported
using more lullabies and soothing songs in the early months of caring for their baby, and more
teaching songs with their older infants. There was also diversity in the way each mother came to
soothe and/or engage her infant with singing. Some mothers used repetition to soothe their baby.
Others only sang before bedtime. Some mothers sang more adult centered slow songs to soothe,
compared to others who sang traditional lullabies. Thus, while caregiving songs were reflective
of the different stages in infant development, the data supports the uniqueness and variety in how
and when participants sing these tunes to their babies to soothe and engage. This is consistent
with Mackinlay and Baker’s (2005) findings that mothers took cues from their infant on which lullabies to sing and tended to choose lullabies based on the melody’s potential to calm their babies. Mothers in the present study also chose songs that helped them relax and calmly reflect with their babies. And, as mothers learned which songs soothed or playfully engaged their infant and themselves, this learning built a musical repertoire that became truly unique to the dyad.

The results from the present study affirm singing’s role in contemporary caregiving. Broadly, the data supports the notion that even with the prevalence of recorded music, mothers are indeed still singing (Ilari, 2005). All 16 participants in the study endorsed singing to their infants. Additionally, some participants went to library groups to learn more songs, joining with other caregivers who also sang to their infants. Further, participants’ friends taught them new songs to use in their caregiving. This finding challenges Papousek (1996), who proposed that post-industrialized societies would experience the gradual loss of lullaby repertoire across generations. Study data support that although some women may sing lullabies handed down across the generations, they found other ways to learn, and establish new songs for their caregiving.

**Stern’s Motherhood Constellation**

Theoretically, the data illustrate four dominant themes Daniel Stern (1995) describes in his book *The Motherhood Constellation*. He proposed that with new motherhood, a woman begins a unique set of internal conversations and preoccupations. Stern outlines four main themes within this internal dialogue, each of which is characterized by a specific set of ideas, fears, memories, and motives that powerfully guide a new mother’s feelings, thoughts, actions, and interpersonal relationships. Briefly, these four themes and their preoccupations: 1) express a
woman’s fears about whether she can maintain the life and growth of her baby? 2) Her fears about whether she can emotionally engage with the baby in her own authentic manner to ensure it psychologically develops into the baby she wants? 3) Her worry that she will have the necessary support in place to fulfill the functions of motherhood, and 4) Her concerns about whether she will be able to transform her current identity to fulfill these functions? Mothers’ experiences singing to their infant demonstrate poignant examples of each of these psychological themes Stern describes.

The first theme Stern describes is the mother’s fears about her ability to protect and insure the survival of her baby. The lyrics in participants’ songs expressed fears about a woman’s ability to care for her offspring. Stern writes that at this time, mothers ask questions like, “Are his cheeks chubby enough?” “Is he still breathing?” “Am I doing this right?” Participants’ songs, like “It’s ok” or “The World Goes Round” reflect how new motherhood is scary with unexpected twists and turns. There are all consuming concerns about her infant’s life and her ability to ensure its growth and health.

Stern’s second theme involves the mother’s fear that she will not be able to authentically connect with her child, and have him/her develop into the kind of person the mother wants him/her to be. In the present study, mothers conveyed in a variety of ways their personal desire to genuinely connect with the child. They reflected on the limitations of speech to communicate with their child, but believed that despite their baby not understanding language, if they sang to them (adding a gaze, a pat on the back, and rocking) they were conveying love to the child. By reading their infants’ response to their singing, mothers learned how to relate to their baby in a way that met their child’s physical and emotional needs. This helped mothers feel connected to their infant in a special way; one participant even said she felt nobody could sing to her baby in
the way that she could. Again, this finding relates to Robert White’s (1959) theory of competence motivation. Just as a child’s inherent motivation to learn to interact effectively with its environment, a mother too is motivated to learn about and interact effectively with her baby to become a competent caregiver. This particular mother’s experience of learning to sing to her baby and arriving at the powerful effect of her singing as something “only she can do,” resonates with White’s theory of competency motivation.

Participants also reported singing remembered songs helped them better identify with their infant. In short, mothers wanted to connect to their inner child to better connect with their infant! Remembering songs that were sung to them when they were babies was a way participants felt identified with their child. Winnicott (1956) used the term “primary maternal preoccupation” to describe a mother’s close and intense identification with her baby. Benedek (1949) also proposed that a mother's experience of primary unity includes her intense identifications with her child as she recalls her infancy. In support of these theories, as they sang songs from their childhood, participants reported an increase in identification with their infant.

The process of traveling through their lifetimes to find songs to sing is consistent with Stern’s observation that mothers are naturally concerned about whether they will have the necessary support to care for their baby. The process of finding songs to sing, whether by turning to friends, family, and memories of one’s own caregiving experiences indicates, quite literally, both a physical and psychological reliance of this support network. Stern writes that at this time a mother has “the need to create, permit, accept, and regulate a protecting, benign support network. This implies a community of real or imagined female figures such as midwives, nurses, benevolent grandmothers, experienced aunts, sisters, mother friends, doulas, even guardian angels and goddesses of fecundity. But most importantly, a woman’s own mother is in this
SINGING MOTHERHOOD: PIXLEY

support circle” (p. 177). Concretely, this “team of women” is a resource to prepare, support and, at times, provide handholding to a new mother. Participants reported singing songs they heard their grandmother sing to their infant. Or songs they remembered their aunts or sisters singing to them. Even participants who did not have childhood singing experiences sang tunes they learned in music class, summer camp, or from movies depicting caregiving figures. For example, Nora sang songs from her kindergarten music class and the Sound of Music. Is there a better maternal icon than Fraulein Maria? Thus, as participants searched for songs to sing during new motherhood, data showed that women turned to real or imagined caregiving figures to mine these tunes.

Finally, Stern writes that early motherhood requires a woman to transform her self-identity, shifting away from daughter to mother, from wife to parent, from career person to matron (temporarily), and from the offspring of one generation to the fore-bearer of the next. This task is a direct result and cause of a woman’s re-involvement with maternal figures in her support network. Stern explains that, “This theme is an obvious necessity if the mother is indeed going to alter her emotional investments, her allocation of time and energy, and her activities. The new identity of mother, parent, matron, and so on requires new mental work” (p.180). The following section explores maternal identity development in greater detail.

III. Maternal identity development

Participants endorsed five caregiving tasks in their maternal singing experiences, which in many ways combine to help fulfill a sixth overarching task characteristic of new motherhood. This is the task of developing and integrating a mothering identity into a woman’s self-definition. Data from the study suggests that singing can aid in this developmental transition.
With her voice, a woman can tackle and execute the immediate demands of caring for her infant, while also exploring and working through the psychological realities of becoming a mother.

Rubin (1967) introduced the term maternal role attainment to describe the process in which a woman develops a mothering identity. In her 1984 book, Rubin suggests that a woman incorporates this identity into her whole personality, such that being a mother becomes a permanent part of who she is. A nurse herself, Rubin used nurse field notes of interactions with women during pregnancy and postpartum to identify the characteristics of maternal identity development. During pregnancy, Rubin observed women work to ensure the safe passage of self and baby through delivery, to build a strong and accepting support network, and to promote successful bonding between her and her baby. In early postpartum, she saw many women imitate their primary caregivers’ behaviors to learn how to care for their infant. As women better understood their infant’s needs, maternal behaviors changed. Women began to use only those caregiving behaviors that worked for the dyad, pruning away those caregiving behaviors that did not serve them and their child. This process resolved in the solidification of a mothering identity.

Mercer (1986), a student of Rubin’s, developed and refined her theory to identify four overlapping stages through which a woman comes into her own mothering identity. Mercer identified the first stage as the anticipatory stage, which begins at pregnancy as a woman undergoes the psychosocial preparation of being a mother. The formal stage, occurs postnatally as a woman learns about her infant’s uniqueness and her baby’s cues, and performs care-taking tasks by copying and following others’ advice. In the informal stage, or “settling in”, a mother discontinues rigidly following others’ advice and begins to use her own judgments about her baby. And in the final, personal identity stage, which occurs around 4 months after birth, a mother’s sense of harmony and confidence fully emerges, culminating into maternal role
attainment (Mercer, 1986). Mercer (2004) adds that this final stage of personal identity is a
dynamic ongoing process. A woman will always have new experiences with herself and her
offspring, which perpetually expand and elaborate upon her maternal identity. To more
accurately reflect the reoccurring elaboration of a mothering identity, Mercer changed the term
“Maternal Role Attainment” to simply, “Becoming A Mother” (2004). In the present study,
participants reported singing experiences in the first year of mothering that dramatically
illustrated Rubin’s (1984) as well as Stern’s (1995) conceptual frameworks and Mercer’s second,
third, and fourth stages of maternal identity development.

The songs mothers sang in the first few months of caregiving- when they were most
inclined to reflect upon and copy real or imagined caregivers-exemplify the imitative qualities of
Mercer’s formal stage. Participants sang remembered or learned songs from a built support
network of mothers, mother-in-laws, aunts, uncles, grandparents, friends, siblings, teachers, and
even fictitious maternal characters in movies. The providers of these caregiving tunes are often
members of a supportive network of significant women or iconic caregivers in participants’ lives.
Women asked other mothers or relatives for caregiving songs. They borrowed tunes from
movies. And they remembered tunes their caregivers sung to them.

In Mercer’s third, or informal stage, mothers began to develop their own unique voice.
Mothers remembered songs from different periods of their lives, they learned which songs did
and did not work, and adjusted their singing to better fit their baby’s needs. Some mothers added
their own lyrics to a remembered melody. Others only sang relevant parts of songs to fulfill their
caregiving needs. Mothers came to sing in a way that worked for them and their baby. As a
woman develops a deeper understanding of her baby, and of how to mother this baby, she
discovers which songs are uniquely engaging and soothing for the dyad.
Finally, as Mercer describes in the fourth stage, “Becoming a Mother”, as women successfully connected with, learned about, and enjoyed their infants, they began to feel like mothers! Singing was one way for participants to not only feel successful, but to delight in this success, giving them a sense of mastery and ownership of this new mothering role.

Mercer suggests that this process culminates into maternal identity at about four months postpartum. Most of the mothers in the study had children older than four months. However, mothers’ reflections of their past and present maternal singing experiences vividly illustrated the stages Mercer describes. And to Mercer’s point, the perpetual elaboration of maternal identity development was also reflected in some mothers’ fantasies about what singing would be like when their child was older. In fact, one mother wondered about singing when her daughter became an adolescent. She wondered whether adolescence would trigger a different set of musical memories and songs from her own teenage years, and whether she would try and share these songs with her daughter.

**Singing to mourn and celebrate**

In addition to the task of forming a maternal identity, loss and grief are also a part of the process of identity formation. In qualitative studies on postpartum depression, feminist theorists explore the loss inherent to the new role of motherhood, and attempt to normalize the sadness characteristic of this transition (Nicolson, 1998; Lewis & Nicolson, 1998; Oakley, 1980). Although the current study did not focus on postpartum depression, the 16 participants did report some negative feelings associated with becoming a new mother--many of the same feelings of which feminist studies have explored and tried to de-pathologize.
SINGING MOTHERHOOD: PIXLEY

Based on mothers’ accounts of their experiences following the birth of their infants, feminist theorists explored some the ways that being a mother contribute to feelings of loss and mourning (Nicolson, 1998; Lewis & Nicolson, 1998; Oakley, 1980). Oakley (1980) proposed that motherhood is first and foremost about loss of one’s independence and present identity. Oakley suggested that this loss of identity occurs through loss of employment, social engagement, and if partnered, a shift in the equality of the partnership. Similar to Oakley, Nicolson (1998) conceptualized the losses characteristic of new motherhood in terms of bereavement; first-time motherhood was primarily about a loss of self (Nicolson, 1990).

For participants, singing was one way to safely express the feelings associated with this mourning. Historically, Western societies have denied women many things: the right to vote, to work, to earn equal wage, to own property, to bodily integrity, to education, etc. But as mothers, women have always been allowed to sing. In fact, the act of singing to one’s baby is a socially acceptable, celebrated and iconic part of motherhood. This legacy of maternal singing may help protect the behavior from close social scrutiny, giving caregivers some real estate to freely express themselves.

Therefore, through song, a woman can choose to privately imitate, explore, adjust, express and release all of her emotions and thoughts associated with becoming a mother. Data from the present study suggest that singing is a vehicle for mothers to safely work through and release feelings associated with the isolation, confusion, and exhaustion of mothering, as well as to revel in feelings of love, joy, gratitude, and delight. This finding further supports Mackinlay and Baker’s (2005) finding that mothers’ lullaby singing provided them with opportunities for self-reflection, engagement, and assessments of their own physical, emotional and mental needs.
As women attend to the current demands of caregiving, singing songs from different life stages can help them feel more whole during a very fragmenting time. This is especially in the early months of motherhood, when women are at the mercy of their child’s schedule—showers, meals, and even using the bathroom are secondary to their child’s demands. Singing songs from across one’s lifespan spins a musical thread of memories and feelings that may subtly help ground a woman amidst the up-rootedness and unpredictability of early childrearing. Some participants in the study reported singing songs that brought them back to the early years in their relationship with their partner, moments with their best friend making up songs in the kitchen (“It’s ok”), or dance parties in the living room with their siblings singing tunes from musicals (Sound of Music). When she wants to, a new mother can visit songs from her past, psychologically and emotionally connecting to lived experiences-- whether it brings her back to being a single working woman, the other half of a young couple, an older sister, or a daughter. These parts of her life and self may feel swallowed whole by the demands of her current situation. Thus, remembering and singing these songs can be a mechanism to engender continuity of self during this time.

With the concept of self preservation in mind, a mother who travels to her past to sing remembered songs might also use these songs as transitional objects (Winnicott, 1953) to ease the anxieties that are part of the transition from a singular identity as daughter, to a dual identity of daughter and mother. Study participants described how singing certain songs from their early childhood helped them feel connected to the important figures associated with these songs from this period (a grandmother, an aunt, a mother). Songs can evoke and intensify connections to primary attachment figures, and ease the fear involved in the daughter to mother shift. Like a
kind of security blanket, a remembered song from one’s childhood can also help a mother feel the presence of her caregiver as she takes her first steps into her own motherhood.

IV. Clinical implications of maternal singing

Given what have been described as the multiple functions of maternal singing in the early days and months of becoming a mother and caring for an infant, it seems important to consider ways to support and enhance maternal singing for mothers who find this a meaningful and comforting way to be “with” their infants. Participants in the present study seemed to naturally gravitate toward singing as part of their caregiving practices. Of course there are undoubtedly other mothers who do not sing to their children or who have experienced difficulty finding their maternal singing voices. While singing is certainly not a requirement for successful caregiving, the study suggests that for those mothers who are interested in it, maternal singing can be an extremely versatile and powerful tool in deepening the bond between mother and baby, and of anchoring one’s self in this experience.

Caregiver singing workshops provide opportunities for mothers to learn new songs and to sing together with other mothers and babies. As such, they offer a wonderful opportunity to carry out some of the concrete and psychological tasks of caregiving. In addition, these workshops seem especially valuable for those mothers without early experiences of singing from their own caregivers. These women may need more guidance about how to use singing in their caregiving. In the present study, not all participants in the sample had musical experiences with their own mothers. Some used songs they learned from other parents. Others sang remembered or current popular songs, or sang special songs learned from their partner’s family or from movies. For women who did not have early sung caregiving experiences, finding their own songs
SINGING MOTHERHOOD: PIXLEY

was a way for them to take real ownership of their caregiving. Helping mothers who want to learn how to sing to their baby is a concrete way to create a different experience with their child than the experiences they had growing up. Singing workshops can offer women the chance to find, or create, and, mostly importantly, own their maternal voice.

In terms of currently available caregiver and early childhood music programs, perhaps the most popular program is the Music Together enterprise founded by Kenneth Guilmarten in 1987 (Hoffman, 2006). His programs focus on children’s active participation in music, starting from birth through kindergarten. During classes, parents are invited to be enthusiastic participants as their child learns and engages in sharing rhythm, movement, and instrument play. Although these groups are well attended across the United States, and might indirectly promote secure attachment through positive interactions between caregiver and child, they were not specifically designed with attachment theory in mind. While music therapists have reported that work with vulnerable parent-infant dyads in non-medical settings provides an opportunity to explore and enjoy the infant parent relationship, there is limited literature specifically researching and addressing these kinds of programs (Edwards, 2011; Abad and Edwards, 2004).

Bargiel (2004) designed a lullaby education program aimed at helping parent-infant dyads whose attachment development was at risk. With the help of a therapist, the intervention proposed using singing to help mothers more accurately read and reflect upon infant’s states and experiences. It also aimed to help caregivers more effectively adjust to the infant’s communications, using objects in the dyad’s daily environment to foster real life situations for the caregiver to sing with his or her children. The Sing and Grow Program in Australia, designed by Abad and Edwards in 2004 offered short term weekly sessions for families in efforts “to strengthen parent-child relationships through increasing developmentally conducive
interactions, by assisting parents to bond with their children, and by extending the repertory of parenting skills in relating to their children through interactive play” (Abad and Williams, 2004, p. 52). In 2007, the study reported the benefits of helping parents musically engage with their infants to promote attachment (Abad and Williams, 2007). Baker and Mackinlay (2006) created a lullaby education program for first time mothers to evaluate whether singing lullabies encouraged mothers’ deeper understanding of their babies responses and their own feelings associated with motherhood. With a sample of 20 first time mothers, results indicated that singing helped participants take time to focus on their infants, calm their infants, to feel calm themselves, and gave participants a sense of being a “good enough mother.”

Another specific singing workshop designed around attachment principles is Vered Benhorin’s singing and attachment workshops, now called “Baby in Tune.” Benhorin uses song as a therapeutic intervention for early childhood caregivers to cultivate their relationships with their babies and themselves. Her workshops have rapidly expanded throughout the New York City area as well as in Los Angeles and the Bay area in California. Open to mothers and fathers, Benhorin organizes 6-week workshops around the main principles of attachment theory, helping parents learn songs to play with their baby, to establish routine, and to soothe their baby. Her groups also give caregivers an opportunity to enhance their emotional understanding about their infant and themselves, and provide a space for parents to express and validate their feelings within a supportive community.

The links described above between sung caregiving and attachment and attunement suggests that there may be a place for integrating maternal singing into mother-infant intervention efforts. Research has shown that the quality of a mother’s narrative about her past relationships with her primary caregivers influences her maternal sensitivity (George, Kaplan, &
Main, 1996). Fraiberg, Adelson, and Shapiro’s paper (1975) “Ghosts in the Nursery,” proposes that caregivers with a history of trauma and abuse, have often separated their trauma from the affective experience of it, perpetuating aspects of their childhood trauma in the present, by misreading their child’s bids for comfort and security, i.e. mis-attunement. Music can be a strong catalyst for nostalgia, and participants in the study endorsed this as part of their maternal singing experience. As mothers remember or learn new songs, there is as an opportunity and pull for them to deeply explore their early childhood caregiving experiences. This too, could facilitate more sensitive caregiving. One possible outgrowth of the present study would be a preliminary intervention with dismissive, preoccupied or disorganized/unresolved caregivers that explores and processes their own musical memories of songs from their childhood and/or perhaps the absence of maternal singing. This could offer an opportunity for mothers to work through these narratives, exploring their own experiences of misattunement, and hopefully becoming more sensitively attuned to their infant. The present study also suggests the importance of finding ways to integrate maternal singing into ongoing intervention programs.

V. Personal observations and reflections

In the following section, I will share some of my own experiences conducting this research. As participants engaged with the interview and with me, their passion for music became palpably evident. During the interview “warming up” period, women were asked to share music they were currently listening to and music of their past. All participants enthusiastically offered their musical passions, predilections and phases. Participants’ voices held delight, humor, and nostalgia as they recalled favorite bands and songs from adulthood, adolescence, and childhood.
Furthermore, the musical introductions that began every interview gave the researcher an immediate window into participants’ influences and individuality. Some women grew up listening to folk music, and as teens, enjoyed music like Simon and Garfunkel and Joni Mitchell. One woman conscientiously chose to keep her folk roots alive, and as she grew older continued to play guitar and make music with others. As adolescents, some participants were drawn to the Lilith Fair artists like Tori Amos, Sarah McLachlan, or Fiona Apple, and described how, at this age it was important for them to hear female vocalists who were feminists and musicians. Others shared their love of grunge rock as teens and felt drawn to the angst and rawness of this genre. Others recalled their enthusiasm for Weezer, the Beastie Boys, or Michael Jackson. As adults, some participants enjoyed world music or musicals. One woman shared memories of her professional singing career before her baby was born, and her fantasies about how this career might continue after having her child. Learning about the kinds of music and musical experiences of participants was a rich introduction to who they were as individuals. Participants shared parts of themselves outside of their motherhood, sharpening the contrast between the different identities women occupy and how quickly “being a new mom” can eclipse other aspects of one’s self.

As each interview progressed, or when participants’ shared their diary entries, women were able to elaborate upon the more difficult parts of caregiving. Nevertheless, although women shared frustration, exhaustion, isolation, and sadness in some parts of their interviews and diaries, many of these experiences were not explored in depth. Thus, the biggest insight into difficult feelings came through participants’ song lyrics. Here, almost unconsciously in most cases, were some of the darker emotions women felt and expressed. Of course, during an
interview with a stranger, it is likely difficult for women to be transparent about the magnitude of negative feelings in early motherhood.

This leads to the social location of the researcher, me. While I was certainly in the same late twenties to mid 30’s age range as the majority of mothers, I am not a mother. I am also not part of their constellations of trusted support. I am also a researcher and psychologist in training. I was aware of this during most interviews and wondered if mothers did not share the harder feelings of caregiving in greater detail because they feared my judgment or lack of understanding. Further, my abundant flexibility and energy contrasted participants’ descriptions of their exhaustion, and the unpredictability of their schedule because of their child’s needs, which often made interview scheduling challenging. This too may have also influenced how and what mothers shared and also highlights my feelings about conducting this kind of interview as a non-parent. Lastly, I did not share the same racial background as many of the mothers. As a Black female, most of the participants were members of the racial majority in the United States. This very observable difference could also have influenced the nature of the material mothers shared, as well as how I interacted with them from my position as an interviewer and racial minority.

VI. Limitations and Methodological Issues

Self-selection

Participants were chosen based on self-selection. Because of this, all women involved in the study were interested in their experiences singing to their infants and how they use singing in their caregiving. Because of this limitation, the study did not learn how singing functions for
other mothers who did not self select, and may thus have a different relationship or enthusiasm to singing than the mothers participating in the current research.

**Skype versus in person interview**

The medium of the study interview was inconsistent. Caregivers had the choice of a Skype or in-person interview. For a variety of reasons (time limitations, geography, etc.) most caregivers preferred to interview using Skype; only a few preferred in-home interviews. This likely influenced the quality of the interview and the data. The difference in face-to-face and Skype interviews likely influences the quality of information shared. The inconsistent method of data collection was seen to influence the reliability of the findings.

**VII. Future Directions and Conclusions**

In light of these limitations, there are numerous directions for future research on first time caregivers’ experiences singing to their infant. As mentioned, other caregivers, besides biological mothers, are an extremely important area of research. This would offer an opportunity to learn if singing achieves similar tasks for other caregivers who are not biological mothers. Additionally, a study that focuses on singing practices within specific ethnic groups as it relates to singing style, lyrics, and ideas of motherhood would offer insight into variations and/or consistencies in sung caregiving practices. The demographic in the current study was too small to explore this with any kind of validity. Lastly, because there was not a formal study that directly measured maternal identity development, an assessment of maternal identity development for those mothers who do and do not sing to their infants in the first year would confirm the proposed hypothesis in this discussion section. To this point, a study comparing the additional caregiving
tasks singing achieves, i.e. the quality of connection, emotion regulation, self-expression/cultural transmission, and personal memories of caregiving for mothers who do and do not sing to their infants is also necessary. This would help explore whether the absence of sung caregiving might influence the execution and/or experiences of these caregiving tasks. Finally, the integration of a focus on maternal singing across a range of clinical infant and toddler work should be explored.

In conclusion, the data from the present study suggest that first time mothers’ experiences of singing to their infants served a number of caregiving functions involving a woman’s relationship to herself and her developing relationship with her infant. These findings further suggest that singing could be a valuable therapeutic modality for first time mothers to enrich the infant caregiver bond, as well as the caregiver’s understanding of herself as a mother and her own early childhood experiences. Singing workshops might be especially valuable to caregivers with painful childhood experiences with their primary caregiver, or those mothers who were not sung to as children. These or other musical interventions would hopefully pave the way to improving a woman’s sense of agency in creating the relationship they want to create with their infant, and in finding their own unique maternal voice.
Appendix A-Flyer

Hello New Mamas!

Come participate in a short, fun, and musical doctoral dissertation study on

FIRST TIME MOTHERS’ EXPERIENCES SINGING WITH THEIR INFANTS (0-12 MONTHS)

No musical background needed! Just the desire to share your new motherhood singing stories.

Participants are compensated with the choice to enter a lottery for a $100 gift certificate at amazon.com.

If interested, please contact Mia Pixley, M.Sc. (Principal Investigator):

singingmotherhood@gmail.com

CUNY GRADUATE CENTER
City College of New York
Clinical Psychology PhD Program
160 Convent Avenue, New York, NY 10031

CUNY UI - Institutional Review Board
Approval Date: July 23, 2013
Expiration Date: June 4, 2015
Coordinator Initials: TM
Appendix B - Recruitment Script

"Word of Mouth" Script

Hello xxx- I am doing a dissertation study on first time mothers’ experience and use of singing with their infants, where I interview mothers about their relationship to music and how they use singing during their first year of motherhood. Participation should take roughly 60-75 minutes, and compensation involves the opportunity to enter a lottery for a $100 gift certificate to amazon.com. All information collected during the research process is strictly confidential. If anyone comes to mind, I can give you the flyer for my study to pass along. Thank you!

Script when Contacted

Hello xxx- Thank you for your interest in the study. This is a small sample dissertation study exploring how mothers experience singing with their children. Involvement includes us setting a time to speak for about 45-60 minutes. In this meeting, I'll give you a short demographics questionnaire asking info about your age, education history, employment, ethnicity/race, and if applicable the same kinds of information for your partner, as well as your child’s gender and date of birth. After this, we will do a 12-question interview about your relationship to music and your experiences singing as a new mom. The day after the interview, I will send you an email invite to a shared Google document, asking you to describe one musical moment from the day. This could be any moment that comes to mind and the entry can be as short or as long as you like. In total, participation should take about 60-75 minutes of your time. All information is confidential. A signed consent form between you and I outlining research procedure and parameters confirms this confidentiality. For compensation, you have the choice to enter a lottery for a $100 gift certificate to amazon.com. Do you have any questions?
Appendix C-Consent Form

CITY UNIVERSITY OF NEW YORK

City College of New York

Department of Clinical Psychology

CONSENT TO PARTICPATE IN A RESEARCH PROJECT

Project Title: Music and New Motherhood: The use of song between new mothers and their infants, a preliminary investigation.

Principal Investigator: Margaret Mia Pixley
   Graduate Student
   City College of New York
   North Academic Building 7/238
   160 Convent Avenue
   New York, NY 10031
   503-764-8188

Faculty Advisor: Steve Tuber, Ph.D.
   Faculty Advisor
   City College of New York
   North Academic Building 8/109
   160 Convent Avenue
   New York, NY 10031
   212-650-5672

Site where study is to be conducted: At participants’ private homes.

Introduction/Purpose: You are invited to participate in a cross-sectional research study exploring the function of singing for new mothers with their infants. The purpose of the study is to gather information about first time mothers’ use and experience of singing with their infants. The study has three points of data collection: First, the study will include demographic information such as age, marital status, ethnicity/race, employment status, child’s DOB, and child’s gender. Second, the study will include a 45 to 60 minute long, 12 question semi-structured interview. Third, after completing the interview, you will be asked to write one “diary” entry within the next two days following the interview date. The diary entry asks you to describe one musical moment with your baby. Participants will complete the entry via a password protected Google document that is shared between the participant and the researcher.

Procedures: If you consent to participate in this study by signing this form, you are giving the researcher permission to use the information you provide during the interview in a dissertation study. All information is de-identified and anonymous.

CUNY UI - Institutional Review Board
Approval Date: July 23, 2013
Expiration Date: June 4, 2015
Coordinator Initials: TM
At the beginning of the study, you will be given a brief demographics questionnaire. Next, you will be given a 12 question semi-structured interview about your relationship to music and your experiences of singing with your infant. At the end of the interview, you will be emailed an invitation to view a shared, password protected Google document between the participant and the researcher. The Google document contains one question that asks you to describe one musical moment that day. Answers may be whatever length you desire.

As compensation for participation in the study, you have the opportunity to enter a $10 raffle at Amazon.com.

**Possible Discomforts and Risks:** There are likely to be few, if any, discomforts involved in being a research participant. However, it is possible that when discussing music and the memories associated with song between you and your child, or in your past, you may experience some upsetting memories. If you do feel some unpleasant emotions, you can decline to answer any questions and can end the interview at any time.

**Benefits:** The study provides mothers an opportunity to reflect on the experiences of new motherhood and music with possible insight into aspects of mothering and song that may have been previously unrealized.

**Alternatives:** There are no other alternative procedures to the research.

**Voluntary Participation:** Taking part in this research is completely voluntary. You may refuse to answer any question asked during the interview. You will also be allowed to review any audio or video recordings and request certain data not be used if you feel uncomfortable. You may withdraw from participating in the study at any time, including after completing the interview. If you withdraw from the study, all of your information will be deleted from the research.

**Financial Considerations:** Participation in this study will involve no cost to the subject. For your participation in this study, you have the choice to enter a $10 raffle at Amazon.com

**Confidentiality:** If you agree to participate, you will be given a unique code number. The researcher will identify your demographic information and interview answers only by this number. To further protect your confidentiality, the data will be stored on a password-protected computer, and the audio file will be deleted immediately after importing to the password-protected computer.

**Contact Questions/Persons:** If you have any questions about the research now or in the future, you should contact the Principal Investigator, Mia Pixley, 503-764-8188, singingmotherhood@gmail.com. If you have any questions concerning your rights as a participant in this study, you may contact:

Tricia Mayhew-Noel (212) 650-7902
IRB Office IRB Administrator

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Statement of Consent:

“I have read the above description of this research and I understand it. I have been informed of the risks and benefits involved, and all my questions have been answered to my satisfaction. Furthermore, I have been assured that the principal investigator of this study will answer any future questions that I may have. I voluntary agree to participate in this study.

By signing this form I have not waived any of my legal rights to which I would otherwise be entitled.

I will be given a copy of this statement.”

____ Yes, I would like to participate in the lottery for a $100 Amazon.com gift certificate.  
____ No, I would not like to participate in the lottery for a $100 Amazon.com gift certificate

Printed Name of Subject ___________________________  Signature of Subject ___________________________  Date Signed ___________

Printed Name of Investigator ___________________________  Signature of Investigator ___________________________  Date Signed ___________
Appendix D - Demographics Questionnaire

Music and New Motherhood: An exploratory study on new mothers’ experience and use of singing to their infants, a preliminary investigation
City University of New York: City College
Principal Investigator: Margaret Pixley, M.Sc.

Demographics Questionnaire

Name:  
Email address:  
Phone Number:  

Your Age:  
Your Gender:  
Highest Level of Education Completed:  
Occupation before child’s birth:  
Are you currently working?  
--If yes, how many months after your child’s birth did you go back to work?  
Your Nationality:  
Racially, you identify as _______________  
(If applicable) Ethnically, you identify as _______________  

Do you have a partner?  
(If yes please answer questions below)  
Partner’s Age:  
Partner’s Highest Level of Education Completed:  
Partner’s Occupation:  
Is your partner currently working?  
--If yes, how many months after your child’s birth did your partner go back to work?  
Partner’s Nationality:  
Racially, your partner identifies as _______________  
(If applicable) Ethnically, your partner identifies as _______________  

Your Child’s Name:  
Your Child’s DOB:  
Your Child’s Gender:  
Child’s Nationality:  
Racially, you identify your child as _______________  
(If applicable) Ethnically, you identify your child as _______________  

Thank you so much. I really appreciate you taking the time to fill out this questionnaire.
Appendix E-Caregiver Experience of Singing to Infants Interview

Music and New Motherhood: An exploratory study on new mothers’ experience and use of singing to their infants, a preliminary investigation
City University of New York: City College
Principal Investigator: Margaret Pixley, M.Sc.

Caregiver Experience of Singing to Infants Interview

1. Let’s start by talking a little bit about your relationship to music? What music do you currently like to listen to? What music did you listen to when you were a teenager? What music did you listen to when you were a child?

2. What are your favorite songs? What do you like about these song(s)?

3. What words come to mind when you think of singing?

4. What words come to mind when you think of singing with [child’s name]? 

5. How has singing been a part of your experience as a new mother?

6. Do you ever simply sing to yourself? Can you describe a time you remember singing to yourself as a new or expecting mother?

7. Do you find music helps you when you’re having a rough time?

8. When you were pregnant, did you think you would sing to [child’s name]? What did you imagine that would be like? Were there any specific songs you thought you would sing? Why?

9. Please describe the first time you remember singing to your baby? What did you sing? How did you start to sing to your child in that moment? What was it like for you?

10. Currently, are there favorite songs you sing to [child’s name]? How did these come to be favorite songs? What do you think it is like for [child’s name] when you sing these songs to [him/her]? What is it like for you?

11. Please describe a memory from you childhood about singing and song?

12. In general, why do you think mothers sing? Why do you sing?

**At the end of the interview, ask mother to send a song or lyrics to a song that has been important for her as a new mother. Ask her to say why.**

Thank you so much. I really appreciate you taking the time to do this interview.
Appendix F-Diary Entry Question

Music and New Motherhood: An exploratory study on new mothers’ experience and use of singing to their infants, a preliminary investigation
City University of New York: City College
Principal Investigator: Margaret Pixley, M.Sc.

(Appendix C)

Diary Entry (to be completed one time only):

Please describe one “musical moment” you had today. This could be singing with your child, singing to yourself, playing a song you like, playing an instrument, clapping a rhythm, etc. What thoughts came to mind? What feelings? What memories, if any? Your entry can be as short or as long as you wish.
Appendix G- Lullaby Texts

Lullabies cited from McDowell (1977) and Masuyama (1989):

McDowell, 1977:

(A Spanish folk song about a wife’s discontent with her husband’s behavior towards her when he returns home, p. 211.)

All labors are for us poor women
Who wait at night for our husbands to come.
Some return drunk, others return merry.
Others say, “Lads, let us kill the women.”
Other ask for their supper,
But we have nothing to give them.
“What did you do with the two coins?
Woman, how careless with money you are.”

(English lullaby, “Balow my Babe”, p. 212)

My babe and I right soft will lie
And ne’er respect man’s cruelty.
I wish all maids be warned by me
Never to trust men’s courtesy.
If we do by chance to bow
They’ll use then they care not how.

(A Welsh lullaby, expressing a mother’s wish for the pleasant outlook her child has and missing her child’s father who has died, p. 212.)

Lull-lully, my baby, oh, would that they mother
Were happy as though, and light-hearted tonight;
Lull-lully, now get thee to sleep with no singing,
My songs are all quenched, like a perishing light;
And ‘tis easier now
To shed tears on they brow.

(A German cradle song, teasing a baby to sleep or else two little lambs will nibble on its toes, p. 213).

And if you do not sleep tonight,
First the black and then the white
Will give your little toes a bite.

(An African American lullaby tries to tempt a baby into sleep by the promise of treasures, p. 214).

Do you want the moon to play with?  
Or the stars to run away with?  
They’ll come if you don’t cry.

Masuyama, 1989:

(3 brief lullabies from the village of Itsuki, recorded by local historian, Terue Uemura, p. 144-146)

I hate to baby-sit a baby  
I am hated by my master because the baby cries.

If you don’t go to sleep after I say, “Go to sleep,”  
Once, I’ll hit your head and pinch your butt.

How lovely a sleeping baby is!  
How hateful a crying baby is!
Bibliography


SINGING MOTHERHOOD: PIXLEY


