



Full length article

Emergence of *amae* crying in early infancy as a possible social communication tool between infants and mothers



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ABSTRACT

Amae is defined as “wishing to be loved (Scheidlinger (1999). *The Journal of the American Academy of Psychoanalysis*, 27(1), p. 91)”. *Amae* crying is known as crying of infants when seeking intimate emotional communication with caregivers. The objective of this study was to delineate when and how *amae* crying emerges in early infancy. Crying episodes of four infants were observed bimonthly, in the natural context of their homes, from birth to 6 months of age, for approximately 60 min per session. Crying episodes (total = 275) as determined by two coders were analyzed with respect to several behavioral measures. Results indicated that *amae* crying emerged at the age of 2 months, and consistently accounted for 30–40% of the total crying episodes after the ages of 3 months. *Amae* crying could be accurately identified when infants were not in acute discomfort and had already got the attention of their mothers. At such times, infants did not shed tears, cried with a fussy voice, and frequently looked at their mothers. Mothers responded to *amae* crying more promptly than they did to other types of crying behaviors. It is concluded that 3 months of age, when infants probably begin to use crying as a social communication tool is a major turning point for crying behavior from the perspective of its biological and social roles. It is suggested that *amae* crying might play an important role in strengthening and encouraging mother–infant interactions.

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1. Introduction

In the course of early life development, the nature of crying dramatically shifts from a biological signal to being a social sign. In the neonatal period, crying almost always originates from biological needs, such as hunger, or the need to get diapers changed. In the field of developmental physiology, such crying reflecting a change of homeostasis and lacking a connection with external event is known as “biological crying” (Emde, Gaensbauer, & Harmon, 1976). In the subsequent few months, crying gradually comes to be influenced by social interactions (Lester, 1984; Lewis, 2008; Zeifman, 2001; Zeskind, 1985; Zeskind & Lester, 2001; Vingerhoets, 2013). Crying that is motivated by social, or interpersonal reasons, such as being bothered by siblings, being shy around strangers, or seeking the attention of caregivers, is termed “social crying”. Patterns of social crying are in some ways different from those of biological crying (Wolff, 1969). Murray (1985) described that infants seeking the attention of caregivers, without having any physical needs, did not cry noisily, raucously, and stridently.

Non-noisy crying of infants seeking intimate emotional communications with a caregivers is often defined as *amae* crying by Japanese caregivers. Although the term “*amae*,” (Doi, 1973/2001) has no clear definition, it has been described as “wishing

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to be loved (Scheidlinger, 1999, p. 91)", "an emotional state that appeals to and is fulfilled by another's indulgence (Lebra, 1976/1986, p. 54)", or "a dyadic construct involving reciprocity in an intimate relationship (Emde, 1992, p. 38)." *Amae* and attachment are similar words in that both are rooted in the need for closeness and security (Rothbaum & Kakinuma, 2004). There are however, differences between the two terms. Attachment is usually associated with negative emotions of infants, such as when there is a threat in the environment, or when they are under distress (Bowlby, 1969/1982), whereas *amae* can be observed whenever there is a desire for the fulfillment of purely affective, or instrumental needs (Behrens, 2004). Although *amae* crying is included in social crying, it is specifically distinguished when an infant is not in acute discomfort, or is not distressed, and only seeks emotional communication with his/her caregiver.

It has been suggested that social crying has important functions of deepening the bonds between caregivers and infants (Nelson, 2005; Saarni, 2011), and of encouraging infant to be intimately involved with others (e.g., Adamson, 1996; Chen, Green, & Gustafson, 2009; Zeifman, 2001). Probably, the emergence and development of *amae* crying are important aspects of mental and social development in early infancy. It is possible that early infants learn how to build close relationships with others (e.g., Adamson, 1996; Chen et al., 2009; Nelson, 2005; Saarni, 2011; Zeifman, 2001), by using *amae* crying as a social communication tool. Although there have been many studies on early infant crying, little attention has been paid to the development of *amae* crying from the perspective of emotional communication (Zeskind, 2013), which is the context in which infant crying has been observed (St James-Roberts, 2012; Wood & Gustafson, 2001), or from longitudinal perspective (Del Vecchio, Walter, & O'Leary, 2009).

The objective of this study was to delineate when and how *amae* crying emerges in the early life of infants, from birth to 6 months of age, and to identify whether *amae* crying were an important social communication tool of infants for expressing their desire to be cared. The mothers' reactions to infants' *amae* crying was also discussed.

2. Method

2.1. Participants

Four infants participated in this study, which included one girl (infant A) and three boys. All infants were born healthy with normal birth weights (range, 2689–3465 g). At the beginning of our observations, three infants were in their first month and infant D was in his second month after birth. The design of this study was explained to their parents, and their informed consent for participating in this study was obtained. The Research Ethics Committee of the University of the Sacred Heart approved the study.

2.2. Videotaping

Crying episodes by each infant were videotaped bimonthly in their homes, mostly during the daytime, until the infants were 6 months of age. Each videotaping session was conducted using a camera (Victor GZ-HM670, Victor GZ-MG360, and Sony DCR-PC1), for approximately 60 min in a naturally occurring context. The author usually conducted the recordings, however mothers also occasionally recorded their infants. Usually, the video operator videotaped infants from an approximate distance of 2–3 m, by focusing on infants' faces. The camera was set up to facilitate to capture the mother–infant dyad when the infant cried. The sibling of infants A and B were sometimes at home and on these occasions, we gave priority to the natural context and accepted the sibling's presence.

2.3. Coder and crying episodes

Two of the three coders (the author and a psychologist, or the author and a specialist in education) independently evaluated each crying episode for the following measures using the digital video recorder (Victor GZ-HM670). All vocal protests by the infants were regarded as crying episodes, if the crying or fussy sounds lasted for more than 3 s. Discontinuous crying episodes were regarded as separate episodes when the interval between the crying episodes was more than 15 s. The percentage of inter-coder agreement was 90% for infant A, 87% for infant B, 90% for infant C, and 91% for infant D. When the coding between coders was not consistent, the opinion of the first coder was given priority.

2.4. Measures in each crying episode

2.4.1. Level of infant distress

The level of distress in infants during each crying episode was evaluated based on the loudness of the infant's voice and facial expressions, and were classified into three categories: a full cry (very loud accompanied by a crying face, often with tears); a fussy cry (moderate loudness not accompanied by tears); and a minimal cry (minimal sounds of discomfort). The percentage of inter-coder agreement was 93%.

2.4.2. Degree of proximity to the mother

The degree of proximity of an infant to the mother at the onset of each crying episode was classified into six categories: infant is not able to see or hear the mother; infant is not able to see the mother but can hear her; infant is not able to reach

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