

The Reported Coping Strategies of Mothers of Toddlers in
Response to Stress-Related Incidents Involving Toddlers

by

Myrna Ellen Rourke

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ABSTRACT

The reported coping strategies of mothers of toddlers to stress-related incidents involving toddlers.

Myrna Ellen Rourke:

The purpose of this descriptive study was to identify the reported coping strategies of mothers of toddlers to stress-related incidents involving toddlers. A convenience sample of thirty-two mothers was obtained from the urban Winnipeg area. The mothers were English-speaking, married and living with their spouses. They had at least one child eighteen to forty-two months of age. The mothers were presented with twenty-four vignettes, describing situations involving toddlers. The mothers were asked to indicate how they had or would cope with the incident in each of the vignettes, and to indicate the level of stress they associated with each vignette. A demographic questionnaire was administered and the resultant data was examined.

The unit of analysis was the total response of the mother to each vignette. Each response was analyzed according to the dominant theme expressed by the mother. These themes became categories of reported coping strategies which were defined and labelled by the researcher. Intercoder agreement was determined between the researcher and nursing experts. Thirty-one categories of reported coping strategies emerged, and twelve of those emerged from mothers' responses to two or more vignettes. These were labelled by the researcher as anticipating, controlling, acquiescing, guiding, negotiating, reacting (non-preventative), seeking professional help, expressing own feelings, enticing, disciplining, accommodating and substituting. Further study is needed to validate the categories which emerged from this research. Vignettes, which involved injury and/or illness tended to be associated with high levels of stress

by as many as ninety percent of the mothers. The mothers in this sample indicated that they had or could cope with the stress-related incidents in the twenty-four vignettes.

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To my parents and my children, for their love and their support.
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Finally, to my husband, Donald for "being there".

Myrna Rourke

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CHAPTER I

Introduction

Problem Statement

The problem addressed by the research was related to how mothers of toddlers cope. The community health nurse has frequent contact with mothers of toddlers. She is in an advantageous position to provide both educational and anticipatory guidance. As a community health nurse the researcher has observed over the years that some mothers of toddlers find coping with their children stressful. The mother's stress seems to increase when she has several children in addition to the toddler.

New mothers with children are dealing with a transition from individual or couple to a family unit with children (Duvall, 1977). McCubbin, Joy, Cauble, Comlau, Patterson and Needle (1980) indicated that "we need to know more about those critical family resources such as coping ... which appear to have the dual role of buffering the negative consequences of family life and facilitating family adjustment" (p. 866). Based upon the researcher's experience and a review of the literature, there appeared to be a need to investigate the coping strategies of mothers of toddlers and the level of stress associated with stress-related incidents.

Literature Review

A review of the Cumulative Indexes to Nursing Literature, Psychological Abstracts, Sociological Abstracts and a Medline and Medlar Search was done from at least 1975 to the present time. Literature related to stress, crisis theory, family and individual development was examined, as well as studies related to coping and coping strategies. The literature review is presented under these headings.

Stress. Mothers experience stress as they interact with their children. What is stress? Mothers may have difficulty explaining specifically what stress is, but after a day in which a toddler has not slept, baby has had diarrhea, and company arrived unexpectedly, a mother knows she feels something different.

Hans Selye (1974) studied stress and its effects on all parts of the human body. He noted that prolonged stress may lead to illness. The implication is that stress is harmful and that it is the result of a damaging, threatening or challenging stimulus (stressor). Lazarus and Roskies (1980) point out that

this view of stress as an unusual state is no longer tenable ... Even social institutions like marriage, which traditionally have provided structure and stability for human relationships, are being buffeted by changing norms to the point where they no longer provide the myth of a safe harbor of routine and habit. To confront harm, threat or challenge in a manner which taxes or exceeds our adaptive capacities is no longer viewed as the fate of only the particularly vulnerable, or those exposed to an exceptional set of circumstances, but instead as part of the 'average expectable environment' (p. 40).

In today's world, mothers of toddlers experience stress in their everyday world, not just in crisis situations of monumental proportions. Holmes and Rahe (1967) studied not only the effect of crisis events such as

death and divorce but also everyday expected events such as holidays, weddings, expansion of the family, job promotion, etc. They found that both kinds of events produced stress and that an excess of even expected, happy events could result in difficulties. When an individual is faced with demands which strain his/her ability to respond, the individual's response depends upon both his or her external and internal conditions (Caplan, 1981; Lazarus, Averill, & Opton 1974). A mother's external conditions consist of her home, her family, her financial situation, the state of her marriage, etc. Her internal condition refers to her psychological being, for example, her self-concept, her feelings, attitudes, emotions. Therefore, each mother experiences each situation from a unique set of internal and external conditions. Mothers react differently to the same stressors (stimuli), which may be viewed as negative, positive or neutral elements; crisis or normative events.

Crisis Theory. Lindemann (1944) and Caplan, Edward and Kaplan (1965) studied people's reactions to adversities and challenges that created crises in their lives. Caplan developed a theory of crisis based upon the concept of homeostasis. It is a dynamic theory; that is, man is seen as being able to grow as a result of his experience with crises. Caplan et al. (1965) states that "the essential factor influencing the occurrence of crisis is an imbalance between the difficulty and the importance of the problem and the resources immediately available to deal with it" (p. 36). The impact of each factor upon the other influences the severity of the crisis. One additional stressor added to the situation may be the factor which changes the situation into a state of crisis. The mother who has an attentive, concerned husband, an extended family, and financial security may find that coping with an irritable toddler may not

be unmanageable; whereas a mother whose husband is rarely home, who is without an extended family, other social supports or financial security may find coping with an irritable toddler most difficult. It may require the addition of only a minor stressor such as a late payday to turn the situation into a crisis for the latter mother.

Some researchers (Aguilera & Messick, 1974; Caplan, 1981; Caplan et al., 1965; Golan, 1978; Smith, 1973, 1977) agreed that crisis is not an illness, not a pathological state. It has been envisioned as a catalyst to spur the individual on to new developments and growth. There are two types of crises, developmental and situational. Robischon (1973) says that

developmental or maturational (also referred to as normative), crises are those which human beings experience in the process of their psychological growth. They are considered stages or phases of the normal life cycle. They are periods of physical, psychological and social changes accompanied by changes and disturbances in thought and feeling. During these times, examples of which are school entry, adolescence, starting a new job, marriage, parenthood, certain tasks must be faced and mastered if the individual is to pass through this stage in a healthy way and move on to further healthy growth and development. (p. 247)

Rhodes (1980) envisions the family as an adaptive unit which moves through "transitional crises" of maturation in response to internal family pressure and external, environmental pressures. Therefore, the young mother is coping with the transitional crisis of parenthood and its accompanying developmental tasks. "Times of crises, of disruption or constructive change, are not only predictable but desirable. They mean growth" (Sheehy, 1976, p. 31). Each mother experiences and copes with the internal and external pressures of everyday life in her own way. She develops coping strategies to help her deal with her experiences.

Family Development. What are the developmental experiences or tasks faced by the mother, the toddler and the family? Duvall (1971) reminds the reader that during the child-bearing stage the family is

having, adjusting to and encouraging the development of infants ... and establishing a satisfying home for both parents and infants ... As children advance in years the parents are adjusting to the needs of their children in various ways. As well, parents may be coping with energy depletion and lack of privacy (p. 151).

Rhodes (1980) envisions the task as replenishment versus turning inward,

which begins with the birth of the first child and ends when the last child enters school ... An impending crisis in the life of the family is created by the birth of the first and successive offspring ... Parenting results in the depletion of one's ability to give and ultimately in self-absorption if replenishment is not available (p. 34).

The experience of parenting can be stressful, and can progress to a crisis state. However, both stress and crisis have the potential to produce family and individual growth.

Rossi (1968) states that the child's need of mothering is absolute while the need of an adult woman to mother is relative.

Our family system of isolated households, increasingly distant from kinswomen to assist with mothering, requires that new mothers shoulder responsibility for the infant precisely for that state of the child's life when his need for mothering is far in excess of the mother's need for the child (p. 27).

The young mother may experience internal pressures. She may feel trapped or imprisoned. Many young mothers have given up lucrative positions to care for their expanding family. Many feel that they "should" experience caring for toddlers as rewarding. They may be surprised to find that their feelings are ambivalent. Lovell and Fiorino (1979) point out that "one of the main problems with motherhood is that women cannot change their minds about motherhood if they find out they are no good at it" (p. 72). They

are caught. In many instances they find they must develop new ways of coping in order to survive. Lovell and Fiorino (1979) discussed how the myths of motherhood control the power of woman.

By assigning sole responsibility of child care to the mother and then isolating her away from family and friends, demanding that she provide complete and continuous care, we are harming both mothers and children (Lovell, 1979, p. 77).

Coping and Coping Strategies. Mothers cope with their toddlers each and every day. In studying coping strategies, researchers (Hecker, 1979; McKinney, Lorion, & Lax, 1976; McCubbin et al., 1980; Pearlin & Schooler, 1978; and Rodin, 1979) define coping multifariously. Leitlin (1980) in a study to assess the coping behavior of children states that coping is

an active, adaptive process of using strategies to manage one's world ... Coping strategies are specific behavioral consequences, however simple or complex, used to deal with specific challenges or problems (p. 138).

Hecker (1979) in a dissertation conceptualized coping as "an individual's personal response to her particular situation ... It is a function of one's personality and environment" (61101-B). Further, Lazarus, Averill and Opton (1974) agree with Murphy (1962) that "coping is any attempt to master a new situation that can be potentially frustrating, challenging or gratifying" (p. 250).

The young mother interacting with her toddler experiences old and new situations daily, even hourly. Depending upon the mother's internal and external environment, the situations may result in her experiencing stress in such forms as frustration, challenge, and/or gratification. Each mother consciously or unconsciously employs a coping strategy. Her

coping strategy may or may not be successful. Why a particular strategy works one time and not another puzzles and exasperates many a mother!

Lazarus and Roskies (1980) point out that coping and stress are intertwined, a model of coping is a model of stress. Scott, Oberst and Dropkin (1980) coined the phrase stress-coping.

Coping with stress represents a gradual movement toward specific goals and is a necessary characteristic of growth ... Cognitive strategies consist of the neuro-cognitive, affective, and physiological response dimension (p. 17).

Another researcher (Chalmers, 1980) defined coping strategies utilized by patients with chronic illness as behavioral, cognitive and emotional responses. Lazarus et al. (1974) studied coping extensively and pointed out that

coping never can be assessed or evaluated without regard to the environmental demands that create the need for it in the first place. It is essential that we discover how each type of situation initiates, shapes and constrains the forms of coping (p. 258).

Many researchers (Dyer, 1963; Hobbs, 1968; Hobbs & Cole, 1976; LeMasters, 1957; Rossi, 1968; Russell, 1974; Ryder, 1973) have studied how the family copes with transition and expansion. Miller and Sollie (1980) examined the well-being of mothers and fathers at age six months pregnant, at age of child one month and eight months. Both parents experience slight to moderate decline in personal well-being and increased personal stress over one year. Russell (1974) studied five hundred and eleven couples who were parents for the first time. He found that they experienced their first year of parenthood as "moderately successful and well supplied with rewards" (p. 300). What happens during the toddler period? How do mothers cope with one or more toddlers or one toddler and one or more other children?

There is a dearth of studies which directly examine the coping strategies of mothers of toddlers. Therefore, studies were examined which investigated the coping strategies of different groups of subjects. Various researchers used different methodological techniques. Problems related to generalizability, the instruments chosen and response rates were discerned. Several researchers (Lowenberg, 1970; Poole & Hoffman, 1981; Rose, 1975) used case studies. Their lack of generalizability was a limitation as is any situation with a non-random, small sample size. Many studies (Andreasen & Norris, 1972; Cohen, Dizenhus, & Winget, 1977; Ford & Spaulding, 1973; Tietz & Vidmar, 1972) developed instruments such as interviews, which were described as intensive, semi-structured or structured, for the specific samples to which they were administered such as severely burned patients, bereaved families, imprisoned sailors, and children with juvenile diabetes. These instruments were combined variously with demographic, health questionnaires, coping scales and/or inventories. It was thought that these instruments would be unsuitable for mothers of toddlers as they were designed for ill persons, children, grieving families or sailors. In one study (Goldstein & Adams, 1967) four groups of undergraduate students were exposed to a tension-arousing film in a laboratory setting. Coping responses were measured by skin conduction, which is an inappropriate method for the present study. Hoffman and Futterman (1971) studied terminally-ill children and their families as they waited in a hospital outpatient clinic. The researchers developed an alternative intervention and assessed how the subjects responded by observation and a simple scoring system. However, details of the research design were not included in the report of the study. In both of the last two studies it was felt that the instruments would be unsuit-

able for a study of the coping strategies of mothers of toddlers.

Some studies (Eagle & Burke, 1968; Needle, Griffin, & Svendsen, 1981) utilized mailed questionnaires. However, this approach can result in disappointing response rates as well as a decreased sample size due to inaccurately completed forms (Polit & Hungler, 1978). For these reasons, mailed questionnaires was not a method considered for the present study.

Four other studies, in which the samples were: 1) patients in an emergency and a hypertensive clinic, 2) children, 3) nurses, and 4) mothers of children between four and eight years, were reviewed. These studies also had some methodological implications for the present study. In the first study, Jalowiec and Powers (1981) developed a measurement of coping behavior, which they administered to a sample of twenty-five patients in emergency and eighteen patients in a hypertension clinic. Forty coping strategies were constructed from a review of the literature on coping and adaptation. A Likert-type five-point format was used, and scores were summed. The content validity was based upon the intensive and critical review of works by authorities. A test-retest reliability was established (Spearman's correlation $r = .79 < .001$). The strategies were divided into problem-oriented and effective strategies by twenty volunteer judges, whose interrater reliability was eighty-five percent overall. Subjects were asked to indicate which if any of the coping behaviors they would use and to indicate their degree of use. The scale consisted of general coping strategies. Mothers of toddlers may well have additional coping strategies related to specific incidents involving toddlers.

In the second study, Zeitlin (1980) developed a child's coping inventory based on a review of the literature. The child is presented

with a challenging, difficult or different situation. The child's response was scored by an observer. Interrater reliability and split-half reliability co-efficients were reported to be statistically significant. Tests used were not indicated. Scores of "normal" and handicapped children were compared and a statistical difference was found. The coping inventory was reported as having validity for children, for whom it was designed. It would not be a valid scale for mothers of toddlers.

In the third study, intensive care nurses who cope with unusual amounts of stress were the subjects of the research. Jacobson (1979) developed anecdotes about neonatal nursing stress from two hundred and twenty incidents described by eighty-seven nurses. These incidents were reduced to fifty-two by a panel of five expert neonatal nurse judges. These fifty-two were reduced to ten categories based on the themes of the incidents. The researcher had the neonatal nurses sort the fifty-two incidents into five categories from least stressful (1) to most stressful (5) in an effort to compare and quantify the stressful incidents. Jacobson thought that five was as many distinctions as subjects could make, given the length and stressful nature of the items (p. 115). Stressfulness and item frequency were not significantly correlated. However, the tests used were not indicated.

In the same study, a sample of sixty-one neonatal nurses from eight hospitals in three states were asked to respond to ten incidents. One high stress incident and one low stress incident were chosen from the five content categories, developed from the two hundred and twenty incidents. The nurses were instructed to list for each incident all the ways "they could think of to cope with the incident" (Jacobson, 1976, p. 159). The responses were open-ended and voluminous. A random sample of twenty-

eight percent was selected and analyzed. Following a review of the literature, a list of thirteen coping strategies was developed, which were uniformly worded, and considered valid. Intercorrelations were done among the thirteen strategies. The researcher included behavioral illustrations of each strategy in order to increase the reliability and the validity of the tool. Utilizing the ten incidents, the neonatal nurses were asked to indicate the likelihood that they would use each of the thirteen coping strategies in relation to each incident. A five-point scale was developed. Nurses were encouraged to take "a break after every three or four incidents" (Jacobson, 1976, p. 277). The researcher examined biographical data in relation to the nurses' reported use of coping strategies. This study had many aspects which were promising for the present study. However, the coping strategies useful for neonatal nurses would not be applicable to mothers of well-toddlers.

Finally, Grusec and Kuczynski (1980) developed twelve tape-recorded disciplinary situations which they presented to twenty mothers of children age 4-5 and twenty mothers of children age 6½-8 years. No attempt was made to direct the mothers' responses to the incidents. Responses were tape-recorded, transcribed and coded. The researchers noted that a limitation of their study was the question of the extent to which mothers would respond with incidents of behavior that they felt would be socially unacceptable to the researcher. However, seventy percent of the mothers said they would hit, spank or yell at their children; indicating that the mothers felt free to report such behaviors; that some "disinhibiting" had occurred. Validity testing of the instrument by a panel of mothers was not incorporated into the study. However, it was stated that

there was a high degree of interrater reliability in the assignment of mothers' responses to various

categories of discipline, with ninety-five percent agreement between the second author and a person naive to the purpose of the study and to the literature on child discipline (Grusec & Kuczynski, 1980, p. 3).

In reviewing the literature no coping inventory was found which was related specifically to mothers of toddlers, and which would answer the question: How do mothers of toddlers cope? What method could be used to determine the coping strategies of mothers? Observing mothers coping directly with their children and recording the incidents on videotape for analysis was considered. The influence of social desirability on the mothers' coping strategy was a concern. However, it was also time, expense and availability of equipment that discouraged the pursuit of videotaping. One approach used in the literature was "incidents". Flaskerud (1979) refers to those

short, compact descriptions which exemplify the concept under consideration as vignettes ... The use of vignettes in a measuring instrument is a valid and desirable method of eliciting responses (p. 210).

Flaskerud suggested that an attempt should be made to establish validity of the vignettes by literature review, submission to experts and pretesting, but even then validity is not conclusive. "Validity is the degree to which an instrument measures what it is supposed to be measuring" (Polit & Hungler, 1978, p. 434). In the present study, the researcher chose vignettes as a stimulus to which mothers could respond. Their responses were considered to be their reported coping strategies. The validity of these vignettes referred to the degree to which mothers viewed them as incidents to which they could respond and thus describe the strategies that they would or did utilize to cope with their toddlers. An attempt was made to establish some degree of validity for the vignettes, by pre-

testing them with a group of mothers of toddlers.

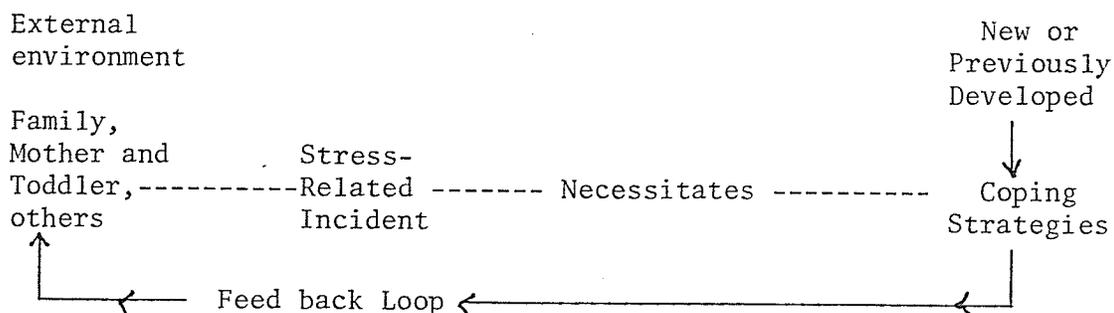
Another consideration was the social desirability of the mothers' responses. Would the mothers' respond as they said they would or would they report the coping strategies which they felt would be most socially acceptable? If the mother had never experienced a particular incident with her toddler, would she cope with the incident using the same strategies as she reported? The vignettes were stimuli which provided the mothers with opportunities to discuss their coping strategies.

The literature review has provided the researcher with the basis for the conceptual framework which follows.

Conceptual Framework

The concepts of stress and coping form the underlying framework of the study. Coping is envisioned as a mother's response to a situation in which she is interacting with her toddler. Coping strategies are responses, which mothers employ when interacting with their toddlers. The coping strategies enhance or reduce the stress produced by the interaction with the toddler. Mothers respond multifariously. The incidents to which mothers respond daily reflect the environmental variation, both internal and external, which the mothers experience. When a mother cares for her own and/or other children all day long, the increased stress she experiences may affect her coping strategies. A mother may have experienced a similar incident with her toddler previously. She may have coped with a particular situation with one or more other children when they were toddlers, and/or with the child who is a toddler now. It is possible that her previous experience will affect her coping strategies. The following schema is an attempt to visualize the conceptual framework:

Schema 1: Mother-Toddler Interaction I



The mother and toddler interact, and the mother experiences a degree of stress which necessitates that she utilize previously used coping strategies or develop new ones. The coping strategies of the mother provide feedback to the child, to the mother herself, and to the family.

Research Questions. The questions to which the present research is directed are as follows:

- 1) What were the reported coping strategies of mothers of toddlers to stress-related incidents involving children?
- 2) Which incidents did mothers report as being associated with no stress or low, moderate or high levels of stress?

Definitions. The following terms were defined for the purposes of this study as:

- 1) Coping is defined as how a mother responds to a situation in which she finds herself.
- 2) Coping strategies are the specific responses which the mother develops and uses to deal with the situation.
- 3) A toddler is a child between the ages of 18 months and 42 months.
- 4) A mother is an individual who is between 18 and 40 years of age and who has a toddler and/or one or more other children.
- 5) Stress is "a condition of tension within an individual which occurs as a response to one or more stressors" (Levine & Scotch, 1970, p. 21).

- 6) Stressors are defined as "any condition that is posed to the individual or organism for solution ... Stressors in the family vary greatly not only in form and severity but in degree of continuity. Some stressors are marital conflict ... sibling rivalry, or child-rearing practices ... An element that is a stressor in one family may not be for another" (Levine & Scotch, 1970, pp. 21-22).

Assumptions. The following assumption was basic to the pursuit of this investigation: that the reported coping strategies reflect the behavior of the mothers.

Ethical Considerations. The sample consisted of mothers who had volunteered to participate in the study. The mothers were given a copy of the "Prepared Statement for Requesting Subject Participation" (see Appendix A). The mothers were requested to sign a consent form (see Appendix B). The identity of the subjects was protected by coding the questionnaires, the Stress Level of Vignette Measure, tapes and transcribed responses. This was done to provide confidentiality for the client. The researcher was the only person who knew the identity of the subjects, and did all the coding. The researcher kept the identity of the clients confidential. In a period not to exceed three years, the raw data will be destroyed. The tape-recordings will be erased. Questionnaires and the stress measure will be shredded by the researcher.

During the sessions, the researcher made no judgmental comments at any time. The mothers were assured that there were no right or wrong answers. If the researcher envisioned that a mother was experiencing some discomfort as a result of her candid response to individual incidents, she indicated her willingness to be available at the end of the session. If problems or concerns were identified, the researcher suggested the appropriate referral.

The mothers were informed that they could withdraw from the study at any time without fear of reprisal. They were told that the researcher would discuss the results of the study with them following completion of the study. Any publication resulting from the study will protect the anonymity of the subjects. The research proposal was presented to the Ethical Review Committee of the School of Nursing for approval. A letter of approval was received (Appendix C).

Limitations of the Study. Mothers only were studied, not because fathers were viewed as unimportant but due to time restraints. The inclusion of fathers would be desirable for future studies. The sample was limited in its size, and it was a convenience sample as mothers were not randomly sampled. Recall distortions limited the validity of the mother's description of her coping strategies. Reported rather than observed coping strategies was a further limitation. The question of whether mothers would respond with socially unacceptable answers is a recognized limitation of the study. Whether or not unacceptable behavior could be observed more accurately than reported is doubtful. In deciding to utilize vignettes, it was recognized that a limitation was their lack of validity and reliability.

CHAPTER II

Method

The study was descriptive in nature because of the dearth of previous knowledge about the specific coping strategies of mothers of toddlers. The selection of the sample, the development of the instruments, the method of data collection and the data analysis is discussed in the following section.

The Sample

A convenience sample was used which "entails the use of the most readily available persons or objects for use as subjects in a study" (Polit & Hungler, 1978, p. 454). The type of convenience sampling used was snowball sampling. This method of sampling was chosen to avoid problems inherent in obtaining subjects from physicians and Child Health Centres and such sources. Obtaining a sample from a physician may result in an illness bias and Child Health Centres rarely see children over the age of eighteen months. "Snowball sampling offers the researcher convenience at the risk of sample bias" (Polit & Hungler, 1978, p. 454). The sample consisted of mothers from the geographical area of Winnipeg, which was utilized for its accessibility and numbers. The sample of thirty-two mothers was considered to be a sufficient number. The mothers' ages ranged between twenty-one and forty, and they each had at least one toddler eighteen to forty-two months. The mothers were English-speaking, and they all lived with a spouse.

Instruments

Since no instruments were found to operationalize the research questions, two instruments were developed. One of these instruments was in the form of vignettes to which the mothers were asked to respond. The other was the Stress Level of Vignette Measure. These are described below:

1) Vignettes (see Appendix D). Vignettes were one or two sentence stress-related incidents involving an interaction between a mother and her toddler. Thirty-two vignettes were developed, based upon the researcher's experience and the literature.

In an attempt to establish some measure of validity for the vignettes the following procedure was utilized. Five women, including two secretaries (one married with children, one married without children), two nurses (one with a Master's degree, one with a Bachelor's degree, and both married without children), and one mother with two toddlers, were asked to sort the thirty-two vignettes so that similar vignettes were grouped together. The result was twenty-three groups of vignettes, with one or more vignettes in each group. The researcher arbitrarily chose a representative vignette from each group which had more than one vignette. Thus, nine vignettes were eliminated, leaving a remainder of twenty-three vignettes. In a pilot in July 1981, five mothers of toddlers were asked to respond to the vignettes. Two mothers indicated that the incident involving the lack of money for drugs was not realistic for them but agreed it was realistic for some mothers. Therefore, the vignette was retained. One mother indicated an incident involving a blanket was not realistic for her "because it would never occur in my house". However, the incident was retained as the majority perceived it as realistic.

The mothers' consistency of response was tested by the inclusion of a duplicate vignette (Vignette twenty-two), in which only minor details were changed from Vignette two. "Friend" replaced "cousin", "backyard" replaced "playroom", and "tricycle" replaced "toys". The two vignettes were separated by twenty other vignettes, so as to disguise further their duplication.

2) Stress Level of Vignette Measure. (see Appendix E). The Stress Level of Vignette Measure was developed by the researcher in order to determine the stress mothers perceived that they would or had experienced in relation to each vignette. It is assumed that each mother would perceive the stress produced by each vignette differently. For some mothers, some vignettes will be more stressful than others. The Stress Level of Vignette Measure gave the mother an opportunity to indicate the relative stress of each incident (vignette) for her. The levels of stress were as follows: High stress, moderate stress, low stress, and no stress. Four categories of response were chosen, as a greater number would have created problems with distinguishing between categories. By using four categories it was hoped to reduce the tendency to select the middle neutral category in an odd-numbered scale. The scale was pretested in July 1981. Mothers had no difficulty identifying their perceived level of stress in relation to each vignette.

Demographic Interview Questionnaire

The demographic interview questionnaire provided the researcher with information about the families in the sample (see Appendix F). The demographic variables were the age of the mother, number of children, type of residence, current employment status of parents, and the mothers' educational status. These variables were selected in order to determine

the characteristics of the sample. Questions related to the mothers' activities inside and outside the home, whether or not the mothers babysit other infants and/or toddlers were other variables included. The researcher was able then to describe some characteristics of the sample.

Data Collection

Data collection occurred in December 1981 and January 1982. It was decided to ask acquaintances and fellow students to provide the names of mothers who had toddlers, and these mothers were asked for other names. The researcher's initial contact was a fellow student who provided the researcher with the name of a mother who had organized a Community Centre play group. The researcher visited the play group and invited the eligible mothers to participate in the study. There were seventeen mothers who volunteered. All seventeen participated in the study. The remaining fifteen mothers were acquaintances of the play group mothers, the researcher or fellow students, and were contacted and asked to participate at later times. More mothers were available than the researcher could utilize.

The researcher contacted each mother personally and provided her with standardized information about the study (see Appendix A). Mothers were asked to sign a consent form in which they agreed to withhold information from possible subjects until the study had been completed (see Appendix B). Every eligible mother who was approached agreed to participate. The researcher phoned each of thirty-one of the mothers the evening prior to the arranged interview day. Thirty-one mothers were available as arranged. One mother who had not been contacted was not home on the interview day. Another meeting was arranged for the following day. Data was collected by the researcher at the place specified by the mother. The time was

negotiated around the schedule of both the mother and the researcher. Twenty-nine of the interviews were carried out in the mothers' homes. Two mothers were interviewed at work in an office and one interview was completed in a vacant university room. Mothers usually chose the early afternoon when their children were sleeping, and only two mothers chose an evening. Some interviews were done with toddlers and babies present throughout the interview, or during parts of the interview.

The vignettes were presented to the mother verbally and on written cards, and they were presented in the same order. The mothers were asked, "How would you or did you cope with this incident?" The mothers were told that there were no correct or incorrect answers, and were asked to respond as if the incident had or was happening to them. The responses were tape-recorded for the convenience of both the mothers and the researcher, since it requires less time to record than to write the responses and the accuracy of the response is increased. Some mothers expressed initial uneasiness about being tape-recorded, but there were no mothers who refused to be tape-recorded.

After the mothers responded to all of the vignettes, they were requested to sort the vignettes into four piles, according to the level of stress the mother perceived that the incident in the vignette would have or had had for her. The mothers recorded the level of stress on the Stress Level of Vignette Measure form. Finally, the mothers were asked to complete a demographic questionnaire (see Appendix F). The researcher assisted the mothers as necessary, by clarifying questions. The researcher examined the questionnaire for completeness of response.

The following procedures were utilized to minimize errors in the study and to provide consistency. The procedures were as follows:

- a) The interviews were done by the researcher, using prepared instructions (see Appendix A).
- b) Mothers were told that there were no correct or incorrect answers.
- c) The twenty-four vignettes were presented in the same order to all the mothers.
- d) The researcher did not respond to or discuss the mother's responses to the vignettes during the data collection.
- e) If unusual situations arose, such as child abuse, during the interview, the researcher would respond as a Community Health Nurse, and then refer the client to the appropriate agency. The mother would be excluded from the sample. (No unusual incidents occurred and therefore no mother was excluded).
- f) The mothers' responses were transcribed from audio-tapes to five by eight cards by a typist.
- g) Confidentiality of the respondent's answers was assured by numerical coding of tapes and questionnaires. No names appeared on any data collection forms or materials.

Data Analysis

Each response was transcribed onto an index card. There were twenty-four vignettes with thirty-two responses, one from each mother. The unit of analysis was the theme (Holsti, 1969) of the mother's whole response to the incident in the vignette. This theme was the dominant aspect of the response which best reflected the coping strategy of the mother.

Each vignette was considered separately and the thirty-two responses to each vignette were coded into not more than five categories per vignette. An 'other' category was used, for unclassifiable responses, when necessary. Each category represented the dominant theme arising from the mother's whole response to the vignette. The emerging categories were defined as clearly as possible so that other coders would recognize the category. Then, the responses were sorted into the categories and recorded. The response cards were shuffled then and resorted into the categories.

Further adjustments were made in order to clarify the definitions. The responses were resorted a third time if necessary. The total process was repeated for each of the twenty-four vignettes.

A panel of judges selected every third vignette as the vignettes to be recoded in order to establish intercoder agreement. The recoding was done by two clinical nurse specialists with Masters Degrees in Nursing. One of the coders had expertise in Maternal and Child Nursing and the other had expertise in Psychiatric Nursing. They were given eight vignettes and their accompanying categories and the mothers' responses to the vignettes, and instructed to code them in order, beginning with the lowest number. They were to read the vignette, and the definitions of the categories. Then, they were to read each response in its entirety and to sort it into the most suitable category. The procedure was repeated for each of the eight vignettes (see Appendix G). The results of the sorting were compared with the researcher's coding. The intercoder agreement was the number of coded responses which corresponded to the researcher's coding divided by the total number of responses. The intercoder agreement was sixty-nine percent, which was not an acceptable level. The categories were redefined and the researcher sorted the responses. When the researcher had defined the categories so that an intracoder agreement of over eighty percent was reached, the responses were coded by lay coders. Intercoder agreement between the lay coders and the researcher was considered acceptable if it reached seventy-five percent or over. When all the vignettes had been coded by the lay coder and an acceptable level of agreement had been reached, every sixth vignette beginning with number five was selected. Finally, two nursing coders with Masters degrees in Nursing were asked to sort the responses into the most appropriate

categories. The resulting intercoder agreement between the nurses and the researcher was eighty-six and eighty-nine percent, respectively.

The data from a demographic questionnaire and the Stress Level of Measure were examined and appear in Tables 1, 2 and 3.

CHAPTER III

Results

The demographic questionnaire provided the researcher with information about families in the sample. The demographic variables were the mother's age group, the number and ages of the children, the type of residence, their current employment status and the mothers' educational status. Other variables included the mothers' babysitting obligations and volunteer activities and their husbands' employment status. The demographic data are discussed below and present characteristics of the sample.

Demographic Data

Mothers' Ages. The analysis of the demographic data revealed that eighty-one percent of the mothers in the sample were between the ages of twenty-six and thirty-five years of age, whereas in the city of Winnipeg according to the latest statistics available only forty-four percent of the women were in the age category twenty-five to thirty-four (see Table 1).

Table 1

Age Groups of Women in the Sample; in Winnipeg

Sample			Winnipeg		
Age Group ^a	Number	Percent	Age Group ^b	Number	Percent
21 - 25	3	9.4	20 - 24	28,740	27
26 - 30	16	50.0	25 - 34	45,665	44
31 - 35	10	31.2	35 - 44	30,655	29
36 and over	3	9.4			

*Statistics Canada, 1976.

n^a = 32

n^b = 105,060

Families. All the mothers in the sample were married and living with a spouse, however, one mother and one father were reported as being remarried. In Winnipeg, eighty-nine percent of families were husband-wife families and eleven percent were lone-parent families. All the families in the sample lived in houses, while in 1976 in Winnipeg only sixty-five percent of families lived in single-attached or single-detached dwellings (Statistics Canada, 1976).

Thirty-one percent of the mothers had one child, and sixty-nine percent had more than one child (see Table 2). Of these sixty-nine percent, fifty percent of the mothers had two children, sixteen percent had three children and three percent had four children. The sample families had one-point-nine children per family, whereas, in Winnipeg, families had one-point-four children (Statistics Canada, 1976). According to the same statistics, Winnipeg families have three-point-three persons per family, whereas in the sample, there were three-point-nine persons per family. Therefore, the families in the sample were larger and had more children than the families in the Winnipeg area in 1976.

Education. Thirty-four percent of mothers were graduates of a university, sixty-six percent of the mothers were not university graduates but had grade eleven or twelve education (see Table 2). In Winnipeg only six percent of women had a university education (Statistics Canada, 1976).

Employment. Forty-four percent of the mothers were employed either full-time or part-time outside their homes, in occupations related to nursing, stenography or clerking. Forty-six percent of married women in Winnipeg in 1976 participated in the labour force. Therefore, in relation to employment status, the sample tended to be somewhat representative of the

Table 2

DEMOGRAPHIC DATA ON MOTHERS IN THE SAMPLE, AND A COMPARISON OF THREE OF THESE VARIABLES TO MOTHERS/WOMEN IN WINNIPEG*. (mothers - n = 32)

Variables	Sample of Mothers		Population of mothers/ women in Winnipeg**	
	Number of mothers	Percent of mothers	Number of mothers/ women	Percent of mothers/ women
Mother with			(mothers - n = 97,645)	
one child	10	31	35,365	36
two children	16	50	34,205	35
three children	5	16		
four children	1	3	24,510	25
five and over	0	0	3,565	4
Mothers education			(women - n = 211,445)	
university	11	34	11,675	6
non-university	21	66	199,770	94
Mothers employment outside home				
full or part-time	14	44		46
non-employed	18	56		54
Mothers employment inside home				
full or part-time	4	13		
non-employed	28	87		
Mothers babysitting				
full or part-time	9	28		
non	23	72		
Mothers volunteer work inside home				
Yes	4	12.5		
No	28	87.5		
Mothers volunteer work outside home				
Yes	21	66		
No	11	34		
Mothers other activities				
Yes	17	53		
No	15	45		
Mothers husbands' working regular hours				
Yes	16	50		
No	16	50		

*Statistics Canada, 1976.

**Comparison was made on the variable number of children with mothers in Winnipeg and on two variables education and employment with women in Winnipeg.

married women in Winnipeg.

No further comparisons between the sample of mothers and the Winnipeg population of women was possible, as no statistics were available related to the remaining variables. In the sample thirteen percent of mothers were employed part-time inside their homes in activities involving knitting and making other saleable items, babysitting, and one in a telephone answering service. Eighty-seven percent of mothers were not employed inside their homes.

Babysitting. Twenty-eight percent of mothers reported that they did occasional babysitting for other infants or toddlers. Seventy-two percent of the mothers indicated that they did not do babysitting and only one mother reported caring for an older child on a regular basis.

Volunteer work. Some mothers were involved in non-job-related volunteer work inside and outside their homes. Eighty-seven percent of mothers did not do volunteer work inside their homes, while thirteen percent were involved in bookkeeping and phoning. Sixty-six percent of the mothers participated in volunteer work outside their homes, such as, play groups, La Leche League, church groups, and associations. Thirty-four percent were not involved in such activities.

Other Activities. Fifty-three percent of the mothers in the sample attended a play group with their children (see Table 2). Eighty-eight percent of the mothers reported participating in other activities that took up some of their time, such as day and evening classes, sports, bingo, crafts, and association meetings. There seemed to be a tendency for mothers to be involved in activities outside the home, rather than inside the home, whether they were voluntary or employment activities. While not part of

the questionnaire, it was noted that fifty-three percent of the mothers in the sample were mothers who attended a play group and had been invited to participate in the study.

Husbands' Employment. All the husbands were employed, and fifty percent of the mothers reported that their husbands had regular working hours. Some mothers found that their husbands irregular working hours were convenient as it provided them with an opportunity to go shopping alone, to work or to participate in classes and other activities.

In summary, a convenience sample of mothers was used. The sample had a larger proportion of mothers in the age group twenty-five to thirty-four, and there were no single parents and all the families lived in houses. The families in the sample had more children, and more years of education but their participation in the labour force was similar to other Winnipeg women in 1976. The sample of mothers in this study was not necessarily representative of mothers in Winnipeg, therefore, no generalizations from the sample to the population was possible or intended.

Analysis of the Categories of Reported Coping Strategies. The first research question in this study was "What were the reported coping strategies of mothers of toddlers to stress-related incidents involving toddlers?". In examining the data in relation to this question, the researcher analyzed the mothers' responses to the incidents in the vignettes and searched for dominant themes which emerged from the data. These dominant themes were labelled and defined and represented categories of reported coping strategies. The mothers' responses were sorted then into these categories.

Each of the vignettes, their definitions, examples of each category

as well as Stress Level of Vignette Measure for each vignette are described below:

VIGNETTE #1 You are in a hurry. Your eighteen month old toddler refuses to come with you. He says "No" and runs away.

Reported Coping Strategy Categories.

Three categories emerged from the mothers' responses to the incident in this vignette. These were controlling, enticing and expressing own feelings.

Definition of Categories and Examples

- 1) Controlling. The mother reported that they had or would cope with the incident in the vignette by forcing the child to accompany her. She may try to persuade the child to come but in the end she assumes command and the child has no choice.

I would bodily take him, even if he screamed because you've got to establish who is boss.

- 2) Enticing. The mother reported that she had or would cope with the incident in the vignette by trying one or more ways of persuading the the child to accompany her, and the child did go with her.

We usually take her and explain to her where we are going and what we will be doing there. I often end up bribing her to put her coat on, if you go there we'll go to MacDonald's on the way back.

- 3) Expressing own feelings. The mother reported that she had or would cope with the incident in the vignette by focusing on how the situation affected her. The mothers may utilize other coping strategies but her overriding concern is how the incident affects her.

I found I had very little patience if things didn't go, it would get me all in a huff, especially if you were running out of time. I would get all steamed up.

Stress level of vignette. In examining the level of stress which the mothers reported was associated with vignette one, only three mothers indicated that they perceived that the incident in the vignette had or would have a high level of stress for them. Eight mothers indicated that the incident would not be stressful for them. Eleven mothers associated a moderate level of stress with the vignette (see Table 3).

VIGNETTE #2 Your toddler and his cousin are in the playroom. Your toddler pulls the toys away from the other child, and refuses to let him have any toys.

Reported Coping Strategy Categories.

Three categories emerged from the mothers' responses to the incident in this vignette. These were controlling, distracting and guiding.

Definition of Categories and Examples

1) Controlling. The mother reported that she would or had coped with the incident in the vignette by taking charge of the situation and directing the child's activities. Other strategies, such as guiding or distracting may have been attempted but had failed and the mother took charge and the child no longer had a choice.

I usually take the toy from him and give it to the other child and give him one. Sometimes I have to spank him.

2) Distracting. The mother reported that she would or had coped with the incident by offering one or both of their children an alternative object. Guiding and controlling may have been attempted but may be ineffective. The dominant theme is distracting the child's attention.

I try and distract my child with another toy ...
I try and distract the other one then to play with something else.

Table 3

The Level of Stress Mothers Reported In Relation To Each of The Vignettes

Vignette	Number of Mothers Reporting The Levels of Stress				n=32
	No	Low	Moderate	High	
1	8	11	10	3	32
2	7	20	5	0	32
3	12	11	7	2	32
4	3	6	20	3	32
5	8	4	12	8	32
6	19	12	1	0	32
7	5	15	12	0	32
8	1	1	5	25	32
9	4	12	13	3	32
10	14	14	3	1	32
11	1	2	20	9	32
12	2	5	13	12	32
13	8	11	9	4	32
14	7	5	16	4	32
15	0	1	2	29	32
16	2	14	13	3	32
17	7	10	12	3	32
18	10	9	12	1	32
19	4	11	11	6	32
20	0	7	17	8	32
21	4	15	11	2	32
22	9	16	7	0	32
23	9	16	5	2	32
24	0	0	2	30	32

- 3) Guiding. The mother reported that she had or would cope with the incident in the vignette by attempting to teach the children how to share with one another. The strategy seems successful and neither distracting nor controlling are necessary to any extent. Guiding is the dominant theme.

Normally with him I can sit down and just tell him that he has a guest and when he goes over to somebody else's place they will let him play with their toys and he must share and he usually will.

Stress Level of Vignette Measure. Twenty of the mothers reported that the incident in the vignette would have a low level of stress for them. No mothers reported that the incident would have a high level of stress (see Table 3).

VIGNETTE #3 Your toddler has a favorite blanket. It needs replacing but he will not take a new one. No blanket - no sleep.

Reported Coping Strategy Categories

Three categories emerged from the mothers' responses to this incident. They were sustaining, withdrawing and substituting.

Definition of Categories and Examples

- 1) Sustaining. The mother reported that she had or would cope with the incident by letting the child keep the favorite article as long as the child expressed a need for the article. Withdrawing and substituting may have been used but the dominant theme is sustaining.

I have that. I just keep washing it, it's all falling apart in rags. I gave him a new one and the old blanket, he keeps the old blanket beside him and he's happy.

- 2) Substituting. The mother reported that she would or had coped with the incident by providing the child with an alternative article. The emphasis is upon supplying an alternative rather than upon withdrawing.

The child may not have a special article but may have been provided with several choices.

I think I would get a new one and place both of them in the crib for a couple of weeks and gradually try to work it over to the new one, trying to get an identical one of course, because if this one is a favorite they are not going to part with it too easily.

- 3) Withdrawing. The mother reported that she would or had coped with the incident in the vignette by weaning or breaking off the child's habit of clinging to a favorite article or person. The child may cry himself to sleep without the favorite article. Substitution may have been tried. The article may have been withdrawn by the mother or forgotten by the child. The dominant theme is withdrawing.

We had that with the soother. He lost his soother just for a little while, he cried, I had bought another one in the meantime, but I didn't give it to him. I would let him cry I think. He went down well, we thought he'd cry without the soother but he didn't.

Stress Level of Vignette Measure. Twenty-three of the mothers indicated that this incident had no or low stress levels for them and only two reported the incident as having high stress whereas seven reported moderate stress (see Table 3).

VIGNETTE #4 Your husband phones that he is bringing home an out-of-town guest for supper. Your toddler has a fever and is irritable and your housework and dishes are not done.

Reported Coping Strategy Categories

Two categories emerged from the mothers' responses to this vignette. These categories were accommodating and negotiating.

Definitions of Categories and Examples

- 1) Accommodating. The mother reported that she had or would cope with the

incident by having the guest for supper. The mother did not consider any alternatives.

I would probably run around and do the housework and dishes really quickly, while I was carrying the baby. I don't think I would make too much of a fuss about the guest coming. This had basically happened and that's what I've done, I've just done it.

- 2) Negotiating. The mother reported that she would or had coped with the incident by considering alternatives. The guest may or may not come for dinner.

I think I would suggest that we get a babysitter and take them out, because I don't believe in having company when my kids are sick. It's not fair to the company if they have to listen to crying. When my kids are sick I spend time with them ... we have cancelled going out, but we've never been in a situation where people have been coming over unless relatives and then I have cancelled that.

Stress Level of Vignette Measure. Twenty mothers indicated that the incident would or did have a moderate level of stress for them (see Table 3).

VIGNETTE #5 Your husband has been out of work for a month. Your toddler has developed a fever. Your doctor orders a prescription that costs \$25.00. Your bank account is at zero.

Reported Coping Strategy Categories

Two categories emerged from the mothers' responses to the incident in this vignette. They were borrowing and negotiating.

Definition of Categories and Examples

- 1) Borrowing. The mother reported that she had or would cope with the incident by obtaining funds from their family, friends or from the bank.

We usually go to relatives, maybe my mother or his his mother to lend us the money.

- 2) Negotiating. The mother reported that she would or had coped with the incident in the vignette by discussing the problem with the doctor and/or the pharmacist in order to meet the child's needs. The dominant theme is negotiating with a health professional about the medication.

First I would talk to the doctor because a lot of times the doctor doesn't have to give you a prescription, he can give you samples. I think the doctor would be more understanding than the pharmacist.

Stress Level of Vignette Measure. Twelve mothers reported that the incident would or did have a moderate level of stress for them (see Table 3). An equal number of mothers (eight) associated the incident with either no stress or high stress.

VIGNETTE #6 Your toddler sucks his thumb at bedtime, during the day when he is tired. He always sucks his thumb when you take him out.

Reported Coping Strategy Categories

Two categories emerged from the mothers' responses to the incident in this vignette. These were acquiescing and substituting.

Definition of Categories and Examples

- 1) Acquiescing. The mother reported that she had or would cope with the incident in the vignette by accepting the child's thumb-sucking. No mention was made of providing a substitute for the child.

I did have one that sucked her thumb at bedtime but now she is older she's very self-conscious about it. I didn't make any fuss about it at all. She grew out of it when she was ready.

- 2) Substituting. The mother reported that she had or would cope with the incident in the vignette by providing the children with an alternative way to fulfill their need to suck, and for attention and security.

Mine don't suck their thumbs. I give them the nipple. I usually take it with me when they go out. The only time they use it is when they are tired.

Stress Level of Vignette Measure. Nineteen of the mothers reported that there was no stress associated with the incident while no mothers indicated that the incident had a high level of stress (see Table 3). A total of twenty-nine mothers indicated that the vignette had no or low levels of stress.

VIGNETTE #7 You and your husband like to go out alone. As soon as you put your coats on, your toddler begins to scream and cry. He refuses to listen to the sitter.

Reported Coping Strategy Categories

Four categories emerged from an analysis of the mothers' responses to the incident in this vignette. The four categories were ignoring, placating, anticipating and expressing own needs.

Definition of Categories and Examples

- 1) Ignoring. The mother reported that she would or had coped with the incident in the vignette by going out with her husband irregardless of the child's behavior or of the mother's guilt feelings. The parents may explain where they are going, kiss the child goodbye and then leave whether the child cries or not. Placating and/or anticipating are secondary.

We've had that experience often with the first one, and not at all with the second one. What we used to do is we were consistent in the babysitter we used and we would just turn on our heels and tell him that we would be returning and that we'd see him soon, and we'd go.

- 2) Placating. The mother reported that she had or would cope with the incident in the vignette by providing the child with treats and/or

extra attention and/or a preferred sitter in order to encourage the child to cooperate. The dominant theme is pacifying or placating the child.

That sometimes happens. But I explain that mommy and daddy are going out for a little while ... and usually you bribe - I'll bring you something - I usually have a pack of gum in my purse that I give her. She likes Grandma to come and play so it usually blows over.

- 3) Anticipating. The mother reported that she would or had coped with the incident by preparing the child for the separation ahead of time. The mother may include aspects of pacifying the child but the primary consideration is preparing the child for the event.

Whenever we have to leave her, we explain to her the day before, telling her 'mom and dad will be going out and we'll be back soon' and it's always somebody she knows and feels comfortable with. We've always prepared her.

- 4) Expressing own needs. The mother coped with the incident in the vignette by discussing her need to distance herself from the children periodically. Ignoring and anticipating may be included but expressing own needs is the dominant theme.

We've had that happen quite often when they were little. They go through a stage where they want to go with you but it's for your own better interest to get out. If you let your kids run your life it's not good for them and it's not good for you. I enjoy going out with my husband, I'm with the kids twenty-four hours a day.

Stress Level of Vignette Measure. No mother indicated that the incident would have a high stress level for her. Fifteen and twelve of the mothers indicated that the incident would or did have low and moderate levels of stress respectively, for them (see Table 3).

VIGNETTE #8 You are bathing your toddler and another child. Suddenly the phone rings. You answer it. Then you hear a piercing scream. The older child has turned on the hot water tap.

Reported Coping Strategy Categories

Two categories emerged from the mothers' responses to the incident in the vignette. These were reacting (non-preventative) and anticipating.

Definition of Categories and Examples

- 1) Reacting (non-preventative). The mother reported that she had or would cope with the incident in the vignette by acting to provide the child with the care or treatment she believes is necessary. Prevention is a secondary concern.

I guess the first thing I would do is grab the children and turn off the hot water and initially check them just to see how bad the burn was.

I'd just have to race and see how badly anyone was hurt and go from there. If someone was badly hurt I'd take them to the hospital.

- 2) Anticipating. The mother reported that she had or would cope with the incident in the vignette by trying to prevent an injury by taking definite precautions. The mother's main concern is to avoid an accident.

I would never do it, there is no way I would leave her. I don't even know what I'd do. I'd just let the phone ring or the doorbell or whatever. We have the tank turned down.

Stress Level of Vignette Measure. Twenty-five mothers indicated that they considered that the incident in the vignette had a high level of stress for them. Only two mothers identified the non or low level of stress (see Table 3).

VIGNETTE #9 You have a new baby. It is lunch time. Baby is screaming for a bottle. Toddler spills his soup all over the floor and is crying for more.

Reported Coping Strategy Categories

Two categories emerged from the responses of the mothers to the incident in this vignette. These were responding to the toddler first or responding to the baby first.

Definition of Categories and Examples

- 1) Responding to the toddler. The mother reported that she had or would cope with the incident in the vignette by reacting to the toddler's action first.

A similar situation has happened. I tend to the toddler because the other one is crying anyway and that one I can settle down and give him more soup and clean up. The other one can be fed in five minutes. If I fed the baby first and left the toddler yelling it might last half an hour.

- 2) Responding to the baby. The mother reported that she had or would cope with the incident in the vignette by reacting to the baby first, then the toddler and/or the soup.

The first thing you try to do I guess, is shut everyone up: Give the baby the bottle, give the toddler more soup, then try to clean up.

Stress Level of Vignette Measure. A total of twenty-five of the mothers indicated that the incident had or would have a low or moderate level of stress for them (see Table 3). The remaining mothers were divided between high and low stress.

VIGNETTE #10 You are breast feeding your new baby. Your toddler is quiet in the next room. You call him but the toddler does not come.

Reporting Coping Strategy Categories

Three categories emerged from the mothers' responses to the incident in this vignette. They were investigating-immediate, investigating-delayed and anticipating.

Definition of Categories and Examples

- 1) Investigating-immediate. The mother reported that she had or would cope with the incident in the vignette by immediately getting up and going to observe the toddler's activities. There is no hesitation in the mother's decision to explore the situation. The dominant theme is immediate investigation.

I'd go and see what's happening, when she's quiet there is usually something happening. I would go.

If that happened I'd be there in a flash to see what was going on. If he's quiet he's into mischief.

- 2) Investigating-delayed. The mother reported that she had or would cope with the incident in the vignette by periodically or at her leisure check to observe what the toddler was doing. The mother's responses indicate that they felt no particular urgency about the situation. The child may or may not be in difficulty.

I think if they are quiet they are usually doing something but I really think anytime they are doing something quietly they should be encouraged, no matter what it is but if it had been a lengthy period of time I'd probably just peek around the corner and see what she was doing.

- 3) Anticipating. The mother reported that she had or would cope with the incident in the vignette by taking action to prevent a possible incident from occurring. Investigating might be included but the dominant theme is anticipating.

Usually when I'm nursing right now, both of them are on either side and I'm reading stories. If they are in their rooms, they always answer and I guess if they didn't I would have to interrupt the nursing and go and see what was going on.

Stress Level of Vignette Measure. Fourteen mothers each indicated that the level of stress they associated with this incident was low and non-existent. Only one mother indicated the level of stress was high (see Table 3).

VIGNETTE # 11 You and your toddler are visiting at your friend's home. There are ornaments on the tables. Your toddler deliberately pushes an ornament off the table, breaking it.

Reported Coping Strategy Categories

Three categories emerged from the mothers' responses to the incident in this vignette. These were disciplining, compensating and anticipating.

Definition of Categories and Examples

- 1) Disciplining. The mother reported that she had or would cope with the incident by reprimanding or correcting the child. Compensating and anticipating are secondary. The dominant theme is disciplining the child.

That happened only once. He got a severe warning and a spanking and I had to pay for it and I told him if he ever did it again he'd be a dead kid. He understood that he'd done wrong and he never did it again.

- 2) Compensating. The mother reported that she had or would cope with the incident in the vignette by offering to replace the ornament and/or by apologizing. The mothers may chastise the child but her main concern is replacing the ornament and/or apologizing.

The first thing I would do is apologize for what he had done and offer to replace it if I could. With toddlers I find that there is not much you can do when you are out other than talk to them or remove them from the situation.

- 3) Anticipating. The mother reported that she had or would cope with the incident in the vignette by mainly attempting to prevent an accident. They would put the ornaments away and/or assist the child to look at the object and explain that it was not a toy. The dominant theme is prevention.

I usually tell whomever I visit that he is two years old and to put anything away that they would not want broken. He will pick up things, but I give him something else to play with and he forgets about it.

Stress Level of Vignette Measure. Twenty of the mothers indicated that the level of stress they associated with this incident was or would be moderate. Nine found that the incident would have a high level of stress for them while only three mothers identified low or no stress (see Table 3).

VIGNETTE #12 Toddler runs around the room. You tell him to stop several times and he keeps running. Suddenly he trips, falls against the coffee table. There is blood running down his face.

Reported Coping Strategy Categories

Three categories emerged from the mothers' responses to the incident in this vignette. They were seeking professional help, guiding and comforting.

Definition of Categories and Examples

- 1) Seeking professional help. The mother reported that she had or would cope with the incident by assessing the injury and seeking professional help from a doctor and/or hospital. This is the mother's dominant concern.

I'd check and see how he is and then I'd put something on the bleeding to stop it. If it is a big gash I'd have to take him to the hospital.

- 2) Guiding. The mother reported that she had or would cope with the incident in the vignette by assessing the injury and then commenting to the child about why the injury had occurred.

When she does that kind of thing, I first of all mop up the blood, try and calm her down, see that there is nothing too seriously wrong and try and explain to her that that was why I didn't want her to run around the room, I was afraid she was going to be hurt.

- 3) Comforting. The mother reported that she had or would cope with the incident in the vignette by soothing the child and then assessing the injury. The mother's first concern is comforting and guiding was secondary.

I'd comfort her first and as long as she wasn't too badly hurt then remind her that's what happens when she runs around, and she's told to slow down ... first of all I think I would give her a cuddle.

Stress Level of Vignette Measure. Thirteen of the mothers indicated that the level of stress related to this incident was moderate, while twelve indicated that the level would be or was high for them (see Table 3).

VIGNETTE #13 You put your toddler to bed at night. He gets up at 3 a.m. and climbs into bed with you and your husband every night.

Reported Coping Strategy Categories

Two categories emerged from the mothers' responses to the incident in this vignette. These were limiting and complying.

Definition of Categories and Examples

- 1) Limiting. The mother reported that she had or would cope with the incident in the vignette by establishing boundaries in relation to their responses to the child's demands. The mother may have attempted to understand and meet the child's needs but she sets definite guidelines when problems arise. The dominant theme is limit setting.

I would get up and take him back to bed. We did that, we lost a lot of sleep when he was younger, running back and forth. He'd return two minutes after I took him back. I would never let him stay in bed with us. I was always afraid he would get a habit of it.

- 2) Complying. The mother reported that she had or would cope with the incident in the vignette by attempting to meet the child's need for attention and his demands. The dominant theme is complying with the

child's demands, with limiting a secondary consideration.

Very often. We just let her stay. He did it too and he grew out of it ... I feel that if she needs that closeness or that comfort, I'm not going to deny it to her. Usually she stays, after all why leave when you're all cozy.

Stress Level of Vignette Measure. Eleven mothers indicated that the incident in this vignette would have or had a low level of stress associated with it (see Table 3). However, nine and eight mothers reported moderate and no stress respectively.

VIGNETTE #14 You are cooking dinner. Daddy is reading the paper. Toddler is hanging onto your leg, whining - the telephone rings and Dad doesn't answer it.

Reported Coping Strategy Categories

Three categories emerged from the analysis of the mothers' responses to the incident in this vignette. These were negotiating, commanding and accommodating.

Definition of Categories and Examples

1) Negotiating. The mother reported that she had or would cope with the incident in the vignette by knowing or arranging with father that he will participate in such situations on his own initiative or at their request. The dominant theme is cooperation between parents; based on pre-planning.

That happens often. If he isn't reading the newspaper he's reading some other magazine, but I just yell at him to either come and get the phone or come and get the kid and that's all there is to it. He's pretty good you know, he helps me a lot. When it has happened he usually does something. We have come to an agreement.

2) Commanding. The mother reported that she had or would cope with the incident in the vignette by ordering/demanding that the father assist

them by participating in the situation. Evidence of negotiating is missing. The dominant theme is commanding.

That has happened and I shout at Daddy to either take the child or answer the phone.

- 3) Accommodating. The mother reported that she had or would cope with the incident in the vignette by handling it as best they could alone. She may call her husband or negotiate with him but she essentially deals with the present situation without help from her husband. The dominant theme is accommodating.

Oh, I just pull the toddler with me. Away we go to the phone. That always happens, that's not unusual. I don't call that a stress situation. Doing three, four things at once at suppertime, that's not unusual. That doesn't phase me at all.

Stress Level of Vignette Measure. Sixteen mothers indicated that the level of stress associated with this incident would be moderate, while four mothers indicated that the level of stress would be high for them and seven reported no stress (see Table 3).

VIGNETTE #15 Your toddler has a slight cold. Suddenly he collapses and begins to twitch. His eyes roll and he does not respond.

Reported Coping Strategy Categories

Two categories emerged from the mothers' responses to the incident in this vignette. These were seeking professional help and reacting (non-preventative).

Definition of Categories and Examples

- 1) Seeking professional help. The mother reported that she had or would cope with the incident in the vignette by immediately calling for help, that is, calling for an ambulance, the physician or the hospital.

Little or no type of intervention was attempted.

I'd phone 911 first and tell them to send an ambulance, then I would call the child's doctor and let him know we're on our way to Children's, that's where they practise out of.

- 2) Reacting (non-preventative). The mother reported that she had or would cope with the situation by assessing it and acting accordingly. Seeking help was secondary. Providing treatment based upon assessment is the dominant theme.

I think the first thing I would do is turn him on his side so he didn't choke or whatever, quickly check him to see if he'd developed a very high temperature and if that was the case I'd sponge him pretty quick.

Stress Level of Vignette Measure. Twenty-nine of the mothers indicated that the level of stress associated with the incident would be high (see Table 3).

VIGNETTE #16 You arrive downstairs to find your toddler has preceded you. She is drawing on the walls with crayon.

Reported Coping Strategy Categories

Three categories emerged from the mothers' responses to the incident in this vignette. These were guiding, disciplining and acquiescing.

Definition of Categories and Examples

- 1) Guiding. The mother reported that she had or would cope with the incident in the vignette by taking the crayons away, explaining to the child where the crayons were to be used and/or providing a supervised place for coloring. She may show the child how to clean the walls. Punishment is secondary or absent. The dominant theme is guiding.

We've had that happen ... We said that you don't write on the walls with crayons, and I got some paper and we sat down and colored on the paper and when she wasn't watching I cleaned the walls.

- 2) Disciplining. The mother reported that she had or would cope with the incident in the vignette by reprimanding or slapping the child, and/or having the child clean up the walls. The dominant theme is punishment.

That happened a couple of times still. I ask who did it and they go - she did - so I don't know. I'll take their crayons away for awhile and then I'll spank them both and send them to their rooms.

- 3) Acquiescing. The mother reported that she had or would cope with the incident by acknowledging that toddlers do crayon on walls sometimes and the mothers take little or no action to reprimand or correct the child.

That's happened quite often. When I hide the crayons they use the ends of the plugs and carve the walls: they now use keys too.

Stress Level of Vignette Measure. Fourteen of the mothers indicated that the level of stress associated with the incident would be low, while thirteen indicated the level would be moderate (see Table 3).

VIGNETTE #17 You find gum in your carpet that your toddler has spit out. You say no more gum. Grandma says, "Oh, poor baby", and gives the toddler gum.

Reported Coping Strategy Categories

Two categories emerged from the mothers' responses. These were directing and negotiating.

Definition of Categories and Examples

- 1) Directing. The mother reported that she had or would cope with the incident in the vignette by informing or telling the grandmother or other person what the child could be given as a treat. The mother may express some anger toward the grandmother.

That's happened. Grandma doesn't often understand that the children have to be told and sometimes punished if they do things that are wrong, she seems to forget when I was a little girl. I'll usually tell grandma that I said no more gum and that's it.

- 2) Negotiating. The mother reported that she had or would cope with the incident by arranging with the grandmothers what the child could have as a treat that was agreeable to both the mother and grandmother. The grandparents may ask what treats are acceptable. The dominant theme is negotiating.

The Grandmas haven't done that, they usually check with me first. They get very little candy, we don't have any in the house and grandmas don't bring candy because they know how I feel about it.

They ask, what can I give them, send home with them, and to them a treat has to be gum or candy, so we've gotten to the sugarless gum business.

Stress Level of Vignette Measure. There were twelve mothers who indicated that the incident in the vignette would be or had been associated with a moderate level of stress for them, but only three who reported a high level of stress (see Table 3).

VIGNETTE #18 You've finally trained your toddler - you bring home a new baby and your toddler starts to soil himself.

Reported Coping Strategy Categories

Three categories emerged but they were variations based upon the mothers' acceptance of the child's behavior and needs. These were acquiescing with retraining, acquiescing with no retraining but extra attention and acquiescing with no specific action.

Definition of Categories and Examples

- 1) Acquiescing with retraining. The mother reported that she had or would cope with the incident in the vignette by accepting the child's behavior

and attempting to retrain the child.

I think this is something that happens quite often, unfortunately. I found that it helped to try to explain to them and try to take them to the bathroom again and sort of retrain them. Make sure they are going to the bathroom regularly by reminding them.

- 2) Acquiescing with no retraining but with extra attention. The mother reported that she had or would cope with the incident by providing the child with extra attention but no retraining is mentioned.

If that's a thing with jealousy, I'd try to explain to him that we love him as much as the baby and try to make more time for him, things like that so he wouldn't feel left out. I wouldn't punish him for doing things like that. He'd probably have to start wearing a diaper again.

- 3) Acquiescing with no action. The mother reported that she had or would cope with the incident in the vignette by accepting and understanding the child's behavior but no specific action is discussed.

I ignored it, I went along with it. I had heard that this does happen and I was prepared for it. It wasn't too long, the novelty of the new baby wore off.

Stress Level of Vignette Measure. Ten of the mothers indicated that there was no stress associated with the incident in the vignette and nine indicated low levels and twelve indicated moderate stress levels were associated with the vignette (see Table 3).

VIGNETTE #19 Your 18 month old daughter refuses to go to bed before you go to bed. When you put her to bed she starts to cry and only stops when you take her with you.

Reported Coping Strategy Categories

In the analysis of the data, two categories emerged. They were routinizing or establishing a routine and controlling.

Definition of Categories and Examples

- 1) Routinizing. The mother reported that she had or would cope with the incident in the vignette by establishing a pattern for preparing the child for bedtime. Enforcing the limits that the mother has established is secondary. The dominant theme is the establishment of a bedtime routine.

She has a routine since she was about a year old I guess ... she usually has an orange and then brushes her teeth, reads a book and then goes to bed.

- 2) Controlling. The mother reported that she had or would cope with the incident in the vignette by insisting that the child remain in bed. There is no mention of establishing a routine. The dominant theme is controlling.

We had this a couple of nights. We were firm and let him cry, he is very placid and when he does cry it literally lasts only ten minutes at the most.

Stress Level of Vignette Measure. Eleven of the mothers indicated that the level of stress associated with the incident was low and another eleven indicated the level was moderate. Six indicated a high level of stress (see Table 3).

VIGNETTE #20 You are out shopping. Toddler finds a toy on the shelf he wants. It is too expensive and you don't want to buy it. You take it from the toddler - he lies on the floor, kicking and screaming.

Reported Coping Strategy Categories

Three categories emerged from the responses of the mothers to the incident. These were controlling, enticing and expressing feelings.

Definition of Categories and Examples

- 1) Controlling. The mother reported that she had or would cope with the

incident in the vignette by establishing who is "boss" and setting limits which the child must accept. Even though some enticing strategies may have been tried, the main theme is controlling.

That has happened and I usually remove him from there and say it's time to go home, and we go. Crying or not we are going home.

- 2) Enticing. The mother reported that she had or would cope with the incident in the vignette by trying to distract the child with another article or by pretending to leave the child. The dominant theme is enticing or distracting the child.

That has never happened, but I usually have something in my purse that is his, a truck or a box of raisins. I would compromise and buy him something that I can afford for a special treat.

- 3) Expressing own feelings. The mother coped by expressing her feelings of frustration and embarrassment often. Controlling may be included but the dominant theme is the mother's expression of her feelings.

I would just bodily pick her up and if I was going to buy something I don't because I can't wait in line when she is like that. I usually just leave the store and get into the car and tell her that she made me angry and that she can't do that. I feel embarrassed.

Stress Level of Vignette Measure. All the mothers reported that there would be some stress associated with this incident. Seventeen indicated that there would be or had been moderate stress experienced in relation to this or a similar incident (see Table 3).

VIGNETTE #21 You need to go to the market. It is very cold. You dress the oldest first, then the younger ones and finally yourself - you look for the toddler and he has undressed himself.

Reported Coping Strategy Categories

Two categories from an analysis of the mothers' responses to the

incident in the vignette. These were controlling and routinizing-anticipating.

Definition of Categories and Examples

- 1) Controlling. The mother reported that she had or would cope with the incident in the vignette by taking charge of the situation and dressing the child, or telling the child to dress himself. The mother may threaten to leave the child. There is no mention of a plan to avoid the incident.

That can happen but not completely undressed. He may take off his mitts, or hat and scarf, whatever, and usually I'll just dress him again, getting angry in the meantime.

- 2) Routinizing - anticipating. The mother reported that she would or had coped with the incident in the vignette by developing a system of dressing the children. The mother develops her system prior to or after the incident. The system may be explained totally or in part.

You try to persuade him to get back into his clothes and because you have to go you just dress him as best you can ... taking note that you dress the toddler last next time to prevent it from happening again.

Stress Level of Vignette Measure. Fifteen of the mothers indicated that the incident was associated with low levels of stress, while only eleven mothers associated the incident with moderate stress (see Table 3).

VIGNETTE #22 Your toddler and his friend are in the backyard. Your toddler pulls the tricycle away from the other child and refuses to let him have it.

Reported Coping Strategy Categories

Three categories emerged from the responses of the mothers to the incident in the vignette. They were guiding, controlling and distracting.

Definition of Categories and Examples

- 1) Guiding. The mother reported that she would or had coped with the incident in the vignette by attempting to teach the children to share and at times supervising their play. The emphasis is on sharing. Controlling is a secondary consideration.

I guess it's the sharing. 'We should take turns, how about you have a turn and then let your friend have a turn' do it that way. I would have to supervise that they were taking turns for a while I guess. If it was just creating a real big scene, then I would take the bike away.

- 2) Controlling. The mother reported that she had or would cope with the incident in the vignette by taking charge of the situation. The child has no choices. No sharing was mentioned and distracting was not utilized. The dominant theme is controlling.

I take it away and give it back to the other child and meanwhile try to explain the situation and usually that is acceptable. If he doesn't accept it I remove him from the situation.

- 3) Distracting. The mother reported that she had or would cope with the incident in the vignette by offering or providing one or other of the children a substitute. The mother might use controlling and/or guiding but the dominant theme is distracting.

I would say that happens. Usually I try to distract them. If there is another child there I try to distract one or the other with something and usually the other one comes around.

Stress Level of Vignette Measure. No mothers indicated that the incident was associated with a high level of stress. Sixteen of the mothers reported that the level would be low for them and nine attributed no stress to the vignette. These levels were similar to those reported by the mothers in relation to Vignette two (see Table 3).

VIGNETTE #23 You have spent the morning cleaning the kitchen floor. Your toddler upsets the milk all over the floor.

Reported Coping Strategy Categories

Two categories emerged from the responses of the mothers to the incident in this vignette. They were acquiescing and coaching.

Definition of Categories and Examples

- 1) Acquiescing. The mother reported that she had or would cope with the incident in the vignette by recognizing and accepting the incident as part of a child's growing up. The mother cleans up the mess herself. The mother considers the incident as primarily accidental. The mother may or may not express anger or annoyance. The dominant theme is acceptance.

That happens all the time. You can leave the floor dirty for months and that day you clean it, they are going to spill. It's just part of having toddlers around.

- 2) Coaching. The mother reported that she had or would cope with the incident in the vignette by teaching the child how to clean up the mess and/or by helping the child clean it up. The dominant theme is coaching or teaching the child a new skill. Acquiescing might be present but the emphasis is on coaching.

I'd give him a cloth and he can mop it up, he has before.
We both wipe up the spills together.

Stress Level of Vignette Measure. Sixteen mothers indicated that the level of stress associated with this incident would be a low level, and nine mothers reported that the incident would have no stress for them (see Table 3).

VIGNETTE #24 You are busy in the other room. Your toddler is playing quietly in the kitchen. You hear a thud. You rush into the kitchen. You find your toddler unconscious on the floor, beside a bottle of household cleanser.

Reported Coping Strategy Categories

Three categories emerged from the response of the mothers to the incident in the vignette. These were seeking professional help, reacting (non-preventative) and anticipating.

Definition of Categories and Examples

- 1) Seeking professional help. The mother reported that she had or would cope with the incident in the vignette by immediately contacting a health professional, hospital or 911 for advice. Anticipating or preventing the incident are secondary considerations. For example,

I'd phone poison control and ask for advice, then probably take him to emergency at the hospital.

- 2) Reacting (non-preventative). The mother reported that she had or would cope with the incident in the vignette by first assessing what had happened and determining if she should take action at home. Seeking help is secondary. For example:

I would check to see what was missing in the bottle. I would look on the bottle and see what to do, they usually tell you on the bottle. I'd do whatever it said on the bottle and then phone the doctor.

- 3) Anticipating. The mother reported that she had or would cope with the incident in the vignette by emphasizing that all the dangerous articles would be out of reach of the children. Calling for assistance was a secondary consideration. For example;

I keep all my cleansers all locked up and mine have never taken anything, that has never happened and I hope it never does.

Stress Level of Vignette Measure. When the mothers were asked to indicate how stressful the incident had been or would be for them, thirty of the mothers reported that the incident had a high level of stress for them even though some mothers indicated the incident had never happened to them (see Table 3).

Stress Level of Vignette Measure. The second research question was related to the level of stress the mothers associated with the incidents in the vignettes. The question was "Which incidents did mothers report as being associated with no stress or low, moderate or high levels of stress?". In examining the results of the mothers' responses to the Stress Level of Vignette Measure, it was observed that all thirty-two mothers attributed some level of stress to the incidents in vignettes fifteen, twenty, and twenty-four (see Table 3). These three vignettes described incidents in which the child collapsed, had a temper-tantrum or swallowed some poisonous material. In relation to vignettes eight and eleven, thirty-one mothers indicated that there would be stress associated with these incidents which involved a potential burn and a broken inanimate object respectively.

Nineteen mothers reported that Vignette six had no stress associated with it. In all other vignettes, at least eighteen and as many as thirty-two mothers indicated the incidents were stress-related for them. This could be considered to contribute additional evidence of the face validity of the vignettes as stress-related incidents.

CHAPTER IV

Discussion

The purpose of the study was to describe the reported coping strategies of mothers of toddlers in relation to stress-related incidents involving toddlers. The results of the study have been presented and will be discussed further in this chapter. The findings of the study will be examined under the headings; sample, method, recurring categories of reported coping strategies and conceptual framework.

Sample. The sample of thirty-two mothers was a convenience sample and therefore, different from Winnipeg mothers. The findings are not generalizable. However, the study was descriptive and the findings may be useful to others who are interested in the coping strategies of mothers of toddlers.

Lazarus et al. (1974) pointed out that the environment in which coping occurs must be considered before coping can be assessed. One limitation of the study was the fact that the fathers were excluded from the sample. Mothers do not cope in isolation from their spouses and have varying degrees of support. This aspect of the mothers' environment was ignored except for its token inclusion in Vignettes four, five, seven, and fourteen. Would the mothers' responses be different if they had responded in the presence of their spouses? Would the categories of reported coping strategies of the fathers be similar or different?

Method. The researcher's decision to utilize vignettes as a stimulus to which mothers could respond was effective. Mothers' responses to the incidents seemed to vary depending upon the mother and the incident. All the mothers responded to all the vignettes.

In reviewing the vignettes, the question of introducing adults into the incidents arose. The purpose of using vignettes was to encourage mothers to describe their coping strategies in relation to incidents involving toddlers, not toddlers and other adults. When adults were introduced into the vignettes the researcher could not be confident that the mothers' responses were related primarily to the toddler rather than to the adult. In designing this study, it might have been advisable that only incidents involving the child be used.

Some difficulty was experienced by the researcher in analyzing the response of the mothers. Many of the responses seemed to involve what might be considered more than one coping strategy. In first attempting to analyze what seemed to be several individual strategies within one response, several methodological problems arose, such as weighting of individual strategies within one response. Consequently, it was decided to analyze the total response of the mother, based upon the dominant theme concept.

The complexity of the responses created difficulty in the analysis. Defining the categories was crucial in order that the coders would be able to sort the responses into categories with an acceptable level of agreement. This required that the definitions be succinct and have clarity of theme. The success of this method was reflected in the level of intercoder agreement obtained through consistent refinement of the definitions.

Face validity of the vignettes was indicated by the fact that approximately eight-one percent of the mothers reported that specific incidents were associated with stress for them. No vignette was associated with an absence of stress by all the mothers and only in relation to Vignette six did as many as nineteen mothers indicate that they associated no stress with that vignette (see Table 3).

A type of Likert scale was utilized in the Stress Level of Vignette Measure. A question arose as to whether or not this measure actually and accurately differentiated between levels of stress. An alternative approach would be to have the mothers indicate whether or not there was any stress associated with the incident rather than attempting to determine a specific level of stress.

Recurrent Categories of Reported Coping Strategies. An examination of the reported coping strategy categories which emerged revealed that there were several categories which recurred in response to different vignettes (see Table 4). Thirty-one categories emerged, eight of these recurred in relation to three or more vignettes. They were anticipating, controlling, acquiescing, negotiating, guiding, reacting (non-preventative), seeking professional help and expressing own feelings. Each of these categories will be considered separately.

Anticipating. The category of reported coping strategies which emerged most frequently was anticipating. It emerged from responses of mothers to six different vignettes (see Table 4). The reported coping strategy labelled by the researcher as anticipating seemed to be employed by the mothers in incidents in which there was potential harm to the child, that is Vignettes eight, ten and twenty-four. In the other vignettes there was no danger to the child but the incidents involved preparing the toddler for separation from parents (Vignette seven), avoiding damage in a friend's home (Vignette eleven) and having to re-dress a toddler (Vignette twenty-one). All these stress-related incidents seemed to involve situations which the mothers might perceive as preventable, and therefore, they might utilize anticipating strategies to achieve that goal.

Table 4

Summary: Categories of Coping Strategies and their Related Vignettes

Categories of coping strategies	Vignettes
Anticipating	vignettes 7,8,10,11,21,24
Controlling	vignettes 1,2,19,20,21,22
Acquiescing	vignettes 6,16,18,23
Negotiating	vignettes 4,5,14,17
Guiding	vignettes 2,12,16,22
Reacting (non-preventative)	vignettes 8,15,24
Seeking professional help	vignettes 12,15,24
Expressing own feelings	vignettes 1,7,20
Enticing	vignettes 1,20
Disciplining	vignettes 11,16
Accommodating	vignettes 4,14
Substituting	vignettes 3,6
Distracting	vignettes 2,22
Borrowing	vignette 5
Coaching	vignette 23
Comforting	vignette 12
Commanding	vignette 14
Compensating	vignette 11
Complying	vignette 13
Directing	vignette 17
Ignoring	vignette 7
Investigating-delayed	vignette 10
Investigating-immediate	vignette 10
Limiting	vignette 13
Placating	vignette 7
Responding to baby first	vignette 9
Responding to toddler first	vignette 9
Routinizing	vignette 19
Routinizing-anticipating	vignette 21
Sustaining	vignette 3
Withdrawing	vignette 3

Controlling. Another category of reported coping strategies which emerged from the mothers' responses to the incidents in some vignettes was controlling. It emerged in relation to Vignettes one, two, nineteen, twenty, twenty-one and twenty-two. In all the incidents, the toddlers had refused to comply with the mothers' wishes and it seemed that there was an issue of power, authority or influence involved. As one mother reported "you have to establish who is boss". The mother may or may not have attempted to utilize other coping strategies but the dominant theme was controlling. It seemed that when parents resort to the use of controlling, they may eliminate alternatives for the child. However, in some instances controlling was only used as a last resort when other strategies had been tried and were unsuccessful in achieving the mothers' goals.

Acquiescing. Another category of reported coping strategies which emerged and was defined and labelled by the researcher was acquiescing. It was associated with Vignettes six, sixteen, eighteen and twenty-three (see Table 4). These vignettes involved thumbsucking, crayoning on walls, regressing in toilet training, and upsetting a glass of milk on the floor. Some mothers accepted these incidents as part of a child's development, a progressive step in the child's motor co-ordination or an expected occurrence. As one mother reported in regard to the latter:

I ignored it (regression in toileting). I went along with it. I had heard that this does happen and I was prepared for it. It wasn't too long, the novelty of the new baby wore off.

In relation to Vignette eighteen, acquiescing emerged strongly as it was manifested in all three categories which were identified and labelled. These were acquiescing with retraining, acquiescing with no retraining but with extra attention and acquiescing with no action. Basically all the

mothers appeared to accept the behavior of their toddler in relation to this incident in which there was regression in toilet training, but the mothers reported some variation in how they would handle the incident thereafter.

Negotiating. Another category which emerged from the mothers responses to several vignettes was the reported coping strategy category labelled as negotiating. It emerged in response to the Vignettes four, five, fourteen and seventeen (see Table 4). These incidents involved the toddler, the mother and another adult. The mothers seemed to negotiate only when another adult was involved and it did not appear to be a strategy that mothers utilized in coping directly with their toddler. This category, which the researcher labelled as negotiating was related to the toddler indirectly. It appeared to be concerned with how adults would agree to cope with the toddler. For example, in the case where grandparents were involved:

It hasn't happened with gum, but with candy and chocolate bars and stuff they bring over and we had to stop that. Ask them to bring balloons or popcorn or something like that, and even Trident gum.

Guiding. The category of reported coping strategies which was labelled as guiding emerged from the responses to Vignettes two, twelve, sixteen and twenty-two (see Table 4). In response to these vignettes some of the mothers attempted to teach their children new concepts such as sharing or safety, or skills, such as crayoning. The mothers seemed concerned about helping their children to learn rather than just preventing damage, for example:

That happened upstairs. I told her not to draw on the walls with crayons because 'mommy doesn't like it when you draw on the walls with crayons because it's alot of

work to clean it off' and then I took her back to the kitchen table and sat her down with her crayons, 'you tell mommy and we'll sit down at the table and we'll draw together' and I've not had any problems since.

Reacting (non-preventative). This category of reported coping strategy emerged in relation to the response of some mothers to Vignettes eight, fifteen and twenty-four (see Table 4). The incidents in these vignettes involved illness or possible injury to the toddlers. The main theme was reacting with immediate action to provide care for the toddler. These mothers seemed able to assess the situation and to act accordingly to provide the needed intervention, which may or may not involve the assistance of health professionals or emergency services.

Seeking professional help. Some mothers responded to the incidents in Vignettes twelve, fifteen and twenty-four with responses which were categorized and labelled as seeking professional help (see Table 4). In these three vignettes the toddlers' health was compromised and the mothers' strategy seemed to be directed toward obtaining help from health or emergency personnel.

Expressing own feelings. Some mothers appeared to express their own feelings about an incident, such as in Vignette one, seven and twenty. In examining these vignettes, there seemed to be a measure of non-compliance by the toddler, which may have stimulated the expression of feelings by the mother, for example:

I just leave the store and get into the car and tell her that she made me angry and that she can't do that. But I won't buy the toy. I feel embarrassed. I remember one time in the store, I was waiting in line and she was putting her head back in my arms and the lady behind me said 'why do people bring their children to the store' so I just put the things back that I was going to buy and left. I was crying in the car because I was so embarrassed.

Recurring categories related to two vignettes. Some of the remaining categories of reported coping strategies which emerged from the responses of the mother recurred in relation to two vignettes. These categories were enticing, disciplining, accommodating and substituting.

Enticing. The category labelled enticing emerged from the mothers' responses to two vignettes in which the mothers' expressed the need to gain the child's co-operation by providing a bribe to persuade the child to accompany the mother and to attract his attention away from an expensive toy (Vignette one and twenty).

Disciplining. In analyzing the mothers responses to Vignettes eleven and sixteen, the category labelled as disciplining emerged. In examining the two vignettes it was noted that both the incidents in the vignettes involved possible damage to inanimate objects which were not the property of the toddler but of adults, that is a broken ornament and crayoning on a wall.

Accommodating. The category of coping strategies labelled as accommodating emerged from the mothers' responses to Vignettes four and fourteen. Both of these vignettes involved the father. Negotiating was another strategy which also emerged from these two vignettes. Accommodating differed from negotiating in that the mothers who responded with accommodating strategies had or perceived they had no alternatives, whereas those utilizing negotiating discuss alternative arrangements.

Substituting. This category of reported coping strategies emerged in relation to Vignettes three and six. Both of these vignettes involved toddlers and their attachment to either thumb-sucking or to a favorite

blanket. The mothers' responded by providing alternatives to the child.

In summary, it seemed notable that certain categories of reported coping strategies recurred in relation to one, two or three or more vignettes. The recurring categories seemed to emerge in relation to commonalities in the stress-related incidents in the vignettes. The categories which emerged in relation to only one vignette did not possess this common feature with any other vignette. The researcher suspects that the small sample size and the limited diversity of incidents contributed to the emergence of a preponderance of categories related to a single vignette (nineteen of the thirty-one). Other samples of mothers may have responded differently and other categories may have emerged. Further studies in which researchers might attempt to validate the categories described in the study and determine whether or not mothers' utilize other coping strategies may be desirable.

Duplicate Vignettes. It was pointed out earlier that Vignettes two and twenty-two were included to test the consistency of responses of the mothers. When Vignettes two and twenty-two, which were similar except for individual words, such as, cousin, friend; playroom, backyard; toys and tricycle were analyzed similarly labelled categories emerged. These were distracting, controlling and guiding. The definitions were similar in intent although not synonomous in wording.

The mothers who reported responses coded as controlling had not utilized either distracting or guiding strategies or had used them unsuccessfully. When the mothers reported responses labelled as distracting or guiding, they seemed to be providing the children with alternative choices. The guiding category of coping strategies seemed to

emphasize teaching the child the concept of sharing. In contrast, the controlling category was a limiting response in which the mother assumed control of the situation, and the child's options seemed curtailed. For example, one mother reported that "If they both couldn't play nicely, neither of them could have it". The mother assumed control of the situation.

The purpose of this study, which was to describe the reported coping strategies was achieved. Mothers in the sample seemed to be able to cope in normative and healthy ways. The mothers discussed how they would prevent accidents, unpleasant occurrences, provide care for their children, seek help in emergency situations, accept and understand the behavior of their children and express their feelings in relation to certain incidents. Mothers were assured during the study that there were no correct or incorrect answers. The study made no attempt to evaluate the coping strategies which the mothers reported. Other investigators might consider examining the effectiveness of the mothers coping strategies and variables which interfere with or enhance the efficacy of their strategies.

Conceptual Framework. The conceptual framework of the study was based upon the concept of coping. The mothers in the sample were asked how they would or had coped with the stress-related incident in the vignette. The resulting categories of reported coping strategies of mothers of toddlers seemed to be directed toward goals such as, protecting their children, controlling their activities, accepting and understanding their behavior and reacting to an incident in order to provide care for the child. Some mothers were cognitive of emergency resources available to them and how to obtain such services. Scott et al. (1980) indicated that:

Coping with stress represents a gradual movement toward specific goals and is a necessary characteristic of growth. Coping strategies consist of the neurocognitive, affective, and physiologic responses to a stress situation and may be observed in the behavioral response dimension.

Mothers who are able to cope with their toddlers and achieve their child-rearing goals may experience this growth referred to by Scott et al. as well as fostering the growth and development of children.

Some mothers indicated that their coping strategies may depend upon the stress-related situation in which they find themselves, for example,

We've had this many times. It depends on where we are going, if it can wait a bit, I try to see if there is something she wants to finish up first. If we are in a hurry, I just bring her and help her get dressed and try to distract her so that she won't get really upset.

Other mothers indicated that the place (environment) in which the incident occurred would affect how they would or had coped with the incident. One mother reported "Often in public you react more differently than you do in private".

Mothers reported varying levels of stress associated with the same vignette (see Table 3). For example, in relation to Vignette nineteen four mothers indicated that there would be no stress associated with it, eleven mothers each reported moderate and low levels of stress, and six reported high stress. However, the study did not address the issue of whether or not this variation affected the mothers' coping strategies and if so, how. This may be the subject of further investigation.

As the schema indicated (see Schema I) a stress-related incident necessitated a coping response from the mother. All the mothers in this sample reported how they had or would cope with the stress-related incidents in the twenty-four vignettes which were presented to them. Whether or not the mother had experienced the incident previously with the toddler

or other children may affect how she coped with its recurrence. One mother reported

We had that problem (getting up at night). First one you tolerate it quite a bit and then it got to the point where we put her blanket down by the bed and told her if you want in here you can sleep on the floor...they come in if they are crying, teething, something like that if there is a reason to need extra comfort.

The recurrence of incidents provided the mother with data/feedback which she could utilize in planning her future coping strategies. In addition some mothers indicated that they utilized information from other sources than their own experiences in deciding how to cope with certain incidents.

The conceptual framework of this study based upon the concept of coping was useful, as the researcher was able to categorize, define and label the mothers' responses related to how they would or had coped with toddlers in specified stress-related incidents. These categories of reported coping strategies described how some mothers might cope and may be useful in helping nurses and others learn more about how mothers of toddlers cope with similar incidents.

CHAPTER V

Summary and Conclusion

This study was descriptive and designed to explore and describe some of the reported coping strategies of mothers of toddlers. The thirty-two mothers in the sample were asked to indicate how they had or would cope with twenty-four stress-related incidents. There were eight categories or reported coping strategies which emerged in relation to three or more vignettes. These were defined and labelled by the researcher as anticipating, controlling, acquiescing, guiding, negotiating, reacting (non-preventative), seeking professional help and expressing own feelings. The remaining twenty-three categories emerged in relation to one or two vignettes. The total thirty-one categories of reported coping strategies described how the mothers in the sample reported they had or would cope with the stress-related incidents in the twenty-four vignettes which were presented to them by the researcher.

Summary. In summation, the researcher will comment upon some of the findings which have some importance for either further studies or for nursing. In relation to the sample the inclusion of fathers would seem to be an important consideration. The sample size was small and relatively homogeneous and might be enlarged in future studies. Another sample of mothers reared in different cultural settings and subsequently, living in different sociocultural environments may report other coping strategies.

The utilization of vignettes was effective in eliciting responses from the mothers, however it might have been advantageous if the researcher had been able to observe the mothers directly as they coped with their toddlers. Further studies might consider incorporating direct observation into the design.

The findings of the study tentatively suggested that certain types of stress-related incidents may stimulate certain categories of coping strategies. For example, the category of reported coping strategies labelled by the researcher as anticipating emerged in relation to six of the twenty-four vignettes, some of which involved the possibility of harm to the toddler. Some of the mothers reported that these incidents were associated with high levels of stress, that is as many as thirty mothers.

Another finding was that the category labelled as controlling emerged in relation to incidents which seemed to involve an issue of power. Further study might address the questions 'that if controlling is a coping strategy when do mothers utilize it and how effective is it in reaching their goals related to childrearing?'

Acquiescing was another category of reported coping strategies which emerged from the responses of some mothers in relation to recurring vignettes. This category seemed to relate to incidents which mothers seemed to expect would occur, and with which they expected they might have to cope. One might speculate that mothers may utilize the acquiescing coping strategy in relation to incidents which they anticipated to be part of the usual developmental pattern of children.

Another category of reported coping strategy was negotiating which emerged in relation to incidents involving toddlers and adults. It was a category which mothers seemed to use directly with their toddlers and raises the question of when mothers begin to negotiate with their children.

Guiding was a category of reported coping strategy in which mothers attempted to teach their toddler concepts or skills and they seemed concerned more about providing the child with a learning experience than just preventing minor damage. Future studies might validate this strategy and

examine when it is utilized and what variables affect its use.

Some mothers indicated that they would seek professional help in relation to incidents involving harm to their toddlers. It seemed that mothers in this sample were aware of the emergency services in their community. Other studies might examine whether or not mothers are aware of other health services such as Community Health Nursing, which are available.

The incidents, from which the category of reported coping strategy labelled as expressing own feelings emerged, seemed to involve a measure of non-compliance by the toddler. The researcher wonders if this is a strategy which emerged in retrospect and would direct observation of the mothers' coping strategies elicit the same strategy?

In conclusion, the conceptual framework of the study which was based upon the concept of coping seemed to be appropriate. The schema, which indicated that mothers responded to the stimulus of stress-related incidents with coping strategies seemed to be affirmed. The concept of feedback and its effect on coping strategies of the mothers requires further investigation.

Finally, mothers were asked to indicate on a Likert-type measure the level of stress which they associated with each vignette. Incidents involving accidents such as, Vignette twenty-four, were reported to be associated with a high level of stress by as many as thirty mothers (see Table 3). Approximately eighty percent of the mothers associated the vignettes with some level of stress (see Table 3). Only one vignette was associated with no stress by over fifty percent of the mothers in the sample. This was Vignette six, in which a toddler sucked his thumb.

Implications for nursing. Nurses, both in hospitals and in community settings are continually in contact with mothers of toddlers. The nurse is in a position to encourage mothers to discuss how they are coping with their toddlers and to observe the coping strategies mothers utilize with their toddlers. Thirty-one categories of reported coping strategies emerged from the mothers' responses to only twenty-four of the possible incidents to which mothers necessarily respond in the process of caring for their toddlers. Mothers who express concerns about their ability to cope with their toddlers may be assured by the nurse that there are many ways to cope and the strategy she utilizes may depend upon the individual incident and the mother herself. In the researcher's experience some mothers have attended Child Health Centers for immunization services and/or in order to discuss their concerns related to how they are coping with childrearing. They may be searching for alternative coping strategies in order to achieve their childrearing goals or support for their present strategies. The nurse can help the mother by providing knowledge and anticipatory guidance in relation to growth and development of the child and the family and support the mother as she selects how she will cope. When the reported coping strategies described in this study are validated, then they may provide the nurse with additional data and information which may be useful in helping mothers of toddlers with their coping strategies.

It is important to note that the mothers in this sample seemed to be able to cope with their toddlers. However, one should be cognizant that the way in which a mother copes may not achieve her goal or provide the care the child needs or requires. Three mothers in the sample volunteered that they were experiencing difficulties coping with their children. They all had sought professional help prior to the study, which indicated that

they felt the need for such help. They were able to utilize coping strategies, such as seeking professional help which had emerged in relation to the stress-related incidents in this study. This exemplifies the notion that these mothers were coping in a healthy, non-pathological way and were able to seek help when the need arose. Nurses may provide support and reassurance for these mothers so that they realize that they are coping effectively.

Nurses can be assured that there are many mothers who are coping adequately with their toddlers. The nurse's role may be to offer them support and encouragement so that if necessary they can better recognize their own strengths and abilities. Talking with their spouses, other mothers, friends, family and professionals such as the nurse may help a mother validate that she is competent to cope with her toddler in her own way, which may be effective in reaching her childrearing goals but may be different from the strategies used by other mothers. As Arpin (1982) pointed out:

Enhancing and reinforcing strengths, particularly those related to problem-solving and coping, is critical in assisting an individual/family toward a higher level of health (p. 12).

Recommendations for Further Study. As a result of the findings from the present research several areas for further study have been suggested:

1. Further study is needed to validate the categories of coping strategies and to identify additional strategies mothers use effectively.
2. Studies related to the coping strategies of fathers of toddlers and of both parents as a team.
3. Studies to investigate how parents cope with children of other age groups. Do parents utilize similar coping strategies or do they change

their strategies as the children advance in years? When do parents begin to negotiate with their children?

4. Future studies may involve the use of different samples from differing socio-economic and cultural groups.
5. Further studies may examine the effect of feedback on the coping strategies of mothers of toddlers.
6. Further studies might examine which coping strategies mothers of toddlers would utilize in relation to specific stress-related incidents and what variables would affect their choice of strategy.
7. A study to observe directly the coping strategies of mothers of toddlers.

This study has been an attempt to increase knowledge about the coping strategies of mothers of toddlers which might be useful to nursing and other health professionals. The thirty-one categories of reported coping strategies which emerged from the mothers' responses and were labelled by the researcher are evidence of a beginning attempt to achieve that purpose.

REFERENCES

- Aguilera, D. and Messick, J.M. Crisis intervention. Theory and methodology. Toronto: C.V. Mosby, 1974.
- Andreasen, N.J.C. & Norris, A.S. Long-term adjustment and adaptation mechanisms. Journal of Nervous & Mental Disease, 1972, 154 (5), 352-362.
- Arpin, K. Creativity in the clinical component of nursing education programmes. Unpublished manuscript, University of Toronto, 1982.
- Caplan, G. Mastery of stress: Psychological aspects. American Journal of Psychiatry, 1981, 138 (4), 415-420.
- Caplan, G., Edward, A., & Kaplan, D. Four studies of crises in parents of prematures. Community Mental Health Journal, 1965, 1 (2), 149-161.
- Chalmers, Karen. Coping with chronic airflow obstruction: A study of non-hospitalized adults. A research paper submitted to McGill University, School of Nursing in Partial Fulfillment of Requirements for the Degree of Master of Science (Applied), June 1980.
- Cohen, P., Dizenhuz, I.M., & Winget, C. Family adaptation to terminal illness and death of a parent. Social Casework, 1977, 58 (4), 223-228.
- Duvall, E.M. Family development. Toronto: J.B. Lippincott, 1971.
- Duvall, E.M. Marriage and family development. New York: Harper and Row Publishers, 1977.
- Dyer, E. Parenthood and Crisis: A re-study. Marriage and Family Living, 1963, 25, 196-201.
- Eagle, J.E. & Burke, M.S. Stresses of the medical student wife. Journal of Medical Education, 1968, 43 (7), 840-845.
- Flaskerud, J.H. Use of vignettes to elicit reponses toward broad concepts. Nursing Research, 1979, 28 (4), 210-212.
- Ford, C.V. & Spaudling, R. The Pueblo incident: A comparison of factors related to coping with extreme stress. Archives of General Psychiatry, 1973, 29, (9), 340-343.
- Golan, N. Treatment in crisis situations. New York: The Free Press, 1978.
- Goldstein, M.J. & Adams, J.N. Coping style and behavior response to stress. Journal of Experimental Research in Psychology Personality, 1967, 2 (4), 239-251.

- Grusec, J. & Kuczynski, L. Direction of effect in socialization: A comparison of the parent's versus the child's behavior as determinants of disciplinary techniques. Developmental Psychology, 1980, 16 (1), 1-9.
- Hecker, D. Ego Development, Coping and Conception and Performance of Roles in Employed, Married Mothers. Dissertation Abstracts International, 1979, 39 (12), 6101-B.
- Hobbs, D.F. Transition to parenthood. A replication and extension. Journal of Marriage and the Family, 1968, 30 (8), 413-417.
- Hobbs, D.F. and Cole, S.P. Transition to parenthood. A decade of replication. Journal of Marriage and the Family, 1976, 38 (11), 723-731.
- Hoffman, I. and Futterman, E.H. Coping with waiting: psychiatric intervention and study in the waiting room of a pediatric oncology clinic. Comprehensive Psychiatry, 1971, 12 (1), 67-81.
- Holmes, T.H. and Rahe, R.H. The social readjustment rating scale. Journal of Psychosomatic Research, 1967, 11, 213-218.
- Holsti, O.R. Content analysis for the social sciences and humanities. Reading, Mass.: Addison-Wesley, 1969.
- Jacobson, S.F. Stresses and coping strategies of neonatal intensive care unit nurses. (Doctoral dissertation, University of Minnesota, 1976) Dissertation Abstracts International, 1976. (University Microfilms No. 77-7029).
- Jacobson, S.F. Stress and coping strategies of neonatal intensive care unit nurses. Monograph Series 79. Clinical Nursing Research: Its Strategies and Findings, 1979, 79 (1), 110-124.
- Jalowiec, A. & Powers, M. Stress and coping in hypertensive and emergency room patients. Nursing Research, 1981, 30 (1), 10-15.
- Lazarus, R.S., Averill, J.R. and Opton, E.M. The psychology of coping: Issues of research and assessment. In G.V. Coeblo, D.N. Hamburg & J.E. Adams (Eds.), Coping and adaptation. New York: Basic Books, 1974.
- Lazarus, R.S. & Roskies, E. Coping theory and the teaching of coping skills. In P.O. Davidson, and S.M. Davidson (Eds.), Behavioral medicine: Changing health lifestyles. New York: Brennan/Mazel, 1980.
- LeMasters, E.E. Parenthood as crisis. Marriage and Family Living, 1957, 19, 352-355.
- Levine, S. and Scotch, N. Social Stress. Chicago: Aldine, 1970.

- Lindemann, E. Symptomatology and management of acute grief. American Journal of Psychiatry, 1944, 101, 144-148.
- Lovell, M. & Fiorino, D. Combatting myth: a conceptual framework for analyzing the stress of motherhood. Advances in Nursing Science, 1979, 1 (7), 75-84.
- Lowenberg, J.S. The coping behavior of fatally ill adolescents and their parents. Nursing Forum, 1970, 9 (3), 269-287.
- McCubbin, H., Joy, C., Cauble, A., Comean, J., Patterson, J.H., Needle, R. Family stress and coping: A decade review. Journal of Marriage and Family, 1980, 42 (4), 855-870.
- McKinney, F., Lorion, R.P. and Lax, M. Effective behavior and human development. New York: MacMillan, 1976.
- Miller, B. & Sollie, D. Normal stresses during the transition to parenthood. Family Relations, 1980, 29 (10), 459-465.
- Murphy, L.B. The widening world of childhood: paths toward mastery. New York: Basic Books, 1962.
- Needle, R.H., Griffin, T. & Svendsen, R. Occupation stress. Coping and health problems of teachers. Journal of School Health, 1981, (3), 175-181.
- Pearlin, L.I. and Schooler, C. The structure of coping. Journal of Health and Social Behavior, 1978, 19, 2-21.
- Polit, D.F. & Hungler, B.P. Nursing research: Principles and methods. Toronto: J.B. Lippincott Company, 1978.
- Poole, C.J. & Hoffman, M. Mothers of adolescent mothers. How do they cope? Pediatric Nursing, 1981, 67 (1), 28-31.
- Rhodes, S. A developmental approach to the life cycle of the family. In M. Bloom (Ed.), Life Span Development. New York: MacMillan, 1980.
- Robischon, P. The challenge of crisis theory for nursing. In A. Reinhardt and M.D. Quinn (Eds.), Family-Centred Nursing. St. Louis: C.V. Mosby, 1973.
- Rodin, J. Managing the stress of aging: The role of control and coping. In S. Levine and H. Ursin (Eds.), Coping and Health. New York: Plenum Press, 1979.
- Rose, M.H. Coping behaviors of physically handicapped children. Nursing Clinics of North America, 1975, 10 (2), 329-331.
- Rossi, A.S. Transition to parenthood. Journal of Marriage and the Family, 1968, 30 (2), 26-39.

- Russell, C.S. Transition to parenthood: Problems and gratifications, Journal of Marriage and the Family, 1974, 36 (5), 294-302.
- Ryder, R.G. Longitudinal data relating marriage and satisfaction and having a child, Journal of Marriage and the Family, 1973, 35, 604-606.
- Scott, D.W., Oberst, M.T. & Dropkin, M.J. A stress-coping model. Advances in Nursing Science, 1980, 3 (1), 9-23.
- Selye, H. Stress without distress. Philadelphia: Lippincott, 1974.
- Sheehy, G. Passages: Predictable Crises of Adult Life. New York: Bantam Books, 1978.
- Smith, L.L. A review of crisis intervention theory. Social Casework, 1973, (7), 396-405.
- Smith, L.L. Crisis intervention and practice. Community Mental Health Review, 1977, 2 (1), 5-13.
- Statistics Canada. Ottawa: Minister of Supply and Services Canada, 1976.
- Tietz, W. & Vidmar, J.T. The impact of coping styles on the control of juvenile diabetes. Psychiatry in Medicine, 1972, 3 (1), 67-74.
- Zeitlin, S. Assessing coping behavior. American Journal of Orthopsychiatry, 1980, 50 (1), 139-144.

Appendix A

Appendix A: Prepared Statement For Requesting Subject Participation

I am a graduate student in Nursing at the University of Manitoba. I am conducting a study related to how mothers' cope with children 18-42 months of age. If you are interested in participating in the study, I will explain what your involvement would entail.

I will visit your home at a time convenient to you. The time required is approximately one to one and one-half hours. You will be asked to respond to twenty-four 1-2 sentence incidents that mothers might encounter with their toddlers. Your responses will be tape-recorded. You will be asked to complete a demographic interview questionnaire. Your name will not appear on any data, or data forms. Your anonymity is assured. All information is confidential. The tapes will be erased by the researcher within one year. The source of the responses is known only to the researcher.

Appendix B

Appendix B: Consent Form For Mothers of Toddler

Consent FormA study Of Mothers of Toddlers' Reported Coping Strategies

I, _____

agree to participate in a study to be conducted by Myrna Rourke, a nurse and graduate student in the School of Nursing, University of Manitoba. The researcher has explained the procedure of the interview, including the use of audiotaping. The researcher has answered all my questions.

I understand that the questions in the interview (vignette response) will be related to how I would respond to situations presented by the researcher.

I understand there will be a demographic-interview questionnaire.

I understand that I can refuse to answer all or any questions or withdraw from the study without any recriminations now or in the future. As well, I understand that, in any publication resulting from this study, information about my identity or my family's identity will be kept strictly confidential.

I understand that I must not communicate to any other mother who will be part of this study any information about the study, until after the interviews have been completed.

Signature

Researcher

Appendix C

Appendix C: Letter of Approval From The Ethical Review Committee

THE UNIVERSITY OF MANITOBA

Inter-Departmental CorrespondenceCONFIDENTIALDATE November 25/81

Myrna Rourke

TO _____

FROM C. Gow Chairman, School of Nursing, Ethical Review CommitteeSUBJECT: Research proposal "The Reported Coping Strategies of
Mothers of Toddlers:"

At the meeting of November 23rd this proposal was approved.
No ethical concerns were raised.

The committee made the following comments:

- 1) The discrepancy on p. 30 & 32 for length of time data kept needs to be clarified; that is both should be the same i.e. 3 years.
- 2) In the light of the personal nature of the vignettes the committee would encourage allowing the mothers time to talk about their feelings and concerns following the interview.

MR/mc

Appendix D

Appendix D: Vignettes Of Mother-Toddler Interaction

Please respond to each incident as if it were happening to you. There are no correct answers.

Vignettes

1. You are in a hurry. Your 18 month old toddler refuses to come with you. He says "No" and runs away.
2. Your toddler and his cousin are in the playroom. Your toddler pulls the toys away from the other child, and refuses to let him have any toys.
3. Your toddler has a favorite blanket. It needs replacing but he will not take a new one. No blanket--no sleep.
4. Your husband phones that he is bringing home an out-of-town guest for supper. Your toddler has a fever and is irritable and your housework and dishes are not done.
5. Your husband has been out of work for a month. Your toddler has developed a fever. Your doctor orders a prescription that costs \$25.00. Your bank account is at 0.
6. Your toddler sucks his thumb at bedtime, during the day when he is tired. He always sucks his thumb when you take him out.
7. You and your husband like to go out alone. As soon as you put your coats on, your toddler begins to scream and cry. He refuses to listen to the sitter.
8. You are bathing your toddler and another child. Suddenly the phone rings. You answer it. Then you hear a piercing scream. The older child has turned on the hot water tap.
9. You have a new baby. It is lunch time. Baby is screaming for a bottle. Toddler spills his soup all over the floor and is crying for more.
10. You are breast feeding your new baby. Your toddler is quiet in the next room. You call him but toddler does not come.
11. You and your toddler are visiting at your friend's home. There are ornaments on the tables. Your toddler deliberately pushes an ornament off the table, breaking it.

12. Toddler runs around the room. You tell him to stop several times and he keeps running. Suddenly he trips, falls against the coffee table. There is blood running down his face.
13. You put your toddler to bed at night. He gets up at 3 a.m. and climbs into bed with you and your husband every night.
14. You are cooking dinner. Daddy is reading the paper. Toddler is hanging onto your leg, whining--the telephone rings and Dad doesn't answer it.
15. Your toddler has a slight cold. Suddenly he collapses and begins to twitch. His eyes roll and he does not respond.
16. You arrive downstairs to find your toddler has preceded you. She is drawing on the walls with crayon.
17. You find gum in your carpet that your toddler has spit out. You say no more gum. Grandma says, "Oh, poor baby," and gives toddler gum.
18. You've finally potty trained your toddler--you bring home a new baby and your toddler starts to soil himself.
19. Your 18 month old daughter refuses to go to bed before you go to bed. When you put her to bed she starts to cry and only stops when you take her with you.
20. You are out shopping. Toddler finds a toy on the shelf he wants. It is too expensive and you don't want to buy it. You take it from the toddler--he lies on the floor, kicking and screaming.
21. You need to go to the market. It is very cold. You dress the oldest first, then the younger ones and finally yourself--you look for the toddler and he has undressed himself.
22. Your toddler and his friend are in the backyard. Your toddler pulls the tricycle away from the other child and refuses to let him have it.
23. You have spent the morning cleaning the kitchen floor. Your toddler upsets the milk all over the floor.
24. You are busy in the other room. Your toddler is playing quietly in the kitchen. You hear a thud. You rush into the kitchen. You find your toddler unconscious on the floor, beside a bottle of household cleaner.

Appendix E

Appendix E: Stress Level of Vignette Measure

Code No.

Please divide the vignettes into four piles according to the level of stress you think the incident had or would have for you. Please record the card number under the appropriate heading.

High stress	Moderate stress	Low stress	No stress
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Appendix F

Appendix F: Demographic Interview Questionnaire

Interviewer's Comments

1. Code No.
2. Your age group:
 1. 18 - 20 _____
 2. 21 - 25 _____
 3. 26 - 30 _____
 4. 31 - 35 _____
 5. 36 & over _____
3. Marital status:
 1. Married _____
 2. Separated _____
 3. Divorced _____
 4. Remarried _____
 5. Other _____
4. Type of residence:
 1. Apartment _____
 2. House _____
 3. Other _____
5. How many children do you have? _____
6. Ages of your children:
 1. 1 week - 17 mos. _____
 2. 18 mos. - 42 mos. _____
 3. 43 mos. - 48 mos. _____
 4. 49 mos. - 5 years _____
 5. 6 years - 12 years _____
 6. 13 years - 18 years _____
 7. 19 years and over _____
7. Do you babysit infants and/or toddlers?

_____ No

_____ Yes

If yes, how many? _____
 how often? _____

Explain.

Interviewer's Comments

8. Your years of education starting with Grade One:
1. 6 years and under
 2. 7 - 10 years
 3. 11 - 12 years
 4. 13 - 16 years
 5. 17 - 20 years
9. Your highest educational grade, Certificate or degree completed
10. Are you employed outside the home?
- No
 Yes If yes, full time
 part time
11. Are you employed in your home?
- No
 Yes If yes, full time
 part time
12. Do you do volunteer work outside your home?
- No
 Yes If yes, explain type and hours
13. Do you do volunteer work inside your home?
- No
 Yes If yes, explain type and hours
14. Is your husband employed?
- No If no, explain _____

 Yes If yes, full time
 part time
15. Are his hours regular?
- Yes
 No If no, explain _____

16. Are there any other activities in which you participate that take up your time?
- No
 Yes If yes, explain

Appendix G

Appendix G: Sorting Instructions for Coping Strategies

1. Each package contains:
 - a) one vignette card
 - b) category definition sheets (2-4)
 - c) thirty-two response cards
2. Please follow these instructions carefully:
 - a) take one package at a time
 - b) read the vignette card
 - c) read all the definitions in the package (2-4)
 - d) read each response and sort it into the most appropriate category*
 - e) continue until all the thirty-two responses have been sorted into categories
3. Attach the responses to the appropriate categories
4. Place an elastic band around the categories, responses and the vignette card
5. Repeat for each vignette

*Sorting according to the dominant theme of the response

The response is to be read completely. The response is sorted into the category whose definition best suits the dominant theme of the total response. Refer to the category definitions as often as necessary. The unit of analysis is the mother's total response. Do not consider whether or not the incident has or has not happened to the mother.

THANK YOU FOR YOUR ASSISTANCE