

from when *s/he* wishes to. No comment aside from a reflection of the fact that *s/he's* eating with his/her fingers, or a spoon and attempting to drink for a cup and his/her possible feelings about these activities is needed.

Recommend comments include:

"You are drinking from a cup like me."

"You are proud that you can pick up food in a spoon all by yourself and put it into your mouth by yourself now."

"You can eat by yourself now."

"You are so proud of being able to do it by yourself you wanted me to know it and see you."

I expect that—given hundreds of occasions when the above, and similar, statements are made—by eighteen months of age, infants would be drinking from a cup and eating with spoons and forks without further "training" being necessary. If the older infant or toddler still wants to drink from a bottle (or a breast, and the mother is still capable, willing and comfortable) I would permit it whenever *s/he* wishes with the following comments:

"Even though you enjoy eating food with a fork and spoon and drinking from a cup, sometimes you want to drink from a bottle (from my breast). It feels comfortable having a nipple in your mouth that you can chew. You even like me holding you close and feeding you again. You feel close to me and protected and safe and warm. You feel so peaceful and contented. I want you to know that sometimes you will feel like drinking from a bottle (breast). Maybe it's because you feel a little lonely, or maybe because you feel like you'd like to be a baby again. I want you to know that it is all right to feel like a baby whenever you want. Sometimes you like to act like a grown-up, sometimes you like to be a baby again. It's all right with me whether you want to be a baby or whether you'd like to act grown-up."

The Development of the Child's Self-Control of Elimination of Body Wastes

I am using this longer and involved phrase instead of the term "toilet training" because I believe that development of self-control in this area should be a child-directed, mastery motivated, activity

and not a caregiver-directed activity involving *their* "training" of a child.

Child-directed self-control is accomplished through the (1) recognition of the signals that their bladder or colon (bowels) are about to eliminate their contents, (2) knowing where to deposit wastes, and (3) *wanting* to inhibit urinating and defecating until the urine and feces can be deposited in an infant toilet, or "potty." It takes the majority of children anywhere from fifteen to forty months to integrate their developing kinesthetic, cognitive, perceptual and motor skills to the point that, *given the motivation*, they are capable of self-directed depositing of their body wastes in a toilet. How can a caregiver help the child gain such self-control as well as motivation? First, a caregiver must exhibit all the caregiver behaviors found to be related to accelerated infant development. In addition to these varied behaviors, caregivers specifically can help the child gain control of his/her elimination functions by verbal and social behaviors that reflect their own and the infant's signals and actions in this area.

Regarding his/her own behavior, the caregiver—from the birth of the infant onward—should "announce" to the infant as often as possible when the need arises that *s/he* is (1) aware of his/her own internal signals (e.g., "I feel my bladder right here (pointing to lower abdomen) wants to eliminate urine right now. I have to urinate now"); (2) able to control the elimination of wastes from their bladder or colon (e.g., "Even though I want to urinate or defecate right now, I'm going to hold it back by squeezing my muscles inside here (again pointing to lower abdomen or buttock area) and wait until I am able to go to the bathroom, where I am going right now."); (3) demonstrating exactly where *s/he* deposits wastes by going into the bathroom—carrying the baby and placing him/her on the floor—and urinating or defecating into the toilet (e.g., "I don't like to get my pants wet and dirty so here in the toilet is where I urinate and defecate.") and (4) finished (e.g., "I am finished now, and I've cleaned up, and now I'm flushing the urine and/or feces out of the toilet and into the sewer. Now I am getting dressed.").

I am very aware of how absurd the above might sound, especially spoken to an "unresponsive" six-month-old. However, when the

child can crawl, walk, and follow a caregiver to the toilet and observe the sequence of events, from the caregiver's recognition of signals to the final flush and dressing, the above sequence of sentences will be increasingly useful to the child.

Again, during the period of the child's infancy, it is helpful for the caregiver to practice and become comfortable in reflecting and commenting upon their own and the infant's feelings, thoughts, perceptions, and actions, especially since so many of them are uncomfortable for an adult to comment upon. Fifteen months of practicing several times a day sentences such as those presented in the preceding and following sections will help to alleviate any initial feelings of absurdity and discomfort and help result in a new habitual pattern of responding to the child. Such a pattern of responding, then, not only will be a comfortable way of relating to the child but also will be very useful to even the toddler in his/her attempts at mastery.

Similar statements should be spoken to the infant concerning the infant's own behavior. Most parents do become aware of—and, therefore, can comment upon—the following three processes as their infants and toddlers grow:

- (1) "I can see that you are *about* to urinate or defecate,"
- (2) "I can see by your straining and sounds you are making that you are urinating or defecating," and
- (3) "I can see by the contented look on your face that you're all finished now."

After removing a diaper, one could state:

- (4) "Look, here is your diaper, all filled with urine and/or feces."

I believe that infants and toddlers who are safe and continue to be in a state of acknowledgement—who frequently hear behaviors reflecting both their own, and the caregiver's, signals and behavior regarding elimination functions—*will* imitate and model their caregiver's behavior, and eventually *will* spontaneously deposit their own wastes in a toilet. Therefore, no positive or negative reinforcement beyond the above statements would be needed. More on elimination functions later.

My main point here and below is that even from the first hours of an infant's life, a caregiver can engage in specific behaviors that not only will accelerate general development but also facilitate

that child's own self-directed acquisition of behaviors that is based on the arousal of mastery motivation and the imitation of the sensitive, responsive, and effective caregiver behaviors.

Touch and Physical Contact: Caregiver Behavior Towards Others

I believe that from infancy onward, infants should see caregivers touching and making affectionate contact with each other and with other children. Although, like previous sentences, the following at first might sound stilted, absurd and "ungenuine," at least several times a day an infant should see his/her caregivers engage in affectionate behaviors while hearing them say such sentences as:

"I like to hug Mary. I feel good hugging her. It makes me feel warm and close to her. When I feel loving I like to hug, and when Mary hugs back I feel safe and appreciated."

Sharing Events

Another behavior that should be practiced during infancy is that of summarizing and sharing the high and low points of the day with the infant. Sometime in the evening before bedtime, a caregiver can talk for five to ten minutes about the happy, pleasurable, fulfilling experiences, as well as those sad, unhappy, hurtful, even humiliating moments that the caregiver experienced during the day. Again, such talk has little meaning to the infant but the ability to share daily experiences should be practiced by the caregiver continuously from infancy so that s/he can provide at the appropriate time a model for the pre-schooler and older child so that they too can become more aware of, and better able to communicate their daily experiences to caregivers, other adults, and peers.

CHAPTER 6

Caregiver Behaviors that Help Advance Children Toward the Actualization of Their Human Potential: Toddlerhood—the Child from One to Three Years of Age

For most parents and caregivers the years when the child is a toddler are often the most frustrating, worrisome and difficult of all. During these years the child is very mobile and intrusive: s/he seems to want to crawl or walk every waking moment: s/he ap-

pears to want to grasp, to touch, to put “everything” into his/her mouth.

The child is constantly cruising, curious, clumsy and crushable during this period, and, although the child’s receptive language and comprehension skills greatly increase during their second year, it takes until the third year of life before his/her active language skills really permit dialogue and verbal confrontation. Despite the fact that the child’s ability to comprehend and to understand seems to be increasing during the second year of life, we find ourselves constantly explaining what we want him/her to do and not to do, and the child seems rarely to listen, does not obey often enough, and seems to take “forever” (we wonder, if ever) to catch on. S/he takes so very, very long to control the elimination of his/her body wastes. It takes so much effort on our part and it takes the child “forever” to put on his/her clothes, to eat reasonable foods at a reasonable speed, to leave things alone, to keep away from potential dangers, to play with and get along with peers, to leave us alone when we are busy or tired. The child never seems to be “learning.”

It is especially a time when more than one caregiver is necessary, not only to provide other effective models but to relieve a caregiver who often is likely to be physically and psychologically exhausted.

Caregiver behaviors that are associated with accelerated infant development continue to be important in relationships with toddlers;

“care which is not only warm, loving and non-rejecting, but which (is) stimulating and enriching, visually, verbally, and with appropriate materials—and which, as well, (is) immediately and contingently responsive to the child’s signs of distress and to his social behaviors.”

(Clarke-Stewart, 1973)

The Fostering of Intellectual Skills

In addition, elaboration of other specific characteristics and qualities of caregiver behavior now become relevant to these children, especially those that have an impact on their cognitive, language and intellectual development.

All of the researchers cited earlier found that “advanced” children had caregivers who spent a great deal of time with them. But, more important, the quality of the interaction that occurred between these caregivers and children typically was different from the interaction that took place between less competent children and their caregivers. For example, White and Watts (1973) found the mothers of more competent children themselves initiated and encouraged a wider variety of activities, especially those involving lengthy preparation (as compared with “horseplay” types of activities). A large portion of such mother’s interactions with her “advanced” child involved teaching and other facilitative activities (e.g., reading a book, working on a puzzle). More specifically, optimum adult behaviors were found to be those that provided the child with “clear opportunities to learn verbal/symbolic, spatial/fine motor, practical reasoning and expressive skills (Carew et al., 1975).” As Carew et al state, to foster such development, the caregiver must be a teacher, an entertainer, a playmate, a converser, and able to blend these roles well. They describe an interaction between a mother and a child in which “her roles are not blocked out in segments. They are combined and interwoven in a creative whole bound together by the mother’s exquisite sense of her son’s interest and capabilities.”

“Matthew (age 26 months) comes into the kitchen holding a childsize badminton racquet. Matthew swings the racquet. Mother: “Did you get it? Where did it go? Down there?” Matthew: “I got it!” Matthew runs out of the kitchen after an *imaginary* shuttlecock. (Apparently, mother and Matthew have played this game before, since her words are immediately taken as a signal to set up a make-believe game.) Matthew swings the racquet, hitting the imaginary shuttlecock. Mother pretends to toss the “shuttlecock” back to Matthew. They continue, Matthew and mother taking turns hitting the “shuttlecock” back to Matthew.

The game continues, becoming more sophisticated. Matthew seems to be timing his imaginary shots to follow mother’s and looks up at the imaginary “birdie” each time it approaches. Matthew inadvertently drops the racquet. Mother: “You lost your racquet.” Matthew: “Oh, I missed.”

(As if dropping the racquet really did cause him to miss the imaginary shuttlecock.) Matthew runs to the hallway and retrieves the "birdie." Matthew pretends to serve and mother returns the serve. Matthew retrieves the imaginary shuttlecock from the hallway. They continue. Matthew calls: "Enough, enough!" . . . Matthew: "I want a drink of water." Mother gets a glass full. Mother: "Are you thirsty?" as she holds the glass for Matthew to drink." (Carew, Chan and Halfar, 1976; pg. 85)

Carew et al (1976) noted:

"Matthew's experience is profoundly intellectual, his mother's behavior truly educative. She challenges Matthew to perform by performing herself; she excites and pleases him by being excited and pleased herself. Like an actor at one with his audience, she closes all psychological distance between herself and Matthew. Intellectually and emotionally, they have *interacted*." (pg. 86)

The research clearly suggests that frequent high levels of mutual interaction and active participation by the caregiver, especially in verbal interaction and stimulation, whether in conversation or through mutual involvement with toy objects, are associated with advanced development in infancy and verbal, cognitive and intellectual competence in the toddler.

Let us return to typical life situations continuing from infancy and again apply speculations about "appropriate" caregiver behaviors—based mainly on research findings—to them.

Caregiver Communications in the Eating Situation

As in encounters with the infant in the eating situation, the caregiver should continue to provide a model of desired eating behavior for the toddler, including eating a wide range of foods that provide adequate and sufficient amounts of the nutrients necessary for maximum physical health. To elaborate on my previous discussion of caregiver behavior in the eating situation, caregivers can be making the following comments to their toddlers:

"When I eat, I like to sit here. This is a comfortable seat. I like to relax and appreciate the food before me. I like to savor its smell, its color, its texture even before I taste it."

After tasting it, the adult can describe its taste to the toddler. If the food is warm or cold, the adult can describe the warm or cool sensation as the food progresses from mouth to stomach. The

adult could comment on how s/he likes to chew the food many times, and how s/he likes to eat slowly in order to savor the food. When finished the adult can comment upon the sense of fullness and satisfaction. In brief, the caregiver must become aware of different experiences that occur while eating and, if possible, to value them. S/he should communicate these experiences to the child as best s/he can as a converser, teacher and as an entertainer.

As noted previously, most of this commentary can be repeated when the child eats. The caregiver can be mirroring and verbally reflecting upon the child's experiences while eating, commenting on the child's pleasure and satisfaction while eating one food, the lack of pleasure while eating another, the desire not to eat another. To the extent that at each meal the child has a variety of nutritious foods to choose from, and to the extent the caregivers have, from birth, kept highly caloric, highly sweet and minimally nutritive foods from the child's experiencing, then I believe that the child will model the caregiver's eating behavior, will experience the eating situation as one that can be shared and experienced with a caregiver, and will perceive eating as multi-varied, pleasure-filled series of experiences.

If we have not been appropriate models, and eating has not been a shared participatory experience then problems with the toddler's eating behavior, especially those involving "sweets" are likely to arise. For example, we soon could be finding ourselves telling the child that only after s/he eats his/her "real" and nutritious food can s/he have dessert. Soon eating could become a battleground of "wills," with the caregiver trying to force the child to eat the "real" foods and the child only wanting the sweets that, from his/her perspective, are the "real" food. Children may want sweet foods because they, in fact, often provide the most pleasurable part of the eating experience. Only when other aspects of the eating experience are of equal, if not greater, pleasure, will sweets not dominate the eating situation. It is possible that in many homes sweets become the *only* pleasurable aspect of the eating experience for many, many toddlers (and older children . . . and adults).

Instances can arise when a toddler:

(1) does not want to eat specific foods, or in fact any food that is presented; or

(2) wants to leave the table to play after several bites, or is eating rapidly, in order to play; or

(3) in anger throws food on the table or floor.

Despite an immediately rising anger and wish to yell, the caregiver should *first* reflect the child's actions and how his or her actions may have derived from his or her needs, wishes and concerns:

(1) "You spit that food out because you didn't like the taste of it or because it's too hot.";

(2) "You are looking forward to playing with Billy so much that you don't want to eat anymore. You want to eat as fast as you can so that you can play.";

(3) While removing the plate from within reach: "You are so angry because—(speculating about possible reasons)—that you threw your food on the floor."

Then, a statement of *acceptance and acknowledgement* of the validity of their inner experiences:

(1) "When food doesn't taste good or is too hot your and even my first reaction is to spit it out.";

(2) "When you want to play some game or play with someone special, nothing else matters. You aren't very hungry right now and don't want to eat. You just want to rush through the meal so that you could play.";

(3) "It's all right to be angry. If that happened to me, I'd be very, very angry too."

Then, a statement of caregiver feelings about and reactions to the child's *actions*:

(1) "Although it's all right not to like foods, I don't like you to spit the food all over the table or on the floor.";

(2) "Although I am happy that you enjoy your play so much, I don't like to see you take only a few bites and then run or rush so fast that I know you're not enjoying the food.";

(3) "You can be as angry and disappointed as you wish. I am truly sorry that you're angry and I know how helpless you feel. It hurts me to see you hurt. But I don't like you to throw food on the floor when you are angry; food is to be eaten and not thrown."

And *then* a statement of alternative courses of action open to the child now and in the future:

(1) "When you don't like a food, or it's too hot, and you can't or don't want to swallow it, pick up a napkin and spit into it, or leave the table and go into the bathroom and spit it out into the toilet bowl.";

(2) "I would prefer your eating with us now. I enjoy all of us eating and talking together, but if you prefer playing right now you can go ahead but I will not prepare new foods for you. If you are hungry later, you will have to eat your food cold. I am sorry but that's the way it will have to be. Later if you don't want to eat this food, you can only have a glass of milk and (name other foods).";

(3) "When you are angry I want you to say that you are angry. Scream out, 'I am very angry now because . . .' After you tell me what you are angry about, then maybe we can talk about what you're angry about and reach some compromise. If you can't stop yourself from throwing or hitting, you have my permission to hit the chair with your fist (or . . .)."

A young toddler with minimal active language skills often can only express anger and rage physically. Caregivers must provide some physical outlet that they find acceptable. The older toddler and the pre-schooler will not necessarily continue these physical expressions, depending on the caregiver's behavior during these years of the child's life.

I believe the communications of the above messages over and over throughout the child's early years will result in the child's not only viewing eating as a pleasurable and flexible experience but also result, through their modeling of the caregiver's behavior, in an increasing repertoire of cognitive, affective and interpersonal skills.

In summary, nothing is gained when the eating situation becomes a battleground, one more situation that involves a struggle for power. If, when appropriate, from birth onward, the caregiver (a) regularly reflects upon his/her own and the child's eating behaviors and experiences so that eating becomes a sharing experience, (b) presents the child with varied number of nutritious foods

at each meal, and (c) is flexible about the timing and the characteristics of the eating experience, then the infant and toddler will come to model the caregiver's behaviors in potentially conflict-laden situations, including the ability to compromise.

The young toddler, cannot, of course, engage in a discussion that results in compromise. What is most critical in these early years is the sharing of the eating experience and the flexible attitudes and behavior of the caregivers.

Research suggests that even within the first two years of life, child care that is warm and contingently responsive to the child's signs of distress and social expressions, and that is stimulating and enriching, will positively influence the child's response to demands and requests. Again, if a child feels safe and that his/her experiencing is acknowledged, then s/he also, is likely to be sensitive and able to value another's experiencing. If the caregivers requests follow after communications which express appreciation and validation of the child's experiencing, the child will be more open and willing to value and validate the caregiver's experiences and wishes. The child *might* choose *not* to comply because of the strength and the valuing of his/her own experience, but probably *will* choose to cooperate, especially if there are mutually acceptable alternatives available to him/her.

Caregiver Activities Fostering Child Directed Control of Elimination of Body Wastes

Hopefully, by the time the infant is one year old the caregiver who has continually reflected and commented on his/her own and on the infant's elimination behavior now will be comfortable and minimally embarrassed when talking about such matters. The toddler, of course, is able to walk to the bathroom. As noted previously, when the caregiver describes the sensations that are signals which indicate the need for elimination, and "announces" his/her intention to deposit body wastes in the toilet, the toddler often will follow the caregiver into the bathroom. In the bathroom, the caregiver can continue to comment on his/her own activity, including:

"Before I urinate I open the fly of my pants and underwear

so that my penis is exposed and then by pressing inside my abdomen here, I can urinate through my penis into the toilet."

"I have to pull up my dress (or pull down my pants) and pull down my underwear and sit here on the toilet seat and urinate. I press inside my abdomen here and the urine comes out of my urethra and goes into the toilet."

"When I have to defecate, I sit here on the toilet seat. I press down back here on my buttocks and the feces that were in my colon come out from my anus and go into the water in the toilet. After I defecate, some feces often remain on my anus, (or urine on my penis or urethra) so I wipe it off with toilet paper and then I throw the paper in the toilet."

"When I am all finished, I pull the lever here, flushing water into the toilet and the urine and feces and toilet paper is washed away into the sewer . . . There it goes . . . After I finish urinating and defecating, I put all my clothes on, and I wash and dry my hands. When I'm all finished dressing and washing, I leave the bathroom."

If the child wishes, . . . which is likely . . . , s/he should be allowed to see the caregiver's urine and feces in the toilet and what happens when they are flushed down the toilet. A child-sized toilet or "potty" also should be in the bathroom. When the caregiver is urinating and/or defecating and the child is in the bathroom, the caregiver could say:

"That's the toilet for children your size. When you have to urinate or defecate you can, if you wish, do it into there." I would not expect the young 12-15 month old toddler to follow such suggestions, but an older one eventually should.

From the time the child is walking, and when the caregiver "knows" the toddler is about to eliminate (from the time since last feeding or the "special way" the child is walking and standing, becoming tense, and/or seeing the child's face beginning to turn red), the following comments are appropriate:

"I can see that you're about to urinate and defecate. Your insides are telling you to urinate and doing that would make you feel good. You don't like to feel filled up. It feels so good to urinate and defecate. I know that it is hard to hold it in and you want to urinate and defecate now. If you want to, you can urinate or

defecate in the potty in the bathroom, or if you wish you can urinate or defecate in your diapers." At some point, in time, the young toddler is likely to accept the latter alternative.

When the child does choose to urinate or defecate in his/her diaper:

"You are urinating in your diaper. It feels good to urinate now."

When the caregiver changes the diaper, s/he should let the child feel, if s/he wishes, the wetness of the urine or let the child see or even touch the feces (of course, washing off his/her hands immediately afterwards) and let him/her know what one does with the diaper and its contents:

"Here is where you urinated. The urine came out of your penis (or urethra) and into the diaper. The feces came out of your anus and into the diaper. Here is the feces. I put the diaper and feces here in the toilet to wash away the feces, then I put the diaper in the pail to be cleaned and washed, so that when you urinate and defecate again, I'll have dry diapers to put on you."

In those instances when a caregiver goes into the bathroom, and the toddler sits on the potty and urinates and defecates while fully or partly dressed, the caregiver can say:

"You held your urine inside until you reached the potty. You wanted to urinate in the potty. You are proud of yourself for holding it in so long and urinating just like me, like an adult. If you want to, before you sit down on the potty, come to me and tell me you want to urinate or defecate in the potty and I'll take off your clothing and diapers so that you can urinate or defecate right into the potty instead of into your diaper. Let's go change your diaper now and put a dry one on."

This is an appropriate time to put on "training" pants with the following comment:

"This is a special diaper. A special diaper that you can pull down yourself. If you want to go to the potty to urinate you can go there all by yourself now. I'd still be glad to help if you still want me to go into the bathroom with you. If you feel like defecating or urinating into the diaper, that's all right too. If you urinate in your diaper, I'll be glad to put a dry diaper on you."

A toddler might want the caregiver to see the results of their successful accomplishment or want the caregiver to see them in

the act of eliminating in the toilet. In both instances, the caregiver should reflect the toddler's actions and emotional expressions:

"You urinated and defecated in the potty. You are so proud of being able to urinate/defecate in your potty that you want me to see what you did. Thank you for wanting to share your accomplishment with me. I know how hard it is to do all those things. You were able to recognize the signals from your bladder or colon, and you decided to hold the contents of your bladder or colon inside of you until you reached the bathroom. *Then* you removed your own clothing and *then* you urinated/defecated into the potty. I know how hard it is to do *all* those things."

I believe no other inducements, rewards, or comments are necessary. The results of hearing and watching the caregiver go through the sequence of the elimination of their own wastes and hearing the caregiver comment on their own and the child's elimination behavior, offering suggestions and help if and when the child wants it, *will* result in child directed self-control and mastery of his/her own elimination functions. No comments are made about "accidents," beyond reflections of the act of elimination itself, and changing the diaper or training pants. When the child does "succeed" no comments are needed beyond those that describe the sequence of activity and feelings that took place: the recognition of internal signals, the desire to control the function, walking into the bathroom, removing of clothes, depositing of body wastes into the toilet, and pride in the mastery of this complex sequence. When the child wishes to share his/her achievement with the caregiver, the caregiver's comments express the pleasure s/he feels because then s/he was selected to share the child's joy of achievement.

The elimination of body wastes, like the eating experience, should be a sharing time involving a great deal of conversation between the caregiver and child. Punishment or social or material rewards for child behavior should not be part of the child's elimination experiences. Over time, with the caregiver's aid and the constant labeling of the child's and their own experiences, the child will be able to label his/her own inner experiences. Further, the caregiver's communication of acceptance of the validity of such experiences in him/herself and in the child will result in the child becoming

open and receptive to caregiver actions and suggestions. A child so treated will model (a) the caregiver's behavior toward him/her, (b) the caregiver's actions that gratify the caregiver's own inner experiences, and (c) the caregiver's actions toward others.

In summary, the variables that are critical in helping the child become all that s/he can include labeling and acknowledging of experience, giving suggestions, and modeling. I believe that the arousal of mastery motivation in our children will result in their modeling our actions as they struggle to know, comprehend, assimilate, and achieve mastery. More importantly, they will struggle and achieve because *they* want to, not because they wish to please us, or because they are afraid not to. We need communication skills to convey knowledge our children can use and to convey acceptance of the validity of their inner experiences. We need to have "faith" in the process, and we need the patience to allow the process to unfold.

These principles and processes have relevance for many other aspects of daily living, including the following: the toddler's behavior while exploring and expressing his/her needs, wishes and even conflicts through exploration and play; his/her behavior with other caregivers and with peers; activities that are aimed at taking care of their personal needs, including dressing and washing behavior; and caregiver behaviors with other adults, children, with objects, and in a multitude of social situations and tasks.

The Toddler as Explorer

Toddlers are continuously walking or touching, grasping, and placing a wide variety of objects in their mouths. Most of them appear to want to be into everything all the time.

First, let's focus on a situation in which a caregiver does not wish, or cannot allow, the toddler to explore. In their concern for the child's safety, many caregivers place him/her in a playpen or crib to restrict the child's movement. Despite the "enrichment" of the playpen with a wide variety of objects and toys, many toddlers want to get out of the playpen, possibly because they are bored with the toys that are accessible to them. They might want to be physically closer to the caregiver or eager to explore something

outside the playpen or they even might be frightened. During those instances in which the child's mobility *must* be restricted because of caregiver involvement in other activities, and the child begins to cry because s/he wishes to leave the playpen, the caregiver could say, while picking up the child and holding him/her close:

"You are crying and are unhappy now. I have been away too long and maybe you became frightened when you noticed I was gone. Now you want to be with me. Maybe you're bored with the toys in the playpen. Maybe you'd like to walk around and explore more. You want to get out and stay out of the playpen. That would make you happy. I wish I could let you be with me now but right now I am busy doing some work. And because I can't pay attention to you I'm afraid you might get hurt. You have to stay in the playpen until I am finished, which will be at [for example] 2:00—when the big hand on the clock (pointing at the clock which should be nearby) is on the 12 and the little hand is on the 2. When the big hand touches the number 12 I will be back, and, if you want, then I'll take you out of the playpen and be with you. Until then, I can't let you out of the playpen. I know you might cry and you might cry very loudly. You might be very angry and upset and frightened. I am sorry, but I am putting you back now, but I'll be back when the big hand touches the 12."

Upon returning, point out that you returned on time or even before the time specified:

"Here I am now. See the big hand on the clock. I came when it is touching the 12 and now I can take you out, if you want, and I can be with you."

This use of the clock can begin even in infancy, although, of course, it will have little or no meaning to the child from birth until two, or even three or four, years of age. The use of the clock, however, eventually will help the maturing older toddler and preschooler to gain time perspective and self-control within a time frame. Necessity forces most caregivers to use playpens, cribs, and other forms of restriction on toddler mobility. The one-to three-year old probably does not suffer the terror and dread to the extent that an infant might, especially if during the first year of life his/her caregivers were continuously and consistently prompt and

effective in their response to distress signals. But, I do believe that toddlers' intense crying of long duration, while they are in a playpen, crib, or other location apart from their caregivers, *does* have some negative effect on their "foundation." The ideal would be for the caregiver always to be within view of the child, and never more than 10 feet away from him/her, throughout the toddler's waking hours. Aside from those relatively infrequent critical times when the adults' attention would be so distracted by work or activity in a potentially dangerous location, a caregiver should be close by the child. This physical arrangement is needed to protect the toddler from physical harm as well as to provide continuous opportunities for the caregiver to be a part of the toddler's experiencing. This involvement could include:

- (1) the caregiver's continuous labeling and description of characteristics of people, animals, objects, plants, foods, etc., that the child looks at, touches, handles or even attempts to eat;
- (2) the caregiver's continuous speculation about and commenting on possible toddler thoughts, feelings, needs, and wishes, and how the toddler's actions derive from such inner experiences;
- (3) the caregiver's continuous commenting on his/her own thoughts and feelings relative to toddler actions and pertaining to their own experiencing in the world that could be shared with the toddler;
- (4) the caregiver's initiation of, and mutual involvement with, the toddler in play, fantasy, and highly intellectual activities; and
- (5) as noted above, if and when the need arises, presentation of alternative courses of action for the toddler to engage in during the present and in the future. Of course, sometimes it might be necessary to restrict the child's actions to protect him/her physically from harm.

The above advice sounds if I am recommending that the caregiver continuously "hover-over" and invade the "privacy" of the toddler, barely giving him/her "room to breathe." I believe that if the child feels that caregivers are "with" him/her, s/he will not feel "hovered over," "invaded," or restricted. Rather the caregiver's behavior will be felt by the child as a continuation of the caregiver's empathic responsiveness and shared experiencing. The caregiver's frequent and continuous expression of such communications will provide a model for the child to imitate in his/her encounters with person, situations, and objects.

Being with an infant is an exhausting experience for a caregiver

who attempts to be as sensitive and as responsive as possible. Similarly, toddlerhood is a very difficult period for caregivers who attempt to be continuously sensitive, responsive, accessible and accepting. My wife's and my own experiences with our three children has led me to feel that 3, 4, or 5 skilled caregivers, in "shifts," would be necessary to maintain an optimal "stream" of caregivers who are physically and psychologically capable of being with the toddler fully; each of us acknowledging of the child's and our own experiencing. I am arguing for continuous close and intimate caregiver and child contact during these early years. Each toddler needs his or her own "set" of caregivers who experience and share his/her world. We all do our best but I wonder if one or two caregivers for two or more young children for long periods of time each day are capable of being able to "be with" each of the children sufficiently to approximate the ideal?

Returning to typical caregiver-toddler encounters that occur throughout the day, it should be noted that the above description—while it implies that the child should be protected from both physical harm and "anxiety"—does not imply that the caregiver can prevent completely the child from experiencing pain or fear, or from causing pain to others. Caregivers, during the course of the day, all too often will experience physical pain caused by knife or scissor cuts, falls and bumps, etc. The caregiver can describe what has happened to him/her and describe accompanying sensations and inner experiences to the infant or toddler. The toddler also will see others fall and scrape their arms and legs, be cut and bleed, etc. Thus, the caregiver can describe the painful experience of others to the toddler, as well.

Toddlers' themselves of course may cause pain and hurt to others as they explore the world. For example, here is a situation that may occur. A caregiver observes a two year old (Johnny) trip over the blocks that an eighteen month old (Michael) had been stacking. Michael gets very angry and starts throwing blocks at Johnny. In such an instance, after comforting Johnny, the caregiver could communicate several relevant and useful messages to Michael. The caregiver could approach Michael, kneel down and establish eye to eye contact, and say (with appropriate feeling and facial expression):

"Michael, I saw you throwing those blocks at Johnny. You must be very angry with Johnny. It's O.K. to be angry. I'd be really angry too if I was stacking blocks and someone knocked them over. But I cannot allow you to throw the blocks at Johnny. If you really feel like you must throw something while you are angry, I want you to go over and get the bean bags and bucket."

The caregiver could pick up a bean bag and throw it at the bucket, saying:

"I'm so angry at Johnny!! See how mad I am at you, Johnny?"

"So, Michael, whenever someone makes you feel angry, really angry, and you feel like you want to throw something, I want you to go over and throw the bean bags at the bucket, or hit the "bop" bag (a self-returning, air-inflated rubber or vinyl bag) with your fist. Why don't you do one of those things now."

Involvement in Dangerous Activities

The toddler will experience pain and hurt as s/he explores the world and handles objects. During such activities I believe a caregiver should be close by, ready to be responsive. If the child is about to touch something sharp, hot or otherwise dangerous or fragile, the caregiver, who positions him/herself at the child's eye level, about twelve to eighteen inches away from him/her, could say, for example:

"Clare! Stop! You want to touch that knife now. Let me help you (taking the knife away or holding her hand). As you can see the knife has a handle made of wood and a blade. This knife has a blade about three inches long. This side is flat and smooth. The top of the blade is round and blunt. This other part of the blade, called the edge, is for cutting things like carrots or meat and is very sharp. If you pressed the edge hard against your skin, you could cut yourself and you would feel pain and blood would come out of the wound. Remember when I cut myself? I was bleeding and it hurt me for a little while. I had to clean the cut and had to put a bandage on it so the cut wouldn't get infected and hurt even worse. A knife is a very interesting thing to look at and touch. You see me and other people use it very often when we prepare food and when we eat. You want to know more about the

knife. You want to touch it everywhere. I don't touch knife edges very often because I am afraid that I will cut myself. I can help you very carefully to touch the edge of the blade now so that you can feel what "sharp" feels like. If we do it very carefully, you will feel "sharp" but it won't cut and hurt you."

The caregiver then could let the child touch the sharp edge of the blade of the knife as s/he holds the knife in hand.

"See how sharp it feels? It hurts, doesn't it?"

After further *careful* touching:

"I want you to know that if you ever want to touch a knife (a pair of scissors, fire, a piece of glass, a sharp can, pulling a plug from an electric outlet) come to me and tell me:"

"I want to touch a knife (or . . .)."

"I'll try to stop whatever I am doing and we can explore the (thing or situation) together like we are doing now."

Thus, I would permit the child to engage in almost any "dangerous" activity as long as I shared the experience with him or her and could prevent any serious harm from occurring. I would be with the child as s/he climbed a ladder or a chair, explored scissors, a lit candle, or the fire from a burner. I would "be there" telling the child my past experiences in similar situations, reflecting his/her wishes, and allowing almost any activity to take place with *very close supervision*. Of course, I would not allow a child to engage in any inherently dangerous activity; for example to swallow a piece of glass, or put a pin in an electric outlet, or jump from a great height, or pull down a vase of flowers or any other fragile or heavy object. Just as obvious, it is very important to convey understanding and acknowledgement of the validity of these wishes to engage in such activities, and to present alternative actions that as closely as possible approximate the desired activity. Note that these alternatives should be something more than mere attempts to distract the child and "steer" him/her away from the dangerous but interesting activity. For example: "You can cut with these safety scissors;" "You can use this knife with the blunt edge in your play." "If you want to make believe you're Superman [Wonder Women], you can climb and jump from the stool onto the rug here."

Research suggests that children who encounter sensitive and

responsive caregivers will often comply with such caregiver wishes. The caregivers who stop their own ongoing activities and participate in supervising the child's activities further maintains and confirms the child's trust and respect for the caregiver. If the caregiver, for reasons s/he deems necessary, cannot participate immediately, s/he still can communicate understanding and acknowledgement, but now could conclude with:

"I can't explore with you right now, but as soon as the big hand is (for example) on the 12 and the small hand on the 2, which will be two o'clock, I'll explore with you. I'm sorry I can't do it right now but I'm looking forward to exploring with you then. Either come back to me when it is two o'clock (pointing to the hand arrangement) or at that time I'll come to you and remind you of your wish and if you still want to, we'll explore together then. I know you'd like to do it right now, and I know I'm disappointing you, but I can't help it. I must do my work right now. I'll be with you at two o'clock."

Ideally the delay for the young toddler should be no longer than ten to fifteen minutes and the delay for the older toddler should not exceed one or two hours. As the child matures and gains time perspective, it seems appropriate to experiment with longer delays when they seem necessary and appropriate.

Caregiver Behaviors Fostering Child-Directed Skills Related to Body Care

As with almost all other behaviors, caregivers should comment about their own health and body care behaviors that they want the child to exhibit. As often as possible the toddler should watch the caregiver dress and undress, wash, shower, comb his/her hair, etc.; and s/he should hear the caregiver describe in as great a detail as possible the caregiver's health and body care activities and his/her feelings connected with such actions. For example, if the child is present in the caregiver's bedroom in the morning, a caregiver can demonstrate and comment upon his/her own dressing behaviors:

"In the morning I like to get dressed. First, I remove the top of my red pajamas and then the bottoms. I put on my white underwear first, then my white shirt with brown lines and I put the

button here through the hole here. The buttons, when pushed through the holes, keep the shirt together, see. I am putting on my brown pants now. I put the bottom ends of the shirt inside the pants. I pull up the zipper of the pants and hook the top of the pants together here. I put this end of the belt through the loops of the pants and then buckle the belt together here. Now my pants won't fall down and my belt and pants hold my shirt down. Before I put my shoes on I put socks on my feet. One brown sock on my left foot here; another brown sock on my right foot here. Now I put one brown shoe on my left foot here, the other brown shoe goes on my right foot. Now comes the hardest part of dressing: tying my shoes. It took me a long time to learn to button up my shirt and to zip my pants, and it took me an even longer time to tie my shoes, but now I know how to do it. See? (demonstrating) Now I am all dressed. I have on my underwear, my pants, my shirt, my socks, and my shoes. I feel good all dressed. Now I am ready to face the world."

While dressing and undressing the child, or washing and bathing him/her, the caregiver should reflect and comment upon, in as great detail as possible, his/her and the child's actions, describing all body parts, objects, and all possible feelings and wishes experienced by the child and him/herself.

No matter how much s/he is motivated, though, the toddler still is relatively unskilled both with respect to activities that require fine motor coordination and in their time perspective. Very few toddlers can spontaneously or even upon request, dress themselves completely within a reasonable length of time, if at all. Many toddlers, for example, may take ten to fifteen minutes—while totally involved and even enjoying every minute—just to put on one article of clothing. Unfortunately, as with toddler eating or elimination of body waste activities, caregivers often demand rapid learning and quick and skilled performance in dressing and body care. Such demands, without accompanying communications of understanding and acceptance, make the child feel unsafe, unaccepted, and "anxious." S/he then will escape from and avoid such situations. S/he then will deny and distort his/her experiencing in such activities. Such demands can result in the child choosing *not* to imitate. S/he will turn away from the caregiver as a model.

Demands for quick, skillful performance—because they do not convey understanding and acceptance—will insure that the child will not view body care activities as continuous, pleasant, sharing experiences; thus, the caregiver will *need* to use rewards and punishments to *control* child behavior in these activities and situations. To “please” caregivers, to avoid their wrath, children can “learn” minimally skilled dressing and washing behaviors motivated by physical and psychological safety concerns. Caregivers, indeed, might be content with such performances. However, if the child's behavior remains under external control of the caregiver, no matter benevolent s/he intends to be, the caregiver only achieves a small victory at too great a cost and effort. The caregiver will have to remind and demand constantly that the child (the adolescent, the adult living at home) perform skillfully in these areas. The caregiver has only “won” when the child spontaneously and under his/her *own* direction *chooses* to engage in socially desirable behaviors. On the other hand the effective caregiver cannot demand, but instead, can only demonstrate and comment upon appropriate behaviors, share in the activities with the child, be available for aid and provide consultation.

I believe that when a child feels acknowledged, and is struggling to achieve mastery in dress or, for example, painting s/he spontaneously will ask for help from those whom s/he has seen skillfully demonstrate the behavior of interest. It will be at that point in the sequence that s/he will decide for him/herself that help is needed. Many of us have had experiences with a child who has asked for help with one aspect of a problem, then turned away and refused help with another part that he/she felt competent to solve.

Of course instances do occur in which caregivers will be in a rush to leave and go somewhere and the child for example, does not, dress fast enough. In these instances, I think that a caregiver can indicate to the child approximately forty minutes or one hour before they have to leave, in a voice indicating the giving of information rather than the demanding of action:

“Billy, we have to leave when the big hand is on the six. I know you often like to dress yourself. If you are not completely dressed by the time the big hand is on the two, I will have to complete dressing you myself so that we can leave on time. I know that sometimes you like me to dress you. Being taken care of makes

you feel like you are a baby again and sometimes you don't like to have to do so many things by yourself. Babies are taken care of almost all of the time, and sometimes *you* want to be taken care of. I also think sometimes you want to dress all by yourself. You often feel proud that you can do it all by yourself with only a little help from me, and sometimes without my help all together. I am busy now getting ready to leave myself and I can't dress you now. But you can begin dressing yourself the best that you can if you want to. When the big hand is on the two I will see how you are doing. If only a few of your clothes or none of your clothes are on, that's all right with me. I'll help you get dressed then because we have to leave before the big hand on the clock is on the six. If you want to, please begin getting dressed now, and I'll see you when the big hand on the clock is on the two.”

In body care, as with other toddler activities, the caregiver must be as patient and as flexible as possible, accepting of their role as model, information dispenser, and consultant. We “teach” by doing. We can share and participate in activities. We can help those who are self-motivated and who request our aid in their attempts to achieve *their* ends. We cannot help by demanding and expecting, especially from a toddler, quick obedience regarding completion of activities. The developing toddler as much as possible should be given opportunities to observe the skilled behavior with which caregivers deal with the tasks that confront them and to hear these caregivers communicate understanding and acknowledgement of the validity of his/her needs and struggles. Through these experiences, most children, by the end of their third year of life, will acquire the beginnings of active language skills—including labels for objects, situations and for their own experiencing—and continue to feel positively toward caregivers. Such skills and attitudes will allow the following years to be periods of empathic, mastery motivated, confronting of tasks and objects, as well as peers and adults. Children who have little need to deny and distort their experiencing will continue to value their own *and* another's desires and wishes, and now will be capable of more extensive discussion, confrontation, and compromise.

In summary, the period from one to three is a very difficult and a very trying one for both caregivers and children. Caregivers typically wish to see their children of this age learn rapidly and

perform "skillfully" such social functions as eating and dressing. These unrealistic expectations and excessive demands could be a result of a combination of factors: (a) their ignorance of the usual pace which the child develops and matures; (b) the physical and psychological frustrations that occur in their own daily lives; and (c) the fatigue that results from interacting with a toddler whose high level of mobility, curiosity, and energy is often overwhelming. It is probably of little comfort to caregivers that children's limited skills in language, perception, and motor activity, coupled with a desire for mastery and skilled performance, make these years frustrating for them too.

Caregiver Behavior With Others and With Objects

Before concluding this chapter, it is important to note that the behaviors that the child sees caregivers display in their encounters with each other, in their encounters with other children, and in a wide variety of tasks and social situation has as great—or almost as great—an impact on the child's psychological development as do the direct encounters between caregiver and child. If it is true that children grow up to do unto others what was done to them and not to do unto others what was not done to them, it is also likely that how the child sees significant others act in the world significantly affects his/her acquisition of skills. Such actions should positively influence the toddler's sensitivity to, and effectiveness with, people, tasks and objects. Ideally, the toddler should see his/her caregivers acting empathically and with acceptance in their encounters with each other and with other children. Ideally, the child should see and hear caregivers treat each other with affection, dignity, and respect. S/he should see caregivers show patience at the supermarket, in traffic, and at the dinner table. S/he should hear caregivers express enjoyment of their involvement in daily tasks. It is, of course, impossible for caregivers to display skills in, and enjoyment about, all aspects of daily living. In such instances, caregivers, at least, can talk with the child about their actions, and explain, as clearly as they can, the possible motives and reasons that underlie the difficulty they are having in behaving "as they should."

CHAPTER 7

Caregiver Behaviors That Help Advance Children Toward the Actualization of Their Human Potential: The Child from Three Until Six

I am grouping the pre-school years and the first year of elementary school together because I believe that the most critical dimension in caregiver-child interaction during these years is the ability of both caregiver and child

to engage in discussions of their needs, wishes and desires, and, when possible, to reach compromises in problem situations. The vocabulary and language skills of most three-year-olds often are at least minimally sufficient for participating in such encounters, and the child will have increasingly frequent opportunities to practice these skills, since the number of problem situations in which both caregiver and child needs are aroused continue to increase during these years.

It is also during these years that the child's play and fantasy activities become a primary means of expressing needs, wishes, and conflicts, as well as a means for expressing creativity and mastery.

The caregiver activities that relate to the expression of 3-6 year olds' positive and pro-social behaviors include most of those behaviors—which I have described previously—that research has shown to be related to accelerated development in the child from birth to three. Among these caregiver behaviors are:

- (1) those that indicate consistent, loving, conscientious and secure handling;
- (2) those that communicate affection, acceptance, and sensitivity to the needs of the child;
- (3) those that display warmth, nurturance, and sympathy; and
- (4) those that involve caregiver initiation and involvement in intellectually stimulating activities that take place within the context of an enriched environment.

The importance of modeling has been demonstrated in the research of Yarrow et al. (1973), who have provided experimental evidence that a nurturant caregiver's altruistic behavior towards a

live "victim" produces similar altruistic behavior even in four-year-old children. Children are likely to model the prosocial behavior of nurturant caregivers who describe (a) the details of their altruistic acts, (b) the consequences of their actions, and (c) their motivation for behaving in this manner. Further, there is research evidence that indicates that curious and exploring mothers have children who also frequently explore novel objects and who are likely to be rated as highly curious by teachers (Endsley et al, 1975; Saxe and Stollak, 1971).

Research on children within this age group also identifies additional caregiver behaviors that foster advanced development. These behaviors can be categorized under the general heading of *discipline practices*, or, as I prefer, *disciplinary communications*.

Disciplinary Communications Fostering Social Responsiveness and Competence

Disciplinary communications can be compared to positive and negative reinforcement and punishment.

Positive and Negative Reinforcement

The terms positive and negative reinforcement have most meaning to me when used to evaluate the *effects* of the environment on, for example, a child's behavior. If specific child behaviors occur again or increase in their frequency and duration within a relatively short time interval after some environmental events or stimuli have occurred, then those environmental events (e.g., adult verbalizations and/or actions) can be described as having positive reinforcing effects on, or consequences for, the child's behavior. Similarly, environmental events that are found to decrease specific child behaviors (such as removing positive reinforcement) can be described as having negative reinforcing consequences. These terms, then, have the most heuristic value when they are used as an after-the-fact description of the effects of specifiable environmental events on a child's subsequent behaviors. Whether environmental events indeed are positively or negatively reinforcing to a child can only be known through the measurement of the frequency, duration, and intensity of the behaviors that the child displays after such events occur.

Punishment

Punishment has most meaning to me as a description of negative environmental events (e.g., adult verbalizations and/or actions) that do not differentiate between a child's actions and his/her inner experiencing. The lack of such clear distinctions arouses physical and psychological safety needs. When caregivers do not acknowledge the validity of the child's experiencing and do not provide the child with any alternative outlets for expressing his/her needs, wishes, or desires their actions and communications are punishing. The focus for the child is to gain back caregiver approval and thereby feel "safe" once again.

Punishment, then, is a complex set of caregiver behaviors whose impact is perceived by the child as a verbal and/or physical attack on the self. Punishment *arouses* children's physical and psychological safety needs—and sometimes even his/her survival needs. Punishing caregivers provide only directions by which the child can gain the caregiver's *forgiveness*.

Often, there is a decrease in the frequency, duration, and intensity of certain child behaviors after punishment, since punishment usually—but not always—is a negatively reinforcing event. Even in the "short run," though, punishment sometimes can be a *positively* reinforcing event! For example, in those not-so-rare instances where a child "needs attention," the child's actions that result in his/her being punished are the very ones that gain and hold the caregiver's attention. *Even punishing attention can provide—if not physical safety need gratification—psychological safety gratification.*

I realize that punishment can result in certain child behaviors being kept under control so that they occur with less frequency (at least in the presence of the caregiver or observers). However, I believe that it is crucial to evaluate the effects of punishment that do not necessarily appear during the caregiver-child encounter in which punishment has occurred. I believe that punishment, especially in these early years, is extremely damaging both to the "foundation" and "self-acceptance" of the child and to his/her abilities to perceive accurately and value his/her own, and others', experiencing. The result of punishment is the decrease, over time, of the child's empathic responsiveness, and of his/her

expression of a wide variety of intellectually competent, socially responsible, and independent behaviors that even children of this age can perform. Thus, punishment will diminish the development and expression of those very characteristics that, given our best intentions, we all wish to encourage.

Whether or not punishment, in fact, controls and limits some undesirable child behaviors and social actions, punishing events always diminish the ability of the child to advance toward the actualization of his/her human potential in the present and in the future.

Disciplinary Communications

The punishing event is defined as one that lacks educational elements or messages. Caregiver verbalizations and/or actions that contain such educative elements are what I would call disciplinary communications. Thus, communications of *all* the messages that I have listed above and have discussed previously are important because:

(1) Through communication of understanding and acknowledgement of experiencing, they will maintain the child's "self-acceptance," "self-esteem," and the child's state of acknowledgement and contentment. Thus, they will help increase the child's repertoire of intellectual, cognitive, and emotional skills and capacities, including those that contribute to self-understanding.

(2) Through clear communication of caregiver reactions, they will help the child increase his/her repertoire of interpersonal awareness, understanding and acceptance of the feelings, needs, wishes, and desires of others.

(3) Through the presentation of alternative courses of action, they will allow at least partial gratification of needs and desires, and, thus, increase the child's willingness to confront and compromise.

Such messages also will help increase the child's ability to communicate clearly and acknowledge others' experiencing. Thus, this *total set* of caregiver messages is a positively reinforcing event in the narrow sense of this concept, since the child is likely to choose the selected alternative course of action in similar situations in the future. Moreover, such a set of messages also is a positively reinforcing event in the broader sense that such messages will in-

crease the subsequent expression of a large variety of behaviors that are indicative of personal and social competence. The total set of messages, by maintaining the child's state of acknowledgement and contentment and by the arousal of the child's mastery and competence motives, provides the words, actions and directions—the "materials"—for the building of the best possible "house."

Communication of Adult Feelings and Expectations

This discussion leads me to conclude that punishment has no net positive disciplinary function that can not be fulfilled by more acknowledging and helpful techniques. Punishment is never useful, nor is it ever educational in a positive sense. I *do* believe that caregiver anger, disappointment, and resentment, when aroused by child behavior, can and should be communicated to the child. Such communications can provide relief for an aroused caregiver, and, when expressed clearly and comprehensively, can help the child maintain empathic responsiveness. But communication of caregiver reactions should only be made *after* communication of understanding and acknowledgement of the validity of the child experiencing, and always should be *followed* by a presentation of alternative courses of action that provide at least partial gratification of the child's needs and wishes. I know how very hard it is to follow this sequence of messages. Our "normal" response to our children's expression of unacceptable behavior is a "reflexive" attack on their actions and a defense of our own position. We often are so personally hurt or disappointed, and our anger and resentment so great, that we do not want to let them have *any* gratification. Most often, and for a wide variety of reasons, we reflexively interpret our children's displays of unacceptable behavior as a direct personal attack on us, on our being and identity, and on our perception of ourselves as competent and good parents whose children should never do such things. As "civilized" adults, we have contempt and disdain for anyone's, even our own children's, expression of unacceptable behavior.

Research does indicate that it is important to expect appropriate, responsible behavior from our 3-6 year-old children. Research also indicates, however, that such expectations must exist with a relationship that is warm, loving and nurturant.

An Example of Disciplinary Communications in a Problem Situation

Let me provide an example of what I consider to be appropriate disciplinary communications that are made in response to a child engaging in unacceptable behavior. I will present the incident from the perspective of the child (which is a perspective I find easy to assume) as it might unfold and be experienced by her:

"My name is Carla. I am five—almost six—years old. I am watching my favorite television program. All of a sudden, my almost three-year old sister, Jill, walks over to the television and turns it off. I yell out, 'Leave it alone!' I get up to turn it on again, but she has her hand over the dial. I push her away from the television. She hits me and I push her away again. She begins to cry.

Mom, who is in the kitchen, yells out: 'What's going on in there?' I yell back: 'Tell Jill to leave the television alone.'

I turn the television on again. Still crying, Jill turns it off again. I push her away again. She cries even louder.

Mom comes running: 'All right. All right. Stop everything. I can see that everybody's upset and unhappy now.'⁵

She picks Jill up and hugs her. Jill stops crying, but now sobs quietly. I am beginning to feel jealous. Holding Jill, Mom sits down and asks me to sit next to her. She puts her arm around me and gives me a smile and a nice squeeze. She says to me, 'Jill must have done something to get you really angry at her. What did she do?' I tell Mom how Jill turned the television off while I was watching it. Mom says, 'If I was watching my favorite program and somebody played with the television, I would certainly get angry, too.'

I nod and say, 'Yes, I *was* angry.'

Mom says, 'I would be so angry that I would want to yell and push and hit the other person until they left the television and me alone.'

I nod again.

'But even though I would be very angry and would want to hit someone, I wouldn't because I don't want to be pushed or hit.⁶ Being pushed or hit hurts. When I used to get pushed or hit I would get even angrier and want to push and hit back even harder. And then I got into bigger fights where everybody got hurt and was crying . . . and still was very angry. Hitting and pushing felt good for just a moment, but didn't really help me and doesn't really help me even now get rid of my anger. I think the best way to get rid of our anger is to talk about what we're angry about and try to work something out so that we don't get angry in the future.⁷ If Jill plays with the television again, I want you to say to her, very loudly and very, very angrily, if you want, 'Jill, I'm watching my favorite program and when you turn off the T.V. I get very, very, very, angry! Please leave the television alone!! And you can even stamp your foot as loud as you want and shake your fist at her if you want to. Now, because Jill is so young she really doesn't know what to do next, so that pushing or hitting her won't do very much except to make her cry very loud. So please don't hit her. I don't ever want you to push or hit her. What I want you to do is to call me and I'll try my best to work something out so that she doesn't bother you. Again, Jill is sometimes going to do things that bother you, that upset you, and that get you angry. What I want you to do is to tell her what she is doing to make you upset or angry. Tell her how you feel. Don't hit or push her. Then call me and try to do something to work it out. All right?'

I nod.

⁸Mom turned to Jill and said: 'Jill, I'm sorry that Carla hurt you. You don't like to be pushed and hit; it hurts. You wish she didn't and wouldn't do it. But you enjoy turning the T.V. set on

⁶Now the mother describes her own experiencing including her own past actions and feelings in a similar situation. She also clearly states her wishes and expectations.

⁷In the following comments the mother is providing Carla with acceptable alternatives which allow her to express her feelings toward Jill in the present and future.

⁸The mother reflects upon Jill's needs and wishes and how they resulted in her playing with the T.V. and disobeying Carla. It is important for Carla to hear her mother reflect upon Jill's experiencing and how to express it. The mother is also taking some guesses as to what might be other needs or concerns of Carla which contributed to her hitting Jill. She also provides directions for Carla for gratification of these needs.

⁵In this and the following messages the mother is attempting to gain knowledge of what happened and to convey understanding and acknowledgement of the validity of Carla's experiencing.

and off. It's fun to see the picture go on and off and the sound to go off and then become loud. You feel powerful when you control the T.V. sound and picture. And you don't care what Carla thinks and feels when you are curious. When you are doing what you want you don't want to listen to anybody or do what they want. But turning the T.V. on and off makes Carla and would make me angry too especially if we are enjoying the show on T.V. If you want to play with the T.V. come to me and I'll try to find a time when no one will be bothered by you turning the set on and off.'

Mom then turned to me and said: 'Carla, I also know that sometimes you *might* feel I'm not being with you enough and I'm spending too much time with Jill and hugging and kissing Jill too much and being extra-specially nice to her and not to you. Any time you feel jealous of how much time I spend with Jill and feel I haven't given you special hugs, you come to me and say, 'Mommy, I am jealous of all the time and attention you give to Jill. Could you please be with me too and give me a special hug?' I will then give you a very special kind of hug and kiss that I give only to you, and I will work out a time that day, even if it's only for ten minutes, when you and I can be alone together and not be interrupted by anyone or anything. All right?'

I go back to watching the program. Mom gives me a big special hug and makes me smile and then takes Jill to the kitchen with her."⁹

What might more typically happen and be experienced by Carla is the following (repeating the context again):

"I am watching my favorite television program. All of a sudden my almost three year old sister, Jill, walks over to the television and turns it off. I yell out, 'Leave it alone!' I get up to turn it on again, but she has her hand over the dial. I push her away from the television. She hits me and I push her away again. She begins crying.

Mom, who is in the kitchen, yells out, 'What's going on in there?' I yell back, 'Tell Jill to leave the television alone.' I turn the tele-

⁹I hope the above story helps you perceive how the total set of messages from the mother, in sequence, can maintain within Carla empathic responsiveness, accurate perception and valuing of her own and her mother's experiencing, and can lead to increasing personal and interpersonal skills.

vision on again. Still crying, Jill turns it off again. I push her away again. She cries even louder.

Mom comes running: 'I told you never to hit her.' Mom hits my hand very hard.

I feel hurt and afraid. I begin to cry: 'Why do you hit me? You tell Jill to leave the T.V. alone. I was watching it.'

Mom says: 'Jill is a baby, she doesn't know better. You're a big girl.' Waving her finger at me, and looking very angry, she says: 'Never hit the baby.' Mom picks up Jill and hugs her and says: 'There, there, everything's all right,' and takes Jill with her to the kitchen. How come Jill get the hug? Why doesn't mom yell and hit Jill for bothering *me*? Why do *I* get hit? Why doesn't mom understand *my* feelings? What am *I* supposed to do?''

People have told me that sets of caregiver communications, such as the first example that I just presented, are too long and detailed. That is, they are concerned that young children cannot sit and listen to such caregiver communications for such a long period of time. Unfortunately, there is no brief set of statements that permits communication of all the messages that I would wish to convey. All caregivers wish that children would catch on quickly, making only a brief set of communications necessary. Given my goals, however, I do not believe there are many short cuts that are possible. Further, my personal experiences with my own and other people's children lead me to conclude that when 3 year old (and older) children are with a caregiver whom they trust and respect—and who consistently have been empathic with them—they in fact, will be interested in, and even eager to hear such messages and helpful suggestions, no matter how long it takes the person-oriented caregiver to express them. Because of the personal meaning in the communication, I feel that I am able to hold their attention and their interest to an even greater degree than can cartoons or other "stimulating" television programs. I do believe, though, that a child who frequently has encountered a caregiver whose pattern of communications is like that of the mother in the latter example is a child who is likely at first to turn away from, and psychologically tune out, a caregiver, even if s/he begins to try to be more empathic and sensitive. One of the goals of the scheduled play sessions that are described below is to alter this "reflexive" chain in existing

caregiver-child relationships. Parenthetically, I must note that I have found that even just *reading* such an example as the the first one I presented above to a child during a period of calm can begin to open up a discussion between the child and caregiver, even if the caregiver finds it very difficult to communicate in such a manner during everyday life.

Caregiver Communications in Problem Situations

I would like in this section to continue to discuss caregiver communications, which can take place in different kinds of problem situations, and which I feel would be both disciplinary and capable of advancing a child toward the actualization of his/her human potential.

What you have read in the above incident between Carla, Jill and their mother, and what you will be reading below are *my* interpretations of what the child is experiencing, *my* attempts to communicate understanding and acknowledgement of the child's experiencing, *my* reactions to the way s/he is expressing needs, wishes, desires, or conflicts, and *my* suggestions and alternative ways to express inner experiences. It is possible that *your* specific interpretations of the causes of the child's experiences, *your* specific manner and style of communicating might be very different from mine. I do not believe such differences are important. If my speculations are correct, what *is* important is that the encounters contain all the "ingredients" or "elements" of educative, disciplinary communications that are relayed to the child in the described sequence.

On the following pages are problem situations that later I will respond to. Here, however, room has been left for you to write what *you* would say and do in the situation. I would like you to pretend or imagine *you* are the parent (mother or father) or caregiver of the child described in the situation. You should consider all of the children in the following situations to be about six years old.

Write down exactly how you would respond to the child (or children) in the situations in a word, sentence, or short or long paragraph. If you wish, write down how you think the child might respond and then how you would respond to these child communications.

- (1) You hear cursing, screaming and crying in the kitchen. You rush in and see your son Nicky and your four-year-old son Danny fighting over a toy their grandmother gave Nicky for his birthday.

(2) Upon returning home from school your son Jeff excitedly tells you about how his friend Al was pushed in a big puddle of rainwater by some older boys. Jeff says that they were just walking home from school when all of a sudden three sixth graders ran up from behind and shoved Al into the puddle and ran away laughing.

(3) You walk into your bedroom and find your son Bob putting your wallet (pocketbook) down with a \$10.00 bill in his hand. It is clear from his actions that you have caught him stealing.

- (4) When emptying the garbage can, you find at its bottom the broken remains of a toy that you had given your daughter Eve two weeks ago. It is clear that she didn't want you to find out about its being broken.

- (5) You are having a friendly conversation with a friend on the telephone and your son Raymond, returning home from school, rushes up to you, yelling out a story about his friend Billy's turtle.

- (6) It is 8:00 p.m. and that is the time you and your daughter Clare have previously agreed is her bedtime for that evening. But she wants to stay up and play.

- (7) You have completed shopping in a local supermarket, and, as you are checking out, your son Larry says he wants a candy bar. It is close to dinner time and so you say "No" to his request. He then begins screaming and hitting at you.

- (8) Before going to bed at 10:00 p.m. you go into your daughter Diane's bedroom to see if she has the blanket over her and to tuck her in, if necessary. You see her awake and masturbating. She sees you looking at her and as you approach her she stops and pulls the blanket up to her chin.

- (9) After hearing a great deal of giggling coming from your daughter Lisa's bedroom, you go there and find her and her friends Nancy and Harold under a blanket in her room with their clothes off. It appears that they were touching each other's genitals before you arrived.

Let us turn now to these problem and need arousing situations, and let me present *my* interpretations or inferences of the possible needs and motives that are operating in each situation, and *my* attempts to confront the child and his/her needs as I see them. You should compare your answers with mine.

First sibling problems.

Sibling Problems

I have presented above a story of Carla and Jill which centered around expressions of anger to a very young sibling. Another typical situation involves sharing, as in the Problem Situation 1, above, between Nicky and his brother Danny. I will present the unfolding of the incident from the child's (Nicky's) point of view, as it happens to him, including my speculations about what such caregiver communications would arouse and mean to the child, and what I believe the child would have learned about his own and the caregiver's experiencing.

"Hello, my name is Nicky. I have just finished watching a television program and as I walk into the kitchen to get a glass of milk, I see my younger brother Danny playing with the toy Grandma bought for me for my birthday.

I grab the toy away from Danny and yell: 'You leave my toys alone. This is mine! Grandma bought it for me.'

Danny begins to cry, and tries to grab it back, and we start to pull on it.

Danny yells: 'I want to play with it!'

I am stronger than Danny and I pull the toy away from him.

Just as Mom walks in Danny angrily yells at me: 'You're just a dumb-dumb.'

Mom says: 'What is going on in here?'

'Danny was playing with my toy and I don't want him to.'

'He never lets me play with his toys. He's a dumb-dumb.'

'I'm not a dumb-dumb. This is mine.'

Mom kneels down and says: 'Hold everything! Stop! Let me see if I understand what is happening. Danny, you want to play with Nicky's toy.' Danny nods. 'And Nicky, you don't want him to.' I nod. 'The toy is special to you and you don't want to share it

with Danny. When you took it away from Danny, Danny, you became so angry at Nicky that you couldn't stop yourself from calling him names.'¹⁰

'There are two problems here. The problem of sharing and the problem of expressing your anger. I want to talk to both of you about these problems. Let's all sit over here.'

'First, I want to talk to Nicky.' She looks at me and then says: 'I want you to know that I don't feel that you have to share your special toys with anyone. If you don't want to share your things with Danny or me or Daddy, I'll understand. I will always respect your wish for others not to play with things that are bought just for you, or you buy for yourself. There are many things that I have that I don't like to share. However, if Grandma or Dad or I or anyone buys something for both you and Danny, like crayons, or clay, then I think you and Danny will have to cooperate in playing with them. So Danny,' Mom looks at Danny, 'I know that it makes you sad and angry that Nicky won't share his toy with you, and makes you jealous and envious of what Nicky has. I'm also sorry that it makes you so sad and angry, but Nicky's toys are his and I must help him protect his toys. If Nicky wants to play with *your* special toys, and *you* don't want him to, I want you to know that I will not let him play with them without your permission. I think it is important for both of you to know that I will help you protect your special things. And I think that it is important for both of you to find out what happens when you don't share. So, Nicky, you can keep your toy now and I won't let Danny play with it without your permission. I am sorry, Danny, but that's the way it will have to be now.'

Danny, with a big frown, and almost crying, says: 'All right for now, but I'm not going to ever let Nicky play with my toys. Never!'

Mom says: 'Yes, I know how angry you are. I think I would be angry too if someone didn't share their toys with me. I would be so angry that I wouldn't want to share my toys with them.'

¹⁰We are likely, as a first immediate response, to become angry, to accuse Nicky of being possessive and stingy, and begin ordering one or the other child to do what we want. The first response of this mother is to convey her understanding of the event and to convince both children that she understands the various possible wishes, needs and even fears occurring in this encounter, including her own feelings and wishes.

Maybe I would be so angry that I would want to call them names.'

'I want you both to know that feeling angry is natural and happens to all of us. I know that I make both of you angry at me sometimes and you know that both of you make me angry sometimes.¹¹ But I don't like some of the ways you express your anger. I'm not sure, but maybe, Nicky, you were angry at Danny for something he said, or did, or maybe you were angry at me or Dad or your teacher or somebody else, and you expressed your anger by not sharing your toys with Danny. I'm not sure you were angry at anyone other than Danny, but if you are angry about something, not sharing isn't the best way to express it. And Danny, I don't think calling names is a good way to express anger, either. I think the best way is to tell the person who is making you angry how you feel about what he's doing and how you wish he would act so that you wouldn't be angry anymore.'

'Danny, if you're angry at Nicky for not sharing, I would like you to say, in a very loud and angry voice, something like: 'Nicky, I am very angry at you. When you don't share your toys with me, I get very, very angry at you. I am so angry that I want to hurt you. Maybe I won't share my toys with you. Maybe I won't want to be with you and play with you. I don't like to be angry, and I wish that you'd share your toys with me. If I did something to make you angry maybe we could talk about it and we could work it out. I am really sorry you won't share your toys with me. I wish you would.' 'Is that how you feel, Danny?''¹²

Danny nods.

Mom says: 'Why don't you say that to Nicky right now?'

Danny looks at me and says just what Mom said. I really feel sad that I made Danny so angry but I am afraid he would break my toy. I say to Danny: 'Danny, I'm sorry you're angry, but sometimes I don't like to share because I'm afraid you're going to break my toys. If you would break them then I would be very

¹¹The above statements from the mother attempt to convey acknowledgement of the validity of each of the children's experiencing. She then expresses her own thoughts, feelings and wishes.

¹²The mother attempts to give Danny some way of expressing his concerns and feelings right *now* in the present so that there will be no need for him to repress, deny or distort his experiencing.

angry at you. I'll let you play with the toy if you take special care of it. I promise that when I play with your toys, I'll take special care of them. All right?'

Danny smiles and says: 'I'll be very careful, Nicky. Thank you.'

I turn to Mom and say: 'Mom, can I have a glass of milk now?'

'I'm glad that Mom understood how I felt. I'm afraid sometimes that someone will break or take away things that are very important to me. I'm very glad that she would help me protect my toys and special things. I feel better now.

Being angry is all right and natural. The best way to express it is to tell the person what he's doing to make me angry and how I wish he would act so that I don't get angry.

I don't have to share my special things if I don't want to. I should tell the other person why I don't want to share so that he will understand my reasons. But when I don't share I have to realize that the other person will probably get angry and won't want to share with me or play with me."

Implicit in both of these stories, and in so many other sibling (and other peer) situations, is the issue of how important it is for the caregiver to be a fair and equitable dispenser of justice, to the extent that the siblings or peers feel they have been dealt with fairly regarding the dilemma. Often the caregiver must determine "ownership," must help work out—and often for younger children, state explicitly—the compromises that allow equal usage of objects and materials over time, or must plan ways to provide equal amounts of unique ways to share experiencing with *each* of the children for whom they care.

Peer Aggression

Children often find themselves hurt by peers as in the story of Johnny and Michael (see page 95). Here is another incident involving peer aggression.

"My name is Jeff. Something terrible happened in school and I'm really scared. I have just run home from school. I rush into my home and all excited tell Mom: "Mom, Mom! You should have seen what happened!"

"What happened?"

"Al and I were walking home from school and all of sudden some big guys from the sixth grade came by and pushed Al onto the ground and then they ran away laughing. I'm afraid of those guys."

Kneeling down, she gives me a hug and then says: "My, my. Those guys frightened you. You were afraid they were going to push you down and hurt you, too."¹³

"Yes. Al's lucky he didn't get hurt even worse. He cried a little bit, but he's all right. Even though we were afraid, we wanted to beat those guys up."

"When they pushed Al down, you were not only afraid, but they made you so angry that you wanted to hurt them back. You wished you were bigger so that you could really give it to them to show them that they can't push you around."

"Yes. I'd like to show them. I'd like to knock *them* down."

"You'd knock them down and tell them that they better not pick on you again."

I nod and say: "Yes."

"I think that you were not only afraid and angry but that you also wondered why they pushed Al down and then ran away laughing. That didn't seem to be a nice thing to do. I really don't know for sure, but those guys might not have been feeling good inside. Somebody, probably some adult, might have been hurting them in some way and because they were afraid of the adult, they took their anger out on someone they're not afraid of, like smaller boys. By hurting someone smaller, by taking revenge on someone else, they feel good for awhile. It's sad when, to feel good, someone has to hurt others. I can understand how when these boys frightened you, and hurt Al, both of you would want to take revenge and want to hurt them back.

Although it's natural to want to hurt others who hurt you, and to think about how you'd go about hurting them, you have a dif-

¹³ Our very first set of responses might include asking for further details and expressing our feelings. Here and in the next few comments the mother is trying to convey to Jeff that she is aware of *his* and even the older children's experiencing.

ficult decision to make. Should you only think and imagine what you would do or should you actually try to hurt the other person by yelling at them or hitting them? I can't tell you the best way to express your anger toward someone who is only hurting you because he has, himself, been hurt by others. I can only tell you that I have sometimes felt angry and afraid and I, too, didn't know what to do. I wanted to hurt the other person. Sometimes I did and I felt a little better. Sometimes I did, and they hurt me even worse! Sometimes, I just imagined what I would do to make them suffer. I felt a little unsatisfied but at least I didn't get hurt worse. Sometimes I tried to tell the other person to talk with the person really making him angry and not to me, who was only a substitute. I tried to tell him that he had to work out his problems with those people he was having trouble with, and that hurting me wouldn't really solve his problems. It would only make him feel good for a little while and his problems with his parents, or teacher, or someone else would still be there."¹⁴

"I don't know the best way for you to handle your feelings of anger toward bigger people who are pushing you around for reasons you can't understand. I want you to know that whatever you think, feel or do I'll know that you're trying to find out what to do with your feelings. I'll try my best to help you understand your feelings and how you could express them. Maybe I could help you understand what the bigger people are feeling. Is there any way I can be of help now?"

I think about it for a moment and then say: "No. Everything's all right. I'm going out to play now. See you later."

After going outside, I begin thinking to myself that I'm glad Mom understood how I felt. She knew that I wished those guys didn't push Al down and didn't scare me. She knew that I would have liked to hurt them back. Maybe someday I will. Maybe I

¹⁴ The mother is attempting to convey her own past experiences and ways of attaining gratification—often, as we all know—with little or minimum success. I have found that my own children very much appreciate stories of my own thoughts, feelings and actions when I was younger and had found myself in similar situations as the ones they are presently confronting. I confess humility regarding solutions and, as the following statements indicate, I would stand by them and support their own attempts at understanding and solution.

won't. It's also sad that some people have to push little people around. I hope I don't do that when I get bigger.

Stealing and Lying

Children may do many things which we regard as unacceptable. I will focus on two, stealing and lying. First, an incident involving stealing and also lying:

"Hello, my name is Bob. I saw a great toy at the store the other day and I really wanted it. I asked Mom and Dad to buy it for me and they said "No . . ." They don't understand how much I really wanted it. I'm home today and I've just found Dad's wallet on the table. I'll see if he has some money. Maybe I'll take a dollar from it. Maybe he won't miss it. Let's see. Here's a dollar bill, here's another dollar. Wow, he even has a ten dollar . . . I suddenly hear Mom yell, "What are you doing?" She surprises me and I quickly put the wallet behind my back. I say "Nothing, just looking around." She says, "What do you have behind you back?" Walking over to me she looks behind my back and says, "Oh, I see that you have Dad's wallet behind your back."

I don't want Mom to punish me. I say, "Oh, it fell on the floor. I was just picking it up."

She sits down, puts me on her lap, and quietly says, "What you're saying is that you found the wallet on the floor and were picking it up when I walked in. That could be. I think, though, that you were looking at the money in the wallet and wondering whether you should take some because you want something very, very much and needed money to buy it. And, you're afraid to tell me this because you're afraid I will punish you if I know the truth.¹⁵ I'm sorry to see that you're afraid of me now. Listen carefully now. I want you to know that I will never punish you for telling me the truth about things. If I have in the past, I'm sorry. I will try not to do it in the future. I'm also sorry that you didn't

¹⁵In this brief monologue the mother is taking guesses as to what Bob is experiencing and his possible motives for stealing and lying. Indeed, our guesses or interpretations might be wrong, but the emphasis is on the *attempt*. More often than not our guesses will be correct, and when we are correct, the child will *know* that s/he is not alone, and is safe with us.

come to me if there was something you needed or wanted. Sometimes Dad and I say "No" to you when you ask for something and that makes you disappointed and angry with us. And I know that sometimes your wanting something will be so strong that you'll think about stealing it or stealing money to pay for it.¹⁶ But I don't like stealing. I believe that stealing is wrong and hurts others. I don't like people to take things from me without my permission or my not knowing about it. It makes me very disappointed and angry to look all around and not find something that belonged to me. You are disappointed, too, when you are missing something you own when you need or want it. Sometimes we misplace things; other times people take them and do not tell us. But, again, I know that children often want things very, very much and sometimes adults don't listen enough and temptation is very strong. I hope that in the future, you'll be able to tell me what you want, when you want it. I will try to listen harder and possibly help work out a time when we can get you what you want. I hope you could tell me now just what you needed the money for. Could you?"

Mom and I talk about what I want and work out a solution that I am not unhappy with.

I now realize that taking things without permission makes people disappointed and angry when they can't find it. I would be angry and disappointed, too, if I couldn't find things I own.

Even though they sometimes can't get me things just when I want them, maybe Mom and Dad and I could work it out so I can know just when I can get what I want or something almost like the thing I want.

Maybe they will not punish me when I tell the truth. Telling the truth is always worth a try.

Sometimes I want something very, very much. Cookies, candies, and even toys. Sometimes temptation is very strong and my resistance is very weak. I wish they could tell me that they understand how something could be very attractive to me, how I might

¹⁶The mother is conveying her guesses as to her contributions to Bob's experiencing and actions. She then follows with more of her experiencing, wishes, and recommendations.

want something very much. They should know that I might steal just because I am not being heard and understood.

I might lie because I'm afraid of being punished. Hitting me and yelling at me might cause me to lie even more."

Another incident involves "passive" lying:

"Hello, my name is Eve. It was my birthday last week, and Mom and Dad bought me an expensive toy. I really wanted it and I was so glad that they got it for me. But while I was playing with it yesterday, it broke. I was so sad. I know that Mom and Dad wanted me to take good care of it because it cost so much money. I know that they'll yell at me and punish me. So while everyone was watching television yesterday, I took all the broken pieces and put them in the bottom of the trash can. No one will find it there and when the garbage men come tomorrow, they'll take it away. No one will know that the toy was broken and I won't be yelled at.

I am eating breakfast now. Suddenly Dad shows me the pieces of the broken toy! I am very surprised and frightened now.

He sits down, looks at me, and says: "I see that you're very surprised that I found these broken pieces of your new toy. I think that you hid them in the trash can because you were afraid that Mom and I would be very angry and punish you for breaking your toy."

I nod and say, "Yes."

"I want you to know that I am very sad and upset that such an expensive toy is broken. I wish it wasn't broken. But I am sure that you didn't want it broken either. I am also very sorry that you were so frightened and afraid of Mom and I that you had to hide the broken pieces because you thought we were going to punish you.

I have yelled at you for breaking toys in the past and I am worried that such punishment has made you afraid of me. Listen carefully now. I want you to know that I will try not to punish you for breaking your toys, either now or in the future. I expect that you will accidentally break other toys. The important thing when you break toys, whether accidentally or even in anger, is to bring it to Mom or me so that we could try to fix the toy. If I can't maybe Mom can. We'll try our best to fix it so that it works

again. If we can't, we'll all be sad. You know we can't get you another one like this for a long time. That's the way it has to be. The best we can do is try to determine when we can replace it. All right?" Dad smiles and hugs me close.

I'm so glad that Dad understands that I didn't want to break the toy, that it was an accident. I'm also glad that he knows that punishment only scares me and will only make me lie and hide things, and try to make sure he doesn't find out what happens. I feel better when I can tell the truth and not be punished.

Although it's all right to get angry and upset when I accidentally break things, punishing me will not make me more careful. I don't like to break things. I like my toys and don't want them broken either. Punishing me makes me want to hide the accident and hope that no one finds out. Punishment only makes me afraid of adults.

I feel good inside when adults let me know that they understand my fears about being punished, and my sorrow about accidents."¹⁷

Child Desires for Immediate Gratification

One of the most troublesome and frequent problems between young children and their caregivers concerns a child's desire for his/her needs to be gratified immediately; to get what s/he wants when s/he wants it.

Here are several examples.

A telephone interruption:

"Hello, my name is Raymond. I am so excited! Billy had brought his pet turtle to school today and I want to tell Mom all about it.

As I rush into the house, I see Mom talking on the telephone. I yell out: "Mom! Mom! You should have seen Billy's turtle. It . . ."

But she stops me, saying: "Just a second Raymond" and say to

¹⁷We all have fears, periodically, that our children will become too selfish and too self-centered. We want them to be generous and giving. We believe that our children will lie, steal and cheat if we don't stop these behaviors early, as they first occur. Although our children's behavior might disappoint us and make us anxious and angry we must first allow ourselves to become aware of their possible intentions and motives and then let them know that we are attempting to learn about and become aware of the origins of their actions. We must control our first impulses to attack and berate. We must attempt to be a model of the person we want our children to become.

the person on the telephone: "Eleanor, I want to talk to Raymond for a moment. Please hang on."

She then kneels down and says to me: "Raymond, I can see you are very excited and want to tell me about what happened in school today. I want very much to hear what happened. As soon as I finish talking with Mrs. Maxwell, which will be in about two minutes, I'll ask you to tell me all about what happened in school."

And you know what? After finishing her talk with Mrs. Maxwell, she sits down next to me, smiles, and asks me to tell her what happened. After I tell her and we talk about school for awhile, she says: "I know that sometimes you are so excited that you can't help interrupting me when I am on the phone. What I would like you to do when I am talking on the phone and you would like to talk to me is to tap me on the arm three times. Whenever you do this, I'll try my best to get off the phone within a minute or two, and then listen to you. All right?"

When Mom talks that way, I feel so calm inside. She knows the way I feel. She tells me how she feels. And she helps me learn what to do so that she doesn't get angry and I don't get disappointed.

Sometimes adults are paying attention to others and don't like to be interrupted. When I interrupt them, they will get angry and not want to listen to me.

Maybe I can work out a signal to my mother, father, or teacher to tell them I would like their attention.

An incident around bedtime:

"Hello, my name is Clare. I am having a lot of fun with my construction toy but it's 8:00 at night and I hear Dad say: "Clare, it's 8:00 and time for bed." I don't want to go to bed now so I say: "I'm playing. I'll go to bed later."

Dad gets up from his chair, kneels down next to me and says: "Clare, I know that you don't want to go to bed now. I can see that you're having a lot of fun with your construction toy and working very hard to finish what you're building. When you start something you like to finish it, and you want to finish what you're building right now. I'm glad that you like to finish what you start. But, you know that 8 o'clock is the time for you to get ready for bed." Dad picks me up.

I say: "No, No! Please, Dad, let me finish."

He carries me to my bedroom saying: "I would be angry at my father, too, if he made me go to bed when I didn't want to or wasn't ready to, and I'm sorry that I have to make you angry at me now. I wish I didn't have to, but it's time for bed. When we get upstairs and you're in bed we'll talk about the best plan for future bed-times. Maybe we could work something out."

After I wash, get into my pajamas, and am in my bed, Dad sits next to me and says: "There are different ways to handle bedtime. Some parents let their children go to sleep whenever they want, and I think you sometimes wish that we would let you decide for yourself when you could go to bed. When you are in the seventh grade we'll let you decide your own bedtime."

So far, Mom and I have been telling you when to go to bed. You know, you do go to bed by yourself without us yelling too often. After you're in bed we have come and given you a kiss 'good-night,' but I don't think that's the best way to do it anymore. First, I think that one-half hour before bedtime will be a time to settle down, so there won't be any running, or jumping for the half-hour before bedtime. I think then that there will be twenty minutes between bedtime and lights out. I, and I am sure, Mom would like to spend some part of this time being with you. We could talk about what we did or what happened to us that day or play or read together. If you want to spend all twenty minutes with me, that will be just fine. If you want to finish a toy or game by yourself so that there will be only fifteen or ten or even five minutes for me to be alone with you that evening, that would be all right too. Remember though, that the last twenty minutes before lights out you have to be in bed. What you do by yourself or what you and I or you and Mom do during that time will be up to you.

Something else now. Maybe the best way to help decide bed-times is to decide each Sunday night the bedtimes for each day of the week. Before going to bed on Sunday, we could look at what T.V. program would be on that week. We could think about special things going on in the family or at school, and any other things that could help us decide on the best time for each night. After we decide, I'll write down the bedtimes for each night on a card

and we'll put it on the bulletin board so you'll know. What do you think?"

It sounded pretty good to me. I still wish that I could decide my own time for bed. Someday I will. But I think that it would be nice to be alone with Dad or Mom even for ten or fifteen minutes everyday. Most of all I will have a part in deciding my own bedtime and that makes me feel more like an adult.

I like adults to take care of me and help me decide how to handle my life. I have to learn to schedule my play better so that I'm ready for bed and sleep when it is close to the bedtime hour. Bedtime is a good time to be alone with Mom and Dad, even once or twice a week, ten or fifteen minutes a night.

I don't like to be ordered around. I like to take part in decisions that affect me. Bedtime and sleep time can be a family decision that I can help decide."

Another incident involves a desire for candy:

"Hello, my name is Larry. I am shopping with Mom. It is almost dinnertime and I am really, really hungry. We are just finishing shopping. While checking out, I see a stand, right next to the cashier's counter, with all kinds of my favorite candies. I really want a candy bar—right now. I say: "Mom, I want a candy bar."

"It is too close to dinnertime. You'll have something to eat when we get home," she says, and continues to put the groceries on the counter.

I am so hungry, I say: "No, I don't want to wait. I want something now. I promise to eat my supper. Please?"

Mom says angrily: "I said NO, didn't I? NO CANDY!"

Why doesn't she understand that I'm hungry. I really would eat my supper. Why does she get so angry? Why does she look at me that way? She really doesn't care how I feel. All she cares about is some stupid dinner.

When she acts this way, I get very angry. When I get angry, I feel like hitting, so I hit my mom with my fist and yell: "I want a candy bar."

Mom kneels down, her face close to mine. Looking straight into my eyes, while holding my arms firmly to my sides, she quietly says: "Larry, I can tell that you're angry at me for not buying you

some candy. I made you so angry you had to hit me and yell at me. I think that maybe you're most angry at me for not telling you that I understand how much you want a candy bar and how good it would taste right now."

I nod.

"I was so busy with shopping that I wasn't able to listen to you. I'm sorry for not listening better, but I don't like to get hit. I don't like you to hit me. When I am not listening, ask me to listen to you. Say, "Mom, please listen to me, I want to tell you something," and I'll try my best to stop what I'm doing and listen. Please say that to me now. Tell me again what you want."

I ask Mom to listen to me, and I tell her that I want a candy bar.

She smiles and says: "Yes, I know that you are very hungry now, and because dinnertime is so near, these candy bars look especially good to eat. I want you to know that I, too, am hungry, and I think I would like something to eat too, right now. If you really want a very special candy bar, we can buy it. I can't let you eat a whole one now, but I could let you have a small piece now, and then save the rest for after supper. But if you are just hungry, why don't you and I share a box of raisins, or an apple or pear. I think that some fruit could satisfy both of us until we eat at home. What would you like to do?"

I say: "Let's buy the candy bar now. I'll have just a little piece. Then let's share an apple, all right?"

She says: "Sure." While Mom continues checking out, I run and get an apple from the fruit section of the store.

After Mom gives me a small piece of candy, which really tastes great, she and I leave the store sharing the apple.

You know, I really feel good. I like it when Mom lets me know that she understands how I feel, how I was hungry and wanted candy. I also like it when she gives me choices to make. When I'm allowed to make a choice, I feel more grown up.

Sometimes I would like something very special to eat. Adults should let me know they understand how I really love candy and cake and other sweets. Sometimes I am just hungry and they should help me decide what is all right to eat by giving me different choices to make.

Child Sexual Behavior

What should we do when children engage in sexual behavior? This is a very difficult area for almost all caregivers. I shall focus on two situations, masturbation and group exploration. First, an incident involving masturbation:

"My name is Diane. I am alone in bed. It is 10 o'clock at night. I am usually asleep by this time, but I have been restless and thinking about a lot of things like school, my friends, my parents, a television show I saw tonight. Sometimes when I lie awake at night thinking about things, I like to touch my vagina, and rub my clitoris. It feels good when I rub it. It's exciting. I rub it for a little while, then stop. A little later I rub it again.

Suddenly, Dad comes into my room. I am surprised and I pull the blanket up to my chin. I think he saw me rubbing my clitoris.

Sometimes I have to lie to my parents. I'm afraid that if I told the truth Dad would have yelled at me and when he yells at me I get afraid. Most of the time when I rub my clitoris, Mom and Dad yell at me to stop and tell me it's not "ladylike," that "nice" children don't do it. But I like to do it. I don't understand what's wrong with it. It's all right to scratch my arms and legs, isn't it? Why do they always punish me for things I like to do, that feel good? I am sorry I have to lie so that I don't get punished. Adults don't understand things sometimes.

He walks to my bed, sits down next to me, and says: "I can see that you're surprised by my walking in. I expected that you would be asleep. I came in to tuck you in. But I see that you're awake. I have a feeling that it has been a little hard to get to sleep tonight. That happens sometimes. Because of the way you pulled the cover up, I also have the feeling that you've been touching your vagina and rubbing your clitoris and didn't want me to know it. I think that maybe you're afraid that I'm going to punish you for touching and rubbing your vagina and clitoris."

I nod and say: "Yes, will you?"

He says: "No. You know, I'm sorry if I have made you afraid of me. I know that Mom and I have asked you, sometimes in a very loud voice, not to touch your vagina. But I don't think we have been as clear with you as we could have been. I want you to

know that I know that touching your clitoris does feel good and exciting, and makes you tingle. Sometimes when you're bored, or even a little afraid, touching and rubbing it makes you feel better. I want you to know that I think it's natural and all right to want to touch it. But if you want to touch your clitoris, I want you to do it only when you're alone. It is a private matter, just like going to the bathroom is a private matter. Some things, like eating and scratching our arms and legs we can do even when there are a lot of people around, in public. There are other things, though, that you do by yourself when you're alone, in special places, in private, like in the bathroom or alone in your room at night. So, if you do touch your vagina when people are around, I am going to remind you that it is something I don't like you to do in public. I won't punish you. I'll just remind you how I feel. If I see you touching your vagina in your room at night, I'll just let you know that I know how good it feels. Maybe I'll ask you if something is bothering you that I could help with, or ask if you have some questions about your own or another person's body. Okay?

I smile and say: "Okay, Dad." He asks me: "Is there something bothering you that you would like to share with me? Do you have any questions?" I say: "No, not right now." He says: "Anytime you do have any questions about your body or other people's bodies, and you want an answer, I hope you will come to me and I'll try my best to help you. Okay?"

I nod. Dad kisses me on the cheek, smiles and says: "Well, good-night now. I hope that you'll be able to fall asleep soon. See you in the morning." He gets up from my bed and leaves.

I am so glad that Dad understands how good it makes me feel when I touch my vagina and clitoris. I also am glad that he helps me to understand things like the differences between doing things in private and other things in public."

Second, an incident involving group exploration:

"My name is Lisa. I'm having a lot of fun. My friends, Nancy and Harold, and I are under the blanket on my bed. We don't have our clothes on. We are tickling each other and touching each other's genitals. It's fun. It feels good rubbing and falling over each other. We are all laughing a lot. Suddenly, the door to my room opens up, and I hear Mom ask, "Lisa, what's going on in here?"

She comes into the room and says: "Oh! Excuse me for barging in without knocking, but I wanted to know what was going on." Sitting down on the bed and smiling, she says: "It looks like everyone is having a lot of fun. We wear clothes so much of the time that it's fun to get them off and be naked sometimes. All of you were tickling each other and rubbing and falling over each other. It must be a lot of fun to be nude and touch each other's sex parts. I know that it feels good and it's exciting when you or somebody else rubs your penis or vagina. I know too, that all of you must be very curious about vaginas and penises, breasts and nipples, and the differences between boys and girls, and men and women. By touching each other's body, you can satisfy your curiosity."

"I want you to know that whenever you have any questions about your body or other people's bodies and all the different parts of the body, I'll try my best to answer them. Do any of you have any questions now that I might be of help with?"

We have some questions and Mom answers them for us. Then she says: "I want you all to know that although I don't mind you playing together in the nude, I don't know if Nancy's and Harold's parents mind. If you, Nancy, and you, Harold, won't mind, and you give me your permission, I'll call your parents. I'll tell them what happened, how I feel about it, and ask them if they will permit you to play in this way. If they don't want you to, I will not be able to allow you in play in the nude, or touch each other's sex parts. If they say "yes," then when you want to play in the nude, please come and ask me and I will be with you when you play. I prefer that you do not play in the nude without my being with you. I want you to know that I feel uncomfortable when children play in the nude. I am afraid that you may hurt each other's sexual parts or bodies without meaning to. You might also do things that I might find unacceptable, and I might have to ask you to stop. But, in any case, I want you all to remember that I will do my best at any time to answer any questions you have about your own and other people's bodies."

I'm glad Mom understood that I like to touch different parts of my own body and like to touch and explore other people's bodies.

She makes me feel that it is all right to be curious about my

body and other people's bodies and to have questions about the differences between boys and girls and men and women. Maybe adults can answer my questions and help satisfy my curiosity."

I am very aware of how difficult it is to confront and respond to children's sexual behavior. I believe it is critical *first* to respond to the child or children's experiences, especially its exploratory and pleasurable aspects. Only *after* conveying acknowledgement of the validity of the pleasurable feelings, the curiosity, and the desire to explore and experience, *then* and only then, should the caregiver express his/her own reactions in as calm and as forceful manner as possible. The very strongly and deeply felt pleasure experienced by the child, if followed immediately by intense verbal and nonverbal caregiver expressions of rage and contempt, can produce conflict and guilt within the child that is very difficult to overcome in adulthood. If possible, some set of alternative courses of actions that the caregiver deems acceptable and that provide *some* gratification of the child's need to know, touch and explore should be provided. I have found in discussions with adults that my own alternatives provided above for the children are very unacceptable to many of them. We all have strong and conflicting feelings about sexual exploration and, so, there are no easy answers to problems in this area that would be acceptable to everyone. But, I believe that caregivers—especially during the encounter—must provide some directions and alternatives that show dignity and respect for the child's experiencing and wishes.

Summary

I believe that children who encounter caregivers who communicate these complex, comprehensive, elaborate and person-oriented sets of messages frequently and consistently—especially in need-arousing conflict situations—will be less resistant and disobedient, and will engage in decreasing amounts of disapproved behavior as they grow older. Of even more importance, I believe that these children, during these and future years, will engage in increasing amounts of active, positive, pro-social behavior. Further, the child's imitation of positive caregiver behaviors when s/he interacts with other adults and peers likely will be positively reinforced by

others, and this reinforcement, in turn, will increase the child's empathic communications skills, which are a major component of both social responsiveness and responsibility.

On the following pages are several more hypothetical problem situations for you to confront—I am sure you could write dozens of your own. Again, imagine the child is six years old. I believe that you should keep in mind the following questions as you write down your answers if you want to benefit maximally from this exercise.

(1) What is the child feeling and how can I articulate and express his/her experiencing so that s/he knows that I understand the variety of his/her positive and/or negative intentions, needs and feelings?

(2) What might be the causes of the experiencing? What events in the world, including my own or another's past behavior, could be contributing to the child's experiencing?

(3) How can I help the child to understand how his/her social actions emerge from intentions, feelings, wishes and conflicts?

(4) How can I best share my own past experiences with the child to help him/her understand the universality of the experiencing?

(5) How can I express most clearly my reactions to his/her experiencing and actions so that s/he will not become frightened or angry, but, instead, will want to listen to me?

(6) Are there acceptable and alternative ways for him/her to express needs, wishes and feelings right now and in the future?

(1) You and your spouse are going out for the evening. As you are leaving you both say "Good night" to your son, Frank. He begins to cry and pleads with both of you not to go out and leave him alone, even though he doesn't appear sick and the babysitter is one that previously he has enjoyed being with.

- (2) Your daughter, Barbara, has just come home from school; she is silent, sad-faced, and is dragging her feet as she approaches you. You can tell by her manner that something unpleasant has happened to her.

- (3) You are helping your daughter, Ruth, with an arithmetic problem with which she seems to be having some difficulty. She suddenly exclaims, "I am so stupid. I never know the answers to any of the questions the teacher asks me. I don't want to go to school anymore."

- (4) After hearing some screaming in the living room you go there and find Fred, your three-year-old child, sobbing. Your six-year-old, Susan, turns to you and says, "Fred was trying to knock down the plants so I hit him."

CHAPTER 8

Instructions for Special Play Sessions¹⁸

I believe that the children responded the way they did in some of the incidents described above, in part, because of the past encounters they had with punishing caregivers. Thus, I think that it also is important to attempt to change the general relationship—along with attempting to handle problem situations in similar ways to those described above—between caregiver and child. I am convinced through my experiences as a practicing psychologist that it is possible to improve this general caregiver-child climate through scheduled play sessions.

Continuing special play sessions can assist caregivers and children to become more intimate and more understanding of each other. Although most caregivers feel that they know how to play with children, such play, although stimulating, typically is not designed to help caregivers and children relate to each other in more empathic ways.

The type of play sessions discussed below is recommended for all caregivers of 1-8 year-old children and especially is recommended for caregivers who feel that they are not spending enough time with their children. Further, almost all children, especially 3-6 year-olds, often misperceive their parent's and other's intentions and feel unhappy, insecure or confused for very little apparent reason. Often the child might not be aware of his/her own needs and feelings, and, thus, caregivers cannot always help children in their usual ways. Communications between caregivers and children with respect to conveying understanding and acknowledgement of the validity of the child's needs are sometimes insufficient or incomplete because of caregiver fatigue, distractions, or even lack of interest.

One purpose of the continuing special play sessions is to create a situation in which the child can become aware of the feelings s/he has not allowed himself/herself to recognize. In the presence of the caregiver, the child has the opportunity to communicate

¹⁸These instructions for special play sessions are revisions by James R. Kallman and myself of those developed by Louise Guerney, Bernard G. Guerney, Jr., and Lillian Stover.

through play the needs, wishes, and conflicts that they have trouble communicating directly in other face-to-face daily confrontations. Playing is often the child's preferred mode of expression because of the language and conceptual limitations characteristic of young children, even those who are elementary-school aged. As in daily life, when during a play encounter one communicates understanding and acknowledgement of the validity of child's feelings and inner experiences, the child is helped to come to a better understanding of how to cope with their feelings and experiences, including those that are aroused *during* the play. For children and caregivers who have not been together frequently enough in the past, a major purpose of the sessions can be to help rebuild the child's feelings of trust and confidence in the caregiver. If a caregiver responds to a child in these special play sessions in the manner prescribed here, it should increase the child's feelings that s/he can communicate with the caregiver more thoroughly and honestly about his/her experiences and feelings.

It also is important for the child to experience the consequences of making mistakes, making choices, and taking responsibility for his/her actions. These considerations make it essential that the child be given the freedom to make choices (including those that are mistakes), and experiencing the consequences of his/her choices. "Freedom of choice" during the day and in scheduled play sessions should not be misinterpreted to mean that the child should be allowed to engage in any behavior that s/he wishes to. As I've noted above, and as research suggests, neither caregiver communications about their reactions to the child's actions or caregiver control of the child's actions are "destructive" in the context of a caregiver who conveys understanding and acknowledgement of the validity of the child's needs and desires. If a caregiver, during the day, is unable, for whatever reason, to give to a child complete and exclusive attention and acknowledgement of experiencing, the caregiver, at least, can try to do so during these regularly scheduled play sessions.

Setting Up a Play Session

The following specific recommendations are made for obtaining increasingly closer understanding between caregiver and child.

To begin with, the caregiver should set aside a 20-30 minute period, one to three times a week, for a session with the child. Hopefully, these sessions can be held at a time and place where caregiver and child are completely isolated and free from interruptions. If the phone rings, the caregiver and child should let it ring. The caregiver should try to make arrangements so that other children, if any, will not interrupt this session. Uninterrupted attention and regularity are two of the most important conditions for fruitful play sessions. Although the toddler might not appear upset, the preschooler and elementary-school aged child indeed might be bothered by changes in the times or days of—or even cancellations of—the sessions. Such changes have undesirable effects that go far beyond what one might suppose. Whether they say so or not, children tend to feel that cancellations and changes reflect disapproval of their behavior in the previous play session. If a change is absolutely necessary, it should be discussed in advance with the child. Once a caregiver and a child begin play sessions, the caregiver should consider his/her availability to the child as a "contract" which they break only in emergencies.

The caregiver should select a room for play where there would be as little concern as possible about things being spoiled or broken. The least preferred location is the child's own room, where other toys might be distracting. Water may be spilled, "play dough" smeared, or toys accidentally or purposely dropped, and broken. Thus, a basement or kitchen floor tends to be the best location for these play encounters.

The choice of toys also is important for the success of the play session. Primarily, the toys should be plastic, inexpensive, and/or unbreakable. I have found that the following toys and materials are most useful for a beginning:

- inflatable plastic bag (at least 3 to 4 feet high)
- dart guns with darts (or a gun that shoots ping pong balls)
- plastic or rubber knife
- non-hardening modeling clay ("play-dough")
- plastic cowboys, indians, soldiers, animals
- family of puppets and dolls
- baby bottle
- bowl of water

crayons, paints (water colors), white and colored chalk
 house box for doll furniture and family
 cups and saucers
 drawing paper
 tinker toys, or similar construction toys

These toys are reserved for exclusive use in the play session. They should not be used by another child at all, except in play sessions with him/her. These toys have been selected especially to help the child fantasize, release feelings and express conflicts that occurred during their encounters with family members, objects, animals, and other elements in his/her environment.

What to Tell the Child

It is not necessary to go into a long explanation with the child. The caregiver can simply say to the child that s/he wants to spend more time in a different way with him/her. Older children may insist on more detailed reasons; in this case, the caregiver should place the emphasis on the caregiver's desire to spend more time alone with the child in a special play session and not on a desire to "help" the child. One example of how the caregiver might begin every play session with the child would be to say: "Today we have 20 minutes for special play time for just you and me. During these 20 minutes of special play, you can do almost anything you wish and you can think, feel, and say *anything* that you want to. I will be here in the room with you for the full 20 minutes, until (pointing to a nearby clock) the big hand reaches . . . I will remind you when we have five minutes left, and then one minute left. Even though it might be fun to play together longer, we must stop when the big hand is on the . . ."

What the Caregiver Does

The caregiver in a play session should create an atmosphere of free play, and—as in "ideal" everyday encounters—he/should convey understanding and acknowledgement of the validity of the child's experiencing. The caregiver sets the stage by setting the time and instituting a few basic rules. What the child does with the toys to express things s/he has not been able to express ade-

quately before, or what s/he does to express something s/he often expresses in a more extreme and direct manner is up to the child. S/he may want to use the time to be very aggressive; or the child may want to sit and stare at the wall, unwilling to involve himself/herself at all. S/he may wish to leave the play area after a few moments. If s/he wishes to leave, the caregiver should ask him/her whether s/he would like to schedule a session at another time that day or week or wait until next week. The caregiver should communicate that although s/he prefers at least one twenty minute session a week (or whatever), it is up to the child whether or not the caregiver and child play together during any one specific session. The caregiver has to have an open mind and be willing to follow the child's lead, whatever form it takes (including ending the session early). The caregiver should establish a setting, at least for a brief period at least once a week, in which the child, and the child alone, sets the directions and expresses values and judgments.

What the Caregiver Can Do and Say in These Special Play Sessions

The principles of disciplinary communication described at length above indeed might be difficult to apply in daily living, but, to the best of the caregiver's ability, s/he should try to be acknowledging and to be fully involved with the child during these play sessions, giving his/her full attention to everything the child says, does, and feels. The caregiver should be attentive to the child's mood and to note and express very carefully to the child all the feelings the child is willing to reveal. This will give the child the sense of freedom to uncover more of his/her deeper feelings at his/her own pace. If the caregiver is asked to participate in an activity, s/he should engage in it fully. But attention at all times should be focused *primarily* on how the child wants the caregiver to participate, following the child's directions and mirroring and reflecting aloud the child's feelings and inner experiences. The child's play in the session need not be conventional. For example, the child may like to cheat at cards or make new rules. In such instances, the caregiver should reflect only the strong need to win or the child's desire to have things go his/her way, or express awareness of ways in which the child attempts to have things go his/her own way, in an uncritical, warm, and supporting tone of voice.

The caregiver's major "jobs" in such special play sessions are: (1) to stay physically close to the child at all times; (2) to meet the child at his/her level, that is, kneeling or sitting down so that s/he can look directly at the child, at his/her eye level; (3) to look at him/her directly in the eyes when possible; and (4) to be ready to communicate understanding and acknowledgement of the validity of all aspects of the child's feelings and thoughts that s/he expresses during the play session.

As noted above, the caregiver can best demonstrate to the child that s/he understands and accepts the child's *inner* feelings and experiences by reflecting upon the child's *expressed* feelings and actions, and relating how the actions might have derived from the inner experiences. This set of communication largely takes the form of noting aloud what the child seems to be feeling: for example, "You're wondering what to do next," "Now you'd like to kick the bop bag," "You wish you could shoot the mommy doll dead," "You're disappointed that you didn't hit the target," "That makes you mad" "It's annoying when it doesn't go together the way you want it to."

Many times the child is merely engaging in activity or play, and, thus, his/her behavior does not seem to be a clear expression of feelings or needs. In these instances, caregivers should try simply to describe the child's actions in noncritical tones. By doing this, the caregiver communicates to the child that s/he is paying close attention. When the child tells the caregiver what s/he is thinking or doing, the caregiver should try to reflect the same message back to the child, using slightly different words, but "saying" exactly what the child said or meant by his/her statements and/or actions.

Through similar verbal comments, the caregiver also communicates that s/he "sees" and accepts the child's actions—when, of course, these are not dangerous or destructive. The following are examples of such comments: "You're really beating him (the punching bag) up"; "You love to sit on my lap"; "They (the dolls) are all going to be killed"; "You're being very careful to make it (a painting) come out just right"; "You're aiming the gun very slowly so that the dart will be sure to hit the target."

Complete silence on the one hand or mere sociable conversation on the other are not helpful. For example, the child might interpret

silence as disapproval or become anxious because s/he cannot be sure what the adult is thinking, especially about his/her own thoughts, feelings or actions. Although our body might indicate we are "with" the child, our words are needed to help him/her label and discriminate among experiences as well as letting the child know that our attitude is and will be continuously attentive, acknowledging, and accepting. Furthermore, I have found that sociable conversation leads most children to feel that they should answer questions or talk about what the caregiver wants, rather than to take the initiative themselves. Therefore, at least during the play session, caregivers should try to avoid asking questions or making comments to which the child feels s/he must respond.

More important than any specific technique of communicating is the spirit in which this endeavor is undertaken. The caregiver should try to put himself/herself in the child's place and understand the world as the child is experiencing it, not as the caregiver sees it or wishes the child to see it. The caregiver should be continuously trying to communicate his/her best guesses and answers to the following questions: "What is this child feeling?" "What is this child thinking?" "Why is the child doing what s/he is doing?" "What does this child need and want?" Also, as difficult as it is, the caregiver should try as much as possible to leave his/her worries and reactions out of the encounter. In large measure, it is because of my realization of what a difficult task this is that I suggest that the session be only twenty to thirty minutes in length. Two fifteen to thirty minute sessions a week are preferable to one sixty minute session once a week, since most people cannot remain "detached" from their own problems, concerns and wishes for much more than one-half an hour at a time.

In the course of daily living caregivers find that some of the things the child does are distasteful or worrisome. A caregiver need not permit such behavior during any other time outside of the play sessions. However, as in daily living, one should communicate acknowledgement of any and all feelings and *almost* all behavior in the play session (except those things mentioned below). Children quickly pick up the idea that what goes on in the play session may or may not be allowed outside of the "special" play session. Out-

side the play session a caregiver can continue to be very firm about prohibiting some of the activities which they permitted during the session.

As I noted above, if the child does or says something that is very upsetting to a caregiver, the caregiver should first try to reflect back to the child what the child is thinking, feeling, needing or doing and how his or her actions derive from inner experiences. Second, the caregiver should communicate to the child that they acknowledge the validity of the feeling or wish, and only then communicate how that behavior affects them; that is, how the child's behavior and actions make them feel. For example, the caregiver might say: "I see that you are thinking about shooting me with the dart gun, (or throwing that water at me.)" After the caregiver has reflected the child's behavior or feeling or wish, and speculated about possible reasons for such wishes, the caregiver then can tell the child how his/her feelings and behavior make the caregiver feel. A caregiver should allow the child to have any and all feelings, since all our feelings are valid human experiences. But, the caregiver could tell the child how the way s/he is expressing feelings affects the caregiver; for example "I'm afraid I will be injured if you shoot a dart gun at me (or jump on me) and I will not allow you to hurt me in any way." "I would become very, very angry if you were to throw that water at me." Then the caregiver must try to find appropriate behaviors or ways that the child can express that feeling both right then in the play session and in the future when s/he is outside the session. For example, it is obvious that hitting, shooting darts at, or jumping on the caregiver's back when s/he is not looking never can be allowed. A caregiver, however, might tell the child, "You really would like to shoot the darts at me. That would really make you feel strong because you would be able to hurt me. Maybe you are angry at me because of what I did today [specifying in detail what activity apparently caused the anger] and shooting darts at me is the way you want to express your anger. Being angry with me is all right. I would be angry too if someone did what I did to you. I understand that feeling, but I'm afraid I would get hurt and it would make me very angry if you shoot me. You can't hit or shoot (or throw water at me). If you want to draw a picture of me and

shoot darts at it, that would be O.K., or you could shoot the Bobo doll (punching bag) and pretend it's me, or we could talk more about what I did to make you angry and see if we can work it out. It's up to you."

Thus, children with active language skills can be told that the preferred way of expressing anger is verbal and, if possible, the presentation of this alternative should be followed by discussion and compromise. Also, a caregiver should be reflecting the child's positive feeling, not just his/her negative feelings. A caregiver should be telling the child that s/he feels happy, proud, etc., for the child when s/he is happy or proud about an accomplishment.

Just as in daily living, during the play sessions there should be some minimum restrictions on the child's activity that must be adhered to rigidly. If the child should break a "limit" or "rule," the caregiver should point out that this particular behavior is not allowed, warning him/her that if it occurs a second time, the play session will end. It is important that the caregiver makes sure the child understands the consequences of a repetition of the proscribed activity. Thereafter, the next occurrence ends the session; there would be no additional warning statement or second chance. This is the one and only consequence of breaking a limit. The session ends without the caregiver having to express his/her anger in more destructive ways. My own limits include:

The child may not hit or endanger himself/herself or me in any way.

The child may not deliberately destroy any toys.

The caregiver does not have to discuss these limits with the child until the need arises, and s/he should not try to prevent or discourage the child from breaking a limit. The caregiver's task when prohibited behavior first occurs (or appears about to occur) is to let the child know the consequence if s/he behaves in that manner again: the consequence is termination of the session. If s/he does choose to do it anyway during that or a future session the caregiver should acknowledge and accept her or his strong desire to do what s/he did, should speculate about why the child needs to act this way, and always, *without exception*, impose the consequence *immediately*. The caregiver should remember that the purpose of the termination rule is not to prevent the undesired

behavior, but to allow the child to make the choice and to experience the consequences of that choice.

There may be additional limits that the caregiver feels are necessary to impose; for example not shooting darts or throwing anything at windows or ceiling, dumping large amounts of water on the floor (some spilling should be allowed), and although chalking might be permitted, no smearing the walls with paints or crayons. Ideally, however, there should be *no limit* on what the child says, even swearing and hostile comments by children of any age should be permitted . . . during, at least, these play sessions.

Children's and Caregiver's Reactions to Play

These play sessions can be very rewarding experiences for both caregiver and child. Some children at first behave somewhat "like themselves," but in an exaggerated or more forceful manner. Some become very aggressive; some become very quiet; some may resort to very baby-like behaviors; some like to order the caregiver around, taking complete control of the situation. Some children are unable to express many of their feelings in the beginning. Some, at first, act as though they have only negative feelings. Others may want the caregiver to make decisions; they may do things only to please the caregiver because they are spending this time alone with him/her. The caregiver should try to reflect all of these feelings and behaviors as they occur, giving possible explanations but not making the choices for the child: "You want me to decide for you. I think you feel safe when you know what I think or feel. But here, you decide. You decide what to do and what you feel about things." The caregiver will probably learn a great deal concerning how the child feels about the caregiver, about family members, and others, as well as concerning how the child feels about himself/herself. A caregiver also will probably learn more about his/her own feelings toward the child.

Summary

The task of the caregiver in these special play sessions is no different than in daily life; that is, to try to "be with" the child. In the play sessions we are not playing with the child as much as we

are trying to "be with" the child *through* play. The caregiver should try to stay physically close to the child for the full period of time, should try to be at her/his level, and should make responses to the child by looking directly in his/her eyes. Verbal and non-verbal messages can be summarized into the following categories: (1) attempts to reflect all behaviors, feelings, wishes, thoughts, needs or conflicts that the caregiver infers the child might be having, and statements about how such needs, conflicts and actions derive from the child's inner experiences; (2) clear communications to the child that these and all feelings, needs, and wishes are accepted as valid human responses to life experiences; (3) statements that tell the child his/her own feelings and thoughts in regard to the child's feelings and behavior; and, (4) presentations of one or more alternative ways to express feelings, wishes, or desires if the child is expressing these feelings or needs in unacceptable ways.

Whether a caregiver can communicate in the above ways frequently during daily living or not (and, especially, if not) scheduled play sessions—from the toddlerhood period until the child is seven to eight years of age—can provide at least a scheduled, minimal amount of time in which the adult makes a personal commitment to be as sensitive, responsive, and acknowledging to the child as s/he can be. It also is possible that caregivers within a community can provide supervision of each other's play encounters with children. Caregivers within a community—with or without the help of mental health professionals—can themselves schedule group meetings during which they observe each other's play encounters with toddlers and older children and discuss their child caregiving problems. Additional information about caregiver-child play encounters can be found in Kraft (1973).

Fantasy Play

Caregivers will find that much of the young child's play behavior involves fantasy and that often the child will appear to desire that the caregiver engage in fantasy play with him/her. Fantasy play has been found to be associated with positive cognitive and social behavior and development in the child (Feitelson, 1972; Freyberg, 1973; Reif and Stollak, 1971; Rosen, 1974; Singer and Singer,

1976; Smilansky, 1968). Carew et al's (1976) description of a mother interacting with her son Matthew in a "badminton" game (see page 78) is a beautiful example of caregiver-child mutual involvement in fantasy play.

The young child who is in a state of acknowledgement and who is not in a problem and need arousing situation (their own or others) very often will spontaneously use imaginative and fantasy play to express his/her inner experiencing through toys, objects, and materials. Younger children (1-3 year olds) with relatively limited repertoires of linguistic and verbal skills will find probably non-verbal play a more satisfying expression. As they age and gain increasing confidence in their verbal skills, three to eight year old children will prefer to engage in much nonverbal and verbal imaginative and fantasy activities with responsive caregivers as a shared activity. That is, children whose mastery and competence needs are aroused, will engage in play both as a means of coping with emotional stress or working through, resolving, and controlling personal and interpersonal conflicts and as a major means—if not *the* major means—of relating to others and sharing experiences together with them. In brief, engaging in imaginative, fantasy and thematic play is a way competent young child often will choose to speak and be with others. It is their way of expressing what is important to them, what they are experiencing, and the life issues that are immediately arousing and involving their curiosity and exploratory drives. In such instances, play will be a joy-filled, continuously creative, unfolding and changing process.

Such play can be differentiated from the play of anxious children who are in conflict, whose play activities often are limited in scope and imaginativeness, and who seem to engage in play as an attempt to achieve physical and psychological safety need gratification through objects, materials and toys. When children, in fact, are anxious and in conflict, they will often choose to play alone and either actively avoid, or actively direct the adult not to participate or become involved with their play activities, especially fantasy play.

When mastery and competence concerns are aroused there will be imitation and modeling of previously observed competent and masterful performances by others through such play activities, and

through the use of toys, objects, and materials. Children who are fortunate enough to encounter caregivers who are disciplinary in their communications with them in problem situations and who themselves are curious and frequently engage in exploratory, imaginative, and symbolic activities are likely to model and imitate these caregiver behaviors.

Furthermore, caregivers should do all they can to model and become mutually involved in children's fantasy and imaginative activities as often as possible throughout the day—or at least during the regularly scheduled play sessions. Recall that research suggests that prompt responding to an infant's distress, rather than resulting in increasing dependency behavior, results in advanced psychological development, autonomy, and social responsivity. I believe a similar relationship exists between fantasy expression in children and their positive socio-psychological development. Rather than promoting "autism," daydreaming, and withdrawal from the real world disciplinary communications in problem situations and frequent adult involvement in imaginative play will promote increasingly skillful behavior and advanced child development in all areas of psychological and social functioning.

If I am correct in my conclusions about disciplinary communications and mutual fantasy play—and my extensive experiences with all types of families and children lead me to think that I am correct—then a most useful child caregiving education and training program would involve supervised experiences that help adults acquire both disciplinary communication skills in problem situations and skills that enable them to engage in mutually involving imaginative and fantasy activities with young children. In the next chapter I outline one possible training program that, in fact, has as a major goal the teaching of these skills to present and future caregivers.

CHAPTER 9

An Education and Training Program for Empathic Child Caregiving

In this chapter, I describe my own efforts in the development of an integrated training program (Stollak, 1973; 1974; 1975) that

was designed to increase positive caregiving skills in adults.

The program typically involves approximately 100 adults—high school and college students, prospective parents, and existing parents with young children. At the first meeting, each participant completes a questionnaire (called the STC) which includes many of the hypothetical problem situations between a parent and a six-year-old child that I presented to you in Chapter 7.

Participants also are given instructions to begin play encounters with a young child as soon as possible. If they do not have a child of their own, they are responsible for finding a young child (at least four years of age) to be with. I give each of them several letters of introduction to parents. Although a few encounter difficulties, typically, within two weeks, all participants have found a child and begin weekly one-half hour long individual play sessions in or near the child's home.

The weekly play encounters between participants and children are supervised by group leaders who, typically, are students in graduate programs in clinical, developmental, and educational psychology, child and family sciences, and social work. Each group leader is assigned a group of 8-10 participants and these groups meet one and one-half hours weekly throughout the school year.

Some of the material for these supervised discussion meetings is provided through role-playing of possible problems that might occur during the play encounters; another source is the notes that participants make about their own play sessions. However, the major source of discussion material is provided by video-tapes made of each participant and child. Approximately one time every two months, each participant brings his/her child to a playroom that is equipped with video-taping facilities. The recordings made of these sessions are played back and discussed during the small group meetings. I believe that lectures, discussions, session reports,

and even role-playing will not contribute as much as understanding, and possible change, as will observation and group discussion of one's own, and others', adult-child interactions that are reviewed via video-tape. The verbal and non-verbal behaviors of the participants are extensively discussed, especially with regard to the possible effects of the adult's actions on the emotions and actions of the child. The participants, including the group leader, also discuss how *they* would respond to a specific child behavior during play and how their responses might affect the child. The goal of these play sessions and the group's review and discussion of them is to help the participants to minimize questioning, criticism, praise, teaching or initiation of activities with the child, and through reflection and interpretation of the content and feelings expressed in the child's play, to maximize their communication of understanding and acceptance of the child's inner experiences.

Thus, each participant engages in weekly play encounters with a "normal" child, while a group leader provides individual and group supervision of these encounters. I provide the group leaders with supervision and feedback, and, hopefully, a useful model for *their* supervisory activities. I feel that engaging in at least 25-30 play sessions over a school year enables almost all participants to become comfortable and intimate with, and trusted by, the child, and is a sufficient number to enable them to observe stability and change in child behavior.

I must note here that the small groups meet from the very beginning of the school year. During these first meetings, while the participants search for and initiate their first play encounters with a young child, there is a discussion of each of the STC items. The group leader attempts to get the group to reach agreement as to how best to respond to each problem situation. This procedure allows the participants to become acquainted with each other by having them struggle to resolve the inevitable, and often very significant, differences in values and in the way each responded to the problems. The group leader clarifies similarities in, and differences between, the group members' answers, but s/he does not provide answers or solutions; the group members are told to struggle among themselves.

Discussion of STC items typically occupies about five hours of

group time. In a large, weekly, two-hour class meeting that all participants attend, I discuss the child-rearing values, theory, and research, that I have presented and discussed in this book. At the conclusion of these lectures and discussions, I provide what I feel are some basic principles of sensitivity to children. Within this context I provide possible solutions to the STC items (which are similar to those that I presented earlier in this book) and the participants and I engage in extensive discussion of my answers.

Lectures, Discussions, and "One-Scene Dramas"

Concurrent with their weekly play encounters and small group meetings, then, the participants also attend weekly lectures and discussions (which I lead) that cover a wide variety of topics, including:

- 1) the goals of child-rearing;
- 2) principles of sensitive and effective communication with children;
- 3) the social and personality development of children from birth through eight years of age;
- 4) problems in living with young children and possible solutions;
- 5) child psychopathology and psychotherapy.

Along with very extensive readings in both theory and research, the participants also are asked to try to apply this knowledge by writing "one-scene dramas" that center around appropriate child and adult behaviors that could occur in encounters that deal with such problem areas as lying, stealing and cheating, sibling rivalry, involvement in dangerous activities, childhood fears, child sexual behavior, etc. In each "drama" they are asked to:

- 1) Describe the setting (time of day, location, etc.) and situation which lead up to an incident involving a problem area.
- 2) Describe what the child said and/or did: (a) then what you said and/or did; (b) then what the child said and/or did; and (c) then, finally, what you said and/or did to their reply.
- 3) The "drama" should include a description of what you should *not* say and/or do. Also, describe why such actions are *undesirable*

including the child's likely reaction (his or her feelings, thoughts, and actions) to your behaviors.

4) The "drama" should also include what you *should* say and/or do. Also describe why such actions are *desirable*, again including the child's likely reactions to your behavior.

Many of these "dramas" are acted out during our class meetings each week, and such exercises usually provoke stimulating and often personally meaningful discussions.

My major goal—which as yet has not been adequately empirically evaluated—is to demonstrate that the participants in this program can help all children they encounter increase their positive adaptation to their environment. Long-term relationships with these adults should increase the child's ability to express awareness and acceptance of self, to be considerate of others, to be creative and imaginative, and to possess self-confidence, self-control, spontaneity, and tolerance. Whether as parents, teachers, or aides to teachers, whether in the home, in day care centers, in nursery schools, or in elementary school classrooms, I hope that these participants can become a significant, positive influence on the lives of all children that they encounter.

I hope to demonstrate in the future that this education and training program will have specifiable and positive effects on (a) the participants' values and attitudes toward child caregiving, (b) their expectations regarding how children should act and are capable of acting at different ages, (c) their perceptions of the meaning of child behavior, and of course, (d) their behaviors toward children. It remains to be demonstrated that children who have long-term relationships with adults who have participated in this program not only elicit fewer complaints from their parents, peers, and teachers, but also display a wide variety of behaviors that are indicative of competence, social responsibility, and responsibility.

I see myself and many other educators and researchers (such as those that I cited earlier in this book) as members of a "new profession"; in Rheingold's (1973) term, we are "Scientists of Rearing": "Scientists of Rearing shall be scientists who devote themselves to acquiring and testing knowledge on the rearing of chil-

dren, and to discovering how successful different practices are in achieving the behaviors that index the values society will now espouse, and how successful in eliminating destructive, self-defeating, and mean behaviors. These scientists will also teach those who will teach the parents and all those who care for children" (p. 45).

Epilog

I do not remember any adult ever communicating to me in the way and in the sequence that I have described. I have no memories that, as a child, any adult played with me as I have described. I have been hurt and have reflexively hurt back. I have often felt lonely and distant from others in many of my interpersonal encounters. Later, when alone and at relative peace, I can reflect upon my own needs and wishes and I am able to specify them more clearly. Often, I then can recognize and feel the needs and wishes of others, and sometimes I even am able to work out a compromise which I think could have provided some satisfaction to each of us. But, I find it difficult to act upon these "should have beens," or to "change my behavior," or my "communication sequences," even with those adults I care most about. However, through years of "practicing" on my own and other's children as a therapist and supervising other's learning to communicate with children, very often I now am able to communicate with toddlers and young children (and some adults—sometimes) in the ways described above.

Along with the effects of years of practice, I believe it is easier to communicate with young children in this way because their feelings, needs, and wishes are so close to the surface; their feelings and needs are more obvious, and less complex than those of even six and seven year olds. Since the lives of a toddler and preschool-aged child are rather narrowly circumscribed, it is easier to speculate about, and determine, the causes of their feelings and needs, and speculate with them about how these several possible determinants caused their social actions. The less complex symbolism in their speech, fantasy, and actions allow more direct confrontation and speculation about experiencing. I do not deny that I often have been wrong in my guesses about the nature of a child's experiencing and the causes of his/her social actions, but even when I am wrong, my attempt and accompanying communication of acknowledgement of the validity of *any* inner experiencing tells the child that I am struggling to be with him/her.

I generally have found myself open to the experiencing of my

own children since their births. I believe that this is due partly to their ability from birth to confront *me* directly, clearly expressing their desire for a bottle, a pacifier, a cookie, my lap, my time, and their desire for *my* acknowledging the validity of their experiencing. I believe that *their* openness, directness, and ability to confront *me* has resulted in *my* imitating *them!* Their openness and directness have allowed me from their birth to experience with them—with much less defensiveness and distancing than occurs with the other people in my life—their hurts, their joys, and their disappointments.

Being a parent and a child caregiver appears to me to provide experiences that could be critical for our adult behavior in the middle and later years of our lives. Each of the periods of the child's life that we share in can arouse in us, and probably does arouse in us without our often being aware of it, the conflicts we experienced during these periods in our own lives. Each crisis and task the infant, child, and adolescent struggles with, can, if we allow it, re-awaken our own memories of our own past experiences in these situations. We can remember again our parent's words and deeds. We can remember again the faces and voices of our teachers, the storekeeper, our friends, our grandparents, the bully, and the hurting persons. And, we probably can remember again the less than totally successful way others related to us, how we often felt lonely and unacknowledged in our encounters with them, and how incompetent and inadequate we felt in so many social, intellectual, and other situations.

Child caregiving, then, can arouse for us anew the conflicts, the memories, and the images of our past. Thus, we have the opportunity, with or without the help of other adults, to savor the memories and to confront, rather than to avoid, these conflicts again. We can see their relevance for the present and attempt new solutions for old but still present conflicts in our adult lives. Thus, we have the opportunity, through struggling to empathize with the child's experiencing, to re-experience our own past and to resolve old but continuing conflicts.

The struggle to respond sensitively and competently to the child's experiencing can generalize and add meaning to our other encounters in the world. When we struggle to provide the child

with a model of an adult (a) who is empathic, sensitive and effective, (b) who can communicate clearly with the child and relate what both the child and adult are experiencing, and (c) who is able to reach compromises, we possibly are learning skills that generalize to encounters with other people in our lives, including spouses, friends, and co-workers.

Ideally, successful outcomes in the confrontations that we have with ourselves and our past, and struggles that we have with the child in the present, can provide us with greater self-awareness, understanding and acceptance, and a greater repertoire of personal and interpersonal skills. We should be more able to feel the pain and hurt of others and recognize the need for peace and good will among all. Ideally, we should be able to use these "new found" ways of resolving conflicts and new communication skills in the struggle to achieve and overcome other large-scale and world-wide social problems, since all our personal struggles pale in significance when compared to these monumental issues.

Child caregiving can provide an opportunity. The depth and strength of our own defenses which operate to maintain our fragile, brittle "egos," however, often prevent us from recognizing that the opportunity, in fact, exists.

The history of all peoples suggests that we have not learned as much as would be desirable during our tenure as parents. Yet I believe and hope that "Scientists of Rearing" will be able to demonstrate, empirically, that those children who from birth have had frequent and continual encounters with empathic and effective caregivers become as competent and socially responsive and responsible as we all wish.

I believe that the behaviors and ways of being that I listed at the very beginning of this book represent an attainable "ideal" of the personality, and represent social characteristics and actions that I wish all adults could possess and display. Some readers might value some of these characteristics (or some others that I have not listed) over others. My own speculations lead me to conclude that all these characteristics are highly interrelated; they are not independent, mutually exclusive, ways of being. Empathic responsiveness as a personal "skill" *will* be expressed in altruistic acts, in creative struggles to convey understanding, and in bold

attempts to provide gratification of others' needs and wishes. As empirical research increasingly suggests the children who are the most "egocentrically" advanced—the most independent, assertive, exploratory, autonomous, imaginative, intelligent, and rational—are likely to be the most "sociocentrically" concerned—socially responsive and responsible, generous, helpful, compassionate, and empathic.

It is true that most, if not all, social problems are a consequence of human actions. Yet, as Rheingold (1973) noted: "we treat each [social] ill as though divorced from behaving persons. Reasonable as it may seem to work toward the amelioration of the ills, we shall not succeed until we learn how to prevent them. We shall prevent them only when we learn how to rear a child properly" (p. 42).

It is my belief that the ways of being with a child that I discuss in this book are a step towards that goal: "to rear a child properly."

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