UNTIL WE ARE

Toward The Actualization Of
Our Children's Human Potential

Gary E. Stollak, Ph.D.
Professor of Psychology
Michigan State University

UNTIL WE ARE SIX:

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By
Gary E. Stollak, Ph.D.
Professor of Psychology
Michigan State University

To Bob and Diana: Who made and kept me alive

To Mary Alice: Who has made and keeps me human

"When I was One,
I had just begun.

When I was Two,
I was nearly new.

When I was Three,
I was hardly me.

When I was Four,
I was not much more.

When I was Five,
I was just Alive.

But now I am Six, I'm as clever as clever.
So I think I'll be six now for ever and ever."

— A. A. Milne
From "Now We Are Six," 1927

"When we are fourteen, we learn to our dismay that all celebrities are depraved and that the he-man actor we so admired would rather date a mongoose than a girl. Then at fifteen we learn that all humanity is depraved in one way or another and Albert Schweitzer gets his kicks by not squashing flies. Then at sixteen we realize that it doesn't matter how depraved we all are: all that matters is the mask we put on our depravity, the image we choose to project to the world once we have lost our innocence irrevocably."

— Andrew Sarris
From: Village Voice, August 27, 1964

through a study of the life of the artist. I do not believe this is a trivial or irrelevant point of distinction.

We do not know the motivations behind the creation of most of the artistic productions of the world, or, turning to the struggle with the biological and physical world, the giant leaps of intellectual and scientific understanding that were made by people like Aristotle, Galileo, Newton, Darwin, Freud, and Einstein. One could argue that it is the final product that is all that matters and that the life and characteristics of the artist or scientist are irrelevant. Necessity indeed might often be the mother of invention. The struggle for safety can indeed produce artistic, intellectual, and technological creations that bring both an extension to, and an enjoyment of life. However, I believe that such creations should even be more likely to emerge from persons who are self-accepting, and turning away from self, striving to understand and articulate their understanding of the world. Thus, *if* the mastery and competence drive, present from birth, emerges after satisfaction of acknowledgement and empathy concerns, then *all* children have the potential to become adults who can make significant contributions to their own children's, and future children's understanding and enjoyment of life. Potentially, we all are capable of being curious and loving the struggle to gain understanding. This motivation produces the drive for learning, and, over the period from childhood to adulthood, the accumulation of personal capabilities that differentiates the inspired and awe-inspiring artist or genius from the merely talented technician. Study of the *lives* of these complex, truly creative beings suggests that they have not only mastered a set of skills, but also a way of being that transcended their individual productions and accomplishments.

We also must note that the writings and biographies of the lives of many of the most highly regarded historical individuals such as Socrates, Jefferson, Lincoln, Albert Schweitzer, and Mahatma Gandhi, suggest that these persons had their share of human frailties, including arrogance, rage, depression, and, as Maslow noted, "extraordinary and unexpected ruthlessness." They were, after all, "human," even if "divinely inspired." But, a major aspect of the "goodness" of these persons, which has made them especially

important and significant figures for us, is their vision and commitment to the struggle for the truth and to bring peace on earth and good will to all.

Out of the base of acknowledgement and contentment, and after years of total commitment to developing skills and mastery of one or more "media" through which the self is expressed, an "awakening" can occur. From this awakening there can emerge a concern for applying these skills and achieved competencies to the problems of the world.

The Actualization of Human Potential

Maslow uses the term "Need for Self-Actualization" referring

"... to man's desire for self-fulfillment, namely to the tendency for him to become actualized in what he is potentially. This tendency might be phrased as the desire to become more and more what one idiosyncratically is, to become everything that one is capable of becoming.

The specific form that these needs will take will of course vary greatly from person to person. In one individual it may take the form of the desire to be an ideal mother, in another it may be expressed athletically, and in still another it may be expressed in painting pictures or in invitations."

(Maslow, 1970; pg. 46)

I would include much of this desire as part of mastery and competence motivation, reserving the use of the term "actualization" to refer to the fulfillment of the fullest possible *human* rather than *self* potential.

I speculate that at a certain point in adulthood it is possible for past efforts to merge with the concern for acknowledgement and contentment. The life-long commitment and total dedication of time, effort, and self to the development of skills, to the struggle with the unknown, to the search for knowledge can merge with higher level concerns. This integration begins with the recognition that one's gifts and skills are "useless" unless there is peace on earth and good will toward all. From this recognition emerges a new and total dedication of self to the application of one's gifts to the struggle for universal peace and brother and sisterhood.

I believe that a longitudinal study of the lives and the writing of such persons as Freud, Einstein, Schweitzer, Bertrand Russell, and most recently William O. Douglas, and Margaret Mead, would

to consider such concerns as part of the need for our desires, wishes, dreams and conflicts to be acknowledged by others as valid human experiences. Gratification of such needs results in a state of contentment. Maslow and others have also referred to the need *to* love. I prefer to consider such concerns part of the need for mastery and competence.

Thus, I believe the desire to be *loving* or synomously, *to be empathic*, is part of the struggle for mastery and competence. Let me describe why the complex process of being loving and empathizing is part of this "higher" struggle. With respect to children: a child acts in the world, communicating needs, wishes, concerns and conflicts. The parents or other caregivers must be able to decode and process the child's communications and their own reactions to the communications. Specifically: (1) caregivers must be able to understand the feelings, needs and conflicts of the child and not distort or deny the meaning of the child's experiencing; (2) caregivers must be able to understand how the child's actions might have resulted from a number of possible thoughts, images and feelings related to and caused by external pressures; (3) caregivers must be able to understand and accept —and not distort or deny—*their* own reactions, *their* own thoughts, images and feelings aroused by the child's actions. Thus, caregivers must be able to understand and distinguish between their own *and* the child's experience, and be able to acknowledge the validity of *both* their own and the child's experiencing; (4) caregivers must also have the skills to *communicate* such complex understanding and acknowledgement *to* the child; (5) caregivers must also provide—if needed—suggestions and alternative ways for the child to express needs and conflicts that are acceptable to caregivers and allow at least some gratification of the child's wishes at least some of the time. Finally, (6) caregivers must be able to communicate all of such messages in a way that does not arouse a level of anxiety and fear in the child that is so high that the child wants to escape from the encounter and to generally avoid future intimate sharing encounters. Rather, the above messages should result in the child wanting to continually confront and work toward compromises. The child receiving such messages *will* feel "loved" and *will* know that his/her needs *are* valid human experiences.

For caregivers to be loving and empathic in the way I have just described is a very difficult enterprise indeed, demanding many self and interpersonal skills. We must not be frightened by the child's actions or needs. We must feel safe and acknowledged. Such need gratification would allow us to turn away from self-concerns and be more accurate perceivers of children's motives and behavior. Such need gratification will result in our wanting to communicate clearly and effectively. Too often we think and believe we *are* loving and empathic. However, the child is the only "authority" as to whether our communications were empathic. We know whether our attempts at empathy were successful by noting the subsequent behaviors of the child toward us, toward other children and adults, *and* toward objects and material. If we *were* empathic, our actions will have maintained the child's sense of safety, gratified the child's need for acknowledgement, and result in the arousal of the child's mastery and competence concerns. The child will then be creatively involved with the world including imitating these and other competent behaviors of caregivers, and continue to confront and compromise. S/He will thereby be demonstrating his/her own empathy skills.

Artistic Productions

It is probable that a component of many literary works includes the struggle by the writer to perceive and understand the complexities of human affairs. A component of many artistic productions includes the creator's perception and organization of a significant "chunk" of human existence outside of self in terms that are accessible to an audience. When the creator's productions (whether they are the work of Goethe, Shakespeare, Beethoven, Michaelangelo, or Ingmar Bergman), succeed in being accessible to a significant number of other artists, critics, and public "consumers," these productions are likely to be labelled both "great" and "art." Their work can be seen as making a significant contribution to our understanding of the world. It probably is impossible to determine through analysis of the poem, painting, or play itself whether the motivation behind its production was a drive for competence and mastery, or the artist's need for self-understanding (i.e., for psychological safety). This determination only may be possible

when extinguished, will\ leave no light, no heat ... *nothing*.

When one does achieve (or we maintain within a child) a relatively *stable* state of contentment, as I defined this concept above, then s/he advances to the next motivational level: a striving for competence and mastery. If I am right that infants, indeed at birth, operate at the level of acknowledgement motivation and are within a relatively stable state of contentment, then it is imperative that caregiver activities *maintain* them at this level. Activities that do not promote this maintenance, force the infant to focus on lower level concerns.

The Need for Mastery and Competence[3]

Robert White believes that competence: "an organism's capacity to interact effectively with its environment" (1959, pg. 297) emerges from "effectance" motivation which involves "satisfaction —a feeling or efficacy—in transactions in which behavior has an exploratory, varying, experimental character and produces changes in the stimulus field. Having this character, the behavior leads the organism to find out how the environment can be changed and what consequences flow from these changes" (1959, pg. 329). For White: "effectance motivation subsides when a situation has been explored to the point that it no longer presents new possibilities" (pg. 322). He also states that "the motive need not be conceived as intense and powerful in the sense that hunger, pain or fear can be powerful when aroused to high pitch" (pg. 321).

White uses the concept of effectance motivation to explain exploratory and play behavior of children as well as personality development. I am using the words "mastery and competence" as the motivational construct, instead of effectance, to differentiate the "playful" quality of "effectance motivation" from the overwhelming hunger and total commitment to *know*, and the struggle to articulate competently the knowing. More than a motivation activated between episodes of homeostatic crisis, I

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[3]Maslow lists what he terms "Esteem Needs" as becoming prepotent after gratification of "Love and Belongingness Needs." As noted previously, I consider self-esteem needs as part of mastery and competency motivation and striving for other's esteem and regard as safety concerns.

believe mastery and competence motivation provides the major impetus for infant and toddler perceptual-motor, crawling, walking, and communication skills as well as advancing cognitive and social skill acquisition. But note, such motivation only becomes prepotent *after* the need for acknowledgement and contentment is satisfied.

The need for mastery is not a part of the struggle for identity or the search for contentment, but rather motivates the search and struggle to *express* the accepted self. Mastery and competence needs and concerns provoke the expression of self *through* bodily capacities and provides the impetus for the acquisition of the language, perceptual-motor, cognitive, and affective abilities that allow coordination between experience and the creation of music, art, drama, poetry, knowledge and mastery of the environment. There is now a total commitment of the self to the struggle for *understanding* of others, of the "workings" of the world, the *meaning* of ideas and symbols, the *relationships* among phenomena. It also involves a struggle to *articulate* that understanding.

Again, without meaning to diminish many important human concerns, I perceive the struggle for insight and understanding *of* self and its contents is part of the struggle for psychological safety. The *acceptance* of self occurs as part of—or is a *fact* of, and exists within—the *state* of acknowledgement and being. I believe such *acceptance* permits the turning away from the self as a subject of experience to the examination of self as an object for investigation. Sigmund Freud, Carl Jung, Carl Rogers, George Herbert Mead and B. F. Skinner are several examples of behavioral scientists whose analyses of their own dreams and fantasies, their own values and beliefs, their own thoughts, modes and manner of experiencing, were undertaken, at least in part, to understand *human* development and interaction.

Empathy

Maslow (1970) and others have referred to the need to receive recognition, esteem and respect from others. As noted, I prefer to consider such concerns part of the need for psychological safety. Gratification of such needs provides a sense of identity. Maslow and others have referred to the need *to be* loved. I prefer

Referring to children, but applicable to us all, Ginott (1965) noted that they (and we):

"have a constitutional right to have all kinds of feelings and wishes. The freedom to wish is absolute and unrestricted; all feelings and fantasies, all thoughts and wishes, all dreams and desires, regardless of content, are accepted, (and) respected. . . ." (pg. 93)

I discuss in greater length in later chapters other responsibilities that I feel I have when I encounter children.

There is, unquestionably, a less than definitive dividing line between a need for psychological safety and a need for our experiencing to be understood and acknowledged by others. There is little psychological research investigating differences in behavior motivated by such different motives. I am sure that future study of conflict resolution in marriages and other intimate relationships someday will yield information that is relevant to this issue.

Even if our identity and being *do* become tied to one or a few people, beliefs and organizations, it also is true that we rarely *deeply* feel, except in emergencies, the physical and psychological hurt experienced by others. It also is true that our identity rarely is intertwined with the recognition that *all* persons are our brothers and sisters, that there is a "family of man." I am sure that there are times—perhaps most often when we engage in religious worship —when many of us momentarily sense our "humaneness" and fraternity with others, even with the poor, the underprivileged and those others who are "different" from us. Yet, when we operate on the level of the need for psychological safety—which appears to be the case all too frequently—we engage in a struggle for identity that forces us to differentiate between "us" and "them." Thus, this empathy for the *family* of human beings is not often a powerful force in my life, nor is it, I expect, often a force in the daily lives of most people.

Contentment and Peak Experiences

One also can discuss under this heading the Eastern concept of striving for "contentment" and "being," as compared to the Western concept of struggle for "meaning." Whether through hallucinogenic drugs, meditation, or other acts of self-or-physical

sacrifice, some individuals strive for a state of pure "being," a sense of pure "belongingness," a sense of "oneness with the universe," the achievement of what Maslow (1962), called a "peak experience." He believed that: "the emotional reaction in the peak experience has a special flavor or wonder, of awe, of reverence, of humility, of surrender before the experience as before something great." (pg. 82)

He further noted that:

"one aspect of the peak experience is a complete, though momentary, loss of fear, anxiety, inhibition, defense and control, a giving up of renunciation, delay and restraint. The fear of disintegration and dissolution, the fear of being overwhelmed by the 'instincts,' the fear of death and insanity, the fear of giving in to unbridled pleasure and emotion, all tend to disappear or go into abeyance for the time being." (pg. 89)

I believe most infants and toddlers have many of such "peak experiences" daily. Their moments of joy and ecstasy are many. Their "giving in", their acceptance and positive valuing of their experiencing has greatly influenced my belief that I want to *maintain* within them these states of being in the world. Yet, despite our best intentions, a young child, who is continuously reaching out to explore and ingest the world, somehow learns to become intolerant and distrusting. How can we prevent this? If peak experiences can occur *only* as a result of satisfaction of both the need for acknowledgement and contentment *and* the need for mastery and competence, as I describe them shortly, we can prevent intolerance and distrust by helping children satisfy their growth motivations.

The *state* of contentment achieved through satisfaction of acknowledgement concerns must be discriminated from the tenuous *sense* of identity achieved through minimal gratification of psychological safety needs. As adults, our daily sense of safety and identity is, more often than not, shaky and tenuous. It must be constantly tested and reaffirmed through social actions and displays of good behavior. We need over and over again to prove to ourselves and to others, our competence, purpose, and moral worth. Intolerance, and the almost universal fear of loneliness, aloneness and death is partially an expression of a concern for the loss of our identity. I fear that the flickering candle that is *me*,

tenuous as our feelings of physical and economic safety. This shaky hold that we have on our sense of well being often is manifested in "existential anxiety," a search for new political and religious saviors, and the transitory nature of many of our group memberships. We treat many of our commitments to organizations and causes as if they were clothing styles or other fads and fashions.

Maslow, incidentally, was more sanguine about this issue:

> "The healthy and fortunate adult in our culture is largely satisfied in his safety needs. The peaceful, smoothly running, stable, good society ordinarily makes its members feel safe enough from wild animals, extremes of temperature, criminal assault, murder, chaos, tyranny, and so on. Therefore, in a very real sense, he no longer has any safety needs as active motivators. Just as a sated man no longer feels hungry, a safe man no longer feels endangered. If we wish to see these needs directly and clearly we must turn to neurotic or near-neurotic individuals, and to the economic and social underdogs, or else to social chaos, revolution, or breakdown of authority. In between these extremes, we can perceive the expressions of safety needs only in such phenomena as, for instance, the common preference for a job with tenure and protection, the desire for a savings account, and for insurance of various kinds (medical, dental, unemployment, disability, old age)."   (Maslow, 1970; pg. 41)

In contrast to Maslow's opinion, I perceive that the behavior of many of us seems to be dominated by psychological safety concerns. These concerns are greatly affecting our interpersonal relations, including those involving our spouses and children. Our identity often becomes too entwined with our children's lives. Our children's actions can be perceived too much as a positive or negative reflection of our adequacy and identity. However, when we *do* feel physically, economically *and* psychologically safe, we should become increasingly concerned with acknowledgement and contentment. In later chapters of the book, I describe what I believe are caregiver actions and communications that can contribute to maintaining a child's continuous and stable sense of safety.

The Need For Acknowledgement and Contentment

What I term the need for acknowledgement and contentment encompasses the desire for our feelings, concerns, and even conflicts, to be acknowledged by others as valid human experiences.

I believe that it is important to differentiate between the need for acknowledgement and contentment and the need to be given respect and recognition. Maslow describes the "Esteem Needs:"

> "All people in our society . . . have a need or desire for a stable, firmly based, usually high evaluation of themselves, for self-respect, or self-esteem, and for the esteem of others. These needs may therefore be classified into two subsidiary sets. These are, first, the desire for strength, for achievement, for adequacy, for mastery and competence, for confidence in the face of the world, and for independence and freedom. Second, we have what we may call the desire for reputation or prestige (defining it as respect or esteem from other people), status, fame and glory, dominance, recognition, attention, importance, dignity, or appreciation."
> (Maslow, 1970; pg. 45)

I would include Maslow's first set of needs—which have to do with self-evaluation and self-regard achieved independently of others—within mastery and competence motivation, to be discussed shortly. The second set, however positive and appropriate we perceive these strivings, I would include as instances of psychological safety concerns.

Further, I would differentiate the need for acknowledgement of the validity of inner experiences from concepts like need for "attention," or need for "unconditional acceptance." I can spend a weekend camping with a child or two hours teaching the child how to bowl, or ten minutes reading a story to the child at bedtime. During these minutes, hours or weekends, I *might* be giving the child a great deal of attention but still not be acknowledging of the *child's* experiencing. The focus, during such moments, might be on *my* wishes and expectations for the child, my describing how *I* wish s/he would act, *my* punishing and rewarding him or her. Such attention could continuously arouse the child's safety concerns.

When acting as a child caregiver, I perceive part of my responsibility to "be with" them. My goal is to assure them that I *understand* what they are experiencing. I help them *understand* how their actions derive from their inner experiences, and I *acknowledge* the validity of their experiencing. In this way, I am hoping to help them to *maintain* self-acceptance, and to value appropriately all of their sensory and emotional experiences (see Rogers, 1951).

The possible emptiness, the anomie of daily life, becomes terrorizing and something to be avoided at all costs. Yet, since the beginning of recorded history relatively few individuals, much less entire civilizations, have "risen" to such concerns. As I noted before, even the most powerful Pharoahs, Priests and Kings often feared for their personal safety, but, of course, much less so than the poorer people of their times. Only in modern times has the problem of personal identity become such a wide-spread cultural phenomenon.

The question is: What do many of us do when we are faced with a "secure" job, a reasonably stable economy, and only occassional fears of personal attack?

The concern for physical appearance and image projected by possessions: First and foremost, many of us focus on the decoration of our bodies and possessions. One of the simplest, elementary ways one can search for meaning involves a quest for an "image" that reflects the "real me." The wearing of colorful and fashionable clothing, for example, can become a "sign" of a bold, confident, adventuresome personality. This also can include make-up and costuming and a more than casual involvement with fads and fashion. This quest also can be reflected in the extensive use of perfume and deodorants not only to eliminate or disguise natural body odors, but also odors within the *home* ("housatosis").

When many of us feel physically, politically and economically secure, we become concerned with the quality of our appearance and the appearance of our economic possessions—including, of course, the physical appearance of spouses, children, pets, homes and transportation vehicles. The citizens of the United States and other technologically advanced countries, in the middle of the 1970's, spend fantastic sums, sufficient to produce very high rates of personal indebtedness, in the struggle for "image." This search for identity, of course, has little to do with survival or maintenance of physical and economic security.

No Pharoah or King has surpassed many of us in the extent of the investment of our resources in personal and decorative aggrandizement. Past Pharoahs, Kings, Bishops, and Popes might have had more individual workers building their personal pyramids, palaces, parlors, and pulpits, and caring for their bodies and possessions, but the amount of thought, time, effort and actual

economic resources involved in the quest for "image" of we "middle" and "upper" class citizens of the world has been exceeded by few historically wealthy figures.

Concern with symbols: The search for a sense of identity through clothes and decoration is only one way by which we can attempt to gratify our need for psychological safety. Our "commitment" to institutions, organizations, and "beliefs" is another. Included among the many symbols to which we can be committed are: our ascribed characteristics, including our sex, age, name, race, national heritage, and religious affiliation: our daily roles, including, kinship and occupational, and those roles that are a consequence of our membership in interacting groups; for example, membership in, or identification with, groups espousing specific ideologies and beliefs, (e.g., church or political groups), our interests and attributes, including our judgments, tastes, likes, intellectual concerns, and activities, (Gordon, 1968).

Unless there is deep personal involvement and commitment to at least one or more of the groups, ideas or attributes listed above, there is probably a sense of emptiness and meaninglessness. It is interesting to note that commitment to one or more of these symbols or dimensions can result in the casting-out or even killing of other individuals. The stronger the commitment to a symbol, the deeper and more wide the estrangement could be from those committed to other symbols. Much of past history and life in the present concerns *intolerance* of individual differences and active and continual conflict between people of differing racial, religious, sexual, linguistic, physical, regional or national characteristics. Even at the "simplest" levels, the erecting of fences, and belief in neighborhood, state and national boundaries, can all result from attempts to find meaning through symbols. Threats to these commitments can threaten our sense of safety and can be as real to us as threats to our physical person and to our economic possessions. "Loyalty" and "obedience" to the "institution" and to such ideals as "patriotism" and "nationalism" can come to be seen as high (or highest) human virtues.

In summary, we not only gain physical and economic safety through such identification but also a sense of meaning and purpose. However, our sense of psychological safety often is as

guaranteeing continual possession of economic goods and services, and they greatly fear that others might want to take their possessions from them. Instead of being concerned with daily survival, which is now felt to be a likely reality, the individual becomes concerned with the future.

To insure a "safe" future, people often give up part of their acquired property in an attempt to guarantee protection from trespassers and invaders. They bind together in various larger groups to fight for long term future guarantees. At the most complex level this has evolved into such instruments as police forces, armies, lobbying groups within governments, the rise of labor unions, the wish for life and medical insurance programs, concerns for work conditions, and plans for retirement.

This concern for physical and economic safety need gratification is a powerful concern in most of us. In fact, such concerns probably dominate a great deal of our daily thoughts, especially during inflations, recessions or depressions, and when criminal behavior in our society seems not to be under control. These needs probably determine much of our daily behavior. Even in the most advanced and "civilized" countries, the number of individuals who are continuously afraid that they will suffer some material loss or physical harm has not diminished greatly since antiquity. Many of us are concerned daily with the possibility that we will lose our jobs, be assaulted or raped, be robbed, etc.

Previously, only those with extreme wealth had any measure of protection and guarantee of future maintenance of economic goods. This guarantee, however, often depended on the momentary mood of the local King, Emperor, or War Lord, who were themselves surrounded by bodyguards and food tasters. The industrial revolution, the increase in productivity, the control of government by elections, and the emergence of labor unions have all helped to increase the number of individuals who are struggling to maintain a tenuous hold on their economic goods. I believe all of these very recent cultural advancements began in response to concerns, not so much with immediate personal physical survival, but rather with attempts to guarantee continued *future* possession of personal property and goods. Thus, individuals have had to surrender a portion of their personal freedom and possessions to achieve some degree of protection.

Interestingly, as people anticipate the regular gratification of their physical and economic safety needs, they begin to identify themselves as "members" of the social organization, (e.g., "Country" or "Company"), that provides the gratification. The personal sense of meaning and purpose then becomes more abstract. No longer is it tied to the soil or what one can create, build, or grow by hand. As one can anticipate reasonably stable gratification of personal and economic safety needs, s/he becomes more concerned with identity and *psychological* safety.

The Need for Psychological Safety[2]

To summarize thus far: When our survival needs are gratified consistently so that this gratification can be anticipated as the "natural" state of affairs, then the human personality develops a predominate concern for personal future safety and for protection of economic and personal possessions. If circumstances permit personal and economic safety—a rarer occurrence than we like to imagine—then a concern for *psychological* safety emerges. This concern emphasizes a search for meaning and purpose. Individuals want to know "who they are" and engage in quests for an identity. Belonging to movements or groups, which began as organizations to satisfy survival and personal and economic safety needs, now provides a sense of meaning and purpose. Weekly church or labor union meetings provide a sense of purpose and identity for the person. A job, even one that provides personal and economic security, is now insufficient. "*I* want to make a contribution," "*I* don't want to be a small cog in a big wheel," "*I* want to be somebody." One of the greatest tragedies that an individual can suffer is the feeling, as succinctly expressed by Terry Malone to his brother in Budd Schulberg's *On the Waterfront*: "I could've been somebody."

Similarly, the struggles within the characters portrayed in many plays and movies involve the need for a stable identity; the powerful need to feel and be "whole," to know where one is "going," to sense a direction, a purpose in one's life.

[2]Maslow did not differentiate physical and economic safety needs from psychological safety needs.
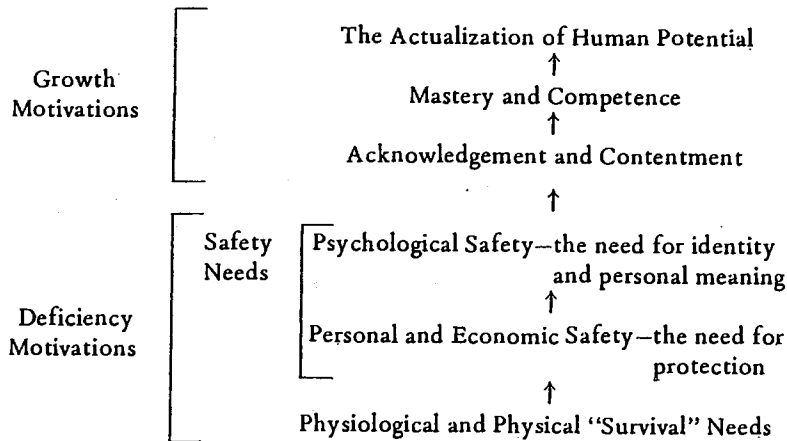
CHAPTER 2

The Unfolding of the Human Personality and Social Interaction

The following speculations about individual and societal development owes a debt to the writings of Abraham Maslow (1962, 1970), Robert White (1959, 1960, 1972), and Carl Rogers (1951). I was influenced especially by Maslow's assertion that there exists in human beings a hierarchy or unfolding of needs, with the gratifying of "lower" level needs resulting in the emergence of concerns with "higher" level needs. While there are similarities between the following speculations and writings of these theorists, my conceptualization differs from theirs in a number of ways. Therefore, as I discuss the theory, I indicate where I think there are important differences in position, and I urge you to read these authors for the details of their theories.

Table 2 is a summary of what I conceive to be a hierarchy of human motivations:

TABLE 2
A Hierarchy of Human Motivations

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                    The Actualization of Human Potential
                                    ↑
Growth              Mastery and Competence
Motivations                         ↑
                    Acknowledgement and Contentment
                                    ↑
        Safety   ┌ Psychological Safety—the need for identity
        Needs    │                       and personal meaning
                 │                        ↑
Deficiency       │ Personal and Economic Safety—the need for
Motivations      └                                    protection
                                    ↑
                    Physiological and Physical "Survival" Needs
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Physiological and Physical Survival Needs

Differing life conditions can result in an individual's personality being dominated by particular needs. Maslow states:

"Obviously a good way to obscure the higher motivations, and to get a lopsided view of human capacities and human nature, is to make the organism extremely and chronically hungry or thirsty. Anyone who attempts to make an emergency picture into a typical one, and who will measure all of man's goals and desires by his behavior during extreme physiological deprivation is certainly blind to many things. It is quite true that man lives by bread alone—when there is no bread. But what happens to man's desires when there is plenty of bread and when his belly is chronically filled?

At once other (and higher) needs emerge and these, rather than physiological hungers, dominate the organism. And when these in turn are satisfied, again new (and still higher) needs emerge and so on. This is what we mean by saying that the basic human needs are organized into a hierarchy of relative prepotency.

One main implication of this phrasing is that gratification becomes as important a concept as deprivation in motivation theory, for it releases the organism from the domination of a relatively more physiological need, permitting thereby the emergence of other more social goals. The physiological needs, along with their partial goals, when chronically gratified cease to exist as active determinants or organizers of behavior. They now exist only in a potential fashion in the sense that they may emerge again to dominate the organism if they are thwarted. But a want that is satisfied is no longer a want. The organism is dominated and its behavior organized only by unsatisfied needs. If hunger is satisfied, it becomes unimportant in the current dynamics of the individual."

(Maslow, 1970; pg. 38)

Yet, as we have increasingly understood how delicate the ecological balance of nature is, all of us also are forced to realize how easy it is to affect significantly the quality of our air, water, and food. Thus, even in our affluent society, survival needs can become prepotent if, in our affluence, we have damaged the environment we share.

The Need for Personal and Economic Safety

When agricultural and other environmental conditions have become stabilized through technological advances, physiological need gratification can occur with regularity. When this gratification becomes a reliable state of affairs for individuals, they next become concerned with protecting what they have acquired. Put another way, as individuals are able to anticipate *future* physiological need gratification, they become especially concerned with

the characteristics listed on the first pages are desirable, how should we act as caregivers toward our children to help them exhibit and display ever increasing amounts of these behaviors?

The Origins of Competence

Typically, many people perceive that the characteristics subsumed under one of the headings in Table I are independent of characteristics subsumed under other headings. It is as if each of the headings concerns the *independent* accomplishment of different social, emotional, and educational processes. However, I believe that the kinds of competence and skills that are under all the headings listed above emerge together. They develop from birth through *maintenance* of an infant and child's feelings of acceptance of his/her "self." To the extent that a child is not convinced by the adult caregivers of the validity of his/her needs and wishes s/he will display less of *all* of the characteristics listed above.

Sigmund Freud (1930) in *Civilization and its Discontents* argued that dysfunctional behavior is an inevitable result of the compromises that are necessary to permit any large group of people to live together in relative harmony. I believe, on the other hand, that much of the pain and sorrow that we experience each day is not necessarily inevitable but, rather, is a result of the child caregiving practices all of us received. Many well-known writers—including Erik Erikson, Sigmund Freud, Jean Piaget and Carl Rogers—have speculated about the critical impact of specific childhood experiences on later adult behaviors. I want to make it clear that my focus here is not on either "normal" or "dysfunctional" development. Instead, I am interested in the expression of those atypical behaviors that indicate exceptional competence and social responsibility.

Some behavioral scientists believe that our personal and social behaviors are increased, shaped, and maintained through reinforcement; that if a person emits a behavior and reinforcement follows soon after, the frequency with which that behavior will be emitted in the future would be altered.

This process has most validity in explaining the development of normal and dysfunctional behavior. However, the development

and expression of atypical, exceptionally competent behaviors are affected only partially by external, social reinforcement. These latter behaviors emerge from "growth" rather than "deficiency" motivations (see Maslow, 1962), and are influenced only minimally by social reinforcement once they have emerged.

If this is true, then we must become clearer about what we are doing in our caregiving activities which either inhibits or stimulates a child's "growth" motivation. The suggestions for caregiver actions described later in this book are provided to help you evoke growth motivation in children.

Before turning to these specific suggestions, a theoretical position on personality and social development is presented, as well as a brief summary of research evidence that is relevant to the issue of developing competence in children. I feel it is necessary to know this material for two reasons. First, the theory should help you understand the origins of most current caregiving behavior; and, second, both the theory and research should allow you to evaluate the utility of my specific suggestions.

—gentle
—genuine
—good leader and follower
  when appropriate
—good self image
—happy
—has good eating habits
—has good judgment
—has high self esteem
—has interest in, desire and ability
  to develop sensory and motor
  skills to fullest capacity
—has problem solving ability
—has respect for others' property
—has safety skills
—helpful
—honest with self and others
—humble
—humorous
—independent
—inner directed
—intelligent—makes full use of
  intellectual powers and capacities
—involved
—kind
—knowledgeable
—knows physical limits and realistic
  about abilities and skills
—liberated
—logical
—loving
—loyal to friends
—makes worthy use of time
—open minded
—open to and appreciative of
  aesthetic experiences

—passionate
—patient
—peaceful
—perservering
—physically healthy
—punctual
—questioning
—rational
—realistic about other's abilities
  and skills
—realistic about own skills
  and abilities
—recognizes that his or her behaviors
  have impact on others and society
—religious
—resourceful
—respects self
—responsible
—reverent
—self motivating
—self sufficient
—sense of humor
—sensitive
—sincere
—spontaneous
—sympathetic
—thrifty
—tolerant
—trustworthy
—truthful
—warm
—well-coordinated
—well read
—willing to take risks
—witty
—youthful

These traits can be distributed under one or more of the headings presented in Table 1.

These lists raise two major points for me. One is that I do not believe that most of these characteristics are culture bound or limited to men or women. Heroic or legendary and religious figures such as Buddha, Socrates, Moses, Mohammed and Jesus

TABLE 1

I. *Awareness, Understanding and Acceptance of Self*
  For example: "has high self-esteem," "good self-image," "honest with self," "self-sufficient"

II. *Intellectual, Cognitive and Emotional Skills and Capacities*
  For example: "autonomous," "adventurous," "articulate," "flexible," "happy," "humble," "intelligent," "logical," "rational," "sense of humor"

III. *Interpersonal Skills and Capacities—including Understanding and Acceptance of Others and the Ability to Convey Empathic Understanding*
  For example: "articulate," "compassionate," "comforting," "empathic," "generous," "loyal," "patient"

IV. *Mastery of Somatic and Bodily Capacities*
  For example: "ability to meditate," "can control autonomic functions," "has good eating habits," "well-coordinated," "has interest in, desire and ability to develop sensory and motor skills to fullest capacity"

V. *Mastery of the "Environment"*
  For example: "skillful in one or more forms of artistic expression," "creative," knowledgeable"

and more recent figures such as Gandhi, Schweitzer and Einstein have been said to have possessed and exhibited a majority of these characteristics. We often have idolized individuals who have displayed *great* amounts of *many* of these characteristics.

The second point involves rating myself and others I know on each of these characteristics. I would not rate myself (and almost all people I know) very highly on most of these characteristics. There have been, and there are, no doubt, people more violent and discontented than I. However, I yield to no person in the relatively small amount of positive actions I display each day. I might not be "bad," but, not being "bad" does not mean being "good." I have never murdered anyone and I have only lied, cheated, and stolen occasionally in my life. I am not, though, as loving, altruistic, brave, empathic, tolerant, or generous as I think that I should be. Why aren't I more kind, loving, and compassionate? Could my behavior be "altered" so that I could find a continuous sense of meaning and contentment in my life? How can my children and other children achieve what I have held up as my goals for them? Assuming that we can agree that most of

CHAPTER 1

Characteristics of the "Ideal" Adult

I have begun many talks with students, teachers and parent groups with my requesting them to help me compile a large number of behaviors, abilities, skills, or "ways of being" that would characterize their idea of the "ideal" adult. More specifically, I ask each of them to imagine being the parent of a thirty-year-old man or woman and to think of characteristics of this adult that would indicate to them that they had done a "good job" as a parent. The list of characteristics usually includes the expectation that their thirty-year-old would be "out of the house," "married," "wealthy," and "toilet-trained," and:

—able to meditate
—able to express needs and wishes clearly
—able to handle frustrations and disappointments caused by others
—able to stick to frustrating tasks
—able to take criticism without becoming hurt and hostile
—accepting and liking of self
—adaptable
—adventurous
—affectionate
—alert
—ambitious
—appropriately assertive
—articulate
—authentic
—autonomous
—aware of and accepting of own feelings and needs
—aware of and acts appropriately to other's expression of feelings and needs
—aware of and has understanding of differences between people
—aware of, understands, and/or respects the laws, rules, and

morals of his/her subculture and the larger society in general
—brave
—careful
—charitable
—cheerful
—clear-thinking
—comforting
—compassionate
—conscientious
—considerate
—content
—coordinated
—courteous
—creative
—curious and inquisitive
—direct
—efficient
—empathic
—enjoys life
—enthusiastic
—feels needed and wanted
—flexible
—free
—free of prejudices
—friendly
—generous

One concern is their lack of a theoretical base to support their suggestions for caregiver behaviors. It is all well and good to try "this" and "that" and see which "works" better—*working better* generally meaning the subsiding of a crisis with a minimum of anxiety, guilt, and physical damage to persons and objects. More often than not, this produces caregiving that emphasizes crisis reduction and avoidance rather than planned theoretical- and knowledge-based actions. The theoretical writings of Sigmund Freud, Carl Rogers, and Erik Erikson, for example, have helped us to understand the possible process of personality and social development and growth. Yet, these theorists themselves have made few efforts in their writings to provide direct suggestions to caregivers (other than those who are child psychotherapists) based on their speculations. Few child caregiving books attempt to integrate a theory of personality and social development with recommendations for child caregiver actions.

Further, few books have attempted to base their suggestions and recommendations on empirical research. During the past 10 to 15 years, many studies have been produced that relate specific caregiver actions to child behaviors indicative of advanced personal and interpersonal development. I believe the results of these studies have very great implications for all caregivers.

A second, perhaps more crucial, fault that I perceive in the typical books on child caregiving is their focus: dealing with crises. By giving a set of specific suggestions on how to solve a series of problem situations, these books ignore a more fundamental issue, that of promoting positive mental health. I strongly feel that as caregivers help their children to actualize their individual and human potential, the incidence of such crises will diminish. In turn, when we minimize these crises we also minimize the need to acquire an arsenal of tactics designed to help us cope with them.

On a more idealistic level, by focusing on dealing with crises, we easily can forget the most important part of our job as caregivers. We should be concerned primarily with helping our children to become all that they can be. To the extent that we must deal with interpersonal crises involving our children, we cannot devote as much of ourselves as we should to helping them achieve their potential.

In response to what I see lacking in other books, I have attempted in this work (1) to present a theory of personality and social development that owes a debt to the writings of Carl Rogers, Abraham Maslow, and Robert White, (2) to present the empirical research that relates environmental variables and caregiver actions to those child behaviors that are indicative of positive development, and (3) to provide suggestions for caregiver actions that are based on an integration of these theoretical speculations and research findings. If I have done this well, by the end of this book you should have a clearer understanding of the possible positive effects that your specific actions and communications can have on a child's present and future experiencing.

Introduction

The juxtaposition of the words of Milne and Sarris on the preceding page provides a sad and ironic reference to hopes and fears we all share. We hope that our children will retain for all their days their childlike zest, openness, and self-confidence. We also fear that our children, as they age, will grow cynical, turn away from universal truths, and not become all that we know they can become.

Those of us who write books to help adults become empathic and effective child caregivers[1] chiefly do so for several reasons. For one, we want to reduce the frequency, intensity, and duration of emotional and behavioral dysfunctions in young children. We believe that, if caregivers follow our suggestions, their own children and the children of others will not exhibit significant numbers of psychosocial problems as they mature. This approach often is called "primary prevention."

We also are concerned with the actualization of children's potential to create and achieve, to be social responsive and responsible, to fight injustice, and to work for peace and good will among all peoples. We hope that, by following our recommendations, caregivers will be able to help all the children they encounter to move continually toward the fulfillment of their promise and potential. This can be called "education for health," *health* being defined not as the *absence* of dysfunctions, but as the *presence* of exceptional personal and interpersonal skills and competence, of mastery of the body and the environment.

There is no doubt that parents and other caregivers, including myself, have found and can find many child care books quite helpful in their effort to handle the crises that occur in their daily lives with young children. The impetus for *this* book was provided by several faults I have found with most existing parenting and caregiving books, however seemingly rational and helpful their suggestions.

[1] The word "caregiver" is used as a synonym for parent, relative, babysitter, nurse, daycare, nursery, and elementary school teacher, doctor, therapist, and all others who encounter children daily and are responsible for their physical and psychological welfare.

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indicate their increasing concern for the "larger questions" and a sense of responsibility to apply their vision, dedication of self, unique skills, and sense of understanding to the world's problems. I believe these persons felt and sensed that their involvement in "world affairs," was "inevitable," and that no other course of action was possible for them. Such individuals often were ridiculed, scorned, estranged, and in the past, excommunicated and killed. Undoubtedly, they often felt isolated and sensed the futility of their efforts. Their acknowledgement and acceptance of the validity of their experiencing and their love for humanity and the world, however, made such scorn and futility a challenge for ever renewing and increased dedication.

A very large number of variables unquestionably affect the ability of a child and adult to gratify physiological and survival needs. Physical and economic factors that greatly influence the arousal and possible gratification of these "deficiency" needs and concerns have relatively less, or *only indirect*, influence on "growth" motivations (i.e., acknowledgement and contentment and mastery and competence needs). These latter concerns are affected more by the characteristics of direct, intimate personal relationships, than by political and economic factors.

I also believe that—along with the direct influence of environmental stimulation and caregiver actions—the potential for actualization of human potential is, in part, limited or defined by characteristics of our central and autonomic nervous systems, including, for example, our nervous systems contribution to our "intelligence" and "temperament." "Intellectual" and "temperamental" characteristics and potential probably directly influence an infant's sensitivity and responsivity to stimulation, and his or her ability to "receive," "store" and "integrate" sensory experiences. If our nervous systems are found to be amenable to positive chemical influence, this leads to the provocative speculation that the potential for actualization of human potential of *all* our children, sometime in the future, can be influenced, at least in terms of sensitivity and responsivity to stimulation. The nature of what that "stimulation" should be is what *this* book is about.

Summary

Actualization of human potential begins with the arousal and satisfaction of acknowledgement and contentment needs. Actualization also emerges from active and continuous striving for mastery and competence. I would like to emphasize that one very important skill that we can strive to master is empathic responsivity, which includes the felt anguish and pain for the suffering of so many others. When acknowledgement and empathy concerns are integrated with one's achieved skills and competence, the individual now strives to bring peace on earth among all people, and among all people and their environment.

The above theorizing and speculations are not necessarily true and, in parts, they are not even testable. Such a "vision," though, helps me understand the effects and implications of specific child-care practices. Let me derive some conclusions from it that relate to child caregiver behaviors.

Deductions and Conclusions

1. The major *psychological* factors determining and defining the limits of human actualization involve the effects of the interaction between the young child and his or her caregivers. To the extent that such interactions, especially during infancy and the pre-school years, emphasize survival, physical and psychological safety needs—the "deficiency motives"—the young child's "foundation" of "self-acceptance" will be so "eroded" and so "weakened" that the emerging personality will be permanently "damaged" and in constant need of "repair operations."

Let me try to help you understand why I place very great importance on the early years of life by using a metaphor. Consider for the moment, that each human infant is born with a large "amount" of "self-acceptance," "self-esteem," or "positive self-regard." We also know that from the very moment of birth the "socialization process" begins. I fear that the socialization techniques as currently practiced all over the world result in a continual "erosion" of this positive valuing of experiencing and self-acceptance of almost all infants and children. If we could envision this self-

acceptance as the "basement" or "foundation" of a house, then the majority of our socialization techniques and practices, from the very earlist days of a child's life, inevitably begin to "wear away" the child's "foundation." As the child's "self-concept," which is developing continuously from birth (Lewis and Brooks, 1974) begins to affect significantly his/her behavior, then the "house" being built upon the "foundation" is significantly affected. This developing "house" could be seen as the child's developing "personality." To the extent that early socialization practices wear away a great deal of the foundation, then the house that can be built upon the foundation will be, at best, only one or two floors high, will contain few rooms, the walls will be thin and brittle and the furnishings sparse and fragile. Every slight breeze will cause cracks in the exterior walls; every drizzle and rainfall will leak through the thin roof, staining interior walls and floors. The "personality" will be spending many moments of every day attempting repair of the exterior of the house (clothing, deodorants, "fashions"), with the very few free moments devoted to interior decorating ("hobbies", e.g., stamp collecting or bridge).

The "thicker" the foundation, of course, the thicker the walls can be and the more they can withstand ravages of the "weather," and other "natural" events. More time and effort can now be devoted to building more floors and rooms (the thicker foundation tolerating many floors), and extensive development of each room.

Thus, to the extent that our caregivers' actions have "worn away" much of our self-acceptance, accurate perception and positive valuing of our experiencing—our "foundation"—the more our "personalities" as adults are fragile things and the more our potential is minimized. Our fragile, shaky houses will be constantly in need of repair. We constantly will be feeling "unsafe." Our time and energy will be devoted to protecting our houses from invaders and from alien objects. There will be little time for realization of our house's impact in the community. There will be, thus, little potential for acknowledgement and contentment, and little energy left over for eliciting mastery and competence. If this metaphor has significance it is in the implication that caregivers' actions toward their infants from birth,

and especially in the very early years, have been regarded much, much too lightly.

The daily struggle for survival and safety can leave too many of us, too often, physically and psychologically exhausted. Are there ways to "strengthen" or "rebuild" our "foundations" in adulthood? Various techniques, experiences and substances have been proposed by their adherents and promoters as having this potential. They include psychoanalysis, client-centered therapy, ingestion of hallucinogenic substances (with or without a guide), psychotic (tearing apart the house, laying bare the foundation and rebuilding) and religious experiences. The empirical research evaluating the long term effects of the above experiences has not yet yielded very impressive findings, even if therapists would be content with successfully achieved repair operations. Perhaps, if psychoanalysis, behavior or other therapies do achieve adequate repairing results, that is all we can, or should ask of them. Yet, all of us *can*, by our actions, *maintain* an infant's and young child's "thick" foundation, thus greatly altering the building and growth of his/her personality.

2. The tasks of the early child caregiving are not culture-bound, and, thus, are not dependent on national, social, political, religious, sexual, racial, or any other possible differences.

3. Sensitive, effective, and empathic caregiving should help the infant and young child:

A. To maintain high "self-esteem," "self-acceptance," and "positive self-regard";

B. To develop a large repertoire of intellectual cognitive and emotional skills and capacities (including self-awareness and understanding, self-control, self-confidence in goal-directed activities, initiative, ability to reason, wish and ability to learn);

C. Develop a large repertoire of interpersonal and social skills and capacities (including empathy and interpersonal awareness, understanding, and acceptance of the feelings, needs, wishes, and desires of others *and* the ability to *communicate* such awareness, understanding and acceptance);

D. Develop mastery of bodily functions, capacities and capabilities; and

E. Develop mastery of the environment.

4. The actions of caregivers must be directed to the prompt and consistent gratification of the very young child's survival, physical and psychological safety needs. At this age, these low level needs are much, if not all, of the child's inner experiencing, so that such gratification is the first sign to the child that s/he is interacting with an empathic caregiver. By such empathic actions, the child's state of acknowledgement and contentment will be maintained. The then emerging strivings for mastery and competence will not only motivate the very early perceptual-motor, crawling, walking, and communication skills, but also provide—as an alternative to the caregiver's use of rewards and punishments —the major impetus for early childhood acquisition of personal and social skills and capabilities.

Let us turn now to a summary of the empirical research that relates positive caregiver behaviors to indices of children's personal and social skills. I wish to demonstrate that such empirical research provides some support for the above speculations.

CHAPTER 3

Relationships Between Caregiver Characteristics and Environmental Variables and Indices of Advanced Child Development: Birth-Six

Introduction

Many of us engage in empirical research to test if our opinions and beliefs can be supported by something more than our own experiences and impressions. In this way, scientists and the people that they serve, accumulate a knowledge base to support and direct their actions.

Tables 3-5 on the following pages, summarize studies of the caregiver and environment-child relationships during the first six years of a child's life. The Tables only include child behaviors that are indicative of competence and effective functioning and those caregiver and environmental variables that are positively related to these child behaviors. The studies summarized in these Tables are major contributions to our knowledge of the possible positive effects of specific caregiver actions.

It should be noted that I am summarizing evidence that is less than perfect in terms of such potential problems as the homogeneity of the subject population that usually was studied, small sample sizes, inadequate measurement techniques, etc. However, I am convinced by the *weight* of this evidence—especially by the regularity with which similar concepts appear related in similar ways across a reasonably large number of studies—that we have some valid knowledge about effective child caregiving.

Birth-One

Probably the most striking and for some, unexpected, findings in Table 3 relate to the correlates of caregiver attentiveness and stimulation, feeding schedules and caregiver's responses to crying.

Rubenstein (1967), for example, studied the associations between maternal attentiveness and other behaviors and infants' exploratory behavior. I present this study in some detail because it is typical of many of the studies and it should give you an idea of how research is conducted in this area.

Rubenstein made home observations of 77 five-month-old male

TABLE 3

Caregiver and Environmental Variables Positively Related to Infant (Birth-12 months) Behavior, Characteristics and Indices.

Infant Behaviors, Characteristics and Indices	Caregiver Behaviors and Characteristics	Environmental Variables	Author(s)
A. *Characteristics of Attachment to and Separation from Caregiver:*			
"Securely Attached" (including active efforts to gain and maintain contact; minimal distress during absence of caregiver; responding positively to being held; initiates being picked up by active reaching or approaching; accepts being put down happily (2-12 months of age)	Thorough-going and consistent feeding on demand or		Ainsworth & Bell (1969)
	Flexible schedule feeding or		Ainsworth, Bell & Stayton (1971)
	Schedule or demand feeding leading to overfeeding to gratify the baby		Ainsworth, Bell & Stayton (1972)
	Tender, careful and loving holding of relatively long duration during non-routine situations		Ainsworth & Blehar (1975)
	Initiation of affectionate contact		
	Accepting of infant behavior		
	Cooperation with and respect for infant acts of autonomy		
	Sensitivity to infants signals and communications		
Mutual visual regard between infant and mother (for both sexes at 1 month, for females at 3 months)	Caregiver Characteristics:	Accessibility to infant communications	Moss & Robson (1968)
	Degree to which baby is seen in a positive sense (assessed during pregnancy)		
	Interest in affectionate contact (assessed during pregnancy)		
B. *Crying:*			
Crying Related to Feeding			
Mean frequency of crying episodes per hour before feeding (first 3 months of life)	Caregiver Characteristics:		Ainsworth & Bell (1969)
Mean duration of "prolonged" crying in period before feeding (min/hr) (first 3 months of life)	Thorough-going and consistent demand feeding or		
Mean frequency of crying episodes during feeding per feeding (first 3 months of life)	Flexible schedule feeding		

TABLE 3 (Cont.)

Infant Behaviors, Characteristics and Indices	Caregiver Behaviors and Characteristics	Environmental Variables	Author(s)
B. *Crying:* (Cont.)			
Crying: Overall			
Mean frequency of crying episodes per hour (especially from 4-12 months)	See "Crying Related to Feeding" (above)		
	Prompt and contingent responsiveness to crying		Ainsworth & Bell (1969)
Mean frequency of "brief" crying episodes (19 seconds or less per hour)	See "Crying Related to Feeding" (above)		
Mean duration of "prolonged" crying (min/hr)	See "Crying Related to Feeding" (above)		Bell & Ainsworth (1972)
Duration of crying (min/hr) ("brief" and "prolonged" episodes combined: especially from 4-12 months of life)	See "Crying Related to Feeding" (above)		
	Prompt and contingent responsiveness to crying		
C. *Non-Crying Modes of Communication* (including social responsiveness):			
	Expression of positive affect		
	Level and variety of social stimulation		
Social responsiveness (at 6 months of age)	Kinesthetic social stimulation		Yarrow, Rubenstein, Pedersen & Jankowski (1972)
	Smiling		
	Mutual visual regard		
	Talk and vocalization		
	Play		
	Variety of social stimulation		
	Contingent response to positive vocalization		Yarrow, Rubenstein, & Pedersen (1975)
Vocalization to novel stimuli (at 6 months of age)	Social mediation with smiles and vocalizations		
	High attentiveness (over 50%)		Rubenstein (1967)
Subtlety, clarity and variety of infant facial expressions, bodily gestures and vocalizations (at 12 months of age)	Prompt and contingent responsiveness to crying		Bell & Ainsworth (1972)

TABLE 3 (Cont.)

Infant Behaviors, Characteristics and Indices	Caregiver Behaviors and Characteristics / Environmental Variables	Author(s)
D. Exploratory Behavior—toys, objects, pictures		
Exploring a novel stimulus (at 6 months):	Contingent response to positive vocalization	Yarrow, Rubenstein & Pedersen (1975)
	High attentiveness (over 50%)	
Looking at stimuli	Mutual visual regard between mother and infant	Moss & Robson (1968)
Manipulation of stimuli	Variety of social stimulation	Yarrow, Rubenstein & Pedersen (1975)
	High attentiveness (over 50%)	
Preference for novel stimuli over familiar stimulus; (at 6 months)		
Looking	High attentiveness (over 50%)	Complexity and variety of inanimate stimulation	Yarrow, Rubenstein & Pedersen (1975)
Manipulation	Contingent response to positive vocalization	Complexity and variety of inanimate stimulation	Rubenstein (1967)
	High attentiveness (over 50%)	Complexity and variety of inanimate stimulation	Rubenstein (1967)
Exploratory behavior: locomotive and manipulative (2-12 months old)	All variables influencing "secure attachment" (see above)	Ainsworth, Bell & Stayton (1971)
E. Cognitive, Perceptual and Motor Skills		
Bayley Scales of Infant Development: (5 month olds)	Level and variety of social stimulation	Variety of inanimate stimulation	
Mental Development Index (5 month olds)	Prompt and contingent responsiveness to distress	Variety of inanimate stimulation	
	Kinesthetic social stimulation		
Psychomotor Development Index (5 month olds)	Prompt and contingent responsiveness to distress		
	Kinesthetic social stimulation		
Motor Development:		
Gross (5 month olds)	Prompt and contingent responsiveness to distress	Variety of inanimate stimulation	Yarrow, Rubenstein & Pedersen (1975)
	Variety of social stimulation	Responsiveness and variety of inanimate stimulation	
Fine (5 month olds)	Prompt and contingent responsiveness to distress		
	Kinesthetic social stimulation		

TABLE 3 (Cont.)

Infant Behaviors, Characteristics and Indices	Caregiver Behaviors and Characteristics	Environmental Variables	Author(s)
Cognitive, Perceptual and Motor Skills (Cont.) Goal-directed behaviors:			
Goal Orientation	Level and variety of social stimulation	Responsiveness and variety of inanimate stimulation	Yarrow, Rubenstein & Pedersen (1975)
	Positive affect		
	Prompt and contingent responsiveness to distress		
	Tactile social stimulation		
	Kinesthetic social stimulation		
Reaching and Grasping (5 month olds)	Variety of social stimulation	Responsiveness, complexity and variety of inanimate stimulation	
	Level and variety of social stimulation	Responsiveness, complexity and variety of inanimate stimulation	
	Prompt and contingent responsiveness to distress		
	Positive affect		
Problem Solving (5 month olds)	Level and variety of social stimulation	Variety of inanimate stimulation	
Ability to recognize the permanence of objects (5 month olds)	Level and variety of social stimulation	Variety of inanimate stimulation	
	Kinesthetic social stimulation		
	Play		
Griffiths Scale of Mental Development IQ (9-12 month olds)	Sensitivity to infant signals and communications		Stayton, Hogan & Ainsworth (1971)
	Accepting of infant behavior		
	Cooperation with and respect for infant acts of autonomy		
	Floor freedom provided		
Compliance to commands (9-12 month olds)	Sensitivity to infant signals and communications		Stayton, Hogan & Ainsworth (1971)
	Accepting of infant behavior		
	Cooperation with and respect for infant acts of autonomy		
	Floor freedom		
Internalized controls (9-12 month olds)	All of the immediate above; especially acceptance but excluding floor freedom		

TABLE 3 (Cont.)

Infant Behaviors, Characteristics and Indices	Caregiver Behaviors and Characteristics	Environmental Variables	Author(s)
Cognitive, Perceptual and Motor Skills (Cont.)			
Skillfulness in sensorimotor performance (at 9 months)	Mutual caregiver-infant gazing (at one month)		Beckwith, Cohen, Kopp, Parmelee & Marcy (1976)
	Interchanges of smiling during mutual gazing (at three months)		
	Contingent response to distressful cries (at three months)		
	Contingent response to non-distressful vocalizations (at eight months)		
Gaze exploration (at 9 months)	Mutual visual regard between mother and infant		Moss & Robson (1968)
	Caregiver characteristic: Interest in affectionate contact with infants (assessed during pregnancy)		
F. Response to Strangers—Emotional and Exploratory			
Social approaches (at 9 months)	Mutual visual regard between mother and infant		Robson, Pedersen & Moss (1969)
	Caregiver characteristic: Interest in affectionate contact with infants (assessed during pregnancy)		

and female Caucasian infants and their mothers. During this first home observation, Rubenstein assessed maternal attentiveness and other kinds of stimulation. The total maternal attentiveness score derived from this, and, if necessary, a second, home observation was the basis for the classification of the mother into one of three attentiveness (low, medium, or high) groups, based on the number of times the mother was observed to look at, touch, hold, or talk to her baby.

During the home visits and observations mothers were asked to go about their usual daily activities including housework. Each home visit lasted for three hours. A specific observation lasted 10 seconds, followed by 10 seconds of recording the behavior on a checklist. Ten minutes of recording were followed by five minutes of rest yielding 360 observations per day. A daily attentiveness score was the number of observations during which any form of attentiveness occurred.

Rubenstein also studied other varieties of stimulation, including whether or not the mother presented her child with a play opportunity, the availability, number and variety of toys within reach.

Measures of infant exploratory behavior were obtained by observing the child's behavior when sitting on his/her mother's lap. These measures were: (A) looking at, tactile and/or oral manipulation of and vocalization to a single, novel stimulus (a bell) presented within reach for ten minutes; (B) looking at and manipulation of 10 novel stimuli versus the bell, now a familiar stimulus.

The results indicated that children of highly attentive mothers looked at, touched and vocalized significantly more to the bell than did children of low attentive mothers. The babies of highly attentive mothers vocalized nearly three times as much as did babies of low attentive mothers. Further, children of the highly attentive mothers looked at and manipulated the novel stimuli significantly more than did the children of the medium and low attentive mothers. Other results indicated that highly attentive mothers offered their babies a significantly larger variety of toys and significantly more play opportunities than did low attentive or medium attentive mothers. The infants of medium and low attentive mothers did not differ significantly from each other on any dimension.

These results indicate that the frequency and variety of ways caregivers are attentive, including frequent looking at, touching, holding, and providing a variety of toys and play opportunities affect significantly even a six-month-old's exploration. The results also suggest that more than half (63%) of this sample of infants had mothers whose amount and kind of attentiveness was not sufficient to have the positive and significant effects on their child's behavior we might ideally wish for.

Turning to the effects of feeding schedules, those that take into account the child's behaviors (e.g., hunger distress signals), have been found to be associated with minimum crying, and these schedules tended to be practiced by mothers who demonstrated sensitive pacing and the prompt response to such distress signals (Ainsworth and Bell, 1969). Ainsworth and Bell also found that infants who were fed on a flexible schedule tended to have a relatively short duration of crying before feeding.

In their other studies relating caregiver behaviors and infant crying Ainsworth and her colleagues (Ainsworth, Bell and Stayton, 1972; Bell and Ainsworth, 1972) found that babies who cried more frequently in one quarter of their first year of life were those whose mothers tended to ignore many episodes of crying in the preceding quarter. Further, babies who cried longer in one quarter had mothers who were slower in responding to them in the preceding quarter.

These authors, along with Yarrow, Rubenstein and Pedersen (1975), found that prompt and contingent responses to distress were related to *positive* aspects of the infant's general status, motor development and goal directed behaviors.

Bell and Ainsworth (1972) also found that mothers who failed to respond to crying episodes in the first quarter of the infant's life tended to ignore them in the second and third quarters as well, and those who ignored the infants in the third quarter tended to ignore them in the fourth. The evidence of maternal consistency was even stronger when examined in terms of the duration of the mother's unresponsiveness—that is, how long an infant cried without a response from her. Mothers who were unresponsive in the first quarter of the child's first year of life were likely to be so throughout the first year of the baby's life.

After the first three to six months, there was a strong tendency

for babies who cried more frequently to have mothers who more frequently ignored their crying; also these babies from the beginning of the fourth month on, tended to be more insistent in their crying. Thus, mothers who ignored and delayed responding to the crying of their infants when they were tiny had babies who later cried more frequently and persistently. This infant behavior, in turn, further discouraged the mothers from responding promptly, which contributed to even a greater increase in infant irritability.

Crying is only one of the various ways in which a one-year-old infant can communicate to caregivers. Since Bell and Ainsworth (1972) found that babies whose mothers had been responsive to crying, cried less frequently, they also were interested in determining the extent to which other modes of communication had developed as well. To this end, they utilized a rating scale to assess the subtlety, clarity, and variety of infant facial expressions, bodily gestures, and vocalization as signals in communication. They found that one-year-old babies who cried a great deal lacked other modes of communication, whereas infants who cried little tended to use a variety of other subtle modes that clearly conveyed their feelings and wishes, and that were effective in inviting and sustaining interaction. In summary, Ainsworth and her colleagues' research found that those babies who, by the end of the first year, had well developed channels of communication tended to be the children who cried little, and who were the ones whose cries when they did occur, were promptly heeded throughout the first year of life.

The research indicates further that frequent verbal commands and physical interventions attempting to restrict and modify the baby's behavior are not associated with infant obedience. Those "older" infants who were able to be controlled by their caregivers across a distance and who complied to caregiver commands were likely, again, to be those whose signals had been promptly and sensitively heeded during the early months of life. Most instances of obedience observed in Stayton, Hogan and Ainsworth's (1971) research were acts of simple compliance to verbal commands. "Internalized controls," including self-arrest and self-inhibitions, *were* observed in their research, but in only 20% of their sample of 25 infants, and only in those one-year-olds who were most

accelerated in cognitive development. These authors concluded: "The findings suggest that the disposition toward obedience emerges in a responsive, accommodating social environment without extensive training, discipline, or other massive attempts to shape the infant's course of development."

Finally, the existence of a varied number of responsive and complex toys within reach is found to be associated with advanced infant development especially when the caregiver and infant play with the toys together.

The empirical research, thus, provides suggestive links between skills and competencies of even young infants and caregiver sensitivity and stimulation. However, the research further suggests that only about 1/3 to 1/2 of the caregivers studied were sufficiently stimulating, and sensitive to their infant's needs to affect their development positively.

These studies, and all of the other studies summarized in Table 3, display a pattern in which caregiver (especially maternal) stimulation, accessibility, acceptance, and attentiveness—especially when contingent upon infant distress signals and social behavior—are associated with indices of an infant's advanced development and expression of desirable behaviors.

Toddlerhood: The Child from One Year of Age Until Three

Table 4 summarizes the research relating toddler characteristics to caregiver behaviors and characteristics and environmental variables. We can note that the same caregiver behaviors and environmental variables that were associated with advanced development in infants are also found to be associated with advanced development in children during their second and third years of life; caregiver stimulation, contingent responsiveness to both toddler distress signals and social behavior, and number, variety and availability of age appropriate toys. Two additional caregiver behaviors and characteristics also relate significantly to advanced development in toddlers: (1) the amount and variety of caregiver speech to the toddler and (2) the engaging in interaction with the toddler during which the caregiver acts as "teacher," "entertainer," "playmate," and "converser."

TABLE 4

Caregiver and Environmental Variables Positively Related to Toddler (1-3 year olds) Behavior, Characteristics and Indices

Toddler Behavior, Characteristics and Indices	Caregiver Behaviors and Characteristics	Environmental Variables	Author(s)
A. Competence and Optimal Care–Related Factors			
"Competence" includes:	"Optimal Care" includes:		
Mature play	Verbal stimulation (amount and variety plus non-responsive speech)	Stimulation with materials (objects)	Clarke-Stewart (1973)
Bayley Mental Development Score	Responsiveness to social signals, (including contingent positive responsiveness to child's expressive social behavior) (within 20 sec.)	Number, variety and availability of age appropriate toys	
Language competence (total language skills: comprehension, expressed vocabulary, verbal responses)	Playing with child		
"Secure attachment"	Positive emotional expression		
Positive emotional expression to mothers	Appropriateness of behavior (selectivity of response plus appropriate for age)		
Vocalization to mother	Effectiveness of stimulation (proportion of behavior with materials to which baby responded positively within (20 sec.)		
Looks at mother			
Object permanence			
B. Characteristics of Attachment to and Separation from Caregivers			
"Optimal, secure" attachment (able to use mother as secure base from which to venture forth to explore the environment, returning to her periodically for reassurance or at times of stress)	Caregiver Characteristics: Personality factor: Experimentingness	Verbal intelligence	Clarke-Stewart (1973)
Mutual visual regard	Personality factor: Imaginativeness		
Positive involvement with mother	Knowledge about child development and child rearing		
Positive emotional expression			
Positive emotional expression (11-17 months of age)	High stimulation– High responsiveness including: Responsiveness to distress / Verbal and social stimulation / Expression of positive emotion / Responsiveness to social behavior		

TABLE 4 (cont.)

Toddler Behavior, Characteristics and Indices	Caregiver Behaviors and Characteristics	Environmental Variables	Author(s)
C. Cognitive, Perceptual and Motor Skills (including comprehension; receptive language skills);			
Compliance to non-compliance ratio (at 2 years old)	Use of teaching or facilitative techniques in interaction (2 min/hr at 12 to 15 months, 4 min/hr at 30 to 33 months)		White and Watts (1973)
Linguistic competence (including pointing to labeled objects, comprehension and carrying out of instructions, understanding	Initiates, suggests, prepares or starts off activities (including eating, to gain information visual & auditory, to explore, to improve a developing skill; at 12 months)	Live vs. mechanical language (persons vs. television and records)	White and Watts (1973)
Ability to sense dissonance and discrepancies (at 27 and 36 months)	Encourages activities involving lengthy preparation, especially "highly intellectual" activities involving verbal/symbolic learning, spatial/perceptual, fine motor learning, concrete reasoning, expressive and executive skills		
Capacity for abstract thought (at 21, 24, 27, 30, & 36 months)			
Bayley Mental Development Score (at 2 years)	3 times more encouraging vs. discouraging of child activities (at 2 years)		White and Watts (1973)
Stanford Binet IQ (at 2 and 3 years)			
Procuring objects (at 12 months)			
Bayley Mental Development Scores (at 12 and 24 months)	Experiences provided by others: Interactors who initiate and create intellectual experiences for the child		Carew, Chan and Halfar (1975)
Stanford-Binet IQ (36 months)	Reciprocal and participatory interaction with the child as "teacher", "entertainer", "playmate", "converser", and "blender" of these roles		
Receptive Language and Spatial Abilities (at 12, 24, and 36 months)	Social attention, including: Amount of time spent playing Amount of visual attention Verbal and social stimulation Amount of expressed positive emotion	Availability of a variety of age appropriate toys	Clarke-Stewart (1973)
Bayley Mental Development Score (17 months)	High stimulation— High responsiveness		
Total amount and variety of speech (including non-responsive speech)	Contingent responsiveness to child's social behavior Stimulation with objects		Clarke-Stewart (1973)

TABLE 4 (Cont.)

Toddler Behavior, Characteristics and Indices	Caregiver Behaviors and Characteristics	Environmental Variables	Author(s)
C. Cognitive, Perceptual and Motor Skills (Cont.)			
Stanford-Binet IQ (at 36 months)	Mutual visual regard	Appropriateness	Elardo, Bradley, and Caldwell (1975)
	Caregiver characteristics: Personality factor: Experimentingness	Emotional and verbal responsivity of mother	
	Knowledge of child rearing and child development	Avoidance of restriction and punishment	Bradley and Caldwell (1976a)
	Maternal involvement with child	Organization of physical and temporal environment	
		Provision of appropriate play material	
		Opportunities for variety in daily stimulation	
		(all scored when children were 6, 12, and 24 months old)	
	Personality factor: Experimentingness	Level of social stimulation provided when infant was 6 months old.	Yarrow, Klein, Lomanaco and Morgan (1974)
	Mutual visual regard when infant was 6 months old.	Contingent responsiveness to positive vocalizations when infant was 6 months old.	
		Amount of kinesthetic stimulation provided when infant was 6 months old.	
D. Exploratory Behavior toys, objects, pictures			
Exploratory Index; includes: purposeful active manipulation of objects, appropriate and functional use of toys, and elaborated or creative use of toys (at 19 months of age)	Personality factor: Experimentingness	Looking	Clarke-Stewart (1973)
Variety of toys played with		Verbal Stimulation	
		Stimulation with others	
		Social stimulation	
		Appropriateness	
		Variety and age appropriateness of available toys	

TABLE 4 (Cont.)

Toddler Behavior, Characteristics and Indices	Caregiver Behaviors and Characteristics	Environmental Variables	Author(s)
E. *Non-crying Modes of Communication* (including social responsiveness, active and language skills; see also C above)			
Social competence (including ability to get adult's attention, using adult as resource, having pride in product, showing hostility and affection to peers, and leading and following peers; at 2 years old)	See findings of White and Watts under C.		White and Watts (1973)
Imitation of adults			
Asks for help			
(at 2 years old)			

For example, Carew, Chan and Halfar (1975) found that the intellectual competence of children at 30-33 months of age was related more to intellectual experiences provided to the child *by other people* in the preceeding year and a half than to the intellectual experiences that the child fashioned for him/her self. Furthermore, they found that when 30-33 month old children were classified as being relatively high or low in intellectual competence, these subgroups differed from each other only in terms of the number of intellectually stimulating interactions that they experienced up until age 2; even more striking was the finding that the number of intellectual interactions with other people differed substantially when the child was only 12-15 months old. Thus, intellectual experiences created by the caregiver for the very young child were highly related to the child's later intellectual competence.

In one of the most comprehensive longitudinal studies conducted in this area Clarke-Stewart (1973) related large numbers of maternal behaviors and characteristics to large numbers of toddler behaviors during their 9-18 month period of life. "Optimal" maternal care was found which was not only warm, loving, and nonrejecting, but also was stimulating and enriching—visually, verbally, and tactually. In addition, such caregiving included such behaviors that were immediately responsive to the child's social behaviors, including his/her signs of distress. The mother who was found to provide optimal care spent more time in the same room with her child, interacting and playing with him/her and engaging in much eye-to-eye contact with the child. Moreover, she provided her child with more toys than did the "less competent" caregivers. Furthermore, this "optimal" mother continued to behave adaptively over time; her responsiveness to the child's social demands, her playfulness, her social stimulation increased as the child matured.

The ratings of toddler "competence" were based on measurement of cognitive and intellectual ability; motivation to perform in new situations, language skills and secure attachment to the mother. Statistical analyses indicated that there were numerous significant relationships between the maternal and child behaviors. These relationships indicated that the more optimal the caregiving, the more competent the child.

Like the research of Ainsworth and her colleagues, Clarke-Stewart also found that infant fretfulness was negatively related to the mother's responsiveness to a young child's signs of distress —crying, fretting, fussing. Prompt responsiveness does *not* increase distress behavior; rather, it appears to have the opposite effect.

Consistent with findings of investigations of caregiver-infant interactions during the first year of life, the work of Clarke-Stewart and other investigators suggests that, in general, most caregivers of children from 1-3 years of age tend *not* to interact with them in playful, affectionate, and/or stimulating ways, nor do they respond, consistently to their children's emotional reactions. These investigators *do* find some, but, unfortunately not very many, caregivers of 1-3 year olds who are capable of providing such "optimal care."

If a positive, optimal process and a benevolent cycle does exist and can unfold caregivers should not and maybe cannot wait until the pre-school and elementary school years to "stimulate" their child. The research suggests that early caregiving *is* capable of accelerating a child's intellectual, cognitive and social development. Yet few caregivers seem to be engaging in such behavior. We must all become more aware of the possible influence of our *positive* actions on the behavior of even very young infants and toddlers.

The Child from Three to Six Years of Age

Table 5 summarizes the relationships between caregiver and environmental variables and the behavior and characteristics of 3-6 year old children that empirical research has uncovered. As in the earlier years of a child's life, caregiver stimulation, sensitivity, involvement and responsiveness are associated with advanced development in 3-6 year olds. The 3-6 year old, as compared to a younger child has a larger repertoire of language skills, is capable of more complex fantasy play, and engages in more complex social activities with peers and caregivers. As can be seen in Table 5, research not only has found caregiver correlations of 3-6 year olds' intellectual, cognitive and linguistic skills, but also correlates of their social and interpersonal skills. These personal and social skills include altruism, generosity, consideration for others, independence, self-control, self-reliance and curiosity.

The 3-6 year old's active language skills as well as involvement in many social activities with caregivers and peers produce many occasions during which the expression of his/her needs and wishes and desires conflict with adult and peer wishes. The most important addition to the list of caregiver behaviors associated with children's advanced development at this age concerns characteristics of their disciplinary verbal messages. For example, Hoffman (1963), based on his interviews with mothers, found that a child's consideration for others was associated with the mother's "other-oriented discipline in a non-power assertive context." For Hoffman (1963) other-oriented discipline consisted of the use of techniques that attempted to convey to the child the implications of his/her behavior for other people. This type of communication could take a number of forms: it could refer to the direct consequences of the behavior for another (for example, "it's uncomfortable when you walk on me"); it could point out the relevant needs and desires of others (for example, "He's afraid of the dark so turn on the light." "Try to be quiet. If he can sleep a while longer he'll feel better when he wakes up."); or it could explain the motives underlying the others behavior to the child (for example, "Don't yell at him. He was only trying to help.").

I noted previously the importance of caregivers serving as linguistic models for the infant and toddler's developing comprehension skills. Research indicates that caregivers also can serve as models that promote the development of other positive behaviors. For example, studies by Rutherford and Mussen (1968), Staub (1971) and especially Yarrow, Scott and Waxler (1973) found that a nurturing relationship *plus* caregiver displays and labeling of altruistic and helping behavior were associated with young children's social responsiveness. The importance of *both* the relationship *and* the opportunity for modeling was noted by Yarrow et al. who concluded that "Generalized altruism would appear to be best learned from parents who not only tried to inculcate the principles of altruism, but also manifest altruism in everyday interactions" (pg. 255).

The importance of modeling also was demonstrated in the research of Endsley et al., (1975) and Saxe and Stollak (1971). For example, Endsley et al. found that among their sample of mothers

Caregiver and Environmental Variables Positively Related to Three-Six Year Old Children's Behavior, Characteristics and Indices

3-6 Year Old's Behavior, Characteristics and Indices	Caregiver Behaviors and Characteristics	Environmental Variables	Author(s)
A. *Personal Cognitive and Emotional Skills and Capacities* (including intellectual skills)			
Test Behavior: Stanford Binet IQ (in males at 4 and 6 years of age)	Father behavior: Fully meeting explicit needs of child		
Peabody Picture Vocabulary Test (PVVT) (in males at 4 and 6 years of age)	Asking information of the child		Radin (1972, 1973)
	High Nurturance Meeting implicit needs of child (at 6)		
Stanford-Binet IQ (at 54 months)	Avoidance of restriction and punishment		
	Emotional and verbal responsivity of mother		
	Maternal involvement with child		
	Opportunities for variety in daily stimulation	Provision of appropriate play material	Bradley and Caldwell (1976b)
		Organization of physical and temporal environment	
		(all of the above scored when infant was 24 months old)	
PPVT (in females)	Time holding infant		
	Entertaining infant		
	Giving objects to infant		Tulkin and Covitz (1975)
	(all of the above assessed when females were 10 months of age)		
Wechsler Pre-school and Primary Scale of Intelligence (at 5-1/2 years of age)	Caregiver Characteristics: "Psychological Mindedness" which includes:		
	Affective responsiveness		
	Concept of developmental change		Engel and Keane (1975)
	Concept of behavior shaping		
	(all of the above assessed when infants were 14 months old)		

3-6 Year Old's Behavior, Characteristics and Indices

3-6 Year Old's Behavior, Characteristics and Indices	Caregiver Behaviors and Characteristics	Environmental Variables	Author(s)
A. *Personal Cognitive and Emotional Skills and Capacities* (Cont.)			
Illinois Test of Psycholinguistic Ability (females at 6 years of age)	Maternal vocalizations Reciprocal vocalizations Number of interaction sequences Response to spontaneous fret Play episodes (assessed when females were 10 months of age)	Number of environmental objects	Tulkin and Covitz (1975)
Awareness of Self: includes Statements of Own Behavior expressed in reality and in fantasy	⌐ Parent (mother and father) participation in fantasy ⌐ Parent reflection of child verbalizations ⌐ Parent reflection of feelings		Liberman, Stollak and Denner (1971)
Statements about own feelings (in 4 year olds)	⌐ Parent reflection of feelings ⌐ Parent reflection of child behavior ⌐ Parent initiation of fantasy		
	Both parents: High control High maturity demands High clarity of communication High nurturance High warmth		Baumrind (1967)
"Mature" children: children highly ranked on Buoyant Mood, Self-Reliance, Approach Tendencies and Self-Control (assessed at 3-4 years of age)	"Authoritative caregiving" (both parents) includes: High in firm enforcement High in encouraging independence and individuality High in providing highly enriched environment		
High purposiveness	Parent Attitudes and Characteristics: Self-confidence		
High independence	Belief in early maturity demands, including participation in household chores		Baumrind (1971)
High achievement orientation (assessed at 4 years of age)	Values firm enforcement Belief in discouraging infantile behavior or emotional dependency Consistent, articulated child-rearing philosophy		

3-6 Year Old's Behavior, Characteristics and Indices | Caregiver Behaviors and Characteristics | Environmental Variables | Author(s)

B. Social Skills and Capacities

3-6 Year Old's Behavior, Characteristics and Indices	Caregiver Behaviors and Characteristics	Environmental Variables	Author(s)
Awareness of others: expressed in reality and in fantasy play (in 4 year olds)	Both parents: Parental orienting, providing boundaries and roles; Parent reflection of feelings; Parent participation in fantasy; Parental genuineness; Parental warmth		Liberman, Stollak and Denner (1971)
High Friendliness; High Cooperativeness; High Dominance (in 4 year olds)	See "Authoritative Caregiving" under A		Baumrind (1971)
Dominance in fantasy play (in 4 year olds)	Parental reflection of feelings; Parent participation in fantasy play		Liberman, Stollak and Denner (1971)
Positive affective orientation toward peers (in 4 year olds)	Acceptance		Hoffman (1963)
Consideration for others, including helping others: Generosity (in 4 year old boys)	Father warmth and nurturance (as perceived by sons)		Rutherford and Mussen (1968)
Giving direct and unsolicited help to another child in distress	Discipline oriented toward the needs of others in a non-power assertive context (based on interviews with mothers)		Hoffman (1963)
Influence techniques showing awareness of peer's needs (in 4 year olds)	Highly nurturant relationship and modeling (verbalizations and social actions toward victims heard and observed by children (caregivers were teachers)		Yarrow, Scott and Waxler (1973)
Altruistic, sympathetic and helpful behaviors; Active helping of another child in distress (in 5 year olds)	Highly nurturant relationship and modeling (caregivers were experimenters)		Staub (1971)

TABLE 5 (Cont.)

3-6 Year Old's Behavior, Characteristics and Indices	Caregiver Behaviors and Characteristics	Environmental Variables	Author(s)
C. *Exploration and Curiosity*			
Attentive observation and manipulation			
Exploration of novel objects	Expression of positive feelings		Saxe and Stollak (1971)
Seeks and offers information	Exploration of novel objects		
Preference for novel objects			
(in 6 year old males)			
Exploratory behavior	Exploration behavior		Endsley, Odom, Garner and Martin (1975)
Question asking (in 4 year old males and females)	Contingent positive interaction		
	Curiosity-orienting behavior		
Mastery (attempts to manipulate, control, improve, understand or improvise with an object; (in 4 year olds)	Parental participation in fantasy		Liberman, Stollak and Denner (1971)
	Setting limits with rational explanations		
D. *Other Relationship*			
"Psychological health" (at 4 years of age)	Mother perception of baby (at one month of age) as "Better than Average Baby" with respect to crying, spitting, feeding, elimination, sleeping, and predictability		Broussard and Hartner (1970)

who interacted with their child in a playroom, those that were the most exploratory in their own behavior also were more frequently contingently positive toward their child's displays of curiosity. These mothers generally had children who more frequently explored novel objects and asked questions about them.

Baumrind (1967, 1971, 1975) found that 4-year-old children identified as mature had parents who were notably firm, loving, demanding and understanding. They were "warm, rational, and receptive to the child's communications." Baumrind labeled this combination of high control and positive encouragement of the child's autonomy "authoritative parental behavior." She found, in her 1971 study, that children (especially boys) of "authoritative" parents, as compared to children of "permissive" (i.e., nonlimit-setting) and "authoritarian" (i.e., cold-rigid) parents, were higher in independence and achievement orientation, were friendlier, more cooperative, and more purposive.

Summary of Research Findings from Birth-Six

Empirical research, especially in the last 10-15 years, increasingly has focused on direct observation of caregiver-child-environment interactions. These studies have examined the antecedents and correlates of many different child behaviors and characteristics that can be considered indices of personal and interpersonal skills. Caregiver behaviors and environments that have been associated with these child indices from birth to six include:

(1) Environments that are highly complex and rich, especially in terms of visual, aural, and tactual stimulation and consisting of a wide variety of complex, age-appropriate toys within reach.

(2) Caregivers who frequently involve themselves with their child, especially in highly intellectual activities.

(3) Caregivers who are highly affectionate and tender, who are frequently and consistently prompt, accessible, attentive, and responsive to their child's cues that indicate a desire for positive encounters or need for help.

(4) Caregivers who stimulate and encourage and who minimally restrict their child's independent and autonomous actions, self-

expressions, exploratory, mastery, imaginative and curiosity behaviors.

(5) Caregivers who themselves display complex, exploratory, mastery, imaginative and socially responsive behaviors when they engage in direct, intimate encounters with their child and when, observed by child, they interact with other people and objects.

(6) Caregivers who provide consistent, just and fair control of unacceptable child behaviors, who use reasons, and rationally discuss with the child the impact and consequences of the child's behaviors on others.

(7) Caregivers who provide help, support, guidance and directions for their child's expression of needs, wishes, and feelings.

All of these findings imply a respect for the child as a person and a propensity to treat him/her with a level of dignity and a considerateness that we, no doubt, as adults would like to experience from others.

CHAPTER 4

An Integration of Theory and Research Findings

Why are the environmental variables and caregiver behaviors and characteristics listed in the last chapter associated with behaviors indicative of competence and advanced development in children from birth through six? In this Chapter, I use the speculations and theory presented in Chapter 2 to discuss what I consider to be the bases of these associations.

I refer you to the articles listed in the Tables for *their* authors' interpretations of the results and their speculations about causal relationships. Personally, I am persuaded by such research evidence that consistent, prompt, sensitive, and effective responses to infant distress signals should provide prompt gratification of the infant's physiological and physical safety needs. In this way, the caregiver's activities confirm and maintain the infant's state of acknowledgement and contentment. In turn, this confirmation and maintenance provides a social atmosphere in which mastery and competence motivation is aroused. *These* needs can be gratified, in the first years of life, *only* by caregiving that stimulates the child through conversation and reciprocal involvement with toys, objects, and materials. As research indicates, relatively high levels of cognitive and social skills *can* be achieved as early as the end of the first year of life. Thus, we should care for the child in ways that permit her or him to gratify the drive to experience, know, and master. As the findings of the study by Carew et al. (1975) suggest, toys and objects per se, especially during the first two years of life, do not "teach" and are not "educational." *We* provide opportunities for learning through serving as models of how to manipulate toys and objects in the world when we use the toys and objects in play activities with the child. The child who is safe, whose needs and wishes are acknowledged as valid human experiences, will make the most of the opportunities offered.

The Importance of Imitation

Empathic caregiving has additional significance in understanding how children can become socialized most effectively. Socialization is a word that summarizes the processes by which children acquire and display "approved" behaviors, involving, for example, eating, elimination of body wastes, dress, and cleanliness. Most of us feel children have to be "taught" skills in these areas; that children need to be punished and rewarded for inappropriate and appropriate displays of behaviors. Of course, we prefer to reinforce positively approved behaviors, and prefer to ignore and, only as a last resort, punish a child's expression of disapproved behaviors. In a later Chapter, I discuss the differences between "reinforcement," "punishment" and "discipline."

I believe, however, that a child can best acquire pro-social behaviors through gratification of his/her mastery and competence motivations. Specifically, a child who is safe and wants to master the environment—as far as his/her cognitive, conceptual and motor abilities allow—will engage in exploratory attempts to understand objects, in part, by imitating the *acknowledging* adults in the environment. Such imitation will increase as the child more frequently encounters caregivers who are stimulating, sensitive, responsive and sharing. Thus, caregivers who provide a variety of high level stimulation through mutual involvement give the young child frequent opportunities to observe adults in pro-social action. We often forget that, from birth, the child is observing us respond to situations and people including spouses, other adults, and other children. A child is likely not only to do what we do, but also not do what we don't do. *I believe that the children choose to imitate behaviors, at least in part, because the imitated activity is the most frequently observed solution to what the child wishes to achieve.* When the imitated behaviors gratify mastery needs, they become activities that are intrinsically rewarding. On the other hand, when the child imitates to achieve safety need gratification, the behaviors primarily are learned as solutions that provide escape from, and avoidance of, anxiety and fear, and provide directions for expression of anger and hostile concerns.

In its most positive sense, when the child is imitating, s/he does not "identify" with the caregiver. In fact, as we know, young infants are only minimally capable of discriminating themselves from the persons and objects in their world. To the extent that an infant's safety needs are gratified and states of acknowledgement

and contentment are continually maintained, the infant will continue to see these adult actions as *their* actions; an extension of their own desires and goals. In this sense, the earliest imitations are nothing more than an extension of self and are not perceived as imitations. As more and more needs, wishes and desires emerge —especially during the last quarter of the first year after birth—the infant, in seeking to gratify such needs, will attempt to engage in those behaviors that their other "selves" have engaged in. We often are amazed at an infant's persistence in the face of failure. Only when physiological and safety needs are aroused does the lack of achievement, skill and success produce "pain" and a cry, either as an expression of internal distress or, as they age, a communication to obtain help.

Infants also cry in other contexts. As part of his theory of the *development* of altruistic motivation, Hoffman (1975) speculated about "empathic distress" as an "involuntary, forceful experiencing of another person's painful emotional states." Research suggests that it takes until the end of the first year of life for the child to differentiate self from others. I believe that personal development can be motivated by mastery concerns. However, more often development occurs at the *expense* of such social concerns because it takes place within a context whose dominant theme is the satisfaction of ungratified safety needs. To the extent that physiological and safety needs are gratified and mastery needs aroused, then social concerns and skills will not be diminished and have to be "learned." The child will not have to "learn" either role taking or empathy skills or altruistic *motivation*. Rather empathic responsiveness would be a continuous process (from birth) that emerges from the infant's prototypic empathic distress *and* joy reactions to others experiences. Thus, interpersonal and social skills result from imitation of sensitive and effective adult behavior; that is, those imitated behaviors that are motivated by mastery and competence concerns.

In summary, the caregivers who are mutually involved with their infants and who provide them with varied kinds of stimulating activities should have children who, for example, as young toddlers, share with their parents (Rheingold, Hay & West, 1976) and who give their teddy bears to other toddlers in distress (Hoffman,

1975). These children would be continuing to experience the joy and pain of others as parts of themselves. If they, themselves, were responded to by adults who quickly reacted to their distress—thus demonstrating how empathic concerns can be communicated —they would be likely to imitate these adult behaviors in their encounters with others.

Thus, if, from birth, caregivers engage in consistent displays of stimulating, sensitive behaviors children would *not* be learning sex roles or any other roles: they would be becoming increasingly competent. Through constant repetition of imitated adult behaviors, they would be expressing their own needs and wishes more and more effectively; they would be able to understand, express and gratify other peoples needs and wishes and they would develop an ever increasing repertoire of cognitive, linguistic and intellectual skills.

Imitation, then, at best, can be used in the service of mastery motivation. At best, imitation results in a child who displays increasingly effective motor, cognitive and interpersonal skills.

Characteristics of Empathic and Effective Caregiver Communications

Let me be more detailed concerning characteristics of caregiver communications that relate to the theory and research. The writings of Hess and Shipman (1965) and Rogers (1951) have helped me to develop the suggestions for caregiver actions that I describe in later chapters.

Hess and Shipman (1965), drawing upon the work of Bernstein (1961), focus their attention on the form and style of communication between adult and child. They noted the differences between "restricted" and "elaborated" messages and "status" and "person-oriented" appeals, and they comment upon the effects of these differences on the young child. They noted that:

"Restricted codes are stereotyped, limited and condensed, lacking in specificity and the exactness needed for precise conceptualization and differentiation. Sentences are short, simple, often unfinished; there is little use of subordinate clauses for elaborating the content of the sentence; it is a language of implicit meaning, easily understood and commonly shared." (pg. 871)

Elaborated codes, however, are those in which:

"communication is individualized and the message is specific to the situation, topic, and person. It is more particular, more differentiated, and more precise. It permits expression of a wider and more complex range of thought, tending toward discrimination among cognitive and affective content."   (pg. 871)

Hess and Shipman thus are urging caregivers to use complex syntactic structures:

"The use of complex grammatical forms and elaboration of these forms into complex clauses and sentences provides a highly elaborated code with which to manipulate the environment symbolically. This type of code encourages the child to recognize the possibilities and subtleties inherent in language not only for communication but also for carrying on high-level cognitive procedures."   (pg. 876)

Hess and Shipman further note that:

"In status-, (position-) oriented families behavior tends to be regulated in terms of role expectation. There is little opportunity for the unique characteristics of the child to influence the decision-making process or the interaction between parent and child. In these families, the internal or personal states of the children are not influential as a basis for decision. Norms of behavior are stressed with such imperatives as, "You must do this because I say so," or, "Girls don't act like that," or other statements which rely on the status of the participants or a behavior norm for justification. However, in a person-oriented appeal system, the unique characteristics of the child modify status demands and are taken into account in interaction. The decisions of this type of family are individualized and less frequently related to status or role ascriptions. Behavior is justified in terms of feelings, preference, personal and unique reactions, and subjective states. This philosophy not only permits but demands an elaborated linguistic code and a wide range or linguistic and behavioral alternatives in interpersonal interaction."   (pgs. 871-872)

Carl Rogers (1951) focused on other aspects of child experiencing and the impact of caregiver communications in one of his few discussions of early childhood. Speculating about the process of development he asked us to:

"consider ... the type of early experience which would lay a basis for a psychologically healthy development of self. ... The child experiences, values his experiences positively or negatively. He begins to perceive himself as a psychological object, and one of the most basic elements is the perception of himself as a person who is loved. ... He experiences satis-

faction in such behaviors as (for example) hitting baby brother. ... The parent who is able (1) genuinely to accept these feelings of satisfaction experienced by the child, and (2) fully to accept the child who experiences them, and (3) at the same time to accept his or her own feelings that such behavior is unacceptable in the family, creates a situation for the child very different from the usual one. The child in this relationship experiences no threat to his concept of himself as a loved person. He can experience fully and accept within himself and as a part of himself his aggressive feelings toward his baby brother. He can experience fully the perception that his hitting behavior is not liked by the person who loves him. What he then does depends upon his conscious balancing of the elements in the situation—the strength of his feelings of aggression, the satisfaction he would gain from pleasing his parent. The behavior which would result would probably be at times social and at other times aggressive. It would not necessarily conform entirely to the parent's wishes, nor would it always be socially "good." It would be the adaptive behavior of a separate, unique, self-governing individual. Its great advantage, as far as psychological health is concerned, is that it would be realistic, based upon an accurate symbolization of all the evidence given by the child's sensory and visceral equipment in this situation. ... Because the budding structure of the self is not threatened by loss of love, because feelings are accepted by his parent, the child in this instance does not need to deny to awareness the satisfactions which he is experiencing, nor does he need to distort his experience of the parental reaction and regard it as his own. He retains instead a secure self which can serve to guide his behavior by freely admitting to awareness, in accurately symbolized form, all the relevant evidence of his experience in terms of its organismic satisfactions, both immediate and longer range. He is thus developing a soundly structured self in which there is neither denial or distortion of experience."
                                                                                                                           (pgs. 502-503)

My own interpretation here is similar to Rogers' description of process of optimal development. I believe that the most "sensitive" and "responsive" parents in Ainsworth and her colleagues' research, the "effective" mothers in White and Watt's research, the mothers providing "optimal maternal care" in Clarke-Stewart's research, the "skilled interactor" of Carew et al's research all were providing consistent gratification of the children's physical and psychological safety needs; their words and actions consistently *maintaining* the children's *state* of acknowledgement and contentment.

I believe that the caregivers' level of communication skills, to a great extent, determines how well they can provide the child with

experiences that both maintain the child's state of acknowledge-ment and contentment and contribute to his or her accurate perception of experiencing. The communication skills that care-givers display when they interact with a toddler, as in situations described by researchers such as Clarke-Stewart, provide the verbal and non-verbal "tools" that, in turn, the toddler uses when ex-ploring his or her world. On the other hand, caregivers who are not prompt and sensitive in their responding to infant and toddler's distress signals are likely to find their toddlers becoming increas-ingly fearful of them, yet increasingly dependent upon them as well.

Furthermore, caregivers who neither display high levels of com-munication skills to their young children nor involve themselves in complex, expressive play with them are likely to have toddlers who react with varying degrees of confusion and frustration when faced with demanding tasks. Also, the lack of appropriate models of behavior leaves them without competent directions for actions, and without a maximum amount of resources with which to build their "house." They will lack appropriate "motiva-tion" "tools," "material" and "skills" for the building process itself.

Based on all of the above, I think the most effective and em-pathic communications, *especially in problem and need-arousing situations*, contain all of the following "elements," "ingredients" or "messages" *and* in the following sequence:

(1) clear and unambiguous, verbal and non-verbal, communications which indicate that the adult is aware of and understands the child's feelings, wishes, and desires, including how the child's social actions derive from these inner experiences;

(2) clear and unambiguous, verbal and non-verbal, communications which indicate that the adult acknowledges the child's feelings, needs, wishes and desires as natural and valid human experiences;

(3) clear and unambiguous, verbal and non-verbal, communications which indicate what the adult thinks and feels about the way the child is expressing his or her inner experiences. The child's feelings and desires are indeed natural and valid human experiences but the way the child is expressing them might be unacceptable and arouse specific thoughts and feelings in the caregiver.

(4) if the child's actions are not acceptable, clear and unambiguous, verbal and non-verbal, communications indicating alternative ways for the child to express his or her feelings in the present. These alternatives

should be provided immediately, not after some period of delay. The caregiver should also ask for, and be open to, child alternatives and open to compromises.

(5) if the child's actions are not acceptable, clear and unambiguous, verbal and non-verbal, communications indicating how the child can express his or her feelings, needs or desires in the future. Again, several alternatives should be offered by caregiver and child and compromises reached.

As I will emphasize in the next chapter, it is essential to consider the future as well as the present when interacting with infants and toddlers. Clearly expressed communications are important regard-less of the child's age and whether or not the child is immediately responsive or alters his or her behavior. Whether the child is pre-verbal or verbal, however, will determine the extent to which the caregiver emphasizes one type of interaction or the other. For example, non-verbal communication of acceptance and gratifica-tion of the ten-month-old's needs is more likely to maintain that child's state of acknowledgement then will verbal communication alone. But this is not to say that the verbal expression of the child's affect and needs is meaningless in the context of subse-quent development of the child.

The first two "messages" should not only maintain the child's state of acknowledgement and contentment but also help the child to increase his or her repertoire of intellectual, cognitive and emo-tional skills and capacities including self-awareness and under-standing. The adult's constant labeling of child feelings, needs and thoughts results in the child him/herself (through imitation) becoming increasingly able to label and to discriminate among inner experiences. To the extent the child is able to label and discriminate among his or her inner experiences and know how specific situations and people arouse specifiable needs and feelings, s/he will experience fear, rage and jealousy, but not experience "anxiety" or "dread." These latter states of being can be per-ceived as primarily unlabeled fear. In "psychodynamic" terms, the first two "messages" will prevent the need for, and operation of, "repression" or in older children other "defense mechanisms." In "Rogerian" terms, they will prevent denial or distortion of experiencing. In "learning" terms, they will provide important

discrimination training, and in combination with the other adult communications, result in the child not engaging in cognitive and motor escape and avoidance behavior in order to reduce felt anxiety.

I must also emphasize the importance of the *sequencing* of the above communications. The first two messages take precedence over the next three. Only by first feeling that their needs and wishes are acknowledged and understood, will the child feel safe, and be open and willing to listen to further adult communications. If *I* express a need and the other attacks me and frightens me, then I don't want to hear what the other is saying. I become hurt, resentful, and angry. I want to turn off the other. I want to turn away physically and psychically. I do not want to pay attention. If the other person is able to put into words and convey to me that s/he understands me, and can acknowledge the validity of my experiencing, *then* I *want* to listen. I want to be with him or her.

Then, when the other articulately and clearly states how s/he feels about my actions, my whole being would be listening. I would be empathic, open and receptive. I would be able to experience the hurt or anger my action causes. I would be able to resonate to the anguish or fear of the other and my own reaction to the other's experiencing. I would be with the other. And I would thus be able to know and value *both* my own *and* the other's experiencing. I would be able to balance and weigh what each of us need and want.

When the other *then* gives me what they consider appropriate and acceptable avenues or courses of action s/he would feel provide at least some expression and gratification of my needs, I would not only be listening but the arousal of my own mastery concerns and striving for competence would direct me to weigh the alternatives, to weigh the strength of my own and the other's needs and wishes. I would be able to weigh and balance the courses of action open to me and what *I* want in the world and of the other. Finally, and ideally, I and the other will attempt to reach a *compromise*. We will attempt to determine courses of action that allow both of us to gratify some of our needs and wishes in at least some minimally acceptable ways at least some of the time.

It is difficult, of course, if not impossible, for children without

active language skills to engage in verbal confrontation and compromise. When the above mentioned complex and elaborate, person-oriented chain or sequence of communication does unfold and compromise is able to be reached—or for young children alternatives provided and accepted—the child's state of acknowledgement and contentment would not have been threatened. They would be likely to attempt to imitate the adult as best they can and attempt the complex sequences in their communications with others.

In summary, I believe that the large number of specific and varied adult behaviors that provide gratification of physiological and safety needs maintain a child's state of acknowledgement and contentment. Such caregiver behaviors will maintain empathic responsiveness and arouse these infants' and childrens' own mastery concerns and motivations. These adult behaviors in conjunction with initiation, stimulation and involvement in highly intellectual activities and modeling of altruistic, generous and pro-social behaviors will be those imitated and used by the young child in his/her struggle to know and master the world s/he encounters. As these behaviors succeed in producing positive personal consequences the gratification of his/her own mastery and competency concerns—not adult approval—will result in these behaviors becoming habitual ways of responding. Finally, the mastery and competence motives when aroused will maintain high involvement in the world, and with caregiver guidance and consultation ever increasing skill development.

I would like to turn now to a more detailed discussion of specific caregiver actions during the child's life from birth to six that, based on the theory and research findings, should promote child competence and advance the child toward the actualization of his/her human potential.

CHAPTER 5

Caregiver Behaviors that Help Advance Children Toward the Actualization of Their Human Potential: The Child from Birth—One

Introduction

In the next several chapters of the book I attempt to integrate the notions, speculations and deductions of Chapters 2 and 4 with the research results presented in Chapter 3. My goal here is not to be as comprehensive and detailed as, for example, Benjamin Spock was in his book *Baby and Child Care* but, rather, to present some "practical" implications of the material that was discussed in the earlier chapters of this book for caregiver behaviors that occur during critical moments in the child's early life. Again, it is important to note that my goal is not to describe caregiver behaviors that result only in a decrease in, or a minimization of, behavior dysfunctions and emotional problems in children, but, rather, to describe behaviors that should allow the child from birth to move toward the actualization of his or her human potential.

Infancy: Birth to One

In this section, I focus on the child's development from birth to one and describe those caregiver behaviors toward the child that should maximize her/his psychological growth. Behaviors that I believe adults should express in a number of situations—specifically, (1) when the child is crying, (2) when the child is not crying, but is alert and responsive to social and other stimulation, (3) in the feeding situation, and (4) when the child is urinating or defecating—are described.

The Infant's Cry: Caregiver Responses to Distress

The infant's cry, which at birth is only an automatic, reflexive response to distress, quickly—even within the first year of life—can become a communication, a signal, a way of requesting attention. The cry retains both functions throughout our lives; an uncontrolled, unconditioned expression of distress and a communcation

that attempts to control the actions of others, for example, attempts to stop specific behaviors or to have others initiate nurturance and caring.

I believe we have far, far underestimated the meaning of an infant's cry in the context of *their* experiencing. Only by attempting to put ourselves in their booties can we begin to grasp the meaning of such experiencing. The "world" is not "frightening," "hostile," or "confusing" to the newborn in the way that it would be to me if I were placed among alien beings on a strange planet. Again, my assumption is that the infant is born in a state of acknowledgement and contentment. However, within the first few seconds after birth, the external physical world—including its lights, sounds, and temperature—and the infant's own internal experiencing begin to expose him/her to "painful" sensations. Of course the infant cannot organize, label, or control the pain caused by such diverse sources as hunger, stomach gas, cold temperature, an open, sticking pin, diaper rash, or other externally or internally caused excessive stimulation. I believe that *any* very intense stimulation produces in the infant a state of terror and dread that is "traumatic" in the sense of it being an overwhelming, total experience that affects every cell of the infant's body. These experiences are even more crucial if Solomon and Wynne (1954) are correct in their speculation that traumatic events permanently alter brain structures. The process of being born is possibly not as traumatic as is each and every occasion after birth that is marked by the infant's continuous, intense cries. To me these cries signal states of terror and dread that we rarely, if ever, experience in our adulthood. Perhaps because of this, as caregivers we often refuse to acknowledge the seriousness and meaning of these experiences to the infant. I am aware, of course, that a crying infant can quickly strain whatever caring and empathic ability we caregivers do have. However, the assumption that crying is "good" for the child (especially "good for his/her lungs") and the belief that a consistent and prompt response to crying will produce a "spoiled" and "dependent" child at best emerges, I believe, from a profound ignorance of child development and the potential effects of adult-child interaction. At the most basic level, it emerges from our inability to empathize and "be with" an infant. And, of course, either by necessity or

choice, we often gratify our own needs at the expense of under-standing and dealing effectively with what our infants' are experi-encing. I believe that these conditions exist among all cultures, and, thus, universally lead to an acceptance of "normality" as a desirable end.

It is clear that research contradicts the commonly held assump-tions about the negative effects of prompt, responsive and sensitive handling of children's distress. We can only speculate about the amount of "potential" that is "destroyed" when we fail to respond promptly to each and every infant cry. Again, imagining myself as an infant, *any* pain that I would be feeling would be intense and overwhelming, and every second that the pain persisted would maintain within me a state of terror. The fact that in most cases within, say, ten minutes, the causes of most of my pains would be removed would not eliminate for me, as an infant, the effect of the pain and terror that I had felt. I would become increasingly aware that while the world can sometimes be comforting, more often it is an unresponsive and, therefore, an unsafe place. If my pains were continuously ignored for long periods of time, my attention would become increasingly focused on finding ways to maintain my sense of physical and psychological safety; ways to keep my caregiver close, to escape from, and avoid the strange, the unfamiliar, and the difficult.

Given the potential harm that significant delay apppears to cause, I believe that not more than 10 to 30 seconds should elapse before a caregiver responds to and, as sensitively as possible, begins to eliminate the cause of a cry. This attempt can begin by standing or sitting next to the infant in distress for 10-15 seconds, watching and waiting for a dimunition or increase in the intensity of the cry. If the crying becomes more intense, then the caregiver might begin vocal and physical soothing; including humming, singing and softly stroking and patting the infant while s/he is in the crib or bed. If, after 10-15 seconds, *these* attempts fail, then the caregiver should pick up the infant and attempt to gratify what s/he thinks is the need causing the cry.

The Infant When Alert:
Caregiver Reponses to the Non-Crying Infant

Responses to the infant when s/he is alert, but not distressed

should include a wide variety of behaviors that are stimulating to the child. These responses include a variety of social and material stimulation (Yarrow et al., 1975). Specific caregiver behaviors of this type include the following: frequent and enduring happy, affectionate talk; frequent and enduring eye-to-eye contact; prompt, contingent responses to positive, non-crying vocaliza-tions; and high frequencies of bodily contact, including tender fondling and holding of long duration in non-routine situations. Equally important are frequent participation with the child in social play, so that the child can observe the caregiver's "master-ful" and "creative" use of a wide variety of complex and age-appropriate toys and objects.[4]

The highly sensitive, accepting, cooperative, and accessible caregiver is likely to be one who exhibits frequently high amounts of these stimulating behaviors, and the one-year-old child of such a caregiver is likely to be positively responsive to social stimulation, as well as accelerated in his/her cognitive, perceptual, and motor development.

Verbal Reflections and Mirroring of Infant's and Caregiver's Feelings and Actions

As noted earlier, research has demonstrated that there is a rela-tionship between the amount and duration of happy and affec-tionate talk that a caregiver directs towards an infant and the infant's psychological development. However, there has been little discussion of the specific content of that conversation and the possible effects that content might have beyond its general effect on infant vocalizations.

I believe, first, that a caregiver who can express verbally to the infant his/her own feelings, as well as comment upon those s/he infers that the child is experiencing, is acquiring much needed *practice* in behaviors that later will serve to communicate under-standing and acknowledgement to the toddler, pre-school and elementary-school aged child. I am not suggesting that the specific content of these verbal behaviors will affect the infant before nine

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[4] See Braga and Braga's *Children and Adults* (Prentice-Hall, 1976) for descriptions of a wide variety of mutual activities that caregivers can share with infants, toddlers, and older children.

months of age, beyond the general effects, noted above, that appear due to, or associated with their frequency, duration, and positive affective properties. I am arguing, however, that these early months of life provide caregivers with a magnificent opportunity continually to practice the expression of behaviors that might seem "silly" and "ridiculous" when addressed to an infant, *but* that theoretically will affect positively the motivation of toddlers and pre-schoolers and accelerate their acquisition of social and personal skills. I assume that toddlers and pre-schoolers continually will find that these imitated behaviors lead to positive outcomes when inter-acting with their caregivers, especially in need arousing, conflict or crisis situations, and that the use of these successful behaviors eventually will generalize to their activities with peers and other adults.

Eating

Ainsworth and Bell (1969) found that thorough-going and con-sistent demand feeding or "a schedule flexibly regulated by mothers highly sensitive to infant signals" was associated with the least amount of crying during feeding, a short duration of crying before feeding, and positive development, in general. Such prompt and responsive feeding clearly provides specific physiological need gratification, and prevents more than a minimum of physical pain from being experienced. I think it is useful for an infant who is in sight of a caregiver who is eating, to hear, as often as possible, the caregiver say sentences such as: "This is my fork, my spoon, and knife. When I eat, I hold the meat down with my fork, cut it with my knife, and pick it up with my fork and put the fork and meat in my mouth. See, I pick up food with my fork or spoon and place the food in my mouth and chew and swallow it. Watch my mouth and throat."

"This is my cup or glass. I pour milk in the cup and then slowly put the cup to my lips and drink from it."

"I like to eat with a fork and drink from a cup."

When the infant is drinking from a bottle or breast I recommend saying statements such as the following:

"You are so hungry. It feels good to have the nipple in your

mouth. You are sucking really hard. The milk goes into your mouth and you are swallowing it. The warm milk feels so good in your throat and stomach. You are feeling so full and satisfied and contented. I'm glad that I feed you and make you happy and contented."

And when their eyes close after eating: "You are so full and contented and have become sleepy. Eating makes you sleepy. You want to sleep now."

Similarly, when the child is capable of eating solid foods:

"This food is called (name the food). I'm putting some of it on the spoon. This food is (name color) and it is (soft, or hard, or sticky, or gooey, etc.) I think you might like it. I'm going to put the food and spoon in your mouth for you to taste now."

When in the mouth and eaten:

"That food tasted (salty, sweet, bitter, sour) and you liked it. It feels good inside your stomach."

If it is spit out:

"You didn't like that taste at all. You don't like it. I'll try to feed you two more spoonfuls. If you don't like after that I'll try a different food."

When the child is capable of touching or grasping and putting food into his/her mouth with his/her hands I recommend a spoon being available within reach. The following reflections seem appropriate:

"That food is (name food). It feels (. . .). It is . . . (in color). When you put it in your mouth it tastes good (or yucky). You like it."

If the infant spits it out:

"You didn't like that. Here try this food."

When the infant matures and attempts to put food on a spoon:

"You're trying to eat with a spoon. You are trying to put it on the spoon and to put the spoon with the food into your mouth. It's fun to try to eat with a spoon. You notice that I eat with a spoon and you want to eat like I do."

Just as the child should be observing caregivers making a point about eating from a fork or a spoon and drinking for a cup, when the child is capable of holding a cup, a cup with a little liquid in it always should be available for the infant to attempt drinking