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PARENTING FOR EMOTIONAL GROWTH: TEXTBOOK

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PARENTING FOR EMOTIONAL GROWTH:
A TEXTBOOK

Developed and written by the Staff of The Early Child Development Program, formerly from the Department of Psychiatry, The Medical College of Pennsylvania at The Eastern Pennsylvania Psychiatric Institute, Philadelphia, PA.

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PARENTING FOR EMOTIONAL GROWTH:
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TEXTBOOK

INTRODUCTORY UNIT

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***PARENTING FOR EMOTIONAL GROWTH:
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INTRODUCTION

To be a parent is among the most complicated and taxing jobs in the world. It is a serious, complex and demanding job. The fact is that more people work as parents, have the job of parenting, than do any other kind of work. Yet, as we all know, it is the one job which requires a great deal of technical knowledge and skills for which no formal training is required and no education is formally imparted. **We have found that there is much teachable knowledge and many teachable skills in parenting.**

Many people know, and yet too many do not, that the simplest tasks a parent performs for the baby, feeding, bathing, diapering, carry with them emotional experiences which have a profound effect on the developing personality of the infant. The effect does not stop with these tasks, nor with this infant. The gradually built up awareness of being a loved and valued person, will enhance the child's total personality and emotional development and will enable the child to become a loving parent in his/her turn. In parenting, probably more than in other jobs, there are reverberations down the generations, for better or for worse.

People know a great deal about raising children. This is especially so of those who have them. Species-preservative instincts -- both sexual and parenting ones --, identifications with (being like) our own parents and other adults we love and have loved and admired while growing up, are factors that powerfully influenced our almost "natural" capabilities to rear our children. This is why everyone seems to have opinions and even set views on how to handle a child who is fussing and causing embarrassment to his mother in the supermarket.

However, it should be known that enormously valuable resources such as our instincts, our family experiences, our traditional folkways are, we cannot always be sure that they will help us as we wish. For example, it is well known by child development specialists, clinicians in the mental health field, that our parenting instincts -- and there are some who argue against our having such instincts -- are generally modified if not interfered with by normal human experiencing, normal adaptive psychological repressions, and by our average expectable everyday experiencing. Even good family experiences may at times be unintentionally growth-inhibiting. And rich, as traditional folkways are, some of these also are growth-inhibiting and hurtful. Take for instance the dogma that "the woman must stay at home!"

Fifteen years of observation of pre-school children accompanying their mothers and infant siblings to developmental research and parent education groups, have shown us that little children have a very early and strong interest in babies and in parenting functions and roles. Our research and observations of these led to a collaborative pilot project with Germantown Friends School in Philadelphia. A flexible curriculum in education for parenting was set up, involving not only high school students, but also

children of elementary school and of kindergarten age. Included in this training were age-adjusted classroom studies in **parenting, human development, and child rearing**, which included especially **live laboratory** observations. The observations were provided in several ways. One of these (developed by Mrs. Sara Scattergood and her co-workers) was having an expectant mother meet with a class to share her knowledge and some of her experiences about the intrauterine development of the baby, as well as the parents' preparation for the new family member; then, the mother brought her baby to the class at intervals after so that its physical and emotional development could be observed and studied directly by the students. Students were also observers of a mother-infant group (led by our Medical College of Pennsylvania-Eastern Pennsylvania Psychiatric Institute Team [MCP-EPPI Team]) which met weekly at the school to discuss issues in parenting. The experience at Germantown Friends School and at a number of other schools made possible by Sara Scattergood and her collaborators, demonstrated dramatically that girls and boys at all age levels take the domain of parenting and its study seriously and with enthusiasm; they are eager to learn what babies and young children are like, and how to function as a mother or a father. It is the conviction of our Education for Parenting staff that there is a body of knowledge which can be shared, and can help these young people prepare better for this most important work.

This Textbook: The Emotional Sector of Parenting: Toward Rearing Emotionally Healthy Children

This Textbook is not a total Education for Parenting Curriculum. It does not address a number of important areas of concern for parents such as Home Economics with its many everyday concerns and functions; nor do we address normal physical development, its health and common ills; nor do we focus on the way children learn. This Textbook addresses that sector of human experience (and parenting) we know as mental health, or as emotional or psychological development. It is not a course on emotional disorders.

Also, this Textbook does not attempt to be definitive. We do not believe that the definitive textbook is feasible, certainly not now, and perhaps it never will be. One reason it cannot be done now is that human development is a young field study that is growing by leaps and bounds. It is a domain of study that is wide open, can only suffer by dogma, and seems to hold few axioms. Our position is that much is already known which had held up to testing and is essential information for parents to know. Therefore, this textbook can be highly serviceable, can be a basis for future work; but it is modifiable, and we hope that it will continue to be developed and revised as new information becomes available.

In addition, even in addressing only the sector that is emotional development, the contents entered in this textbook are incomplete. Many behaviors and explanatory concepts are not presented. We feel that it is not necessary to discuss every behavior or hypothesis known. We have found and believe that by making key observations and discussing common everyday behaviors and issues, the student will learn and become

equipped to observe, try to account for and understand all aspects of behavior, rearing, and parenting--even those they have not seen before.

Why Education for Parenting and Why Such Education for Children

In Chapter 1 we detail a number of reasons why Education for Parenting is warranted, why it can serve parents and future parents. Essentially, in the course of our work with parents and their children we have found that even good parents often do not understand well enough their children's behaviors and needs. As a result, to their dismay and at times their children's detriment, they are at times at a loss to know how to carry out their parenting in a growth-promoting way.

In the course of our work we have found that there is much factual information on matters essential to growth-promoting parenting which parents have not had the opportunity to learn which is readily teachable. And, we have found that many aspects of parenting can be taught and can be enhanced by it, much to the benefit of both parents and their children.

In presenting why such education should be imparted to children **from the early grades on**, we cite (1) the wishes parents have expressed for getting information about parenting **before** they become parents, (2) the knowledge mental health professionals have that young children are deeply interested in parenting, especially in its caretaking aspects, (3) the possibility that informing youth of the many difficult aspects of parenting may help to prevent premature teenage pregnancies, and (4) the fact that it is advantageous that education for parenting be assimilated over the course of years of thought and study. The implications of such education for the prevention of experience-derived emotional disorders are large. And finally, we also note that Educators at high administrative national levels have strongly endorsed the development of education for parenting programs over the past fifteen years.

A Laboratory Type Curriculum

The authors place much emphasis on the fact that this textbook serves a laboratory type of curriculum (See Parenting for Emotional Growth: A Curriculum for Students in Grades K thru 12). By this we mean that the students must be exposed to live observation of children and their parents to document and test the concepts contained in this textbook and curriculum. Much experience with parents and their children shows that direct observations tend to reveal more than most people expect to find in children. Such observations also train the student not only to observe better but also to make efforts to understand the meaning of the behavior they see, and help them test preferred explanations for that behavior. Also, much valuable theory is doubted and rejected by many people until they see it in the live child and parent.

Education for Parenting: Three Subdomains of Study

In the course of developing this work, our curriculum development team (which originally was constituted of 3 child psychiatrists-psychoanalysts, 3 social workers, and 3 teachers) came to recognize that, as a domain of study parenting is highly complex. Our task was both facilitated and better organized when we elected to compartmentalize some of the concepts and issues of parenting which we examined. We, therefore, proposed to catalogue issues and address them usefully in 3 subdomains: (1) parenthood, (2) human development, (3) child rearing, and methods. Although there of course is overlap and interplay among the three subdomains, each requires a different perspective and context which allows parenting to be better explained and better understood.

How We Present The Material In This Textbook and the Curriculum:

This curriculum consists of two parts: a **Textbook** and a set of **Lesson Plans** which includes a **Manual of Laboratory Observations** for the high school level. Our Lesson Plans are intended to be models only; teachers should tailor these according to their best judgment. There are Lesson Plans for all grades, from K thru 12. The authors' aim is to make the Lesson Plans and their contents correspond to the Units and Sections (Issues) in the Textbook. First, there are several introductory chapters, one on education for parenting and one for each subdomain, parenthood, human development, and child rearing.

Then, the main body of both Textbook and Lesson Plans consist of a set of **Units**, one for each stage of development through childhood and adolescence. These stages of development are consonant with and modeled on several well defined psychodynamic theories of child development, proposed respectively by Freud and Abraham, Erikson and Mahler. Other theoretical concepts and constructions can easily be introduced into this set of developmental periods.

Each **Unit** is a more or less defined developmental stage, most closely resembling the model proposed by Erikson. That is, Unit 1 addresses the first year of life; Unit 2 addresses the second and third years of life; then Unit 3 addresses the period extending from the fourth through the sixth year of life; Unit 4 is on the elementary school years, that is, from about 6 to 10; then Unit 5 addresses the prepubertal period, from 10 to 13 years; and finally, Unit 6 is on adolescence, from about 12 or 13 to about 19 or 20 years of age.

Each Unit of the Textbook and corresponding Lesson Plans addresses a series of **Issues** most relevant for that age period. Each **Issue** in turn is viewed from two standpoints: first from the vantage point of **human development**, then from that of **child rearing**, and where pertinent, also from that of **parenthood**.

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***PARENTING FOR EMOTIONAL GROWTH:
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INTRODUCTORY UNIT

CHAPTER 1

EDUCATION FOR PARENTING

Good and Not So Good Parenting

In all cultures and all times, there have been children who have grown up to be happily adjusted, contributing members of their society; there have been others who have grown up to be unhappy, unduly emotionally troubled and/or have caused serious problems to others. We assume that hereditary and constitutional factors do not account for all the differences between the two groups. Professionals concerned with such issues have long proposed that in most instances the parenting received by the first group differs in critical ways from that received by the second.

Beyond the parenting instinct with which we may be endowed, there are some parents who appear to be experts. They enjoy their jobs, solve well the complex snags and difficulties they bring, cope well with the frustrations, and turn out well adjusted, productive, and capable delightful children. Somehow they seem to know what to do in most situations. A new parent observing them could learn much. However, it is dismaying to find that the handling which has worked well with one mother and child, may not be successful when adopted by another mother and her infant. It even happens that the excellent advice given in "how-to-do-it" books may work with one parent and fail with another who may be equally intelligent and concerned.

Why does the seemingly same technique or tactic work well for one parent-child pair and not for another? Without covering all the issues at play, here are some reasons. One is that the effectiveness of what the parent does, which is responsible for the child's reaction, does not reside only in the actual maneuver carried out by the parent; much depends on **how**, **why**, and **when** the maneuver is carried out. Emotional attitude, rationale and timing are important factors that determine whether the tactic employed will succeed or fail.

Another reason, possibly the most basic, that makes for effective and growth-promoting parenting is that of "understanding the child". Understanding the meaning of the child's behavior gives the parent a positive and rational framework by which to determine what the parent can do to achieve a growth-promoting intervention; it makes good timing for an intervention not just a matter of chance, and also tends to enhance positively the parent's attitude. Not understanding the child makes parents rely too

heavily on trial and error child rearing -- and too many errors in these efforts can mount up to be costly.

Still another reason is that every parent-child relationship is unique, that it is the sum of many more variables and their combinations than we have heretofore assumed. Individual variations in temperament and patterns of development make it necessary that the parents become attuned to his/her own particular infant. For example, all children enjoy being played with by their parents. However, if one parent, observing the happy gurgling of his neighbor's baby when being lifted high into the air, does this same thing with his/her own, the child may burst into frightened tears. His/her own baby, on the other hand, may respond most cheerfully to a (richly meaningful) gentle peek-a-boo game.

Understanding the child's needs, experiencing and behavior being able to empathize with one's child, the child's temperament and patterns of development, parental emotional attitude, rationale and appropriate timing of parental interventions, are but a few of the many factors that make for success in child rearing and fulfilling parenting.

But, you may wonder, just what do we mean by "parenting"?

What is Parenting?

Definition: Parenting is the work a person performs which aims to establish and maintain an environment and conditions in which that person's child can achieve his/her optimal personality, emotional and physical development. It is a unique kind of work in which the parent and the child interact mutually, and where it succeeds, both parent and child thrive and grow. It is unique because we experience this work differently from whatever other work we do. It is also unique because the subject of this work, the child, is valued in a specific and special way by parents.

The work of parenting is serious, complex, and demanding. While it is governed by stable principles and conditions, the work of parenting is in a continuing state of change, indeed, it evolves; this is because of the fact that as the child grows, parenting functions change according to the status of the child's developmental needs and adaptive capabilities.

Parenting is a Serious, Complex, and Demanding Job

Serious:

Parenting is a serious job by virtue of several factors. First of all, a human life depends on it. Human development is importantly influenced by the parents, by the way the parents exercise their parenting functions. It is especially important to recognize that the human personality is structured in its basic forms in early childhood. The first six years of life are believed by most child development specialists to be the most important for the development of the personality because it is the period during which the foundation and basic elements of the personality are established. Although highly important developments do occur after 6 years of age, basic personality patterns become

quite stable and can be changed only by rather important experiences and extreme conditions.

Secondly, parenting is a serious job because one can do a great deal of good in rearing children and equally one can do a great deal of harm. Often, unfortunately, harm is done without meaning to do so by parents who love their children and who want the best for them. This harm is done simply because even well meaning parents often do not understand their children's needs, nor their children's behaviors. One is tempted to ask how it is that parents who were once children themselves at times do not understand their own children whom they love? Because human development brings with it many pressures to do things, many wishes, many fantasies which the child himself/herself disapproves of, much of our early life experience is pushed out of awareness, that is, it is repressed, it is made unconscious. For example, when a child experiences hate toward a much loved person, the child experiences that hate as an undesirable and frightening feeling and may suppress, deny, or repress it in order to not be aware of experiencing that feeling. It is especially on the basis of such rejection of one's own feelings, fantasies, and wishes--which we all experience in childhood--that much childhood experience is repressed or made unconscious. This makes our past feelings, fantasies and experiences seemingly unrememberable. Because of this, many parents do not remember much that they felt, wished, fantasized, and thought when they were young children, and are thereby robbed of feeling and knowing what the average, normal, healthy young child experiences.

Thirdly, parenting is a serious job as viewed from the following vantage point. If the development of every single human individual is dependent on the character and quality of the parenting she/he experiences, and society is made up of individual human beings, we can see by induction that the character of society is determined significantly by the parenting we do. In this sense, we can say that civilization is in the hands of parents. It was pointed out by Sigmund Freud that parents are the representatives of civilization to their children. For these reasons, and still others, parenting is extremely serious work.

Complex:

Human parenting is a complex job because the task of parenting is carried out on an organism that is extremely complex. Although human beings all have similar basic physical, psychological and emotional needs, similar fundamental internal pressures, conscious and unconscious fantasies and wishes; nonetheless, within the framework of these similarities there is a great range of individual variations. The variations from one person to another, from one child to another, have to be recognized and understood by parents.

In this sense, not all children experience their basic physical, psychological and emotional needs in the same way, to the same degree, with the same frequency at the same rate of needing gratification. Some children, for example, are much more active than others from birth on. Some children, from birth on, have a much lower frustration tolerance than others. This type of child will experience waiting for mother to prepare to

feed her/him with much greater difficulty, experiencing much more quickly rising tension and pain; that child will experience the waiting with more turmoil, and the mother will feel pressured by the infant's higher-level of demandingness and tend to fulfill her function of feeding more quickly than with a quieter, calmer child. Some children at the other extreme of inborn temperament may be unusually slow in their demand for gratification of their needs. They tend to experience their needs very slowly and may indeed suffer from too slow a demandingness, and an experienced talented mother will recognize the need to encourage such a child to be more active and, in some children, even to feed earlier than the child may demand.

Another complexity is that although children follow **the same basic patterns** of physical, psychological and emotional development, one phase of development following another **in the same sequence** in all children, the individual **schedule**, or the timing, of phase progression and development will vary from one child to the next. In fact, we can only speak of **ranges** of normal development for any one particular aspect of physical, psychological or emotional development to take place. One child may, for example, begin to walk quite normally at 9 or 10 months of age; another equally normal child may begin to walk at 12 or 16 months of age. In this sense every child has his/her own schedule of maturation, most within a normal range.

As was mentioned earlier, human parenting is made especially complex by the fact that growth brings with it continually changing conditions for parenting. For instance, you cannot parent or deal with a 3 month old infant as you have to deal with a 3 year old child; nor can you deal with a 3 year old child as with an 8 year old, or a 17 year old. In this sense, when we say that human beings are dependent on another human being during the entire course of life, we obviously do not mean that the one year old child is dependent in the same way and for the same functions on another human being as is a 12 year old child or a 20 year old, 35 year old, or a 70 year old person.

Of all mammals, the human infant is considered the most immature and helpless at birth. His or her childhood and adolescence is the most prolonged among mammals. Humans are also considered the most complex class among animals. Because of that prolonged childhood helplessness and dependence, human parenting has to be carried out for nearly 2 decades, during which enormous growth occurs, from infancy to late adolescence. Because growth brings with it continually changing conditions for parenting, requiring continually evolving forms of parenting functions, the task is complex and difficult.

Another critical factor that adds to the complexity of parenting is that a parent has to sort out what is going on in the child and act in different ways, depending on the different conditions governing the child's behavior and needs at a given moment. In this sense, in limit setting for instance, a parent at one moment has to know to be lenient, and at another moment to hold the line. Another complexity is in having to weigh the needs of a given situation, for example, deciding whether the parent will play with a child at a given time, or have to say that he/she is busy now and cannot give the child the attention the child now seems to need. It is not always easy to sort out one's priorities.

Another common complexity in parenting arises out of the parents' need often to deal with more than one child at a time. Also making it complex, is the fact that the

parent at times functions as an individual with relation to a child, and at other times functions as one of a pair of parents. In this, many times loving and mutually respecting parents may disagree on how to handle a given situation; although this can be resolved, it too adds difficulty to the work of parenting.

Demanding:

As everyone knows, parenting work is a 24 hour a day responsibility. It is especially demanding for the parent, usually the mother, who stays home with the child and has the larger share of responsibility in taking care of a child during the day. Even when a parent does not spend so many hours a day at it, the work carries with it the unique emotional ingredient that what the parent does affects her/his own child directly. This means that although most of us are concerned with the quality of the work we do, no other job has the feature of having a direct impact on someone in whom we emotionally invest so much as one does in one's own child. The degree to which parents can be objective in their functions of parenting is known to be limited. Whereas one can be objective about working with a case in court, or repairing an automobile, or teaching students in class, or driving a truck, or delivering mail, and want to do a good job, in none of these instances do we experience the kind of emotional investment in the end product of the job as in parenting. In very few instances do we feel as much shame, guilt, and responsibility as when we do, or think we do, an unsatisfactory job in parenting our own children.

Another factor that makes parenting a demanding job is that a great deal of factual information is required for dealing well with one's child. One must know facts about a child's needs, about a child's development, about what is appropriate and what is not appropriate, what is growth-promoting and what is growth-disturbing. Although the great amount of **knowledge** that parents must have makes their job a demanding one, not having that knowledge makes it even more difficult for parents to meet their responsibilities.

In addition to knowledge, parenting also requires **skills**. In addition to knowing much about children's development and needs, one must also be able to carry out our parenting functions in effective and constructive ways. At times parents understand some elements of child development but are at a loss to know how to best handle these with regard to their child.

Parenting is further demanding in that it requires a great deal of **patience**, and that no one has enough patience all the time in dealing with one's own child. A large part of this comes from the fact that one's child, makes demands of an emotional nature which increase the fear of making mistakes. The parent may be anxious and then uncertain about the child's demands. This makes the parent less self-assured and more vulnerable to not having enough patience. The demand for patience is so great, that we can categorically say that no parent has enough patience to always deal optimally with his/her child.

In addition to the enormous demands for patience, parenting often also requires **putting off or bypassing the gratification of some of the parent's own needs**. In

performing effectively as a parent, it is essential to weigh the degree to which the parents' needs should be gratified along with evaluating what the child's needs are at a given moment. Where the parent can judge appropriately the intensity of his/her own needs in comparison with the status of the child's need at a given time, that parent may often find that she/he will have to forego the gratification of his/her own needs because the needs of the young child just then are more intense. A general guideline is that the smaller the child, the greater is her/his needs for gratification by the parent. It is very important, however, to give **due attention and weight to the needs of the parents**; this is so even with very young children.

Because human beings tend to identify with those we love, parents quite normally to a greater or lesser degree identify with their own children. As a result, as parents we gain much pleasure from seeing our children do well, from seeing our children enjoy reasonable pleasures and be comfortable. At the same time, normal, healthy parents also tend to experience their children's pains and disappointments because of the identification they inevitably make with their own children.

Thus can see that parenting is not only a serious, complex, and demanding job, but that it is a very important job. If a loved human being's entire life, her/his well-being and pains, depend on it; if the well-being or ill-health of societies and the course of civilization depend on it; and if this job requires so much hard work, then certainly, it is an important job.

How is it, then, one wonders, that being a parent, so often is under-estimated in its importance and is undervalued? Many a woman who works hard at home rearing her children often feels that what she is doing is not enough. We still too often hear a woman say "I'm only a housewife". We still find too many men who assume that their responsibilities as fathers are not important, and may, in fact, deny they have such responsibilities and, in far too many instances, shirk them.

It is reasonable to point out that parenting can be a very gratifying job. As we said earlier, because the normal parent identifies with her/his child, when children do well it brings parents a great deal of pleasure and gratification. In addition, a job well done usually brings gratification to the person doing it. This can be readily experienced with regard to one's children as one sees them grow well. The crowning gratification in parenting generally comes to those who parent well. It is that good parenting leads to a significant sense of well-being in the normal child and it is that child who will, in due time, love and respect her/his parents.

Why Education for Parenting?

In the course of many years of observations of parents and their young children in natural interaction in parent-child groups, we have often found that even good mothers and fathers too often do not understand their children's needs and behaviors. As a result, parents frequently cannot evaluate which of their child's demands ought to be gratified and which benevolently frustrated. Perhaps 20 times a day a mother may have to decide between alternatives in handling her child's behavior without an assured feeling that the alternative she selects is a good one for her child at a given time. Of course many parents

have an excellent intuitive feel of what is good and not good for their children. This comes particularly to those who can feel within themselves the residua of their own childhood yearnings, as well as their own past growth-promoting and growth-inhibiting experiences.

Over many years of working with parents and their children, we have found that the job of parenting can be facilitated much more than both parents and concerned (mental health) professionals have realized. We have learned that **there is much factual information on matters essential to a child's good emotional (mental) health and development which parents lack and which is readily teachable.** For example, we have many times found gross misunderstanding of what **thumb-sucking** is all about, what **transitional objects** (as security blankets) do for children, what **stranger anxiety** and **separation anxiety** mean, how a child becomes a self and begins to form relationships (what the separation-individuation process achieves). Many parents know nothing about the **childhood family romance** (the Oedipus complex), what it does **for** and **to** children, how important it is to the development of morality, social conduct, and the ability to form good love relationships. Many parents do not know whether these ubiquitous phenomena are good, bad, or indifferent; nor do they know how to deal with undesirable as well as desirable elements in them.

No less surprising than the realization that a large pool of factual information should and can be made available to parents, we also learned that the average parent can be taught to understand basic facts of human emotional development, the principles that govern that development (psychodynamics), and can use such principles to guide their child rearing efforts and their parenting functions. In fact, we have found parents to be a highly motivated group of students. They, perhaps more than anyone else, know that love alone does not secure optimal enough parenting. In addition to parental love and sufficient freedom from oppressive problems, growth-promoting parenting also requires a working understanding of the nature of the child's changing needs, of her/his emotional-psychological functioning (psychodynamics) and development. In addition, it requires the achievement of **methods** and **skills** in child-rearing based on an understanding of developmentally evolving psychodynamics, and on the ability to determine **what is growth-promoting and what is growth-disturbing.**

Why Education for Parenting *for Children*?

You may wonder, "Why education for parenting **for school age children**, well before they become parents?" In the course of our work with parents, we found that they often expressed distress at not having learned earlier--about child development, the meaning of certain everyday behaviors, ways of handling puzzling or difficult or painful behaviors and events--what they were learning now. Their complaints were not trivial. They repeatedly let us know that their increasing understanding of their children made them realize that some of their past perceptions and modes of handling may have been growth-disturbing if not detrimental to their children's adaption and growth; they have often expressed the wish that they had had such instruction earlier.

But it was not just the parents' expressions that informed us of the usefulness for parents of such instruction in parenting. It also became clear that these mothers and fathers would have done better had they known some of the basic parenting facts from the beginning! Gradually we came to think that we should offer instruction before adults become parents, perhaps long before they become parents.

Mental health professionals have found that from their early years, well before kindergarten years, children show much evidence of a large interest in someday becoming a parent. Young children do not just "play" house; they experience it. And they do so seriously, a point often missed by most parents. This knowledge also contributed importantly to our thinking of education for parenting for school age children.

Also well known to all is that many teenagers, including very young ones, become mothers and fathers under the most adverse of conditions, often well before they are emotionally and economically ready to be parents, and at a time when the tasks of self-development of adolescence demand most of their energies and emotional resources. Most become parents for the wrong reasons, commonly to gratify their own dependency needs, to avoid loneliness and their own inner pressures to individuate. And they then discover that it does not work out the way they hoped it would. One cannot but wonder if knowing more about children and about the rigorous demands of child rearing might not reasonably discourage the teenager from trying to solve her/his problems by having a baby.

But perhaps the greatest thrust to our undertaking the development of an education for parenting curriculum that would address the psychological and emotional development of children comes from the conviction of our Early Child Development Program team that **education for parenting may well be the widest and most direct avenue to the prevention of many crippling emotional disorders in children and hence also in adults** (Parens, 1975, 1988). From 1976 on, our Early Child Development Program staff in collaboration with staff from the Germantown Friends School set out to study the feasibility and to develop such a curriculum for school age children, starting in the earliest grades. As mental health clinicians we know that the younger student is quite accessible to learning materials pertinent to parenting, indeed, despite some obstacles to revealing it, they have a great interest in that domain of experience and information. Although our own convictions on this matter are firm, it was helpful that in a personal communication with Anna Freud (educator and most distinguished child psychoanalyst) in 1978, Miss Freud encouraged our efforts and endorsed our view that the younger child is more receptive to parenting material, and that resistance to it is much greater in adolescents (Parens, 1988).

Thus from the early-1970s, the conviction grew among our staff that, albeit not without difficulty, formal education for parenting for school age children would be feasible and a highly promising undertaking. The thought became progressively more convincing that although we would encounter resistance, we should press for such formal parenting education to be instituted in the mainstream of our children's education.

In the course of this work, we then learned that for some years now there has been a vigorous call for education for parenting from national level **education** administrators.

According to Julie Currie (1978), S. P. Marland, Assistant Secretary for Education, HEW, in 1973 deplored the serious "consequences visited on children whose misfortune it was to be born to parents who lack even a rudimentary understanding of the emotional, nutritional, and early learning needs of the young. The condition (Marland asserted) is by no means limited to the economically disadvantaged. . . . We must strengthen the capacity of our schools and other community organizations to instruct young men and women --particularly teenagers--in the techniques and responsibilities of motherhood and fatherhood" (1973, p.3). Also, in 1975, T.H. Bell, U.S. Commissioner of Education, said that "Parenthood training must be made available to all young people -- teenage parents or just parents to be. We educators (he went on, must). . . assure that every youngster graduating from high school is competent to be a parent" (1975, unpubl.).

In 1978 in Philadelphia, Stanley Kruger, of the Department of Education-HEW, called for the development of education for parenting programs **interdisciplinary** in content and character. He called for the **collaboration of disciplines** whose domains of study and knowledge are relevant to education for parenting.

An exciting phenomenon was taking place. There was a growing recognition of the need for and, we now know, of the feasibility of formally teaching children about all aspects of parenting. Our Germantown Friends School project has made this amply clear (Parens, 1988). So has the school-based work of Sara Scattergood and Julie Curry that followed from their original start in our (MCP-EPPI Team) Education for Parenting project. Sara Scattergood's work has culminated in a module formatted curriculum for grades K thru 6, *Learning About Parenting* (Heath, Scattergood, & Meyers, 1983, revised 1988) which has been in public and private schools since the early 1980s. There are now also numerous other education for parenting courses of all kinds (many do **not** include mental health and constructive adaptation aspects), of highly variable duration (e.g., from 3-hour courses to courses of many more hours), offered in neighborhood community centers, and in some instances in high schools and in a few instances in junior high schools.

For the reasons we briefly stated before, the materials contained in this curriculum are intended to be developed into grade-appropriate courses for students **from grades K through 12**. The wealth of good mental health promoting information already available in psychiatry and psychology, the need for and advantage of children learning gradually, progressively about all aspects of parenting, including we emphasize **the optimizing of children's mental health and ability to adapt constructively**, the fact that young children are eager students of parenting, all point to the feasibility and wisdom of starting such education in the earliest school years.

What is Parenting Education for Emotional Growth?

What do we mean by **education** for parenting? We do not mean that one can instruct a student how to love a child. We can only teach that loving a child is essential to that child's well-being. We cannot teach students to respect a child. We can teach the student that being respected helps the child develop a sense of being respectable, worthwhile and lovable. We can only give students **information**, teach them **to study**

and observe their subjects (children and their parents) well, to let themselves resonate with their child-subjects' and their parent-subjects' behaviors and experiencing, and to **test explanatory concepts** as these are made available to them, in laboratory method, in the face of any given behavior.

Nor does education for parenting mean that any effort should be made to convince students that they should have children, that they should plan to someday be a parent.

To teach parenting is a complex undertaking. As a **domain of study**, parenting is vast. It can be usefully organized into **3 subdomains** of study: (1) parenthood, (2) human development, and (3) child rearing. It is important to bear in mind the overlapping and interplay between these subdomains. Many issues, if indeed not most, pertaining to the child's behavior, experiencing and needs can and should be considered from the vantage point of each perspective, that of parenthood, human development, and child rearing. We find that to examine behaviors in the context of any one of these subdomains requires the student to look and consider any given behavior from the perspective specific for each. This looking at an issue from two or three different vantage points makes for greater clarity and leads to better understanding of the issues and the tasks of parenting. For example, one can consider limit setting from the perspective of human development, from that of child rearing, and from that of parenthood, and in each instance discuss a different aspect of the same issue.

What do we have in mind when we think of **parenthood**? What information does the subdomain of parenthood contain? It contains that which pertains directly to becoming and being a parent. For instance, what motivates us to become parents? What makes parents different for the child from other persons in the child's life, such as friends, teachers, etc? Are there differences between males and females in parenting? Is it harmful for a mother to work outside the home when she has young children? Questions as these and many more pertain to being a parent without addressing human development or child rearing. Some, on the other hand, do also pertain to human development and child rearing, such as nurturing, limit setting, the development of self and human relationships.

What do we have in mind when we think of **human development**? In this curriculum we will address only that sector of development which pertains to psychological, emotional and cognitive, development with special emphasis on the development of adaptive capabilities. The development of one's personality, and one's emotional life begins at birth, if not before. From their first days of life, infants already show personality traits that may stay with them forever. Some of these traits are constitutional (inborn). Also from the very beginning, the experiences the infant has will significantly determine the infant's reactions, their patterning and stabilization. Much information is already available on the richly varied issues that constitute personality, emotional and cognitive development.

When can one expect certain capabilities to emerge? How, and in what sequences do specific aspects of personality and our emotional lives develop? When can a child begin to feel love? When can a young child be expected to understand what she/he is told? Do all young children suck their thumbs? Become upset when mother leaves to go for an appointment? Become afraid at night? Become angry when the parents have a

new baby? Why do these things happen? Is it normal for a child to touch his/her genitals? To want to have a baby? And, many more questions puzzle parents and students who observe young children.

Human development begins from the time of conception and continues through the entire life cycle. Considering only psychological and personality development, there is a voluminous amount of information currently organized into a number of human development theories. That store of information is constantly growing. Theories are being tested and modified as findings dictate; old theories that are challenged by new findings will in time be set aside.

What do we have in mind when we think of **child rearing**? The ultimate task of parenting is child rearing. It has become very clear in the field of Mental Health that parenting can be **growth-promoting** and that it can be **growth-inhibiting** and even **growth-destructive**. We define growth-promoting parenting as **parenting which optimizes the development of the child's mental and physical health and her or his abilities to adapt constructively**. What do I do when my child cries, bites another child, does not want to go to bed or eat the food I give him or her? **How** do I deal with each of these in a growth-promoting way? The questions are numerous, the challenge to parents enormous. These questions, these challenges start with the child's birth and continue through adolescence unabated. The answers are not simple, for the most part. The child's age, temperament, state, mood, and other factors, all determine how any one behavior might best be dealt with. All in all, the content of this complex subdomain may be larger than the other two, but much less is written about it.

Education for parenting aims at providing **information** pertaining to its three subdomains, teaching, and training the student to observe all aspects of behavior in children and adolescents, to try to infer the meaning of the behavior, to develop strategies and skills in growth-promoting child rearing, and to put parenting in its proper context in the scheme of their lives.

Why A Laboratory Type Curriculum?

We have learned much about education for parenting in the parent-child groups of our Early Child Development Program. These parent-child groups are made up of 6 to 8 mothers, and fathers when possible, along with their young children. In these weekly groups, we found enormous advantages in addressing parenting issues when they arose out of some behavior in the children which puzzled the parents. Observing the behavior makes the explanatory concept easier to grasp and to be grasped more clearly. It is better, we have found, to let the behavior talk, so to speak, to let the behavior raise questions and to discuss these and present theoretical concepts, based on the situation they have just experienced. Important behaviors repeat themselves and are readily accessible to the trained eye. This fact provides the opportunity for parents and students to test the explanations given by the instructors, especially when parents and students are encouraged to do so. It became clear over time that some developmental concepts would not have been understood or accepted by the mothers and fathers if they had been presented just as theory. We can argue theory much more easily than we can facts,

indeed, that is how it should be. After all, our interest really lies in the behavior, what it means and how to deal with it, not in the theory itself. Therefore, direct observations of children and their parents we found to be the best way to learn about them and their interactions and relationships about parenting.

In addition, we have found that to observe behavior leads to the need for explanations; to focus on a piece of behavior, to see its manifestations, and to see these in the context of a sequence of events, gives opportunities to test explanations. This process elicits thinking on the part of the observer. Important as well, is the fact that observing behavior narrows the possibilities as well as the range of disagreements, of opinion; we all know only too well that everyone has her/his own opinion about parenting! To simply present materials pertaining to parenting didactically, makes for an interesting intellectual exercise, but also for endless and not always fruitful debates. Learning is much enhanced when didactic materials, hypotheses and theories, can be tested by seeing children and their parents in actions.

We have also found that parents (and students as well) have expressed amazement at discovering that their children feel, experience, think, and remember much more and much earlier than they had realized. In other words, observing live children with their parents opens one's eyes to the richness of early life experience; this brings with it greater understanding of what "goes on" in young children. And of course, seeing the live material makes discussions and reading of didactic materials come to life and become more understandable.

In working with parents we have also found that they at times do not recognize certain behaviors for what they are. For example, some parents do not recognize anxiety in their children, and may believe that the child is being manipulative.

Very important also, is the fact that parents (and students) at times would not bring up certain every child, everyday issues if these did not appear in behavior, such as temper tantrums, the child's manipulation of his/her genitals (infantile masturbation). The unfavorable consequence of this is that certain erroneous ideas people have about what is normal and not normal would not get examined and erroneous thinking would be perpetuated.

These are only a few of the reasons why education for parenting courses ought to be of a laboratory type. Consider why educators teach biology, chemistry, and physics by means of laboratory observations. Although there are differences, in large part the same principles apply to the teaching of parenting.

The Textbook and the Curriculum

Parenting is a job which significantly determines the well-being of society and each individual in it. Since a high percentage of students will become parents and we cannot predict who will and who will not, all students should be required to learn about this subject. This curriculum attempts to guide the students of all grade levels to learn about parenting.

The entire domain of study that is parenting is presented in this textbook and the curriculum by addressing each of its three subdomains individually and inter-relatedly. Parenting is the sum, and more, of these subdomains of study.

The textbook and its curriculum proceed on two parallel tracts; the didactic tract detailed in the **Textbook** and the classroom curriculum containing the **Lesson Plans** with a **Laboratory Component** for all grades; the Lesson Plans for grades 9 and up, are supplemented with a detailed **Manual of Laboratory Observations**. Much emphasis is placed on the importance of the laboratory tract, especially on **live observations** of children and their parents. Indeed, for reasons given above, the writers' of this curriculum consider it invalid without its laboratory component.

The Textbook starts with several introductory chapters each detailing general principles pertaining to each subdomain, parenthood, human development, and child rearing. The Laboratory Manual opens with principles of observation; how to look; what to look at and what to look for; and how to infer from what is seen, that is, empathic observation and the making of assumptions.

Then, the core component of the Textbook and Lesson Plans (including the Laboratory Manual) consist of **a series of Units**, one devoted to each period of development subdivided according to certain established theoretical concepts from conception and birth through adolescence. Although human development continues into old age and will be briefly addressed in the chapter on human development, the stages beyond adolescence will not be detailed nor set up for laboratory observation since they do not pertain to parenting.

The age periods into which parenting from conception to adolescence is subdivided in this curriculum are modeled on the confluence of several well-defined and established psychodynamic theories of human (especially child) development proposed respectively by Sigmund Freud and Karl Abraham, by Erik Erikson and by Margaret S. Mahler. Our subdivisions come closest to those used by Erik Erikson. Other theories, like those of Rene Spitz and John Bowlby on attachment, and that of Piaget on cognitive development are integrated into the text and lesson plans materials. Much is also incorporated from the work on aggression of Henri Parens and his collaborators. Any other theoretical models and materials can easily be introduced into this sequence of developmental periods. We do not assume this present draft to be a final word on any subject it addresses.

Each Unit addresses one well defined stage of development in terms of major developmental concepts that characterize it. It is important to emphasize that the figures (in months or years) given are not concrete age landmarks, but are only suggestive, and will vary from child to child without implied bias. As we shall detail in Chapter 3 of this Introductory Unit, children have their own schedule of development although they all grow in the same sequence of developmental stages.

The first Unit, Unit 1 of the Textbook (and the Lesson Plans and Lab Manual for high school years) is on the first year of life. Unit 2 on the second and third years. Then, there is one Unit for each of the periods extending from the fourth through the sixth year, one for the period from about six to ten years of age, the elementary school years, Unit 5

addresses the 10 to 13 years period, and finally, Unit 6 is on adolescence extending from about 12/13 to 19/20 years of age.

In both the Textbook and the Curriculum (Lesson Plans), each Unit consists of several subsections; one on certain aspects of physical development, one each on various aspects of emotional and behavioral development. This segmentation is artificial since psychological development is one complex evolving phenomenon, but it is divided to make clearer, to facilitate and to enrich the students' study of this complicated subject.

Each subsection then, consists of key specific **issues** predominantly encountered by parents during each developmental period. For example, in Unit 1 on the first year of life, the subsection under emotional and behavior development on "adaptive capabilities" consists of the following issues: 1) sleep-wake states and patterning, 2) feeding experiences, 3) crying, 4) affects, 5) attachment, and 6) exploratory (sensorimotor) activities, limit setting. Subsections under emotional and behavioral development follow consisting of the following issues: 1) basic trust and mistrust, 2) oral activity, 3) aggressive activity, 4) dependence and self reliance, and 5) the development of the self and human relations.

Each issue, in both Textbook and in the Lesson Plans (including the Lab Manual), is addressed specifically from two vantage points: from the perspective of human development and that of child rearing. In some instances, issues are also examined from the perspective of parenthood.

Some issues pertain only to one developmental period, that in which it is presented. Other issues, indeed most of them, also pertain to other developmental periods but will usually not be repeated in all the chapters where they are pertinent. The authors of Parenting for Emotional Growth: A Textbook and A Curriculum believe the student will carry what she/he learns into the chapters where the issues in question apply.

Again we emphasize that this textbook and the curriculum are incomplete. Because these cannot do so, they does not attempt to detail or discuss all aspects of parenting. The authors feel that if cardinal issues are addressed in each developmental period, leaving some gaps will not detract from productive and effective work of parenting.

***PARENTING FOR EMOTIONAL GROWTH:
A TEXTBOOK***

INTRODUCTORY UNIT

CHAPTER 2

PARENTHOOD

Definition: What are we to make of the fact that Webster's massive New Informational Dictionary (1925, based on the International Dictionary of 1890 and 1900) defines parenthood so briefly and meaninglessly: "n. State or relation of a parent; the office or character of a parent" (p. 1567). In Webster's New World Dictionary, the Second College Edition (1972), parenthood is not defined at all.

We would define **parenthood** as a state of being a parent, a state of having begotten one's own or adopted children, which brings with it the enormous responsibility and difficult work of parenting. In Chapter 1 we defined and discussed briefly what the work of parenting is and what it entails. Some professionals also define parenthood as a **process** or as a **phase of human development** (Panel Report, 1975).

Parenthood as a Phase of Human Development

Parenthood is considered by some mental health professionals to be a phase of development because it is the culmination of a major aspect of one normal line of development, the potential for which exists in all human beings. That line of development has been defined by psychoanalytic theorists as "psychosexual development". The propositions formulated by psychoanalysts of this line of development detail the normal course of the psychological aspects of sexual development in humans. It begins in the first years of life in a constellation of experiences identified as the Oedipus complex; psychoanalysts propose that these experiences are determined by biological maturation and processes as well as psychologic events which according to this theory occur in all normal children.' This is considered to be the first phase of the psychological axis of normal sexual development.

For our purposes here, we can say that the second major phase of psychosexual development is well known to all of us: that of adolescence. It is characterized by

remarkable biological and psychological developments. This second major developmental phase introduces with it the biological capability for reproduction, and therefore, the biological capability for parenthood. However, as we shall detail in the chapter on adolescence, with regard to the capability for parenthood, in adolescence biological and psychological developments do not unfold in parallel or equivalently. Although the biological capability for parenthood emerges commonly in early adolescence, the psychological developmental tasks of adolescence -- at this stage in the development of civilization -- run counter to the psychological capability for parenthood. As a result, although the average healthy adolescent is **biologically** capable of parenthood, she or he is generally **not psychologically** capable of being a parent. The demands of parenthood are such that to fulfill them, the adolescent would have to sacrifice the fulfillment of other developmental tasks uniquely appropriate to that period of one's life.

Adult sexuality develops dramatically during adolescence and usually now-a-days culminates in young adulthood, in the psychological capability for stable sexual-love relationships and parenthood (family formation). Some psychoanalysts propose that these achievements are the adult stage and aim of the sexual drive: namely, the preservation of the species. It is well to underline that whatever people make of sexuality in their individual lives, the evolutionary function and aim of the sexual drive is the preservation of the species. The fulfillment of this aim is, of course, not obligatory. From the psychological standpoint, under optimal conditions, psychosexual development culminates in parenthood. In this context parenthood can be viewed as an adult phase of psychosexual development. This does not mean, however, that in order to be a healthy individual, everyone must become a parent. Humans can adjust well to alternative developments than those seemingly prescribed by biology. Many healthy and productive adults do not become parents -- with no detriment to themselves or others.

Parenthood as a Developmental Process

Some human development specialists propose that parenthood is a developmental process. Two principle reasons are given for this view. First, in Chapter 1, when we defined parenting, we said that it evolves, that it is in a continuing state of change. This is due to the fact that as the child grows, moves from one developmental phase to the next, parenting functions change according to the status of the child's developmental needs and adaptive capabilities. As we noted before (Chapter 1) a parent cannot deal with a 3 month old as with a 3 year old; nor with a 3 year old as with an 8 or 17 year old. In this sense, for instance, the universal dependence that exists in humans differs at sequential developmental phases; in consequence we experience different needs and experience them differently and, therefore, make different demands on those around us.

The second reason is probably the most responsible for the proposition that parenthood is a developmental process during which the parent grows in parallel with the child's passing from one phase of development to the next. That is, parenting brings with it the parent's reliving aspects of her or his own childhood, each phase of the child's development activating experiences and memories within the parent, of the parent's own parallel past developmental phase. This phenomenon is inevitable and is produced by the highly desirable fact that we identify with those we value emotionally, which especially applies to our children. The identifications with our children bring the opportunity for the parents to rework and further resolve old conflicts from their own past experiences (and developments) which occurred during the phase of development currently experienced by the child. This psychic work of further resolving old, residual conflicts leads to further growth in the parent as an individual. For this reason especially, therefore, parenthood is considered a developmental process.

From a recent think-tank psychiatric publication (Panel Report, 1975), comes the proposition that parenthood can be regarded as consisting of 4 stages: an anticipatory stage which may start in childhood and extends through pregnancy; a honeymoon stage from birth through the early months; a plateau stage from infancy through adolescence; and a disengagement stage which leads up to the point of the child's marriage. Can this be right? Does a person anticipate becoming a parent so far back as in childhood? What motivates most people to become parents?

Motivations For Parenthood

The motivation for parenthood can be catalogued to arise from three principal factors: 1) There is a primary (inborn) motivation which derives from biological forces represented psychologically in the individual by an instinctual drive and innately programmed adaptive mechanisms to preserve the species. This drive, the sexual drive, complemented by innately programmed adaptive mechanisms form one of the most powerful internal forces that motivates much of human activity and serves the primary function of preserving the species by insuring reproduction.

2) A second motivational force, which is of an acquired, experiential kind, evolves from one's inner psychological processes. This motivation is especially influenced by one's early childhood experiences, including especially how, as children, we achieve psychological individuality and stabilize our relationships to other human beings. In addition, how well we resolve the normal conflict arising out of our family romance (Oedipus complex) also plays a large part in shaping this motivation.

3) The other large force which influences our motivation to become a parent comes from familial, cultural, and societal sources. This third force which may both increase or decrease one's motivation toward parenthood, is distinguished from the

second in that it represents influences that arise strictly from outside the self, whereas the second force arises from within the self albeit in the context of our relationships with others.

These three motivating factors will be discussed in detail in the chapters that follow.

WHAT MAKES THE MOTHER ATTACH TO HER CHILD?

The mother's attachment to her child is created by a number of forces that impinge on her physically and emotionally. Some of these forces arise from within the mother, that is, forces with which we are all equipped at birth, although they will not become manifest until a given point in maturation. For example, puberty is already determined and scheduled to occur at a given-time according to the maturational program with which the child is born. Maturational forces as those that propel the emergence of puberty or of mother-attachment behavior are activated in such a manner that the sequence of development they induce is the same in all human beings.

Other forces that will affect the mother's attachment to her child arise from that mother's life experiences. Some of them arise from the external environment and the society in which the mother lives. Some of these will be detailed now.

There is a Psychobiological Need to Attach Emotionally to Other Human Beings

Child development specialists and students of human behavior of a variety of schools of thought, believe-that there is a force within each of us that creates a need for and leads us to attach emotionally to certain human beings who thereby become valued by us. Konrad Lorenz and a number of ethologists have described this tendency to attach in other living species as well. We can assume that the aim of this tendency is to insure the preservation of one's own species. This kind of force underlies the instinctive mechanisms described by Lorenz and Hess as **imprinting**, and as **primary socialization** by J . P. Scott. John Bowlby, a psychoanalyst, believed that such **attachment** instinctive mechanisms were also active in human beings. Most psychoanalysts, though, describe this force differently and have labeled it the **libido**. By whatever name, a biological bond-forming force is generally acknowledged to operate in humans which brings about an emotional attachment to another. Most psychoanalysts view the libido as an **instinctual drive**, which is a force that arises from within each of us, serves the preservation of the species and is, therefore, understood as the sexual drive.

The sexual drive or the libido is experienced by us as a need that requires gratification to a greater or lesser degree. It is in the nature of hunger, if you will, of a need for a certain form of gratification, which is experienced as pleasurable when sufficiently fulfilled and as frustrating when it is not.

Another major characteristic by which the sexual drive can be described is the tendency and the need in each of us to experience affection and feelings of love, as well as feelings of eroticism and sensuality, toward other human beings, and to be experienced in that way by other specific human beings.

It is assumed that this tendency of the sexual drive within the adult female -- although it has already expressed itself very sharply in the 3 to 6 year old girl as well as during the girl's puberty -- plays a dominant part in the young woman's inner thrust to have a mate, and to want a baby of her own to both of whom she will attach emotionally. It is well to mention here that the infant, in turn, is equipped at birth by virtue of the libido (or whatever other instinctive mechanism) within the child, to attach to a person who will take care of the infant. By her own emotional investment in the child, the mother will arouse and promote the emotional investment of the child in her. It is important to emphasize that the average loving emotional investment experienced by the mature-enough adult female toward her child, is a powerful ingredient which makes for the uniqueness of the mother's attachment to her own child. That love investment distinguishes the mother-child attachment from the kind experienced toward the child by teachers, by neighbors, by care-giving nonfamilial individuals (as good day care workers) who value the child to a significant degree but in whom the emotional attachment for cogent reasons cannot be as large and deep as that of a mother for her own child.

The difference in the emotional valence (loving, positive) of the mother's attachment to the child in contrast to the attachment invested in the child by other caring, devoted individuals is enormous. This difference makes for the uniqueness not only of the mother's attachment to the child, but also, reciprocally, makes for the uniqueness of the child's attachment to his/her own mother, in contrast to that made to other caregiving extrafamilial individuals. Many child development specialists place much importance in the interplay of these emotional forces, and in safeguarding the emotional investments created by the unique attachments on the part of the parents toward the child and on the part of the child toward the parents. This kind of attachment leads to the establishment of the unique bond that binds members of a family. It plays an important part in the character of the child's physical and emotional development, and how that development will affect the entire life of the individual being.

Other schools of thought have pointed to the need on the part of human beings to socialize, to live in groups, a tendency representing a herd instinct. This herd instinct, is akin to the kind of force that in certain other animal species leads to that species' living in packs, such as wolves and wild dogs, or apes and monkeys. There seems to be a variable

need on the part of certain animal species to live in groups, in a community. To whatever degree this occurs in humans, the unit (or lowest common denominator) at the foundation of such community living and on which it depends, is the nuclear family, that is, the mother, father, and child. There is no doubt that the mother-child dyad, is the most constant unit in all communal living. This tendency to live communally is intimately tied to that which in the adult female expresses itself in the need for procreation, and in the mother's attachment to her own child.

There is a Strong Tendency on the Part of the Human Female, Adult and Child, to be Attracted to a Small, Helpless Infant

Observation reveals readily that in the presence of a human infant, a female, adult or even a young child, tends to be drawn sharply greater or lesser degree (depending on that individual's total-life experiences) to that baby, to touch that baby, and to want to hold that baby. For example, a common experience follows: a young woman brings her six week old baby to a neighbor's house for a social gathering. Soon after she arrived a cluster of women gathered around her, talking about the baby in an animated, yet soft and warm manner. A number of them wanted to hold her baby. The young mother, feeling the tension within her baby, experienced the need to protect her infant and said to one of the women who reached to take the baby that she does not want others to hold her child because the baby was feeling tense. Almost as a group reaction, the women turned away with indignation and the young woman heard one say: "Who does she think she is; I know how to hold a baby!" Although men were gathered at this social occasion too they were not similarly drawn to the baby. Of course, not every normal adult woman may experience this uncanny attraction to a baby. Although this type of reaction can be seen already in most 3 and 4 year old and older girls, certain everyday life experiences may decrease this tendency and as a result a normal child or adult woman may not experience so strong an attraction to a baby.

The helpless crying infant triggers a nurturing response especially on the part of the human female. In many instances, perhaps more so when a female is not present, many a male, both child and adult, will also respond to a helpless infant who is crying and making his/her needs for nurturance known. This will be discussed further below. John Bowlby, a well-known psychoanalyst, observes that this tendency in the human infant to emit signals of nurturance needs, is a strong attachment-inducing mechanism with which every human infant is equipped at birth. Crying, Bowlby believed is one of several instinctive mechanisms that engender the child's attachment to the mother or to the adult who responds repeatedly to the baby's need for nurturance. Indeed these mechanisms -- crying, smiling, clinging, visually following, and sucking -- are mechanisms that forge the mutual attachment of mother and child.

Observation of adults and children, especially of the female, reveals that the nurturance response to a need-expressing infant, seems to be experienced by the individual toward babies who are not yet able to walk, more acutely than to those who already can move about on their own two feet.

The Mother-Infant Dyad

From another point of observation, one sees in the young mother with her relatively new baby a tendency to close the system that forms the mother-child dyad, or their two-some. There seems to be a normal symbiosis, according to psychoanalyst Theresa Benedek, that brings the mother and her very young infant very close together. Sigmund Freud pointed out that in the first months and years of life the break or separation between child and mother created by the birth of the child is much less than meets the eye. What he meant is that the powerful infant-mother emotional bond continues from the pregnancy through the first years of the child's life.

This symbiotic (mutual and equally beneficial to both) type of attachment between child and mother is influenced, of course, by past as well as current life experiences. From the mother's past experiences come many feelings and attitudes the young woman has toward her pregnancy, delivery, having a baby, being a mother, her relationship to a man, being married, etc. Affecting her tie to her baby from the present come feelings and attitudes caused by a variety of experiences during the course of the mother's pregnancy, her delivery, from the environment in which she lives, the re-alignment of relationships within the family created by her becoming a mother, by the changes in her way of life which parenting reactions and responsibilities bring.

The degree to which the mother-child unit will become a closed system depends on how much the mother-father relationship allows (or wants) that closed system to develop or continue to exist. Many a father will allow or even welcome a tightly closed mother-child system; many a woman will insist on the closure of this system. Many other fathers will want to be a part of that emotionally bound system and will, therefore, benevolently intrude themselves into it, and become part of it. Many other young mothers will want the father to be a part of that system. A number of variations of these possibilities exist. A factor that especially determines that the mother-child dyad is not closed, for example, follows from the inclusion of the father during the pregnancy and the process of childbirth. A number of fathers who were present in the delivery room feel deeply awed and a part of the entire childbirth process. Indeed, a father who becomes involved emotionally during his wife's pregnancy invariably becomes part of the subsequent mother-child bonding process that occurs after the delivery of the infant.

Another significant and pertinent issue here is that of adoption. Of course, in adoptions the family-preparing process of pregnancy is bypassed. However, a young

couple who adopts a child prepares emotionally for that adoption in a process that can have as much family-preparing capability as pregnancy. The emotional and actual preparations and activities necessary in carrying out the process of adoption also bind the parents-to-be together. Such preparation for the receiving or getting of the child, by adopting parents, is invested with much emotion which intensifies the adopting parents' attachment to the child they take in as their own. It is important to enhance -- rather than protect against or dampen -- adoptive parents' going through a preparatory period to having their child because it can be of enormous benefit to the child-parent attachment and bond formation and as a result make an early, anticipatory attachment (or bonding) with the child that can be equivalently meaningful and growth-promoting as that of a pregnancy.

More commonly than we like to think there are individuals for whom a pregnancy, whether because it is unwanted, unexpected or ill-timed, will be emotionally painful and traumatizing. In such cases, the character and quality of the eventual mother-child dyad may be negatively influenced. It will help parents to know that such a beginning can have a detrimental impact not only on the mother but also on the character of the mother-child dyad and thereby on the child's character and emotional life for years if not, in fact, for a lifetime.

Another force that will affect the mother-child dyadic system is the presence of other children in the family who will quite naturally, and beneficially most of the time, also intrude into that mother-child relationship. They will also have their own realistic and reasonable needs, and make demands on the mother that from time to time will pull her out of the new mother-child dyad. These of course will affect the new mother-child dyad in a variety of ways. In addition, factors such as the newborn's having a serious abnormality, or the mother's having an illness, or other family crises or painful events will have a stressful effect on the mother-child dyad. Let us emphasize that such stress inducing factors may have opposite effects; they may lead to better bonding or be a disruptive influence on the parent-child relationship depending on the reaction of the child as well as the mother.

The Child as Possession, Extension, and Part of the Self

As a natural outgrowth of the 9-month long pregnancy and its meaning to her, many a mother experiences her child as a possession, an extension, a part of her self, and in some instances still, indeed, part of her own body. This factor intensifies the young mother's attachment to her infant; and it provides the deeply felt emotional relatedness and closeness the infant needs. Fortunately, it is a beneficial normal reaction on the part of the young mother. But it is also equally important for the mother to recognize that her normal child will soon feel the need to start becoming an individual, a separate entity, who in and of herself or himself is a person. It will be necessary for the mother not only to provide physical and emotional closeness but also gradually, gently, patiently to relinquish her normal and natural tendency to experience the child as a possession, as a

part of herself. At times she will have to allow closeness, at others, separateness. Where this tendency to feel the child as part of self on the part of the mother is not gradually benevolently relinquished, it may lead to serious mal-adaptive consequences in the development of her child who may not learn to become an individual, to feel herself or himself sufficiently self-reliant and self-trusting. The child may, thereby, be handicapped in adapting to life.

The Mother's Responses to Her Child's Needs

One readily sees that when a child is in need to be comforted, or to be fed, and expresses this need clearly enough, it will elicit in a normal mother a response of nurturance. Many times we have seen such responses in persons of all ages who are not mothers, more in females than in males. Earlier we commented on the child's adaptive mechanisms which can arouse this response in the mother. In complement to that we now draw attention to the mother's tendency to respond emotionally, socially, and physically to her child's need reactions. Thus in a reciprocal way, the child's modes of relating to the mother stimulate, influence, and significantly determine the mother's responses, according to the mother's characteristic way of reacting. Let us elaborate.

Fortunately for the well-being of the child, the mother will be aroused to respond according to the intensity and the quality of the child's expressed needs. For example, Richie was a child who had been maltreated by his very upset young mother -- in part because of traumatic environmental factors -- during the period when he was 6 months to about 12 months of age. Because at this age this is a very long period of being maltreated, when he was 18 months of age Richie at times of need would show such an expression of pain and yearning to be comforted that he could arouse in 7 women who were observing him a reaction of wanting to nurture him that went so far as the wish to pick him up and breast feed him even by a woman who did not have children. Such reactions commonly seen on the part of the adult female, which, by the way, we have also seen in young girls ages 4 and 5, 8 and 9, as well as 14 and 15 and so forth, seem to indicate a strong tendency within the female to react to the need state of the young infant, to a variable degree, according to the intensity of the child's expression of need.

Experiences Arising Out of the Individual Woman's Maturation and Development

Various experiences play a very large part in determining the quality of the female's wish to become a mother as well as the character of the attachments she makes as a parent. Among these experiences are those which arise out of the maturational program through which mental health research asserts we all pass that results from our

genetic disposition, the patterning of our brains, and the maturation of our hormonal systems. We refer here to a series of developmental stages, tasks and conflicts that shape our personalities, namely, those which -- according to one of the models we use in this work -- during the first three years of life the child emerges out of the powerful mother-child dyad into beginning to become an individual deeply related to his or her parents; to the emergence, experiencing, and resolution of the family romance; to the emergence of puberty and the adult sexuality it brings with it. These stages of development are programmed and determined by an inborn schedule of biological maturations.

The other major experiences are those each of us has arising out of the kinds of parents we have, the kinds of family life we have, the kinds of relationships we experience in the course of our development, the kinds of experiences we have in schools, in the neighborhood, in our daily lives. Let us sketch the key basic patterns of some of these parent-developing experiences as we see them occur in all of us. When do parenthood-relevant experiences emerge?

The First Three Years of the Normal Female's Emotional and Behavioral Life

We have noted before that the normal infant is equipped at birth to attach emotionally to the nurturing individuals who attach and invest emotionally in the child. And we emphasized that it is especially according to the degree to which the child is emotionally invested by the parent that the child will reciprocally emotionally attach to that parent. In general, we find that the person who invests most emotionally in the child is the child's mother. Next in line, usually and depending on the quality and quantity of their emotional investment, are the child's father, siblings, caregivers, and then extended family, neighbors, etc.

The bonding and attachment that are established during the first two years of life between child and mother leads to the tightly-knit mother-child system referred to before in which not only does the mother experience the child as a part of her, but in turn, **the child experiences the mother** as a part of herself or himself. This particular view of the way the child seems to experience the relationship to her mother has been described by Dr. Margaret Mahler as **the normal symbiosis** (thought of as the infant's experiencing himself or herself in a state of oneness with the mother). And the work the child does in the course of the first three-years of life to

emerge out of that normal symbiosis (emotional state of oneness), according to Dr. Mahler, is identified as the **separation-individuation process**. It is extremely important. First of all, that the child experiences a strong attachment to her mother, indeed a feeling as if the mother were a part of the self essentially during the first two years of life. It is then equally important that the child gradually modify the quality and degree of

closeness. The child develops out of this sense of oneness with the mother, to an awareness of their **physical** and **psychological-emotional separateness**. A strong emotional attachment is forged during this separation-individuation process, which thereby establishes a deeply felt stable emotional relationship between two distinct and separate individuals. This occurs in both girls and boys.

One of the great mechanisms employed which allows the child to emotionally, psychologically separate and individuate from her or his mother, is the mechanism of **identification** with that mother. Psychoanalysts believe that it is by identification, by becoming like, taking on some aspects of the mothering person into one's own character, that the tight dyad can be melted in a gradual, progressive manner to allow the child to experience herself as an individual and experience mother as a separate individual.

As a result of this taking on into oneself of some of those features of the mother that are part of how she functions toward the infant, every human being, takes into his or her own character the traits and features of nurturing like those the child experienced at the hands of her or his own mother. In this, then, one of the first contributions to the girl's feeling like, acting like, wanting to be a mother comes from these nurturing and caregiving experiences, whatever their quantity and characteristics, she has during the first three years of her life. As we shall note later in speaking of males and fathering, a similar process occurs in a boy namely, **every boy identifies with his mother**, with the nurturing, the caregiving which he experienced from his mother. In fact, in the first several years of life, every boy identifies significantly and usually predominantly with his mother.

The Family Romance

Many people assume that the normal child's sexual life, her (and his) experiencing of sexual excitation, fantasies and wishes, begin in adolescence. Nearly 80 years of direct observations of children and nearly one century of scientifically exploring the human psyche (as observable in human behavior) has led mental health professionals, educators, anthropologists and others, to recognize that the sexual life of normal human beings begins from about 2 years of age on.

The dynamics and character of the girl's (as well as the boy's) family romance, identified by psychoanalysts as the Oedipus complex, are described in greater detail in Unit 3. Briefly here let us say that when a girl enters her third year of life, one usually begins to see a strong interest in babies. This interest is quite different from that we have seen in children under two years of age and, in addition, seems to be quite different from the interest we see in boys toward babies during the period from ages two years through six. During this period we see evidence in the girl's behavior of her wish to have a baby of her own. This, psychoanalysts explain, is part of the child's "family romance". At this

time in her development, the normal 2 1/2 year old girl begins to show in her behaviors and often in her verbalizations evidence of wishing that she could marry her father, of wishing that she could have a baby, and of jealousy felt toward her mother. Very important here for the girl's eventually wanting to become a mother are two factors: (1) the normal wish to have a baby which emerges so strikingly at this time; and (2) the jealousy and rivalry which the girl experiences toward her mother.

Many mental health researchers believe that there is an instinctual mechanism, a psychobiological force arising from within the child, which at this time in the little girl's development is scheduled to arouse within her the wish to have a baby. If we look at the character of a little girl's wish for a baby, of her interest in babies, we see that it is not just that she likes to "play" with them; on the contrary, her interest in babies has a very serious and deeply-felt character. One sees the influence of this kind of instinctual mechanism from about 2 years of age on, and it will be expressed in many girls over the course of their development, especially again during puberty and adolescence. We will discuss this in greater detail below under the section on The Wish to Have a Baby and to be a Parent.

The second factor according to the theory of the "family romance" which leads to an enlarging of the girl's wish to become a mother, arises out of the rivalry she experiences toward her own mother due to her love and the emergence of infantile but nonetheless strong sexual feelings she now feels toward the male to whom she is most emotionally attached, her father. While the girl has already experienced a wish to be like her mother because of the identification she has made with her during the first two or so years of life, and while her currently deep feelings of love for her mother further contribute to her wish to be like her, it is especially because of her rivalry and jealousy of her beloved mother and the angry, hating feelings experienced toward her that a new identification is made with that mother.

Here is how this comes about.

The **co-existing feelings** of deep love side by side with those of acute anger and rivalry she now feels toward her mother create a conflict in the girl which leads her, under optimal circumstances, to give up her rivalry with mother to a greater or lesser degree, and to give up her wishes for a romantic attachment to her father. In trying to resolve and stop her anger and rivalry with her mother, the girl reaffirms her deep feelings of love for mother, and further identifies with her. In many instances this creates within the child an even greater wish to someday be a mother like her. The better a child is helped to, and is able to resolve her normal childhood family romance, the more integrated and the freer will be her identification with her mother. There are variations in the functioning of this mechanism; for example, a girl may identify with one or another aspect of the mother's character and personality; it may be with her mothering; and she may, in addition identify with her many other functions, including other work the mother does, etc. In general, the girl's resolving her family romance brings with it a further intensification of her femaleness and, in most instances, her wish to be a parent like her mother.

Those factors which seem to arouse in a girl the wish to have a baby carry with them a strong component of the girl's experiencing herself as a mother, something which is clearly manifest in much of the 3 to 6 year old child's fantasy play and activities with her peers and interactions with her own mother.

The maturational and developmental experiences of the first six years of life, the resolution of the strong diadic attachment to the mother, and the childhood family romance, are both influenced by the character and the quality of her specific individual life experiences. The degree to which these occur under optimal circumstances, in family relationships in which mutual respect and love play a dominant part, to that degree will the individual girl's own inclinations and biological dispositions be most optimally developed.

In addition to those experiences dictated by biological internal processes in the girl, and in addition to the experiences of the first six years of life which have just been described, there are a number of other circumstances that play large parts in the development of the individual woman's wish to be a mother. For example, a parent's serious illness during the first six years or subsequently will have a significant impact on a given child. The way in which parents get along with each other, the degree and way to which love and affection are manifested in the family between parents as well as with their children, or the occurrence of hate and violent fights, and mutual disrespect by one parent for the other, all will influence what being a mother means to her and the degree to which a girl wants to become a mother. The death of a sibling may have a large impact not only on the parents but on the child directly, whether that death occurs very early in life or during adolescence. The influence of external catastrophes will play a part, as well. The existence of emotional disorders in the parents or in the child will also contribute to the way she feels about becoming and being a parent.

The Influence of Culture and Society

In addition to the most important part family life plays in influencing the girl's wish to become or not be a parent, there are other forces at play that impinge on the individual from her social group, from the society in which she lives, and from her culture; these also contribute to the pool of experiences from which her own views regarding parenting will emerge. All these forces play variable parts in the directions of: complementing the child's own feelings about not being or being a parent, intensifying or diminishing or in fact inhibiting the person's own wishes to become a parent. The forces at play are complex, indeed are of such complexity that it is at times difficult, if not impossible, to sort out the part played by each of these individual forces. It is also this great complexity that makes for the wide range of variations we find in women's wishes to become mothers.

WHAT MAKES THE FATHER ATTACH TO HIS CHILD?

The father's attachment to his child, like that of the mother, is determined by a number of interacting factors. Note that when we speak of the father's or the mother's emotional attachment to the child we are also speaking of the motivation of the father and the mother to have a child.

A Psychological-Biological Need to Attach Emotionally to Other Humans

Like the female, the male has a large psycho-biological need to relate emotionally to other members of the species. As we described for the mother's attachment to the child, the same internal pressure -- an inner force identified by psychoanalysts as the **instinctual drive libido**, or as described by other scientists as a **herd instinct**, or especially in the case of animals other than homosapiens as **instinctive structures** (such as innate releasing mechanisms) that lead to imprinting and primary socialization -- this same internal force is operative in the male making for his need to invest emotionally in and attach to specific individuals of the same species. As with the female this fundamental psychobiological inner force serves the preservation of the species. It also underlies the human's need for socialization and for living in a community.

Experiential Factors

Again, as with the female, life experiences that contribute to the male's motivations for wanting a child and to the male's tendency to attach to his child are multiple and have their origins very early in life. These multiple influences may usefully be described in terms of (1) the boy's specific relationship to his mother; (2) the boy's specific relationship to his father; and (3) the boy's other significant relationship within and outside the family.

In general it can be stated for the male, as for the female, that the early relationships the child has with his mother, with his father, his siblings, and additional important persons who play a significant part in his caretaking during the first three years of life, create patterns of attachment in the boy which become the prototypes, the pool of models, for all subsequent relationships he will have. When we speak of such

early patterning and of prototypic relationships we do not mean that individuals necessarily seek exactly the same sort of persons as they have known in their early years, but that in their subsequent relations they will behave toward and expect behaviors from others characteristic of these early relationships. Also, the way the boy was treated, was cared for, was related to as a child is, essentially, the way that male will relate to his own children.

Again, this kind of statement about a major pattern characteristic of human life is a generalization. Of course, there always are variations to such a generalization, as for example, when a child's experiences cause him to determine that as an adult he will behave quite differently from the ways adults behaved toward him as a child. This at times is, indeed, carried out, although at other times is wished for but fails to be achieved. In other words, whereas a child may promise herself or himself to behave differently from the way his or her parents behaved when she or he was a child, that child when grown up may nonetheless, with guilt and much distress, behave exactly as his or her parents had.

The Boy's Relation to and Identification with His Mother

As with the girl, the first 2-3 years of the boy's life include the experiences described by Dr. Margaret Mahler as **the normal symbiosis and the separation-individuation process** (see Units 1 and 2). These specific, basic life experiences will have their influence for the rest of that human being's life. During his first 3 years the boy's relationship with his mother is one of, and probably **the** major determiner of, and contributor to his eventual parenting interests and functions.

Like girls, boys form a basic identification with the mother of these early years. The quality of the early attachment between the child and his mother is a key factor in the molding of the boy's personality. When in the first years the mother-child dyad (two-some) has become a positive, profound mutual emotional attachment, the two and three year old boy will be able to grow out of that original oneness with his mother by internalizing this emotional relationship within his psyche and forming an identification with the mothering person. In other words, the boy can give up that original oneness with his mother only by internalizing within his psyche a mental image of the relationship with her, and then becoming to a degree like her, including especially the emotional quality of relating that his mother experienced with him nurturing, loving, and caregiving..

It is important to note that the boy's identifications are made with the mother's nurturing, loving, respect for, and interest in caring for another human being -- and **not** with the mother's **femaleness** and gender identity. Speaking for Western culture, the mistaken notion that to love one's baby, to nurture and protect one's baby is equated with being female, is at the basis of many fathers becoming emotionally distant, unresponsive,

and more feared than respected by their daughters and sons, as young children and as adolescents. Although there have always been many magnificent fathers, it may also account for the fact that the parenting of many a man is insensitive, not well attuned to the child or adolescent, and harsh. Fortunately for generations to come, there now seems to be a more positive trend in our culture, in how men engage in their fathering.

The explanation given in the preceding paragraphs, inferred from observable normal behavior and much clinical experience, supports the view that every boy who experiences a sufficiently valued relationship with his mother identifies with the mothering functions which he has experienced as a child. Later when we discuss the question of an instinctual or instinctive contribution in the male's becoming a father, this particular issue of the boy's identifying with his mother and her mothering functions during the first years of life will become an important consideration. What will be asked then, is, to what degree does the boy's identifying with his mother and her mothering functions lay down the nucleus in the male of **male** parenting, that is of **fathering**. We will return to that below.

We emphasize in terms of the psychodynamic theories advanced here, that the kind of mothering the child gets during the early years of his life will determine the character of those parenting functions he will later perform **as a father**.

There is much observable evidence in both boys and girls of identification with their mother during the second, third, and subsequent years of life. For example, it is not uncommon to see a two year old boy respond to an infant who is crying by getting the infant's bottle and presenting it to him or her, giving evidence of doing for a child younger than himself the kind of thing that he experienced as a child at the hands of his own mother. Close observation frequently will reveal that attitudes and small movements that accompany feeding will be characteristic of the way the boy's mother handled and nurtured him. One often sees a child observe his and other mothers' actions toward himself and other infants. In a few instances we have been privileged to observe, we have also seen a boy do or carry out certain small patterns of behavior that are characteristic of his father's nurturing activities. Special experiences a young boy has may intensify or lessen activity imitative of mothering functions. Quite commonly, too, painful experiences will lead a boy to nurture differently from his mother. For example, a two year old boy who was excessively frustrated in nurturing by his traumatized, deeply hurt young mother from 6 months of age through 12 months, became acutely sensitive to the crying of infants smaller than himself, would not only express facially feelings of sadness, but would very seriously focus on the crying infant and at times insist on feeding that infant himself. We saw this reaction on a number of occasions. On the other hand, another boy who was made very irritable by allergies that were difficult to treat would invariably respond to a crying infant with much irritation and occasionally show harsh anger toward the crying infant. Rather than reacting by wanting to comfort or nurture the distressed infant, this boy would threaten the already distressed infant and it was necessary to protect the infant from being hurt by him.

The Boy's Identification With His Father

In the First Three Years

During the first three years of life in the boy, as in the girl, the father plays a significant part in two ways especially. Around his first birthday a child is in a developmental phase in which a great deal of motor activity is of special interest to him. The same is true of girls. In these activities very frequently the father becomes a special partner for play and pleasure. Fathers are enjoyed by their one-year-olds, in such activities as being tossed in the air, being thrown a ball, in playing with toys, and in exercising locomotor skills. All of these activities engage the father and child in such a manner that the child (boy and girl) enjoys and begins to seek the father's company and in the process begins to also demonstrate behavior imitative of the father. We are speaking here of the kind of activity identified essentially as "rough-housing" for which fathers throughout the world are well known. Pertinent to this, in studies of the role of fathers in families through different cultures, the father is found to play with the child more often than mothers, while the mothers are more often nurturing and caregiving than fathers. The second way in which the father is especially important to the child during the first three years is in helping the child pull out, in a normal healthy manner, from the very close early mother-child dyad. Although a very close mother-child dyad is highly desirable in early life, the child has to **gradually** emerge from it if normal development is to proceed. Drs. Margaret Mahler and Phyllis Greenacre (both psychoanalysts) have described how the father is experienced by the child as a "knight in shining armor" who helps the child move from his or her close tie to mother during his or her earliest infantile efforts at becoming an individual, separate and apart from his or her mother. In this, a benevolent and affectionate fatherly attitude toward the child makes the environment outside the dyad with mother safer, attractive, exciting, and reasonably gratifying. Of course, mothers too help the child to individuate, to move out of the tight dyad, in a pleasurable healthy kind of manner, even without the help of a father. But where the father-child relationship is sufficiently positive and affectionate, the father's contribution can be an enriching thrust toward the child's becoming a separate self, an individual. This applies equally to the boy and to the girl.

From the Third Through the Sixth Year

During the developmental period extending from the third year through the sixth, the boy's sexuality, like that of the girl, begins to express itself in a number of ways. During this period, the boy's primary and biological maleness begins to express itself in behaviors usually considered as masculine. This type of behavior is described in Unit 3. In the expression of the boy's maleness much identification with his father becomes evident. The boy will in many instances carry his body as his father does, walk like his father, show an interest in objects (tools, for instance) used by his father, and in activities

carried out by his father. The boy's love feelings for his father express themselves in his wish to do things like his father and to be like his father.

By far, however, the greatest contribution at this time to the boy's wanting to someday become a father arises out of two factors in his childhood family romance, his Oedipus complex psychoanalysts say, which occur during this developmental phase. First of all, the child's family romance, stimulated and created by the normal boy's emerging sexuality, brings with it the boy's wish to have a baby by the female in whom his affectionate and now emerging sensual love feelings are most and normally invested, namely, his mother. This experiencing of affectionate and sexual feelings associated with the wish to make a baby create in the boy a sense of wanting to be a father. Below, we will discuss in greater detail, the development of normal infantile sexuality and the infantile form of wanting to be a father as compared to adult sexuality as well as the adult form of wanting to be a parent.

The second very important force which motivates the boy's wish to be a father arising out of his childhood family romance, is the boy's experienced rivalry, jealousy, and thereby anger and hate toward the father who by this time, he loves. Where good fortune has it that the boy has a good relationship with his father, and thereby loves his father deeply, these normal but troublesome feelings of jealousy, anger, and hate toward the beloved father create an acute but ultimately very growth-promoting conflict within the boy -- this we shall detail in Unit 3. In brief here, where conditions are sufficiently optimal in the father-son relationship, the son will reconcile himself to the fact that he must give up his wishes to someday marry his mother, attach his affectionate (and largely repressed sexual) love feelings to another more "appropriate" female, perhaps a little neighborhood friend, and make great and repeated efforts to undo the rivalry experienced with his father. In part, the boy will be able to give up the rivalry with his father and rather than take his father's place, will intensify his wishes **to be like** his father. In this, he will further identify with his father, an identification that will be very powerful and that, even more than before, will make the boy's image of himself as a father akin to that of his actual father.

Is There an Instinct to be a Father?

It is assumed by a number of specialists who address themselves to this question that the female's motivation and wish to become a mother are secured to a large degree by an instinctive mechanism or an instinctual drive. It is assumed that in the female the sexual drive has a strong component of maternal instinct which is part and parcel of the aim of the sexual drive, namely reproduction and the caregiving of the young, essential features of the preservation of the species.

With regard to the male the question of whether or not there is an instinct to be a father is not so clear. There are, in fact, some scientists (e.g. Dr. Theresa Benedek) who

propose that in humans there is no instinct or instinctual drive in the male that pushes for or secures his being a father. There are, of course, certain elements in the male's sexuality that seem biologically protected and secured, as they would be by an instinct or an instinctual drive. Such factors, for example, as the production of sperm and the contribution of sperm in sexual life, the nature of heterosexuality, the large interest in sexual activity, all seem to be biologically insured and, of course, significantly contribute to reproduction. But this does not secure **being** a father, acting like a father. As we will discuss later, sexual activity, sexual interests are much more closely tied to the process of making a baby than they are to that of being a parent. We all know only too well that many an individual has a baby without becoming or being a parent.

There is surprising observable evidence in 3 to 6 year old children's behaviors to show that in addition to the biological programming of sexual maturation and the eventual production of sperm in the male, that the boy's interest in genitalia, the arousal of his genital zones, his notions of impregnation and of sexual intercourse, may be biologically determined, innately structured patterns of behavior. If one looks closely and with an **open mind** at 3 to 6 year old normal children's play activities, one recognizes in these the playing out of some of their fantasies, and the observer will frequently be able to identify themes of a sexual nature. In both boys and girls, some of their fantasy play may reveal quite sophisticated fantasies, which many people believe do not exist, until they look at children objectively, kindly, without intent to criticize, to judge, or to depreciate.

For example, one nearly 3 year old boy who had been showing much evidence of sexual interests, one morning in play activity with a caregiving female young adult, to whom he had become recently warmly attached, stood by her, a pistol in one hand and a plastic spoon in the other. In play, he emptied the content of his toy pistol (pretending to shoot) into the plastic spoon, put down his pistol, and much to her surprise gently lifted slightly the skirt of his adult play partner and put the spoon under her skirt toward her pelvis perhaps two or so inches. He then withdrew the spoon and went on to further play activities. That surprising action had taken perhaps two seconds. It had occurred so quickly that even the play partner did not immediately recognize the meaning of that brief activity. For the team of observing behavior scientists who had known this boy from birth, and had followed him with sufficient frequency to know him well, this activity suggested a fantasy possibly of both pelvic sexual encounter and impregnation. Although many people may doubt the meaning of such fantasy play in children this age, scientists engaged in research on children propose the hypothesis that this kind of activity is evidence of the child's primitive fantasies of sexual activity and impregnation. Observing children with an open eye and an **open mind** will readily reveal activities, perhaps not as clear and not as explicit as the one just described, but sufficient to suggest that in normal, healthy children, such sexual interests are amply evident.

Also probably instinctually determined is the emergence of activity on the part of 3 or so year old boys and girls that can be identified as of an heterosexual nature. The emergence of heterosexuality from the third year of life on no doubt contributes to the boy's identification as a male with his father, to his role playing fantasies and interests in being and becoming a father. Of course, normal boys will also play at being mother,

and girls at being father, without it meaning that a problem exists in the child's core sexual identity formation.

These findings and the hypotheses to which they lead support the proposition that sexual activity and the wish to have a baby are instinctually determined. That, however, only suggests an underlying instinctual drive toward being a father but is not sufficient to assert that the male has within him an instinctive mechanism or instinctual drive that directly insures his becoming, **being**, and functioning like a father.

The Mystery of Procreation

We sometimes find a small boy between 2 and 6 years of age showing much interest in his mother's or another woman's having a baby, and we at times find such a boy expressing the wish to have a baby in his own abdomen, stuffing a pillow into his shirt and saying that he has a baby in his tummy. Nonetheless, on the whole, the young boy's expressed wish to have a baby is limited in behavioral expression. However, many a young man, and even an adolescent male, marvels at the capability of the female to procreate, that marvel to "make" a baby in her own body.

Many a healthy male then envies the female's incomparable creative capability. Some react to that envy by denying its importance, by belittling its role in life, belittling its importance even in the face of its prime function of insuring the preservation of the species. Some other males feel quite left out of the procreative process, and of the family formation process, feeling that they contribute "only the sperm". In some instances too, where the mother-infant dyad is tightly closed, many a young father feels left out of what he experiences as an exclusive mother-child symbiotic dyad. These instances are detrimental to family formation, and are a loss for all concerned, baby, mother and father.

It may be that this marveling by the male of the female's procreative capabilities, creates in many a man the wish to participate in both procreative and nurturing processes. For many a male it adds an aura of awe toward his wife, the baby, and nature; and it increases his sense of parenting; it intensifies his becoming **and being** a father.

The Male's Reaction During His Mate's Pregnancy

The experience of the mate's being pregnant, where the mate is loved and respected, leads to a reaction in the male of wanting to protect woman and baby, and of wanting to provide for their safety and health even well before the baby is born. This reaction brings with it a greater or lesser emotional investment in the not yet born baby.

The reaction of many a healthy male to a pregnant woman is one of warmth, gentleness (carefulness), and protection. For example, some time ago in a building in Washington, DC, a group of armed terrorists had forced a number of men and women to not leave a given hall. The hostages were subjected to a variety of abuses while the

kidnappers demanded their ransom and negotiated for it. The group of hostages seemed to tolerate with little resistance the abuses carried out against them by their kidnappers until the kidnappers threatened and began to abuse a young pregnant woman. At that point several up to then passive male hostages rallied, surprised their kidnappers, and overpowered them. It was not until a pregnant woman was endangered that the men briskly mobilized their strengths, risked their lives, and overpowered their kidnappers. This type of feeling in the male, evidence of both his collective biological and developmental experiences, is part of what makes the male wish to be a parent.

The Contribution of Normal Narcissism in Becoming a Father

All normal and healthy human beings need to experience a reasonable degree of self-appreciation, of self-valuing, of self-love. This is needed for good self-esteem. Most human beings experience the wish to have a child in order to perpetuate oneself, and to carry on "the family name", a perpetuation of one's family. To a large degree this kind of healthy narcissistic gratification is experienced by many males and females in the process of procreation. Also, to a reasonable degree it is common that having a child is experienced by many a man as an indication of his potency, as evidence of his virility. And, again to a degree, in a normal individual the child is experienced as an extension of, as a part of the self.

All these normal narcissistic needs and reactions when **too** intense however, are likely to interfere with the child's developing sense of self and individuality and may create large difficulties for the child. The father who experiences his child principally as an indicator of his potency and his virility may expect the child, in the course of growing, to continue to be evidence of the father's potency and virility. He will thereby impose restrictions on the child's evolving sense of self, of individuality, freedom of choice, and create distortions in the directions in which she or he may grow. In such cases, of course, the father's needs become a burden for the child and interfere with the child's healthy development. In other words, where the wish to perpetuate the self, the family name, etc., outweigh the needs and best interests of the child, there the narcissism of the parent may cause harm to the child's development.

The Large Variation in Fathering Behavior

Studies of fathers, both cross-cultural as well as cross-species, reveal that there is much greater variation in the behavior of fathers toward children than in mothers. Mothering tends to be remarkably uniform, pertaining to the bearing of the children, and the nurture and caregiving of the young. By contrast, fathers perform quite different functions, in varying degrees, characteristic for each species and culture. For example, in some animal species the fathers play very little part in the caregiving of the children or in

family life while in others they play a significant part in child rearing and family life. Humans too show a great deal of variation in these functions from one culture to another. For example, where the survival of a culture is especially determined by warfare, the fathers, whose principal function is to serve as warrior and protector of the community, play very little part in family life and in the nurturing and caregiving of the young. In cultures that subsist primarily by agricultural means, the fathers' activities are close to home, and in many such cultures the fathers play a significant part in family life, and form close relationships to their young. Interestingly, some family functions seem especially to fall to fathers throughout various cultures. For example, in many cultures discipline seems to be generally in the domain of the father's functions, that discipline varying from harsh cruelty with the use of weapons to much more benign and benevolent constraints and punishments.

Even within a given culture, as within a given species, fathering will vary according to the experiences of the individual on the one hand, and the biological dispositions and inclinations (temperament) of that given individual, on the other. It is believed by specialists in the field, that within culturally determined norms, the individual experiences of a given male most strongly determine the character of his fathering.

Taking intraspecies variations, as well as interspecies and intercultural variations into account, fathering behavior in general tends to not be the same as mothering behavior in all its dimensions; at least, it has not shown to be so to date. That is, fathering behavior can substitute quite well but seems, according to professional viewpoints, to not be equivalent to mothering behavior in all its important features. We shall talk about this further below and in Unit 3. There are, unfortunately too many instances of quite poor mothering. In such instances, children are fortunate if the father is able to be a good nurturer and comforter. Good fathering, fatherly caregiving and nurturance, can ably meet the young child's emotional needs, if it is of sufficient quantity; that is, if the father is sufficiently physically and emotionally available to the child. But, in equally well-motivated parents, the mother's bonding to her baby and her attachment-facilitating (on the part of the baby) caregiving behavior seems to better enhance the child's earliest development than most fathers can provide. This, however, like many other issues, is not a closed topic. As noted earlier the father's parenting functions increase as the child grows older.

The Wish to Have a Baby and the Wish to Become a Parent

The wish to have a baby and the wish to become a parent are not equivalent, although, they often occur in the same person at the same time. Knowing how difficult it is to rear a baby, knowing what a baby needs and how time and energy consuming a job it is, may increase in some persons and decrease in others, the wish to have a baby.

It is important to point out that there is a normal **infantile** and an **adult** form of wanting to have a baby as well as of wanting to be a parent. The adult form of wanting to have a baby and wanting to be a parent is very well known and recognized by adults and

children. It has taken a long time, however, for scientists to recognize that there is an **infantile form** of wanting to have a baby and of wanting to be a parent which is part and parcel of a child's normal and healthy development. In fact, many people have yet to recognize this development in children. Important is the fact that although these wishes are in their infantile form, they play a large part both in determining the quality of total emotional development of the individual and the character of the person's eventual adult wish to have a baby and to be a parent. Indeed, the infantile form of these wishes lays the foundation for their adult form. Because of this, it is important for parents and educators to recognize that such infantile wishes occur in a normal child in the course of her or his development and it is in their child's best interest for parents to deal with these experiences in their young children appropriately and constructively, and not as if these were pathological developments, or as some parents have expressed to us, as signs of perversions.

The Infantile Form of Wanting to Have a Baby and Wanting to Be a parent

As we said earlier, mothering and fathering emerge within the child during the phase of the childhood family romance, the period extending from the third through the sixth year of life. Prior to about 2 1/2 years of age, both boys and girls show an interest in babies that derives especially from their identifications with the mother and the father of their infancy. The attraction to and interest in a baby then changes dramatically especially in little girls at about 2 to 2 1/2 years of age. Little boys that age do not seem to show the same awed, affectionate, and nurturing reaction to infants we have seen in girls. In the girl the reaction toward babies takes on the appearance of the little girl's wishing to have a baby. In fact, some little girls readily verbalize and give much evidence that they wish to have a baby **of their own**. As one little girl said in rejecting her mother's offer that she take a doll to snacks with her rather than her infant sister, " I want a **real** baby"!

This new wish to have a baby intensifies especially during the girl's emerging childhood family romance. In the boy, by contrast, during the emerging of his childhood family romance, what psychoanalysts call the Oedipus complex, the experience toward a baby seems different. There also is a novel interest in babies; but it is especially expressed in terms of the wish that the boy's beloved mother have a new baby, the makings of which he would like to have a central part in.

The **psychological** component of wishing to become a mother, arising out of and superimposed on the **biological** elements that make the girl wish to become a mother, precipitates out of her wish to have a baby herself and out of her identifications with her mother's imagined sexual and mothering activities. In the same way, the psychological component of wishing to become a **father** in the boy precipitates out of the wish to make a baby happen in his beloved mother, and the boy's identifications with his father's imagined sexual and fathering activities.

Especially from the changes in the psyche that arise out of the emerging of the child's sexual drive, which occurs from about 2 to 2 1/2 years of age, comes the girl's wish to have a baby apart from her wish to have a mate. In other words, there seems to be a brief period from about 2 to 2 1/2 years of age¹ when the girl's prime interest seems to be wishing to have a baby without considering the need for a mate to carry out that activity. It is of interest that many an adolescent and even a young woman may wish to have a baby without having a consonant interest in having a mate. It is especially from the childhood family romance and good prior emotional relationships that the wish to have a baby with a love-mate arises.

Mothering and Fathering Functions

Traditionally, for western society and most other societies (primitive or advanced), mothering and fathering functions while often similar have been complementary rather than simply the same and interchangeable.

Mothering has particularly encompassed physical and emotional nurture of the infant and the small child as well as a large concern with rearing the child through his or her long years of growth and development. The psychobiological origins of motherhood and socio-economic factors surrounding family life and caregiving of the young have created the mother's primary role of rearer and nurturer of her offspring and manager of the home. Generally speaking, by contrast, fathering has particularly focused around the provision of basic physical needs like food and shelter, territory, and the protection of the mother and offspring, leading to his primary management of family life focusing outside of the home. The search for food that required hunting has been essentially provided by the father beginning in pre-historic times with his roaming away from the shelter site in search of this food. Where the provision of food has depended especially on agriculture, especially in smaller communal or family agricultural undertakings, the mother has as often and at times more often than the father been involved in the provision of this food.

The question of the role of the mother and of the father, other than for the general characteristics and tendencies just noted above, is not simple. There is much variation depending on the nature and structure of a culture.

In addition to variations in cultures and ethnic groups there are variations from one individual parent or parenting couple to another in the same culture or ethnic group. Of course, there are differences between male and female that have a large biological contribution, which usually seem to make one gender more effective than the other in the performance of certain functions. For example, some behavior researchers point out that mothers tend to be more effective in calming a crying child than are men. Also, mothers tend to be able to sit with an infant in their arms or laps longer and more comfortably

¹ Figures as these are only "on the average". In some normal children the phenomena described may appear somewhat earlier or later.

than fathers tend to be. On the other hand, fathers throughout many cultures, tend to create a greater degree of excitement in young children, to engage more in playful activities with their children, to complement the child's interest in exploring his or her environment than many mothers are inclined to do. Again, let us emphasize, that individual variations arise out of individual dispositions and experiences. That is to say, some fathers are very good at calming young children; some mothers are very good at enhancing their child's tendency to explore his or her environment and to play and even rough-house excitingly with children.

It is a common observation, although it is challenged by some, that with regard to parenting functions there are differences in the feeling tone among women and men. For example, many a woman tends to be more gentle, to be softer, more affectionate, to rock more softly than many a man. Many a man tends to create more of an atmosphere of excitement, of heightening tension in a child, than many a woman. Again, individual characteristics in individual men and women make for variations in the generalizations just stated. The same can be said for modes of handling young children, and modes of carrying out certain activities relating to young children.

Somewhat similar tendencies exist in males and females with regard to children in early school years, as well as in adolescence. Whereas the mother's modes, feeling tones, tendencies tend to be more needed by the very young child, during the three to six years period and even more so during the middle years of childhood and adolescence, the modes, feeling tones, and specific parenting tendencies within the mother and within the father are equally needed and desired by both boys and girls. Where the functioning is favorable, parents play a complementary part in fulfilling the needs of their growing children.

Perhaps one of the largest indicators of basic differences (biological, psychological, cultural, and/or individual experiential in origin) in male as compared to female parenting may be found in the fact that a large number of women have reared children virtually single-handedly, whereas very few men have done so. While every behavior scientist knows many women who have reared children beautifully, single-handedly, most scientists know of no single instance where a man has reared his children single-handedly, let alone beautifully! What does this tell us? To try to answer this question would take us too far afield from our present purposes. Some of us would caution against the assumption that cultural forces are the only or even the primary factors responsible for so widespread a phenomenon.

We must also include here, the fact that although we speak especially of parents in the plural, of a mother and father working hand in hand in rearing their children, we all know of other commonly found sets of parents. Historically common for centuries, is the single parent, invariably a mother who finds herself having to rear one or more children for whom she has sole emotional, physical, and financial responsibility. Increasingly more common, are pairs of parents who due to prior marriages and remarriages are rearing children some of whom are biologically their own and some not. And there are still other types of parental sets we need not detail here. Although we will continue to use the model of a mother and father working hand in hand in rearing their own children, in no way do we intend to convey thereby that this is the only model that can work well.

Many single parents (mothers) and many divorced and remarried parents have reared their children beautifully, richly, fully. On the other hand, many parents of the type of our basic model, a mother and father who rear their own (biological) children, have failed painfully in rearing their children in growth-promoting ways. The principal goal of this entire curriculum on education for parenting is to avoid just that result. Let us now return to the question of mothering and fathering functions.

The role of the mother and the role of the father can be examined from the standpoint of the need of the child at a given time and during a given period of development. For example, the much younger child will need more cuddling, more being held and nurtured than will an older child. The child in the course of his or her growth will identify the fulfillment of specific needs as relating to the mother, and at other times, other needs as relating to the father. For example, when an infant is upset, fussy, tired, she or he usually will turn to mother for calming, for being loved and rocked into a decrease of internal tension. Most children identify this function with their mothers. On the other hand, a child who wishes to play, wishes to engage in exciting and tension mounting activity, will seek out the father in most instances. Or, when a middle years child, 6-7 years of age, is frightened during the night of a fantasized bear, that child may very well call for his father, to protect against a fantasized large, frightening assailant. In this sense, as we said before, children tend to expect certain functions to be performed by their mothers and others by their fathers; and, in many instances, there is an interchangeability which makes the child turn to either the mother or the father depending on existing conditions. Also, where one parent may not be present at a given time of need, a child may adapt by turning to the parent who is present for the fulfillment of a function which is usually carried out by the absent parent.

To some degree what the parent provides is biologically determined; to a significant degree what the parent provides is experientially determined, depending on the life experiences of the parent, on the one hand, and the child, on the other. What the parent provides is also significantly influenced by environmental factors, individual personality factors of the parent, as well as societal and cultural factors.

Changes in Parenting in Modern Western Society

Diverse changes in modern western society, and probably also in other societies, are fostering a decrease in sex-determined stereotypes of parental roles as well as of individual behavior. The degree to which these changes influence parental roles varies as the cultural changes vary. Those cultures where the rearing of children is turned over to the community where in the past child rearing was carried out in family life, will lead to changes of a much greater character than in those societies where (even though parenting functions are changing), parenting is nonetheless still carried out in the context of family life. For example, in Russia, even more so in China, the rearing of children in some communities is turned over to a certain group of nonfamilial work teams. In Israel, in some areas family life continues to be the main form of parenting that is carried out;

whereas in a small percentage of the population, children in "kibbutzim" are reared in communal houses by a communal team although the relationship to their parents is maintained through a programmed pattern of family life carried out for several hours during the day. In much of western Europe, the United States, and numerous other countries the major form of child rearing continues to be based in family life, although communal experiments can be found in these countries as well.

In western Europe and in the United States, where family life continues to be the major context in which children are reared, mothers are increasingly sharing in providing a family's financial resources whether or not this is an economic necessity. Increasingly, mothers are engaging in the out-of-the-home environment to meet psychological self needs unrelated to their mothering self-image and functions. The component of a woman's self-image which complements in the woman the component of her self-image as mother is being fulfilled more and more at the present time than has been possible even in the recent past. That is to say, because of societal changes, many a woman who from perhaps the age of 5 years, has wanted to both be a mother **and** a teacher, doctor, musician, writer, or businesswoman, etc., is now more and more able to fulfill not only the first of these component self-images but the second one as well.

Hand in hand with these changes in women's functions and activities, fathers are increasingly giving direct physical and emotional care to younger children and are increasingly participating in the overall nurturance and rearing of the child from earliest childhood to maturity. These changes bring with them benefits for all concerned, women, men, and children. The degree and quality of these changes in terms of their influence on women, men, and their children is an important field for study.

Taking into account the diverse forms and types of parenting found, it remains to be seen whether the adaptive capability of human beings allows the possibility that mothers can successfully be or learn to be fatherly, and whether fathers can give care and nurture equivalently to mothers. A number of difficult questions have arisen out of these changes: what specifically is mothering in contrast to fathering? Can fathering give to young children the basic emotional ingredients children need for optimal emotional and cognitive growth? This is a complex problem to sort out, one about which at the present we know too little.

We have sufficient knowledge, however, to be able to say that whatever function a given father or a given mother performs, the more that function is performed with genuine love for the child, respect for the child, a proper assessment of the needs of the child at a given time, the better its influence will be in helping the child to grow psychologically (emotionally and cognitively) and physically. Gender specific stereotypes are a complicated phenomenon. How much are they contributed to by biological givens in an individual person? by the individual experiences of each of us? and by overall influences of our cultures and our societies? No doubt, all 3 of these major sources play a part.

**PARENTING FOR EMOTIONAL GROWTH:
A TEXTBOOK**

INTRODUCTORY UNIT

CHAPTER 3

HUMAN DEVELOPMENT

General Principles

Development begins with conception and ends with the death of the individual. We can fruitfully consider human development as consisting of 2 major aspects: (1) physical or somatic; and (2) mental (emotional, psychological) or psychic. The interrelation of the soma and the psyche, between the somatic and the psychic, has long been the subject of what has come to be known as **the mind-body problem**. The problem regarding the mind and body (psyche and soma) arises from the fact that scientists ascribe varying degrees of interrelation between them, from those who believe them to be separate entities with little mutual influence upon one another, those subscribing to the **dual** mind-body theory, in contrast to those who consider the interrelations between soma and psyche to be extensive if not constantly at play, those subscribing to the **unitary** mind-body theory.

The position of the authors of this work (curriculum) is that there are extensive reciprocal and mutually influencing relations between the somatic and psychical sectors of the individual's life and growth. In our view, the soma and the psyche are in a continuum, i.e., are one, and it is only for the sake of instruction and to highlight the importance of this sector of development, that we focus the attention of this course on human **psychic** development. The better somatic (physical) development proceeds, the better the chances are for good psychic development to occur; and, the better psychic development proceeds, the better are chances for good physical development to occur. We know now, for instance, that in the first year of life, failures to grow physically may be due solely to the failure of emotional experiences and lack of sufficient emotional growth. We underline then, that while all aspects of human development are of the utmost importance to parents and parenting, in this work we turn our attention specifically to the sector we define as human psychic development .

We can definitely assume that psychic development in humans begins at birth. In contrast to physical development which begins immediately at conception, it is not clear how much psychic development occurs prior to birth. Certainly, intra-uterine factors that

act as irritants to the soma will also cause psychic irritability which can readily be inferred from observing some newborns. By the way especially here, in the newborn, the line between what is physical and psychic can only vaguely be drawn.

We can also assume that adaptation to aging requires new efforts in the individual and that, therefore, psychic development continues to occur even in old age. **Psychic development** then, begins at if not before birth and continues throughout the individual's life. Of course, because the area of our concern is parenting, we shall examine in greater detail the psychic developments from birth through adolescence than those that occur in adulthood.

Let us define several terms two of which we have already used a number of times, namely **development** and **psychic**.

Maturation is a process of change in structure and/or function of an organ, (organ) system, or organism, in the direction of greater differentiation and specificity resulting from an inborn preprogrammed schedule for that differentiation. For a given species, schedules of maturation tend to be constant in their sequences in the order in which they unfold. Each child, however, has her/his own timetable for her/his schedules of maturation. We shall say more about this later.

Development is a process of change in structure and/or function of an organ, (organ) system, or organism, in the direction of greater growth, ability and/or specificity resulting from the interplay of its maturation, experiences, and efforts at adaptation. Development is generally considered to occur toward better and greater ability and function. Maldevelopments, of course, also occur; they consist of developments in an inoptimal direction, where, for example, efforts at coping and adapting serve the needs of the moment but in the long run create an organ or system of functioning that is uneconomical or even distorting and deviant.

Epigenesis is a term now used both by embryologists and emotional development specialists. Erik Erikson defines the epigenetic principle as follows: "anything that grows has a **ground plan**, and that out of this ground plan the **parts** arise, each part having its **time** of special ascendancy, until all parts have arisen to form a **functioning whole**. For our present concern it means that the child's psyche and personality unfolds, "not by developing new organs, but by a prescribed sequence of locomotor, sensory, and social capacities . . . (which) obey inner laws of development." Rate and sequence of development are governed in each child by that child's inner psychobiological maturational program. The child's psyche and personality develops "according to steps predetermined in the human organism's readiness to be driven (from within) toward, to be aware of, and to interact with, a widening social radius, beginning with the dim image of a mother and ending with . . . that segment of mankind which 'counts' in the particular individual's life" (Erikson, 1959, p. 52).

These 3 terms apply to both **somatic** (or physical) and **psychic** (or mental) factors and phenomena in the child.

Psychic (or psychical) is an adjective that pertains to **psyche**; we mean by it what many call that which is **psychological, emotional, or mental**. We can, with some care, loosely use the term **psychic** interchangeably with psychological, emotional, and mental.

Human Development Is a Continuous Process

In general, the largest steps in development, both physical and psychological, occur in the earliest months and years of life, with later development continuing in progressively smaller steps and quantities. A diagrammatic overview of development would show that in general it follows a **logarithmic** curve (design).

Both Maturation and Development are Characteristics of Living Systems and Organisms

In any living structure, organ system, or total organism, any one step in development can occur only out of its prior developments. In other words, **earlier developments are and create the foundation and the substrate out which all subsequent developments arise**. This condition that current and future development arise out of past developments, makes **the earliest years of life crucial for and determining of total development of the individual**. Essentially then, the better the beginnings in an individual's life, the sounder and more stable will subsequent development of that individual tend to be. It is important to note, however, that to a substantial degree there are many occasions and many ways in which difficulties in earlier development can be compensated for and even repaired by later life experiences.

Our Earliest Emotionally-Invested Experiences Are Indelible

Pertinent to this view is another factor, theorized by Sigmund Freud, which makes the child's earliest experiences and developments critical. It is Freud's well substantiated theory that the earliest emotional investments we make, our earliest feelings and modes of relating to others and to ourselves, our earliest patterns of behavior and experiences are stamped indelibly in our psyches. This means that we subsequently carry in our characters, in our ways of feeling about ourselves and of relating to others, the quality and character of our earliest life experiences.

Epigenetic Development of the Human Psyche

Scientists of human development and behavior, like embryologists, find that human psychical (emotional, psychological) development, like physical development, although continuous, tends to occur in steps or stages. Each step or stage is recognizable and definable by the development of a functional part-system and dominant mode of adaptation, predetermined by an innate schedule of maturation which triggers its emergence. The development of each of these functional and adaptive part-systems occurs in a series, the sequence of which is constant in all organisms of the species. Such series of stages reflect the developmental steps taken by each individual line of development of unique adaptive-functional systems. In psychic development, a number of such systems or lines of component development have been teased out and formulated by some of our most eminent psychic development specialists. These include, for example, S. Freud's **psychosexual** stages of development, Erikson's **psychosocial** development, Piaget's development of **intelligence**, Mahler's self-object theory of **separation-individuation**, Spitz's development of the **libidinal object** (loved person). Each of these scientists has found that specific component lines of development occur, that they do so in discernible stages, phases and that these stages follow the same sequence of development in every organism of our species. We shall briefly detail these in a moment.

Erikson's proposition that psychic development occurs epigenetically, as the human embryo unfolds physically, alerts us to a most important consideration. As occurs with the intrauterine embryo, Erikson proposes that there is a time, and a duration of time, when the development of a given functional-adaptive part-system in the psyche will take place, and that inner laws determine the rates and sequences of their maturation and development. Whether or not, or to what degree if any, psychic development is bound by the all-important critical periods hypothesis of embryological epigenesis is still not known. The **critical periods hypothesis** holds that if a given maturation and development scheduled to occur during a given time period does not occur, or occurs insufficiently, that development will be arrested where it stands when its scheduled time period is ended. If this applies to psychic development, as it does for embryological physical development, then any functional-adaptive part-system that fails to achieve its prescribed level of maturation and development in time will be thwarted and further maturation and/or development unlikely.

Some mental health scientists believe that at least some psychic functional-adaptive systems are indeed governed by this law of critical periods while other scientists believe this hypothesis does not apply to psychological-emotional development. If this law operates it would especially do so during the earliest years of life, perhaps up to the fifth or so year. Of these, the first year would be the most vulnerable. The debate will go on for many years to come, unclarity being especially created by both the enormous complexity of factors that influence psychic development and the remarkable adaptive capabilities of human beings from infancy through adulthood. Nonetheless, it is well to respect the proponents of the critical periods hypothesis -- as well as those who argue

against it -- and secure as healthy and stable early development as is possible. This not only because it is better to be safe than not, but also because of the unquestionable principle stated earlier, that the earliest developments are the matrix, the substrate, out of which all subsequent developments arise.

Component Psychic Systems Develop Simultaneously and Influence Each Other

Like physical maturation and development, total psychic development results from the interplay of from insufficient to optimal maturations and developments of a number of functional-adaptive systems. As S. Freud, A. Freud, Erikson, Piaget, Spitz, Bowlby, Mahler, and others have taught us, each system or developmental line has its own schedule and constant sequence of phases, each of which can be examined individually providing us with a number of useful frames of reference from which to observe and evaluate both parts of and total psychic development. But all of these systems mature and develop either simultaneously or in fairly close overlapping fashion. This makes for reciprocity of influence of the status and conditions of development of any one system upon the others. For example, because early cognitive and emotional maturations and developments occur from around the same time, from the first weeks and months of life on, a number of mental health specialists believe that insufficient emotional development of the mother-child relationship will retard the development of a number of other functional-adaptive systems including that of intelligence. Similarly, we have found that efforts to undo retardations in the development of one system, as intelligence, without attending to retardations in other psychic systems, as the development of emotional relationships, tends to bear little fruit, to the great disappointment of all of us.

Each Child Has Her or His Own Schedules of Maturation and, Therefore, of Development

We have said that each psychic system has its sequence of developmental stages, or its developmental line, which has an orderly progression that is the same in all human beings. In this sense all children start in stage A which is followed by stage B, then by stage C, etc. But, within certain normal ranges, **each child has her or his own timetable for the emergence** of each stage of these psychic systems. For example, one child's beginning to walk at 10 months is no more normal nor necessarily better than the timetable of a child who begins to walk at 14 or 16 months of age. In addition, each child has his or her own preference for the development of one part-system component before another. Again, this does not mean that one pattern of development is better or more normal than the other. For instance, one child may learn to talk from 18 months of age

while another does so from 24 months, while the first child learned to walk at 14 months and the second at 10 months. Why such variations occur is not known to date, but we assume that much of the disposition for such variations come from the child's own innate inclinations and the unconscious wishes and desires of the parents.

What Causes Development to Occur in Stages?

Taking from what defines a stage or phase or step in development, speculation allows us to say the following. As we have said, each psychic system (or sector of psychic functioning) develops in a series of stages or phases. Each stage is both identifiable for its kinship to the other stages of its psychic system by its function characteristics, but is also distinguishable from the others by discernibly different features. We must assume that what gives each phase its specific features is that in a given psychic system, a specific maturation dictated by an innate, constitutional timetable, inner forces and unfoldings, propel the child to meet his or her environment at a new level and in a new mode of experiencing which requires a new level and mode of adaptation. The adaptation required is not caused **primarily** by external environmental demands, but rather by the powerful need to adapt to and master the new level of experiencing and internally-driven functioning (adapting). In other words, the inner demand to adapt is by far the greater force compelling the child to develop than is the demand of the external, parental and societal, environment. That, however, does not prevent experience and the environment from facilitating or even seriously obstructing healthy development.

In this sense, development is a constant process of meeting the demands, the task, of each maturational phase. It is by meeting the new challenge each phase presents to the organism that each psychic system develops step by step. Since several psychic systems develop simultaneously or in an overlapping fashion, the child, develops, not step by step, but rather steps by steps. What this means then is that development is a constant process of meeting new challenges and gaining mastery over these challenges.

Development Is Constant Work

Development, then, is constant work. Erikson gives us a useful model. He proposes that each stage of development "comes to its ascendance" and has its principal task. In meeting it, the child experiences each stage first as a challenge, with its excitements, uncertainties, inabilities. During the second period of a stage as efforts are made to cope, frustrations, successes, anxieties, pleasure in function and achievement, are experienced which create a **crisis** of varying intensities and patterns. During the third

period of a given stage, adaptation and mastery are achieved to a greater or lesser degree (1959, p. 53).

Observation of children shows that as soon as one phase is sufficiently mastered, the child is confronted by the demands of the next phase of development. It is this phenomenon, that requires the human organism to be constantly at work in the course of her/his development; constantly at work adapting to the new demands made by growth as well as by the environment in which he or she lives. If one assumes, therefore, that a child's development is easy, is full of fun and pleasure, one is being cognizant of only a small aspect of development. The fact is, that development requires constant efforts on the part of the child, the overcoming of constant feelings of not being able to do something, of learning how to do it, and eventually feeling comfortable enough and secure enough that one can do it with satisfaction. It is important for individuals to recognize that development entails hardships rather than assume that growing up is just plain fun.

Frames of Reference for Detailing Human Development

As we said before, the development of various sectors of psychic experience and functioning have been formulated by Freud, Erikson, Piaget, Spitz, Bowlby, Mahler, Parens, and others. These formulations detail aspects of psychic development covering different spans of time. For instance, the brief spelling out of these well studied and formulated sectors of development which we will do in a moment, show that, whereas Erikson's formulation covers the human's entire life span and that of Mahler covers only the first 36 months of life. Let's briefly outline them now.

Erik H. Erikson's Theory of **Psychosocial Development**

ERIKSON'S EPIGENETIC MODEL OF DEVELOPMENT

Erikson's model addresses the development of the person's self-identity, that is, not just the development of who the child becomes, but how the growing child becomes the person he/she *feels himself or herself to be*. While Erikson considered this development to occur in stages, he proposed that each of the 'attributes' of the self each stage is targeted to achieve exists as a potential from birth on. Thus, each 'attribute' is scheduled to emerge during a specific period of time, as occurs with the development of the embryo in the mother's uterus. During this scheduled development, each stage has an assigned 'organ' or 'system' or 'attribute' that must then develop during its schedule time period. This is referred to as "epigenetic development". Each attribute emerges as a function of what the child is capable of at a given point in psychological development. The first stage, if well enough achieved, will facilitate a successful achievement of the second stage; the first two stages, if well enough achieved, will facilitate a successful achievement of the third one, etc.

Here, taken from Erikson's *Identity and the Life Cycle* (1959, p. 120) is a partial representation (from "Infancy" through "Adolescence") of his "epigenetic model of development".

Infancy	Trust vs. Mistrust				
Early Childhood		Autonomy vs. Shame, Doubt			
Play Age			Initiative vs. Guilt		
School Age				Industry vs. Inferiority	
Adolescence					Identity vs. Identity Diffusion

Erikson proposed that the cardinal functional self-identity 'attribute' the child will achieve for each specific stage of development is:

During Infancy (The first year): “Trust versus Mistrust”, which essentially means that the child will progressively feel he can trust his primary caregivers and in complement with that the child will feel that he is worthy of that trust. By the end of Infancy, this aspect of self will now become part of the child’s self-experience. Note that this development is felt by the child to include his feelings about himself and about his caregivers.

During Early Childhood (1 to 3 years): “Autonomy versus Shame and Doubt”, which means that the child is developing the confidence that he can act on his own or, if his overall experiencing is predominantly negative, that he cannot trust that he can act on his own, that he needs the caregiver to do what, or get him what he needs. He will or will not begin on the path to self-reliance.

During Play Age (3 to 6 years): “Initiative versus Guilt” means that the child will acquire the sense of deciding what he wishes to do and what he, age-appropriately can do; whereas if his experiencing is too often negative he will feel that what he wishes to do will be bad or be disapproved of and he therefore will have much difficulty doing something that is age-appropriate self-reliantly.

During School Age (6 to 12 years): “Industry versus Inferiority” speaks to the child’s ability to develop the discipline of working, that is, of actively learning in school, studying and doing his/her homework, being helpful around the house and even in the community. This growing capability raises the child’s self esteem, self-confidence and self-reliance. Failing to achieve such capability leads to a lowering of the child’s self-esteem, self-confidence and leads to developing a sense of inferiority over others.

During Adolescence (12 to 18/21): “Identity versus Identity Diffusion”. The development of one’s sense of self, of one’s ‘identity’ peaks during adolescence. While much more development lies ahead, the organization of the sense of self in adolescence is highly determining of later success in life, in work and in love relationships.

Sigmund Freud's Theory of **Psychosexual Development**

THE THEORY OF PSYCHOSEXUAL DEVELOPMENT

As with all aspects of a human being's functioning, human sexual and reproductive development begins very early in life. Mental health professionals have recognized that sexual experiencing is an important part of every human being's emotional life. It is for this reason, that they have studied not only the human's sexual development from early childhood on, but have especially studied it from the vantage point of the part it plays in the child's emotional, or **psychic**, life. This is why they labeled this developmental theory: **Psychosexual Theory**. Psychosexual theory details an important part of human development.

Psychosexual development occurs in 6 phases.

1. From birth to around 18 months of age is the **Oral Phase** of psychosexual development. The word "oral" refers to activity that makes use of the mouth. The specific way in which it is important is that oral activity in this theory is considered to be the most dominant form of erotic experiencing of which infants seem capable. Two factors play a part in this "erotic" experience: pleasure in sucking and pleasure in tasting. The most specific "feeling" of the mouth is, of course, taste. Sucking pertains to that critical factor which is that the mouth, the oral cavity as physicians say, is the entry port of that most vital of all functions, to take in order to digest food. Food intake, along with the need for oxygen and the effects of pain, is of such importance that it can waken an infant from sleep, and lead him to exhibit very demanding behavior. Given that, both the inner layer of the mouth (the mucosa) consisting of very sensitive cells, and that the gratification of both sucking and hunger is so pleasurable, and that in addition, the intake of food is vital to life, it is not puzzling that during the early months, and to a significant degree from then on, the child's mouth is a major body structure around which much important special experiencing occurs and becomes organized. Yet another easily observable important use of the mouth is that it also becomes one of the infant's earliest means of exploring his environment. He feeds, feels, tastes, explores, and experiences much pleasure or frustration through the activity of his mouth.

2. Next comes the **Anal Phase**, roughly from 18 months to 3 years. In psychosexual theory, this part of the body is given special importance during this age period, because this body part and the basic function it serves come under a good deal of attention by the child as the child begins to feel the need for developing control over both this body part and its vital functions. Again, this is a vital body activity in that it is necessary for survival. We must rid our bodies of waste products or we would not survive.

Most people have a good deal of a difficult in recognizing that humans (and probably all animals as well) feel a specific form of pleasure in the course of ridding our bodies of the waste products that accumulate within our large intestines and our urinary bladder, the remains of the foods and fluids we take in that we do not digest and take into our cells. Part of this form of pleasure, again, has to do with the fact that the surface layer of the exit port of our digestive tracts, our rectum and anus, consists of "mucous cells" which makes it very sensitive to stimulation. It may be because the rectum and anus are anatomically located quite close to our genitals that the nerves that serve the areas where and by which we feel the need to excrete waste products from our bodies sometimes stimulate our genital parts as well. For instance, all parents have discovered that baby boys will often have an erection when, in the course of being diapered, they urinate.

But there is much else too that leads the child's attention to the anal part of his body and its functions, namely, that it is perceived by the young child as a body function over which the child wishes to gain control and mastery. It becomes a crucial task for the 2 to 3 year old to learn to control those muscle rings we call the anus and the bladder sphincter. This is the period when the young child is concentrating on toilet training, and when this is achieved, derives much pleasure and a sense of accomplishment or, when he does not, experiences much frustration and feelings of failure.

3. The third phase of psychosexual development, which runs from about 2 1/2 to 6 years of age, is what developmental researchers propose to be the **First Genital Phase**. This is the era of the human's life when sexuality as most people understand it begins. Now erotic feelings become directly aroused by and experienced in the genital parts of the body, of course, in the boy his penis and scrotum, and in the girl, her clitoris and external as well as internal vaginal areas. This "first genital phase" also includes the Oedipal Complex (which in this Curriculum, in Unit 3, we call the "Family Romance"). During this 2 1/2 to 6 years period, the child is pre-occupied with and usually much concerned about sexual feelings, fantasies, sexual differences, and, when permitted often will ask questions about their own genitals and those of others, and about babies. We talk extensively about the "family romance" as well as major details of the preoccupation with both genitals and the origins of babies in Unit 3 (3 to 6 Years).

4. Then comes the **Latency Phase**. This phase is so labeled because, in comparison with the 3 to 6 years period child's pre-occupation with genitals and the "family romance" dynamics on the one hand, and the striking sexual body developments and upsurge of sexual interest of puberty, the period from 6 to 10 or so years of age is rather quiet with regard to sexual concerns and interests, or sexuality is relatively dormant and thus, "latent", as if inactive but ready to become active at a biologically prescribed time. This does not mean that there is no sexual pre-occupation or expression of interest at all but that, rather, it is not so dominant as it is before and will be at puberty.

One wonders, thinking of the challenges sexuality is to humans, whether the wisdom of nature has a hand in this since this 6 to 10 years period is when throughout cultures, children are expected to start the arduous and taxing journey toward becoming a contributor to society by being a "worker". Industrial countries especially have made it obligatory that children be made to put much adaptive energy into learning now not only at home but especially at a much accelerated rate now in school, on building a remarkably wide range of skills, on learning to take responsibility and do homework, and on developing (nonsexual) relationships with peers more.

5. The fifth phase of psychosexual development is the **Pre-Adolescence Phase**, ages 10 to 13 or so. This period has more recently come to be recognized as an important "transitional" phase, between being a "latency-age" child, or elementary school age child, to becoming an adolescent. During this transitional phase, the biological stirrings that will lead to puberty are believed to be set in motion, and begin to influence the child's feelings, concerns, and behaviors. Thus, while continuing to focus much energy and attention on ever developing skills in schoolwork and elsewhere, the 10 or so year old is beginning to feel those unique bodily changes that come with getting ready for puberty, that remarkable biological process that ushers in and thrusts the youngster into Adolescence.

Two terms that are key in psychosexual theory are puberty and adolescence. **Puberty** is that **biological** process and **time period** from about 11 to 14 years of age that brings about the metamorphosis of the child as sexual being into the beginnings of the future adult as sexual being. It is the biological process that begins the conversion of "infantile sexuality" into "adult sexuality". It does so by virtue of a genetically programmed activation in the child 10 or so years of age of hormones that start the maturation of not only the total youngster into his or her adult form and but especially so of his or her reproductive system. This brings about the well known physical metamorphosis including marked enlargements of the body as a whole, and of secondary sex characteristics. **Adolescence**, initiated by puberty, is that decade-long developmental period, physical and psychological especially, that bridges childhood and adulthood. During this long period, the child gradually evolves into the adult. Developmentalists believe this period to be so complex in its development that they subdivide it into 3 phases. In this Curriculum we address adolescence in these 3 phases.

6. **Adolescence**: As just noted, from about 12 or so years until about 20, in psychosexual theory is the period of remarkable sexual transformation from childhood to adulthood. Physically and psychologically, in terms of his or her evolving sexuality, the child gradually is developing into a man or a woman. Sexuality now becomes a major pre-occupation, source of great challenge, much concern, and it organizes one's

experiencing of oneself as an individual person with a clear and stabilizing sense of gender-self. This crucial further organization and stabilization of one's gender-self influences importantly the character of one's relationships to others.

Although not included as parts of psychosexual theory, the following notes might usefully be added here.

Adolescence is further challenging to both the growing child and parents by virtue of not only the enlargement of the skeleto-muscular system in both female and male but by a clear upsurge in physical strength and in **aggression**. This becomes particularly challenging in the face of the normal anger, hostility, and occasional hate that may be experienced by the growing youngster toward those persons he most values in life. This challenge becomes even more daunting for both the growing individual, his parents, and society, when, because of lifelong abuses, neglects and deprivations, the growing young person is loaded with hostility, hate and rage, which now, when discharged can have a powerful destructive impact on himself, those around him and society.

This also is the time when a young person gradually becomes more independent from his or her family of childhood, one of the most challenging tasks of this decade-long developmental period. The adolescent has to enter adulthood having achieved the critical **shift of the center of his relationships** being occupied by his family of childhood to that center becoming progressively occupied by the peer group. This is essential for healthy development because it is from this peer group that the young adult will eventually select a mate, and achieve the end point of sexual development which is the preservation of the species. This does not mean that all adults must reproduce to fully be adult. It does mean that reproduction when it occurs in the course of normal healthy development is a function of adulthood. We see only too often, the harm done to both child and young mother, when reproduction occurs in mid adolescence, when it too prematurely makes its enormous demands on the adolescent who has not yet sufficiently done the work of development that can take it safely and with stability into the rigors of adulthood.

Enormous developments in intelligence, the ability to learn and to develop skills makes adolescence a remarkable developmental period that prepares the growing individual for his/her life work. The adolescent is now setting the stage to either go to college or take an income earning job.

7. Adulthood and Parenthood: During this over-21 years of age period the person becomes self-supporting, and usually marries and becomes a parent. This of itself, is the end-point of psychosexual development: **reproduction**. As we noted earlier, one can be a fully mature adult and elect not to reproduce. While sexuality is a major factor of our humanness, it is not the totality of being a human being.

Margaret S. Mahler's Theory of **Separation-Individuation**AN OUTLINE OF **SEPARATION-INDIVIDUATION THEORY**

Age of Infant	Name of Phase	Description of Phase
0 - 6 wks*	Normal Pre-symbiotic Phase	The newborn is most aware of what he feels inside himself. He has feelings -- hunger, fullness, cold, warmth, etc. He cannot tell the difference between what is inside and what is outside himself. However, newer research shows that an infant can recognize his mother's voice and smell, and is already beginning to show interest in the world around him, particularly in his caregiver.
1 - 6 mos.	Normal Symbiotic Phase	Slowly he begins to see the difference between himself, and the world outside of himself. He thinks of his mother and himself as being together in one membrane, as if they were together in an eggshell. He develops a special attachment to his mother. He molds into her when held, and most of the time at this age seems to like to be held.
6 - 36 mos.	Separation-Individuation Phase	NOTE: This phase consists of four subphases , described below.
6 - 9 mos.	Differentiation Subphase	While still in the symbiotic phase he begins occasionally to turn away from Mother, wanting to do things himself (e.g., he may grab a spoon from her.) However, he still has a strong symbiotic attachment to her. He begins to look more alert, an appearance which led Dr. Mahler to describe this as a "hatched" look, as if he just came out of his symbiotic shell. He vaguely senses that his mother is a different person from himself, and is anxious when she goes away.
9 - 14 mos.	Practicing Subphase	More and more he has a clearer idea of what is

inside and what is outside himself. Although separation reactions are still there, they subside somewhat during this period. While still attached to his mother, he gradually becomes very attached to father and others in the family. He finds the "outside of himself" very exciting. He practices his newly acquired skills and capabilities and has a sense of elation doing so a good part of the time.

14 - 24 mos. Rapprochement
mother during
around her
aware that they are

Subphase

The child fairly easily separated from the practicing subphase now hovers because he is now more clearly

separate people. This awareness brings about a mood of low-keyedness. There are times when the child is in conflict, one moment wanting to be "a big boy", and the next wanting to be a little baby again, enclosed with the mother in one shell. At such times, he is puzzling to his mother, because he can't seem to make up his mind what he wants to do.

24 - 36 mos. Toward Self and
Object Constancy
Subphase

Progressively during the third year, the child knows who he is and who his mother and father are. When they go away he can picture them in his mind, and more importantly, he has within himself the sense of having a mother and a father who care about him, and can be depended upon. Even when he feels troubled, he has an emotional awareness of who he is and that his parents are there for him.

*The ages listed in this table may vary with individual children.

**Dr. Mahler originally labeled this phase the Normal Autistic Phase.

This was later changed by some of her students.

There are other useful formulations of the development of other sectors of psychic experience and functioning which, however, we shall not detail here. Just mentioning some of them for the interested reader (student), there are Sigmund Freud's (1926) **Danger Situation Series** which details the series of anxieties experienced in the course of normal development; Rene Spitz's theory of the development of the **Libidinal Object** (i.e., the **attachment** to the Loved Person); Henri Parens's (1971) **Epigenesis of Dependence** in normal humans, also a self and human relationships theory, and his **Epigenesis of Aggression**. There are also the theories of Drs. Louis Sander and of Stanley Greenspan, both highlighting the interactional influences of infant and its parents on the infant's emotional development during the first 3 to 4 years of life.

Our Plan for Presenting Psychic Development

Each of these provides us with a frame of reference which can help us examine, detail, and understand human psychic development. But in order to do so, in this work we find it useful to follow especially the stages of development proposed by Erikson's Psychosocial theory, using broadly stated age periods. As can be seen from the formulations of Mahler and Spitz, however, certain developments do not follow yearly anniversaries and it is best to not hold rigidly to viewing development year by year, but in terms of developmental processes and stages of development. Bearing this in mind, we propose to follow development subdividing it into the following parts much as Erikson has done, and as is utilized by most students of psychodynamic human development:

1. **Infancy** which extends from birth through the first 12 months of life;
2. **The toddler years** which extends through the second and third years of life;
and
3. **The preschool years** which extends from years three through six.
4. **The middle childhood years** which extends from about 6 years through 10 years of age;
5. **Preadolescence** which extends from 10 or so to about 13 years of age; and
6. **Adolescence** extending from about the twelfth year to about twenty years of age.

We emphasize again that the years suggested for these periods of development are only used as general landmarks. Human developmentalists do not believe that a given phase of development occurs according to a very specific age, but rather according to the physical and emotional timetable of each specific child. Hence, the given years are

intended only to be approximations of how long a given period of development on the average may last.

In our examination of human psychic development we will take each of the above stages (or periods) in turn, and first examine aspects of **physical development** pertinent to the psychic development we expect to find at this time. We will then follow with a detailed examination of **psychic development**. In terms of psychic (or mental, or emotional, or psychological) development, we shall first look at what is most observable in the child's behavior. From the behavior we shall infer meaning as has been learned in observational research and clinical work during the past century with humans. Because of its complexity, psychic (or mental, emotional, psychological) development will be subdivided according to clusters or sections of psychic activity. We shall first look at the child's developing **abilities to adapt** (part I), including his patterns of feeding and establishing wake-sleep patterning as well as the development of cognitive capabilities. We shall then also look at the young child's developing the ability to fantasize and to play. Then we shall look at the child's social development, that is, the development of the child's sense of **self and of relationships to other human beings**. This will be followed by some spelling out of the evolving of the self as a **sexual** being, and how the child experiences and deals with his or her **aggression**. This will be followed by another section of the development of **adaptive abilities** (part II) crucial to coping well, now informed by an understanding of the development of self, human relationships, sexuality and aggression. These adaptive abilities pertain to the evolving dependence and self-reliance, to mechanisms of defense, including the sublime capabilities of empathy, altruism, and sublimation. The last section then is on the development or **conscience**.

Each of these sections in turn will have a number of subsections, or "issues", which we shall address one at a time from 2 or 3 vantage points, a key characteristic of our approach. For example, Feeding, or Wake-Sleep Patterning, or Human Attachment will be viewed from the vantage point of **human development**; this will give an understanding of what a child is normally capable of at a given age period. Then each issue is addressed from the vantage point of **child rearing**; and where pertinent it will be examined from the vantage point of **parenthood**, apart from child rearing. Thus in our approach, we present development and child rearing side by side, emphasizing especially the need to do one's child rearing based on understanding the specific child's development, -- e.g., needs and capabilities. We stress that parenting is a complex set of functions, complex work, and that it can be better understood and examined by subdividing parenting into the 3 domains (and standpoints): human development, child rearing, and parenthood. The student who can appreciate the perspective each standpoint provides will have no difficulty integrating these 3 as is eventually necessary.

**PARENTING FOR EMOTIONAL GROWTH:
A TEXTBOOK**

INTRODUCTORY UNIT

CHAPTER 4

CHILD REARING

General Principles

Every day, and with every strain, a parent should ask her or himself: "Am I treating my child as I would have wanted to be treated? "

Child rearing begins at or near birth. It continues through adolescence during which time it gradually decreases and fades away. Child rearing must take into account the needs of the child, of the parents, and at times of society. It must also account of the child's developing capabilities to adapt to and comply with the parents; and society's expectations. When it does this and is based on such taking into account, child rearing **changes** in its character, that is, in form and content, as the child passes from infancy through adolescence.

Let us define child rearing: **Child rearing** is a constellation of activities that parents (or other caretakers) do for and to children from infancy through adolescence, the goal of which is to promote the development of that child into a social being and reasonably self-reliant person. In optimal circumstances it promotes that development toward attaining the desirable potentials with which the child is born.

We say that the character of child rearing changes. Child rearing changes **in its form** in as much as the 2 year old is an individual who, for a number of reasons, is cared for in a very different way from a 7 year old or 16 year old. It is not appropriate for a parent to consider and care for a 2 year old as for a 7 or 16 year old. Each requires its age-appropriate approach in a variety of rearing issues. The form of child rearing also changes in the way it is carried out. For instance, one does not talk to, nor set limits with, a 2 year old as with a 7 or 16 year old.

In addition, the content of child rearing changes in accord with the child's age. For instance, toilet training issues are typical, normal and desirable, at 2, 3, and 4 years of age. These are occasional and troublesome at 7 or 8, and except for specific disordered persons, rare at 16.

Why is Child Rearing Necessary?

There are two fundamental reasons and sources of pressure for child rearing. First, are the demands and expectations imposed by society on parents for the socialization of their children. That is to say, society imposes certain expectations and demands on how their members will behave; how children behave is in the hands of parents and a given society makes its expectations known to its parents. The second source and pressure for child rearing comes from the children's own needs, demands and inner pressures, that call for guidance, limit-setting, protection, help in development.

Societal-Parental Demands and Expectations

It is well known, for example, that toilet training is required by society as well as by parents. Some nursery schools for instance, will not accept children unless those children are toilet trained. The reason is simple: it is a very large burden for nursery school caregivers and teachers to do their job as nursery school teachers if they also have to tend to matters such as toilet training in 10-20 young children. Similarly, children are expected to learn to share things, to not destroy things that belong not only to themselves but especially things that belong to others; many such rules of conduct are set down by society. We also know that it is highly desirable, and parents especially experience this: that children learn to like themselves, like others, like their parents, and heed reasonably the demands made by the parents. The reason such self caring is encouraged by parents, is that children who don't like themselves are often self destructive as well as hostile toward others. We also recognize that it is important that children learn to take care of themselves, to become able to perform certain functions for themselves. Children are also expected to learn to take care of others where needed; for example siblings are expected to take care of each other, indeed, in some societies, such as in China, children are expected to learn to care for other children from very early on in life. Of course, children are expected to learn, to work in school, to work in the house, to work outside the house, to become eventually a functioning member of society. In addition, children are expected to learn to comply with the demands of societal authority, whether that authority is that of the parents themselves, of teachers and officials at schools, and community authorities, such as police officers.

Children's Needs for Child Rearing

Children first and foremost need to be loved, appreciated, respected and they need to be understood, emotionally and intellectually. In addition, in the course of normal development, children also need help in containing some of the feelings they experience such as anger and hate; they also expect help in controlling the sexual pressures that arise

from within them and make enormous demands on their abilities for self control. Children expect parents to help them know what is dangerous and what is safe, expect their parents to help them learn skills such as to dress oneself, to feed oneself, to cook, to ride a bicycle, to read and to write, etc. There are many ways in which parents as well as teachers, are enormously instrumental in helping a child become an organized individual with capabilities that will increase the child's ability to rely on himself or herself, and lead toward eventual self-reliance.

Parents sometimes do not recognize that children expect parents to set reasonable limits on their behavior. Many times a child will want something very strongly and the parents may say that the child can not have this or that. While the child may be angry at the moment of refusal, at the time when his wishes are thwarted, further thinking and the passage of time will often help the child see that the parents acted in the child's best interest. It is not uncommon for a child in a good relationship to be able to say to his or her parents "Thanks Mom for not letting me spend my money on this (or that). It really would have been a waste." Even more important is the appreciation children experience when they are protected by their parents against some of their own normally hostile and destructive feelings or excessive sexual feelings, the expression and the discharge of which could have gotten the growing child into a great deal of trouble. It is important for parents to recognize that children want help in developing better inner controls, in developing self discipline, in developing useful skills, and in developing good judgment.

Goals of Child Rearing

Closely related to the need for child rearing, are the goals of child rearing. These goals are determined by several sets of factors: parental factors, cultural and societal factors, and factors imposed by the child.

Parental Factors

Parents experience their growing children as individuals in need of socialization, training, molding. They experience this from several aspects recognizing the child's psychological limitations and capabilities, the requirements dictated to them by the preservation of their child's health and well being and from the child's own stated and evident needs. The child becomes the representative and perpetuator of the family and of the parents themselves. Many parents experience their children as their representatives of immortality. Consequently, the parents feel (consciously and unconsciously) a great pressure to mold that representative and perpetuator of the family in given images that have indeed been imposed on them by their own parents. In addition, parents have emotional needs that can be fulfilled by their children if their children assume certain characteristics, function in certain ways, and bring them pleasure. These emotional needs that parents have regarding their children are to a degree found in all parents, to a degree

are healthy, but where they are found to an excessive degree may be neurotic and undesirable. If these emotional needs on the part of the parent are too great they will create individual. In addition, philosophical, religious, educational and other personal convictions, contribute to the goals that parents have in the rearing of their children. These will strongly influence the character of that rearing.

Cultural and Societal Factors

These factors of course, are to a degree very similar to those stated above under Parental

Factors, the reason for this is that parents are the representatives to their children of their own culture and society. It is through the parents that culture and society bring their impact on the rearing of the child. In addition to the parents' influence, the child's experiences at school and in the community, will contribute to the kind of group member the child becomes. Many efforts combine toward making him a part of and a contributor to a given society, be it in the form of that person's becoming a homemaker, a farmer, a lawyer, a baker, etc. Again religious and educational factors both through the vehicle of the parents, as well as directly through religious education, through regular school education, exert their influences. Cultural traditions make themselves felt as well as socio-economic limitations and pressures, all being factors that bear on the goals of and the way children are reared.

Factors Imposed by the Child

Factors arising from within the child that influence goals of child rearing, include variations in psychobiological givens and capabilities of the child. To parents who are sensitively attuned to their child, the developmental timetables of their given child will guide the demands these parents make on their child in his or her rearing, along with the extend of these demands and the timing of their introduction in each child's rearing. Children have different developmental capabilities which also will influence the goals of the rearing carried out by the parents; for example a cerebral palsied child cannot be expected to perform and develop his or her capabilities at the same rate, to the same degree, as can a child who is not afflicted in this manner. Even where there are no major afflictions, children have different timetables, different rates of maturation, different innate capabilities, different degrees of intelligence. All of these play a large part in parental and societal expectations and thereby have an influence on the goals of child rearing. In addition sexual roles, sexual identities, and expectations that the child has and experiences as pressures arising from within her or him, also give shape to and provide goals in child rearing. Of course, this factor will also be in part imposed upon the child by his environment and by the parents.

Child Rearing is Molded by the Environment in Which It Takes Place

The Principal responsibility for and task of child rearing falls to the parents of a given child. If we consider just that factor we will recognize that child rearing is highly variable throughout the world. For example, for some children it is two parents who essentially assume the responsibility of that child's socialization. Where there is but one parent in a family it may be just that one parent, without other significant relatives, who plays the major part in the child's early rearing. In other cases, one or more significant relatives, as a grandmother for example, contribute(s) to the child's socialization. And then, some children grow up in environments where the nuclear family is established in a neighborhood network, often a support system, in which a number of individuals may have a significant input even early into the child's life and rearing. Let us also add that some socialization input surely also come these days from daycare settings where young children may spend many or few hours a day.

Also, consider some of the communal forms of living where child rearing essentially falls to a particular nucleus of people who will attempt to treat all children very much in a similar manner. For example, in some of the communes that have been established in the past decades in the United States, and in the "kibutzim" in Israel, a cluster of families live together, with the children being essentially cared for during the day by a team of specialists from that particular commune. Consider too the infant and child nurseries in China and in Russia, and in other European countries, where some children even from birth are physically located and remain in a nursery where they are raised more or less uniformly. To date too little is known about what the impact of such group rearing will be on these children; it is, however, probably inaccurate to assume that the children do not get many of their basic needs met, and some positive results probably will yield from that kind of upbringing. One might add parenthetically that some of the experts who rear children in such communal living may be extremely sensitive and capable people who can achieve remarkable developmental results with children. Study of these practices is needed to document the outcome of such upbringing.

Other forms of group upbringing for children of course have been known for centuries all over the world. For example, we have long had orphanages and shelter programs for the orphaned young, or young from the very poor. The work of Rene Spitz and that of Sally Provence and Rose Lipton, indicate significant difficulties in the development of children who are cared for in even good orphanages and shelters. The reasons for this will be detailed later. A number of factors created by the environment in which the child is reared impinge on that upbringing: such as the quality of the relationship between the child and the upbringing parent or parents; the degree to which the child's needs are taken into account by the upbringing environment; the attitudes and feelings the parents have toward child rearing; the quality of the relationship between the parents as that relationship impinges on the child's upbringing; the status of physical and emotional well-being of the parent or parents, and other very pertinent factors. Of these

we would like to comment on two points especially: (1) perhaps most important, is the influence of the biological parent on childrearing in contrast to the rearing being carried out by individuals who are not the child's biological **and psychological** parents; and (2) the influence of disagreement between parents regarding issues of child rearing.

Rearing by Biological (and Psychological) Parents and by Non-Biological Parents: Probably one of the most important factors influencing child rearing has to do with the **quality** of the **emotional** investment made in the child by the child rearer. Personality development, that will influence an individual for his or her entire life, very much depends on the kind of relationships the child makes with the persons in his or her environment. Child development specialists believe that the deeper and more significant and the more positive the emotional investment the parents make in the child, and in turn, the child makes in his environment, the more will that child's psyche and personality develop in its many potential variations, the greater and most optimal will that development be. By contrast where emotional investment in relationships is weak or is poor, or is sufficiently laden with rage and hostility, the influence of this type of relationship will lead to a heightened development of conflicts in the individual on the one hand, and on the other hand, will lead to thwarted development of the potentialities innate in a given individual.

One of the principal mechanisms at work in the influence of relationships on the development of personality and character is that of identification. Identification has to do with the child's taking into her or his own personality, and being profoundly influenced by the dictates, the demands, and the characteristics of the individual to whom the child is emotionally attached. The more optimal the human relationships, the more optimal then the identifications, and the more optimal will be their influence on the development of character and personality.

In the normal infant's formation of relationships, we have said that one of the most important ingredients is the **degree to which the child is invested emotionally by the caregivers**. Close observation over years of child caregivers including parents, teachers and day care workers, confirms that the degree to which the parents invest emotionally in their children is far greater and has a **unique quality** which non-parent caregivers cannot emotionally bring into their caregiving and their relationship to the children with whom they are charged. This applies to even excellent caregivers, teachers, physicians, etc. to all those who have frequent contacts with children. There is a uniqueness in the quality and the degree to which a healthy parent invests emotionally in his or her own child. It is this factor that warrants the distinction that parents form a **primary** relationship with their child in contrast to the **secondary** relationships children form with other valued persons as teachers, caregivers, etc. We shall say more about this in Units 1 and 2.

It is this unique **qualitative emotional investment** that plays such a large part in the often found differences between children who are and children who are not reared by their own parent(s) -- whether the parents are the biological, or adoptive parents, or even

well devoted grandparents. According to the best estimates of Western child development specialists, a child requires being **sufficiently valued emotionally**, sufficiently touched, related to emotionally, shown signs of affection, love and consideration, and **must attach sufficiently emotionally** to one or two specific parenting persons to develop optimally in all areas of his or her personality, and have the chance to attain his or her inborn developmental and adaptive potential. As we said earlier, Provence and Lipton studied children in institutions as orphanages, where these children's physical needs were met quite satisfactorily but no opportunity existed for a close emotional tie with a constantly-present-enough adult. These researchers found marked deficiencies in age-adequacy in these children's expectable adaptive capabilities. With conviction, they ascribed these deficiencies in expectable development to the lack of a deep primary human relationship. Related findings are also reported in other human studies carried out by R. Spitz, M. Mahler, S. Brody, S. Fraiberg, S. Greenspan, as well as in studies of other animals as by H. Harlow on monkeys, by H. S. Liddell on goats, and others still.

Regarding Disagreement Between Parents on Child Rearing Issues: It is important to acknowledge and accept the fact that often parents will disagree on how to handle a given situation pertaining to the child's rearing. Many factors contribute to this, all depending on the specifics of the parents' personalities, philosophies and viewpoints on life, etc. We believe, in fact, that disagreement between well-meaning parents is unavoidable. Disagreement between parents in and of itself need not cause problems for the child; in fact, it can even be a positive factor in child rearing. One of the principal reasons these can be a positive experience is that the child too will often be in disagreement with others, be it siblings, peers, and eventually a mate. Seeing his parents disagree and how they deal with such may be most helpful. Learning to deal with each other appropriately, reasonably, in our disagreements with others is important both for personal and for social reasons. Inevitably, at one time or another, we will disagree even strongly with people we value, or need, or even with those we love dearly.

But not all disagreements between parents turn out to be positive experiences for anyone, including the child. When disagreement between parents cause harm to children it is because of the character of the parents' disagreements. That is to say, where parents are excessively angry, or outright hostile or even insulting with each other, when they obviously do not respect each other, or when they depreciate each other either as a person or in terms of her or his ideas, under these circumstances disagreement will cause harm to the child. It is not the disagreement that causes the harm but rather the hostility, the mutual depreciation of the child's parents.

No harm will come to the child whose parents, who love each other and respect each other, disagree in front of their child on an issue pertinent to that child's upbringing.

Cultural Variations in Child Rearing

Studies of child rearing in a variety of cultures reveal that some aspects of child rearing tend to be quite universal whereas other elements in child rearing vary from culture to culture. For example, in general there is an interesting contrast between the roles played by mothers and by fathers throughout cultures. Mothers, throughout most cultures, are the prime caregivers of the young infant. By contrast, the role the father plays in the relationship to the young infant varies quite significantly from one culture to another. In addition, there are variations that are of a regional kind such as variations that arise out of climate or socio-economic conditions. Similarly there are aspects of child rearing that vary from North America to South America, as well as from Africa, etc. Some variations occur even within a given territorial space depending on subgroups coexisting in a given territory. For instance, the United States is well known to be a melting pot of many ethnic subgroups. In addition, variations arise in cultural translocations of families, where coexisting former traditions are modified by encroaching current modes of child rearing. A study of variations in child rearing is an enormous and fascinating undertaking.

Constant and Changing Aspects of Child Rearing

In the first paragraphs of this chapter we noted that child rearing changes in character in the course of a child's development. In some respects, however, child rearing does not change, some of its aspects remain constant. The study of any one family would be an excellent way of examining aspects of child rearing that are constant and aspects that change. In all families that are sufficiently stable and well structured, parents will entertain certain goals and modes of child rearing that will be constant from one child the next. However, if they are sensitive to their children's individual variations in innate givens and capabilities, parents will make varying demands on one child as compared to another. Thus the parent who recognizes a child with marked intelligence will probably make demands on that child that will be different from the demands made on a child whose intelligence is recognized by the parent to be more limited. Also, some demands will be made according to the child's gender.

Important and of much interest, is the fact that many parents in the course of rearing their children become more stable as child rearers, as they learn more about children, and how to help them grow better; such parents will change their techniques and demands in rearing a child who comes at a later time, after having learned much in rearing their first and second child. Not uncommonly for older children feel and rightly tell their parents "You never would let me do that when I his or her age." No doubt this statement has been made justifiably by many a child. After all, parents do learn a great deal about children by the process of rearing them. Again, the fact that children differ temperamentally, that children have different developmental timetables, also makes for

some variations in the way parents will rear one child as compared to another. However, again, although many factors lead to changes in parental conduct in child rearing, important elements of the parents' child rearing do not change.

Variations in Child Rearing Arising Out of Variable Factors in Different Child-Parent Relationships

Ultimately of course, the greatest factor that makes for variations in child rearing arises out of the character of a specific mother-child, father-child, parents-child relationships. Each parent brings to the child-parent relationship his or her own personality, hopes and wishes, and expectations. These have the very distinct stamp of each individual parent. And then, there are differences in each child even from infancy on. Differences in temperament (already emerging personality) appear such in degree of stubbornness, irritability, facility in molding, in responding to experiences and in handling, to name a few. In addition, each child has biological limitations and assets pertaining to her or his intelligence, maturational rate, motor-muscular coordination, perceptual apparatuses and more. Extremely important in the character of the child-parent relationships is the degree to which the parents and child develop an emotional dialogue characteristic for their relationships, a dialogue where there is sufficient reciprocity, mutual empathic sensitivity, mutual respect, and mutual affection. The more positive these elements the better the child-rearing will proceed.

Child development specialists indicate that a harmonious, positive, mutual dialogue between child and parent, can and is already carried on, not only at a verbal level, but well prior to the child's ability to speak. This refers especially to the emotional interplay of communications. This mutual emotional dialogue between child and parent is determined by the characteristics of the mother's and father's personalities and those characteristics with which the child is already equipped and are already visible near birth. Sometimes a mother-child relationship dialogue is strained because of differences in their characters or because of a struggle in the tensions that exist within each individual and the way these different tensions come into conflict with one another. For example, some mothers who tend to be rather slow moving and prefer a calm environment in which to be, may find it difficult to deal with a child who is very active from birth on, a child who makes a good deal of noise and tends to prefer to move about rather than to sit still. Or, the other way around, a mother who tends to be quite active and constantly moving may find a placid, calm, comfortable child disappointing, perhaps fearing that there is something wrong because the child tends to not move as much as she does. With such personality clashes some difficulties may be encountered.

On the other hand, let us emphasize that both parents and the child tend to do a great deal of mutual adaptation where differences in personalities exist. We assume, in fact, that many he or she has no rights to an opinion or to a feeling of his or her own. In

the activities and relationships of child rearing some give and take has to be yielded by all the members involved. There are times when a parent has to yield to a child's insistence on doing something a way that is different from the way the mother would like the child to do it. Sometimes the change of mind on the part of the parent may have to do with a short term demand that is being made, an event that is occurring here and now. For instance, a child who is very much in the need of some play time with his peers may ask to be permitted to go out even though there may not be much time before dinner. It may behoove the parent at times to yield and allow the youngster to go out for 10 or so minutes and insist that the child then come in time for dinner thus yielding to the child's wishes.

On the other hand, of course, part of the task of parenting and child rearing is to know when to say "No" to a demand and to a request. The best guide is good common sense and evaluation of appropriateness of the demands made either by the parent or by the child. There is no substitute for using one's judgment, using one's good common sense, and sorting out whether a demand made by the parent or a demand made by the child is an appropriate one given the child's age, the child's needs, and the child's ability to deal with the situation in question.

Age Adequacy and Child Specificity in Child Rearing

What we have in mind here is that all elements in child rearing ought to pass the test in the form of the following questions: "Is what I am asking my child to do something my child in fact can do, that is, is developmentally capable of doing." Secondly, "Is what I am asking my child to do something that is in this particular child's best interest at this time."

The fact that children vary in their innate reactivities and capabilities, and in their developmental timetables, as well as in the characteristics of their needs, is what gives reason to the principle that **one cannot treat every child the same way**. In fact one cannot even treat the same child the same way all the time! This is why it is important for parents to observe and study their children, attempt to understand their child's personality characteristics, the stresses created in him or her by the needs he or she experiences and where the child is at any given time in terms of his or her "state" (how one feels at any given moment) and developmental capabilities. Can the child meet the demand that the parent is making of the child at this moment? One makes as great an error if one demands too much as when one demands too little, if one expects too much and if one expects too little of a child. Where parents actually attempt to understand their children as human beings who have needs and capabilities that change over time, the parent is more likely to come closer to what will be a sufficient demand, a sufficient expectation for a given child at a given time.

Because of all of these factors, child rearing differs with each child as each child differs from other children. And perhaps, one of the most useful questions a parent might ask from time to time during the course of a day of child rearing is "Is the demand I am making, is the expectation I am having of my child, growth-promoting, or will it be growth-inhibiting?" Although this question may not always be easily answered by a parent, the parent who has this question in mind will more often be able to answer it than the parent who does not ask it. In other words, we have found much concern on the part of parents to understand their children and to do as good a job in child rearing as they can; but one gains the impression from working with parents that they are too often not patient enough with studying their children, with asking the kinds of questions we are suggesting here. It is not possible to rear a child well without giving much thought to the child's emerging and developing personality, the child's needs, sensitivities, vulnerabilities, as well as remarkable strengths and capabilities. The better one is aware of the characteristics and the needs of our children the more likely will our child rearing be growth-promoting.

***PARENTING FOR EMOTIONAL GROWTH:
A TEXTBOOK***

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TEXTBOOK

UNIT 1

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UNIT 1

INFANCY: (0 TO 12 MONTHS)

***PARENTING EDUCATION FOR EMOTIONAL GROWTH:
A TEXTBOOK***

UNIT 1

INFANCY (0 TO 12 MONTHS)

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UNIT 1: INFANCY (0 to 12 MONTHS)

1.1 PHYSICAL DEVELOPMENT

1.11 HUMAN DEVELOPMENT: Degree of Helplessness, Activity Level, Adaptive and Learning Functions, Social Responses, and Reflexes.

Status of Birth:

It is said that of all mammals, the human infant is the least developed at birth and, as a result, is the most dependent on a caregiver for survival. The great challenge for the newborn is to adapt to functioning outside of the mother's uterus; to get all life support systems inside his or her own body to function adequately enough to insure survival and growth. The normal baby is well equipped to meet this challenge. At birth the normal infant is able to take care of some basic needs such as breathing, eating and digesting and excreting; if untroubled, he or she is able to regulate 2 to 4 hour sleep cycles, is receptive and responsive to tender loving care, and can signal when she or he is feeling distress or pain and needs help. Nonetheless, for the most part the infant is remarkably helpless and is absolutely dependent on the parenting (caregiving) environment for survival. In this functioning and early regulation of the basic social and physical mechanisms just mentioned, the infant reacts to experience by adapting in his or her own temperament-determined ways, each infant having his or her own specific inborn characteristic features. This composite of ways of experiencing and reacting, of functioning and regulating becomes the basic core from which development of more and more complex patterns of functioning and adaptation will arise.

Growth Schedules:

Each child has her or his own growth schedules, although for the most part all tend to follow a general time table. A great deal of growth occurs during the first year of life. This growth leads to enormous changes in the level of functioning, considering what an infant that is just born is capable of, as compared to that of a 10 or 12 month old. Several aspects of observable functioning enable us to recognize the very large degree of development that occurs during the first year of life: Let us consider the infant's degree of helplessness, the degree to which he or she can see, hear, move around (locomotion), make sounds of communication (vocalize), as well as the infant's social responses and the typical ways of reacting and adapting to everyday events.

The newborn is totally helpless with regard to providing himself or herself with food, and has very little if any ability to move at will from one place to another. The newborn's

movements tend in large part to be reactive to bodily sensations rather than by the infant's deciding to move his arms or legs. His or her ability to sort out visually and auditorily the environment in which he or she lives clearly operates but is quite primitive. The infant is able to distinguish patterns on a card or wall, seeming to scan with no apparent interest over fragmented lines but stopping his or her gaze briefly to look at a line design of a face. Week old infants will also stare at points of high light contrast such as at a window or at the caregiver's forehead (the area where the hair and forehead meet, as well as the caregiver's eyes). This, by the way, proves to be very important for the child's forming an attachment to his or her primary caregivers which we shall detail later (Section 1.215). Studies also suggest that newborns can already distinguish their mother's voice. In fact scientists have shown that an unborn 8 months old fetus will react with a startle response to a loud clap of hands a few inches from the pregnant woman's abdomen.

The newborn's ability to communicate with the environment is already evident especially when experiencing distress by both facial and vocal expressions (e.g., whimpering, crying). Thus the newborn is already equipped with important abilities that suggest a good deal of physical development of the brain, lungs, digestive system, etc. However, he or she is unable to grasp the breast or a bottle with his or her hands and put it in his or her own mouth, has limited ability to focus visually, is unable to sit up, and unable to move except on a very small scale.

By contrast the six month old has learned to distinguish persons, one from another, is able to recognize his/her mother, father, siblings, and strangers. The six month old is now able to distinguish the sound of mother and father, of siblings, as well as unfamiliar sounds. Many a six month old is able to crawl, some for quite some distances, and often has to be fetched by mother from areas where the infant should not be. The six month old also can sit up, and can use his or her hands and mouth in a coordinated manner which importantly enlarges the infant's ability to explore her or his own and other people's bodies, as well as the environment. So far as vocalization is concerned, the six month old will have already developed a set of signals by means of crying, cooing, babbling, smiling, which indicate certain specific moods and specific needs, and will have a repertoire of sound making indicating conditions of pain or stress which the average mother readily learns to recognize. With regard to the intake of food, there are various ways by which the six month old can now influence the bringing of food to his or her own mouth. Most six month olds when fed will reach for the spoon, reach for and touch the breast or grasp the bottle, and hold it quite capably.

A note is warranted on the maturation of the complicated physical processes that make the infant's digestive system work smoothly enough. A large source of problem -- because of the commonly found harmful effects it can have on the relationship between the infant and the mother or father -- is the difficulty we call "colic". Colic results at least in part from an infant's experiencing much pain in the course of food intake. Exactly what causes the difficulty is not clear. What is known, however, is that it commonly begins during the first few weeks of life and, most important, that it usually stops at about 3 months of age. We assume that it stops then because a further physical maturation has occurred in the digestive system which now makes food intake the comfortable and

gratifying experience it can and should be for all infants (and their caregivers). We do not yet know whether that maturation is in the digestive tract itself (that is, in the mouth, stomach and intestines) or in the brain, or both.

We should note that the primitive reflexes seen from birth on, although still present at six months, do not have the strength that they had when the infant was just born. For example, the Moro reflex -- which consists of a startle reaction usually with some sign of distress on the part of the infant, accompanied by bringing the arms around as if the infant is about to embrace and cling,--may well be gone by now and have given way to other clinging reactions in association with stress. The rooting reflex -- the turning of the mouth toward a stimulus that touches the cheek -- will also be quite weakened. The grasp reflex -- clutching with the hand of whatever touches its inside surface --, on the other hand, is still strongly present and will account for the infant's getting hold of the mother's hair and then not being able to release that hold, which often gives the mother the erroneous feeling that the infant is pulling her hair intentionally.

Temperament-based patterns of reactivity that emerged from the first weeks of life -- whether it is shyness or active contact seeking, low or high activity type, slow or quick reactor, etc. -- will most likely have become somewhat patterned and can be known and anticipated by most parents or other constant caregivers. A mother knows now how long her infant will be able to wait for feeding, the child's tolerance for delay, whether the infant will fall asleep easily, whether the baby is likely to be irritated on waking or how much he or she will become irritable before bedtime.

Perhaps most important of all these developments is that at six months the social responses on the part of the infant will have achieved a highly different level from that which existed in the first weeks of life. On average, at six months the attachment responses, including the social smiling response, the stranger response, the separation reactions and reunion reactions, are already clearly developed. These responses and reactions are important indicators of the child's forming relationships with those the infant now specifically values. This development makes for very important differences between the newborn and the six month old. One difference is that whereas the newborn is equipped to become one, the six month old is now becoming a social being who is forming very important and strong human attachments. All this is made possible by normal, expectable maturation of the brain. When, as occurs in a very small percentage of infants, the maturation of the brain that make the infant need to attach do not occur, that infant will not elicit the emotional contact it needs from the parents and/or will not respond to the parents' natural reactions of love and nurture. We do not yet know what causes this type of failure of brain development. We shall discuss in Section 1.215 why the brain development that makes attachment possible is so all-important.

If we contrast the one year old and the six month old in the aspects noted, we will again find a large advance in growth and development. We assume that brain maturation that serve the major physical senses (seeing, hearing, smelling, tasting), that serve intelligence, feelings and moods, and that development of the bones and muscles continue at an adequate rate. For instance, the development of vision in the one year old is quite mature; the infant is now able to focus readily on all items around and we assume sees all details as well as older children. The one year old recognizes sounds not only of

those with whom he is familiar such as the mother, father, and siblings, but also the sounds of various types of animals, various types of vehicles as well as other noise producing things and events. With regard to locomotion many a one year old is able to walk, is of course still unstable, but nevertheless is able to move upright, an extremely important development.

With regard to vocalization, one year olds are able to recognize the meaning the many words, and the meaning of communications by their parents to them, even though they may not be able to say words with which they are now familiar. For example, in a group observed by us, when mother casually asked her 12 month old son Johnny to please get her a broom, we were all surprised to find within a few moments one year old Johnny coming to his mother, broom in hand. Johnny could not say the word "broom", yet could understand the word clearly. It is important to emphasize that the 12 month old, while not yet able to communicate verbally for the most part, is amply exercised already in communicating with those around her/him, the child communicating by means of feelings, facial expressions, gestures and nonverbal sounds.

In summary, the one-year-old's degree of helplessness has diminished. He or she is able to walk or to crawl with great facility, to grab a cookie from the table or another child's hand, and to hold things which he or she can bring to his or her mouth for the purpose of feeding the self. Many other activities of this kind, of course, are now available to the 12 month old because of the large development in coordination of the child's hand with the eye, as well as with the mouth, which serve to help the child explore the environment in which she or he lives as well as including the complexities of his or her own body, and those the child values.

Most primitive reflexes are essentially extinguished by 12 months of age except perhaps, again, for the grasp reflex that tends to hang on the longest. Most complex reactivity patterns continue, such as the tendency to smile on seeing a familiar person or having a greater or lesser intense stranger reaction on seeing someone the child does not know. By 12 months of age attachment and other social response have come under much greater control of the child's adaptive functions; they are no longer just built-in adaptive reactions. At one year of age the social responses of the child are further developed than they were at six months of age, the 12 month-old capably discriminating between people he or she knows and those the child does not know. A high level of preference exists for the mother, and secondly for the father depending on his degree of contact and emotional involvement with the baby. We also recognize that an infant, by 12 months of age, will have formed a quite meaningful relationship with siblings. For many a 12 month-old, a sibling can substitute for father or mother at least for a substantial period of time when the mother may be unavailable. Patterning of attachments and of all the adaptive activities we have talked about here are developed and set down in the brain. This gives these patterns of behaving some stability by the end of the first year. These will continue to develop under the influence of both inborn physical developmental programming directed by the infant's genes and by the experiences the child has.

In these pages, we have wanted to highlight the fact that the human newborn comes into the world ready to meet the challenges of surviving outside of the mother's uterus. Of course, a human infant -- like all living things -- is magnificent, more so than the

words of scientists, philosophers, or poets can describe. We only want to help future parents understand that the newborn's brain, internal bodily organs and his or her bones and muscles, are sufficiently matured and developed to function to sustain comfortable enough life when the newborn's needs are adequately met by the parents. When their needs for physical and emotional nurture and care are met well, infants will thrive.

Regrettably, a percentage of infants are born with their internal systems not able to function well even when very well cared for. One or more of their internal organs are immature at birth, or there may be some defect either in their organs' structure or in the way they function. A human infant is so complex, so many organs and systems develop, there are so many maturational changes that need to happen, that it is remarkable that so few immaturity and defects actually do occur.

Immaturity may catch up in time and the organ or system that was immature may then function normally. For instance, we think this is what happens with colicky babies. Defects too may or may not correct themselves overtime. These defects may be mild; some may be severe. Immaturity and defects of organs or systems that cause infants discomfort, pain or distress will make experience and adaptation more difficult for the infant, and therewith, for the parents. The common result is greater than average irritability, increased stress, frustrations and disappointment in both infant and caregiver and problematic parents-child relationships.

We also wanted to make clear in these pages that the first year of life is a period in which a great deal of physical development occurs, and that one can trace the large degree and detail of growth if one follows any particular aspect of functioning and compares its degree and level of development in the newborn, in the six month old, and the one year old.

Effects of the environment on development:

A number of factors affect the infant's growth during the first year, favorably and unfavorably. These include nutrition, the quality of health care and hygiene, the degree of rest and of activity and the opportunity for activity. We have learned this century especially, that the emotional atmosphere in which the child is reared plays an extremely important part in his or her physical development. Just as the formation and development of the infant in the mother's uterus was affected indirectly by the emotional status of the pregnant woman's family, and directly by the emotional state of the mother, even more now the physical development of the child is affected by both the physical and the emotional status of the caring and nurturing environment. We emphasize that the emotional atmosphere in which the child grows contributes not only to the child's own emotional development but equally the child's physical development. Pediatricians everywhere now know that a large number of infants who come into their offices because of their "Failure to Thrive", are infants whose growth has been stunted, not just by lack of food, but especially by insufficient emotional nurturing.

1.12 CHILD REARING: What Can The Parent Do That Is Securing of Good Physical Development?

The infant can do many things by herself/himself, such as breathe, swallow and digest, eliminate waste products, scan the environment, signal distress and the need for help. These abilities are built-in in the well developed healthy newborn. But even such a newborn, on the other hand, cannot do many things that are needed for healthy growth. He or she needs parental help with feeding, maintaining reasonable hygienic conditions (diaper changing, cleaning), etc.

These aspects of the child's needs are easy to see. The emotional psychological aspects of the child's needs, however, tend to not be seen as readily. Many parents, for instance, truly believe that holding their baby will make the infant more dependent, "spoil" the baby. The reverse is true. Many parents also do not seem to realize that it is growth-promoting to let the infant try to do things the infant has not done before, things that require effort, because this stimulates the development of new adaptive skills. One of these skills for instance needed by infants who react to feelings of hunger very rapidly, is increasing progressively, age-adequately the ability to tolerate frustration like waiting a reasonable amount of time to be fed. Other skills include moving and locomotion, exploring and learning about the world the child lives in. In these, intervening by the parent facilitates growth when the infant's efforts fail and would lead to too much frustration, leading to the infant's getting discouraged in trying to learn new skills, and in learning to cope. In this, it is important for parents to try to discern when the child is being too frustrated. This requires listening to and learning what the child's signs and signals of distress are. Too much strain and stress can interfere with continuing good physical growth and development.

We want to give you a very painful example of what happens to a large number of children who are neglected and/or abused during the first year of life with serious consequences to their physical as well as their emotional development. When we first saw Richie, he looked about 8 months old. He was depressed, with a distrustful look and sad eyes. He was subdued, barely moved, and his movement were sluggish. He was thin and quite irritable. Richie was then actually 14 1/2 months old. This was all the more striking because photographs of him when he was 5 months old showed an attractive, smiling child, well developed, healthy 5 month old. What had happened is that until the age of 6 1/2 months he lived quite comfortably with his 17 year old mother, her teenage boyfriend, and mother's aunt. At this time mother's boyfriend insisted that they move from the aunt's. Two weeks after this move into a place of their own, Richie's father left them. Now alone with her baby, Richie's 17 year old mother became very upset, and so did Richie. She began to find his being upset, fussy and crying unbearable, and she would at times put him in the hall to cry himself out. Things went from bad to worse and at 9 1/2 months Richie was eventually brought to the Emergency Room of our hospital with a fractured left arm and bruises. Although his troubled young mother denied the charges of abuse, Richie was taken from his mother by a Child Protective Agency and placed in the custody of her aunt, who had originally helped them. Because his recovery

was very slow and he was very irritable, we saw Richie now 14 1/2 months, with his great aunt. Records indicated that Richie's health and physical development began to deteriorate from the age of about 7 1/2 months. At 9 months he appeared withdrawn according to a reliable source. At 9 1/2 months is when his young mother brought him to the Emergency Room, very upset by his injuries and his distress.

Richie sadly illustrates how the physical (and emotional) development of a healthy baby (up to 6 1/2 months) by virtue of neglect and distress-instigated physical and emotional abuse by an overburdened and abandoned teenage mother can be seriously disturbed. Physical development that was normal and healthy up to 6 1/2 months, drastically deteriorated so that by the age of 14 1/2 months, he looked no older than 8 months. If the primary reason for the arrest of his development was only due to insufficient nutrition and hygiene, his development should have resumed from 9 1/2 months on, when he came into the care of his great-aunt, where ample food and physical and better emotional care were again available. The great-aunt's report was that his growth and his emotional state were not progressing and she needed help to know what to do.

In order to reverse this child's seriously disturbed condition, we worked with the great-aunt in her interactions with Richie and in his interactions with other children around him. We focused on helping Richie regain his great aunt's trust, to help him feel that his environment is now again nurturing and safe. As his emotional state improved, Richie needed help with controlling his rage and destructiveness. Such rage and destructiveness is usually one of the first reactions we find with young (and older) children who have been neglected or abused by their parents, when they are on the road to recovery. His progress was slow but it was clear that physical growth was picking up again. Although our focus here is on the possible consequences of hurtful environmental conditions on an infant's physical development, it is obvious that such conditions can also seriously damage an infant's emotional development.

Let us consider a few specific areas of adaptive functioning directly dependent on the state of the infant's physical development.

Activity Level:

Regarding the child's activity level and activity type, most infants tend to be moderately active from their earliest days. They sleep comfortably and for long enough periods. When hungry or otherwise distressed they react firmly and loudly enough to be heard in the next room. When awake and comfortable even from the 3rd and 4th week on they begin to look about, become busy to a greater or lesser degree. In such instances, the parent needs to do little to help the child attain a comfortable, growth-promoting level of activity.

Some infants though, may be so sluggish that in order to feed reasonably they need to be aroused gently by the nurturing parent. In infants whose sluggishness is quite heavy, the parent may have to waken the newborn after 5 to 6 hours and by gently rocking movements keep the infant alert enough to feed. Cases like that may reflect some problem in the brain whereby the regulation of normal expectable waking and feeding is

not functioning well, these infant's tend to come to the pediatrician's attention, as indeed they should.

Other infants may be easily aroused by very slight noises or movements, be too excitable or pressured by activity from within their bodies, so that in order to feed comfortably and sufficiently, they need parental help in calming down. By being gently, comfortingly calmed and slowed down a little they can begin to learn to calm and slow themselves down, to begin to learn to control their own tendency to over-excitation. The nurturing parent, by soothing, can initiate and maintain the process of calming, a process that from the earliest days can direct a potentially hyperactive infant toward becoming a reasonably calm one. Such infants become too easily excited or tense and need to be protected by the nurturing parent against excessive stimulation, such as excessive noises, lights, being handled by too many others for too long. The parent acting on the infant's behalf, in many instances, can provide the shielding needed to make the infant comfortable.

Some infants who are hyper-responsive, highly sensitive and/or hyperactive due to their inborn (brain function) disposition, may be very difficult to calm. Some just cannot be calmed by even the best of nurture and calming efforts. These infants experience much distress and cause much distress in their parents. One the major problems lies especially in that this condition can get the parent-child relationships off to a very troublesome start with possibly life long consequences.

By the time now 2 1/2 year old Suzy was 3 weeks old, her 31 year-old parents (mother a lawyer and father a teacher) were tired out and very upset. They felt they must be doing the wrong things because they just could not calm Suzy for more than a few minutes at a time. Mother said she must be a bad mother and father was becoming impatient with her (mother) because he felt she was just not doing the right things with the baby, even though when he tried, he often had no better success. Observing mother with Suzy several periods showed that in fact mother was holding and trying to calm, and interact with one month old Suzy very gently, indeed soothingly and warmly at first; but gradually she would become more and more troubled and even tearful and then angry with the baby. It was clear to us that Suzy was irritable, very difficult to calm, unable to relax, and seemed in distress especially when feeding. Even when she slept, she would move about a good deal, sometimes with jerky body movements. We told mother and father that Suzy was an infant born with some brain immaturity or mild dysfunctions -- which we cannot yet explain -- which made her very sensitive to all kinds of stimuli, made her easily irritably and seemingly in pain and made her unable to be calmed by even the very good efforts mother was making. Mother was immediately relieved and tearful. We assured her that her efforts to calm Suzy were really good and that we have no tricks in our bags to make Suzy better able to accept mother and father's more than adequately calming efforts. Father by now was apologizing to mother for having lost his cool and not having recognized that his baby had a brain immaturity/dysfunction problem. Although mother was greatly relieved that we could tell her that she was not a "bad mother", she was troubled that Suzy had this problem and she was mad (you could see it) at her husband for having influenced her feeling that she was doing everything wrong. We told the parents they would do well to help each other care for Suzy, that the

task is difficult. We told them that a large percentage of such babies eventually seem to become calmer, become better able to accept comforting and to calm themselves. We cannot predict how soon this would occur. We advised them to continue their good efforts even if they seem to not be effective at the moment. We also cautioned that when they find themselves getting very upset and then angry with Suzy to (1) remind themselves that Suzy can't help her way of reacting, that she is not trying to give them a hard time, certainly it is not that she is being an ungrateful or bad or evil baby; (2) that they can help each other, when possible, especially when whoever was caring for Suzy was getting upset; and (3) because mother was planning to return to work when Suzy was about 6 months old, they ought to try to make sure that whomever was going to care for Suzy was able to deal with a moderately difficult baby like Suzy in a loving and constructive, growth-promoting way.

One month after this first consultation, mother reported (and looked it) that she was feeling much better about herself, felt more consistently loving toward Suzy and found that she was not getting angry with her even though she felt that poor little Suzy was still having much trouble calming and being comfortable. Within 8 months, when she was 9 months, Suzy was already quite easier to comfort, could be very pleasant for hours at a time, and the parent-child relationship was successfully protected. Mother felt good about her efforts, was becoming confident in her ability to calm and love Suzy. Father was much less worried and engaging quite well with his daughter. Suzy was a bit thin and wiry and could too easily become irritable; but she was also quite nicely attached to both mother and father, had a lovely smile, was not having tantrums, and was developing quite well. We observed some very loving moments between Suzy and her parents.

Sensori-Motor Functions:

How can the parent promote healthy growth in the child's vision, hearing, vocalization, and locomotion (moving about at will)? Let's first say that vision, hearing and vocalization, and even locomotion, serve to develop an emotional dialogue, emotional inter-relating, between child and parent which is of supreme importance. Of course, the quality of that emotional dialogue is critical. Where the emotional dialogue is predominantly loving and respecting, it is one of the most important sources of security and well-being in the infant, child and later adult.

From the first days after birth, at first only briefly but for longer and longer periods, the infant explores his environment in two ways: (1) by scanning it, and (2) by focusing on one detail at a time. For instance, at two weeks of age, when the child is comfortable and awake, you can follow the scanning and then see the child's eyes stop moving and with effort stare at a face or at a high contrast scene, such as a light, or a window. This also occurs with hearing. The baby turns toward a sound. These are the beginnings of seeing and hearing, very important instruments that serve the child's adapting to her or his world. The parent can enhance the better development of these instruments (functions) by responding to them in the form of a dialogue, by providing sufficient but not too intense light and some colorful or black and white pleasant images (geometric designs or moving objects)--in contrast to somber, harsh or even frightening images. Most

important is that looking at the infant when he looks at mother, father, or sibling can help to firm up the image of a responsive mother, a responsive father, and sibling in the young infant's mind, a factor that enhances and optimizes such important developments as attachment, reciprocal human relations, basic trust, and good self-esteem. Similarly, responding verbally to the infant's hearing a sound to which he or she turns gives added value to listening and hearing.

It is growth-promoting to respond emotionally reasonably to the infant's vocalizations. Even the baby's earliest vocalizations have sounds that are pleasurable or have a stress quality which are powerful communications to which most healthy and mature people respond with a feeling of understanding what the baby is experiencing. These vocalizations, from their earliest utterances, if answered by comforting, affectionate or playful feelings and words, enhance the child-parent emotional dialogue. Responding reasonably and warmly to the infant's vocalizations strengthens that experience between them that will eventually become bonds of affection, of high emotional value, and respect between child and parent. It also leads to the child's learning to communicate in words, in thoughts, and with feelings, all of which facilitate the child's adapting to his or her world.

The parent's help in enhancing locomotion is probably among the best known ways a parent can help her or his infant develop new skills that will facilitate the child's efforts to adapt and grow. Most parents enjoy helping the child stand and later take his or her first steps. Responding to the cues that the infant wants to crawl, wants to stand, wants to walk is important. Usually, there is no need to push the child. When ready, the average child will be eager to crawl, stand and walk. The parent's best help may be in being able to wait for the child's cues, and to help when the child "asks" for it. In most children, from near the end of the first year of life, and in some children even from the first weeks on, the infant will want to do things by herself or himself without parent help. In fact, the infant may experience the parent's wish to help as an intrusion into her or his own efforts to master his or her own body and world. The parent who looks at the baby to discover what the baby can do will recognize that the child has a great internal pressure, which is felt as a need, to learn to control and master his or her own body and the external world into which he or she was born. Bear in mind that this is a new world for the infant. The better the child achieves this control and mastery in an age-adequate way, at a pace compatible with the child's age and abilities, the more the child will feel secure. So: it is "I wanna do it!" one moment; and "help me do it" the next.

It is, therefore, important that parents try to read their infant's cues; it is not always easy. But in return, the child is much more likely to learn to read the parents' cues too.

Social Responses:

In speaking of vision, hearing, and vocalization in the infant we have already talked of social responses. The infant's need for an emotionally positive (affectionate, valuing, respecting) parent-child relationship is great. Such a relationship begins to develop with the first social behavior and even before. The importance of an emotional relation to one or two parenting person(s) lies in the fact that a meaningful positive attachment,

emotional relationship, to a parenting person serves many vital developments. Among these are, as we shall detail in this Unit, the ability to get along with others, to develop a sense of self-reliance, inner security, self trust and respect, and to develop a code of morality consonant with the family (and society) in which the child lives.

In the first year, the child's emotional relationship to the parents is triggered by an especially strong inborn mechanism that serves to attach the child to the members of its own species (*Homo sapiens*). That mechanism for attachment to caregiving and emotionally interacting individuals shows itself in the infant's social smiling responses and its related stranger, separation, and reunion responses. At its beginning, the social smiling response appears like a complex reflex response; it is a powerful inborn activator of socialization in the child. However, a reciprocating nurturing response by the parents is required for the development of the all-important capacity in the child to form enduring and positive emotional relationships. Because these responses (behaviors) are so important to the infant's total emotional development, we will take these up separately under Behavioral Manifestations of Attachment in Sections 1.215 and 1.225.

Reflexes and Automatic Reactions:

The most readily observable reflexes are the Moro, the grasp, and the rooting reflexes. There are also more complex automatic reactions like clinging, crying, and smiling. Even here we ask, "What can the parent do in seeing that such reflexes or built-in reactivity is growth promoting?" For the most part, of course, nothing needs to be done. You may wonder, "Why bother knowing about reflexes or such early automatic reactions?" We think that each reflex is an automatic coping physical reaction to a stimulus. The more complex automatic reactions infants show are actually elicited by feelings the child experiences. Many scientists believe that reflexes and automatic behavioral reactions are, for the most part, inborn adaptive mechanisms. Sometimes, though, these can cause some distress in both child and parent. The parent can assist the infant's built-in reactions both when they are adaptive and when they miscarry. If the parent doesn't know that some reactions are automatic and reflexive, the parent may find the behavior worrisome or annoying. Here are two common examples.

When a normal seven month old infant sees a person that is new, or strange, to him or her, that infant may react with acute anxiety, latch onto mother, and cling to her for dear life. Some parents react to the tight clinging of their infants by trying to loosen the infant's hold; this, however, will tend to intensify the anxiety and with it the child's need to cling will intensify. The sooner the parent acts to calm and comfort the infant, the sooner will the need to cling lessen. Clinging is a normal, automatic response and effort to adapt to what the infant experiences as a stress situation. Anxiety or fear are what leads young children (and older ones) to need to cling. Lessening the anxiety by calming and comforting reduces the intensity of that need. Of course, when young children need to cling, they should be allowed to do so and do so for as long as the need is there. We emphasize that rejecting the need to cling does not make the need go away, it often intensifies it even if the infant complies with or accepts being forced to stop clinging. Many problems may arise from not having been allowed to cling (which means to be

held) to a degree reasonably equal to the need to do so. We will talk more of this later.

An example of a simple reflex that can cause some mild difficulty is the grasp reflex. If you gently scratch the palm of an infant, the infant's hand will react by grasping. Thus, a three month old may touch mother's hair which will activate in the infant's hand a grasp reflex. The mother then discovers that once the infant's hand grasps her hair, the infant seems to enjoy pulling at it. But what is really happening is that although the infant is equipped with the reflex to grasp, he is not equipped with the reflex to let go. In fact, the infant has a hard time acting against his or her own grasp reflex and cannot let go. He will not have that ability until that reflex wanes during the latter part of the first year. Some parents feel that the infant is nasty when this happens and become angry with her or him. Here the parent needs to help the infant let go by gently prying the infant's fist open along with a reasonable explanation that pulling hair hurts and the infant is not to do that. The infant has to learn to let go and during the first year needs the parents help at times to do so.

Our aim in these sections has been to consider a few key physical, bodily organs and systems which must develop well enough because they are required for and make possible the infant's age-expectable experiencing and functioning during the first year of life. It should be clear to every parent-to-be that the mother-to-be's health is vitally important and determining during her pregnancy of how the infant-to-be's bodily organs are being formed and developed. How well developed and how normally functioning all bodily parts and systems are, importantly determines how the infant will react, respond and function when life after birth begins. Furthermore, parenting is certain to be more taxing for the parents when the infant's bodily functioning capabilities are not well developed.

We also aimed to alert the future parent-to-be to the fact that how they care for their newborns through the first year of life can have a profound influence on how these bodily organs and systems continue to develop and function. We have emphasized that a warm, loving, considerate and respecting human environment, along with the meeting of the infant's needs for food, shelter and good hygiene, is highly promoting of good physical development and health. Infants need a sufficiently warm, loving, attentive and respecting human environment to thrive physically as well as emotionally.

1.2 EMOTIONAL AND BEHAVIORAL DEVELOPMENT

1.211 HUMAN DEVELOPMENT: Sleep and Wake States and Patterning

There is a pattern of alternating sleep and wake states which gradually shifts from shorter to longer periods of wakefulness. The neonate may sleep as much as 3 to 4 hours and then be awake for from 20 to 40 minutes, each infant having his or her own time schedule. The neonate may thus sleep as much as 16 to 20 hours a day and have wake periods that total from 4 to 8 daily hours. These cycles of sleep and wake states modify in such a way that by the time the child is one year old the child may sleep for 10 hours during the night and perhaps sleep for one to two hours in the afternoon with a morning nap as well, but will now for the most part be awake for a total of anywhere from 8 to 10 or more hours per day. We assume that the sleeping state is essential for bodily adaptation and the stabilization of its functioning on its own (that is, outside the mother's uterus) rather than due to the need to recuperate from tiredness that results from wakefulness and activity. At the same time, the wake states are extremely important for the infant's progressive and necessary beginning acquaintance with the world into which he or she was born and beginning mastery of it. Observation will show that during the states of wakefulness the infant begins to explore and learn about his or her environment including its animate as well as its inanimate contents. Both good and sufficient states of sleep and of wakefulness are needed by the infant in order to adapt to his or her new world in a healthy manner.

We all assume that falling asleep is a most natural thing for infants to do and that it would be automatic. And for most infants it is. But for some babies it is not! Actually one has to be able to organize and synchronize one's bodily systems and what one is experiencing to fall asleep; one's brain and body have to coordinate and be at a sufficient level of restfulness for sleep to follow. Some infants are born with sensitivities to a variety of stimuli (from sources outside or inside the infant's body) that make it difficult for them to achieve that sufficient level of restfulness needed to fall asleep; or they may experience pain due to some bodily dysfunction (for instance, gastrointestinal irritation or cramping) which interferes with their ability to calm and rest; or they may have problems "holding" that state of sufficient restfulness to stay asleep for a reasonable duration of time. This, by the way, may lead to much discomfort and even distress for the child as well as the parents.

From what her parents described and what we saw, 3 weeks old Suzy was frequently irritable and difficult to calm. She seemed then unable to become restful enough to fall asleep. At times she seemed to have bursts of pain we believed to come from GI (stomach) dysfunction. Even in her sleep she did not just lie comfortably; she had occasional jerky movements and her face did not seem peaceful. As we said before, not only was Suzy in some distress, but so were her parents. What could they do?

1.212 CHILD REARING: How to Optimize Sleep-Wake Patterning

What can the parent do that is GROWTH-PROMOTING is our foremost concern. The ratio of sleep-time to time-awake goes from more sleep: less wakefulness to, gradually, less sleep: more wakefulness. Parents know that many infants under 4 to 6 months may have trouble calming and going to sleep or that they will waken during the night. By the time she was 3 weeks old, Suzy's parents knew that getting Suzy to calm, go into a restful state and fall asleep was interfered with, not by their poor caregiving as both mother and father thought, but by Suzy's own central nervous system immaturity or bodily dysfunction. With Suzy, going to sleep was a problem; but so was staying asleep for the hoped-for 3 to 4 hours. This was stressful for Suzy and it was so also for her parents; for her parents, especially because it made them feel they were not being good-enough, capable-enough parents. Unfortunately as happens too often, mothers get blamed and they take on the blame too readily. The infant's waking during the night also is experienced by all parents as a stress because parents have normal needs (from 6 to 9 hours of uninterrupted sleep) for good rest which the infant is disturbing.

Nevertheless, the "good-enough mother" or father (as Pediatrician-Psychoanalyst Donald Winnicott said) will have to come to the rescue of their infant, sleep-deprived and more or less stressed out. And the first question will be "What's wrong?" which is followed by "What can I do to put Suzy back to sleep." A number of factors may cause the infant's difficulty going to sleep and/or waking during the night. We can consider these factors in three major categories: 1) a sleep disturber coming from the child's own inner experiencing; 2) a sleep disturber coming from outside the child's self; and 3) a sleep disturber coming from tensions in the parent-child relationship.

1) From the child's own inner experiencing: A number of factors can be sorted out.

(a) Simple immaturity and slowed maturation of the infant's central nervous system may cause mild difficulty in self-regulation, calming and falling asleep or in maintaining a calm sleep state and may only gradually allow the sleep-wake cycle to become stable. Benign immaturity is a large reason for the less than four to six month old infant's difficulty in going to sleep or in maintaining sleep states sufficiently. Development, habituation and patterning of sleep-wake (and especially feeding) cycles into night and day cycles occur spontaneously but can be facilitated by the parent's reasonable planning for the infant's sleep and waking periods. Parents can gently encourage and discourage when the baby should go to sleep. In many small ways parents can do this and the infant learns to comply nicely. Affectionate, considerate, at times firm but loving ways of telling the baby what is expected always, in the long run, work better than yelling, ignoring, or hitting a less than one year old (or any age). Of course, the parent has to judge if the demand is one with which the infant can comply, such as to now go to sleep. On the other hand, the parent has to comply with the needs and demands that the infant

cannot control. These babies most commonly need more holding and soothing than a more matured nervous system baby. They do not yet have the ability to calm themselves. The give and take between parent and infant contributes to, is an expression of, and will forge the emotional dialogue developing between them. The give and take requires infants and parents to find ways of accommodating to each other's biological make-up, personalities and preferred and temperament-determined ways of functioning. It does not always have to be smooth or harmonious; it has to be sufficient or good-enough to satisfy adequately the needs of both infant and parent.

(b) More troublesome bodily disturbers, such as significant neurological (brain) underdevelopment for the infant's age, uneven development of brain functioning or brain processing disorders that make for excessive restlessness and irritability, sharp difficulty in self regulation and calming, in gastro-intestinal dysfunctions, allergies to food, to clothing and detergents, conditions such as asthma or skin disorders like eczema, can cause much irritability and restlessness as well as pain in the infant which then can seriously interfere with going into or disrupt sleep. These can cause serious hardships for both infant and parent. Pediatricians and general practitioners can be enormously helpful and should be consulted.

A less serious instance is that of Suzy and her 31 year old parents whom we saw when Suzy was 3 weeks old. Telling them that the difficulty Suzy experienced came not from poor nurture and comforting methods but from Suzy's bodily dysfunctions, her parents were greatly relieved. Both had really tried just about everything reasonable they could think of or they read about. Mother became worried that she was getting too angry with her 3 week-old baby. She felt she was a terrible mother, father too was having a hard time and turned his anger on his wife, blaming her for the baby's behavior.

This situation was very different from that of Richie and his depressed, deserted, and troubled 17 year-old mother. Richie had been a very well developed baby, healthy in all major ways and developing well until 6 1/2 months. His difficulty in sleeping did not come at first from within his own body.

When we worked with Suzy and her parents, we found that once her mother stopped believing she was a "bad mother" -- and her husband felt pretty miserable about blaming her --, she became more tolerant of Suzy's dysfunctions and irritability. Following our recommendations, she could now try to soothe and comfort her more easily, more patiently, and for longer without needing relief from her husband (when he was home). Father too was more patient and sympathetic to his baby, and offered to care for her much more readily than he had before. As a result, especially from about 3 months of age on Suzy seemed to become bit by bit easier to calm. Especially important is that she began to have longer periods of calmer sleep and wakefulness. The calmer sleep probably made bodily rest and development better and calmer wake states made her contacts with her mother and father more positive, loving and pleasurable, and gave her more time to visually and auditorily (hearing) explore the new world she was born into. By 9 months one could not tell from looking at her, that Suzy had been the very irritable newborn she indeed had been. There were no tricks and no magic in our recommendations. Recognizing the baby's inborn difficulty in soothing and calming, her

GI distress, patient soothing efforts by her parents, soothing by talking to her, sympathy for her discomfort and pain, hours of walking holding her lovingly, patience in feeding, trying to not feel upset when she would spit up some of her feedings, these were among our recommendations. As she got more than 3 months old, we suggested that once she was put down half asleep, or when she woke up too soon, that soothing to facilitate sleep (or facilitate the continuation of sleep) be done with the least wakening technique needed. That is, soothing by gently talking to the baby while gently patting her back or shoulder is less wakening than picking her up. Picking her up should be done only if patting didn't work and her crying would waken her more than her being picked up. If there was magic in what made things better for Suzy, it was in her parents' tender loving care (TLC), that powerful thing parents have.

(c) Transient distress which causes pain or illness (like a cold or a gastrointestinal ["stomach"] virus) will, of course, disturb sleep. Intense discomfort that comes with a fever may do the same. Let us also consider here acute states of anxiety as in the average six to 10 month old, at the time when the infant is establishing attachment to mother and father, and especially so when mother is away for a few days, be it on a business trip or for a hospitalization. Here too, we include frightening dreams that occur from about five to six months of life on. A variety of fears can cause such dreams, mostly having to do with fearing or feeling separation from mother (see Section 1.215). One can often observe an infant sleeping fitfully, restlessly; the normal five to six month old infant (and older) who is known to have been able up to now to sleep comfortably is now sleeping at times fitfully or waking due most likely to frightening dreams.

2) A number of sleep disturbers come from outside the child as excessive noises, too much light, commotion, heat, cold, or a soaked diaper, etc. Of course, parents are enormously helpful in protecting the infant against such disturbers. Where such disturbers cannot be eliminated, such as excessive noises from the street, calming and comforting (TLC) can do much to help the infant accommodate and learn to not be awakened by such interferences. Infants do learn to protect themselves by shutting out disturbers of this kind, but may need help (commonly the best being TLC) in doing so.

3) Tensions in the parent-child relationship, especially in the mother-child relationship, may cause in the infant an inability to sleep comfortably. The baby's inner state of feeling resonates empathically with the nurturer's (be it mother's or father's) emotional state and, thereby, tension in the caregiver will usually cause tension within the baby. The counterpart of that, or its complement, occurs as well: the mother or father will resonate emotionally with tension within the baby. Such tensions are communicated in a number of ways: by bodily sensations such as muscle tension, stiffness in holding, roughness in body movements; by the tone of the caregiver's communications to the baby (impatient, distressed, angry, etc.) and by emotional channels best described by the expression that "feelings are contagious". As we shall detail in Sections 1.214 and 1.224, there is a direct line of communication of feelings that is open between infant and caregiver from the first moments of life on. Tension in the mother-child relationship

causes tension in the baby. It is then unavoidable that it causes restless sleeping and sleep disruption in young infants. It is thought to be a facilitator of colic in children who are predisposed to it. Of course, colic will not be caused only by a mother or father being tense. The infant who becomes colicky has this tending in his or her gastrointestinal system.

The best way to reduce tension in the baby is by decreasing the tension in the nurturing parent; this is the first step to be taken. Because it can start the parent-child relationship on the wrong footing and establish troubled, usually hostile patterns of relating with each other that may later be difficult to change, it is in the best interest of both child and parents that such tensions be dealt with early. In fact, where possible it is best to deal with them when they arise; if that is not done, then the sooner it is addressed, the better. We want to emphasize that it is never too late to try to reduce negative tensions in relationships and try to repair the harm it may have caused. One need not be ashamed of asking for help; it will save child and parent a lot of pain and grief for many years to come. The most probable and common cause for such tension in a young or first-time parent is part of a quite normal reaction to the tremendous responsibility of taking care of one's first child. Either a Parent Education group, or if the problem is difficult, individual professional help can be of enormous value.

What to Do

Let us look more closely at what to do. Generally, when a less than 6 month old infant cries, parents tend to get up, however tired they may feel (see below), and tend to the infant's distress and needs. The search for "What's wrong?" is automatic. And gradually the parents come to learn what kind of sleep disturber is troubling the baby, whether it is normal hunger pangs, or colic and other disturbers. It is important to go to the infant and do what one can to try to eliminate or at least reduce the less than six month-old infant's distress. And where the disturbers is one outside the expectable normal causes for sleep disruption, for instance if it is colic, or another factor that produces a harsh reaction in the infant like breathing difficulty, or a nasty looking rash, etc., consultation with the pediatrician is warranted. If the infant is under six or so months, unless one can clearly identify a pain-producing factor, it is most likely that the establishment of the patterning of sleep-wake cycles is probably at work. Under six or so months, the helplessness of the infant is so great that much of the comforting efforts have to come from the nurturing parents; for the most part, they cannot yet come from the child herself/himself. Sufficient comfort is prerequisite for the infant to sleep well enough; and comfortable enough sleep is required for the infant to establish good sleep-wake patterns. In fact, the infant's feeling comfortable enough much of the time is required for the infant to develop good basic patterns of adaptation to life outside the mother's womb.

From six to twelve months, the infant can be expected to have developed some ability to wait a bit, and to begin to respond to reasonable demands of cooperation made by the parents. One of the most common issues confronting a parent whose six to 12 month old is waking repeatedly during the night, or is having difficulty falling asleep, is: "Do I go

in again and comfort her or him? Or do I let him or her cry?" This may be among the first nastier problems parents may have with a healthy baby. Let's consider:

- (1) What's causing the problem?
- (2) What can stop the problem; and
- (3) How to go about it.

But before we do that, an important note. When the baby cries at night, he or she needs help (See Crying, below). But parents, given that they are human beings, need rest and usually from 6 to 8 hours of sleep. Being awakened during the night, during periods of "deep" sleep, causes us irritation, a feeling of malaise (a sick feeling) and sometimes even nausea. It is a physiological reaction, at least in part. Also, when we are awakened within several hours of going to bed, the unpleasure, if excessive, of being so awakened makes us angry--even those we love, even with our infants. So, the situation creates a dilemma. When baby cries at night, he needs help. Mother needs rest; so does father. Whose needs are the most critical at any given time? It is not always the baby's. Children have needs, and they have rights. So do mothers; and so do fathers. The baby needs the parent to respect her or his feelings and needs. Unfortunately, the baby has not yet had enough time to learn to respect the parents needs for rest and sleep. Parents much understand this. Respecting one's parents' needs is not inborn; it is learned; and it takes time. Parents, therefore, have to try to be reasonable. And parents can, from very early in the infant's life, work very slowly but definitely toward making the baby try to be reasonable too! With this in mind, let us return to the issue of the 8 or 10 month old, crying during the night.

Something is causing the baby to waken and cry during the night. Infants, like everyone else, do not cry without some cause. What is it? Which of the disrupters of sleep could it be? It is important to listen to the sound of the infant's communications; to let oneself feel it. What experience would make the parent make this sound if the parent were a baby. If you were feeling that way, what could be doing it to you? Although you may not be right, if you put yourself in the infant's shoes and imagine how you would feel if you sounded the way the baby sounds, the chances are quite good that you may be right on target. This is what we call empathy: to let one's feelings resonate with what another person feels. Feelings are contagious, and resonating in this way, will give the parent pretty good clues as to what is causing the infant's waking from sleep. If after consulting each other the parents cannot figure out which sleep disturber is at work, consult an experienced neighbor or other parent, or an appropriate professional person, if night waking occurs frequently and for some time.

Knowing what is causing the waking will help you know how to stop the problem, if it is in fact a problem. If the infant is crying, it is well to assume he is having some kind of pain. Can the parent stop the pain? The parent may not be able to sort out what painful factor is at work until the 8 to 10 month infant is looked at, and then if necessary only, picked up and held. For instance, seeing the infant twisting her or his body most commonly indicates inner body pain. Or if it becomes necessary to pick up the baby, feeling the tension of the infant upright against the parent in the well known burping position, the erupting of the air bubble and the infant's body then relaxing and molding

into the parent's body pretty well tell the parent that the infant had swallowed too much air while nursing. We use this illustration only for the purpose of emphasizing that observing the baby is essential; that it can give parent much truly needed information that will facilitate and guide to growth-promoting rearing. Listening empathically to the infant (trying to perceive what the infant is feeling) gives parents the first clue as to the nature of the sleep disturber. The second clue will most likely come from looking at the infant. The third will come from holding the baby. To hear, to see and to physically feel, all along letting oneself feel emotionally, that is empathically, is powerfully informing.

Considering "What can stop the pain?" and "How to go about it", brings us to a most important phenomenon. Sensitive parents will very soon find that unless the infant's inner state is too tense, too painful, they are able to comfort and calm their baby just by talking to and by holding the baby soothingly, tenderly, by being affectionate, loving, and considerate. TLC (tender loving care) is among the most powerful comforters in human interactions. Its ability to calm and soothe in the face of pain and inner tension borders on the magical. It is a magnificent tool in the hands of caregivers, and, of course, parents are the prime caregivers throughout the world. Consideration, concern, affection, and tenderness are easiest with those we love. They are drawn from most of us especially by our own infants.

The magic of TLC does have its limits. If an infant's inner state of tension is too great (due to pain or anxiety-panic) TLC will not be able to cut through such tension. Even there, however, the parent's trying to comfort the infant will improve significantly the child's feeling state. We adults know that it is more difficult to face pain and terror alone than when side by side with a caring and protecting individual. We must emphasize that even when the parent cannot eliminate the pain, the parent's presence and TLC, and the parent's efforts to alleviate pain, seem to be experienced emotionally, positively, by the infant. Although very young infants cannot speak or think in words, they do feel; they feel "at a gut level". (These "gut feelings" determine how we feel at all ages.) In parenting, it is best to assume that from birth on, infants can experience "gut feelings".

When parents wonder, "Should I go in and pick up or comfort the baby; or should we let the baby cry?", they are often torn in knowing what to do because they feel stuck between 2 questions: "Is my baby in pain which I ought to alleviate?" or, "Is that kid getting spoiled?" It is at times difficult to decide if the 8 month old is anxious (nervously afraid) or is being "ornery" or "spoiled" ("I want what I want when I want it!"). Feeling anxiety means: feeling something dreadful is about to happen. It causes sharp inner pain; it can, if sufficiently intensified or prolonged, lead to panic, which is extremely painful emotionally and can traumatize the child emotionally. It is not necessary to jump in quickly. Wait a bit (use your judgment) before going in and see if the baby calms and goes back to sleep. If the anxiety mounts, and you sense the infant will not be able to stop his or her distress and go back to sleep, go in. If the child is anxious, the parent's TLC will be extremely helpful even if the calming effect it has now is no guarantee that the child will not be anxious again later or tomorrow night. Because most sleep disturbing anxiety from six to twelve months of age is due to separation anxiety, that is, to feeling mother's absence, as having been abandoned by mother forever, hearing mother or father's voice, or, if going in was needed, seeing one of the parents will

make the anxiety pass. It is important to know, and we shall talk about this further in Sections 1.215 and 1.225, that 6 to 12 month olds whose fathers are only occasional caregivers will most likely call for their mothers when anxious.

Is the child being spoiled? Is the prince or princess screaming for his or her slaves (parents)? How can one tell whether one's child is feeling anxious or is being ornery? Again, parents ought to rely on their own gut feelings. Listen to the sound of the infant's fussing and crying. How does it feel to you? Consider what her or his face might look like right now. How does the same expression on your face feel to you? Does it feel like fear? Like Pain? Then it is probably anxiety (or pain). Does the sound and does the look you imagine on his or her face feel like indignation? Do you imagine the baby saying: "I want you to come in right now!" Does his or her expression look like pouting, or like just plain anger or rage? Then he or she is probably being ornery. It may not be easy to sort out, but try. If you cannot figure it out, go in, and see if you can by actually looking at him or her. If in doubt, comfort. If it causes you concern, call a parenting or infant development consultant (pediatrician, psychiatrist or psychologist).

A word about the fear of spoiling is in order. The great fear of spoiling the child is in fact itself the great spoiler of what can be a good, strong, loving parent-child relationship. Fear of spoiling a child often prevents a loving parent from comforting an anxious child, one genuinely in need of comforting. One can spoil a child by indiscriminately doing for or giving that child anything the child asks for. There are times to say "No" to a child as there are times to say "Yes". There are times, in other words, to benevolently frustrate and disappoint, at times when it will be growth-promoting to do so; and similarly there are times to generously gratify a child's demands. When a very young child is anxious, a parent's comforting is deeply salutary to the child's present state and to his/her overall emotional development. When a child, anxious or in some other form of distress, needs comfort, not to comfort enough or soon enough, intensifies the need to be comforted and generates anger as well as the fear of being abandoned; these then intensify even more the need for comforting.

What is enough comforting? This is not easy to answer. Each child varies in comfort-needs; one day so much may be enough, the next day it may not. Using one's own feelings, about what is enough will help guide the parent. Fear of spoiling is often based on misunderstanding the child's needs or what factors spoil and what factors help a child. We shall talk more about it when we talk about reasonable, growth-promoting limit setting (Sections 1.226 and 1.323).

One more thing to consider before acting on whether to go to your 8 month old who is having some difficulty falling asleep and you've already put him or her to bed. Although falling asleep should come easily to us, we all know only too well that this is not always how it goes. We cannot always soothe or calm ourselves to a rest state. But one can facilitate this self calming process, most usually by relaxation and self-quieting methods of our own invention. Young children can be encouraged to calm themselves, to devise their own self-quieting methods and to help themselves go to sleep. We assume that infants find ways to calm themselves that are not visible to the eye. For instance, it is likely that infants can "tune out" the outside world with its moderate noises, smells, even lights; they can resist incoming stimuli of moderate intensity. Of course the most visible

common method used by 8 month olds is the use of a "comforter". The most common of these is the night bottle, or a pacifier, or the child's own comforting thumb. Other well known ones are a baby's special "blanket" or teddy bear. It is important to understand that rather than making them be more infantile, as is commonly believed, comforters actually help a child be more self-reliant: "I can calm myself" is what the thumb in mouth is about. Two points then on this: (1) Help your 8 month and older children learn to facilitate his or her falling asleep by suggesting just that to him or her and not going to him or her too quickly. For infants under 5 months, several minutes' delaying going in is enough. For infants 5-6 to 12 months if it feels like high level anxiety, going in should occur in several minutes; if it feels like moderate anxiety give it 10 minutes; if it feels like orneriness give it at least 20 minutes. (2) Allow the use of comforters of the child's own choosing; children will be selective in this and may not accept the ones the parents might prefer. The infant should have the final vote on choosing..

Now, you have decided that your 8 month old is anxious, the less tired or less burdened of the parents should get up and tend to the distressed child. Go in and first talk soothingly; given that you assume anxiety, reassure, but do not ask questions (because questions stir the child to think, that is, it wakens the baby more). If you think the baby is in physical pain, then, do ask where it hurts. Do not yet pick up the baby. Talking soothingly can also be accompanied by gentle back patting, rubbing, or rocking. You want to help the baby put himself or herself to sleep. Do not, therefore, do things that will awaken the baby more, as picking the baby up does. If talking soothingly and patting do not calm the baby after 1 or 2 minutes, and you see the baby is not then likely to go back to sleep, pick the baby up and continue to soothe and comfort and do things that will induce the baby to put himself or herself to sleep. This is no time to start playing a game. The principle is: "Baby, dear, it's time for you to put yourself to sleep."

There are great advantages to parents taking turns at this task: there are few times in life when a child appreciates a parent more than when she or he is in a state of need or pain which the nurturing and loving parent alleviates. It is a universal reaction in humans, especially so in our young, to appreciate, to value, and to love a person who alleviates pain.

When, according to the reports we got, 7 to 9 months old Richie cried when his mother put him in his crib (at night and possibly also during the day), awfully distressed, depressed and in pain herself, she would put him outside her apartment, in the hall, to not hear his crying. We were not there and therefore cannot be certain of Richie's reasons for crying, whether due to separation anxiety, fear of angry noises (like when his young father and mother would fight), physical pain, insufficient food, orneriness, or who knows what. We can assume that Richie at first cried hard and long (or mother would not have put him in the all) and that he would fall asleep quite possibly in a state of hopelessness and exhaustion. This kind of experience caused both Richie and mother a great deal of hostility and resentment toward each other. It probably contributed to his 17 year old mother's despair and depression. Before 6 months of age Richie had been a real pleasure to those who cared for him. Now he had become a dreadful burden to his adolescent mother. We assume that each episode of Richie's crying himself to sleep led to his accumulating more hostility toward his mother and the feeling of hopelessness

became more and more stable. By the time we saw him at 14 months, the damage to Richie (and to his mother) was severe. Much work had to be done to get him back on a normal enough track of development.

If the parent has decided that the child is being ornery several approaches may be tried; some should not. To begin with, the parent ought to deal with his or her child in the form of a dialogue. Try to engage the child's cooperation. Tell the child what you expect of her or him in the form of cooperation. Yes, even at 8 months of age, parents should talk and say what they want and expect of their child. "It is now time for you to go to sleep. Calm yourself down and go to sleep." Being reasonable is desirable for both parent and child. Parents ought to make reasonable demands, and expect reasonable cooperation. Letting the frustrated more-than-six-month-old child cry for 15 or so minutes may be necessary. Parents ought to let themselves be aware of the anger their child can mobilize in them. Reasonable anger in a tired parent toward her or his child causes no harm. Act before you become too angry; talk, talk, talk; demand cooperation verbally. The parent may have to pick up the angry child to calm him or her sufficiently and to explain that the parent cares but now also expects the child to go to sleep and let others sleep. Talk, talk firmly, talk angrily. Threatening or striking an 8 month-old complicates matters unfavorably. A swat on the bottom may help the parent, if he or she reaches the point of "I've had it!" More than a swat is undesirable; it sets the stage for difficult human interaction, negativity (hostility, rage, and hate) in relationships. It also diminishes the child's potential respect for and empathy with the parent, and then others.

Problems with the child's sleeping may or may not be easy to solve, may take one or two, or three days. Or they may take considerably longer; they may require much work on the part of parents, much effort and patience. Parent's efforts to help their child grow well, when based on understanding and respecting the child's needs and experiences, always help even when they may not solve a problem. Parents ought to try to not feel shame about asking for help in trying to understand their children and in learning means of growth-promoting child rearing. There is more to being a good parent than loving and "doing what comes naturally".

Also, if the infant's restlessness is an empathic barometer of tension between the parents, or of other anxieties or problems the parents are experiencing, it is highly important for all family members that these core problems be addressed.

1.2 EMOTIONAL AND BEHAVIORAL DEVELOPMENT

1.221 HUMAN DEVELOPMENT: Feeding Experiences

Feeding an infant does much more than simply sustain life by providing the infant with food (carbohydrates, proteins, vitamins, minerals) needed for survival. The feeding experience is one of the major earliest events during and by which the sense of self and of human relationships begin to be organized and shaped. It is one of earliest experiences which influences how the infant becomes attached to the caregiving persons, comes to expect or not expect being gratified and emotionally nurtured. How the infant feels during feeding, is extremely important for the development of the total personality for the following reasons.

What occurs when a two-month-old infant is being fed? If the infant feeds from a propped bottle, he or she can be observed to look around, more or less exploring the surroundings until overtaken by sleep. The food is satisfying; the environment is interesting. But very important needs for emotional contact and interaction the infant feels are ignored, and opportunities are lost, which are basic to healthy emotional and physical development. On the other hand, if the infant is held by the nurturing person during feeding, in addition to the food being satisfying, the infant's gaze turns upon the feeding person's face, especially the eyes and the hairline of the forehead. Occasionally the baby will look elsewhere, but for the most part attention is focused on the face of the caregiver. Most important as well, an emotional interaction occurs. The baby feels the mother's holding, feels supported, warmed, and comforted by her. The infant also feels what the mother is feeling (her mood, her attitude toward the baby, and attention or preoccupation). And the mother feels not only her pleasure in holding and feeding her baby, she also feels what her baby feels. She feels warm and calm when the baby sucks well and eats well. She feels discomfort when the baby needs to burp. She feels pain and distress when her baby has trouble eating. Each feels what the other is feeling. An emotional dialogue develops, and with it, an ability to feel what the other feels.

What is the significance of all this? Child development specialists have learned that while being held and feeling together gratified, comforted and satiated, the infant and mother feel emotionally connected and tuned into each other. In this state, the infant is beginning to record in his or her memory the face and feelings of the human who is carrying out this nurturing, comforting, and gratifying experience. During the course of "feeling together with" feeding, consider the number of pictures that probably register in the infant's brain, pictures of the caregiver hovering over the self connected with being valued, emotionally engaged and connected while being fed and comforted. The infant whose bottle is propped does not have the opportunity to register these pictures of the human face and the feeder, and therefore does not have the opportunity to link being food gratified, being made to feel better, with feeling valued, emotionally connected to and resonating emotionally with a particular, unique human being. If the child does not have sufficient opportunities to link this sense of attempting to soothe inner feelings of hunger

and attain a feeling of well-being with another person, the infant may not insure his or her ability to get comfort from a relationship with another person. Because the needs for attachment (which we shall discuss in Section 1.215) are being frustrated, the bottle-propped infant will try to self-comfort through drinking more and more milk. That child frustrated in his or her basic emotional attachment needs may become more attached to the milk than to the human who provides the milk. The experience of feeding which is for the most part gratifying, when done in the arms of an emotionally tuned in loving parent, will greatly facilitate the formation of a positive emotional attachment between the infant and the nurturing person. The major benefit is that good emotional attachment to the caregiver contributes centrally to the development of basic trust, to a positive beginning sense of one's self, to the formation of good human relationships, and to the development of oneself as a person who can be trusted, counted on, and will, in turn then be able to nurture and to give to another. Good feeding experience contributes to inner security and does much toward healthy emotional development including also the development of a reasonable and healthy conscience.

Another developmental aspect of feeding during the first year of life is that it can be a vehicle for the expression of the infant's need and inner pressure to do things himself or herself. A six-month-old baby will take hold of a spoon that is directed toward his or her mouth and make an effort to steer it there himself or herself. A spinach-smear face may not be a beautiful sight to the casual onlooker. However, to the mother and infant involved it is a confirmation that one step toward autonomy has been achieved.

To summarize: total emotional development of the self is influenced by the quality of the feeding experience.

1.222 CHILD REARING: How to Optimize Feeding Experiences:

As noted above, it is highly important for the child's healthy development to be held in an emotionally close, engaged and loving way while being fed during the first months of life. It is also important that caregivers are tuned into the infant's emotional state and feeding needs, including to be tuned into the baby's cues about how often he or she should be fed. No one "schedule" is right for every infant. If feedings are spaced too close by the mother (or other caregiver) the infant may not feed well and may not have the opportunity infants need to learn competent ways to let others know that the infant needs help. If feedings are spaced too far apart, the child is exposed to unnecessary frustration and pain, with tension resulting in the mother-child relationship. Since mothers cannot always respond promptly, some waiting and frustration is inevitable. Infants vary in their inborn ability to wait, to tolerate delay in gratification of their needs. Each infant's characteristic way of waiting soon becomes known, and sensitive tuned-in responsiveness to the child's hunger signals will contribute to the development of trust in the caregiving person and in the relationship to that person (see Section 1.311).

Parents often ask whether it is better to feed the infant by means of a bottle or the breast. There are various viewpoints on that issue. No one way to do anything is the best

way to do it for everyone; there are more ways than one to do things well. From the vantage point of the child's emotional development what matters most is that the mother choose the method that makes her most comfortable and gratified with feeding her baby, whether it is by her breast or a bottle, that the parents' attitude toward their baby is emotionally engaged and loving and that the quality of the nurturing experience the child has is satisfying to both baby and caregiver (mother or father). If the parent is holding the infant in a loving, emotionally connected, and tuned-in comforting way, for the child's emotional well-being, it does not matter whether the breast or the bottle is used. In brief, what matters most is the emotional climate of the child's and the parent's experience during feeding.

Just a few comments on this question. Many mothers who breast-feed indicate that the experience is very gratifying to them, and as a result it brings the mother closer to the infant. Many mothers feel that a special emotional closeness is achieved through this specific physical contact and physiological interaction between the mother and the infant. However, not every woman who has tried to breast-feed has experienced this type of comfort. Many normal mothers feel psychologically uncomfortable about breast-feeding. If they feel this way, they need not fear they are depriving or harming the baby. For the child's emotional well-being giving the bottle with tender loving care will do just as well.

An occasional concern that we find is this: "Will the child become an excessive eater if I make the feeding experience so pleasurable for him?" Or, "Will the child want to be fed by me forever?" The answer to both questions is: "No." We all like to eat because it tastes and feels good. Some well cared for infants are pretty hefty eaters and can get pretty chubby; care should be taken that they not eat too much sugar (carbohydrates). And, of course, as adults we all eventually need to watch our weight. But, except for those rare cases of severe obesity of unknown origin, quite commonly, people become excessive eaters, when they are not sufficiently gratified in their basic emotional needs like the need to be held, to be valued, to be connected with and attached to those we love, that is when they are "hungry" for whatever it is they need and cannot get enough of. There are other factors that cause overeating such as for instance a child identifying with a mother or father who is overweight, or during adolescence for reasons we shall discuss in Unit 6. But, no, good early childhood feeding experiences of themselves do not produce excessive eaters. Gratifying your infant's emotional contact needs during the feeding process tends to make that infant stop when he or she's had enough food. Gratified infants end up needing to eat less, not more. Usually, it is the infant who is emotionally frustrated who wants to be fed more food.

With regard to the fear that the baby will want to be held by mother and fed by her forever, this is totally wrong. People tend to feel that if one is gratified by being held by mother or being fed by mother, that one is going to want to stay in that passive being-taken-care-of position forever. Infant observation shows that there is a very large push within the child, which we shall describe soon, to stand on one's own two feet, to become an individual, to be an active person, in addition to from time to time be satisfied passively. There is a tremendous inborn thrust to be the initiator of action and events and to want to do things oneself. We find that infants who are reasonably emotionally gratified do not want to remain in their mother's arms or on their mother's laps forever.

Usually, it is those who have not had enough of this gratification as infants, who later may have problems of clinging and excessive dependency.

One of the difficult challenges in rearing an infant is that parents need to try to sort out whether the expression of the need for attention by the infant is an expression of (1) the need for food (milk, cereal or juice, etc.), (2) the need to suck (which in many babies does not mean the baby needs food; the need to suck then is independent of the need for food), or (3) whether the need the child is attempting to get gratified is for emotional contact, for emotional nurture, to be held, to be paid attention to, talked to, cuddled, comforted. By listening for the message in the quality of the cry and trying to read the young child's gestures and facial expressions, a mother may be able to learn to tell the difference. We often find that a child's expression of need or distress is too often dealt with by many caregivers (mothers and fathers included), by routinely offering the bottle. Unfortunately, many children accept this as a substitute. But it is not a desirable substitute for emotional and affectionate physical contact, for comforting in mother's or father's arms, or for soothing, when pain or tiredness causes problems. The child is in need of TLC (tender, loving care), not milk or cereal. One of the main difficulties for development that the milk for every complaint approach can cause is that the infant may well learn by experience to use milk and cereal (food) as substitutes for TLC and human relationships and develop that pattern of coping with stress. They will, so to speak, "love" food and not so much the humans around them. Children with such experience may eventually use food to soothe themselves in times of stress, a common occurrence, which among other problems, leads to obesity, and meager human relationships. In more serious instances, some persons turn to other products as alcohol and drugs as substitutes for human sources of TLC, affection, and comfort.

All comforting experiences provided by mother or father (or a substitute caregiver) make a positive contribution to the child's developing trust in others and himself or herself. The feeding experience makes a large contribution to the quality and characteristics of the mother-child relationship; this is one of the major events where the mother-child (and where father is involved, the father-child) relationship begins to develop. So it is important to try to provide the infant with a gratifying feeding experience. But, in addition, there are other interactions between infant and mother (and father) and other ways in which parents can be nurturing and comforting to their children. If a parent has some difficulty with feeding an infant well, it does not necessarily mean that the parent's relationship to the child will be in jeopardy. Some parents who are not so comfortable with or successful at feeding (which may be due to the infant's having some feeding problem) can do other very helpful things quite well; such as the mother who can play warmly and comfortingly with her baby; or the mother who enjoys chattering and singing to her baby and does so well; or the mother who can help her child learn things well.

When Bernie was about 2 weeks old he began to have trouble during and after feedings. He had bottle fed well for the first 2 weeks and then mid feeding and for a while after, his fussing and crying with his twisting his body and bringing up his legs suggested he was having abdominal pain. Bernie by then would already respond with calming when he would signal to mother by clear but moderate sounds that he needed her

attention and she would respond from a distance that she was coming to take care of him. He would already calm before she got to him. Now though, she could not fully calm him when he had abdominal distress. Consulting Bernie's Pediatrician within a week, Bernie's milk allergy was found and he responded soon thereafter with non problematic feedings with one of the common milk substitutes. This was a brief eating problem. But we knew that from the way mother and Bernie already interacted so nicely, from the fact that she could usually calm him so successfully, that what they lost in the feeding experience could be made up by them in other ways. By the way, Bernie's mother also turned out to be very good at playing baby games with him later, like peek-a-boo and lifting him above her head -- which he just enjoyed thoroughly. We should note that Bernie's mother and father were by then already having some serious problems with each other. When Bernie was 6 months old, father left at mother's insistence. So, while mother and father both, mother especially, were very happy with Bernie, tension and stress between parents was mounting.

In other words, one can make up for certain weaknesses in one's ways of parenting (whether the problem is in the baby or mother or father) by developing other ways where one is more competent (if the difficulty is in mother or father), more comfortable, and more successful. Most important is for the parent to try to tune-in to the baby, try to understand the baby's feelings and communications and respond to these reasonably.

Feeding Difficulties:

There are different types of feeding difficulties. We can catalogue them as arising from organic problems in the infant or from stresses in the parent-child relationship, whether these initially emanate from the infant or the parent. It is not our intention to give much detail about organic difficulties in feeding but only to mention these in general so that the student will have an idea of what we have in mind. There are, for example, mechanical obstructions within the alimentary tract (the food passageway, from the mouth, to the esophagus, stomach, small intestines, large intestine including the colon and rectum), within the feeding system, which are generally the result of some unfinished development. In the course of the maturation and formation of the fetus, certain openings or tube formations within the alimentary tract have not been fully achieved, certain linkages were not made completely and obstruction to the passage of food can be caused by them. These are quickly picked up by parents as well as pediatricians and nurses and something can and, of course, must be done promptly to correct such defects. But it is important to note that such problems will make for a very difficult start for both infant and parents.

Another large category of organic difficulty is allergies as was the case with 2 week old Bernie. Allergies may be troublesome to sort out, whether an allergy is to milk or later during the first year to some other food, but these can usually be dealt with in due time. Milk allergies are common and pediatricians are alert to the possibility of an allergy-based feeding difficulty, and these do in fact commonly come to the pediatrician's attention. It is important that difficulties in feeding be picked up as soon as possible because they will interfere with the gratifying and comfortable feeding experience which

as we said before has a great impact not only on the child's well-being and attachment, but also has a large impact on the parent. Parents become very distressed when their infants do not feed comfortably, easily and well. Bernie's mother was initially very upset when Bernie could not be fully calmed by her. She was especially upset because she recognized that she was getting angry with her by then 3 week-old baby. By then she had already called the Pediatrician and steps were being taken to remedy his problem.

A word is warranted here: it is that feeding an infant is a highly valued function by most parents. Parents are gratified when their infants feed well. In fact, that goes further. Many mothers are deeply hurt when their children (or their husbands) do not like the food mother has prepared. This tells us that it is important to secure as good a feeding experience as possible not only in the interest of the infant but also for the feeding parent.

The most common organic difficulty associated with feeding is the accumulation of air within the infant's stomach which causes the infant distress. This everyday problem is well understood by parents and is generally dealt with easily and tenderly by the nurturer through the process of burping. Air in the stomach, as we all know, can be extremely painful, and it is reasonable that an infant will express discomfort when such an air bubble is large enough to cause pain.

Also to be added here, are transient organic difficulties such as those caused by an abdominal virus, or a respiratory virus that can interfere with the infant's feeding process. A plugged up nose will make it difficult for the infant to feed comfortably since the infant will have to stop feeding in order to breathe. One cannot breathe and swallow at the same time without the food also going into the breathing tubes which, of course, causes choking and much distress. Under these conditions the infant will express distress which will be readily observable in facial expressions, body contortions and vocalization of discomfort. Feeding will then have to be slowed down to allow the infant to alternately mouth-breathe as well as to swallow food.

This takes us to the second large category of feeding difficulties, those arising from stresses in the parent-child relationship, whether these start initially from a problem the child or from the parent. A common and notable problem of this kind, is that which we all know as colic. Many professionals believe that colic is the result of an organic difficulty in the baby, perhaps due to allergy, perhaps it is a difficulty in the physiology (the functioning) of digesting, or perhaps it is a difficulty in organizing the various factors that make for a smooth feeding experience. However, many pediatricians, psychiatrists and nurses also believe that significant strain and tension within the mother-child relationship can also be a source of some form of colic. It is important to sort out the nature of that strain and stress as well as where it is coming from, whether from within a very irritable and tense baby or from an overly burdened and tense mother. If the parent is feeling tense, the baby will feel this by the transmission of her feelings to the baby (contagion of feelings) as well as in the tightness of her muscles and body stiffness as she holds him or her.

Colic of physical origin in the baby, commonly begins at about 3 weeks and ends at about 3 months. It is vitally important that parents understand that the baby is not trying to give them a hard time and that if a mother cannot calm a colicky baby, it does not mean that she is a bad mother. Commonly, a colicky baby of this type cannot be calmed

by even the most experienced mother or grandmother. When a baby's colic is due to stress and strain that comes from the mother, then another person, father or grandmother may be able to calm and successfully feed the baby. The baby with an inborn physically-based colic should be handled with as much appropriate calming and soothing effort the caregiver can devise. The ancient method of soothing a colicky baby by gently touching his or her genitals is not appropriate because it can lead to secondary sexual problems at a later time. It is important to remember with this type of colic that it will stop at about 3 months. What we will say about how Suzy's parents handled her irritability applies to the colicky baby as well (see below).

Where the infant's feeding problem comes from mother being terribly stressed out, as was the case with 7 month old Richie, help for the mother is essential. A caring father or grandmother can be very helpful. Sometimes professional help may be needed for the mother.

In addition to babies who have colic there are many babies who, because of some mild degree of immaturity of the brain may be very irritable. Or they may become irritable quickly because they just experience too much distress when they are stressed. These babies need to be calmed and comforted a lot more than others. Such an infant may become more upset when the mother picks the crying baby up in order to feed him or her. This baby may be so worked up and so tense that the feeding process may of itself become unpleasant and may not even get started.

Suzy was a quite difficult to calm baby. Feeding her was made difficult not by her having stomach upsets but rather by her irritability. She seemed to have some difficulty getting into a rhythm of sucking and at moments she sucked quite weakly and then would fuss, we thought perhaps because the milk didn't flow well enough then. When we worked with her and her parents, we believe that mother's believing us that she is doing reasonable things to calm Suzy, holding her well, trying to mold with the baby's body (which however did not stay in a molded posture due to some jerky movements), that her voice was soothing, mother became much less stressed and more patient, persisting in her efforts to calm her feeding baby. The parent's efforts to comfort and calm the baby by the way she holds and talks to the baby, by the way she offers either the breast or the bottle to the baby, will not always work well. But eventually, work it will. It eventually did with Suzy. Of course waiting too long in order to calm a baby before starting the feeding process will, of itself, may create more tension. It is at times like walking a tight rope and it can become a very difficult matter for the parent to know just how to pace herself or himself and the baby under these circumstances. But we can only encourage repeated efforts on the part of the parents, father, mother, both, to work together to try to decrease irritability or strain in the feeding of the baby.

We are not interested in blame! It is important to sort out if the difficulty is coming from the baby or from the mother. It can be enormously helpful to the baby and those who care for her. And we caution fathers against too quickly assuming that mother is to blame.

Healthy babies eat the amount they need without having to be pushed. Parents need not be overly concerned about the baby's not eating enough - except where an infant is not gaining weight reasonably and looks undernourished. Of course checking with the

baby's pediatrician is then warranted. It is important to know that pushing and forcing food can create all sorts of problems.

Many mistakes are made, unfortunately, when a parent is afraid to recognize tensions that come from our normal everyday lives. It is important to be able to acknowledge these so we can at least know where some of the problems may come from, work to reduce tensions, and then improve the feeding process. Again we want to emphasize that providing as good feeding experience as possible is thinking about the future of the child, it is optimizing the child's experiencing of himself or herself and of his or her human relationships.

Transient periods of physical illness will interfere with an infant's comfort and that of course can, for a little while, create some difficulties in the feeding experience. That, however, will not cause any lasting problems and need not worry parents. Young children have a great deal more adaptability and flexibility than people generally think.

Another issue to be addressed under feeding experiences and parenthood is whether the mother ought to be the only person engaged in the process of feeding the infant. There are advantages to the infant's being fed not only by the mother, but also by the father and, where they are old enough, also by siblings. Since a good feeding experience facilitates, accelerates, and stabilizes favorable bonding and the development of a positive attachment, if thereby, can help to establish a more favorable and meaningful relationship with the father and with the siblings as well as with mother.

It is especially important that father (and siblings) participate and play a part in gratifying and comforting the baby. We have seen numerous times that having a meaningful relationship with father and with siblings in the first year of life, as well as with a loving and good substitute caregiver, does not take away from the deep and all important attachment the infant makes to the mother. Rather, where the relationship with the mother is good, good relationships with the father and with the siblings further enhances the child's capability to form good human relationships and may enrich emotional and personality growth. The most important relationship in the first year of life is the relationship with the mother. Nonetheless, fathers and infants have much to gain from the father's being involved in feeding and comforting experiences, in addition to the usual expectation which comes later of father's protection against external dangers. Many times, unknowingly, a father is kept out of the tight mother-child relationship, a tightness that comes from biological and psychological unity that has existed between the infant and the mother from the time of conception. The father needs to be given enough space and opportunity to be engaged in the child-parent relationship; this, in fact, should be encouraged by both mother and father.

Equally we have seen infants turn to siblings when the mother or father has not been available in a way that is at times surprisingly meaningful and positive, to the advantage of both the siblings and the less-than-one-year old.

1.2 EMOTIONAL AND BEHAVIORAL DEVELOPMENT

1.231 HUMAN DEVELOPMENT: Crying

Most of us visualize a young infant as either asleep, or eyes open, quietly looking about, or more commonly feeding, or crying, pictures which are certainly correct. Crying, in the infant, is an inborn reaction to unpleasure (or displeasure), be it pain, distress or fear, of sufficient intensity and persistence. But crying is also a significant way (a built-in mechanism) for communicating needs the infant has to the environment about her or him. We do not mean that the infant knows from the beginning that when he or she cries mother will come. Soon, however, the child does learn that crying brings the mother, and will gradually learn that crying can be a method of communicating certain conditions of need.

As we just said, crying is a normal response to a condition of pain² There always is a cause for the crying. In infants, in most crying, the common denominator is an experience of heightened unpleasure: it may be due to hunger, irritation of the skin from a wet diaper, abdominal discomfort caused by an air bubble or a virus, marked tiredness, or the need to be held which has too long been frustrated. The resultant accumulating unpleasure triggers the mechanism of crying which under average-expectable conditions is experienced by the nurturing caregiver as a call for help.

The various causes of mounting unpleasure lead, interestingly enough, to different forms of crying. While at first crying may seem to be just one form of communication which has one quality and one character, quite soon the crying becomes different for different initiators of crying and the average mother and father is able to begin to identify what the underlying source of distress or pain may be. Crying varies in volume and also in quality. We are all acquainted with the fact that we cry in pain, we cry in sadness, in anger, in rage, and at times, we even cry for joy. Each of these forms of crying is a different communication although for the most part crying is an expression of feeling that is on the negative side of the spectrum of experiencing.

As we detailed in the section on sleep-wake states, crying often creates difficulty for the discerning and concerned parent. It is not always easy to sort out whether the child is crying because of an intensifying unpleasure experience which requires the parent's comforting and TLC, or whether the unpleasure comes from an excessive degree of self indulgence and the sense of self importance, or narcissism, which the normal infant needs the parents' help in taming.

1.232 CHILD REARING: How to Handle Crying

² It may be that even in crying for joy, crying may occur because an underlying pain-producing yearning is suddenly, finally or unexpectedly gratified.

We emphasize that there always is a reason for an infant's crying. First, it is a normal reaction to some kind of pain and, second, it acts as a means of communicating to the caregiver that help is needed. Sometimes in the course of trying to respond to their child's crying, parents are at a loss to know how to deal with it or stop it, and they trick themselves by believing that babies sometimes cry to exercise their lungs. Babies do not cry to exercise their lungs.

As we said in the previous section, there are different causes for crying, and different forms of crying, so that crying varies greatly in quality and in volume. As parents gain experience with their own individual child, they can learn to tell by the sound what is causing their infant's crying.

Whatever the cause of the crying, it is in the best interest of the infant and the parent for the parent to approach the child in a comforting mode and try to confirm or sort out and then to remove the cause of the crying. The amount and the kind of comforting required may vary widely according to the child and the situation. The kind of comforting that is appropriate in association with the setting of limits is different from the kind of comforting that is required for the pain of teething. For example, if a ten month old baby wants to crawl upstairs, or responds angrily to being put down for a nap, the parental response needs to be reasonable but firm, with the expression of understanding the frustration the child is feeling. On the other hand, when the baby is in pain, the nap time might even be delayed to allow for the soothing effect of cuddling or rocking; this usually makes the infant feel understood and comforted, even if the pain cannot be totally alleviated. If the parent can put himself or herself in the place of the infant, it is likely that the reason for the crying will be understood, and the appropriate approach to the problem can be found. We shall return to that issue shortly.

As noted earlier, crying is an experience of feeling, a communication of distress. We emphasize that from early in life, infants are quite capable of feeling. For this reason, let us look at some of these feelings and how parents can deal with them in a growth-promoting way. What we shall say in the section that follows applies also to handling an infant's crying.

1.2 EMOTIONAL AND BEHAVIORAL DEVELOPMENT

1.241 HUMAN DEVELOPMENT: Affects (Feeling Tone, How a Person Feels)

For reasons that are not clear, it has long been assumed that young children do not feel. Human beings, especially parents, have often acted in the presence of young children with the belief that the child will not understand what is going on and will have no feelings about it. People who work with children know this is not true. Professionals and many parents as well know that, in fact, children in the earliest months and years of life can be smiling, cheerful, convey a feeling of pleasure as well as show feelings of hurt, anger, and appear traumatized by experiences they have in their own homes, that they indeed do have both positive and negative feelings. Overwhelming clinical evidence shows they have memories of experiences which have been gratifying and loving as well as memories of experiences that have been painful, even though these memories may not usually be readily accessible to them, that they have become unconscious, until they are reactivated by some life event that resonates with those repressed memories. In other words, there are experiences both positive and negative that are recorded in the mind which the child may not consciously remember and yet one finds the influence of these memories to pervade the child's emotional life. Traces of negative experience memories may be seen in such problems as excessive anxiety, nightmares, or other adjustment difficulties; positive experience memory traces are seen in such personality strengths as a readiness to like, to love and trust others as well as self-confidence and the ability to work. One clinician puts it well when he speaks of those experiences in the first year of life as being at the same time "unrememberable and unforgettable".

Again as with other factors in development, the feeling tones which children exhibit in their behavior or in other words the affects of which they are capable, undergo significant development during the first year of life. The expressions of which the two week-old is capable are much more limited than those of the six month old, and these are fewer than the repertoire of feelings of which the twelve month old is capable. We find that as development proceeds the expression of any one affect becomes more complex, has greater variations, and is better perceived by the infant who experiences it.

In order to appreciate the fact that the infant experiences a cluster of different feelings it is important for the student to become an as unbiased as possible observer of children. Observing children with an open mind will reveal a great deal to the student who is attentive and much understanding of children will come with it. Because affects tell us so much about how a human being feels, it is an important and valuable exercise for the student to become a better observer of affects in children. In order to become a good observer several steps can be taken, which will be discussed in the next section.

We want to underline, even at the risk of being repetitive: affects are the window through which we can see and come to know and understand what a human being is feeling inside. Such looking for affects can increase our understanding of what is going on in a child about whom one is concerned, and for whom one wants to do the best one

can. Also worthy of emphasis is: empathy is one of the most useful instruments human beings can employ to understand what is going on in another individual. The child's affects, recognized by means of empathy, will help parents understand what is going on in their children and then be better able to respond to or deal with the child in accord with what the child is experiencing and be more likely to help the children grow in a healthy way.

Let us consider the various affects a two week old child can experience; then, compare those with the affects that a six month old can experience, and then with those that a twelve month old experiences. A two week-old is capable of experiencing feeling calm, excitement, satisfaction (as after feeding), tenseness, crying, agitation, rage. These are a few, and the reader may think of some others in addition. Note especially that we have not said that the two week-old can experience a clear sense of pleasure. Interesting and very important, the two week-old is capable of experiencing and of expressing, of giving evidence of pain and displeasure. But there is no clear expression of pleasure at or near birth. Rather one can find the expression of non-distress, namely, of calm and of satisfaction of need.

By the time the child is six months of age the number of affects of which the child is capable is surprisingly larger. The child now can experience not only calm, excitement, tenseness, crying, agitation, and rage, but in addition she or he can experience pleasure, cheerfulness, and smiling, fear, anxiety, panic, anger, hostility, rage, and temper tantrums; the six month old also shows low-keyed or sad feelings, and feelings of attachment and the beginnings of affection for parents, siblings and caregivers.

The one year old can not only experience all of the affects already mentioned, but, in addition, can experience different levels of all these. In addition, the one year old begins to be capable of experiencing sadness, grief, and marked depression. She or he also can express affection for persons he or she values, especially for the mother, father, siblings, and other valued caregivers.

In the chapter on the development of human relationships during the first year of life, some of these affects will be highlighted as we talk about various forms of anxiety a child may experience, different reactions of affection, excitement and pleasure, experiences of anger, of sadness, of grief, and of separation reactions as well as reunion reactions.

We cannot emphasize too strongly the importance of recognizing affects in children from the child's first days of life on. Of course, those parents and other caregivers who exercise their observational skills and learn to recognize affects in the first year of life will be able to do so with older children as well, when the recognition of affects is just as important as it is for the first year of life.

1.224 CHILD REARING: What can the Parent Do That is Growth-Promoting Regarding the Child's Affects?

At any given time, when we know how a person feels we know better how to interact with that person. When parents and caregivers can tell how a child feels it will help them

know better how to respond to or interact with and what to do to help the child in a growth-promoting way.

Human beings are born with the ability to feel what others seem to be feeling. This is what we call empathy. This ability operates at a gut level and operates at both a level of awareness (at a conscious level) and at a level of non-awareness (at an unconscious level). When two persons are deeply emotional meaningful to each other, this ability becomes amplified. Over time many people either lose or inhibit this inborn ability to feel what another feels. This occurs especially when one is excessively hurt by others or finds one's own feelings to be too painful or frightening to endure. For instance, a young child being hurt by his father may feel very angry in reaction and feel pressured from within to lash out at his father or to bite him. But he knows that this could get him into deep trouble. As a result he may suppress or deny the feelings of anger he has. In order to succeed at denying his own feelings, he will not let himself feel what his father may be feeling.

Infants can feel what the caregiver who is interacting with him or her feels. In turn, sensitive mothers, fathers and other caregivers can feel what the baby is feeling. It is not an intellectual process; it happens at a gut level. It is mutually felt; it occurs at an emotional level. It is intersubjective, we say. But because many children and adults have trouble with their empathic ability it may be useful to do things that can bring out this very valuable capability.

We can tell how a baby feels much of the time. If one has doubts about it, we suggest the following exercise. Some of what we will now say is readily known and is automatically done by most of us when we try to register how another person, in this instance, an infant, feels. We suggest four steps:

1. Look at the infant's facial expression, the eyes, mouth, cheeks, and forehead.
2. Look at the infant's body posture and movements.
3. Listen to the infant's voice sounds, including moans, sighs, cooing, etc.
4. Then, imagine yourself feeling the way the infant seems to feel.

In trying to sort out what the infant is feeling, a parent does not have to be absolutely sure that he or she knows what the infant is feeling; just imagining that one feels the way the infant is feeling, making a good guess at it is often very useful.

Each of the feelings that we enumerated in the above section will always be caused by something, and they often also can be stopped by something. For instance, any experience of pain will cause feelings of distress, or anger, or sadness. These feelings will usually stop when the pain stops, unless the pain went on too long.

In general an optimal balance of feeling good, feeling comfortable, with temporary periods of feeling uncomfortable, feeling some distress, will lead to good development. We cannot and should not overly protect our children against feeling uncomfortable or feeling pain. However, excessive periods of distress, of anxiety, of pain, tend to be detrimental to the child's development and should be prevented when possible. Parents cannot be indifferent to the way their infants feel, and fortunately, most parent are not.

Bernie's 30 year old mother was quite stressed when 3 weeks old Bernie continued to be very upset during and after feedings. She just didn't find any way to prevent that from happening. He would start feeding fine, after he had slept for about 2 hours, would feel

relaxed as mother held him to feed him. But he would soon suddenly stop sucking, his body would stiffen, stretch and then his knees would come up and his back arch forward, and he'd let out a rather strong cry, cry plaintively giving mother the feeling that he was having stomach pain. Mom was not sure, but it felt like that to her. Then, she'd be able to calm him a bit; he'd suck some more, and again the same twisting and crying would happen. Although she was pretty sure that Bernie was having a stomach problem, she was not sure whether he had some kind of virus or if maybe she was not feeding him well. She was tense because she and Bernie's father were fighting a lot, and he would tell her she is a bad mother and Bernie's fussing and crying were proof of it. She was angry with Bernie's father and tried to fight off the feeling she was a bad mother but now she was not sure. When the pediatrician saw them, seeing the way mother was with Bernie and hearing her good description of Bernie's starting to feed calmly, then suddenly stopping to suck, twist his body and let out a cry that made her feel he was in pain, he told her that Bernie could be allergic to the regular milk mother was using and recommended one of the milk substitutes. Mother was relieved to hear that because it meant that maybe she was taking good care of Bernie, and thought she could trust herself to know how he felt. But she was really angry with Bernie's father for telling her she's a bad mother.

When Suzy was about a week old, her mother and father both could see that she often did not feel good. Her face would look upset, her mouth stretched, and her cheeks tight and pulled up, her forehead even wrinkled. And she would whimper and then would cry in jerky sounds, some strong, some not so strong, and she "sounded" irritable and even angry. At times she looked frazzled and angry. That was very upsetting to Mom and Dad. But what made both of them feel worse was that they could not calm her easily. Dad found that when he held her against his shoulder and walked back and forth slowly between the bedroom and the kitchen she would calm. But when he tried to put her down often she would start to fuss again. Unfortunately, as this continued, Dad began to blame mother (even thought his own efforts often failed to calm Suzy too), and mother soon began to feel she must be a bad mother. When we saw Suzy and her parents at 3 weeks of age, we observed that mother was really good at reading how Suzy seemed to be feeling and reacted quite well to her. We told both parents that they really did read Suzy well, they were right (we believed) about what she seemed to be feeling and that any good parents would find it difficult to calm Suzy. We worked with them, encouraging them to persist in trying to calm her, that it was Suzy's immature nervous system that made her irritable. And we found a way of telling father that blaming mother was unwarranted and certainly did not help Suzy or them.

When we saw Richie at 14 months, he not only looked like an 8 month old (because he was failing to develop at a normal pace), he also looked very sad and very frightened. His eyes were wide open, had a flat expression of pain and fear, his mouth was drooping at the corners, his cheeks flat and immobile. He conveyed a feeling of intense pain and hopelessness. The contrast with pictures of him when he was 5 months was amazing. At 5 months he was smiling broadly, his eyes sparkled, he gave the impression of communicating with you warmly, cheerfully, and with confidence that he was lovable. To go from looking like this at 5 months to looking so depressed at 14 months, Richie

must have felt and looked confused, bewildered, angry, furious, perhaps enraged, to be sure sad, frightened, and eventually depressed and hopeless. His 17 year old mother got to a point where, abandoned by her boyfriend, bewildered, furious and depressed, she could not tolerate her beautiful baby's becoming upset, demanding of her attention and care, crying in pain and probably in rage, and she would put him in the hall until he cried himself to sleep. And one has to wonder what feelings 9 month old Richie had when at one moment of uncontrollable despair and rage in reaction to his own pain and distress, his mother "dropped" a pot of boiling water on his back. The evidence was large that Richie went from being a child who felt cheerful, joyful, felt good, valued, and loved by those he valued and needed, to one who felt dread, continual pain, rage, depression and hopelessness.

The student will come to recognize that affects tell us much and often quite clearly about what the young child is experiencing, when the young infant cannot talk. That young children cannot talk makes parents often feel helpless to understand what the infant is experiencing or what the infant's needs are. But the expression of feelings makes a large contribution to our understanding not only children, but adults as well. Young children automatically express feelings. They are born equipped to do so -- and we assume they are so equipped to insure their survival and well-being. However, if what they express goes unrecognized, not responded to, or discouraged -- for instance, some parents discourage their infants expressions of feeling hurt or angry -- young children may learn to suppress the expression of feelings, only specific ones or all of them, and come to believe that having feelings leads to nothing good, or that feelings are bad and create problems. In time then as they grow, friends and later mates may never truly know what the person is experiencing no matter what the person says. Feelings give weight and meaning to our words; they make what we experience clearer to ourselves and to those around us. It is, therefore, important that parents allow their infants to express whatever feelings they have, expecting that expression to be done in reasonable ways. Parents help when they respond or react reasonably to their children's expressions of feelings. In fact, it is helpful to the young child's emotional development to encourage their expression.

Understanding the infant, of course, will make it much easier for the parent to see to it that the child's feeling tone is mostly one of reasonable pleasure and comfort. Of course the reason it is in the infant's best interest to feel comfort rather than discomfort and to feel good rather than in pain is that, as most people understand intuitively, good feelings lead to the development of good feelings about oneself and love feelings in relationships, and bad feelings or feelings of excessive pain generate hostility (and later hate) in the child, which then become part of the child's self experiencing and of the child's experience of the parent-child relationship. The feelings of the very young child become organized and registered in the child's psyche and will stay with the child and become part of his or her personality for years to come if not forever.

In summary then, the parent can help the young child by observing, listening, and responding empathically to the child. Experience will make one increasingly adept at "reading" the child's affective (emotional) signals. It is important to help children under 1 year express their feelings since this promotes good mental health and enhances good

human relationships. It is important to note that the feelings young children have may stay with them for many years if not for a lifetime.

1.2 EMOTIONAL AND BEHAVIORAL DEVELOPMENT

1.251 HUMAN DEVELOPMENT: Attachment Behavior

The infant's attachment to his or her mother and father is probably the most important mental health determining experience the child has during the first year of life (and beyond). Attachment is a relatively complicated emotional (psychological) process which begins from near-birth. Looking at attachment from an evolutionary standpoint, it is an essential mechanism whereby the young of a given species attaches to members of her or his own species. We know that the mechanisms for attachment are inborn, are part of the individual organism's biological make up. And we know that it is secured by very strong psycho-biological mechanisms. Of course, the purpose of attachment to members of one's own species is that of protection of the individual, and of the preservation of the species by means of reproduction. With this in mind one can begin to understand the importance of attachment (and bonding) for both the individual and the species, and that strong mechanisms activating attachment would have to operate to insure its occurrence.

Attachment is the process implemented by the human infant in the formation of the earliest emotional relationships. We hold that there are mechanisms for species attachment available to the young of other species that seem not available to the human infant. Konrad Lorenz and many other students of animal behavior have found that the young of many mammals are equipped with an inborn attachment mechanism that Lorenz has defined as imprinting. Imprinting is activated by an instinctive mechanism whereby the young of certain bird species as well as certain mammals, within the first 48 or so hours after birth, will attach to organisms that bear a particular pattern on their bodies. This specific pattern, say on the parent bird's head, triggers the attachment mechanism and the infant bird will from that time on be attached the particular organism bearing that pattern.

Relative to other mammals, we assume that the immaturity of the human at birth, during the first weeks of life, makes for that infant's not being able to make so rapid (within 48 hours) and firm an attachment. Although there is evidence of the newborn being equipped to distinguish a pattern of the human face from a scattered broken line abstract pattern, the newborn's cognitive and locomotor immaturity lead many of us to assume that the human newborn may not have this imprinting instinctive mechanism to secure his or her attachment to the humans in the environment.

There are, however, specific indicators that some inborn psycho-biological mechanisms exist (which are complex instinctive mechanisms) that initiate attachment to the parents and, more slowly than in other animals, facilitate the attachment of the human infant to its parent organism. We will be talking about this in a moment. The important thing we underline here is that although the human infant is primed to attach to individuals in his environment, it is necessary that the environment facilitate a positive attachment, by the parent's responding adequately to the overtures and signals coming from the infant. Extremely important is that the nurturing environment itself positively

induce attachment with behavior that is affectionate and responsive to the infant's attachment overtures (staring at the upper part of the mother's face, eventual smiling, etc.) as well as the infant's needs for physical and emotional nurture and protection.

The need for emotional attachment in humans--and in most living species of animals--is in-born and powerful. It is also enormously important in that a child's mental health and eventual personality is built on it. Triggered and sustained by powerful biological and psychological mechanisms from the first days of life on, attachment will occur even when the infant's needs are barely met. However, it is important to know that attachment may be growth-promoting or it may be growth-disturbing. In order to form a growth-promoting attachment, the nurturing environment must be sufficiently loving and reasonably responsive to the infant's needs for nurture and affection, as well as for food, shelter and protection.

The newborn will also attach to caregivers who are not loving enough and whose behavior is not favorable for the formation of a growth-promoting attachment. The newborn will equally attach to the parent who is rejecting, hostile and unresponsive, but this attachment will be negative in quality, will lead to the development of basic mistrust rather than basic trust, to experiencing human beings as rejecting, hostile, and hurtful rather than accepting, friendly, and when needed comforting. The tragic aspect of what happened to Richie is this. At 5-6 months of age he was well on the way to developing a very positive attachment, good basic trust that he is lovable and those around him are worthy of trust and love. He was then surrounded by caregivers who were ably growth-promoting. Then when he was about 7 months old, his care was completely changed and became increasingly and seriously growth-disturbing. As a result, by the time we saw him at 14 months his attachment was filled with hostile feelings, suspicions and serious mistrust of others, expecting to be rejected and hurt.

It is important to know that, in general, the attachments we make in subsequent human relationships, the expected quality and character of these later relationships will be modeled on our earliest original attachments. In addition, the internalization (taking into one's mind) of the quality of the attachments we make in childhood, be it predominantly good, loving and respecting or hurtful, hostile and depreciating, that quality will enter into our skills and patterns of coping (our modes of adaptation), and into the formation of our self esteem and moral code, that is then, into the formation of our conscience. It is, therefore, highly probable, and sociological and psychological studies have shown this to be so, that a common consequence of the formation of highly negative or hostility laden attachments, is antisocial behavior and maladaptation to society. The consequences of such negative attachments to oneself and to society are very large, very painful, and very costly.

Rarely and tragically, due to a still unknown inborn disturbance in the brain an infant may not be able to achieve a sufficient emotional attachment. The insufficient or seriously deviant attachment is highly detrimental to psychological-emotional development. This is found only in severely disturbed individuals who suffer from a biological developmental disorder called autism. Such an infant requires skilled professional help, and even then may not be able to develop the ability to attach in a normal way. We say this to inform students that such a condition exists which is highly

detrimental to the critical role played by attachment in mental life and personality development. Fortunately, this is a rare disorder.

The Development of Attachment

Attachment develops over time. Research by a number of mental health specialists has revealed that it begins during the first days of life, and must be well underway during the first year, in order for the child to develop age-appropriately well psychologically-emotionally, to develop a good sense of self and the capability to relate to other humans. There are 2 most commonly used well developed models of attachment: one by psychoanalyst John Bowlby who developed an ethological (based on the study of animal behavior) model, and one by psychoanalyst Margaret S. Mahler whose model was developed using ego psychological theory (a psychoanalytic theory). Both were child psychoanalysts who made years-long studies of young children and their mothers. Although there are some theoretical differences in their explanations of how attachment occurs and develops, study of either one comes up with the same basic and enormously important understanding: that a good attachment is necessary for good emotional-mental health, development and adaptation.

We shall use the model developed by Dr. Mahler for a number of reasons but especially because our own studies support her observations, ideas and explanations. This model holds that attachment develops during the first three years in a process Dr. Mahler identified, described and labeled the separation-individuation process. We shall talk about the beginnings of separation-individuation, and of the attachment process it contains in a moment, as well as in Unit 2 when we cover development during the second and third years of life.

Since attachment is a developmental process, we see different aspects of it at two weeks of age, at six months of age, at 11 or 12 months of age, and at two and three years of age. There are several emotional-behavioral indexes of attachment. Recognizing these indices is important because they tell us about the state of the development of attachment, and whether or not the infant is forming healthy attachments to those the infant values in his or her immediate environment. The indexes in question are the social smiling responses, stranger responses, separation responses, and reunion responses. Let's also add, although we shall discuss it separately, subsequently, clinging reactions.

Social Smiling Responses:

From the work of Dr. Rene Spitz (like Dr. Mahler, a pediatrician, psychiatrist, and psychoanalyst) as well as others, we know that the "social smiling response" begins to emerge during the second or so month of life. Many infants, of course, smile from even the first weeks of life on; but the smiling then seems fragmentary and does not give the impression of being a social communication as does the social smiling response which we will describe in a moment. Fragmentary smiling of a very early kind is often seen in reaction to the sound of the human voice and especially to the sound of the mother's

voice. Because some mothers are hurt and worried that their two week old infants do not smile at them yet, it is important to underline that the social smiling response does not make its appearance until the second, third or even fourth month of life. With respect to the earlier fragmentary smiles, it is difficult to ascertain whether or not they are simply a reflex-like reaction to body sensations (like a gas bubble in the stomach) or if they represent a degree of attachment.

This is not the case with the social smiling response which emerges by a readily discernible and specific inborn mechanism. Spitz showed that this mechanism is activated by the presentation to the infant, of a face, face-on. When looking at the face, the 6 to 12 week old infant will react with a bright smile. When the person turns his or her face to the side so that the infant sees the face in profile, the smile fades and, indeed, the infant may frown. Spitz, furthermore, showed that the infant would smile in response to seeing not only the face of a live human being, but equally by seeing a face that is line-drawn on paper (face on) and even on seeing a face covered with a mask. The critical factor seems to be that the infant is primed by this psycho-biological mechanism, to respond by a smiling response to seeing a face configuration, especially the area of a pair of eyes and a forehead-hair line. There now is evidence that this configuration already elicits a gaze response in the newborn. It suggests that this mechanism seems to be built-in, seems to be akin to that which causes the much more rapid imprinting found in birds and mammals, that it serves the important function of the child's attaching to the members of the child's own species, and eventually, of course, the child's own parents. The social smiling response, we can therefore say, in its earliest manifestations is triggered by the presentation of a face, face-on. In the early weeks after its emergence, the social smiling response is extinguished (stops) by the withdrawal of that face from the child's visual field.

In its first appearance, then, this is a non-specific response. What we mean is that the infant will indiscriminately smile at anyone or anything that presents the proper facial pattern of two eyes, a nose and a forehead-hair line, whether that image is on a piece of paper, is that of a total stranger, or is the infant's own parents or caregivers. This tells us that a priming mechanism is at work, is being released but that no specific emotional attachment to a specific person or persons has yet taken place.

By the second and third months of life, the infant has formed a bond and is beginning to attach to his or her own caregivers. This is evident in the fact that many a one-month old when in need of feeding, will quiet on hearing mother's voice, while the mother readies herself to feed the baby, telling to him or her that she is coming. Similarly, a one-month old will calm as soon as he or she is picked up by the nurturing person who usually takes care of the infant. Furthermore, some infants will not calm when picked up by someone other than the usual nurturer, indicating that bonding is experienced and has sufficiently developed, that the caregivers usual vocalizations, movements and body smells and feelings are being recognized by the infant, and that the infant "knows" that care (whether for holding or feeding) is coming.

But let us come back to the question of social attachment. The non-specific smiling response means that the priming for attachment is activated but that a specific emotional attachment has not yet been formed. What follows then from about the second and third

to the fifth to eighth month of age is critical for optimal attachment and general emotional development. It is that the non-specific social smiling response becomes organized in the child's mind as a specific social smiling response.

Here is what we mean. In the course of the three to six months that follow on the emergence of the non-specific social smiling response, the infant will gradually, day by day, moments of feeling emotionally valued one after another, or feeling the emotional warmth that comes from a mother and father who love, adore, their baby, nurturing event by nurturing event, feeding by feeding, more and more the infant will recognize that the nurturing, the loving warmth, and the meeting of the baby's needs come from one or two or three specific individuals in his or her environment. With each event of caregiving, of feeling that loving handling, the infant will internalize, that is will take into his or her psyche the memory of that experience, a memory which will include what the nurturing person looks like, feels like, smells like, moves like. In other words, what is taken into the psyche is the entire constellation representing the nurturing event, including especially the self and the person who is doing the nurturing and the emotional atmosphere, feelings, in which it occurs.

Of course, the more positive (gratifying, loving, and pleasant) the events of nurturing, the more these will elicit in the infant a feeling of well-being and the more it will facilitate the smiling, pleasure experience. Where the events of nurturing are devoid of loving feelings, are too frustrating, too painful, where the feeling of deprivation and pain occurs too often, and for too long, the events that will be internalized are ones in which the experience is unpleasant and causes pain. What is internalized then is a representation of an episode of life with the self, a mother (nurturer), and feelings that are painful; such experience will not reinforce a smiling response but rather will tend to induce sadness or low-keyedness, or even gaze avoidance (avoiding the mother's eyes and face), withdrawal from emotional interaction and eventually, depression. What we are saying is that the better the nurturing experiences, the more likely the smiling response will be facilitated and become attached to the individuals who nurture the infant. The smiling then becomes more and more "specific"; it is elicited by specific persons, not by just anyone; the "specific" person is now special for the young child. A fascinating phenomenon then occurs which is the complement of the specific social smiling response, it is the emergence of stranger responses.

Stranger Responses:

As the infant three, four, five, six months of age begins to form specific attachments to those nurturing him or her, the infant begins to have reactions to unfamiliar people, which show that some degree of distress is experienced by the child. The stranger response ranges from a curious staring at the face of the stranger, to quizzical tentative efforts to explore that face, to acute reactions of anxiety, and even of panic or terror at seeing that unknown face. While the stranger response is a normal and desirable reaction, when it is excessive and creates a panic state, it suggests a problem or sensitivity in attachment and warrants professional attention.

When Jennifer was 6 months old we did a non-intrusive experiment to evaluate how

her attachments were developing. We simply scored the ease with which and the intensity of her social smiling responses to various people around her. The greater the ease and the more intense (largest) her social smiling the higher the score from 0 to 6, a 7-point scale. By 6 months, we found that her mother got the biggest smiles of those to whom she responded and we scored those smiles a "6". Two of her older siblings, a brother and a sister, as well as the research staff with whom she had come into twice-weekly contact since her first weeks of life, and one of the other mothers who quickly had become good friends with her own mother got a "3 to 4" response. And when the very friendly Chief of our Division of Child Psychiatry happened to come in to see how things were going, he (a man who was very good with children) got no smile at all. In fact, he got a mild stranger response. At this time we did not have occasion to test her reaction to her father, but when we did at a later time, he too got a very big smile from Jennifer.

So we found that Jennifer smiled most readily and broadly at her mother (we later saw and had learned from mother that she did so as well with her father). Then she smiled less broadly and less predictably at her siblings and other adults she saw frequently since near-birth. And she had a stranger response to a very nice man she had not seen before. The social smiling response was already specific, one could score its greater intensity with mother by which we could infer that she was most attached to her mother, we could infer some degree of attachment to her siblings and other adults, as well as no attachment to the Chief of our Division. We later confirmed a good attachment to her father as well.

The stranger response was equally important as were the social smiling responses in telling us with whom Jennifer was forming emotional attachments. Children vary in the quality and intensity of their stranger responses. Two factors contribute to this variance in responsiveness. One is that some children appear to be more shy than others, a factor that we believe is inborn. This shows itself very early in these children and usually leads to heightened stranger responsiveness -- which can be thought of as shyness in the face of a new or unknown person or situation. These children may have very good attachments, yet they experience acute stranger anxiety. The second factor is the quality of attachment itself. An unstable attachment, or a too hostile attachment, may intensify anxiety in the face of an unknown person or situation.

The stranger response is a highly useful response because it tells us that the infant is beginning to form or is now capable of forming specific attachments to someone other than a stranger. That, of course, confirms what we learn from the specific social smiling responses which is, that the infant is attaching emotionally with a specific individual or set of individuals. In other words, then taking social smiling responses and stranger responses together we have indicators and measures of the development of human emotional attachments the 6 to 10 month old infant is developing. And, we often find that the principal nurturer of the child, the mother, is the one who gets the broadest, the most easily elicited social smiling response. During this early phase of attachment formation, the father may get a nice social smiling response which, however, is not as easily obtained nor as broad as the mother's. Then the siblings may get a social smiling response perhaps somewhat weaker than that which father gets, and then individuals who

are seen by the child for the first time will get no smiling response but rather a stranger response. In fact, the stranger who pushes himself or herself on the infant too strongly may induce in a normal child an acute stranger response which may in some normal children lead to sharp crying and even to a panic state.

Separation Responses:

A further indicator that allows us to evaluate the process of attachment and which is clearly evident in behavior, is the separation response or reaction. Close observation reveals that separation reactions begin to become evident in 5 to 8 month old children when the social smiling response begins to become specific. In other words, the experience of specific social smiling responses, stranger responses and separation responses all become evident in conjunction with each other, at about the same time. And indeed it is so because all three result from and are indicative of the status of the same emotional attachment process.

What causes the separation reaction is that the infant is alert to and distressed by the fact that mother is leaving or has left the infant. When mother leaves the infant, the anticipation of her absence is experienced by the infant as distressing. We now assume that, during the first year, the infant is beginning to form a memory-representation of the person(s) to whom the infant is attaching which becomes recorded in his or her brain (and mind). But at the age of five to eight or so months, as Jean Piaget has taught us, this image seems to not yet be accessible to the infant when the mother is not within his visual field. In other words, from the infant's behavior we have come to learn that when the child sees the mother leave him or her, he or she gives the impression of experiencing this as a threat that mother will disappear and will be lost to him or her forever.

We say "forever" because the infant's immature mental functions are such that she or he cannot yet perceive or feel time duration and is capable then of only a limited type of memory which Piaget and his colleagues have called *recognitive memory*. *Recognitive memory* means that a child will remember a face (or an event) which he has recorded in his brain before, only when the infant can see that face when it is in the infant's visual field.

Some child development specialists believe that the infant acutely experiences the dread which, if he or she could speak would be like this: "If you leave me I will never see you again", or "What will happen to me if I need you and you are not with me?" An experience of this kind might be what triggers the acute reaction of pain that the 6 to 12 month old child shows in the crying and fussing one sees when mother is about to and leaves her child.

In the section on child rearing we will talk about how to handle unavoidable separation reactions. Here let us say that, of course, it is important for the child gradually to learn that when the parent leaves, the parent is not lost to the child forever, that indeed the parent does return. It is also important, for our present concern, to understand that the separation reaction like the stranger response has two paradoxical sides to it. It is a painful experience but it is also a positive one, in that it tells us that an emotional attachment process is taking place, that good attachment capability is developing, and

that the child is forming human relationships. We emphasize again, that forming good enough relationships is imperative for emotional health and good total emotional development. Therefore, the moderate crying of the separation reaction which requires due attention and may be troublesome is, nonetheless, a positive indicator that the child is forming an emotional attachment, is coming to know who his or her mother is. Of course, the crying should be dealt with in a constructive and growth-promoting way.

It is exactly because forming good enough attachment is imperative for good emotional health and total emotional development that the way Jennifer was forming attachments was a very hopeful beginning for her. Richie was not as fortunate as Jennifer whose attachments and relationships continued to develop well. Although he had shown very strong evidence of forming good emotional attachments up 6 1/2 months of age, there was a severe breakdown in his young mother's relationships and home life, which led to a severe deterioration in his everyday experiences and in his attachments. Much effort was required to try to recover what he had lost in so short a time -- and regrettably we lost him (he left our program) to our efforts to help before, we believe, he recovered as much as we thought he could.

Reunion Reactions:

Reunion reactions are the complement of the separation reactions. By reunion we mean the visible response evident in the infant's behavior in reaction to the parent's coming back into the child's visual field. Again, we are speaking especially of the child during the period extending from about the 3rd to the 12th month of age; but these reactions occur later as well, indeed even for years to come. The reunion response again will tell us something about the quality of attachment. It will tell us the extent to which emotional attachment is taking place and it will tell us how the infant is feeling at that given moment. The quality of the reunion reaction can, in general, also tell us much about the extent and quality of the child's attachment.

Reunion reactions are for the most part of two kinds. There are the pleasurable reactions, and there are the unpleasurable reactions. In addition, they may be mixed, have both pleasurable and unpleasurable parts. It is important to recognize that any reunion reactions, be they pleasurable, unpleasurable or mixed reactions, are indicative of relationship formation. If there are no reunion reactions during the second half of the first year of life, close examination of the other three attachment indicators are required to determine if attachments are being formed. We can readily recognize the pleasurable reunion experience: the big smile, the excitement in the infant's behavior on seeing the mother tells us that the infant "values" the person to whom he or she is reacting. This means, of course, that an attachment to that mother has taken place. Mothers have no difficulty with that reaction and accept it, as a sign of affection and of being valued by their baby.

Not so simple is the unpleasurable or angry reunion reaction which nonetheless is a positive indicator of developing attachment. The unpleasurable reunion reaction is one where on the mother's return, the infant reacts to the mother with anger, or with totally ignoring mother, or a mixture of the two. This reaction is a way of saying, if one can

verbalize what might be going on in an infant's mind: "I am angry with you because you deserted me", or "I want nothing to do with you and I will ignore that you are here", both of these also indicating an attachment to the parent. Therefore, both the unpleasurable and the pleasurable reunion reaction are indices of attachment and are valuable. In the section on the child rearing we will talk about how to handle, especially, the angry reunion reactions.

These indices of attachment then can be readily observed, and are valuable to parents in understanding what is going on in their child, and in ascertaining whether or not a good emotional attachment is taking place. We cannot overstate the importance of forming an emotional attachment in the first year of life, as it makes an enormous contribution to the development of the self as an individual, the development of basic trust, the development of relationships to others, the establishment of the individual as a member of her/his own species, the development of total personality and the development of well being, to mention an incomplete list of its influences.

Clinging Reaction or Pleas for comforting and help on the part of the Child:

Reactions of clinging to the parent, especially to the mother are common in children in the first year of life. Interestingly, they are more common during the middle and the latter part of the first year of life than they are in the first months of life.

Children always cling for a reason. Of course, a child may cling in play, because of some pleasurable feeling the child experiences; but this is not the kind of clinging reaction about which we are concerned here. We are speaking of the clinging reaction which is the result of some stress, fear, or anxiety. This kind of clinging begins to be experienced by the child from the fourth or so month of life on and intensifies, especially during the middle and latter half of the first year of life. Parenthetically here we might mention that there is a second peak of clinging during the latter part of the second year of life, about which we will talk in Unit 2.

Clinging is a plea for help, for protection, or for comforting; foremost it is a plea for help to cope with a feeling or experience that is difficult to tolerate, be it pain or some dreaded fear, whether the fear is realistic or not. Clinging can be of different intensities, from mild clinging associated with a stranger response, to more intense clinging associated with separation responses; in some instances, where intense clinging occurs, it results from panic and terror.

Because clinging is always, except in play, the result of pain, stress, fear, or anxiety, clinging indicates two things: one, that an attachment reaction is activated, and two, that a potential trauma is experienced by the infant. If the perceived threat is strong, the child may even cling to an available person to whom he has not developed an attachment. Close observation will show that non-play clinging is always due to an emotionally painful experience.

Two factors intensify clinging during the first year. One, when an actual event that produces increasing pain, stress, fear or anxiety continues unattenuated over time; and two, when the parent rejects the infant's plea to be held. What decreases or extinguishes the need to cling, is the parent's protecting and emotionally nurturing response which can

calm the infant's stress, fear or anxiety. We will talk more about this in the section under child rearing.

We have said that clinging is an attachment phenomenon. We find that an infant chooses to cling to individuals with whom the child is forming an emotional attachment. Often one finds that the infant will accept only the most valued person to cling to, namely, the mother. Quite common, is the experience of an infant eight or so months of age, demanding to be held by mother and clinging to her tightly even though the child was being held very nicely by father when a stress, fear, or anxiety appeared. This indicates only that attachment to the mother is ahead of that with the father and its quality is more intense at this age with the mother than with the father. This finding is quite normal and need not alarm fathers or mothers. We will talk further about this too under the child rearing section.

Clinging has its origins in two basic reflexes of early infancy and tends to appear as these two reflexes tend to wane. Those reflexes are the Moro (startle) reflex and the grasping reflex, both of which we described briefly in Section 1.11. The grasping reflex is probably stronger for much longer than is the Moro reflex and indeed the grasping reflex is still quite strong when clinging reactions begin to occur around the third, fourth, and fifth month.

What we want to emphasize here is what the clinging reaction highlights, as do the Moro and grasping reflexes, that there is an adaptive inborn system which under certain conditions gives rise to a need within the infant to be in actual physical contact with the person with whom the child is forming an attachment. Work with infant monkeys first carried out by Dr. Harry Harlow and his colleagues has shown how very important a role physical contact with the nurturing individual plays for the normal growth of that primate, and let us remember that humans are primates, too. Stated very briefly, Dr. Harlow showed that infant monkeys who are deprived of physical and emotional contact with their mothers by being reared in isolation become emotionally crippled both as infants, as adults and as parents.

Another startling sign of the need for physical contact in monkeys comes from the fact that young infant monkeys will cling to a surrogate inanimate substitute for the mother -- a wire cylinder covered with a soft cloth and containing a feeding bottle. The need for close contact is inborn and so great that the infant monkey will cling even to this inadequate substitute for maternal emotional contact.

Another finding of Dr. Harlow's is that when infant monkeys are reared in a group but without parenting monkeys, they will cling to each other in a variety of ways for long periods of time, especially when they are frightened (which, of course, induces a profound need for physical contact). The clinging reactions show us that certain conditions heighten the need in infants for emotional contact. But this clinging reaction also highlights the need within human infants, as within monkey infants, to be held, to be in contact with the mother's body or the father's body; to be cuddled, to be touched, to be physically comforted. In fact, this need for emotional and physical contact, child development specialists believe, is as basic a need as that for food and fluids. This, we cannot overstate. Indeed physical contact, touching and holding, are needs which, except when they are excessively suppressed, continue throughout life.

1.252 CHILD REARING: What Can the Parent Do That Is GROWTH-PROMOTING Regarding the Child's ATTACHMENT?

Because attachment is so important for the child's emotional development and personality formation, it is important that the parent know the value of this process and how it shows itself in the child's behaviors, so that the parent can optimize its development. By attachment, we mean that activity within the child's psyche (mind) which makes him form an age-appropriate emotional relationship to another person.

One of the major ways in which parents can promote the growth of the child's invaluable attachment to them is by valuing the child, by attaching emotionally to their child and responding affectionately and reasonably to the child's expressions of attachment to the parent. Let's take up, in turn, how parents can enhance the child's expressions of attachment, the social smiling responses, stranger responses, separation responses, and in reunion responses. And we will also talk of reacting to the child's clinging or its milder forms of turning to the parent for protection and for help.

Although we are focusing a great deal on what the four indicators of attachment tell us about the child's attachment, these can also tell us much about what the parent is doing, whether facilitating or making more difficult, the developing attachment process in her or his child. We want to focus here on what the parent can do to foster a good attachment process.

Smiling Responses:

As noted in the preceding section, in many children the social smiling response begins to emerge during the second month of life. It is remarkably facilitated by the person's smiling back and responding verbally and gesturally to the child's smiling with an appropriate emotional tone. The smiling response -- which comes from within the infant -- is essentially an expression of emotional feeling that will later become affection and love. And it is reinforced when the parent is able to respond affectionately, tenderly, to that emotional communication. At the risk of being accused of reading too much into the infant's behavior, the infant's smile seems to say "I am ready to love you; do you love me?" Actually infants are not yet able to love, but this is where that emotional experience, that critical question of loving and feeling loved begins.

Obviously, parents should not smile to an infant when the infant is angry or upset, nor when the parent does not feel like it. Again, it is important for parents to know that this emotional communication on the part of the infant is an expression of emerging, beginning feelings of affection and that these are more likely to stabilize in a healthy way when the parents react to the infant by smiling and responding verbally and gesturally with affection, warmth and pleasure. Faking it, will not work to the child's advantage.

Stranger Responses:

As we proposed earlier, while the social smiling response can be said to mean "I recognize your face", "I value you", the stranger response can be said to mean "You are not a face I know, yours is not the face of a person I value; I'm upset, I need the face of the person that I know." In other words, the stranger response means that the infant is beginning to sort out the persons the infant knows from those he or she does not know.

One common instance where parents can help their infants who are experiencing a stranger response is as follows. It happens commonly that grandparents who live far away will visit their 6 to 10 month old grandchild perhaps for the second or third time. Under such conditions it is likely that many a well developing baby on seeing these grandparents will have a stranger response. Indeed, the infant may cry and scream at their loving and excited approach. The common reaction in the family is for the mother or father to become quite upset because the child is supposed to smile at her or his own grandparents! If the mother understands that the stranger response is a normal one, which indicates something like: "I have not yet begun to form an attachment to you whoever you are (grandfather), and at this time seeing your face causes me great distress and I prefer to be with my mother or father", the mother will be in a position to help her infant as follows. She can explain to the grandfather or grandmother not to press himself or herself onto the baby, but rather allow the baby gradually to warm up to him or her. Babies do usually warm up to grandparents, but only after they have familiarized themselves with them sufficiently. By doing this, the mother will be protecting her infant against the stranger response; if it becomes too intense, it can cause great distress to the infant. If the stranger response is mild, the mother's presence and her being a go-between can facilitate a rather quick warming up of the baby to the grandparents. We have seen children in great distress being virtually attacked affectionately by their grandparents, who insist that this baby is going to like me and is going to smile at me! The key issue to bear in mind is that the stranger response has an element of anxiety in it and that excessive anxiety can be traumatizing to children and may, in fact, delay the infant's attaching to the grandparents.

6 month old Victor became acquainted with his grandparents in a very nice way. Grandparents (Dad's parents) had first met him a few days after he was born. Of course, he did not get to know them yet since the process of attaching had barely begun and they were not immediately involved in feeding, diapering, or bathing and dressing him.

When mother and father now decided that Mom would go back to work when he was 6 month old, they worked it out with Dad's parents to come and live with them and help take care of Victor. They moved in when Victor was 5 months old, in order to give the baby and grandparents time to form a comfortable relationship before Mom would go back to work as planned. Both grandparents became quite involved in his care. Somehow, Victor really tuned into his Grandpa, and it was clear that Grandpa really tuned into Victor. The relationship with Grandma was very good too, but somehow, he and Grandpa really hit it off well! It was very clear how Victor formed a very warm and good relationship with his mother and grandfather, he seemed to prefer them, although he also was attaching quite nicely with his father and grandmother.

Not all children attach this easily to 4 adults in their early lives. A child who is born

shy may be slower to do so. Parents tend to worry when their young (or older) children are shy (have painful stranger responses to persons or novel situations). Forcing young children to not be shy or to face anxiety-producing strangers is quite undesirable. Most shy children tend to overcome initial shyness after a needed period of time for "acclimation", for getting used to the new person or situation. Forcing them to not be shy tends to intensify and prolong shyness or it may pressure the child to deny his or her feelings and develop ways of accommodating to them that may not be desirable. Patience is needed with shy children, as is reassurance.

Separation Responses:

Like the stranger response, the separation response has a component of anxiety in it and it is well to try to protect children against excessive anxiety. The separation response means that the infant is experiencing as painful the mother's (or caregivers) leaving the infant. Let us remind the student that between five to eight and more months of age, children often experience the mother's moving away from them as the threat of being left by the mother forever. A number of factors we described in Section 1.215 under "Separation Responses" operate to make the infant vulnerable in this way at this time.

Of course, there are a number of instances in which it becomes necessary for the mother or the father to separate from the child for shorter or longer periods of time. This was the case with 6 month old Victor whose mother went back to work 3 days a week. Mother and grandfather worked together very well on helping Victor handle his separation anxiety. They talked to him about where mother was going, when she would be back, tolerated his initial complaining sympathetically and reassuringly, and then made a nice fuss about mother's being back. They even took him to see where his mother worked.

It is important to know what the individual child's responses and reactions to separation are in order to help the parent understand how to best deal with that separation. When 8 month old Suzy's mother went back to work for 5-hour days, 5 days a week, Suzy would get very upset. Her substitute caregiver Mrs. Sander knew that Suzy had been a very irritable baby and that it would take a good deal of effort to calm her when mother would leave for work. Suzy did get to the point of accepting mother's leaving after about 3 weeks. It helped a lot that mother and Mrs. Sander worked well together. Mrs. Sander came in about 1 hour before mother had to leave for work. Even though Suzy cried when she first sensed that mother was leaving -- which mother initially was afraid to tell her in advance -- she did accept Mrs. Sander's holding her. Mother recognized that she was getting worried when it was time to come home, because she was afraid that Suzy would be mad at her -- even though she couldn't wait to see her and hold her. But because Suzy seemed very happy to see mother, mother's fear went away. During the second week, though, Suzy began to cry when Mrs. Sander would come in. Mother and Mrs. Sander tried to calm Suzy, which worked even though Suzy would cling to mother, but would soon accept being held by Mrs. Sander who could be quite sympathetic and gentle.

Near the end of the second week, 8 month old Suzy seemed to not notice when

mother came home. Mother was shocked and her heart sank, she said. Twice she seemed to turn to Mrs. Sander when mother came home, and she fussed when Mrs. Sander was about to and then left. We saw Suzy's mother being upset about Suzy's not even noticing that she came home and her not wanting Mrs. Sander to leave as a welcome reaction for both Suzy and her mom. It was an opportunity for both of them. Mother could see, we told her, that Suzy is very upset at mother's being away and that she was trying to cope with that pain by shifting her attachment to Mrs. Sander. We told Suzy's parents that the pain probably was generating anger in Suzy toward her mother. It would be (and it was) very helpful for mother to hold Suzy and tell her: "I'm sorry you're so upset at my having to go to work and be away. But I'm here now, I'm your Mommy and I sure missed you too." This type of reaction by mother quite quickly brought up in Suzy the feelings of attachment to her mother and led to Suzy's molding into her mother's arms appearing to be fully re-engaged in her attachment to Mom. It surprised mom that sitting like that with Suzy for about 5 minutes, telling her how much she loves her, how she missed Suzy while at work, that she thought about her often, how effectively it calmed Suzy and made her smile and comfortable again. By the end of the 3rd week, not yet 9 months old, Suzy seemed accepting of Mrs. Sander, of Mom's going to work and she was usually now not upset when Mom came home.

It may not always be this easy with many children. It is important to be aware of the infant's reaction and to deal with it again and again. Also, parents should know that there are periods when an infant is much more vulnerable to the separation and experiences the separation as more traumatizing than at other periods. For example, the 5 to 12 month old and the 16 to 28 month old generally will find separation more painful than the one or two month old or the 34 month old or older child.

With the average five or eight month old, who is at a peak period for the separation reaction, it is especially important that the mother, like Suzy's mother, be open and honest about the separation. This means that the mother should tell the child that she is going to be away, when and for how long, even though the infant has no concept of what two hours or five hours might mean. It is often useful to anchor time around such issues as eating or going to bed times.

Many people might feel, "Good heavens, a six month old wouldn't understand if I say that." The fact is that we really don't know how much of spoken language children under one year understand. We know that they understand a great deal of feeling tone, of emotional language. But we can say, as observers of infant behavior, that we have found young children to understand a great deal more of verbal communication than most people and many parents assume. It is our impression that if one is going to make an error, it is better to err on the side of telling a child what one is going to do, rather than assume the child may not understand. Indeed, the child may.

With this in mind, we suggested to Suzy's parents that they tell Suzy for how long one or the other is going to be gone, when Mom and/or Dad is going to come home and to be truthful about it. If Mom expected to be away for two hours and it turned out of necessity that she was away for five hours, then we suggested that she express regret about being away longer than expected and that she explain to Suzy what happened. It is important for parents to know that excessively long separations can be very worrisome and painful

for children up to 3 years of age, and even beyond that age. Separation of several hours during the day can usually be reasonably well tolerated by the less than one year old. Separations for days can be quite traumatizing to an infant up to 2 1/2 or 3 years of age. Consequently parental vacations away from the less than 2 1/2 year old should be taken with caution and alternative and substitute care should be of good and familiar quality. It is then also advantageous if the infant stays in his or her own, familiar home.

It is extremely useful with respect to both separation responses and stranger responses, that the parent allow the child to express whatever feelings the infant has. Parents should not disregard feelings the child expresses, whether they are crying or clinging or simply giving the parent a quiet look of distress. It is helpful to acknowledge those feelings, to put them into words like: "Oh, I see that you feel sad at Mommy's going away"; then try to calm the infant as best you can, explain that you must leave and know it causes the infant worry and anger but right now mommy has to go. "But, I'll be back before it's time to eat" -- and then go ahead and leave! That is, of course, assuming that the proper caregiving is provided. Then when the parent returns, it is important again to allow the infant to express whatever feelings she or he has, and if these are feelings of anger or of rejecting the mother, to respond to these in a reasonable way, allowing the infant to have the feelings of anger and to reassure him or her, as Suzy's mother did, that mother is back and mother is staying.

With all expressions of feelings, if we can allow our children to express them, nonverbally when they cannot yet speak and both nonverbally and verbally when they can, we will open channels of communication which will lead to the development between parent and child of an emotional verbal dialogue which will cement their relationship, facilitate the child's learning to accept certain realities, to accept certain inevitable frustrations as well as pleasures, and learn to make reasonable compromises. It is always disadvantageous and it can be harmful to disregard the expressions of feelings by young infants. It will make the infant feel uncared for, not valued as a person, not understood; the infant will eventually feel that no one can relieve pain or provide comfort, all of which are detrimental to his or her psychic development.

In trying to deal with the difficulties their young children's separation reactions causes them, one thing many parents believe is that if the child doesn't see the mother leave, the child will not feel the absence of the mother. That is absolutely wrong and it creates its own difficulties by intensifying the young child's "magical thinking", -- that things can happen by magic, just by wishing them or fearing them -- which in turn, intensifies separation anxiety. It is much better to face the child's probable distress at mother's leaving and to deal with it as best one can. Another thought to be mentioned here is that the feeling of guilt the mother experiences at leaving her child even when leaving is necessary, may prevent a mother from helping her child tolerate the unavoidable separation and learn to deal with it in a reasonable way. If one has to separate from the child to go to the dentist, or to the doctor's, or to work, children can learn to deal with these reasonable absences and the parent can greatly help the child cope with them. Like Suzy did, children can accept and adapt to reality. They can better accept needed separations when the separations are acknowledged as painful to the child, and the parents try to help the child cope in an adequate and reasonable manner.

Reunion Reactions:

During the first year, as we said earlier, reunion reactions are for the most part of two kinds, the pleasurable reactions, and the painful and angry reactions. The pleasurable reunion reaction clearly confirms the infant's valuing the mother and reveals the child's beginning feelings of affection toward her. Speaking of the six to 12 month old infant, let us say again that the painful and angry reaction, is equally a confirmation of the infant's valuing the parent.

Because it is a painful (unpleasurable) or negative emotional reaction the parent may not recognize it as a positive indication of attachment. It is, however, a welcome response not only because it confirms attachment but because it allows the mother an opportunity to speak with her infant as Suzy's mother did about why she had to leave, how sad the mother is that the child was so upset by her leaving, and that the mother is now back and that mother is staying. In other words, it is an opportunity to work through the child's feeling angry toward the mother for having had to leave. The mother who responds to an unpleasurable (painful and negative emotional) reunion reaction by rejecting the child or by a counter-reaction of being angry is doing herself and the child a great disservice. This mother is reinforcing anger between the two of them, intensifying it rather than lessening the pain of separation in a reasonable and growth-promoting way. Under these conditions like under any conditions that cause the child to be angry with Mom or Dad, it is better to say to a child something like, "I know you're angry with me, that I upset you by having to leave you to go to work. I'm sorry it hurts you. But look, you and I can be angry with each other. But you know that even though we're angry now we love each other a lot too." Parents need to speak to a young child using words that reveal such understanding and permit the child to express hurt and angry feelings and by acting in a conciliatory and accepting way, one can get this type of message across even to as young a child as one six or eight months of age. And, of course, this message can be further conveyed with a warm hug.

Clinging Reactions or Pleas for Comforting and Help on the Part of the Child:

As we said before, children usually cling because of acute feelings of distress. When the parent recognizes that the infant is in distress, the parent is more likely to try to find out what is causing the distress and either eliminate its source or help the child tolerate it in a growth-promoting way. The parent who rejects clinging will intensify the need for clinging. This has been discussed before in Section 1.221.

Children do not appeal for help unless they need it, unless they feel threatened and unable to cope alone with a particular situation. Sometimes the appeal for help is one that needs to be talked about as well as complied with, depending on what is causing the stress. There are instances where reasonableness tells us appealing for help ought to be talked about with the child but ought not to be complied with. For example, when a child turns to the parent appealing for a toy with which another child is playing. Here it is important that the parent deal with the child's appeal by telling the child that she or he

cannot have the toy at this time because another child is playing with it, and the parent can offer another toy to her or his own child in a supportive and comforting but firm enough way. One can be supportive and comforting without giving the child everything the child demands even when what the child's demand is reasonable. Obviously, it would not be helpful to comply with the child's demand if that demand is unreasonable.

This topic brings us directly into another major one that is a source of distress for parents and where parents can be very helpful to their children. That is the area of self-comforting. Children have ways to help themselves already during the first year of life. In one of their first problem-solving and creative acts, children use devices whose value is often misunderstood by many parents. We are speaking of thumb sucking, or the use of a pacifier or some other comforter, usually a favorite blanket or soft toy.

It is important for parents to understand that when a less than one year old child sucks his or her thumb or uses a pacifier, or when the child attaches to himself or herself a particular comforting blanket, the child is attempting to master a state of internal tension. Many people seem unaware that children under one year of age already make large, indeed, remarkable efforts to master their pleasant and unpleasant experiences and environment. Children in the first year of life suck their thumbs as a means of comforting themselves without having to appeal for help from their caregivers. When an infant sucks his or her own thumb the infant is acting in a self-reliant way; and this is most likely one of the first acts of self-care, of mastery, and autonomy.

A second note for the parent is that thumb sucking occurs because, at least in part, the mouth as an organ of comforting plays a very large part in the child's first year of life as well as beyond. As a result, finding security by some activity of the mouth is not surprising. No one needs to be informed of the resemblance that the thumb has to those basic feeding mechanisms, nipples, and that children turn to the thumb as a substitute for a nipple.

Research has shown that the security blanket becomes meaningful as such because it is part of the mother-child comforting experience. For example, it is especially when the mother is preparing to put the infant to bed that, as the soothing-seeking infant is falling asleep he or she is in a state of being comforted and gratified and that touching the blanket becomes a part of that experience. The infant seeks soothing whether or not the parent is effective in doing so. The infant finds one or another "thing" that works in self-soothing. Usually it is a particularly soft corner or edge that the infant uses to self-soothe, often the blanket being used to rub against the mouth or against the cheek as the infant is falling asleep. In other words, both thumb and security blanket have their origin in experiences that lead to comforting, like eating and falling asleep in a state of satiation.

The most important issue is that the thumb and the security blanket are means that the infant has devised for reducing tension within the self. It may surprise some people that children in the first year of life experience a great deal of tension but all one need do to check this out is to look closely at children, and one will find that tension is a normal event, a normal state of affairs for the average, normal, less than one year old infant. To reduce tension, of course, is often essential to adapt well; and when the infant finds means of reducing tension on his own, she or he is making efforts to adapt to his or her own life stresses and strains.

On this basis, when parents try to discourage their children from using self-comforting devices, they are in effect interfering with the child's efforts to act self-reliantly and to adapt constructively. It is in the child's interest for the parent to permit these efforts. Most children, we find, soon enough stop using their thumbs and security blankets or soft toys, when they are permitted to use these devices until they become able to adapt satisfactorily without them to the stresses they experience daily.

An additional note to be made about the security blanket is that because of its being handled by the child under so many different conditions, including, for example, while feeding, walking and toddling around and dragging the blanket on the floor, security blankets tend to become "dirty and smelly". The parent experiences it as being dirty, not the infant. Often a well meaning parent will sneak the blanket away from the child in order to clean it. Unfortunately that cleaning process changes the character of the blanket, by eliminating those familiar smells. A number of children become distressed when their blanket is changed (cleaned) by the parent's good intention. Obviously there does come a time when a blanket may just get too filthy, and may have to be cleaned in spite of the child's objections, but such cleaning ought to be carried out recognizing that it may have a negative influence on the infant. As with many other things it is much better to tell the infant that you are going to wash the blanket and do so while you try to comfort the infant if he or she complains about your taking possession of his or her comforter.

What Could We Do To Help Richie:

At 5-6 months Richie gave strong evidence (reported by those who knew him and recorded in a series of photographs that showed him smiling, engaged with others, healthy in appearance, vibrant in mood) of beginning to form attachments, we assume to his mother and mother's aunt; possibly also to his young father. The quality of his experiences, of the care he got, and of his environment changed painfully when he was about 7 months old, when we saw him at 14 months his attachments were very poor: he was afraid of people, suspicious of what they would do to him, yet he seemed to plead for what we came to see as a long lost feeling of being tenderly cared for. It was clear to us as mental health clinicians of infants, children, and adolescents, that all efforts should be made to repair the damage to his relationships to others (caregivers) because so much depended on it: his emotional (and physical) development, his self development and his ability to become a socially adapted, responsible member of his community.

We first tried to find out all we could of how he interacted with mother's aunt (now his primary caregiver), with his occasionally visiting mother (to whom he reacted with fear), with neighbors, and with children. This included especially what we observed when he was brought to our parent-child group which met twice weekly for 2 hour periods. As we came to understand his behaviors, we shared our understanding (those who observed us said that we did so in a "physicianly" manner, with respect, thoughtfulness and sympathy) with the aunt and the parents in the group. When we do this work we are especially sensitive to the feelings of the parents and of the young children. We emphasized his mistrust and fear of being hurt.

Secondly, we tried to help the aunt understand the damage to Richie's attachments

and to his total development, especially his failure to develop physically and emotionally as resulting from the effects of the severe traumas he had experienced since he and his mother left the aunt. Following his behaviors, his reactions to being handled, his reactions to other children, we tried to explain what seemed puzzling to the aunt. We also tried to clarify what handling might help and why, and what was not helping and why.

Third, we took care to explain as it emerged, why, as he began to feel more and more safe and trusting, he would have outbursts of throwing toys, and even tantrums and rage reactions. We explained how we find clinically that when children (like adults) begin to recover from depressions, from abuses, and even from painful physical illnesses, the rage the pain generated in them begins to come out. People are surprised by this. Parents are shocked by it. It is important to guide the child to express these feelings in acceptable ways. By crying, complaining, talking if the child can talk. It is important to set limits constructively on throwing things and on rage reactions, but to not block or inhibit the anger, the rage from coming out (see Section 1.323).

Fourth, hand in hand with setting limits constructively (which is a very challenging task) it was important to help Richie feel valued, wanted, loved; it was important to not reject him, to set limits on his behavior. With this his feeling in a world of caring people would revive his feelings of trust. And, indeed, this we saw.

Gradually, slowly, Richie's rage reactions, his outbursts of throwing toys diminished, his suspicious of others decreased. He slowly began to smile again, at times sadly. He began to be physically more active and began to interact with other children. Slowly he showed pleasant feelings in interacting with his aunt and some other mothers in the group. Slowly he began to show evidence of feeling safe. With all this, we inferred that his attachments were becoming more positive again. According to his great aunt, he was much more upset when his mother visited and continued to be afraid of her. Much repair work needs to be done to get such a child back on track toward healthy development. And to think that all this damage could have fairly easily been prevented!

Many children have taught us the sad and costly consequences that come from child abuse, abuse even of children less than 1 year old. And they have taught us also the large value of secure and loving attachments.

1.2 EMOTIONAL AND BEHAVIORAL DEVELOPMENT

1.261 HUMAN DEVELOPMENT: Exploratory and Locomotor Activities -- The Beginnings of Autonomy

We will talk here about the beginning of autonomy, of doing things oneself. This shows itself especially in two major aspects of behavior during the first year of life. One aspect of this behavior comes under the heading of sensori-motor activities, especially exploratory, and the second under the heading of locomotion or bodily movement. Although these are inter-related activities that serve the beginnings of autonomy, their functions are different and can usefully be described separately.

The body system that makes locomotion (movement) possible develops gradually although quite rapidly during the first year. In the first few months physical movement from one place to another is very limited; infants are not yet able to crawl, although by large movements of their bodies some will be found to move from one side of the crib to another. For the most part, the earliest efforts at what can be considered to be an effort at locomotion consists of seemingly uncoordinated movements of the legs, arms, torso, and head.

At the middle of the first year of life, many infants are able to roll over, some doing so earlier than others. Many infants are then also able to sit and some begin to show signs of crawling. Crawling, the first important mode of moving from one place to another, becomes especially evident from the middle to the later months of the first year of life. It gives the infant the ability for self-initiated movement, to go toward things that catch the infant's interest, distance himself or herself from them, giving the infant a very new and very young degree of autonomy. Although for the most part crawling tends to develop during the second part of the first year of life, again as with other developments, some infants do so earlier and some later than others. Occasionally one finds a normal infant who for one reason or another may not crawl at all.

Although crawling is a large achievement in the infant's ability to move from one place to another, no locomotor achievement, however, is as dramatic as the infant's being upright and learning to walk. If we take it from the infant's and the parent's reactions, upright locomotion seems to be an exciting and important event in the child's life. This is amply evident not only in the great efforts the child makes but also in the excitement and glee one often sees on the child's face when she or he begins to walk. During the middle of the first year of life, and often quite earlier, some infants convey to their mothers and fathers that they want to be held upright; they seem determined in this and become quite excited when they are so held, and show annoyance and frustration if they are not. Some infants may begin to walk from about 9 months of age on, but for the most part walking begins around the end of the first year to the beginning of the second year of life, again each infant according to his or her own schedule of development.

Somewhat troublesome for parents is the great push within the child which not only propels locomotion as well as exploratory activity we shall soon describe, but also seems

to compel the child to climb onto things including chairs, and up the stairs. This activity commonly occurs in the later phases of crawling and in association with beginning to walk. For reasons we shall detail in a moment when we talk about exploration, infants seem to be driven from within their own bodies to climb and will do so even -- without seeming aware of it -- at some risk to themselves; in this activity parents do need to keep an eye on the toddler and set reasonable limits. Climbing especially demonstrates the tremendous inner pressure, the energy and effort that are exerted by the six to twelve month old infant in learning to move about, in the use his or her legs, arms and body for the purpose of getting from one place to another and, eventually, in doing so in a manner that will allow freedom of his or her arms and hands. The large efforts to learn to control the body, to develop its capabilities, to master its functions, are easily observable in the six to twelve month old infant. Close observation of the less than one year old's face and body movements often will show how serious the infant is about this business, how persistent and how hard he or she is working at it.

Exploratory Activities

Much more complex than locomotor activities, is the cluster of activities we want to describe now, under the heading of exploration. Exploratory activity is a large sector of what Psychologist Jean Piaget called sensori-motor development. By this sensorimotor functioning he proposed is how the development of intelligence begins. Here we will focus on exploratory activity only because of its tie-up with locomotion and, because both are vital to the beginnings of autonomy and both produce the troublesome and salutary need for limit setting.

Exploration develops hand in hand with the development of locomotor skills, these skills enlarging dramatically the infant's sphere of exploration. One readily observes a strong pressure arising from within the child to explore the environment as well as his or her own body and the bodies of valued caregivers and members of the infant's immediate family. As with all other activities, exploration becomes more complex as development proceeds and the two week old infant will explore in a simpler manner than does the six month old and, of course, the 11 to 12 month old. Surprising as it may seem to some students, one can observe days old and weeks old infants already looking about themselves, beginning to explore, to learn about their world. Especially important is that the infant will begin to explore not just when awake, but especially when in a state of sufficient satiation, rest, and calm. We find that the infant whose needs for feeding, holding, or rest are frustrated too often and too long will exert most of his or her energies accommodating and reacting to distress and will in the process exhaust his or her limited energies to the task of feeding and undoing his or her distress. That infant will learn to clamor for food and to undo distress among other things, but will be robbed of the opportunity for beginning to explore and to learn about the world around her or him, early in life, in a state of sufficient calm and well-being. We do not mean that there is a need to rush the infant to explore but simply that reasonable gratification of an infant's needs will allow the infant the use her or his energies for developing needed skills, such as to begin to learn about the world around him or her. And it is most likely of great

advantage to begin to learn when feeling in a positive and comfortable physical and emotional state which best sets the ground work for adapting to this world with the infant's full potential.

From about the third month of life on there is a gradual increase in exploratory activity. As the infant is awake for longer periods of time after being fed and made comfortable, he or she will spend more time visually exploring his or her own hands, and feet, the mother and other persons, will look about the crib, look at high contrast patterns such as lights, or a light-filled window. At this period one can also see the infant respond more alertly to sounds.

Hand in hand with beginning crawling skills the three to five month old infant is attracted to things in the environment and drawn to them seemingly for the purpose of exploration. Close observation of exploratory activity shows several striking features. One, the exploratory activity is not an accidental activity but rather seems to result from a large inner pressure, and inner drivenness, which seems to push the infant into action. One can see the infant scan the environment, a function that serves a strong need to test, to learn, to master all kinds of things so as to know what they are and what they do.

Secondly, this exploratory activity of itself seems to be made possible by and, at the same time, demand that the child begin to organize his or her movements so that they are no longer just random movements but become purposeful. The infant's movements now begin to serve the functions of exploration as much as do the hands and the eyes. In addition, crawling becomes organized into efforts to move the self from a point distant from a particular object that has gotten the child's attention, to that object. If the student is skeptical of these statements, observe an infant before he or she is yet able to crawl, and look at the infant stare at an object several feet away which has caught his or her attention; then observe the infant's body as the infant tries to move to get hold of the thing that has drawn his or her attention. Some infants become frustrated and cry because they cannot reach the object which they are trying very hard to get hold of. During this developmental period, note the gradual integration of body movements that one day do, in fact, become crawling.

Again we note that the infant's exploration is not altogether willed activity. It is not based on "Now, I will explore this or that". Rather it seems to be driven from inside the infant. The infant is as much the victim of this inner pressure (inner drivenness) as is the parent who at times has to intervene to protect the infant against hurting herself or himself. One gains the impression that this inner drivenness which motivates and initiates the infant's explorations is in the service of the child's becoming acquainted with his or her own body, the bodies of the people valued by the infant, and the infant's external environment (see our further discussion under Aggression, Section 5.313).

In line with these thoughts about infantile exploration, we say that not only does this exploration organize locomotor and sensorimotor function and activity but it actually propels the development of new skills. Of course, new skills cannot develop until the body's maturation makes the relevant body parts and organs capable of putting the new skill into action. The interplay of two facts, the progressive maturation of the child's own body and the intriguing inner pressure to explore and master one's self and the environment, propel the development of specific new skills that make exploration and

what grows out of it possible.

This is in line with what Piaget conceptualized as the development of intelligence which begins during the first year of life as "sensorimotor intelligence" (see Section 5.41). To make a point here briefly, consider how by means of explorations and the development of new skills the infant is beginning to learn that what he does causes certain results. We speak of this recognition of the effects of action as "causality". Close observation of a child shows that the infant at times tries to test what effect he or she can have on the environment. For instance an infant may take a toy and strike something with it and then look to see what happens. We have, at times, seen an infant less than one year old take a toy and strike another infant with it, seemingly not with the intention of harming the infant. Seeing the other child's reaction, the 10 month old will do this again, and then again, if not stopped.

When Jennifer was 11 months old she was a very busy child. She had started to be a very active explorer at 15 weeks. We know this date because we filmed her exploratory behavior then. At 15 weeks, after being fed, and taking a good nap, Jennifer, on the floor on her abdomen, became preoccupied with a set of thin plastic rings joined together on a string like a necklace. She examined them, pulled on them, slammed them together, pulled them apart again, brought them to her mouth to explore, pulled her head up as she stared at them, over and over for an uninterrupted period of 20 minutes. After a brief break, she went back to them for another 4 to 5 minutes. She looked like a hard working, patient and determined student of the world into which she was born.

This type of busyness became typical of Jennifer. At 11 months of age she made a new discovery. She happened to be near 11 month old Johnny whom she had known for months now. This time she became interested in Johnny with his trusty pacifier well planted in his mouth. She reached up to it and just brusquely pulled it out of his mouth. Johnny and those of us observing this were a bit surprised by this. Jennifer's mother too was surprised, took the pacifier from Jennifer who was just standing there with it in her hand, put it gently back in Johnny's mouth and told Jennifer "Don't do that; that's not nice. Don't take Johnny's pacifier." Jennifer did not seem at all troubled by what Mom just said. She paused for a moment and with seeming simple curiosity, just reached up at Johnny's mouth and again plucked the pacifier from it. Now Johnny got a bit upset. Jennifer's mother was more surprised, a bit puzzled and annoyed, returned the pacifier to Johnny and said to Jennifer: "Heh, don't do that; that's not nice. That pacifier belongs to Johnny." Jennifer did this twice more, each time Johnny and Jennifer's mother getting more upset and annoyed with Jennifer.

The observers felt that Jennifer's behavior just did not seem to be motivated by ill intentions. She did not at all seem to be then, nor before, angry with Johnny or anyone else for that matter. We gained the impression that this was done to see and to learn what the effect of this action is going to be and if it continues to be the same. The infant, like Jennifer seemed to, learns from it. Whatever else she learned, she found that she could upset Johnny and her mother. Of course, one needs to sort out this kind of activity from hostile acts in which the child intentionally tries to hurt someone.

We cannot emphasize too much that that while all children have the same general patterns and the same general schedules of maturation of physical development,

psychological and emotional development, that nevertheless within certain ranges each child has her or his own personal schedule of maturation. Certain functions will develop before others in different children. For example, some children will learn to speak earlier than others. Some children will learn to walk earlier than others. Of course, where parents are very worried about the rate of development in their children, consultation with their pediatrician or another child development specialist can benefit the parent and the child.

One of the inevitable results that comes from the just less than one year old explorer's activities is that this highly adaptive activity at times is rightly experienced by the parent as presenting a threat to the child. For example, climbing the stairs alone at ten months of age is a hazardous undertaking. Similarly, the young explorer who reaches for the hot cup of coffee that mother has left on the table is in danger of getting himself/herself burned, as unfortunately we all have seen from time to time. What inevitably happens where there is a danger is that the protecting parent intervenes and prohibits the infant from pursuing the exploration which the infant seems pressured to undertake. Understandably the infant then experiences frustration and may become angry with the parent for what the parent knows but not yet the child, to be a protecting prohibition. In time, this necessary intervention will lead to the development of conflict-producing feelings within the child toward the caring, protecting parent. On one hand, the infant is pressured from within to explore and, on the other hand, is prevented by the person he values most in the world, namely his mother, from exploring. This sets up a conflict within the child, evidence of which will be apparent in the child's behavior. Before proceeding to describe this conflict let us take another commonly found puzzling phenomenon which occurs during the latter part of the first year of life.

Quite commonly at this time an infant explorer is drawn to many things in the environment that he or she finds attractive. We thought this was just what Jennifer did with Johnny and his pacifier. For reasons which are not clear to us, wanting what another person has, be it a toy another child is playing with or the cup of coffee mother is holding, the ten, eleven month old child seems to be more attracted to what the other person has than to other things around and available to him or her. One mother, who has twins, recognizing this as a source of conflict, attempted to deal with it by buying her twins identical toys. She discovered with some dismay that this did not solve the problem. Not uncommonly, one of the twins, her toy in one hand, would reach for the same toy that belonged to her twin with the other hand.

Why an infant wants something that the other person has remains unsatisfactorily explained. It probably has to do with the common painful experience that the "Grass is greener on the other side, or "Wanting what the Jones' have". This "Wanting what the other kid's got" seems to begin from the end of the first year of life, and continues to some degree throughout adulthood. Here again, in order to help an infant socialize in a reasonable way, the parent will have to intervene and prohibit the child from taking what belongs to someone else. We find that by helping a child know that something belongs to another person and cannot be taken from that person, the child becomes secure that the parent will not allow another person to take away what belongs to the child. The upshot, however, of the parent's prohibiting her own child from taking what another child has like

Jennifer's mother did, can lead to a reaction of annoyance on the part of the child, and then anger toward the beloved parent. Therefore, again we have an instance of an internal pressure that is making the child act in a way that comes into conflict with the person the child loves most. This then sets up a conflict with which the child and mother (caregiver) have to cope.

In this section we have talked about the development of locomotor and sensorimotor activities, have found that these are pressured from within the infant, that they unfold gradually, and that they serve adaptation to the child's new world. We also found that these bring about two critical phenomena which arise particularly during the latter part of the first year of life and extend through the child's second and third years: (1) the need for the parent to set limits on her child's hazardous or unacceptable exploratory behaviors, and (2) the development of a conflict experienced by the child because of inner pressures to do, and external pressures by the beloved mother to not do. Let us talk about these, as we turn to Child Rearing considerations.

1.262 CHILD REARING: How to Optimize the Beginnings of Autonomy

Most parents enjoy helping their infants learn new things, develop new skills. And most know that once their infant begins to crawl they have to make home a safe place in which to crawl. Pediatrician-Psychoanalyst Ben Spock called this "baby proofing" the home. In addition, because exploring his or her universe is among the child's earliest learning experiences, it is important to not have to thwart explorations too much or it may thwart the inner pressure and desire to learn. Therefore, parents must make it possible to explore safely. Too many breakable knick-knacks within an infant's reach will require too many "NO's". Too much use of a play pen will inhibit explorations and make many children feel caged in and cast aside.

Of course, parents are great helpers to learning new skills both by giving a hand at them, but especially by approving of them. Helping an 11 month old to walk is "appreciated" by the infant and mother's sharing of his or her excitement in doing so is enriching-- to both.

And similarly, the parent can be helpful to the child's development by fostering his interest in the world around him or her. Responding to signals that he or she wants to interact, and naming body parts and objects the infant looks at or picks up are among the many ways of doing this. Allow the infant to explore so long as conditions for it are safe. Important is this: that one allow the infant to do her or his own exploring and discovering as well as, at other moments, to be available to become involved with the infant in those explorations especially where the child brings something to mother or father.

It is well to add here, that the latter half of the first year of life is when becoming a student begins. Let us clarify. The exploring infant is experiencing interest in things the infant does not yet know; by that exploration, the infant is learning about that not yet known object. She or he is learning about herself or himself, is learning about others and

about the environment in which the infant lives. In this sense the infant is not just being busy but also is learning as does a student. In this sense too, parents should make themselves available to their children as teachers. Where the learning and teaching experiences are pleasurable, parents can lay down the foundation for the child's enjoying learning at home and eventually in school. <NOP> Conversely, if for any reason, the child is too often restrained and discouraged from exploring, his inner motivation to learn may diminish or become conflicted.

It is well for parents to remember that children have their own schedules of maturation. Especially in the area of the child's developing locomotor and sensorimotor skills, parents tend to compare and become distressed when their child does something a bit later than another child may. We tend too often to equate more rapid development with greater intelligence; but that is not always the case. We cannot overstate the importance of recognizing that each child has his or her own schedule and also his or her own modes of developing which can be enhanced by parental support and reasonable encouragement.

Setting Limits:

We have suggested that to optimize the less than 1 year old child's beginning autonomy and making the earliest learning experiences (explorations) positive and safe, parents should "baby proof" the home, or at least the areas where the young child will be. There is another, much more complicated thing, parents would be well advised to learn to handle in growth promoting ways, that is limit-setting. Both the inner thrust to explore and the development of locomotion, first crawling and then walking, which are important parts of the beginning sense of autonomy bring much pleasure to both child and parents. But they also bring with them some hazards. For example, a 10 month old crawling or walking up the stairs is hazardous -- unless he or she is supervised. So are the child's reaching for a hot cup of coffee, or on top of the stove, etc. All of these present a threat to the child and elicit in parents the need to intervene to protect the child. That intervention is limit setting.

When 11 month old Jennifer experimented with 11 month old Johnny's pacifier she seemed to have discovered the principle of causality and wanted to test her ability to make things happen. But what she did upset Johnny (because he felt at least unpleasantly manipulated by Jennifer), and it upset Jennifer's and Johnny's mothers (because what Jennifer did was not a proper or socially acceptable thing to do). To help her, Jennifer's Mom had to set limits. And so did the mother of the twins who, like most if not all children, wanted the toy the other one had even though she had one of her own.

Jennifer's mother automatically reacted to Jennifer's pulling Johnny's pacifier as to an undesirable act committed by her daughter. First she told Jennifer: "Don't do that; that's not nice". The second time, Mom was more annoyed and more emphatic: "Heh, don't do that; that's not nice. That pacifier belongs to Johnny!" The third time she did it, Mom got angry and told her "Jennifer, cut that out." And she again, put the pacifier back in Johnny's mouth. The fourth time, mother had all she would take. "Heh, you're being a bad girl"! Can't you see you're upsetting Johnny! Now you stay away from him!"

Jennifer saw, it seemed that Mom meant it. She turned away and moved away from both Johnny and mother. Mother told us that on the way home she told Jennifer that what she had done was not be done again.

Setting limits plays an important part in promoting the healthy development of autonomy in the child. The ten and eleven month old child has not yet learned the range of his or her capabilities, nor has the child learned the risks that he or she may take; nor the full consequences of her or his explorations in terms of danger to the self, others and to things. The infant, in other words, cannot yet evaluate the consequences of her or his actions and until that is possible, needs the protecting parent to act in his or her behalf. Setting limits means that the parent acts on behalf of the child where the child cannot yet act appropriately himself or herself. This act may have to do with (1) protecting the child against danger to the self or another, or (2) protecting the child against breaking something that the parent or someone else values, or (3) it may have to do with helping the child learn social rules and reasonable behaviors. In other words, then, the parent is acting as a reasonable and more mature extension of the child's own adaptive capabilities.

We distinguish the concept of setting limits from that of discipline and punishment. In contrast to the way we have just defined limit-setting, we define discipline as a complementary process: 1) the development within the child of inner controls, and 2) as the parent's efforts to help the child develop such inner controls. It is exactly where the child lacks inner controls in dealing appropriately with a situation that the parent needs to set limits. There is a reciprocal relationship between parents setting limits and children developing inner controls. By the parent's setting limits appropriately, with explanations for these limits, with firmness and respect for the child, and with reasonable persistence, the child begins to internalize these limits and to develop inner controls which in effect will make the child able to eventually set limits upon herself or himself. Where limits are set well and reasonably -- which includes anger but not harshness or abuse -- the child tends to develop good inner controls. In this, the conflict we will discuss in a moment also plays a very important part.

Setting a limit, acting as an extension of the child's own adaptive capabilities, requires explaining to the child in a simple way what is desirable and what is not desirable, what is permitted and not permitted. Besides stating these, even with very young children, it is useful to say why it is not permitted. As we have said earlier, it is better to explain even where the child may not be able to understand fully what is said than to assume that "there is no point in explaining because my kid won't understand what I am saying". Setting limits requires that the parent use reasonable judgment about what is allowed and what is not allowed and that once the limit is stated to the child then, for the most part, the parent ought to stick to the limit imposed. We are not speaking of rigidity on the part of the parent. If a parent finds that the limit the parent has initiated is really not necessary, the parent can change her or his mind, say to the child, "I've changed my mind, it is OK for you to do this or that", and discontinue the limit. If, however, the parent finds that the limit is reasonable and will be helpful to the child, then it is important to stick to it.

All parents know that when she or he sets a limit, often a 6, 8, 10 month-old infant is going to be angry with the mother/father for setting that limit. It is not always so. For

instance, Jennifer did not get angry with her mother when mother told her not to pull Johnny's pacifier from his mouth. Nor did the twins always get angry with mother when she told one not to take the other's toy. In these instances, it seemed as though the less than 1 year old already could appreciate that it is not reasonable to take what belongs to someone else. We also thought that perhaps Jennifer was not angry with her mother even though mother got pretty angry with her, because her mother had convinced her that to take Johnny's pacifier out of his mouth was to be a bad girl and that it somehow made sense to her. More commonly though, when a parent sets limits with a younger child, it elicits anger toward the limit setter. In part, then, anger toward the mother will come from the fact that the mother is saying, "No, you cannot do what you want to do", and, of course, we all like to do what we want to do. This results not only from our inner sense of autonomy but also from our narcissism, a healthy normal inner feeling that one can do what one wants to do. We want to emphasize that, although such narcissism is healthy, it does not always have to be gratified by the parent.

Another factor makes the child angry with the parent when the parent sets limits. It is the conflict between the strong internal pressure a child feels to do something and the frustration felt by the "No". At times the child is pressured from within as if driven like a machine without having yet the capability of either steering it or putting on the brakes. Pushed from within this way, when someone interferes with his grabbing mother's coffee, for example, the child may experience this interference as a frustration of the inner pressured wish he or she is feeling. The frustration of that inner-pressured wish to a greater or lesser degree causes anger in all children. It is not uncommon for the child to go right back and do what the mother has just prohibited. The infant is driven from within and often, at this age especially, is just as much the victim of his own inner driven actions as is the mother or father. By the way, a note is warranted here. Although we all assume that father is the one who sets limits and punishes his children most in early years, the fact is that the responsibility of limit-setting more often falls to the mother who is with the young child much more. Therefore, the mother usually is the first disciplinarian although eventually the major job of disciplining, in most cultures, falls to the fathers.

Punishment, as we choose to define it, is the parent's acting upon the child with the withdrawal of a privilege or the inflicting of pain in retribution for the child's carrying out a repeatedly prohibited act. Limit setting has nothing to do with retaliation or retribution, or payment for an undesirable act; those have to do with punishment. Punishment is where the parent or the community acts as an external conscience, as a policing agency, in retaliation for misconduct. Setting limits is acting in behalf of the child where the child cannot yet act appropriately himself or herself. Of course, there is some overlap in acting as a punishing agency and acting as a protecting and adaptive agency. Acting as a punishing agency can, under desirable and optimal conditions, also help the child adapt more reasonably to our social universe. We want to say at this point, with much confidence, that there is no need for punishment during the first year or so of life. What is needed is limit setting.

Explorer Meets Prohibiting Mother (Protector), and a Vital Conflict Emerges

Again we say that the 11 month old child is not an explorer by choice but because a psychobiological internal pressure compels the infant to explore; we postulate this pressure serves the infant to learn about and master his or her environment as well as his or her own body and that of valued persons. The pressure that motivates the young explorer becomes especially visible, its intensity quite readily felt, when the protecting mother sets a limit on the activity which the parent feels is endangering the child. When the young child is stopped by the protecting parent who prohibits as is reasonably needed, he or she usually feels frustration of the pressured wish to explore. This often leads to the child's experiencing unpleasure which of itself directly causes annoyance and anger in the young child. In other words, simply the fact that an inner-driven act (or wish) is prohibited by an outside force (person) can generate anger toward the prohibitor.

What we shall discuss now will be more commonly found during and from the second year of life on; but it may occur earlier. Because it arises with limit-setting and limit-setting becomes necessary during the second half of year one, we believe it useful to understand the complex and important effects limit-setting has on the child.

Consider the all important complication in setting limits coming from the fact that the prohibitor is not simply anybody, but is the highly valued mother or father. Quite unavoidably then the feelings of anger aroused in the child are felt toward the persons she or he already values most in the world, his or her mother. This produces a conflict that we can best examine by looking at two different aspects of that conflict. First, it creates a conflict between the child and the mother, an inter-personal conflict. And second, it sets up a conflict within the child, that is, within the child's psyche (mind), namely a conflict of being angry with the person the infant values most in the world. Let us talk about both, one at a time.

The interpersonal conflict

When 11 month old Jennifer pulled Johnny's pacifier from his mouth <NOP> the third time, Jennifer's mother got angry with her, told her to "cut that out" and the fourth time, mother would take no more. Interestingly, as we noted, 11 month old Jennifer did not seem angry with her mother. This does not always occur. We felt that Jennifer was not angry because she somehow put it together that what she was doing was not desirable; or it seemed that her mother's protest made sense to her. In fact she half-smiled and walked away. This though did not happen when she insisted on going into the hall where, at 10 months of age, her mother felt she was too young to toddle by herself (without supervision).

Mother and Jennifer has already run into some limit setting when 9 month old Jennifer had tried to get hold of her cigarettes. They had recently gone back and forth on this when Jennifer was upset and angry with her mother for over an hour! But at 10 months, Jennifer's wanting to go into the hall (where there often was a cleaning cart) alone and her mother's prohibiting that led to a moderate struggle that lasted for 6 weeks. At 10 1/2 months Jennifer went to the doors to the hall about 15 times. After the 3rd time her mother pulled her back (quite gently but with determination), Jennifer had a mild

tantrum. She screamed and resisted; she was clearly angry with her mother. Mother had already explained a number of times that she is not allowed into the hall alone, that there was a cleaning cart out there where she could get hurt, and that's why the doors (which she could push open) were closed. Interestingly, although clearly angry with mother, she did not strike out at her. Jennifer's Mom had a pretty good feel of her daughter's hefty degree of determination; rightly, Mom valued that. So she dealt with it with firmness, without feeling she had a "bad" daughter. She just patiently told Jennifer that she cannot go out there alone.

It was remarkable to see how gradually, bit by bit, Jennifer's reaction to her mother fetching her before she reached the doors, repeating to her "You can't do that," or "No!" or "Don't do it!" (after she had explained a number of times why she was not allowed out there), how her reaction got less and less angry. We observed this struggle in our twice a week observational research and found it to continue until Jennifer solved the problem. At 11 months, as she persisted in trying to go into the hall alone, and each time her mother fetched her, for the first time, she began to smile as she teased her mother. She went toward the doors, turned her head toward her mother, an impish smile on her face. Her mother, nicely attuned to Jennifer, went to her and in a playful way this time, swept her up in her arms, with a big smile on her own face, saying "Oh no, you don't!" And she plopped her into her lap as she sat down and they hugged warmly. Jennifer repeated this, now a game, several times. She played this game then for 2 more weeks, and then it disappeared; and so did this struggle with her mother.

As with Jennifer and her mother, most visible when observing parent and child in a limit setting encounter is the interpersonal conflict. As with the twins, one child wants something that another child has; the concerned and thoughtful mother says "No, I can't let you take Johnny's toy." The infant, propelled from within again reaches for what the other child has. Again, a thoughtful mother would say "No, I wouldn't let Johnny take your toy, and I can't let you take Johnny's." We find that the average healthy infant 10, 11, or 12 months of age, quite propelled by the pressured wish inside him or her, may again reach for the toy the other child has. Again the mother, persisting reasonably, will say "No, you can't do that!" As this occurs, the child often becomes more and more angry with mother, and also commonly, mother becomes more and more angry with the child she loves. It is important for the parent to recognize that the child is not being a "bratty kid", but very much the victim of the autonomy pressure within her or him. Nonetheless the mother is quite right to set the limit that will help the child socialize in a reasonable way. This inevitable interpersonal conflict leads many a parent, misunderstanding the child's actions, to feel that the child is bad, and she will not only become angry with the child but reject him or her which creates a very unpleasant interaction between child and mother. This then, from near the end of the first year often leads to the second part of this conflict.

The Intrapsychic Conflict

Becoming angry with the person the child most values in the world begins to create a conflict within the nearly one year old which will consolidate during the second year of

life. We call this a conflict of ambivalence. This means that the child is experiencing feelings of anger and hostility toward someone the child highly values and to whom he or she is attached by deeply felt positive feelings. It is a fact of utmost importance, that from near the end of the first year of life on, under good, growth-promoting conditions of development, the average child begins to feel his first hostile destructive feelings toward the person or persons he most values in the world, his mother and father. In other words, most commonly the child's first hostile feelings are aroused unavoidably by the highly valued mother trying to protect the child. Let us look at the consequences to the child of the internal conflict created by this experience of ambivalence.

Observing infants closely one finds from the time the infant is 11 or so months of age, that infant is never indifferent to being angry with, to feeling hostile toward the mother she or he values (needs). Note that we have not yet said the mother or father the child loves or hates. That is because the ability to love and to hate does not develop until about the middle of the second year of life, from about 18 month of age on. Let us backtrack briefly.

Close observation shows that from the early months of life on, an infant will become very upset when conditions exist that cause the infant much pain. As we shall detail in Section 1.291, children are able to experience feelings of anger and hostility only from about 6 months of age on. Before that age, they can experience irritability, a more or less general state of painful distress. If the pain is felt as excessive, the infant will react with rage.

When angry with the mother, many a six month-old infant becomes upset, begins to cry, and turns to that same mother for comforting. This behavior is often misunderstood by parents who, rather than comforting the infant, regrettably reject the infant's need for comforting on the assumption that the parent's limits will then not be understood or accepted by the infant. (We will discuss this issue in greater detail when we talk about the development of this conflict and setting limits in the sections pertinent to this issue in Unit 2, when we talk about the second and third years of life).

What we want to say here is that the need for comforting is triggered by the intense state of discomfort and conflict that is created by the infant's feeling angry with the valued and needed mother; the infant experiences this condition as a danger. Some child development specialists infer from the 10 to 12 month old and older child's behavior that the young child is troubled by having feelings of wanting to destroy the prohibiting but also highly valued primary caregiver. These wishes to destroy the prohibiting parent comes into direct conflict with the great feelings of valuing that person to whom the 11 month old child is now strongly and stably attached emotionally. Wanting to destroy the person on whom the child is so dependent and whom the child values so strongly, creates a condition of anxiety within the child, causes the child to feel helpless, and it is then that the child wants to be comforted by the mother. Comforting reassures the child that his or her angry feelings are not destroying the valued and needed mother or their relationship. As we will explain in Unit 2 comforting the child at this point is generally growth-promoting whereas rejecting the child's need for comforting at this point tends to be growth-disturbing.

Suffice it to say here, that this is the beginning of what will in year 2 become the

child's experiencing ambivalence, namely feelings of love and hate toward the same person. The importance of understanding and handling ambivalence constructively is that this creates a conflict within a child's psyche that usually has significant consequences to the child's total personality development. The way in which this experience is dealt with by the parents, will have much to do with the way the child develops his or her conscience, the way the child will learn to feel about himself or herself, whether the child will experience the self as a bad self or a good self, whether the child will learn to experience persons as good persons or bad persons, and many other aspects of personality development which we cannot detail at this moment. We will pick up on the consequences of this internal conflict when we talk about it again in the second year of life at which time it becomes a much more prominent issue.

1.2 EMOTIONAL AND BEHAVIORAL DEVELOPMENT

1.271 HUMAN DEVELOPMENT: Developing BASIC TRUST as Compared to BASIC MISTRUST

Erik Erikson, a renowned Child Development Specialist, developed the concept of "basic trust versus basic mistrust", to describe a crucial quality of inner feeling that an infant acquires about himself or herself and others. Basic trust describes the quality of inner feeling and sense the infant develops gradually during the first year of life that his or her mother, or the nurturing caregiver, will meet his or her basic needs to a sufficient degree, that mother will sufficiently protect, nurture and give care. Hand in hand with progressively trusting that mother will care well, the infant begins to experience a sense of feeling worthy of being cared for, of being worthy of trust, of being valuable and lovable. In contrast to basic trust, basic mistrust implies the inability to trust that the persons in one's environment will be sufficiently protecting, nurturing and caregiving. It also implies a sense of not being valuable, of not being worthy of love and care. Erikson and other child development specialists emphasize that the sense of being a lovable and trustworthy person has its origins in the experiences of the first year of life. The development of basic trust or of basic mistrust has far reaching implications for the human being's personality development. We will discuss some aspects of the schedule of its evolving in a moment.

Here are only several of the many mental health contributions basic trust (or basic mistrust) makes to the individual's emotional and personality development. Because it is a development that occurs so early in life, that is forged by the infant's everyday experiences, it becomes deeply rooted in and gives this quality to the foundation of our genetically determined personality. This deeply rooted sense of trusting (or not trusting) the mother and the nurturing environment, as well as eventually the sense that one is worthy (or not worthy) of being loved and trusted, forms the foundation within the child's personality for his relating to others in the present as well as in the future. Child development specialists emphasize that when basic trust is sufficiently established early in life it will establish conditions within the child's psyche that make possible a life-long sense of inner security and well-being. A sufficiently good sense of basic trust is necessary not only for the development of good self-esteem but also for the development of respect for the self and for others.

Of the utmost importance, is the fact that, given a biologically normal enough infant, basic trust is a major determiner of the character of personality that develops strictly out of the quality of the child's relations to her or his environment, most especially from the quality of the relationship to the mother and/or the primary nurturers. It is now known that the child's earliest relationships to the human environment must be sufficiently good to secure a good beginning in her or his personality development and his or her ability to adapt to the world in which we live.

How and when does it evolve? What evidence of it can we see? Some of the

children we know in this Unit (and the others) were pretty lucky, others were not. 12 month old Jennifer had given the appearance of a well cared for infant from the beginning. She was biologically well endowed and was fairly easy to give care to. By 6 months we saw that she was well, positively attached to her mother. When she needed food or was uncomfortable she let her mother know in a straightforward, gradual, and eventually patient enough way. Mother seemed very aware of her even if she would be talking to someone else or listening attentively to us. By 12 months of age, Jennifer seemed to feel confident that her mother would pay attention to her. It was remarkable how even though their battles of will were pretty strong (as we described in Section 1.262) due to Jennifer's healthy and vigorous strivings for autonomy and Mom's being a pretty strong minded person herself, their trusting, being aware of, and being tuned to each other was quite positive, predictable and stable. Diane too was really lucky and developed a warm and progressively stable attachment to her mother and father (who had diabetes) so that by the time she was 12 months old her emotional dialogue with her mom was really good. Diane's mother had been fairly depressed after her own mother died just a few months before Diane was born. But after having 2 sons whom they really loved, Diane's parents were thrilled to have a girl. And during her first year Diane and mother got along quite well, so that her basic trust seemed very positive and, as is expectable, matched her attachment well. This helped them a great deal because when Diane's autonomy strivings began to show themselves strongly from about 10 months of age on, she and Mother began to have some struggles over Mom's limit-setting. Again in this, Diane and Jennifer were a good deal alike.

Things were quite good too between Johnny and his 36 year old mother who got married one year before Johnny was born. Even though she was quite anxious at first, Johnny's mom who worried she would not care for her baby well enough, in fact was quite nicely responsive and emotionally tuned in and available when she was with him. Because she worked part time mostly at home (a free lance newspaper writer) she needed a substitute caregiver; fortunately, this caregiver also was quite good with Johnny. Even though he did protest for a while when mother would close herself off for a few hours 3 to 5 days a week since he was 3 months old, he formed a very positive attachment to his mother and to the substitute caregiver too. Not surprisingly though, he was not upset when she left after mom would come out of her study. All in all though, we gained the impression that gradually he came to feel that someone would be there to take care of him. He was at moments subdued and a bit passive during the second half of year one, but seemed pleasant, warm and trusting. He did cling to his pacifier (which made him feel more secure). Doug also developed good basic trust. He managed pretty well his mother's going back to work when he was 6 months old, 4 hours a day 5 days a week. He too had a satisfactory caregiver (who, however, had to leave when he was 13 months old) and formed a nice attachment with her too.

Bernie's basic trust developed well too in spite of some real strains on his mother and on himself for a while. His food allergy caused both of them some distress during his first month, but mother's being very responsive to him and her patiently trying to comfort him made their passage through that difficult period come out quite well. A greater problem came from mother's often being upset by her quarrels with Bernie's father. Even

though both mother and father were good with him and were happy about Bernie's being their baby, their arguments caused them to be in bad moods quite often. It was especially important for Bernie that his parents' anger with each other didn't spill over onto him and was not taken out on him. This made it possible, at least he gave us the impression, for him to develop feeling that his needs would be met well and that he felt valued.

It was more difficult for Suzy to develop good basic trust, but we did feel that she did so to a very significant degree. We felt that it was due in large part to how well, persistently and devotedly both her mother and father tried. Suzy was born an irritable baby, very difficult to calm, had GI (feeding and digestion) problems and seemed to even sleep in fits and starts. We witnessed the parents efforts and saw how steadfastly they tried; we saw and heard about how mother and father relieved each other when one would get too stressed out (see Section 1.242). And then, in addition, when Suzy was 8 months old mother had to go back to work (5 hours per day, 5 days per week), which added a strain to both Suzy and her mom. But their efforts paid off, it seemed to us. We felt that most contributory to Suzy's developing a good sense of basic trust were her parents' commitment and devotion to her. Although her father sometimes lost his cool and blamed mother for Suzy's early problems, he was able to eventually recognize that it was really Suzy's inborn make up that made her so difficult to calm. He was then able to be a lot more helpful. But Suzy's mom just never stopped trying with Suzy, even though she at times lost her cool too. But she could remind herself pretty consistently that it really was not Suzy's intention to be a difficult baby. All in all, both parents got to be attuned to Suzy, were emotionally available to her when they were home, and loved her dearly.

Now, things were very different for Richie. He started out so well; this we deduced from the information we obtained and especially from the photographs of him when he was 5-6 months old. These suggested an infant who experienced good interactions and was on the way to forming good attachments. We would therewith assume that he was developing good basic trust. Then with the move away from security and stability with mother's aunt, then 6 or 7 month old Richie's father leaving, his 17 year-old mother became deeply troubled. A crucial piece of information told us a great deal: when 7 month old Richie would cry, his bewildered, probably depressed and very troubled young mother would put him in the outside hall to cry himself out. This oppressed young mother, deserted and ignored by her mate, (and who knows what more), deserted and ignored her own baby when he most needed attention, comforting, and care. The expectation of care and nurture was often frustrated, and disappointment and mistrust progressively intensified. Six weeks of such treatment by mother would erode whatever good basic trust had developed in an infant 6 to 12 months of age. Twelve weeks of it and Basic Mistrust would have stabilized significantly. Indeed, when we saw Richie at 14 months of age he was suspicious of people; mistrust was prominent. And with it, came depression, rage, and failure to thrive (physically and emotionally).

A child is not born with an inner sense of trust in the self or in the environment. This can only be achieved by the repeated experience that when the infant is in a state of need or feels pain, persons in the environment can gratify the need and at the very least try to undo that pain. When as happened to 7 month old Richie, an infant experiences pain too

long, too frequently, and when the nurturing environment fails to alleviate the pain satisfactorily enough, the infant will learn that he or she cannot expect and trust that his or her pain will be readily undone. By the experience that the mother can gratify needs, comfort, can undo, or at least alleviate pain, as was the case with Bernie (very early) and especially with Suzy, the infant more and more values the environment as well as the self. "If my mother soothes my pain she must value me", might be a way of putting into words what Suzy might have experienced. We do not mean that Suzy thought these thoughts, but that at some level of experiencing, this kind of feeling and memory will be entered into the child's psyche, and will influence his or her ongoing development.

What does basic trust look like? The infant's mood and feeling state, that is, how the infant appears to the observer, to the parent, tells us much of what is going on inside her or him. The infant's observable feeling state best tells us about the quality of his or her well-being. Does the infant's face and body activity convey a feeling of comfort? A feeling of restfulness? A feeling of well-being? A feeling of pleasurable activity and joy? Or on the contrary, does the infant convey a feeling of sadness; of persisting irritability, of distress like 14 month old Richie did? Positive feelings suggests the development of basic trust. By contrast, a preponderance of negative feelings and mood, if seen frequently, may well denote poor development of basic trust.

Another index of developing trust or mistrust is the child's giving evidence of developing the "confident expectation", as Dr. Theresa Benedek liked to say, that the mother will respond positively to the infant's appeals for help and nurture. For instance as we saw in Jennifer, Diane, Johnny, and Doug especially, after the infant begins to fuss when showing evidence of being hungry, when the mother talks to the infant, tells him that she is preparing to feed him or her, that she'll be right there, etc., does the infant stop fussing on hearing mother's voice? Although during the first weeks of life such a response seems automatic, it will not persist if the mother's voice does not become a reassuring signal that help is coming. The persistence of this response suggests that the child has learned that when he or she hears mother's voice, comforting and nurturing will soon follow. It allows us to infer emerging basic trust.

Another large cluster of behaviors that tells us much about the quality of developing basic trust is the set of reactions that pertain to the development of human relationships, namely, the quality of social smiling responses, the gradual evolving from the non-specific social smiling response to the specific social smiling response as we recorded on 6 month old Jennifer, reunion reactions, as well as signs of positive feeling and affection on the part of the infant toward the mother, father, and other nurturing persons. (These reactions are detailed under Attachment Behavior [1.251] and The Development of the Self and of Human Relationships [1.331].) For example, we do not expect to find a specific social smiling response in a one month old baby; but we do expect it to be stable in an eight month old. If it is stable by then, it will tell us that a good development of basic trust is in progress. If an eight month old tends to be depressed too long, too often, and seldom smiles at persons in his or her environment as we saw in 14 month old Richie, we would have to assume that a problem in basic trust development is occurring.

When might we expect to see evidence of emerging basic trust? Since it derives from the quality of the relationship to the principal caregivers, we can follow its development

along that of developing relatedness. Because we find only the very beginning of relatedness during the first 6 or so weeks, we do not expect the infant to yet know whether to "expect" or "trust" that he or she will be cared for. We also do not believe a 6 week old is capable of wondering if help will come. But, although during the first weeks of life we cannot yet expect social smiling responses some very early bonding occurs and under favorable conditions, conditioning type of learning will lead the three to five weeks old fussing infant to calm when the mother touches the infant even before the infant is picked up.

During the third, fourth and fifth months, we should begin to see the rich display of at first non-specific and then specific social smiling responses, which means that the environment is experienced as positively responsive to the infant. During these months, the gradual selection of particular persons who are smiled at preferentially gives evidence of the experience that these individuals become trusted to nurture, comfort and give care. Both during the earlier periods just described as well as during the third, fourth, and fifth months, the moods and the state of the infant both in interaction with these persons and when alone tell us about the inner quality of experiencing the infant is having.

Then from the middle and through the second half of the first year of life, one should see ample specific social smiling responses, separation reactions followed by positive as well as negative reunion reactions, and with it see signs of preference for the mother, then for the father and siblings over strangers. Where one then sees signs of affection, pleasure and warmth (positive feelings) expressed by the infant toward the mother and other nurturing persons, one can assume the stabilizing of basic trust. Where such signs of affections and pleasure at being with are not seen in six to twelve month olds, basic trust may not be developing and help should be sought.

In summary, it is the quality of the parent's attachment to the child, of the caregiving and of the nurturing that determine whether good basic trust or mistrust develops in the infant. In their functions of parenting it is important for caregivers to recognize that infants need not only food, clothing and reasonably good hygiene, but that they also have basic emotional needs. These consist of being held, cuddled, touched, communicated with verbally and emotionally. Of extreme importance in the development of basic trust is the mother's (and father's) being sufficiently emotionally available to her (his) infant, to respond with affection to the infant's emerging signs of what will become affection, with comforting to the infant's need for comforting. It is not necessary for a parent to be emotionally available 100% of the time, nor is it necessary for a parent to be affectionate with the infant 100% of the time. An infant requires a sufficient amount of the mother's affection, the father's as well; the infant requires a sufficient amount of emotional availability. Some infants need more emotional nurturance than others. It is important for each parent to learn what in her or his particular infant seems to be enough emotional nurturance and emotional contact to enable the child to feel good, usually be in a good mood, show pleasure in interaction with caregivers, and to offer the child what she or he needs to attain these. It is not necessary to be a perfect parent for an infant to develop good basic trust. We will have more to say about the development of basic trust in the child's rearing aspects of this issue which follows.

1.272 CHILD REARING: How to Optimize Developing BASIC TRUST as Compared to BASIC MISTRUST

Because the development of good basic trust positively influences the quality of the person's self esteem, conscience formation, the person's developing adaptive capabilities, indeed total personality development and all life experiences, it behooves all parents to nurture well the development of basic trust.

How can a parent secure a sound degree of basic trust. There are a number of things parents can do. Foremost is the parent's responding reasonably, not like a slave, to a child's expressions of need, of physical needs as for food and of emotional needs as for affectionate contact, comforting, and cuddling. It is important for the caregiving parent in responding to the child's expression of need to recognize that children differ in their ability to wait for gratification. It is in the child's best interest gradually to develop the ability to wait reasonably for gratification. Children like Jennifer and Johnny can readily accommodate to the mother's needing time to prepare for feeding. They quickly learned that it would happen and responded by quieting to mother's saying, "Mommy's coming", or to "Daddy's hearing you; I'm coming." This verbal reassuring communication while the parent is readying feeding often works well. This type of child is adapting in an age appropriate way to waiting for gratification and developing the much needed ability to wait in spite of being mildly frustrated.

With children like Suzy though, who along with much irritability had much difficulty waiting to be tended to, learning to wait required special efforts on the part of her parents. In helping a child learn to wait it is important to do so at a pace that the child can tolerate, one which the child does not feel as too painful. In other words, Suzy's mother had to get the feeding ready more quickly while talking to her and trying to help her tolerate the delay. It will be to everyone's advantage for the parent to read well the infant's cries of distress, to pace herself or himself and try to make as bearable as possible the delay for the child. If by chance the mother perceives that the child is very distressed by the time the mother gets the bottle or the breast to the baby it may be necessary to calm the infant before you start feeding. There were a few times when less than 4 months old Suzy got distressed so fast that by the time mother was ready to give her the nipple to feed, Suzy was so into her crying fit (infantile rage reaction) that she seemed to not be able to see that what she wanted was right near her mouth. We explained to her mother that a normal rage reaction cannot just be stopped at once by an infant. There are 2 reasons for this: (1) once a rage reaction gets going, it seems as though effort is required to stop it -- like stopping a big truck going down a hill; and (2) being in a rage state, the infant's seeing, feeling, and hearing senses seem taken over by the rage and are not able to easily perceive other events like mother offering the nipple. At such a time Suzy's mother held her close, rocked her gently, told her she was here, that Suzy could eat now, and she apologized for the delay saying: "I am so sorry it took me so long". All her efforts were useful we believed because they conveyed mother's comforting efforts to the infant. So too, Bernie's parents, mother especially, made significant efforts to calm him during

feeding before and also after his food allergy was identified and taken proper care of. This mother seemed to understand intuitively that it would help Bernie a lot if she made a special effort to have joyful interactions with him, and she turned out to be very able to play with him and to chatter with him gently, wonderfully. In other words, especially in the first months of life, even though the infant does not understand words, the child will emotionally perceive the message of care, of being valued, and of concern and will experience it as comforting. Communication cannot begin too early!

One more word about helping the child develop the ability to wait reasonably for gratification of his or her needs. Just the normal delays required to get things ready to feed the infant are enough to help the child develop this ability. There is no value to unreasonably waiting too long and frustrating in order to lengthen the child's frustration tolerance. Reasonable pacing of need gratification is what is most likely to help. It is important that the efforts to help the child be genuinely in the child's best interest and be reasonable.

A further step toward securing basic trust is to make efforts to discern and respond to the child's specific needs. Parents should try to sort out what the infant is asking for, e.g., is the infant in need of fluids as milk or juice, or of a diaper change, or in need of being held? One learns to discern what the child's need is at a given time by the quality and the character of the child's communications. We emphasize that meeting the child's physical needs are essential, but this is not enough to develop basic trust. Given that basic trust arises from being emotionally valued, parents also have to be emotionally available to the infant, must nurture the infant emotionally when the need for it is expressed. By emotional nurturance we mean being held by mother and/or father, being paid attention to emotionally, being touched, being talked in to a loving and respecting way, in a way which conveys to the baby that he or she is valued by the parent. If the parent listens with care to the infant, soon in the first year of life he or she will learn to discriminate between the infant's asking for milk as compared to the infant's asking for emotional nurturance. This is not so easy; especially, when the 4-8 month old awakens during the night and needs to be held and soothed but refuses the offer of milk. A soft toy to which the infant attaches or the infant's own thumb can help the parent in need of sleep.

Being emotionally available and emotionally nurturing is the most important ingredient required for the development of basic trust. Studies have shown that even when children in orphanages are well fed, well cared for physically, and living under good hygienic conditions, many children by the end of the first year of life and most by the end of the second year of life, show notable degrees of retardation in cognitive (intelligence), emotional, and even in physical development. Without emotional nurturance and without the development of basic trust, crucial potential developments fail to occur. We repeat that these include the development of the capacity to form good relationships, the development of intelligence and of learning, the development of conscience (moral responsibility), as well as the development of all-important adaptive functions. In other words, the total range of emotional and personality development is affected in a detrimental way. The great lack is the absence of an affectionate, loving, and appropriately responsive relationship being available to the infant.

Another factor on which securing basic trust depends is to be reliably present, with

the baby enough of the time. The most important ingredient in the parent-child relationship that will promote the development of basic trust is the emotional quality of the mother-child relationship and the father-child relationship. Nevertheless, the relationship must be experienced for a sufficient amount of time. For example, to be available to a less than one year old infant for only 1 to 2 hours a day is not enough for any child, even if that 2 hour period is of the most marvelous quality. On the other hand, being with the child for 24 hours a day and the quality of that relationship being poor will create its own problems too. The point we make here is that being physically present enough of the time is an important ingredient in being reliably, sufficiently emotionally available and experienced by the infant. Being reliable means to be physically present, to convey that mother and father (where possible) will feed, protect and care for the child, and it includes that the parent will explain when the parent is going to be absent and, therefore, will not be available.

We can look at this issue from another angle. We can ask what undermines the development of basic trust. Would it not undermine basic trust if a parent who needs to go away--to go out to work, or to an appointment or shopping--would sneak out while the child is not looking, without having forewarned the child, in the hope that the child will not be upset by the parents' having left? We have found well meaning parents who believed that this would truly protect their infant against experiencing separation anxiety. Actually, it makes things worse for the baby, and then it also does for the parents. To leave a less than one year old without telling the baby mother is going out for a while, is in essence a disappearing act. And disappearing acts undermine the development of trust that mother is going to be there when needed. If all of a sudden mother disappears, the child is not going to be able to trust and feel that she is reliable--because, after all, she does, suddenly, vanish! The average child can soon learn what mother means when she says "Sweetie, I've got to go, but I'll be back in two hours, I'll be back when it's time to feed you again." If the mother lives up to what she tells her baby, the child will eventually learn to trust what mother says. By contrast, disappearing acts tend to make the child hyper-vigilant, always be on the look-out due to the worry that mother is going to disappear again; and this condition creates undue anxiety and the uncertainty that mother can be counted on. This can lead to basic mistrust.

It is quite a challenge for both child and mother, when mother needs to leave her less than 1 year-old baby to go to work outside the home. The way this is done will have a large influence on the infant's evolving basic trust (or basic mistrust). From the time he was about 3 months old Johnny's mother needed to close herself off in her study to do her newspaper work (telephoning and writing) and at times had to go out as well. A college student helped her with Johnny. One week before the student began to take care of Johnny alone, she came to help Johnny's mother with his care. This gave mother the opportunity to not only see for herself how this substitute caregiver would relate to and care for him, it also gave her a chance to talk about what she would like for Johnny and how she wanted him to be cared for. They hit it off pretty well. Most important is that mother and her helper talked to Johnny about when mom needed to close the door and work. "I have to write now" Mom told him when she put him down for his afternoon nap. Janet will take good care of you, and I'll come out when it's time to eat." At first

Johnny would be fussy when he'd wake up and seemed to expect his mother. But he responded well to Janet who told him that Mommy was writing now and Janet would take care of him. She got into it well, telling him what a cute baby he is and how lucky his mommy and daddy are to have such a wonderful boy. Her tone matched the words well. In part because he was not at the peak of forming an attachment to mother, Johnny seemed to accept Janet -- who clearly really liked Johnny -- quite well. In fact, when Janet could no longer come to take care of him when he was 10 months old, he showed signs of missing her and it took some introducing him gradually to Mrs. Clark (a neighbor who had two young children of her own) where his mom took him for the afternoon after his nap.

It was more difficult with Doug, we think because he was 6 months old when mom went back to work from 9 to 1. At 6 months, Doug was well attached to his mom and seeing her go out at 8:30 a.m. caused him a moderate separation reaction. He was after all, at the peak of attachment formation. Nor did it help that the first woman who came to take care of Doug just thought he was a spoiled baby who always wanted to be held and she would have none of that. It did not take Doug's mother long (2 days) to decide that this is not how she wanted Doug to be cared for. It was especially the helper's telling Doug's mother that she was just spoiling him when mom picked him up again to give him another hug before she had to leave that decided her to get someone else. Mother had to do some repairing of the damage this unsympathetic substitute caregiver caused. She told Doug she was really very sorry to have made the mistake of leaving him with her and even promised her non-speaking son she would not leave him with someone mean. Fortunately, the next substitute caregiver seemed to like the way Doug's mother wanted for care for Doug and she fit in well. When Doug's mom picked him up one more time before she left, this caregiver came over and extending her arms toward them said "It's really hard to leave mommy, but she'll be back before your nap and I'll take good care of you. Heh, do you wanna go for a ride in your stroller? We can look at the flowers and maybe we'll see a squirrel." Even though that did not work like magic with Doug, it did with mom who was greatly relieved to have this kind of help. Before he was 7 months old Doug seemed to do nicely when mom would go to work.

Suzy's mother was very worried about how Suzy would handle her going back to work when she was 8 months old. Actually she was not so sure about how she herself would feel. But she needed to go back to the office. When it became clear that this was the case, 2 weeks before she had to go mother got a rather experienced older nurse to come in and become acquainted with Suzy, and Suzy with her. Mother made sure that Suzy was cared for well. She also explained that Mrs. Sander would help Mom take good care of Suzy, and as time came closer Mother began to talk about having to go to the office from 11 until 4 p.m. When the time came Suzy seemed shocked that Mother had been away from her for so long. Now the real explaining began. It seemed that Suzy had just not understood how long Mom would be away. Mother found the words: "I'm sorry honey, Mommy won't be home for lunch or your nap, but I'll be home before dinner." That did not cure the problem. More talking was needed from Mom and more explaining from Mrs. Sander. Interestingly, after about a week of painful separation scenes, Mrs. Sander told Mom that actually Suzy seemed fine until after Mom came

back. She could tell then, that Suzy was really angry with her Mom. We helped Mother tolerate Suzy's anger and told her to tell Suzy that her being angry with Mom is OK, that Mom is really sorry she's upset, that Mom misses her a lot too but that she has to go out to work in her office. This too then gradually eased and Suzy seemed to tolerate the separation satisfactorily.

In these 3 instances, basic trust was developed in spite of the stress on both children and mothers. Foremost, it was the mothers' recognition of the problem this created for their child and their dealing with it verbally and emotionally well that helped to secure good basic trust in them.

Another thing that will undermine the development of basic trust is when meeting the child's physical needs or the emotional needs are frustrated too much and too often. Now where occasionally, unavoidably the parent delays too long, or unavoidably a good nurturing parent frustrates a child, it is important that the parent acknowledge it and talk about it with the infant. For example, when a 8 month old Jennifer wanted something that belonged to her nearly 4 year old brother, Mike, in order to help her grow in a reasonable way, that is to not take what belongs to someone else, she had to frustrate her own beloved child. Talking about why the parent is frustrating the baby is very useful. Acknowledging that mother or father is causing the child distress because the parent really wants to help the child grow in a reasonable way is very helpful. The child will not be happy with mother then and there, but will come to recognize that the parent is frustrating him or her for a good reason, one that is genuinely and will eventually be in his or her own best interest.

Occasionally not being able to meet the infant's basic physical and/or emotional needs will lead to frustration, or a transient feeling of neglect and of hurt. It truly is unavoidable even in the best of circumstances. It is also unavoidable that good caring parents will at times do things that will go against the child's wishes and thereby cause the infant anxiety, or frustration, and therewith anger. This is unavoidable in at times having to separate from the infant, or in not being able to stop discomfort and pain as happened with Bernie and Suzy. It is unavoidable in setting limits that even protect the child (see Section 1.292). If these occur only occasionally and, by contrast, experiences of feeling well cared for, valued, gratified are frequent, basic trust can be well secured in normal children.

But when frustration, neglect, physical and emotional pain occur too frequently, as happened with Richie, basic trust can be severely damaged (if it got started as is did with Richie), or in its place, basic mistrust will develop.

It is useful for parents to ask themselves if basic trust is developing well? As we said before, probably the most important aspect of the child's functioning and behavior that will tell us about the quality of his or her developing basic trust is the state of the child's well-being. How does the infant look, how does he or she seem to feel? Yes, we are speaking of the child's state of well-being from the first days of life on! Basic trust of itself does not begin to be organized until about the middle of the first year of life, but one can measure its gradual emergence and development by ascertaining the quality of the child's mood and emotional appearance.

We emphasize the importance of learning to look for how the child may feel "inside".

In the course of growing up, many people learn to hide their inner feelings. Fortunately for parents and infants, during the early years the infant has not yet learned to mask her or his feelings and these show quite openly on the infant's face and in his or her behavior. As we said in the section on Affects (1.241), infants have feelings much earlier than we used to think and how they feel from the beginning becomes registered in their psyches; feelings are not just simply forgotten. The degree of a child's well being can be sorted out by checking to see if the child seems to be "feeling good" or seems to be "feeling bad". Parents who look for it can readily tell which is which. An average infant will show expressions of pleasure from about the second month of life on. Feelings of rage, on the other hand, are expressible from birth on. Obviously a child who is experiencing frequent rages is not in a good state of well-being. This state of feeling should not be disregarded by the parents. Because they can be traumatizing, one should make every effort to understand what is causing these rage reactions so as to prevent them or stop them reasonably as soon as one can.

The most convincing communication of a state of well-being is the child's social smiling response. What is the quality of the infant's emerging social smiling response during the 3rd, 4th and 5th months? Is it warm, is it rich, is it more a frown? If it is a frown, or a smiling grimace, it indicates tension. What is the quality of the 2 and 3 month-old infant's reactions to seeing the mother? To seeing the father? What is the quality of the infant's state when the infant is being fed? When the infant is held? When the infant is played with? Does the mother or father feel that the child is feeling good? What is the quality of the infant's reunion reactions especially during the middle and latter part of the first year of life? Are there signs of warmth, of affection toward the mother and father; is there pleasure, excitement on seeing the mother and father?

As we mentioned in the previous section, another useful thing to look for that will tell us whether or not basic trust is developing well from about the second month on is: Does the infant show growing evidence that he or she expects that the mother will meet her or his needs? Is the infant learning that when mother talks to the infant in response to the infant's expression of hunger that the mother will gratify her or his hunger? The increased ability to wait for a feeding on hearing mother's voice, is a strong sign that the child confidently expects, trusts, that mother will take care of her or his needs.

When an infant looks sickly, is often fussy, and crying, or appears sad or does not smile for too long periods of time, this infant is in trouble. Richie showed all these and furthermore, his development had dramatically slowed down if not downright stopped. Parents need to know that an infant who by six months of age never smiles at caregivers, especially at the mother, father, siblings, or others who tend to her or him, is in need of professional help. It is a serious sign of potential, if not existing trouble and its cause needs to be ascertained. Fortunately, very early in life some crippling disorders can be prevented or be remedied easily. Richie's serious problems most certainly could have been prevented. For that to happen, however, parents or other caregiving individuals need to avail themselves of a professional consultant.

Listlessness, sluggishness, poor appetite, failure to thrive, to develop age adequately can be visible from the third or so month of age on and reveal difficulty in beginning to trust. When infants show such signs of course, most parents know to consult a

pediatrician. Not as readily recognized though is that an infant who seems to be eating and sleeping well, although he or she may be doing too much to both, during the second half of the first year of life may be depressed. This was the case with Vicki (see Section 1.331 and 1.332). Such early depression also reveals difficulty in developing basic trust. Again, looking at an infant's face, imagining how one would feel if one looked like that, can be most instructive to a parent as to how the child is feeling; and if the 9, 10 month old child frequently looks depressed, the cause needs to be evaluated and taken care of. It is important to recognize that from about 6 of 7 months of age on infants can become seriously depressed, that something can and should be done about it, because such depression can have a detrimental influence on the development of that child for the rest of his or her life.

1.2 EMOTIONAL AND BEHAVIORAL DEVELOPMENT

1.281 HUMAN DEVELOPMENT: The ORAL STAGE of Emotional Development

Observing infants during the first year of life, one finds that many of the child's activities involve the child's mouth. During states of wakefulness, the child spends a great deal of time eating, drinking, and sucking. During the first weeks of life one gains the impression that in normal infants hunger and thirst are the greatest disturbers of sleep.

As weeks and months pass, however, close observation of the two, three, four month old reveals that the mouth serves not only eating and drinking, but that some sucking seems in and of itself to be a pleasurable activity. It seems at times as necessary for infants to suck in this manner, as it is for the infant to eat and take in fluids. One often finds that an infant discovers and makes good use of her or his own thumb or pacifier, where such is provided by the mother. Sucking for the sake of sucking is an activity found in all infants and furthermore, appears to bring comfort and calm to the infant.

Close observation reveals that from 3 to 5 months of age on, the infant will use the thumb or pacifier at times of stress or tension, in an effort to comfort himself or herself. It is an act initiated by the infant to comfort the self without needing to turn to the mother. It is, therefore, among the first efforts an infant makes to take care of his or her own needs. In fact, thumb sucking or an infant's use of a pacifier is an autonomous (self-initiated) activity which serves the infant to adapt independently to stresses of everyday life. Yes, infant's experience stress, as is amply evident in their crying and rage reactions.

In addition to the functions of feeding and of sucking for the sake of sucking and for self comforting, the mouth is important for the infant from about four and five months of age on, as an organ to explore what something feels like and how it tastes. Very much the way the infant uses his or her eyes, and gradually begins to use his or her hands for the purpose of exploring, so too the mouth is used for the purpose of learning about the self and the environment. This is why many times one sees an infant put things into his or her mouth neither for nutritional purposes nor self-comforting. Often, when an infant puts a block or a toy into his/her mouth, it is an effort to explore its qualities, its character, and its nature. Of course, one does have to exercise caution because small things may be swallowed inadvertently by an infant during the course of its being explored. In summary, the mouth is an organ that serves alimentation, sensory pleasures, soothing and comforting, and exploration.

Oral activity and the feeding experience go hand in hand, and just as the feeding experience is very important to the development of basic trust and human relations, to that extent is oral activity recognized as an important emotional activity in infancy. Furthermore, it behooves caregivers to insure that the infant's oral activity is sufficiently gratifying and pleasurable because of the contribution it makes to well-being and total personality development.

1.282 CHILD REARING: What Can the Parent Do to Optimize the Child's Oral Activity.

The child's experience in feeding is in the hands of the nurturing parent, the infant being totally helpless to provide himself or herself with food. All parents recognize this. Nevertheless many parents do not recognize the important part the mouth plays in the child's activity during the first year, which include its being a means by which the infant can be comforted, an instrument for exploring, for feeling things, and its providing a means by which the infant can comfort himself or herself without mother's help (by thumb-sucking).

There are several ways in which the parents can make the infant's oral activity growth-promoting. The principal one is by making the feeding experience an opportunity for a positive emotional interaction between parent and child. Making food and fluid intake emotionally gratifying helps to make positive the attachment of the child to the parent, the development of good basic trust, and good human relationships.

The second way in which parents can help their infant's healthy growth is by recognizing that when the infant puts things in her or his mouth, the infant is not necessarily about to eat that object, but rather, it often is due to the infant's exploring the characteristics of that particular object and becoming acquainted with its texture and its features. To discourage a child from using his or her mouth as an exploratory organ deprives the infant of a major source of exploration, adaptation and of learning. It is, of course, reasonable that parents intervene when an infant puts things in his or her mouth that could be harmful, such as a very small object which could be aspirated into the bronchi (the lung pipes) and cause a serious problem, or a handful of dirt or hazardous things (e.g., detergents). But otherwise, the infant's exploring the environment with his or her mouth is a normal screening device, and the child will usually not be harmed by the incidental germs which she or he may so pick up.

A third way a parent can help the infant to use its mouth in a growth-promoting manner, is to permit to a reasonable degree the use of the mouth as a comforting agent or pacifiers. This seemed to be the arrangement Johnny and his mother worked out; that he could have his pacifier when he felt he needed it. We do not urge that parents push the use of the thumb or a pacifier as a comforting device, but rather that the infant be permitted to find his or her own way of discovering a means of reasonably reducing tension within the self and thereby comforting the self. Many parents are concerned that thumb sucking may be harmful to the child in altering the shape of his or her mouth (make teeth protrude). In most instances, before the teeth are harmed, this device for self comfort will be given up spontaneously, when the child develops other resources and skills. Some mental health professionals believe that harm to the psyche is of greater consequence than harm to the teeth in this instance because depriving thumb-sucking or pacifier-use too vigorously interferes not only with the child's first efforts at self-

comforting but also at self-reliance and at autonomy.

A further way in which a parent can be helpful to the growth of the infant brings us back to the question of the role and the function of feeding in the course of a child's development. What we have in mind here is the overuse of the mouth and of feeding an infant who is in need of some other nutriment. Parents should sort out whether the infant is in need of milk or fluids in contrast to the infant's being in pain, being anxious, or being in need of everyday, down to earth emotional contact and comforting. In this regard, feeding milk or food when the need is for emotional sucking or emotional contact and comforting often leads to the misuse of food and organic products for the purpose of self-comforting; it discourages the infant from learning to turn to human relationships for emotional comforting and can set a pattern for later maladaptive food and other oral abuse. Overuse of food, as well as other organic products, can of course be detrimental to healthy growth just as much as can depriving the infant of basic human needs for emotional comforting and emotional contact.

1.2 EMOTIONAL AND BEHAVIORAL DEVELOPMENT

1.291 HUMAN DEVELOPMENT: Aggression

One sees much evidence of aggression during the first year of life. Because it is a complex and vital inner force that motivates much adaptive, creative as well as destructive activity in humans, it is in the child's best interest that parents understand what it is, what promotes its development into constructive and destructive inner forces. The consequences of that development are far reaching for the child, the family, and eventually for society.

To discuss this critical subject, let us draw attention to the fact that, during the first year, aggression is visible in at least 4 major forms. First, in its hostile destructive form, that is, in destructiveness linked with hostile or hate type feelings, which is readily seen in infantile rage reactions, as well as in milder acts of anger and hostility. Second, in its non-destructive form best exemplified by the large inner push to reach and get hold of things, to crawl and walk to gain control over and, in general, to master things. Third, is in the destruction of things without being angry or hostile, as in biting into food, and clearing it in order to tear it down for the purpose of eating. And fourth, in its hostile form in which the just about to be 1 year-old child seems to enjoy hurting, teasing or taunting another.

Hostile Destructiveness:

From birth on every infant is capable of reactions of rage. Some researchers of aggression say that rage is a physiological (bodily functioning, built in) reaction to what the body (the child) experiences as extremely irritating, painful, or life threatening. It does not require thinking. It is like a complex, inborn reflexive behavior. During the first months of life we believe that when the infant has a reaction of rage it does not mean that the child experiences a wish or has the thought to hurt or destroy anyone or anything. But it indicates that already at birth each human being is equipped to react to excessively painful experiences with rage feelings. But, child development specialists say, infants are not capable of having specific person-directed hostile feelings in the first months of life. They are only capable of experiencing and expressing global, general feelings of a negative kind as in fussiness, irritability, in crying and in rage reactions. Gradually, during the second half of the first year of life, the child now begins to be able to cognitively perceive, organize and express anger and hostile feelings with thought and intention. Development specialists tell us that the ability to put experience into thought, to perceive cognitively, to see cause and effect (which we call causality), to organize into meanings, to reach with intention. All these become possible at around 6 months of age in the normal child. Thus, in the second half of the first year of life, it is not uncommon to see an infant strike out with intention at a specific person who is upsetting him or her.

What we mean by "hostile destructiveness" is this. When an infant from birth on

experiences mild unpleasure (or displeasure), be it mild annoyance (such as due to noises that are a bit too loud), or irritation (such as due to tiredness or to a scratchy piece of clothes), or mild pain (such as due to beginning hunger pangs), the infant will feel mild level negative feelings and may become fussy or whimper. As these feelings become more intense, the infant becomes irritable and may whine/complain or cry. In the less than 5 or 6 month old, the irritability and crying will become more intense as the unpleasure continues and mounts. Once the unpleasure reaches a level felt by the baby as "too much" (excessive), as unbearable, a rage reaction will occur. The rage will begin at a moderate level (for rage), and if the source of excessive unpleasure (by now felt as much too much pain) is not stopped (such as by "finally" getting fed), the rage will progressively reach its highest peak and only gradually decrease as the infant becomes tired and then exhausted. It may be that a global feeling of hopelessness and giving up begins to be experienced even before 6 months of age. We do see infants give up (and probably feel hopeless) when 3 months old, when they smile at mother (or father) and the caregiver does not smile back (as with a depressed mother or a mother who does not want her baby) for even only a few days. That infant may from then on avoid looking into mother's eyes, often by looking away.

From about 5 to 6 months on, feelings of the hostile destructive kind develop so that now the infant seems able to feel anger and hostility. With the ability to think sufficiently developed to organize the experience of feeling hurt into a thought, and the attachment to a specific person well underway, when a 6 (or more) month old feels hurt there, will, as before, first be irritability. As the hurt continues (be it physical or emotional -- as mother rejecting the child's wish to be held), the child's negative feelings will be and sound more like anger. Anger results from experiencing hurt that does not yet reach the point of feeling "This is too much". The pain is not yet unbearable but it is enough that the child wants to be rid of it and complains with force at the caregiver (who the child believes should make the pain stop -- something that in fact, caregivers do for children) to rid him or her of the pain (unpleasure).

From about 6 months on, when the unpleasure gets to the point of being "too much" for the child, anger will turn into hostility. Hostility is felt when the pain (physical or emotional) goes beyond what the child can readily tolerate, when it feels like "It's too much". Now when the 6 month old (and beyond) feels "excessive unpleasure", at those times he or she will feel hostile toward the caregiver and the world around. Anger makes a child demand that the hurt stop; he or she feels "this has to stop". When a child feels hostile, the pain has gone too far and makes the child want to hurt or damage someone or something. It makes the child want to inflict pain on someone or something else.

Note that we believe that the infant cannot yet feel hate. Hate is an enduring, stable feeling of intense hostility of which the infant becomes capable only from about 18 months of age on. On the other hand, when hostility becomes very intense, the 6 month-old may experience rage or begin to have temper tantrums.

Rage Reactions and Temper Tantrums

Rage reactions are not uncommon during the first year of life. They always mean that

the infant is experiencing too much pain (physical or emotional). Children vary in their experience and their expression of rage. Quick-reacting infants have a lower threshold for experiencing excessive unpleasure (too much pain). Their rage reactions will occur more easily and more rapidly. Usually, in the average normal infant, rage will follow a period of irritation that has not been attended to by the caregiver, or the caregivers attention was not able to sufficiently lessen the infant's pain.

Fortunately for him and his parents, 2 weeks old Bernie got quite irritable with his feedings -- due to his food allergy -- but he did not go into rage reactions. He got quite close to having rage reactions, but his mother would already be holding him for feedings, handle his outbursts better and better, and the pediatrician was consulted quickly. With Suzy though, things were more difficult. She was a quick-reactor and on top of that, she was difficult to calm. Because she was difficult to calm, even mother's good efforts could not prevent Suzy's pain from mounting and she did have rage reactions for several months quite frequently, and thereafter from time to time during the first and second year. We shall describe what Suzy's parents did to handle these in the Child Rearing Section (1.292).

From all the information we had, Richie had been a very well put together baby, was easy to care for and calm prior to 6 1/2 months of age. We did not see him until he was 14 months old. It is, however, reasonable to assume that he not only developed rage reactions -- in fact, we saw at 14 months how easily these could not be triggered in him by even the slightest hurt --, but that he had tantrums from about 7 months till after 9 1/2 months when he was placed in a shelter. We shall talk about how to handle a temper tantrum in Section 1.292, but here let us say more about what causes a tantrum and how a tantrum is structured given that knowing how it is structured can guide the parent in handling tantrums constructively.

As we described extensively in our book *Aggression In Our Children: Coping With It Constructively*³, a temper tantrums looks like a series of rage reactions, generally appearing and sounding like one rage reaction after another, increasing in intensity, reaching a peak of intensity, and then getting weaker and weaker till it stops with the child exhausted. Like a rage reaction, a temper tantrum is caused by the less than one year old child's experiencing an excessively painful event which just does not stop and goes on much too intensely and too long. Although Suzy had much trouble calming, her mother's caregiving especially seemed to keep the intensity of her pain down sufficiently so that she had long periods of irritability but these did not organize into tantrums.

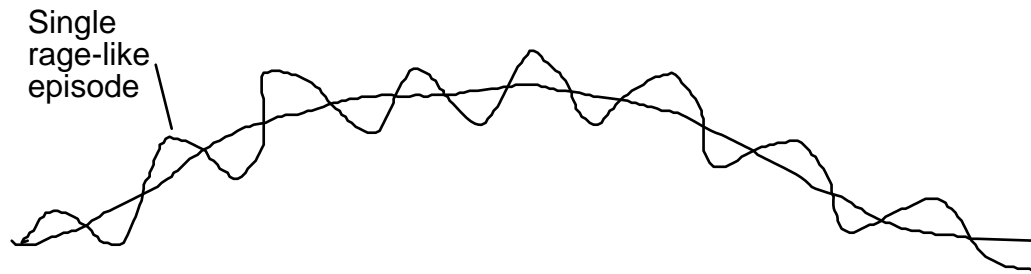
We propose that temper tantrums, like anger and hostility, do not begin to occur until the infant is about 6 months. Actually we have not seen a full blown temper tantrum until about 12 months of age. Nonetheless, we believe they can begin to occur in children 9 to 12 months of age. Prior to 6-9 months depending on the child, extreme pain (unpleasure) cause rage reactions. After this period extremes of unpleasure will cause a rage or a tantrum depending on how badly the child experiences the unpleasure.

³ Authored by Henri Parens with Elizabeth Scattergood, William Singletary, and Andrina Duff. Published by Jason Aronson, 1987.

A temper tantrum usually has the following structure:

DIAGRAM A

TEMPER TANTRUM MODEL

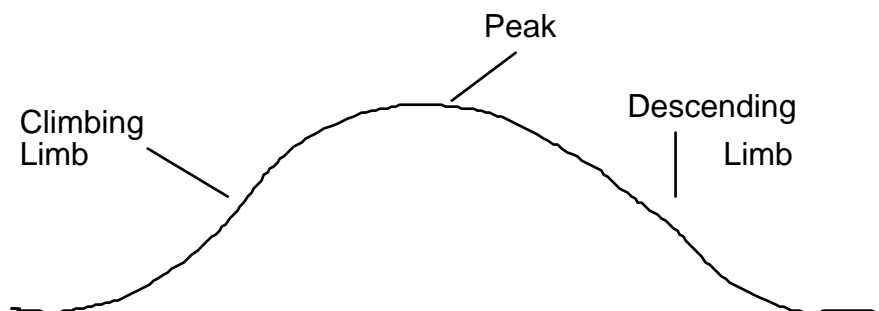


It has a climbing limb, which means that the rage reaction starts (usually) with moderate intensity, then climbs (intensifies), until it reaches a peak of intensity, and then, as tiredness sets in, continues but with lessening intensity until it stops seemingly due to the child's exhaustion. As we said before it may also stop due to a feeling of hopelessness and giving up. We shall explain in Section 1.292 what this structure means in terms of handling these reactions.

A temper tantrum is a series of such rage-like reactions with pauses in between. Furthermore, the intensity of the single rage-like reactions usually mounts and after a peak of intensity, the rage episodes become weaker. In a diagram, it would like this:

DIAGRAM B

COMPONENT WAVE OF SECONDARY CURVE



Prior to 6 months of age, rage episodes seem to be experienced in a completely consuming way. If the mother offers the nipple to the infant who is experiencing a rage reaction, the infant will not take the nipple (which may be what the infant has been clamoring for) because his or her entire being is taken over by the rage feelings. By gently touching the infant's mouth at its corners with the nipple several times, the infant's attention usually is obtained and the rage will stop fairly quickly and the infant will suck.

From 6 or so months on, the higher level of psychological and physiological development and functioning brings with it what we view as tantrums. Another important distinction exists between rage reactions and tantrums. We believe that tantrums are more intensely experienced than single rage reactions. This is why we assume them to be more traumatizing for the child and why, therefore, efforts should be made to prevent them. In Section 1.292 we shall detail how to handle rages and tantrums but let us say here that it is easier to stop a rage reaction and a tantrum just before or at the point when it is beginning and then when it is in the descending limb than at other times. It is most difficult to stop these when they are into their climbing limbs and their peaks.

It is critical to consider what causes expressions of anger, hostility, rage. When we observe the rage reactions of infants, one gains the impression that these reactions do not occur spontaneously. Rather, whenever a rage reaction occurs one gains the impression that something is causing it. Observation of very young children suggest that whatever experiences cause rage, one common ingredient seems to exist in all of them: the experience of excessive unpleasure (too much emotional or physical pain). In fact, whenever an infant has a rage reaction, it is normally assumed by the caregiver that something is causing it, usually the cause is searched for, and often what is causing the excessive pain can be found and when it is removed the rage subsides.

This is of great importance for the following reasons. Infants are not born with a load of hostility or rage that they must experience in relationships. Hostility and rage are generated in infants; as we have emphasized they are produced by experiences of excessive unpleasure. Any experience that is felt by the child to cause too much pain, which is what we mean by "excessive unpleasure", will activate the inborn mechanism that generates hostile destructiveness in each of us. These experiences may be too much physical pain (as an ear ache or intense hunger pangs) or too much emotional pain (as neglect, frustration, harsh handling and abuse, etc.), either one or both. The implications of this are that if we can protect our children against experiences of too intense pain or distress, too prolonged unpleasure, we can prevent the excessive development of hostility and rage within them and avoid creating an individual who is overly hostile, one who will have problems with hostility and hate throughout life. These experiences in the first year of life enter into the formation of the character of each individual and therefore can become a part of the individual's total personality.

An important complication arising from the child's expressions of hostility, anger and rage, comes from the reactions of the environment to them. These expressions of feeling lead to counter reactions on the part of others. For several reasons, such hostile reactions require that parents set reasonable limits on their expression. We will talk more about

this matter under the section on child rearing.

Non-destructive Aggression:

The second form of aggression found in the first year of life, shows itself in the inner push and pressure that children exhibit when they want to make something work or make something move, or when they seem very intent on getting where they want to crawl, or on getting their hands on things that attract their attention.

We are referring here to a non-destructive type of aggression, an aggression that seems to serve getting hold of, clutching onto, having control over something that has drawn the child's attention and interest. As time passes from the fourth, month of age on, this type of activity increases in frequency, in intensity, and begins to play an important part in the child's actively interacting with her or his environment, both animate and inanimate. The pressure that is evident in this type of aggression, seems to be what fuels much of the child's exploration--which we have talked about before (Section 1.261).

Let us look in on infant Jennifer to illustrate what we mean. 15-weeks-old Jennifer is being fed by her mother. She makes her first attempts to control the spoon that mother puts into her mouth. One can see the effort she puts into this self-feeding. Mother integrates her feeding efforts with those of her daughter. Jennifer then sleeps for 25 minutes lying on a cover spread on the floor. Here are excerpts from one continuous 30-minute period of the activity we are talking about.

Within minutes of waking Jennifer looks at her mother and others. She smiles broadly, already (at 15 weeks) focusing on her mother. She then looks around at articles on the floor, looking at several quite intently as she briefly fixes her attention on these in passing. She now turns her attention to a set of plastic rings on a string, which she very busily explores. She begins by pulling them apart, mouthing them. The sensorimotor effort is visible on her face (see Section 1.261); one soon also hears vocal concomitants of that effort. She moves the rings back and forth while she looks at them, a serious look on her face, and a good deal of pressure can be inferred from the way she seems to be "working". She waves her arms as she attempts to reach the rings that she inadvertently just pushed out of reach. Her mother (cooperating with her) then advances the rings so that she can reach them again and Jennifer does so promptly, her attention continuing to be focused on those rings. The affect associated with the effort she makes to bring the rings to her mouth, the effort with which she pushes and pulls them, suggests that this pressure is in the service of learning what these rings are. At this point, activity is interrupted by physiological needs (a bowel movement), as well as by socialization. She looks around and smiles at her mother. She then returns to the rings. Notable is the intent, work-like affect, the constancy of the effort she makes in exploring the rings, the inner-drivenness of that activity. Much energy seems to be invested in the exploratory mouthing, pulling and pushing the rings. Repeatedly she mouths the rings, sometimes with simultaneous pulling movements of her arms and lifting of her torso; her legs kick up as well, and indeed her entire body is involved in her effort. Her facial expression and entire body posture indicate the tension of, and the large effort invested in this prolonged activity. After 18 minutes of nearly continuous effort, she pauses, lying down on the mat.

One sees she is tiring. She pauses for about 15 seconds, looks up at her mother, smiles softly and returns to the rings, at once very busy. Soon she pauses again, and one begins to see signs of unpleasure on her face. She cries as if annoyed and stops her exploratory activity, rings in hand; and now, for the first time in a 20-minute period, she puts her thumb in her mouth and lies quietly. She returns to the rings. The effort continues to be strong but one now sees unpleasure, as she seems to experience some distress. From here on she alternates between exploration of the rings and thumb-sucking. While she sucks her thumb she lies rather quietly on the mat, giving the impression that she is recovering from the tiredness and unexplained distress. Her body curls up again, her legs kick up, and she sucks rather vigorously, experiencing some frustration in that too. She stops the thumb sucking, cries momentarily, and looks up at her mother. She pushes the rings away from her. The noise of the rings being pushed away seems to make her again turn her attention momentarily to those rings. She spits up a bit. Her mother picks her up to comfort her. Jennifer has now been awake for about 25 minutes and has been continually busy. We have seen this kind of activity in infants from 8 to 16 weeks of age on.

What is especially important, we believe, is that the inner pressure and activity we just described marks the beginning of the push and energy the child will utilize later in school as will the adult in her or his work. This inner pressure and the activity it seems to fuel, in other words, can be very productive and serve the child's adapting to everyday life, the demands of work and of the environment.

What causes this activity? We have already implied and stated that it arises from some inner force and pressure which seems to arise spontaneously. Indeed one gains the impression that it is part of living organisms, that it is a force that motivates the individual to act, to control, to adapt and to master himself or herself and the environment. It is an inner force with which every infant is born. Of course, it will show itself to a higher degree in some children than in others, this being strictly part of the infant's biological make-up. It may be a new thought to some readers that the constructive activity just described is a form of "aggression". Because of its easily visible negative aspects, aggression is a frequently misunderstood term. An important role for the parent, as we will detail in the next section, is to foster the exploring-learning-achieving aspects of aggression, while helping the child learn to contain, control, and express appropriately his or her own hostile and destructive aggression.

Some child development specialists propose that this form of aggressive pressure fuels the development of locomotor and cognitive skills and contributes importantly to adaptation. We have said that non-destructive aggression can be very productive. During the first year of life, especially from the fourth to sixth month on, it can also begin to be troublesome. Take, for instance, a very curious five or seven month old crawling toward another infant and grabbing a toy or a cracker that the other infant has in his or her hand. We have described this kind of event when we talked about the exploratory activity of the one year old (Sections 1.261 and 1.262). Or recall 11 month old Jennifer taking hold of Johnny's pacifier and plucking it from his mouth. She did it 4 times, each time against her mother's increasing disapproval and even anger. We think that Jennifer's inner push to do what she did was large (it could not be stopped even with her mother's initial disapproval), and that she made a discovery of interest to her, namely, that she

could make Johnny feel upset. We saw no evidence of her being angry with Johnny or that she was getting back at him for hurting her. In other words, we saw no evidence that she was motivated by hostility. Of course, this troublesome intrusiveness, which seems to arise from the exploration push, and the push from within to master the environment around, requires reasonable limits when it intrudes on other human beings. And indeed, Jennifer's mother immediately set limits. It is important to remember, however, that this form of pressure and activity is in the nature of self-assertiveness, is an extremely important positive attribute of psychic development and needs to be nurtured, as well as appropriately directed. (We shall talk about ways in which this can be done in the following Child Rearing Section 1.292.)

Non-Hostile Destructiveness:

The third major form of aggression observable during the first year of life is that which accompanies biting and eating. When an infant bites into food the aim is to tear the food apart so that it can be digested. That act, however, is not motivated by anger or hate toward food, rather it is motivated by hunger and the need to quiet hunger and to provide the body with nutriment it requires. This form of aggression, therefore, although it leads to the destruction of things, is not motivated by hostile feelings and we, therefore, say it is a non-hostile form of destruction which serves self-preservation. Of course, this is a necessary destructiveness which is well known throughout the animal kingdom as prey aggression.

One place where we see this form of activity serving hostile aims is where an infant bites in anger. There, of course, an appropriate limit is required. A closely related form of biting which leads to a reaction on the part of the mother is that which results from painful teething. It is common for an infant who is teething, because of the pain caused by the teeth pushing through the gums, to tend to bite. We all know that pressure on or near a body part that hurts makes the pain feel less intense. We know that there are "pressure points" which alleviate all kinds of body aches. Infants soon discover this when they are teething. Not uncommonly the mother's body may become as much the victim of the biting as a teething ring or some other object. One should distinguish this biting from a hostile attack by biting. It is important, however, to recognize that in both the biting due to teething and in hostile biting, an unpleasure experience motivates the biting activity. Of course, the biting of teething tends to gain our sympathy much more readily than the biting that comes from a child's pain at not being permitted to have the toy she or he wants which belongs to someone else.

Pleasurable Hostility:

The last large category of aggression which we can observe during the first year of life is that of enjoying hurting others, of teasing and taunting. We do not see teasing and taunting in the first months of life, rather these begin to be observable in the infants from about the 10th to 12th month of life on. Teasing and taunting belong to a more complicated form of aggression than the others we have discussed.

Years of study of the development of aggression in early childhood, have lead us to propose that teasing and taunting, an expression of hostility which is often accompanied by pleasure on the part of the perpetrator, is the following type of phenomenon. We shall discuss this more extensively in Unit 2. Here we shall say only a few words. An experience of intense pain, of excessive unpleasure, will generate hostile feelings in a child. When the child has not been able to express these feelings (in reasonable ways preferably) these feelings will be stored in the psyche. Later, whether a few moments or even days later, a child will express that stored hostility using two mental maneuvers: (1) the displacement of that hostility onto another person or thing than that which originally stirred it up; and (2) the feeling tone of unpleasure may have been changed into one of pleasurable hurting of another thing or person. The latter, in other words, is the changing of an experience of unpleasure into one of pleasure. What causes teasing and taunting is an initial experience of excessive unpleasure (pain).

One can assume that something necessitates the delay of expressing hostility as well as necessitating the displacement of this hostility. Infant observations have taught us that the major factor in causing both the delay of its expression and the displacement of hostility is most commonly experiencing hostile destructive feelings toward a much needed and valued parent. In other words, from the latter part of the first year of life on, when the child experiences hostile feelings toward his or her parents, a conflict is set up within the child. We described this conflict earlier when we spoke of the development of ambivalence (Section 1.261). Most singularly, it is when the nearly one year old child experiences hostile feelings toward her or his mother, feelings of wanting to "destroy" that mother, that these are arrested by the feelings of valuing and needing that mother. This is what prohibits, from within, the expression of these hostile destructive feelings. These destructive feelings are then stored and may eventually be displaced onto someone or something other than the original person toward whom that hostility was initially intended. We might note here that we are talking about an adaptive mechanism that unfortunately sets the stage for the development of prejudice. In this, of course, the mechanism of displacement and the conflict of ambivalence are extremely important to psychic development and to socialization of a normal child. We will speak about handling teasing and taunting in Unit 2.

Here is a simple example. Jennifer's mother told her 11 month old not to grab a toy from another child. Jennifer persisted and, as she should, so did mother. Finally, Jennifer yielded. A few minutes later, while playing with block, she picked one up, with a smirk on her face she raised her arm and, as she was about to let go of the block toward her mother, she veered slightly and struck another mother on the knee. When her mother scolded her for it, Jennifer repeated the act, this time clearing aiming the block away from her mother, toward and striking the floor. Frustrated and angered by mother's reasonable prohibition, she initially threatened to hit her highly valued mother, hit mother's neighbor instead, and with mother's disapproval and admonition she further displaced her hostile feelings onto the floor.

1.292 CHILD REARING: What Can the Parent Do That Is Growth-

Promoting Regarding the Child's AGGRESSIVE ACTIVITY?

In order for parents to help their children cope optimally with the development of aggression within them it is crucial that they recognize the different forms of aggressive activity we see during the first year of life. There is aggressive activity easily recognizable as having to do with anger, hostility, and rage; there is aggressive activity that has to do with seemingly being pressured from within to grab things, with beginning self-assertiveness and wanting to reach one's goals (already by 12 months of age); there is aggressive activity which has to do with sucking, biting, eating, and chewing; and in the last part of the first year of life there is aggressive activity that has to do with enjoying hurting others as in teasing and taunting. Let's take coping with these, one at a time.

Helping Children Cope with Their Hostile Destructive Feelings:

We emphasize that parents must know that their infants' experiences of hostility, of rage reactions and tantrums are generated by experiences of excessive pain (excessive unpleasure), whether that pain (unpleasure) is physical or emotional. As we discussed before, a child's crying and reaction of anger are always produced by some form of pain. Sometimes the source of pain is readily visible; sometimes it is not. Excessive pain, when the child feels "this is too much", intensifies anger into hostility and this hostility then unavoidably becomes part of the child-parent interaction. The more such interactions persist over time, the more they will become part of what the infant expects and become a routine part of the parent-child relationship. Occasional feelings of anger are unavoidable in infants and in relationships, and will cause no harm. We cannot always give our children what they want or even need. Dealing with such experiences in growth promoting ways will in fact, help the child learn to cope with life's unavoidable frustrations and disappointments. Similarly, occasional reactions of rage on the part of infants may be unavoidable, and when these are handled well will cause no harm, and are part and parcel of healthy growth.

It was painfully difficult for Suzy, for her mother, and also for her father that because of her low threshold of irritability and difficulty in calming down -- even though these were developing gradually to function better -- by 8 months of age, separation from mother caused quite a reaction of anger and distress in Suzy. This occurred even though Ms. Sander, the substitute caregiver, was already known by Suzy given that she had been coming to help Suzy's mother for a couple of weeks. Fortunately, Suzy's mother had learned that separation would make Suzy feel threatened that mother would totally be lost to her -- remember that Suzy could not yet recall at will from her mind the image of her comforting and nurturing mother --, and although she was not taken by surprise, it did make Mom feel awful. She had told Suzy for the past days that she would have to go to work for 5 hours and that nice Ms. Sander would take care of her till Mom came back. Nonetheless, as was expectable, when the time came Suzy became quite upset when she saw mother get ready to go and when mother hugged her before she left, Suzy clinged to

her tightly. Mother said: "Sweetheart, Mommy has to go now, but I'll be back after you take your nap". And she gently pulled Suzy's arms from herself, handing her to Ms. Sander who was very nicely, soothingly inviting and then reaching for Suzy to let her hold her. At one moment, unexpectedly, Suzy's arm swung and she hit her mother on the shoulder. Mother told her: "I know you're mad at me for leaving, but please don't hit me. It's ok to feel mad, but it's not OK to hit me". Suzy then turned to Ms. Sander, crying angrily while holding on to her. Mother left feeling sick to her stomach, she said.

Suzy's expressions of anger around separation took a variety of forms, from crying angrily, a couple times hitting mother, to ignoring mother when she came back. We encouraged mother to tolerate Suzy's expressions of anger that were verbal but not allow her hitting mother. And we encouraged her to say these things: "It's OK to feel angry with me, but it's not OK to hit me." To being ignored by Suzy, we encouraged mother to tell Suzy she was "sorry that her having to go to work at the office upset Suzy and made her angry with Mom. Mom sure is glad to be back home with Suzy and she thought a lot about her when she was at work. She hopes that Suzy won't stay angry with her too long; it's a lot nicer when Suzy feels happy with Mom." By this time Mom had come to see how Suzy really seemed to understand Mom when she told her these things and was able to really say what she thought -- even though Suzy could not yet say even one word.

What the child needs to be protected against are experiences of repeated and prolonged excessive displeasure (including frustration) which generate hostile feelings and rage that are too intense, last too long, occur too frequently. This is especially so when these are not well enough prevented due to the parents' insufficient or inadequate responses to the child. In short, the parents need to learn how to protect the infant against too long, too frequent experiences of excessive displeasure.

An important concern for parents is to find a reasonable position between two points: (1) responding to the infant's demands and needs too slowly, which produces excessive pain, and (2) responding to the infant's needs too quickly or even before the infant expresses a need. The parent who reacts too quickly may not give the child the opportunity to develop reasonable capabilities for tolerating delay and frustration, capabilities which are necessary for comfortable-enough adaptation. No one is always gratified; nor is this needed in order to feel reasonably comfortable. Nor is one often fully gratified. This is why we say that it is important for young children to learn to tolerate less than the total satisfaction they wish for, in order not to take disappointments and frustrations too personally and to adapt reasonably to the unavoidable disappointments of everyday life.

We emphasize that there is no need to experiment with "toughening up" the child by exposing him or her to unnecessary delays or frustrations. Life being what it is, normal, loving and respecting parenting will fall short of the young child's wishes for perfection and constant satisfaction and comfort. When a young child is angry it is well to first try to know what is causing the anger, what pain the child is experiencing. Similarly when the child is experiencing a rage reaction the parent can assume that a painful experience has been too sharp or has been going on for too long. Again here, the cause of the rage needs to be understood and if reasonably possible, be removed.

Especially from 6 months of life on due to the higher level organization of the brain,

the ability to understand "cause and effect", to think thoughts, to feel intention, and to feel anger and hostility, an angry reaction on the part of the infant may trigger the infant's built-in reaction of striking out or biting the mother. This may also happen when an infant is feeling angry with another child. A reaction of this kind is a hostile act. As we described in the Human Development section (1.291) on aggression, anger is experienced when the child feels unpleasure (pain) that is not yet felt to be excessive. Anger is in the mild range of the hostile destructive range of affects (feelings). Aggression in the form of hostile destructiveness is an unavoidable experience of every child and one which, more than other behaviors, will require the setting of limits on the part of the parents. Setting limits on the way hostility and anger are expressed in the first year of life is a moderately complex matter. Of course, each family has to decide its own philosophy regarding the ways anger, hostility, and rage can be expressed. We say again that when normal children experience unpleasure they will become angry, and if that unpleasure becomes experienced as excessive, the anger will intensify, and that mounting hostile feelings will be generated and may lead to rage. Experiencing hostility is a normal reaction produced by experiencing excessive pain (physical or emotional) and does not mean that a young child is a nasty person, a "bad seed" or "has the devil in him or her".

However, what one does when one's child, and for that matter when the parent, is angry requires thought, understanding and a viewpoint. Aggression research leads us to understand and take the point of view that: it is normal to feel anger and hostility, there always is a reason for it, but one has to express these feelings in reasonable, acceptable and controlled ways. Infants are not born with inner controls for the expression of their anger and hostility. These inner controls must be learned and they are learned better and more quickly with the help of those caregivers whom the infant progressively values and to whom the infant becomes attached.

One particularly important and sensitive area in setting limits when the child expresses anger is when the child strikes out at the mother or the father with whom the infant is angry. In order to help the child socialize well and because hurting someone we value and care about eventually leads to guilt, it is best if parents set limits against the child's physically striking out at the parent. Experience teaches us that helping a child verbalize feelings of anger, to express feelings of anger in a nonphysical way toward her or his parents or others, socializes the child much more positively and tends to prevent undue and excessive feelings of guilt in the child. Experience also has taught us that when parents express their feelings of anger toward their children in verbal, non-insulting and in nonphysical ways, they serve as such a model for their children, and they prevent feelings of guilt and shame within the child and themselves. Furthermore, they then prevent child abuse, one of the most harmful experiences parents inflict on their own children. Let us talk about setting limits with children during the first year of life.

Setting Limits:

First, we are often asked when should parents begin to set limits. Setting limits begins when it is required, that is, when one sees the need for it in a young child's behavior. Striking out against the parents, whether it is by hitting with the hand, the

head, or by biting, requires limits no matter what the age of the child.

Bernie's mother was very troubled when her 2 weeks old baby suddenly became irritable during feedings and would squirm suddenly and at times even flail his arms and kick up his legs in acute pain. At first mother thought it was just a GI "bug"; but it persisted for a few days before she called the Pediatrician and soon his milk allergy was diagnosed. At first mother just did not know how to react to Bernie's flailing and occasionally hitting her. Even though we knew Bernie could not help flailing and we knew his irritated state to be the natural reaction to excessive abdominal pain, we encouraged mother to tell him in a calming voice that she was sorry he was feeling so upset, but to please not hit Mommy, even though we knew that his hitting could not yet be intentional. He was much too young, too far from being 6 months old, to hit with intention; he was just reacting to pain the way our bodies naturally react. Furthermore, we did not believe that Bernie would understand his mother's words. We did assume he would probably feel what mother felt when she said "I'm sorry you feel so upset" and the different tone that comes with "please don't hit Mommy". Long before babies understand words, they communicate with and "understand" feelings. It is through feelings that the first limit-setting is communicated to the baby who is doing something parents experience as unacceptable or harmful to the baby or themselves.

Fortunately, Bernie's mother did not feel that Bernie was suddenly being a bad or evil baby. She did not feel offended by his distress and flailing and did not feel provoked by his behavior. Unfortunately, with parents who are in much pain themselves and/or who were abused as children, they may become provoked by the kind of reaction 2 weeks old Bernie had and they then react to the infant with resentment, hostility and even physical abuse. Richie's 17 year old mother, we believe, got to this point a while after her boyfriend left her. We assume she became depressed, hopeless, and the normal demands of her then 7-8 month old baby became intolerable to her. This is when an otherwise potentially decent and good-enough young mother may lose control over the inner pressures of her own hostile feelings and rage and then attack her own baby. This is what the Emergency Room staff at our hospital believe happened to Richie and the evidence was large. We also believed this to be the case when we saw Richie at 14 months and saw the marvelous pictures of him at 5 months of age. The consequences to Richie and to his mother of abusing him were enormous.

Second, a limit is best set by the mother or father by a firm enough verbal prohibition. When needed, accompany the firm statement that the infant is not permitted to hit mother (or to bite), by a firm but not pain-intended physical holding of the hand (or jaw). Setting of limits with a normal young child never succeeds in just one effort. Characteristically, setting limits has to be repeated over and over because a normal child does not learn so hard a lesson in just one try. Here are two major reasons the child cannot learn such a lesson in one effort: (1) that the inner pressure of the normal child's aggression is powerful and one over which the young child at first has no control; and (2) one's healthy narcissism (self love, self valuing) makes it such that, at times, none of us likes to be told what to do nor do we easily accept being frustrated. It is in fact the parent's setting of firm and kind limits that helps the child develop the needed inner controls over the very powerful pressures of aggression, especially in its form of hostility; and in addition, it

helps us accept and learn to do things that are ultimately in our best interest which at the time of limit setting we would rather not do. The young child is at the mercy of the inner pressure of what she or he experiences as a need to have or to do, and requires the parents help to learn to put the brakes on the expression of angry feelings by striking out (i.e., expressed in unacceptable ways).

Third, when an infant less than 1 year of age experiences excessive anger or rage, or even milder forms of anger, it is advantageous for the mother to set limits while also trying to calm and comfort the crying or upset infant. Trying first to remove the source of anger and hostility where indeed it can reasonably be removed, followed by or accompanied by the setting of limits, and then thirdly, efforts to calm the baby can act together to achieve a very good result.

When 2 week old Bernie had abdominal distress he at times would flail his arms and on a couple occasions hit his mother. Mother was right when she told me that did not hit her intentionally. As we have said the infant does not truly experience intention until about 5 to 6 months of age. But Bernie's mother was also right to say to him, while holding him: "Oh, I'm sorry you feel so bad, but don't hit Mommy". She both was comforting him and setting limits, even though she felt (rightly) that Bernie's hitting her was not done on purpose.

Comforting the young child is commonly needed when setting limits. This is because setting limits often upsets the less than one year old (and older) and when the child is upset, he or she naturally turns to the valued caregiver for comfort. But comfort is not always needed by the child. For instance, we saw that when 11 month old Jennifer pulled 11 month old Johnny's pacifier out of his mouth, Jennifer's mother set limits with her and Jennifer did not turn to her mother for comforting -- something she often did do and her mother would then, indeed, comfort her well. We described how Jennifer's mother set limits in a very natural and, we believe, quite effective way. She first simply said in a tone of surprise something like: "Jennifer! Don't do that, it not nice!" The second time she said with some firmness and a little louder something like: "Heh, that's not nice. Don't do that. That belongs to Johnny!" The third time it was even more firm, louder, conveyed disapproval and anger on mother's part. The fourth time, mother was even more firm, scolding, let Jennifer clearly know she was angry and warned her that she and Jennifer would be very unhappy if she did it again. Each time mother's tone increased in firmness, increased in loudness, conveyed increasing disapproval and went from surprise to anger at her child not complying with what mother said. The fourth time she warned Jennifer that mother would do something (punishment) about which Jennifer and mother would be unhappy. Notice, as we discuss more below (under Handling Nondestructive Aggression) that Jennifer was not angry with Johnny, nor with her mother we thought, but that what was pushing her from within her mind to continue to pull Johnny's pacifier from his mouth did not, perhaps could not be stopped by her, immediately. The activity, the inner pressure had been turned on and she did not or could not yet put on the brakes.

Although Jennifer did not require it, we assumed, because she did sense that what she was doing (pulling Johnny's pacifier from his mouth) was not nice indeed, it is most important not to withhold comfort when the child asks for it while one is setting limits. This is because the parent's efforts to comfort and to calm reinforce the parent's

constructive efforts to set reasonable limits. They will also make the infant feel that whatever pain he or she is experiencing is not intentionally produced by the mother, but that the mother indeed wants the child to feel protected and comfortable. The child will gradually learn that these are the aims and these are intentions of the mother and will begin to cooperate in gradually developing internal controls over her or his own expressions of anger and hostility. When comforting, the parent can express sympathy with the child's feelings while at the same time explaining and underscoring the need for the limit. We cannot overstate the usefulness of comforting the child who is upset by the limits set by the parent to whom the child is attaching or already attached.

We say again: comforting helps the setting of limits rather than interfering with them. We have found many parents who believe that, if while setting limits they also attempt to comfort their child, the child will misunderstand the parents' intentions. Without explaining it further here (see Limit Setting in Unit 2), suffice it to say for now that it will enhance the child's accepting of the limits and the child's developing positive, reasonable internal controls.

Handling Rage Reactions and Temper Tantrums Constructively⁴

This is one of the most difficult challenges of parenting. Let us start with a few observations about rage reactions and tantrums that can guide a parent in handling these. First, tantrums are more intense, last longer, and are more traumatizing to the child and the parent than rage reactions. Efforts to prevent these are much easier and cost emotionally much less than having to handle them. With this in mind, it is important for parents to learn the signs their infants show that they experience unpleasure (pain of emotional or physical origin). It is a simple principle that the more the unpleasure is intense or continues, the more will simple irritability intensify and eventually go into rage. Of course it is easier to deal with irritability than with rage; therefore, it is sparing of pain and effort for both child and parent to intervene to undo the source of irritability than to deal with rage. But infants vary in how easily and how quickly they experience pain and in how quickly they go from irritability to rage. For example, as an infant Suzy was more likely to be irritable than Jennifer just by virtue of her inborn disposition (her biological endowment). She had a lower threshold for irritability (which means that lesser intense stimuli irritated her than Jennifer, like intense noises, or father handling her brusquely) and was a quick-reactor, that is she would move much more quickly into rage than Jennifer. This is what we mean by "temperament"; it is the type of reactivity with which we are born. And it is important then for parents to learn how their babies are likely to react to all sorts of experiences and what signs to look for. It is wise for parents to accommodate reasonably, as best as they can, to their infant's inborn dispositions, in order to engage in a loving emotional dialogue with their babies. But how does one deal with a rage reaction or temper tantrum that could not be prevented? Knowing the stages of a rage or tantrum, that is knowing the structure of

⁴ See *Aggression In Our Children: Coping With It Constructively* by H. Parens with E. Scattergood, W. Singletary & A. Duff (Aronson Press, 1987) for greater detail.

these, can be very helpful. As we said in Section 1.291, a simple rage reaction has a threshold, a climbing limb, a peak, a descending limb, and ends in exhaustion unless the source of the rage can be stopped. The structure of a temper tantrum is similar except that the tantrum is a series of rage-like reactions. The best stages to help the baby are at the threshold and during the descending limb of the rage. The most difficult stages to deal with are the climbing limb and the peak. Here is why. Observation of less than 6 month old children in rage suggests that once the climbing limb is set in motion and while it goes into the peak stage, the infant's cognitive and emotional experiencing are overtaken by the experience of extreme pain reaction and the infant cannot pay attention to or feel the caregiver's efforts to help. As we said in Section 1.291, if an infant has gone into a rage due to his or experiencing the delay in feeding as unbearably painful, the infant will not be able to accept the nipple that is offered because the rage experiencing floods the infant's perceptual and reactive systems. The caregiver will have to intensify the presentation of the nipple by gently rubbing it against the raging infant's cheek or corner of the mouth to over ride the experience of rage. The less than 6 month-old's adaptive capabilities, while they are magnificent, they are also very limited. The caregiver's efforts will be more easily perceived by the infant before the physiological rage reaction is set into motion and then not until the rage reaction begins to weaken (to descend).

This is what we found in Suzy and what we told her mother (an eventually also her father). We told her these thoughts so that she could (1) help Suzy cope better with these painful experiences and (2) so that mother could better understand why her good efforts at times did not work. Because Suzy was difficult to calm (due to her inborn reactivity) mother often could not prevent a rage. Mother saw Suzy grimace, look as if in pain, and she would then try to gently soothe her, talk to her and cuddle her as best she could. And we could see mother's distress mount as at times she did not succeed in calming Suzy. Once less than 6 month old Suzy went into a rage we encouraged mother to continue to hold her, or at times, when it was too much for mother, to put her down, to stay with her in a holding stance, telling Suzy she was there right next to her. Once Suzy's rage seemed to become less intense, we suggested that mother then renew her holding and soothing talking to calm Suzy down. We told mother she was right to be sympathetic when she talked soothingly to her baby because she could now hear her better and would eventually calm.

These reactions, rage and tantrums, become more complex once the mid-first year developments we have talked about are beginning to organize and become functional. With beginning adaptive capabilities of intentionality (to act with intention), causality (recognizing cause and effect), the consolidation of attachment, the ability to experience anger and hostility, a difference commonly found in a rage reaction as compared to a tantrum emerges. With better adaptive capabilities, a 9 to 12 month old will be able to experience rage without being completely flooded by it; this will make it possible for the child to hear and feel what mother or father is doing to help calm the child. Although the intense feelings of hostility experienced during the climbing limb and the peak stages will be very difficult for the child to control, usually the parent's efforts will be registered. We believe this is not so with a tantrum. During this more intense series of rage-like

reactions, the 9 to 12 month-old's newly developing adaptive capabilities will be flooded with feelings of hostile destructiveness during the climbing and peak stages of each rage-like episode. During these stages, the 9 to 12 month old will usually not be able to hear or feel the parent's calming efforts.

Again, because they cause intense distress and often traumatize the child, we recommend that parents try to prevent tantrums. We also add that when a tantrum is set in motion, recognize that efforts to stop it during the climbing and peak stages are likely to not work because the infant often cannot register the parent's efforts to calm, and the best strategy then is a holding maneuver. That is, put the tantrum child down if he or she flails and squirms too much to be held, talk to the child in a calming voice saying something like "Come on Suzy, try to get a hold of yourself; I know you're really upset." And prevent the 9 to 12 month old from hurting himself or herself, from kicking or striking you, someone else or from breaking things. Isolating a less than 3 to 4 years child who is having a tantrum is undesirable because it commonly brings with it feeling abandoned and rejected. The only time a less than 4 year-old child who is having a tantrum should be isolated (put into a room alone), is if the parent fears she or he will lose control and harm the child. The times the parent will best succeed in calming the child who is having a tantrum is during the descending limb and during the pauses between tantrum episodes. Comforting, holding, explaining why Suzy could not be allowed to do harmful things usually helps. Scolding, rejecting, insulting the baby (like telling him or her he or she is evil), add insult to injury, and make things worse, not better, between child and parent.

With regard to his rage reactions and tantrums, we cannot say just what happened to Richie during the period from when he was 6 to 14 months old. When we saw him, from 14 months to about 24 months, Richie would have sharp outbursts of rage. When we first saw these, they took our mothers by surprise. He was depressed, very sluggish in movement and rather quiet at first. It is when he began to be more responsive, less depressed, that bursts of rage would erupt. Because he had been severely traumatized and we knew that he has much accumulated hostile destructiveness in him, we knew (from clinical experience) that rage and destructive feelings would come out once he began to recover from his heavy depression. We therefore, welcomed these expressions of hostile destructiveness, but knew only too well that we would have to help Richie's caregiver (his great aunt) help him express anger, hostility and rage in acceptable ways.

We explained this to Richie's great aunt and the other mothers. Then we recommended that great aunt set limits quickly, firmly but kindly when Richie suddenly threw hard toys around. We encouraged her to tell him that he can't throw hard toys, but that he can complain and tell her or whoever upset him to not do that. We encouraged her to not tell him he was bad or evil, but rather to say that what he was doing came from his feeling hurt and that he was not allowed to throw things but, as he began to talk, that he could express anger by complaining and by saying what he felt and thought. It soon became possible to predict when he might have an outburst of rage and to (1) help him tell another child he or she can't take what he is playing with, and (2) for great aunt or her friend to pick Richie up when he was beginning to be upset and to comfort him. We believe that it was his good beginnings (up to 6 months of age) that made it possible to be

so effective in helping Richie deal with rage reactions. Although his progress was expectedly slow, his rage reactions diminished over the 10 months we saw him and were milder and quite easy to deal with. Only continued good care can help such a child, or any child, learn to progressively control the hostile destructive feelings that experiences of severe pain generate.

Another word is warranted still for the parent regarding the child's expressing angry and feelings. That is, that on the one hand some parents feel that the child is hostile when at times a child is not, and on the other hand, some parents cannot tolerate the idea of their infant experiencing hostility and they will deny that the infant is hostile. Let us give an example of each.

A commonly misunderstood action on the part of an infant which a parent may believe is hostile and which is not is the one we gave before, when an infant less than 10 months old gets hold of the mother's hair or another child's hair and seems to not want to let go. As we said before, during much of the first year of life, the child may not be nastily pulling someone's hair, but rather, having activated a grasp reflex, the infant is not yet able to stop the grasp reflex and release at will what is grasped. Or, take the child who keeps throwing things off his or her highchair after mother or father has picked them up already several times. Here, the child has devised the well-known game of making things disappear and reappear which, in children throughout cultures, is motivated by separation anxiety. Like all peek-a-boo type games making things disappear and reappear at will serves to lessen the child's feeling of helplessness and anxiety in the face of separation. The parent may feel the child is teasing and being hostile when he or she is not. It is important not to ascribe hostility in young children's actions when none is there because it will defeat the mastery effort in the game and also undermine self trust and basic trust in the child. However, even though the child is not necessarily being hostile, limits may well be required on a game that the parent finds irritating.

On the other hand an example of hostility which may not be recognized as such by the parent could be the infant's lashing out at mother with a fist, or biting the mother, which may be experienced by the mother as "accidental" or "unintentional". Sometimes in reaction to angry feelings toward the mother the infant will lash out and, on many occasions, we have seen mothers deny that their infant's action was one of hostility. We repeat that children are not born nasty or evil. However, as infants we all had the capability of becoming angry and hostile. As we have indicated, these feelings invariably are in reaction to an experience of excessive pain, and it is in the child's best interest that the parent recognize that her or his lovely and healthy infant is capable of such anger and hostile reaction. After all, it is only by recognizing that something exists that one can try to deal with it in a reasonable way.

Some students may feel that we are spending too much time talking about helping our children cope with their reactions of hostility. We cannot overstate how important it is to help children learn to deal constructively with their hostile feelings from their very beginnings. This is because excessive hostility in children can be highly detrimental to the development of their psyches, to the development of their human relationships, of their self esteem and their feelings about themselves, to the development of their consciences, to their ability to resolve differences with others constructively, to mention

only a few of the important ways in which hostility influences the child's development and adaptation.

Helping Children Cope with Their Non-Destructive Aggression:

As we discussed in the Human Development section above, another important way in which aggression manifests itself from the first month of life on is in the form we identify as nondestructive aggression. We described how 15 week old Jennifer could become very busy for quite a long period (for her age) in explorations of things around her. We described the persistence of her efforts. Did you get the impression that she was trying to assert herself on her environment? Did you get the feeling that she was beginning to try to master her environment as well as her own arms, hands, legs, and body? The child's first efforts to master the world in which he or she lives as well as to master his/her own body requires this inner pressure most of us recognize as non-destructive aggression, the form of aggression that fuels assertiveness and mastery of our developing adaptive capabilities.

We consider this to be a form of aggressiveness much needed for healthy adaptation, healthy self-valuation and sense of worth. We are not speaking of excessive self-importance, but of a reasonable self-respecting degree of self-importance. We are speaking of what so many people have come to recognize, these days especially, as a much needed healthy degree of assertiveness. For example, the conviction "I won't let anyone take away my voting rights" is held by all of us to be very important.

This form of aggressiveness, of assertiveness, of self-protectiveness, begins to be evident in infants' behaviors from the first months of life on. It is important that the parent recognizes this in his or her own infant and that this form of healthy assertiveness be protected. Notice how 15 weeks old Jennifer's mother appreciated her daughter's curiosity and interest in the rings she was exploring; when Jennifer inadvertently tossed the rings out of her reach, when mother saw her stare at them and reach for them, she spontaneously put them back within Jennifer's reach. Of course, this does not mean that an infant should be permitted to explore just anything and everything that the infant wants to get his or her hands on. We saw how 11 months old Jennifer's plucking Johnny's pacifier from his mouth quickly set mother into motion to set limits on her taking what belonged to Johnny as well as on her causing him distress. Similarly, everyone knows that in no way is it to a young child's advantage to get hold of a very hot cup of coffee. Nor is it to the infant's advantage to get hold of detergent that is in the kitchen cabinet, nor be permitted to play with an electrical outlet. Nor is it to the child's advantage to get hold of your jewelry, or your eyeglasses, etc. In other words, while it is important to protect our children's explorations and efforts to discover what the world in which they live is like -- remember that the infant is born into a world the infant does not know, has never learned about before --, it is also important to protect infants against doing things that will either be harmful to themselves, or others, or to something valued by others. We are saying that, on one hand, it is important to protect the infant's efforts to appropriately gain mastery over himself or herself and his or her environment, but that it is equally important to set limits where those efforts may cause harm to the infant, to

another, or to valued possessions. Thus, it is important to set limits where they are needed in relation to this form of aggressiveness, too. It makes the task easier if the parent bears in mind that this form of aggression leads to the development of a healthy degree of assertiveness. (We shall further discuss the setting of limits in relation to this and the other forms of aggressiveness in Unit 2).

In addition to the central part, this form of non-destructive aggressiveness plays in the development of assertiveness, it also is of enormous value to the growing infant's developing sensorimotor intelligence (see Section 1.261). This type of aggression, which fuels explorations and asserting the self upon one's own body and the environment in which one lives, plays an important part in the development of human intelligence. Jean Piaget has shown and taught all of us that intelligence in humans, and probably in other animals as well, begins in the form of combined sensory (seeing, hearing, touching-feeling, etc.) and motor (movement, muscular coordination, holding and manipulating, etc.) exploration, and thereby coming to learn about the world in which we live. In these explorations and efforts to assert himself or herself, the infant is being a student, an explorer of the world into which the infant was born. (We shall talk further about this in Section 1.321 of this Unit when we talk about the development of intelligence). Besides its enhancing the development of intelligence, parents should recognize that this exploratory activity enhances the development of the infant's becoming a student. To enhance our children's becoming good students in school, it is well to bear in mind that becoming a student begins in the first year of life.

For this reason, in setting limits on explorations that may be harmful to the child or that may cause harm to things that the parent values, it should be done in such a way as to not stifle the infant's natural interest in explorations. Therefore, while parents must mean what they say and be firm enough to be effective, they should not be too harsh, should be selective and thoughtful, respecting and considerate of the child in the course of setting limits (see Setting Limits under Helping Children Cope With Their Hostile Destructive Feelings, above). Unavoidably, all parents tend to get angry with their very young children when they resist limit-setting. We want to emphasize that it is insulting and generates hostility to convey to one's child "I am the boss and you will do what I tell you because I am bigger than you are". Rather, one set limits in the spirit of helping and protecting the child against doing things that may be harmful. In this sense it helps to say something like "I am telling you can't play with stove because you're not yet able to realize that it can really hurt you"; this is assuming authority with the child not because the parent is the boss, but because the parent's judgment of what is dangerous or unacceptable is better developed than the young child's. Nobody likes to have a limit set in the spirit of "I am bigger than you are and I am going to tell you what to do." Whereas setting limits with due explanation and the understanding that the limit is set because one does not want the child to either be harmed or cause harm, will eventually help a child understand that the limit setting is in fact in the child's interest.

One further note is needed for the parent with regard to the child's non-destructive aggressiveness. The exploratory activity we are talking about gives the parent an opportunity to become the child's first teacher. We have talked about the less than one year old exploring and being a student of the world into which she or he she is born. The

complement to that, of course, is that it gives the parent an opportunity to become the child's first teacher. There is much to be gained by the child's having a good student-teacher experience in relation to his or her own mother and father. If the mother-child relationship is sufficiently loving and affectionate, the child will develop the model of having a positive attitude toward teachers and in the future is more likely to appreciate what teachers try to do for her or him and this is likely to enhance the youngster's becoming the best student he or she can be.

In addition, for those parents who enjoy teaching their children, the opportunities are many even during the first year of life including teaching one's children their first lessons in "physics", in "mathematics", as well as in locomotor activity, in language and communications, to mention only a few.

Helping Children Cope With Nonhostile Destructive Tendencies:

As we noted in Section 1.291, biting associate with teething occurs due to the experience of pain, and may become especially troublesome during breast feeding. Of course, since it can be very painful, it requires, and always provokes a limit on the part of the mother. As we said before, where biting is an expression of hostility, which is often caused by the pain of not being able to get what the infant wants, limit setting is warranted. It is, of course, also necessary to help children under one to learn that they cannot tear certain papers -- which they may do while exploring them excitedly -- like the telephone book or other books, etc. Again, constructive limits are needed.

Helping Children Cope With Their Pleasure in Hurting Others:

The fourth form of aggressive behavior which we discussed before begins during the latter part of the first year of life; it is that exemplified by teasing and taunting. Here the infant seems to enjoy causing pain, and seems to plan to cause pain. This is a complex behavior which we will talk about during the second year of life material since it is an activity that occurs quite frequently from the second year of life on.

1.3 EMOTIONAL AND BEHAVIORAL DEVELOPMENT

1.311 HUMAN DEVELOPMENT: Dependence

Dependence, to need and rely on others for the fulfillment of one's own normal needs, is a normal and unavoidable condition of humans from birth through the entire span of life. Of course, the dependence experienced by an infant is vastly different from the dependent feelings and needs experienced by adults. During the first year, dependence is at its peak, the infant being absolutely dependent on her or his external environment for survival.

When we consider the question of dependence, of our reliance on others, we must ask at least two questions that reflect two aspects of dependence. One is “dependence on whom?” And the other is “dependence for what?” When we consider our dependence on whom, we recognize that we are dependent on different individuals in the course of our lives. The infant is especially dependent on mother and father, the older child is especially dependent on his or her parents but also on school (or special) teachers and on peers. The adolescent is dependent heavily on peers as well as on school and other teachers but is still quite dependent upon her or his parents. In adulthood our dependencies shift to peers and other persons, particularly to one especially selected peer as a mate.

When we consider our dependence for what, we can list that we all have physical needs, and psychological needs that we can consider as emotional needs and adaptive developmental needs. For example, when we speak of physical needs of the infant, we think of the need for food, shelter, good hygiene, etc. When we consider the emotional needs of the less than one year old, we think of needs for being loved, valued and respected, needs for comforting, for physical contact including touching emotional and verbal communication, and being shown affection. When we consider adaptive developmental needs we think of the need an infant less than one year has to learn how to explore the environment safely, to learn skills as walking, begin some self-feeding, play peek-a-book, etc.

With respect to physical needs in the first months of life, because the child is totally unable to move or to negotiate the necessary steps, he or she is totally dependent on the mother or nurturing person for nutrition. Also, of course, the infant is totally dependent for the changing of his or her diapers and numerous other crucial basic care needs. Interestingly, as the infant grows, although he or she becomes less helpless, the need for parent care and protection does not decrease. For instance, the home must be child-safe for the six and 11 month old, but there is no such need for the two-week-old. Needs change during year one, but they do not become less. In fact, they become greater after about 5 months.

Generally, the more an infant can do for herself or himself, the less the parenting environment will be needed for those particular, most commonly adaptive, functions. This is true not only for that aspect of the child's adaptive functioning that has to do with

developing physical capabilities, but also for the need to develop internal controls over powerful inner pressures and behavior, as well as for the development of reasonable social conduct which especially begins to be necessary from the latter part of the first year of life. Already then, Jennifer's mother, and the other kids' mothers had set limits on socially unacceptable behavior such as Jennifer's grabbing Johnny's pacifier from his mouth, and the twins' mother having to tell both of them to not grab the other's toy.

From the beginning of life, of enormous importance to healthy physical and emotional development, we need another or others to gratify our basic emotional-psychological needs. In spite of the fact that it is a universal biological condition, dependence on another person for the fulfillment of our emotional-psychological needs is often insufficiently understood, appreciated and acknowledged. Indeed, many people disclaim having such needs, to their own detriment. Let us amplify on these dependency needs.

In the infant, emotional-psychological dependence on others is evident in two major needs categories: the first category is of emotional needs such as for comforting, holding and touching, and for the expression of affection, of being valued and loved. The second category is the adaptive developmental needs, as the child's needs for parental help in learning to adapt to the environment, to solve problems, to socialize satisfactorily, and the gamut of skills as in learning to walk, talk, eventually to read and write, to catch a ball, ride a bicycle and many other skills in which learning plays a large part in adaptation and mastery of our bodies, ourselves, our challenges. Imagine a human being having to learn to speak or read from the beginning without the help of a teaching environment. He or she would learn much more slowly, taking much longer in developing the skills human beings need to adapt well in today's social environment.

In the first year of life, in speaking of the child's dependent needs, we emphasize especially the need the infant has for human contact, for emotional interactions with the persons in her or his environment and for comforting. That these emotional needs must be reasonably gratified cannot be overstated. From the beginning of life on, and especially during the early years, we all need an emotionally available nurturing parent (or substitute) to whom we can turn and on whom we can reliably count. Fulfilling these basic emotional needs contributes importantly to the development in the child of basic trust in contrast to mistrust, and an inner sense of security and well-being in contrast to a pervading sense of insecurity and ill-being. We emphasize, furthermore, that contrary to what many parents believe and hear, the better the infant's emotional dependence is gratified, the less is that infant likely to become an overly dependent adult. In the section on child rearing which follows we will call special attention to the fear many parents erroneously have of just this, that if they gratify sufficiently their infants' demands for comforting, for being held, they will develop into overly dependent children and adults. This is wrong.

1.312 CHILD REARING: What Can The Parent Do That Is Growth-Promoting Regarding The Child's DEPENDENCE?

Parents know that the child in the first year of life is at her or his peak of dependence on the adult world for survival. Parents know that their infant has physical needs that require the parents attention. There are still too many parents who do not know that their infant also has very important emotional needs, needs for comforting, for physical contact and communication, and for affection. Parents also know and many really enjoy the infant's leaning on the adult environment to develop adaptive skills including learning to do things, to solve problems, and to adapt socially. It is a remarkable fact that insufficient gratification of any one of the three categories of needs will adversely affect the physical and emotional development of the child.

For a number of reasons, many parents grasp more easily the fact that infants are dependent on them for food, shelter, and good hygiene than for their emotional needs. Because sufficient emotional gratification is so important for good emotional and psychological as well as physical development, we emphasize that from birth on the infant has large emotional needs for which the infant is totally dependent on the parent(s). Of importance to the parent's understanding, is that the gratification of these early emotional needs will influence positively the degree to which the child learns to adapt to his or her world in a healthy manner.

With these thoughts in mind, it is especially troublesome that many parents worry that if they gratify sufficiently their children's dependency needs, even during the first year of life, that the child will want to remain a baby for the rest of his or her life. This is a gross mistake. The more reasonably the infant's dependency needs, especially the emotional needs, are met during the early years the better will the child's own adaptive functions grow, and the more ably self-reliant will she or he become.

We have seen many times parents push away infants who show signs of wanting to be held because they fear that, if the parent usually gratifies the child's wish to be held, the infant will not want to leave the mother's arms. On a number of occasions young mothers have told us that their own mothers or neighbors have said this to them with much conviction. Experience shows us that this is not so. There is within every child, from the first several months of life on, a strong and quite large inner pressure to want to do things oneself, to be an individual, to want to stand on one's own two feet, so to speak. This strong inner pressure motivates the development of autonomy (of wanting to do things oneself) and of self-reliance. One sees this inner force emerge from about the third month of life on; and this inner pressure to become an autonomous individual has a remarkable upsurge from about 6 months of life on. Indeed, it is often an upsurge which leads to much concern on the part of some parents that the infant is becoming too autonomous, too assertive, too much wanting to do just what he or she wants to do.

Therefore, the fear that, if one reasonably emotionally comforts one's infant when the infant requires it, this will lead to the child's wanting to stay on the mother's lap or in the mother's arms for the rest of his or her life is simply wrong. On the contrary, it is insufficient gratification of the child's emotional dependence needs that tends to make that child become an overly dependent individual. As many parents know, not sufficiently gratifying a child's needs for emotional contact, for comforting, for being held, leads to a persistence of these needs, to their intensification, and soon the child feels

deprived, emotionally starved, which in turn leads to maladaptive developments that handicap the child and interfere with his or her normal growth.

In summary, in the first year of life the infant's dependency needs are at their peak. But even from the middle of the first year of life on, the child's needs to be dependent already begins to be balanced by beginning needs to be autonomous, to do things oneself. Both the need to be held and have things done to and for the baby and the need to do things oneself, are experienced by children from the middle of the first year of life on. From 5 to 6 months of age on, at moments the infant wants to be held; moments later the infant may show clear signs that he or she does not want to be held. It is so that although there are times when parents do not gratify their children's needs to be held enough, there also are times when some parents do not allow their infants to be autonomous enough do not allow them to get off mother's lap or to do things by themselves. The parent who can read the infant's cues best and responds to these cues in a reasonable manner, will help his or her infant most. If the child expresses the need to be held at a time when a parent can do so reasonably, then the parent will best help the child by holding her or him. When the young child does not want the parent to intervene in the child's activities the parent will best help by allowing the child reasonable (safe) autonomy and separateness.

1.3 EMOTIONAL AND BEHAVIORAL DEVELOPMENT

1.321 HUMAN DEVELOPMENT: The Beginnings Of Intelligence

Jean Piaget, who to date has contributed most to our understanding of the development of human intelligence, emphasized that the development of intelligence occurs inter-dependently with emotional-psychological aspects of the child's development. This has long been ignored by too many parents. The development of intelligence (what Piaget called cognitive development) is influenced by and, in turn, influences the child's emotional development (which Piaget called affective development). The word affective in French is closer in meaning to the English word emotion than it is to the English word affect which means feeling or feeling tone. Piaget's uses of the word affective implies the broader range of human emotional experience.

The point we want to emphasize here is that in order for a child's innate intelligence to develop optimally, the parents need to provide their child with adequate opportunity for healthy emotional development. Our reason for emphasizing this point, is that numerous efforts have been made to help children develop cognitive and intellectual skills, without due attention being given to their emotional needs and the obstacles to their emotional development. As a result, some of us believe, even strong efforts as HeadStart and Get Set programs which do help some have, however, fallen short of their goals. We believe that many children will be insufficiently prepared for school at the age of five years and later, so long as they are emotionally too deprived or abused during their earliest years of life. If we want to prevent the marked educational retardation that occurs in large segments of our society, we will have to be attentive not only to the development of cognitive skills in their young children, but also to their emotional needs, deprivations, and abuses.

Now to the development of intelligence itself. The development of intelligence, or cognitive development, begins in the child's earliest exploratory activities. The infant's earliest explorations are visual, auditory, and tactile, including both the use of their hands as well as their mouths. During the first three months of development, much of the infant's exploratory activity is of short duration, occurring during states of alert wakefulness, especially when the infant is sufficiently comfortable and gratified. The exploratory activities of the earliest weeks tend to be as if accidental, not yet organized into intentional activity. The earliest signs of some built-in cognitive organization may be the newborn's tendency to look at patterns of a face whereas they scan past such a pattern when it is fragmented and scattered. Also, newborns seem to already have learned to recognize their mothers' voices and soon learn to recognize their mothers' odors and typical movements associated with caregiving.

From about the third month of life on, the explorations of the infant begin to become organized in a new way, it becomes directed. By this we mean that now the activity seems to become purposeful, to begin to be intentional, the child tending to explore her or

his own body and the body of those to whom the child is beginning to attach. From about the third to fifth month of life on, the exploratory activity gains more and more momentum. Especially at the middle of the first year of life the degree of directivity in exploration, the integration of movements using the eyes, the hand and the mouth, become further organized and integrated; and the inner pressure to explore, that magnificent inner force to which we have referred, begins to mount sharply. The duration of exploratory periods lengthens, the level of interest on the part of the infant increases, and the span of concentration capability lengthens. In some infants, like in 15 weeks old Jennifer, her exploratory activity could already last more than 20 minutes at a stretch (see Section 1.291 under Non-destructive Aggression).

It is especially during the second half of the first year of life that a marked increase occurs in the development of the skills that pertain to cognitive functioning. Responding to the children's explorations, parents engage in games such as naming parts of the body, a valuable activity we shall talk about in the section on child rearing. Little by little the infant begins to discover that when he or she pushes something it may move, when he or she strikes another child that other child will react in a certain manner which sometimes surprises the striker, and indeed sometimes pleases him or her sufficiently that the child will repeat the striking. To a degree, 11 month old Jennifer's pulling 11 month old Johnny's pacifier from his mouth repeatedly was this kind of discovering activity. She found that indeed it created quite an effect: Johnny got upset, people around were surprised, and her mother got angry and showed much disapproval of this behavior (see Section 1.261 and Section 1.292, under Setting Limits). Here what seems to be at play is the child's learning his or her first principles of physics and social behavior: that when you do something there is a reaction to it. With this discovery of causal effects (causality), comes also the consolidation of intentionality. Intentionality means to do something with a wish to do it; it is a pre-thought act.

Mental Representation:

Each of us becomes who we are by virtue of the actions of experience on our inborn givens, on the temperament and the dispositions with which we are born as these are programmed by our genes. How we record our experiences within our minds (and psyches [souls]) is very puzzling. How our experiences become inscribed in our brains and can be remembered more or less reliably is not fully known. We know that we remember information, events, etc. There would be no learning without remembering. Furthermore, without experiences being somehow inscribed in our brains, we would not become individuals with definite personality characteristics that would basically be the same from day to day, month to month, and year to year. New stages of development bring about evolving changes in each of us, always increasing the complexity of our personalities. So do experiences impact on each of us, some changing us dramatically. These changes nonetheless occur on and modify the core of our self that stabilizes gradually over time.

Mental health professionals and brain researchers propose that our experiences become somehow inscribed in the brain. We speak of these simply as "internal (or

mental) representations." These internal representations make it possible for us to remember things and events. We believe that mental representations become organized in the mind in several basic ways: (1) by certain experiences occurring regularly and frequently which then begin to be expected and even predictable. Thus an infant records an event of mother tending to the infant in some detail. As this type of event is repeated in a similar manner, that recording is repeated. If we assume that the same scene (or "schema" Piaget proposed) is repeated, it will become increasingly stable and predictable by the infant. (2) Events that are sufficiently different from what is expected, by the element of surprise, get particular attention and thereby become registered in the brain. And (3) events that elicit an intense reaction, whether the reaction is pleasurable or unpleasurable (painful), will also become recorded. The element of surprise may also play a part in recording especially intensely unpleasurable experiences.

Either as a second type, or more likely, as a component piece of scenes that are recorded, key pieces or units of experience become recorded which can be retrieved by remembering in varying combinations. For instance, when the 2 month old's social smiling first elicits a loving, cooing, smiling response from the mother, we may assume that the memory of smiling at this person who smiles and coos lovingly is recorded. As this interaction occurs again and again, by 5 months, the representation of this piece of experience will be well engrained in the mind. And it will readily be remembered when the infant sees the face that belongs to this unit (piece) of experience. Similarly, if a 2 month old's social smiling response does not elicit a smiling response but rather elicits a frown or no response at all (say in a disturbed mother, or an indifferent caregiver), this frowning response will feel opposite to the smiling infant's feeling and will dampen or extinguish the infant's smiling response and feeling. So will the non response of the indifferent caregiver. When this experience repeats itself, this is the unit of experience that will be recorded in the mind. So too, smaller pieces of experience will be recorded such as the milk bottle or the breast as a source of gratification.

These respective mental representations of interactions with mother and father accumulate and organize into the infant's progressive mental, emotional attachment to his or her caregivers. The first infant (of the paragraph above) is more likely to form a secure emotional attachment. The second is more likely to form a negatively experienced attachment. It is the cumulative factor, the repetition of experience that becomes re-recorded (or re-enforced) in the mind (and brain) that gives to the child's attachment its predominant emotional quality. Research suggests that the infant records experience from birth on. By 5 months or so the infant has developed the capability to record stably enough in his or her mind the representation of his or her primary caregivers so that the infant can distinguish them from other persons.

We believe, as many psychoanalysts and attachment theorists do, that infants are born with the need for form attachments, to become emotionally engaged with reciprocally emotionally engaged caregivers (usually the parents engage to this degree with infants). This need and tendency to attach is powerful. This is why when the mother leaves her 6 month old infant even if for only 1 hour or less, that the infant will experience separation anxiety, the dread that the person to whom the infant is attached will be lost. We believe that what makes the 6 month old feel the dread of loss is, as we shall explain in a moment

(under the development of memory), that the infant cannot yet retrieve from his or her stored memories of mother the mental representation of mother on his or her own.

So too, the 6 month old, who at this time is accumulating and stabilizing, in his or her brain the mental representation of his or her primary caregivers (those to whom he is attaching emotionally) will at times be jarred when he or she looks at someone who is not one of these caregivers. What is jarring, we believe, is the experience of looking at a person, expecting to see the face of mother or father or a well known substitute caregiver, and "recognizing" that this person is not the one expected. That this is not one of the faces expected seems to make the infant feel threatened that the expected one is lost. In this way, the stranger response (a response of anxiety) bears a resemblance to separation anxiety. Also, the stranger response is the infant's social reaction to an unknown face whereas the smiling response is the infant's social response to a known and emotionally invested face. So too positive reunion response is elicited by the re-finding of the mentally represented face which has been temporarily lost. In all of these experiences, the mental representation is a key player. But when can the infant retrieve mental representations? That is, when can the infant begin to remember?

The Beginnings of The Development of Memory:

Piaget and his students have taught us that the beginnings of memory seem to occur in at least two steps. First, to appear is recognitive memory; the second is evocative memory. Recognitive memory, as the word suggests, means that the infant recognizes a person, an object or an event he or she has seen or experienced before. This is most readily observable in relation to the person to whom the child is attached; for example, when that person appears, the 6 or 7 month old will react with a social smiling response, typical of a positive reunion reaction. This smiling response tells us that the infant has in his or her mind, some form of stable memory which includes at least a visual component as well as an emotional component of the mother. On seeing her, or on hearing the mother's voice, the child's specific social smiling response tells us that the child recognizes it is his or her particular mother.

This recognitive reaction should be distinguished from the earlier social smiling responses which are nonspecific, and which, as we described in Section 1.251, are an inborn reactivity to a facial pattern. It should also be distinguished from the even earlier fragmentary smiling responses of the one to three week-old infant to the human voice or to the touch to which the infant has been conditioned. Piaget was able to show that the infant develops recognitive memory by experiments we will not describe here, but which can be discussed and repeated by high school students.

Whereas recognitive memory seems to become evident from about the fifth to sixth month of life on and, of course, continues to consolidate, evocative memory seems to develop gradually from about 14 to 18 months of life on. Studies of some of Piaget's students, however, show that a certain specific type of evocative memory (person permanence, which is remembering a person rather than a "thing" or object) can already begin to appear from about 11 months on. Evocative memory means the ability to retain an image of something which one has seen before and which at the moment of

recollection is not in one visual field. Because of this capability, a child can search for a particular object and can pursue looking for it until he or she finds it, even when that object is not visible at the start of the search. Being able to record in memory the image of something that one has seen before and to retain that image in the mind without having to see it is a highly important development. When we speak of this phenomenon and its further developments during the second year of life, we will use the terms proposed by Piaget which are person permanence and object permanence.

Remembering a past object, a past event, or a past experience that is not visible or in the present is vital to the development of intelligence.

1.322 CHILD REARING: Optimizing the Child's Developing Intelligence

Many parents recognize that they are their child's first teachers. Many parents realize that their less than one year old is developing intelligence: parents often comment about how really smart their 6 month old is, or they worry that their infant is "slow". Nonetheless many parents do not see that the beginnings of true learning do not wait until the child goes to school, but become visible from the first months of life on. Most parents rightly know they can and many wisely enjoy and try to facilitate and promote the development of intelligence in their less than one year old children. Here are some of the major areas where and ways in which they can do so.

The Beginnings of Communication, of the Dialogue Between Child and Parent

The normal infant comes into the world ready to react and even to initiate interaction with his or her caregivers. Even in the first days after birth the infant signals by sounds of complaint and crying that she or he needs to be cared for and reacts according to whether or not the caregiver succeeds in meeting sufficiently the infant's needs. From these earliest days, patterns of communicating and responding to each other begin to be set. The infant can be conditioned (a simple learning process) to the way his or her primary caregiver(s) meet his or her needs, responds to his or her signals, and soon begins to "know" what to expect. Parents can already convey to the infant: "You can count on me (us) to help you meet your needs as best I (we) can, because you are very important to me (us)". Unfortunately, the weeks old infants can also be conditioned to the message: "Are you fussing again! You really are a greedy, bad baby. Don't expect me to come running when you cry, you spoiled brat!" The quality of the dialogue will be very different in these two instances; one will lead to a loving dialogue and the development by 6 months or so of basic trust (see Section 1.271); the other is likely to lead by age 6 months to an emotional dialogue that is heavy with hostile feelings, resentment, and basic mistrust.

All our illustrations come from live children and families with whom we have carried out research or a few come from clinical situations. We have modified some facts to protect their identities. But here we want to use an illustration that comes from a TV

commercial that has been played for several years now which unusually sensitively illustrates the developing emotional dialogue between an infant and parent. A father sitting in a rocking chair in night clothes is holding and bottle feeding his probably 3 month old daughter. He is softly singing a lullaby to her. As he gently sings to her, at one moment, nipple in her mouth, the infant hums too as she is looking into her father's face, for about one second. The moment of togetherness, the communication between father and infant daughter, is tender -- and this becomes part of the dialogue between them.

From these simple but enormously important beginnings, parents can secure the development of an emotional dialogue that will become typical for them. Jennifer and her mother, Diane and her mother and father, Johnny and his parents, Doug and his mother and substitute caregiver, all had quite good, quite positive beginnings to their emotional dialogues. For Bernie and his mother, their emotional dialogue started very well but became abruptly distressed when he began to have his milk allergy. Fortunately for them, mother could ready his feelings pretty well and, we believe, made this problem as minimally disruptive of their interaction as could have been done. This was even further complicated by the unpleasant atmosphere in the home between Bernie's parents who separated when he was 6 months old. For Suzy and her mother and father, their beginning emotional dialogue was very difficult. All mother and father's efforts to help Suzy feel good were defeated by her large difficulty to be calmed and made to feel comfortable. Suzy's mother especially earned her daughter's trust, and our admiration, by her wonderful efforts to make her feel as best as she could. Mother also did well to select and work with Mrs. Sander, Suzy's substitute caregiver when mother went back to work, to insure as positive as possible an emotional dialogue between them. Suzy's emotional dialogue with her father was much more limited because of his lesser involvement with her, but seemed on the whole to improve as time passed. For Ritchie, his emotional dialogue started out very well. Picture of him at 5 months revealed this clearly as his look into the camera showed him to be comfortable, broadly smiling, pleasantly interactive and communicative. This changed dramatically and by 14 months he interacted very poorly. He was then sad, angry, even explosive in interaction and very mistrusting. To regain a better emotional dialogue, his great-aunt and their neighbor had to be patient, try to sympathize (which they did) with his awful pain, and draw out his communications in ways that would make him feel he now was safe again. The recovery of trust was slow and incomplete by the time they stopped coming to work with us.

Victor developed 4 meaningful relationships, with his parents and paternal grandparents. The emotional dialogue with his mother and grandfather was especially tender and trusting. The one with his grandmother was solid and trusting as well but did not have the notable warmth he seemed to experience with his mother and grandfather. With his father there was trust but more distance during the first year, in large part because father's work hours were very long and their contact and communications quite less than with the others.

Again, we emphasize the need for a good-enough emotional interaction and dialogue to optimize the development of communication, of talking, and the ability to interact, to expect help and learn from others. Needless to say, the quality of the emotional dialogue

between child and parent(s) will be part and parcel of the type of attachments the infant makes and therewith, the ways in which experience influences the development of the child's inborn personality dispositions.

Exploratory Activity:

From the first weeks of life on, it is easy to see in normal infants who are well-enough cared for, that they begin to explore the environment in which they live by means of their eyes and their ears. When awake and sufficiently fed and rested, from the first weeks of life the infant looks about, responds to sounds, and thus we see that he or she begins to pay attention to, to explore her or his environment. Then by 3 to 4 months, the baby also gradually reaches to touch things and mother's face with his or her hands. As weeks go by one finds that he or she explores not only the external environment, including mother or father's face and things within reach, but also explores the self including especially the hands and feet. By 5 to 6 months when things can be reached and grasped, the infant will bring them to his or her mouth for closer exploration (see Section 1.281).

The infant who is sufficiently fed, nurtured and comfortable during states of wakefulness will have time and the energy available to explore his or her environment and will do so with visible interest and a positive degree of feeling and well-being. The infant whose needs are not tended to in reasonable ways, whether he is hungry or feels neglected -- as we saw in Ritchie -- will be compelled to respond to the internal stresses and pain he or she is experiencing, and will do so with negative feelings and ill-being. This child will not be able to be positively attentive to the external environment and will focus his or her interest and energies in having his or her needs met. The infant who is crying is predominantly attentive to the source of the crying, to the pain and to its stopping. For the child to learn about his or her external environment other than that part of it that cares for his or her needs, and experience this learning in a positive way, it is important that the infant be free enough from the clamor of inner needs for enough of the time. In this of course the parent plays the central part. Here too it is well to remember that the infant has needs not only for food, fluids and to be properly clothed, but also has emotional needs for being held, being interacted with and be comforted.

This early exploratory activity is the first evidence of the infant's being a student of his or her own body and of the world in which the infant lives. The parent who recognizes this tends to automatically assume the function of teacher and help the infant learn about the environment. Very common in the first year of life are the parent's efforts to teach the child names of parts of his or her own body. Games of this kind are virtually classroom games. The important thing is that they are the beginning of learning and it is highly desirable that they occur under conditions of pleasure in the child's interaction with the mother (and father).

The Infant's Level of Interest:

Closely observing parents will also recognize that the infant does not have an equal interest in everything that comes into the child's visual field or to his or her ears. For

instance, the mother's voice seems to get the young infant's attention and interest more readily than others. Sounds of trains passing by, crashing sounds of things falling quickly catch the infant's interest. Sounds that are too sharp can be frightening, though. An environment that is pleasantly colorful may draw an infant's looking activity more than an environment that is drab and dark. Therefore, providing an environment that is reasonably well lit (too much light is also troublesome) and that is pleasantly colorful will probably enhance looking activity and interest. Especially engaging and eliciting of interest, is the parent's interaction with the baby in some of these exploratory activities. Again, the parent's playfully teaching the infant names of parts of the body heightens the infant's interest in himself or herself, in parts of his or her body, and in the very important development of language.

Causal Relationships:

Whether they know it or not, parents can be their children's first teachers of physics and logic. Principles of physics and of logic help human beings organize their thinking, understand better the world in which they live, and adapt more easily. At the very beginning we assume that children do not know that if they push something it will move. One finds that the infant gradually makes this discovery. The parent has ample opportunities to make this discovery easier for the infant, thereby helping the infant learn causal relationships between the child's own actions and the occurrence of the resultant event. For example, when a 10 or 11 month old child begins to toddle, it is well to point out that when the child bumped into a table it was not because the table hit the infant, but rather because the infant walked into the table. We are all acquainted with the distortion and misinformation parents convey to their children when they blame the table for the infant's walking into it. This kind of lesson distorts facts and can confuse children. It is more useful to help a child learn to watch where he or she is going rather than expect that a table will magically move and strike an innocent child. The parent can understand the implications of this lesson for the child's own caretaking functions. When a year or two later the child decides whether or not to cross a street it is important that the child knows that what makes the child cross the street is the child himself, and not the street.

Magical Thinking:

Child developmentalists believe that very early in life children can more easily be made to believe things that are false. It is well known that young children can be made to believe that things can disappear magically or that by wishing it, things can magically happen. Much of this is due to the young child's inability to know what is possible and what is not possible. This function of "testing reality", by which we mean to know what is real and what is not, actually develops fairly slowly over time. Some elementary school age children still show evidence of being uncertain whether or not things can be made to disappear or magically appear. This is why they are so fascinated by "magicians" and why magicians are so entertaining to them. But no one is more unable to test reality well than the less than one year child. This is why we discourage mothers

from sneaking out while their infant is not looking -- because he or she may become anxious and believe that mother has disappeared. Some mothers want to protect their infants from feeling separation anxiety and crying when mother has to go out, and feel they will help their child if they quietly sneak out. Not true. The harm it can cause is far greater than the hurt of separation anxiety. This is because a mother's sneaking out is like a disappearing act and re-enforces the infant's belief that "Poof! mother can disappear." It makes the infant more vigilant, more clinging, more ready to experience separation anxiety and it undermines the child's trust in his or her caregivers and, therewith, in himself or herself. When a mother or father has to leave the infant for a while, tell the baby, make sure the substitute caregiver is ready to help the crying baby, say when you'll be back, kiss the baby, and go.

The Development of Memory:

Of importance here with regard to child rearing is not so much the ways in which parents can help their children's memory develop better, but rather that there is much evidence that the development of memory begins from the first months of life on and that the implications of this finding are of large consequence to the child's development. Contrary to what many people have believed for a long time, infants do record in their memory the quality of experiences they have from the beginnings of life, from the first weeks and months of life. Knowing that children remember from early on in life, will help parents to reasonably protect them against traumatic experiences. It is a serious matter that many parents convince themselves that infants will not understand what occurs around them, and therefore allow for all kinds of traumatizing events to occur in the presence of children, wrongly assuming that these will have no impact on them. Sounds of angry fights, of terrifying noises, handling that is especially pain producing, all of these may have an impact, be recorded in memory by the infant, and remain with the infant to produce pain for many years later.

1.3 EMOTIONAL AND BEHAVIORAL DEVELOPMENT

1.331 HUMAN DEVELOPMENT: The Development of Self and Human Relationships

How one experiences oneself and who one becomes on the one hand, and how we experience and form relationships to others, evolve hand in hand, influencing each other equally. Some people think mistakenly that a person spontaneously becomes an individual and that this is best achieved by being independent from others even from the beginning of life. Many other people, however, including child development specialists, have come to recognize that there is a parallel and reciprocal relation between the development of the self and our relationships to others. Erik Erikson, reflecting this principle of parallel and reciprocal development, said that the development of basic trust means the development not only of one's trust in others but equally of trust in oneself. We have all heard one time or another the statement that respect for others starts with respect for oneself. In short, the development of a healthy self goes hand in hand with the development of our relatedness to others and ultimately concern for and consideration for others.

Because mental health professionals have found the development of a healthy emotional life to be dependent on the child's (and adult's) relationships to those closest to him or her, mental health researchers have explored the interplay of the child's own development and the character of his or her developing relationships. Nearly fifty years of collective work by a number of child development specialists have culminated in several theories of human development during the early years of life. Among the most useful and fully developed of these to date is the theory formulated by Dr. Margaret S. Mahler which she called Separation-Individuation Theory.

Before giving an overview of the theory, let us forewarn that this is only a working model; it is not a complete theory. Furthermore, this model makes the important but limited assumption that the biological and/or psychological mother is the prime relationship of the young child. Most child development specialists in the U.S. agree on this point, although we do not exclude reasonable variations of this assumption. Let us remember that there are families and living conditions where this assumption may not be sufficient to explain how a child is reared. The assumption that the mother is the prime relationship for the young child is not a false assumption; quite the contrary; but it is a limited one. Now, then, to an overview of Mahler's theory of separation-individuation.

The Theory of Separation-Individuation of Dr. Margaret S. Mahler:

Separation-individuation theory holds that over the course of the first three years of life, the infant progresses from experiencing the self and the mother as one unit, as a twosome (dyad) enclosed as if in a unifying membrane, to experiencing the self and the mother as two separate distinguishable human beings related to each other in a deeply

meaningful emotional relationship. Of course, we cannot know for sure what infants experience because they cannot tell us what they experience or think. But many years of infant observations leads us to infer and assert that Mahler's theory represents well how the infant experiences himself or herself in states of need and in the relationships to prime caregivers. This process of going from feeling one with mother, to recognizing self and mother as two separate individuals, can be subdivided into several phases and subphases.

The first of these is the phase of one-ness with the mother, which Dr. Mahler labeled that of symbiosis. The second is that phase during which the one-ness with the mother becomes transformed into an emotional relationship that binds the self with the mother but as two separate, individual beings. This second Mahler has labeled the separation-individuation phase. The phase of symbiosis begins during the second month and spans about the first ten or so months of life. By symbiosis Mahler does not mean, as the biological term implies, that the mother and child are mutually and beneficially dependent upon one another; rather, Mahler means that the infant seems to experience the mother and self existing as one entity, as if enveloped in an emotional membrane.

The phase of separation-individuation begins around the middle of the first year. It thus emerges at the height of the symbiotic phase. The separation-individuation phase then spans from the latter part of the first year of life and the second and third years, to about 30 to 36 months. None of these figures are absolutes, since each child has his or her own schedule of development; these are given as an average.

The Phase of Symbiosis:

Dr. Mahler proposes that during the first two months or so, before the phase of symbiosis begins, the infant in essence tends to experience all events as emanating from and about herself or himself. We assume that the infant cannot yet form ideas about his or her experiences and perhaps cannot yet distinguish what is inside and what is outside the self. Nor does the infant distinguish what is the self and what is the other person who responds to him or her at times of hunger, and from time to time cuddles, holds and warmly communicates with her or him. In a simplified way of putting it, it is as if the self and the world around were all part of the self. The 2 month-old infant does not have in his or her mind a clearly representative image of the self at all. Many child development specialists assume that during the first 3 months of life, the infant begins to organize and register in the brain not images of the self but only some representation of inner experiencing, especially of feelings.

From about the middle of the second or so month on through about the tenth month is the actual phase of the symbiosis. The way Mahler uses the term symbiosis, meaning that the child experiences the self and mother as if the two were in one unifying membrane, we could propose that the major mental representation of the self and of the mother (or other regular caregiver) at this time would consist of a unified "self - other" or "me - mother". During the course of these first ten months an extremely important development occurs which we have already talked about in Section 1,251 but which we now would like to bring into the context of the child's development of the child's emerging sense of self and of relationships. That is the phenomenon of emotional

attachment on which so much of the child's personality development depends.

A number of researchers have worked arduously and contributed significantly to our understanding of how during these first ten months the infant comes to feel emotionally connected to and establishes the all important relationship with his or her mother. Of these we shall refer especially to the work of

Dr. Rene Spitz and Dr. John Bowlby. Their research, but especially that of Spitz, led to ideas and concepts that fall very well in line with those of Dr. Mahler. Focusing on how the child establishes a emotional relationship with the mother during the first eight months of life, Spitz proposes three phases in the development of this process. First, during the first two months or so, the infant experiences everything as coming from an undefined and all-life-encompassing sense of self. During the second phase the infant begins to respond to the external environment in a highly specific manner, which is signaled by the emergence of the nonspecific social smiling response which we described before (see Section 1.251). This response emerges from about the middle of the second month of life in some children to about the 4th month of life in others. This second phase which gives evidence of beginning attachment, goes until about the 6th month or so, each child varying to some degree from others, until the time when the infant clearly now identifies the mother as a specific person and shows evidence of preferring her over other persons.

This point is signaled by the specific social smiling response which tells us to whom the child responds most intensely and meaningfully. For example, in Section 1.251 we described how studying 6 month old Jennifer's social smiling responses, we graded her social smiling response for her mother to be a +6, a +4 to +3 for siblings and several individuals well known to her and 0 smiling response for persons Jennifer did not know. Thus over the period from about five to eight or so months of age, she showed evidence of having sorted out from the experiences in the environment, a face, a mosaic of smells, feelings, and modes of handling of that one person to whom she became most strongly attached, with whom Jennifer had begun to make that vital emotional attachment. Similarly we later found her to also have a unique attachment with her father, and a well stabilizing attachment with her siblings and others frequently experienced by her.

In Section 1.251, we detailed those valuable indices which help us know how the process of attachment is taking place. We have just mentioned the social smiling responses, especially as it progresses from being nonspecific to becoming specific and selective. Let us add again that the stranger responses help us sort these things out too. A stranger response in essence tells us "this is a person I do not know at all, in fact a person who causes me distress."

The two other important indices that help us sort out and affirm the establishment of attachment to the prime person, are the separation and the reunion reactions. As we have explained before, the separation reaction might be said to mean, "I don't want you to leave me now, your leaving me scares me". The positive reunion reaction could mean "I'm so glad to see you, its wonderful seeing you"; whereas the negative reunion reaction could be said to mean "Where have you been, I needed you; I am very angry with you for having left me". All of these indices help us determine when the child has formed that very special, strong, emotional relationship with a specific person.

At this juncture in the child's development, at about six to eight months of age, the child is still experiencing that very special relationship with mother, a symbiotic emotional relationship Mahler proposed, as if self and mother are part of a dyad that is bound by a common membrane.

While the infant is developing this emotional relationship, other factors essential to his or her development are maturing, including the ability to recognize that even though mother and self are experienced by the child as if in a common membrane, mother and self are separable individuals who do from time to time move apart from one another. And one can see this in an infant who is comfortably fed and rested and is then content to be by himself or herself, busily looking around exploring his or her surroundings. The infant's growing intelligence also begins to help him or her sort out that certain experiences and feelings comes from within the self, from inside, and others come from outside the self. This development especially helps the infant begin to sort out the universe around him or her. Of course, the development of the ability to assess what is actual reality takes a number of years; at this point it is beginning.

The Beginnings of Separation-Individuation:

From just before the middle of the first year, at the height of the symbiotic phase, the infant begins to push away from the mother from time to time in several ways. First, by crawling away from where the mother may be located. Second, at times now, when the mother is holding the infant, he or she seems to be pushing away from the mother's body as if placing distance between and separating from her body. The molding seen earlier still occurs, but occurs less frequently. Mahler proposes that the infant now is actively differentiating herself or himself from the mother, and she labels this period the Differentiation Subphase.

Then in parallel with this differentiation subphase, from about seven or so months of age on, depending on the particular child's maturation schedule, the infant begins to move away physically from the mother in a rather consistent and more or less vigorous manner. This is done at first by crawling and soon by walking. This subphase of the separation-individuation phase is a highly exciting period for the infant; this is when the infant becomes a magnificent explorer of the universe about him or her. Mahler calls this period the Practicing Subphase. This is because during these periods of exploration, the infant is exercising newly developing sensory and motor skills, exercising physical and psychological systems that serve adaptation, and deriving much pleasure from their being exercised. (See Section 1.261 on Exploratory and Locomotor Activity.) As we described in Section 1.261 close observation of the infant also shows that this activity is pressured, strong, and seems obligatory, which is much suggested in the child's facial expression and total bodily efforts. In our discussions of explorations (Section 1.261) and of aggression (Section 1.291) we proposed that the tremendous inner pressure that causes this kind of activity is one which makes the child as much the victim of that inner pressure as the mother, and commonly leads to battles of wills between them and makes it necessary for mother to set limits on that activity.

But we must emphasize here that, although the young explorer looks as if he or she

has now totally separated from the mother, and seems to now be a totally independent young creature, individuation (becoming a separate individual) is not as complete as it appears. Because of the children's reactions to the absence of the mother, the crying during separations, stranger responses, and reunion reactions, we know that the work of individuation (feeling stably secure on one's own) is only beginning. The less than one year old infant at moments very sorely needs to feel the presence of the mother. It is quite true, that there are moments during the child's exploratory activities, when the less than one year old gives the impression of being totally self sufficient and of needing no one in the universe. As we shall describe further when we talk about the second year of life, this apparent individuation, apparent independence, is not yet a true one. We say this at this point because some mothers become alarmed when during the middle of the second year, due to normal developmental processes, the child needs to cling to the mother again somewhat as the child may have during the third, fourth and fifth months of life, behavior which, after months of seeming independence, many mothers find disconcerting. These mothers seem to experience and indeed say, "But she or he looked so independent six months ago and now she or he is a little baby again.

" We shall describe and discuss the reasons for this seemingly regressive activity when we talk about it during the second year of life.

Hierarchy of the Child's Earliest Relationships:

How important each member of a family is to the less than one year old child varies. We have assumed in the above paragraphs that in usual circumstances, in a family that consists of a mother, father, and one or more siblings, that we find the mother to be usually most valued by the child during the first year of life, then the father, then the siblings and individuals with whom the infant is quite familiar. As we indicated earlier, the model that we are using makes the assumption that the mother is the individual most emotionally and physically available to the young child. But there are variations. In fact, the experiences of each child vary, perhaps even widely, depending on a number of factors including the degree of emotional valuing and involvement on the part of the mother, the father, siblings, etc., as well as personality factors in each of the parents. There are instances where a father may be more nurturing than the mother resulting from their respective individual earlier life experiences. Also relevant, is the emotional and actual physical availability of the parents, as when the father cannot find a job or prefers to not have a job outside the home and stays home to care for the children. In such instances the father would be more available to the infant than the mother and this will variously impact on the earlier child-parent relationships. Also, conditions surrounding the birth of a child, as various types of traumas, may interfere with a secure child-mother attachment.

However, on the average, during the first year of life, the biological unity of the child and mother, plus basic psychological and continuing biological factors in the mother, give priority to the mother-child relationship over other relationships during the first year of life. In addition, as we said before, a relationship is also established between the infant and father, depending especially on the father's degree of involvement with the baby,

especially the degree of his emotional involvement. Relationships to siblings also begin, depending on the degree to which siblings become involved emotionally with the infant. While it is essential that the infant form a deep attachment with at least one constant person in his or her environment, deep attachments with several other persons does not detract, does not weaken, and may, in fact, enhance the development of deeply meaningful relationships. Our observations to date suggests, however, that a higher priority emotional attachment with one individual, most usually the mother, seems typical for the child under one year.

In fact, the relationship to the mother is commonly so important to infants, that even when a father and older siblings are present, unless they become significantly involved in the care of the infant, the mother will most impact on the infant. Here is an instance of a child attaching to her depressed mother and how this attachment evolved during her first year.

When Vicki was about 6 month old we began to see that her mood tended to be subdued. She had been quite adequately reactive to events and responsive to interactions with much evidence of being a healthy, normal infant. Her own mother, a quite responsible woman with 4 other children, was overburdened and did at times look depressed. At times over-stressed, she would be impatient with Vicki's average expression of needs and tended to give her a milk bottle whenever Vicki expressed any need. There were times when mother was overly impatient and detached in her handling of her baby. Vicki accepted her mother's handling quietly, never complaining. But we noticed that she smiled less often than expected in interactions with her mother, her siblings and peers. From 7 months of age on Vicki's subdued mood began to concern us. At moments she looked sad and she seemed less involved in peer interactions and even with her mother she seemed to initiate contact less frequently than before, and quite less frequently than the other children around her. By 8 months she appeared to be depressed. Her face looked sad and stiff, her cheeks were flat, her mouth drooped at the corners. She had a vacant look and moved slowly, sluggishly, and minimally.

Because she presented the picture of a depressed infant we began a course of psychotherapy with the infant and her mother. Mother had been unaware of the fact that her daughter was depressed -- what we call an "anaclitic depression." In part it may have been due to the fact that mother herself was depressed. In twice a week treatment, both infant and mother improved gradually and good recovery of both occurred by the time Vicki was 3 years of age.

During year one, Vicki's affect had gradually become less cheerful and smiling, and more and more subdued, then sad and eventually depressed. Her mood was depressed; her well-being painfully poor.

Vicki's attachment to her was quite age-adequately developed and stable even though the quality of this attachment to mother was sad and poor. Vicki's trust in mother and in herself seemed poor. Her lack of demandingness, her passive acceptance of what mother gave her, led to us to feel that she did not expect to be reasonably gratified and lovingly taken care of because these just did not happen.

The consequences of being brought up without a mother or parents, as occurs in institutionalized upbringing or in socialist type of group upbringing, are not yet fully

clear. Studies going back to the 1960's, of infants in institutions such as orphanages have long shown strongly negative consequences of not forming an emotional attachment to one specific caregiving person; the absence of such a singular and emotionally meaningful attachment is seriously detrimental to the development of a number of aspects of personality which can have a life long influence. More study is required of those forms of group upbringing as occurs in a number of countries including Russia and other countries that once formed the Soviet Union, China, Israel, and others where children are reared in small groups and in nurseries.

The effects of daycare in the U.S. and in Europe on children one year old or less have been studied for years. Because many factors influence the outcome of daycare experience on very young children, the results are difficult to evaluate and much controversy exists. Major concerns lie in (1) the number of hours per week children less than one year old spend in daycare -- 20 hours per week seems a common cut off point thought by some researchers to produce detrimental effects; (2) the quality of care in daycare; and (3) the quality of the parent-child relationship(s). In general, the findings, which are still uncertain, suggest that infants between 3-12 months should be in daycare less than 20 hours per week; the better the care in the daycare center, the more favorable the outcome; and the better the attachment and the relationship between the child and his or her parents the less the likelihood that daycare will cause the infant harm. Much more work needs to be done to truly evaluate this complex issue.

In speaking of the hierarchy of the earliest human relations, having now commented on that hierarchy for the first year of life, let us briefly comment on later relationships. During the second, and even more so, during the third, fourth, and fifth years, where the father is present in a family, the father can take on a meaning equivalent in importance and in value for the child to that of the mother. It is especially from the second year of life on that the father begins to be enormously valued by the infant and can serve to enrich the child's early development side by side with the continuing important part played by the mother. During the third, fourth and fifth years siblings also begin to take on a notably important part as co-players, peers and models for the younger child; their playing together and their relationship can be quite enriching for the individual child.

We might emphasize at this point, that the prime tasks of human emotional-psychological development during the first 5 years of life occur within the family. Under average expectable conditions, it is in the home, in working on the principal tasks of the first 5 years of development which we are addressing in this curriculum, that the largest emotional and psychological growth takes place. It is the psychological adaptive work required of children by experiences in these early relationships that most contribute to personality development in the child. It is for this reason that the current trend toward getting children into schools at earlier and earlier ages (even less than 3 years of age), and the use of day care centers for infants even less than one year old brings some concern among many mental health professionals. The issues are complex and the challenge of doing justice to children and parents alike continues to need our attention. For now, we must recognize that the prime tasks of human emotional and psychological development occur in the context of family relationships. If this is disregarded, it may deprive children of the opportunities they need to master the basic tasks of emotional development.

1.332 CHILD REARING: What Can the Parent Do That Is Growth-Promoting Regarding the Child's Development of Self and Human Relations?

We have attempted to impress on the student that the development of the self is intimately and directly influenced by the quality of the child's human relationships. In this, it is important that parents secure and protect two parallel developments: that of the self, of the child as an entity with her or his own needs, feelings, thoughts, and boundaries; and that of the child's relationships to the parents--which will pave the way for later relationships to others. Let's first talk about the parents' helping the child begin to become a self during the first year of life, and then about the parents' helping the child secure growth-promoting and gratifying relationships.

A good sense of self can be fostered in simple common sense ways. Reasonably prompt and warm responses to the child's signals for help convey to the child a sense that he or she is valued. Playing with the infant, using his or her name when speaking to him or her will help build a sense of identity. Helping the infant in her or his struggles to do something on her or his own (reach for a toy, stand on her or his feet) will help the child see himself or herself as someone who can do and accomplish things. Siblings as well as parents can invent many ways to help the infant discover who he or she is and what he or she can do.

Let us now turn to how the parents can help the child's developing human relations. In speaking about attachment we have talked about how parents can help by dealing and responding to the child's social smiling responses, stranger responses, separation and reunion reactions. The parent can use these indices of attachment to sort out to what degree the infant is forming a sufficient relationship with the parents. We repeat that separation anxiety and stranger anxiety in the 5 - 6 month old child is not only a normal development, but a desirable one, because it indicates a meaningful degree of attachment to the specific mother and father. If there is no social smiling response in a six month old child, as we have indicated before, it should alert the parent to some problem which needs to be professionally evaluated. We urge that parents ask questions of qualified mental health professionals if they have doubts about their child's attachment reactions, since deep attachment is essential to healthy development.

The quality and the quantity of relating to the child are both important in the formation of good relationships. With regard to how much time parents need to spend with a less than one year old, we often hear that quantity of time spent with one's child is not enough, that the quality of interacting with one's child is critically important. That statement is absolutely right; the quality of the child-parent interaction is extremely important to the character of attachment and to all those developments which are influenced by it. But we must also add that a minimum quantity of such good quality time is needed too. In other words then, a sufficient amount of time has to be spent by the parent in the relationship with the child, and good quality, although extremely important, is not enough in and of itself. The parents' time, affection, and interest in their

own child are more valued and needed by children than gifts of toys, candy, entertainment, etc. Very important issues come up when one considers the quality and quantity of time spent by parents in the relationship with their children. It is better to spend less time with the child if that time is mutually gratifying to the parents and child, than it is to spend more time together with resentment or the parents' feeling constantly trapped, deprived and frustrated in needs the parents have in other areas of their lives. In the section on parenting for the first year of life (following this section) we will take up this point and describe some of its details more extensively.

We want to look here at what the parents of the children we have talked about in this Unit did that, generally speaking, was growth-promoting on the one hand, and was growth-disturbing on the other, during their child's first year. Specifically, what did they do to optimize or trouble their child's developing sense of self and of relating to others.

Jennifer at 12 months was doing very well with respect to both of these developments. Mother, whose input we knew better than father's, -- as was the case with all the children we saw in our project --, was quite comfortable with her role as a mother. Jennifer was her 4th child. Mother clearly took pleasure in her daughter's inborn spunk, interest in the world around her, and determination. Mother had much of this in herself too. We thought her liking this in her child most likely facilitated Jennifer's experiencing of these feelings which clearly contribute to one's sense of self. Mother had a nice way of being able to be firm with spunky Jennifer without becoming hostile; she could be firm without putting her daughter down or being otherwise destructive. She could comfortably get annoyed and angry with Jennifer perhaps because it seemed to never get out of hand. Actually, even though Jennifer seemed to have a mind of her own from very early on, she did cooperate well enough with her mother and seemed to know, to learn, when her mother would not back down. Probably the strongest factor that made their interactional challenges work out well is that their emotional dialogue was so positive. It was clear that mother loved Jennifer, took her seriously, responded warmly and well to her needs, often cuddled her warmly and enjoyed Jennifer. Mother also responded well to our explanation of her child's behaviors and had a very good feel for what to do with her daughter once she understood what Jennifer's behavior might be about. By the end of year one, Jennifer's mood, her activities and interactions suggested good basic trust and a secure feeling about her sense of self. And Jennifer's relationships were good. This, we learned, also included her relationship with her father even though he was not as involved with her care as some of the other fathers. Her first year was very good.

Much of the same can be said for Diane and her parents, but there are some differences. Mother who had been depressed (for several reasons including her own mother's death at mid-pregnancy) was really thrilled at having a daughter to add to her two sons. So was father who had been in the delivery room during Diane's birth. He too was thrilled about having a daughter. Diane was a well put together baby who, like Jennifer, ate well and was quite emotionally responsive. But she was not as active during the first 6 months as Jennifer was. She explored more by looking than by getting her hands and mouth onto things. She was a calm, moderately active infant in fact up to about 6 months. Attachment to mother was really very warm and secure. This, in spite of the fact that mother was still moderately depressed during the first several months of

Diane's life. But mother was nonetheless well engaged with her children, indeed very positively with Diane. We saw that this was so with father as well on the several occasions when he too came to the project. Interestingly, Diane all at once became a much more active child from about 6-7 months on, and like Bernie, gave the impression that her motor was suddenly switched on. By contrast Jennifer had gradually, progressively become more active. With this the need for limit setting began and battles of wills became more intense than we had predicted when she was 3 months old, we felt, because the aggression motor that got turned on drove her into activity with force and persistence, and it would be a matter of months and many battles of wills before Diane would get her inner pressure under some control. In fact this did not occur until into her second year and we shall describe this in Unit 2. Two major factors at least prevented the battles of wills between Diane and Mom from leading to significant problems for Diane: (1) The emotional relationship between them was visibly very loving and with this, Diane's attachment to her mother seemed very secure and basic trust was stabilizing; and (2) unlike 10 months old Diane who was by now a very assertive, vibrant and determined child, mother was a stable, gentle, soft and quietly deliberate woman who held her ground pretty well when she needed to. Like most of the mothers in our project, Diane's Mom (and father too) grasped very well our explanations for Diane's behavior that needed limits to protect Diane, and rather than getting into hostile limit setting, she did a very good job of explaining, holding the line, and helping Diane pull herself together, all in a non hostile reactivity to these difficult interactions. We shall describe what she did in Unit 2 (Section 2.242, Handling Aggression in Growth-Promoting Ways). Given her good inborn disposition, it was especially due to the quality of parents' efforts, that Diane's attachment and basic trust were good, her hefty aggression satisfactorily handled, that by the end of year one, although tension was mounting between Diane and her mother, we evaluated her sense of self as stabilizing well and her primary relationship to be of very good quality.

Johnny was also a well endowed healthy infant, born to a 36 year old woman and 38 year old man, both of whom immediately "fell in love" with Johnny. He felt like a gentle baby from the beginning. Although mother had been worried that she wouldn't know how to take good care of her baby, she and father were very responsible, patient, and loving with him which laid the foundation for Johnny's easily developing a very good attachment to both of them. Johnny responded quite nicely to the two substitute caregivers he had during year one, and seemed to not have been very pained by mother's withdrawing into her "office" at home to do her work for a few hours a day since Johnny was about 3 months old. We assume that the separation between Johnny and his mother was made less intense because she did not leave home to "go to work", she went into one of their rooms and shut the door. When Janet, the college student who took care of Johnny from 3 to 10 months, left, Johnny did have a loss reaction which showed itself in his seeming to look for her and some adjustment had to be made by him when Mrs. Clark (and her 2 kids) became his substitute caregiver. Johnny had a stranger response to Mrs. Clark which was nicely worked through with Johnny's mother's explaining that Janet went out of town, that Mommy would work in her office until 4, that Mrs. Clark would be nice to him, and she would get Mommy if it was necessary. Johnny seemed to be a

readily accepting baby. As we saw when Jennifer pulled his pacifier from his mouth, rather than letting her know she can't do this to him, he just let her do so. He was gentle and seemed a bit soft and passive (something mother and father would need to help him with during year two [see Section 2.242]). Nonetheless, although he was not able to stand up for himself as readily as is optimal, Johnny seemed to have a pretty good sense of himself and seemed to have very good relationships with his mother and father. He also had good relationships with his 2 substitute caregivers.

We have not said much about Doug in this Unit. He will appear more in later Units. For now we can say that he was a healthy newborn who was very much wanted by his 24 year old parents. He attached well to his mother (and his father). He was nicely disposed infant with a moderate level of activity and healthy aggression. Mom went back to work when he was 6 months old, 4 hours a day, for 5 days a week in her uncle's business (an office manager). Doug had a fair amount of separation anxiety which was handled well by mother, a very good, warmly responsive caregiver. It seemed to have produced no lasting problem for them. Doug's reunion reaction during year one were quite positive. All in all, Doug was developing well and by end of year one seemed to feel pretty good about himself and his relationships seemed quite good as well.

At birth Bernie was a healthy infant, was nicely reactive to his 30 year old mother and 36 year old father. He was much wanted by his mother, even though her relationship with Bernie's father was difficult, with much discord and fights between them. She had been worried during her pregnancy because she already felt she wanted to separate from his father. Father was pleased with Bernie but did not become very engaged with his care. Mother turned much attention to Bernie's care and did very well. At 2 weeks then, Bernie developed a milk allergy which caused Bernie and mother a good deal of difficulty until about the 4th week by which time the problem has been diagnosed by Bernie's pediatrician and a milk substitute eliminated his distress. Although mother initially felt it was all her fault, and got little encouragement to think otherwise from Bernie's father, the pediatrician's diagnosis, Bernie's favorable response to the mild substitute, and our finding that she was responding very well and lovingly to her baby given the stresses of her relationship with her mate and Bernie's reaction of pain and distress, all seemed to give her more confidence that she could care well for her baby. She could read his feelings well and she was superb at interacting with him in play activities as he got into the 5th month of life. Mother also dealt with Bernie's upsurge of activity and aggression which occurred at about 7 months. There was a feeling of strain in both mother and Bernie which we felt came more from the difficult relationship between mother and father, and mother's eventually demanding that 6 month old Bernie's father leave the home. His father did so after quite a scene which mother told us really upset Bernie. By the end of the year one, Bernie was developing quite well, was a busy explorer, seemed to have a good sense of himself, had a very good relationship with his mother and his trust in her was solid. We could not be certain of his relatedness with his father, although later life events told us that his father was quite important to him.

Suzy started life at a disadvantage because from birth on she was irritable, difficult to calm and showed strong evidence of some immaturity and dysfunction of her central nervous system. Her 31 year-old parents were understandably very upset but wanted

very much to be good parents. The hardship, the disappointment in the degree of difficulty encountered in caring for her, in feeding her, in getting her to sleep, created a strain between mother and father. When father lost his temper on several occasions he blamed mother for Suzy's difficulties. This unfortunately added to mother's feelings that she was being a bad mother. We welcomed being involved with them from the time Suzy was 3 weeks old. It did not take long to see that Suzy's problems did not arise from mother's being a "bad mother" at all. It was truly rewarding to see the good efforts made by mother especially, but also by father, in trying to calm her, feed her, diaper her, respond to her smiling (which was like a large ray of sunshine in between storms), and to gradually learn, as Suzy gradually became more and more responsive to their efforts, the ways that most reliably worked for her. This difficult beginning was complicated some when mother felt (by the time Suzy was 6 months) that she would have to go back to work, at least part time, and did so when Suzy was 8 months old. Fortunately mother really valued being a lawyer, found gratification in this work, had missed it, and decided that she would just work as hard as she could both there and at home with Suzy. She interviewed 2 women to take care of Suzy and liked Mrs. Sander who proved to be very good with difficult Suzy. Mrs. Sander's entry into her care was managed well; mother reacted pretty well to Suzy's rage reaction and following our recommendations, detailed for Mrs. Sander how to deal with them as we had done with Suzy's mother and father. Despite these large difficulties, we felt that by the end of year one, Suzy's relationships with her mother and father were really of good quality. Most important we came to realize how persistent her parents were in caring for her as well as they could. She could count on their being there, intent on helping her, -- and Mrs. Sander did a good job of substituting lovingly when mother was at work -- which led to her developing good basic trust. We were less certain of how positive Suzy's sense of self was at the end of year one. She experienced much pain and distress from her own body. She experienced rage reactions. These would become part of her sense of self and take away from whatever good feelings of being valued, loved, cared with love, understanding, and respect by her parents and Mrs. Sander. Fortunately, she was developing pretty well, her irritability was much less, being able to be calmed was much easier from about 9 months of age on, and she was just beginning life. With good experiences she could grow well and even overcome these difficult beginnings.

We have said much about Richie in this Unit. The severe traumas he experienced at the hands of his troubled teenage Mother during the second half of his first year had enormous consequence to his sense of self and his relationships to others. From a very healthy, cheerful, even joyful baby, who was well on the way to forming loving and secure attachments, good basic trust, at 6 months of age, by 12 (or 14 months when we saw him), he was a depressed, enraged, profoundly hurt child who seemed to have stopped growing and developing. By 14 months it was painfully clear that he mistrusted everyone, had a very poor ability to relate, seemed to not feel related positively to anyone. We assumed that he must have felt unloved, unvalued, a discarded and abused baby, and that his sense of self must have been very poor. His good beginnings seemed to be severely damaged, almost altogether destroyed.

Vicki, the last child we shall comment on here was healthy at birth. Her mother had

again had a painful and upsetting delivery (as she felt all of her 4 to have been) but seemed pleased with her baby and started caring for her well. Vicki's first two months seemed good; mother seemed nicely responsive to her. But then, gradually, mother's care became less and less tender, gentle and loving. Mother seemed irritable, terribly burdened and becoming more and more depressed, and she had less and less to give to her infant. By 6 months, mother's handling of Vicki was brusque, at times painful (she would almost smash Vicki's face when she wiped her nose, and would handle her baby roughly when changing her diapers), and disengaged from her, as if there was no contact between them. By 9 months Vicki, somewhat like her mother though more severely so, was depressed. Her relationship with her mother existed, there was an emotional investment between them, and mother never stopped attending to her physical needs. It seemed clear that mother was valued by Vicki but that there was much pain in that attachment, pain especially coming from mother's brusque handling but also, pain coming from not being cuddled, talked to with tenderness, comforted when hurting. We knew nothing of her relationship with her father. When treatment of mother and Vicki began, Vicki was a very passive and depressed infant. She began slowly to warm up to her therapist who handled her clinically very well, modeling holding and interaction for mother. Mother was, of course, also treated and she too improved very nicely in time. But by the end of year one, Vicki's relationships, focused on her mother, was stabilizing but seriously lacking the expectation of love, warm care, joy and closeness. (Fortunately, their treatment eventually changed all this as we shall detail in Unit 2). We assumed her sense of self at this time to be that of a self who does not expect to be loved, cared for with tender affection, pleasure and joy. This has to be a poor sense of self.

Hierarchy of Relationships:

Regarding the hierarchy of relationships which we discussed in the previous section, what of the emotional attachment that can develop between a less than one year old child and father? We find that where the father is included in the relationship to the child from the start, from the labor and delivery rooms, from feeding and diapering, etc., important attachments are made by children and the fathers in a mutuality that is not only useful, but is, indeed, enormously gratifying to both. Where possible, it is important to include father in the parenting of the very young infant, in fact, from before the birth of the child.

Next in line in the hierarchy of relationships made during the first year of life, are the infant's siblings. Siblings can become important and helpful to an infant from quite early on. We have seen meaningful attachments on the part of 10 month olds and 12 month olds to an older sibling as well as to a twin. Reports indicate that a 12 month old infant can miss, will search for and show signs of sadness because a sibling is no longer available to him or her (a sibling who died) to whom the infant was more attached than was realized.

As is well known, a good caregiver, a good substitute for a parent who must absent herself from the baby during the day, also can become a source of positive attachment. Varying factors play a part in how significant an attachment the infant makes to such, other than parent caregivers. For example, caregivers know, many without being aware

of it, that a particular child is in their care for only a certain number of hours during the day, that they will leave the child at the end of the day. These caregivers understandably withhold the level and degree of emotional investment that a parent makes in a baby that (comes from her own uterus and) is part of the family. We shall discuss this point further under the section on parenthood.

A question that is often addressed to us is "From how early on should the infant have playmates?" During the first year having playmates is a very minor consideration. The critical developments that occur during the first year of life, in fact during the first five year of life, occur most in the context of the child's relationship to his or her primary caregivers, foremost to the parenting figures. Indeed it is in the best interest of the child that this is where most early basic personality developments take place, since, under optimal conditions, no one has the child's best interests so much at heart and in mind as that child's parents.

1.333 PARENTHOOD ASPECT OF: Furthering The Development Of Self and Human Relationships On Optimizing The Parent-Child Relationship

As we said in the section above, the value to the infant's development of making the nuclear family relationships as mutually gratifying to child and parent as possible is of cardinal importance. This should be the central goal of parenting. The way this is achieved has been a topic of interest, concern, and discussion for centuries. Current cultural trends fortunately make us more aware than before that mothers have economic needs and/or professional, or emotional, intellectual, or social needs which are equally important to their well-being as is their need to be mothers. A complementary statement can be made regarding fathers; that fathers to too large a degree have been excluded from or seem not to have been considered sufficiently important to the child's healthy emotional development. Without taking up the complex issues that have led our culture to its attitudes regarding the roles and the functions of fathers and mothers, we are now aware that certain considerations pertinent to this issue are also pertinent to the best interest of the child's optimal development.

We propose that in order to optimize the mother-child relationship as well as the father-child relationship, the needs of each and all persons in a family must be recognized and taken sufficiently into account. In order to take into account the needs of each member of the mother-father-child triad, it is important to know what the mother's needs are. We are speaking of all kinds of needs that human beings experience, including especially emotional needs. In the section on human development pertaining to dependence, we have talked about the character of the less than one-year-old infant's needs. Let's look briefly first at the character of the needs of the mother and then at those of the father.

For most women, if not indeed all women who become mothers, whether the pregnancy was a planned one or not, having a baby is a very important emotional experience in and of itself and also has very large consequence for her own life. Our own

research and current, updated understanding of human development leads us to hypothesize that, generally, women think of, have fantasies of, and plan to have a baby from the time they are about 2 and 3 years of age. We find that the wish to have a baby is an experience that can be generalized to occur in girls during the period from 2 1/2 to 6 years of age and beyond. Because this wish produces a conflict in the child at this age, it usually becomes repressed and is then out of the child's awareness. (We will talk about this further in the Units that follow.) Nonetheless, even while repressed and made unconscious (put out of awareness), this wish to have a baby becomes an important motivator of her behavior and goals, and an important determinant of the personality of the girl and subsequently the woman.

But side by side with that wish to have a baby, to become a mother, are other components that make up the girl's evolving self-image and personality. Some of these include seeing herself grown up perhaps as a teacher, a writer, a doctor, a nurse, etc. In other words, the self-image of some day being a mother is not the only one important to the girl's psyche and personality. When a person becomes a mother, the fulfillment of that old long existing wish and component self-image is a large source of gratification. But that does not eliminate the need to also gratify these other component self images, depending on the extent to which those self images are valued by the person and have achieved importance in her experiencing of herself. In other words, a woman physician who has just become a mother may not at all stop wanting to be a physician, nor stop actively practicing medicine. If by pressures from outside or from within herself, this woman totally denies her need to be a physician because of her current very large need to be and the gratification she feels in being a mother, she may at the same time feel frustration, resentment, and anger. Because her own baby is the agent causing these frustrations, the resentment and anger that the frustrated professional woman may feel will become directed toward the baby she loves deeply. Such feelings of resentment toward the baby, because the baby is highly valued by the mother, will precipitate a conflict within her which can make her life very difficult, may hamper and interfere with her parenting and with the smooth evolving of a positively affectionate and unconflicted parent-child relationship. This conflict, therefore, will work against the development of an optimal relationship between the mother and her child.

Furthermore, when she makes valiant efforts at being both a mother and a doctor, she may experience much distress at leaving her baby, while at the hospital or office will often think of and worry about the baby, which in turn hampers her being the very good doctor she may be. It is a serious dilemma for the woman -- who has the good fortune of having two major goals of her self-image gratified but because of the demands of each cannot gratify both fully. Of course, the situation becomes even more difficult for the mother who must work outside the home not because she needs to fulfill an idealized self-image of being a factory worker or a saleslady, but because she needs to earn living money. This may be due to her being a single mother or, as is prevalent today, because the cost of living comfortably enough is so high that 2 salaries are needed by the family. In this woman, leaving her baby may be even more difficult because the reason for leaving the baby daily does not come from the gratification of an important component of her idealized self-image. This statement does require the following clarification.

Working to make a living in itself does gratify a component of our idealized self-image. We would say, in most if not in all of us. That is, in that it gratifies seeing ourselves as capable as well as responsible, caring and reliable individuals toward those we value most, our mates and children (as well as aging parents), to that degree working to make a living is emotionally rewarding. What robs it of greater pleasure and gratification than for the woman who does the work she has seen herself doing even when she was a kid, "Being a teacher like Aunt Jane", or "Being a doctor like Uncle Ben, or Mom", is that the work itself is not idealized. This makes it more difficult to work and to leave the baby.

With these thoughts in mind, we believe that it is important for each mother to develop a formula for herself which will account for and integrate the needs within herself, the needs of her child, and the needs of her mate. In this, it is best if the mother and her mate work together on developing this prescription (or formula), and if the young father can judiciously give due weight to the needs of his wife as well as his baby. From the standpoint of optimizing her relationships, the young mother must consider the needs of all three partners and give due weight to each. It is only when a mother duly gives consideration to her own inner needs and pays reasonable attention to them, that she and her mate will be able to develop a formula for the family that is more likely to optimize her own relationship with her own baby and her mate. Babies do not always need to come first nor to have all their needs always met in order to develop well, to feel deeply loved, appreciated and respected. It is so far the parents as well.

Let us comment about the needs of the father. Again, without going into the possible causes for it, we are all aware of the fact that many fathers see their primary functions as being that of breadwinner and disciplinarian in the family. Like mothers, many fathers have wanted to be fathers from the time they were two-and-a-half to three years of age. Again, child development research and clinical work teaches us these assumptions. When there is a tendency in a mother-child relationship to exclude the father from that relationship, a situation that occurs more often than seems recognized, a potentially good father feels deprived of deep wishes to be meaningful to the baby as well as to his mate. For example, we find that when fathers are permitted to be in the delivery room to witness and share in the process of the delivery, some say with excitement, some with awe, that they feel part of the process of the woman's giving birth to their baby.

Diane's father asked and was allowed to be in the delivery room when she was born. Even though this was their third child, father just "could not believe it" (as the expression goes) when he saw the baby come out of the birth canal (as we say in medicine). He just could not believe it. And he nearly fainted -- which did not surprise the nurses nor the doctor. Although he had gone to Lamaze classes with his wife, he clearly indicated by his words and feelings how drawn he felt into his wife's experience and how he suddenly, at the moment Diane came into the world outside mother's womb, he felt bonded to her. This feeling visibly continued in this father as we saw him from time to time.

Johnny's father did not go into the delivery room although he was at the hospital in the 3 day live-in arrangement this hospital had. For some time, Johnny's father was worried about how having a baby would take time away from his very meaningful work, given that his wife a newspaper writer wanted very much to have a baby but also continue with her career, and this meant he would have to pitch-in with the baby's care.

Besides, they would need mother's income since his income would continue to be quite limited for sometime to come. Despite these worries, he did feel drawn in when he felt the baby's movements while still in his wife's enlarging abdomen and he attended Lamaze classes with her. But when soon after the delivery he was called into the delivery room, he saw his drained but broadly smiling wife holding their baby, then -- half scared and half in awe -- he took the baby in his arms, he said, and he "just fell in love" with the baby. He sounded as if he had heard what pediatrician Dr. Berry Brazelton likes to say, that parents ought to "fall in love" with their babies. Although some of us prefer to reserve the phrase "falling in love" for mates, we believe that all concerned are winners when fathers feel this marvelous surge of love for their babies, which powerfully draws them into meaningful relatedness with their babies.

Unfortunately for the baby, the mother and the father, many a father feels excluded from direct relatedness with the baby, especially during the first year of life. This is the result of several factors. First is the exclusion of the father (by his own or his mate's doing) from the evolving pregnancy and the birth process itself, and then from the very intimate two-some relatedness (dyad) that naturally and normally exists between a mother and her newborn infant. This tendency in a father to exclude himself or accept being excluded is, of course, enhanced by the fact that the mother-infant twosome is biological and powerfully physically and instinctually intimate.

There are issues about which we have no definitive proof to date. One of these is that there seem to be instinctual factors for parenting that play a much larger part in the human female than in the male. It seems that mothers are equipped biologically and psychologically for nurturing infants in a way that fathers are not, and that some of this comes from biological and instinctual factors. To some these assumptions are obvious; to others, they seem insufficiently proven. It may be that it is this kind of factor that accounts for the common and natural tendency on the part of infants to develop a more important relationship with their mothers than their fathers during their first year of life, indeed perhaps during the first five years and, perhaps for the rest of life.

We have found fathers to feel pushed away exactly by this factor, that when infants are upset and in need of care, they tend to prefer their mothers during the first year of life. For example, it is common that an 8-month old child will accept father's caregiving and interactions and enjoy these. As the infant tires, however, we find as the father tries to comfort the infant, his efforts fail and the infant begins to demand that the mother comfort the child. This is a common experience, and one which causes many a father to feel rejected, to feel not important to the baby. The mother, on average, seems psycho-biologically better equipped and capable in this function, and by her baby's eighth month she has become the prime comforter. There are, of course, individual variations in that some children prefer to be held by their ably soothing fathers calming and comforting than by their tense and/or stressed out mothers, both being the way they are due to temperament and emotional factors in these parents. The more usual finding tends to be that the mother seems preferred by the young infant for nurturing and comforting whereas the father seems preferred for playful activity and rough-housing. These different forms of attachment to the father serve useful purposes that will become clearer as we talk about the child and parenting in subsequent Units. The point that we want to

emphasize here is that the father can be brought into the parent-child relationship earlier than has been characteristic for our culture, and this can be advantageous to the infant, the mother, and the father.

This discussion brings our attention briefly again to the question of the hierarchy of relationships that the infant normally develops during the first year. Although the child's earliest attachment to the mother in general tends to be greater than to the father, we must encourage fathers not to back off or withdraw from their emerging and evolving relationship to their babies.

Fathers ought to be encouraged to enhance the formation of the relationship with their baby, and can gain comfort from knowing that from the second year of life on, observations show that fathers begin to play a unique, special part which enlarges enormously the quality and the character of the child's experiences in human relations. During the second year of life, as we shall detail in the next Unit, where fathers are involved with their children in a meaningful, loving and respecting way, they begin to have a large importance for their children, an importance equaling that of the mother. Obviously the child is most fortunate where both these relationships are gratifying, loving and respecting of the child.

A Note on Primary Relationships in Contrast to Secondary Relationships:

In speaking of the hierarchy of relationships we have touched on the importance to the infant of not only a mother and where possible, a father, but also the usefulness of siblings, the relationships to caregivers and the question of playmates. In talking about the attachments of the infant to the caregiver, we made the point that there is a critical difference in the quality of the attachment the infant makes to a caregiver in contrast to the person or persons who are the child's parents. Let us clarify this here.

In the course of our work with parents and their young children, one mother expressed feelings that stated well the point we want to make: she recognized that when she takes care of one of her neighbor's children or one of her nieces or nephews, she cannot invest emotionally in those children as she does in her own. She wondered why and came to the realization that it is because, without having previously been aware of it, she felt and recognized that if she invests emotionally in these children as in her own, when it comes time for the children to go home to their own families, she would experience too much pain on separating from them.

How right she was! It is exactly this more complete emotional investment that parents make in their own children which accounts for the very important difference between the kind of emotional relations parents make in contrast to the kind of emotional investments and relationships very committed and devoted teachers, doctors, substitute caregivers, etc., make in the children for whom they are transiently and limitedly responsible. It is this large differential of emotional investment parents make in their own children that reciprocally leads to the child's forming relationships of an equivalent emotional degree with them which makes for primary relationships. In contrast, with teachers, substitute caregivers, and the like, infants form relationships of a more limited or secondary degree of emotional investment which makes for secondary relationships.

We cannot overstate the importance of the qualitative difference between primary relationships and secondary relationships.

To clarify the point further, let us add the following. In a conference of teachers, a number of kindergarten and elementary school teachers expressed much distress in being baffled and at a loss to know what to do when some of the more emotionally deprived young children in their classes turn to them for nurturing, when the teachers challenge and responsibility are to teach. These children make demands for a primary relationship in a secondary relationship setting, creating an enormous conflict and burden for the teacher. Teachers are often challenged by such children who, because of deprivations in their family relationships turn to teachers for more than the kind of relationship most students look for in teachers and their teachers are trained and set to give. Teachers will have to address this issue more and more, if things continue on the way that they are currently heading.

***PARENTING FOR EMOTIONAL GROWTH:
A TEXTBOOK***

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TEXTBOOK

UNIT 2

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UNIT 2

THE TODDLER YEARS: (1 TO 3 YEARS)

UNIT 2
THE TODDLER YEARS (1 TO 3 YEARS)

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UNIT 2

THE TODDLER YEARS (1 TO 3 YEARS)

2.1 PHYSICAL DEVELOPMENT THAT DETERMINES WHAT A CHILD IS ABLE TO DO

2.111 HUMAN DEVELOPMENT: Degree of Adaptive Capability And Helplessness

A great deal of growth has occurred during the first year of life. The next two years are no less dramatic in the detail and degree of growth that occurs. Like the year before, each child has essentially his or her own growth time schedules, although within ranges all children tend to follow similar timetables. The newborn was virtually helpless with regard to providing himself or herself food, and in the ability to move from one place to another. The one year old, by virtue of being able to move from one place to another, whether crawling or walking, is now able to get to accessible food. She or he is also able to make clear his or her wish for food. The one year old is able to understand everyday mother infant verbal communication and is well able to communicate by more and more specific expressions of feelings and wishes using facial and vocal expressions as well as gestures. Whereas the newborn was unable to grasp the breast or bottle, the one year old is able to handle much in his or her environment, shows an enormous curiosity about everything in that environment, and indeed may be a vibrant explorer with numerous interests and endless energy as well as the ability to get where he wants to go and manipulate with his or her hands that which gets his or her interest.

In contrast to the newborn, the one year old has formed a strong, already deeply-felt emotional attachment to his or her mother, father, siblings and recognizes unknown people as strangers. The one-year-old who has a good relationship with his or her parents, uses a remarkable combination of adaptive capabilities to get those in the environment to do for him or her what the infant cannot yet do himself or herself. In other words then, the one-year-old's muscles and bones, their coordination and strength, the eyes, ears, touch (feel), and central nervous system developments have reached a point of functioning whereby by means of gestures, emotional and verbal communications, she or he is able to adapt to a remarkable degree by what the one year old herself or himself can do and by means of engaging and even directing those in his or her environment to fulfill needs and execute wishes the toddler is still unable to carry out himself or herself.

Temperament-based reactivities have become better organized and sufficiently

patterned that the parents can predict and anticipate how a one year old will respond to most everyday situations. Mother by now knows very well, as does a father who has been involved with the infant sufficiently, how long the infant will be able to wait for feeding or for the fulfillment of other wishes, whether the infant will fall asleep easily, will be pleasant or irritated on waking, what the infant's level of exploratory activity will be, whether the infant will cry easily, and much more.

So far as understanding communication, one year olds are not only able to recognize the feeling tone of their parent's communication, they can now also recognize the meaning of many words, even though they may not be able to say any more than a few syllables.

With regard to the child's now vanishing reflexes, the grasp reflex, the one to hang on the longest in the infant, will be lost during the second year of life, as the infant develops increasing control of her or his hands. The more complex reflex systems and the preprogrammed adaptive response systems like those that initiate attachment are now replaced by the well-exercised attachments to members of the family. The need for attachments will continue throughout life, but the built-in mechanisms that started attachment is going to fade gradually. As we will detail further in subsequent sections -- because of the central part these play in every child's development --, the capacity to discriminate that which is familiar and those to whom the infant is attached, etc., is well developed at a primitive level at this time.

Effects of the Environment On Development:

Many of the factors that are critical for healthy development during the first year of life continue to be as important during the next two years. These include good nutrition, the quality of health care and hygiene, the degree of rest and the opportunity for adequate activity. Especially important, we emphasize again, as we did in Unit 1, the emotional atmosphere in which any child is reared plays an important part in that child's physical development. We described in Unit 1 how Richie's physical development slowed down drastically. During the first six months of his life he developed well. At 5 1/2 months we are told and could tell from his pictures that he looked 5 1/2 months old. But when we saw him at 14 months, after severe traumas he experienced (See Section 1.12), he looked about eight months old. Although he may have been fed poorly by his 17 year old mother, neither the doctors nor those who knew Richie believed this to be the cause of his poor development. The emotional atmosphere, the quality of emotional relatedness experience by the infant, makes an enormous contribution to physical development. This is known to pediatricians many of whom have seen infants "fail to thrive" (fail to develop normally) on the basis not of a lack of food, but of insufficient emotional nurturing. A number of studies showed a number of years ago that infants reared in orphanages, although well cared-for in terms of food and hygiene, nonetheless failed to develop at normal expectable rates because they lacked an emotionally gratifying attachment to one key person. Similar studies with monkeys carried out by Dr. Harry Harlow revealed the same key importance of good emotional attachment for the normal development of the child's brain and entire body.

2.112 CHILD REARING: What Can The Parent Do That Is GROWTH-PROMOTING Regarding the Child's Degree of Capability and Helplessness?

The human body is such that when its organs and systems are active, they develop normally (See especially Section 2.131). When organ or organ systems are made to be inactive, be it the eyes, or the muscles, they tend to not develop age-adequately, and may in fact lose their capacity and their ability to function. Of course, we are not speaking of an overnight effect but rather of a long-term effect. The point is that normal function, normal activities insure the normal development of underlying physical structures, be it the eyes or the muscles. Therefore, it is important for parents and non-parental caregivers to insure their infant's activities mostly, not by programming them but by allowing them to occur spontaneously. That is to say, most infants if permitted will devise their own activities in which their entire body and its component systems will be exercised. It is not possible to keep a one year old seated in a chair except by force. One year olds, two year olds, are propelled from within to be active, to be on their feet, to go to sleep when they are very tired, to demand for food when they feel hungry, to want to find out what their environment consists of by means of exploration, etc. It is important for parents to provide an environment in which all of these can be exercised to a substantial degree, in safety, which reasonable restrictions where needed, which we will talk about below.

As we noted in Unit 1, some of the infant's activities (behaviors) are easy to see; not so easy to see are the psychological implications of some of these behaviors. For instance, it is growth-promoting to let the infant try to do things that are new, that require effort, because such efforts stimulate the development of new adaptive skills. On the other hand, if too great effort is required to achieve whatever activity the infant is trying, parents will recognize that such efforts may lead to too much frustration that may then become too discouraging and disruptive of such efforts. Too much discouragement can lead to hopelessness and fear of trying, and the infant may become one who "gives up before he tries". Parents need to estimate when the infant begins to show frustration that is too unbearable and which discourages efforts.

Activity Level:

Parents are already well acquainted with their one-year-old's activity level. They know whether their child is a high, moderate, or low activity level child, whether a predominantly visual explorer or a hands-on explorer, whether a short span explorer or an explorer like 15 week old Jennifer who explored a set of rings for over twenty minutes. And most parents probably have already learned what they can do to be helpful to their toddler. The parents' work in this sphere is not at all finished by year one. Some of the more demanding efforts need to be made by parents whose infants tend to have a

heightened intolerance for frustration, for whom waiting is torture; these one year olds still need to be helped by their parents to wait better. Some infants who tend to be quite active, some overly active, can be encouraged by their parents to slow down, to get better hold of themselves, to take things one at a time, etc. Some one-year-olds, at the opposite pole of activity level, may need to be supported in their efforts by being encouraged to move a bit faster, to persist more in the face of difficulty, etc.

With regard to patterns of reactivity to stimuli, or to stresses, many parents know that children who have difficulty either on the side of being too excitable or of being sluggish to respond, can be enormously helped in moderating their child's reactivity to achieve a more optimal level. Being able to calm, to engage a child's interest into activities, are critical functions parents can achieve. By the time she was one, Suzy's parents had achieved a great deal already in helping her accept their efforts to calm her. By eight and nine months of age, Suzy could be calmed with much greater ease than after she was born. Mother was often drained by the effort she put into it. She learned that to be effective with calming Suzy she had to tell herself to be patient, remind herself that Suzy could not help being so irritable, that she was not being mean. She found that it took longer than she wished but when she persisted in holding, walking with her in her arms, talking to her soothingly telling her to try to calm down, to get a hold of herself, that Suzy seemed to quiet some. By the time Suzy was nine months old Mother could help her calm just by talking to her, thought it did seem to work better when Mother held her on her lap. Of course, at times she did not want Mother to hold her, especially when she was upset with Mom (like when she had to go to work or when she came back from the office). By one year of age, Mother knew she could calm Suzy, she knew it would take time, but she knew she and Suzy could work together to do it. Father could too but not as predictably as Mother and when Mother was available, Suzy would go to her Mother to calm down.

But the point we want to make here is that the experiences of Mom and Dad helping to calm her down led to her becoming a calmer child. At one year she would still be irritable many times, but she could at times not be irritable; and when she was irritable she could calm down much faster than she could when she was a few months old. It is possible, and we believe it to be so, that her parents helping her calm down in a constructive (positive and caring) way led her to developing this ability. At the very least it facilitated this development. She was developing a more optimal threshold for irritability; that is, she became less irritable because a greater degree of unpleasure experiencing was required to make her feel irritated. And she developed greater facility in calming down. We believe, as we shall discuss shortly, that the changes that made this possible had to occur in her central nervous system, especially in her brain. But her work at improving this in herself was not finished and she and her parents would need to continue to work on her becoming less irritable and calming even better and more quickly. Being loving, respecting of her and at the same time demanding that she pull herself together, comforting her when she asked for it or seemed to need it -- all these would continue to help her. We shall talk more about this especially in Sections 2.2132, 2.242 and 2.2512.

Parents can be wonderfully calming, or exciting, encouraging, or patience-inducing. It is important that parents recognize that they can do such things for their children. But

we must emphasize that these increasing capabilities can be produced only over time. Parents often become discouraged that their efforts do not bear fruit more quickly. Our experience tells us that parents often mistakenly think their methods must not be good, even when they indeed are very good. The problem lies in the fact that they fail to recognize that the results they aim for take sometimes much longer to achieve than they wish. It is demanding work for the parents and for the baby. Increasing tolerance for frustration, developing the capacity to calm oneself, to reduce one's too high level of excitement in reactions, for most children require many efforts, over a period of many months (if one starts during the first year of life) and even years. It is a rare child who can gain mastery over such internal dispositions in a matter of months after year one. To be sure professional consultation (with pediatricians or mental health-child development professionals) may be needed and can be decidedly guiding. Many children who at first appear like Suzy did will need specific medication to help them. But the point here is that even when good child rearing methods are used, in the face of it seeming that the parents efforts are not working, parents need to recognize their efforts to help their children take time, and that these efforts along with continuing maturation of the central nervous system will often yield the results they are looking for. It is also important to mention, that children become fully aware of when parents are making efforts in growth-promoting ways, and invariably reveal their appreciation by becoming very loving children toward them, and by forming a positive relationship with them which has life long emotional health insurance attached to it.

2.1 PHYSICAL DEVELOPMENT

2.121 HUMAN DEVELOPMENT: Central Nervous System -- Cognition And Affects

Critical to adaptation are the development of intelligence and affective-emotional experiencing. The central nervous system functions which underlie the development of intelligence, including the function of cognition (the process of knowing including perception, memory, judgment, etc.), of mentation (to think), of problem solving as well as motor functions, including coordination of small and fine hand movements and of locomotion (moving about) are all essential for adaptation and start at the beginning of life outside the mother's womb. Both categories of functions are amply evident in and originate especially in the child's exploratory activities and in the child's acting upon the environment be it in terms of feeding activity or in physical reaction in a relationship. Both categories of functions develop increasingly during the second and third years of life.

Crucial to adaptation as well and working hand in hand with the development of cognitive functions in human intelligence is the development of the child's emotional or affective experiencing. Reacting to experience, to need, is crucial for adaptation in communication, human interaction, at many levels and in many ways. For normal emotional experience to occur, normal brain functioning is necessary. Experiencing feelings (affects) is so basic to living organisms that only the most severe types of brain disorders will interfere with the experiencing of affects.

Affect-emotions are also known to be influenced by hormones and genes. Genes have been found to be involved in severe disorders of moods. In short, the body in a number of ways must be well-enough developed and in good enough health to make it possible for an infant to have a good start at adaptation.

Brain functions that combine to effect the development of intelligence and adaptation, namely cognitive and affective functioning, continue to develop richly during the second and third years. Brain maturation makes for the evolving of increasing representation (recording) in the mind of all experiencing, including the image of oneself and of emotionally invested others, the understanding and conceptualizing of experience (i.e. knowing that mother will nurture and comfort, or, that when mother goes out of sight the infant-toddler will be without her), all are building blocks of what becomes internalized in the mind (brain). During the second year memory develops further and with it comes the capacity for knowing what something looks like without having to have a sample of it within vision; this contributes to a further development in the ability to predict. And, among other functions, intention develops further and so does the enormously important function of fantasy, a critical function for adaptation, prediction, problem solving and creativity. All these allow us to infer brain differentiation (developmental unfolding) we still know too little about.

And increasing abilities in motor functions visible in exploration, play and

locomotion continue to develop at a remarkable rate. With respect to eye-hand-mouth coordination, the one-year-old is already substantially exercised in handling objects which have caught the child's interest; the child will frequently bring the object to his or her mouth for the purpose of exploration. The largest increase in ability to manipulate objects for the purpose of exploration occurs especially during the second and third years of life. Now children can be seen to manipulate small objects with increasing facility, dexterity and security. Whereas a one-year-old will exhibit clumsiness in handling a block, a two year old will handle it with facility and assuredness. Similarly, with regard to small motor movements, the one-year-old handles things with minimal coordination; by the end of the second year he or she does so with substantial facility and assuredness.

Enormously exciting, is the gradual increase in locomotor (bodily movement) capability. A large number of one year olds have already begun to walk but do so with only moderate stability. Those who have and those who have not, during the second year of life will do a great deal of polishing in their walking ability. In fact, during the second year of life many are already able to run. Again, it is important to bear in mind that children have their own schedules of development and that doing things early in life is not necessarily indicative or promising of eventual greater comfort or greater ability for learning nor necessarily indicative of greater capability for eventual adaptation and problem solving. During the third year of life locomotion (walking, running, gymnastics) also, like cognitive functions and fantasy formation, and like small movements, and eye-hand coordination will become further developed; the infant's increasing skills which rely on these abilities will be obvious to the observing parent. All these tell us that along with bodily developments, specifically central nervous (especially brain) developments are continuing, as indeed they will into adolescence.

2.122 CHILD REARING: Optimizing Central Nervous System Development

One of the most growth-promoting factors parenting quite naturally brings is the wonderful excitement parents experience in seeing their young children develop exploratory skills, small motor acts, but especially when their infants begin to walk. It is remarkable and most valuable that parents get such pleasure out of seeing their young children take their first steps. This is a highly desirable reaction, given that it supports a child's early efforts at adaptation. And, of course, upright locomotion is a most crucial function, notably important to adaptation. It is most beneficial to children to find such pleasure reactions by those they value most, their parents, when they do something they have not been able to do before, and when they do things well. No doubt, infants will learn to walk whether their parents become excited by it or not. One cannot but wonder though, whether there is something adaptive built into parents' reacting as they often do to their children's emerging and enlarging skills given that it is enormously growth-promoting and encourages good adaptation.

Consonant with the fact that parental excitement at the right time and in the right places can be enormously growth-promoting, is the fact that infants themselves

experience a good deal of excitement in their emerging and increasing abilities, cognitive, verbal, problem solving, as well as locomotor and small motor skills. Looking closely, parents will see that their children exhibit pleasure when they learn to do something for the first time, whether it is handling a set of blocks, piling them one on top of the other, or a child piling graduated donut rings on a peg. A parent can readily see how applauding a toddler's newly acquired skill enhances the sense of achievement the toddler is experiencing. Such applause or praise, step by step, leads not only to a sense of pleasure in acquiring new skills, but also to a sense of valuing oneself for having acquired new skills which ultimately contribute to a child's sense of self reliance, self confidence, and self value. There are numerous opportunities during the second and third years of life for parents to facilitate, encourage and applaud their children's increasing sensorimotor skills. We want to emphasize here that supporting and encouraging the development of these skills, we believe increases the development of brain functions that are essential for the development of intelligence and adaptation.

2.1 PHYSICAL DEVELOPMENT

2.131 HUMAN DEVELOPMENT: Nervous System -- Other Factors

Of importance during the second and third years, are the residual reflexes and the degree to which central nervous system control of involuntary musculature is developed as for instance, to make toilet training possible. Given that this is the time when toilet training is achieved, a note is warranted on the underlying physical development of the system that makes control of the bowel movements possible.

A word first on the residual simple reflexes. The problem with the grasp reflex as we have noted before, is the infant's inability to release that reflex once it has been activated. Again, when a nine month-old grabs hold of your hair, you may experience this as the infant pulling your hair. The fact is, however, that the infant may not yet be able to let go of the grasped hair at will. During the second year the infant now begins to be able to release that grasp response as a result of which when mother says "Please let go" the infant now can do so. This, of course, is enormously important for the effective handling of things. For instance, if a 14 month-old cannot yet let go of something he or she grasps, that infant will have much difficulty letting go of one block to grab another.

It is commonly during the third year of life that the development of the central nervous system occurs that allows the child's ability to govern the sphincter of the anus and that of the bladder. The muscles which control the sphincters for both bowel and urine elimination essentially function in response to pressures from within these organ systems, namely a relatively full bowel or bladder. Although these sphincters function in response to internal pressures rather than in response to voluntary control at first, clearly control over these is essential for adaptation. Experience informs us that sphincter controls can be taught to children from the end of their first year of life on and, in some cultures toilet training is done at this very early time. The kind of learning involved in teaching such control at the end of the first year of life is simple, behavioral, conditioning. The later type of toilet training, common in our culture, during the latter part of the second or third year of life, is based in learning that carries with it a number of psychological functions which make for a learning experience considered by mental health professionals to be much more advantageous to the child's psychological development. We shall talk further about the psychological implications of toilet training early (at the end of year one) as compared to later (during the third year) later in this Unit (Sections 2.231 and 2.232).

2.132 CHILD REARING: What Can The Parent Do to Optimize The Development Of The Child's Nervous System -- Other Factors

With regard to the remaining grasp reflex, it is of course important that parents understand that the child cannot yet release his or her grasp at will or on demand but that this capability will develop during the second year of life. It is important for a parent to try to sort out whether the infant is indeed persisting in pulling your hair in anger or whether it is at least in part an involuntary act. It is well to know, that infants often feel misunderstood and react with confusion, shame, and self-blame when they are scolded for something over which they have no control as compared to feeling duly reprimanded and even protected when they are scolded for something which is the direct expression of their feeling angry or hostile.

With regard to toilet training, it is of value for parents to know that developing control over sphincter activity is a gradual process, that most children have adequate nervous system function for controlling their sphincters during the third year of life although such control can be enforced earlier. We shall discuss in subsequent sections of this Unit, the implications of different methods of toilet training (See Sections 2.231 and 2.232).

2.2 EMOTIONAL AND BEHAVIORAL DEVELOPMENT

2.21 THE CHILD'S ABILITIES TO ADAPT -- PART I

2.2111 HUMAN DEVELOPMENT: Aspects of Wake-Sleep Patterning, Dreams, Nightmares

The one to three year old child experiences increasingly longer periods of wakefulness and needs much less sleep than he or she did during the early part of the first year. The one year-old may require a nap of varying duration in the morning and in the afternoon. The 2 1/2 year-old most likely will no longer require the nap in the morning but probably will in the afternoon. Long periods of wakefulness make for a full engagement on the part of the one to three year-old with the people around him or her, making the child an active participant in family and social life. In the daycare setting, children this age also actively participate in that social and inanimate universe. Good states of alert wakefulness and good states of sleep are needed for healthy development and well-being.

Good states of alert wakefulness make possible experiences along major sectors of life: family life, social life at home as well as in other places (like daycare), self experiencing of the inanimate world in which the infant lives, the exercise of new skills and the development of intelligence. Much of what is contained in this Unit addresses the child's experiencing during states of wakefulness.

Good-enough patterns of sleep are essential for healthy development and well-being during all of childhood; these will significantly be determined by the sleep patterns established during the first year. For instance, Suzy had much difficulty sleeping well during her first year because of her irritability, but also because she had difficulty being calmed and maintaining a calm state. When less than eight months old she would have jerky body movements even when she was asleep. And she just did not have that wonderful peaceful look normal, well cared for babies have when asleep. But as her experiencing was made gradually better, probably due to both some good maturation of her central nervous system (and probably other body systems as well) and her parents' persistent devotion to help her feel better, her sleep improved. By age one she was still not a reliable sleeper, however, she often could just fall asleep at bedtime (especially when no upsetting thing happened after her evening meal), she then was able to usually sleep through the night and wake up in the morning in a pretty good mood. If she got upset before bedtime, it took her a good deal of time to calm down and she would visibly feel irritable and it took her longer to go to sleep. Mom and Dad knew this about her. Even though these were stressful times and Dad especially at times could not handle it well, Mom just had to give it more time (for bedtime) and put in more effort to calm her. More about this in the next section when we talk about how Suzy's parents dealt with the problem.

But even in children who sleep well enough, there are periods during the one to three year life span when sleep may become disrupted by normal developmental tasks which cause heightened anxiety and which may require a special attention. When sleep patterns are disorganized or irregular they make for disruptive sleep and do not provide the hard working developing child good-enough rest. The developmental tasks the child has to master during the one to three years period will be made more difficult for the child who does not get good-enough, regular-enough rest. Certain developments we shall describe below, like a second period of heightened anxiety associated with experiences of developing a well defined sense of self and others may, in many children, create some sleep disturbance. The separation-individuation process which explains why there is a heightening of separation anxiety at this age will be described below (Section 2.2211) but we can say this here with regard to its possible role as a sleep disturber. Because going to sleep is experienced by all of us as having to disengage and separate from the relationships we experience, at periods when separation anxiety is heightened, readying to go to sleep will cause anxiety which in turn often interferes with a comfortable process of falling asleep.

In Unit 1 we described a number of disturbers of sleep that occur during the first year under Sections 1.211 and 1.212. We shall not repeat these factors here; they do, however, also apply during the second and third years. We will just add that during the second and third years of life, factors from within the child's own enlarging of inner experiencing will play their part in disrupting sleep. Most prominent among these, beside heightened separation anxiety, are dreams which are the product of internal stress experiences and may cause waking during the night or even, in some instances, cause resistance to going to sleep in order not to dream. These are dreams (not actually experienced anxiety) arising out of the child's efforts to cope with issues of developing the sense of self separate from valued others (which we discuss in the context of separation-individuation) as well as problems arising from experiences of intensified hostility toward those the child loves most, namely the parents. These efforts to cope will stretch over a period of time and as happened with Johnny and Jane may lead to some difficulty for both child and parents either at bedtime or during the night. It is especially when a child has frightening dreams, nightmares, that she or he may resist going to bed.

Johnny had no problems sleeping. In fact he had developed the ability to go to sleep and had a good pattern of going to sleep since he was six months old. When he was 16 months old, as best as his parents could pinpoint it, he started to wake during the night. Sometimes he woke up scared once or even twice a night. Sometimes he did not waken but Mom said she could hear him whine and make distressing sounds when she and Dad were going to bed. Mom and Dad alternated in going in when he woke up. He could not talk yet and Mom and Dad just did not know what he was afraid of. We told the parents that since he was in good health, we assumed that he might be having bad dreams. Since things were really quite easy between Johnny and Mom and Dad, we guessed he probably was working on separation-individuation issues, on feeling he is a self actually separate from Mom. It was a bit early developmentally, but we thought this to be the most reasonable explanation for his having bad dreams at this time. If these dreams had just appeared a day or so after the episode when Jennifer pulled his pacifier out of his mouth,

we might have linked his bad dreams with his being upset and angry with Jennifer. But this had happened seven months before and it was doubtful that bad dreams would now be activated by that experience. We shall discuss what his parents did in the next section.

The second major source of disturbances coming from within the child are those caused by transient experiences of distress including illness, acute anxiety created by a hospitalization or while on a trip, etc.

We should also emphasize here as we did in Unit 1, that sleep disturbers coming from outside may play their part as well, including for example excessive noises, light, heat, cold, etc. It is also important to emphasize that emotional commotion, emotional stress within the family will impact on the young child even where efforts by parents are made to mask disturbances within the family. We were impressed with the fact that Bernie's sleep had not been disturbed by the problems and arguments his mother and father had, which eventually led to their separation when Bernie was six months old. Commonly, though, disturbances between Mother and Father, whether or not parents attempt to keep these private from the children invariably become known to them, unavoidably, and predictably cause varying degrees distress as well as anxiety which in turn will interfere with comfortable sleep.

Children who experience significant traumas will most commonly experience problems with sleeping. Fear, which invariably results from traumatic events, whether it is being in an automobile accident where the child or one of the parents is visibly hurt, or witnessing a crime against a family member or against the self, or being physically and/or emotionally abused as Richie was, fear that the event will occur again is unavoidable. This fear of repetition is over and above the feeling of having been overwhelmed with pain and dread during the traumatic event, which the individual will re-experience in waves of intense anxiety and recollection of feeling pain and dread.

We found that 14 month old Richie seemed to sleep adequately according to his great-aunt. But once he began to engage emotionally in relating to his great-aunt and to us in our program, and he began to improve, to experience his outbursts of rage, and his mood began to lift at moments, we found that he also would wake up during the night crying and be very troubled. This continued for several months. We shall talk in the next section about what needs to be done under these conditions.

Some children in the third year of life may experience night terrors although these tend to more commonly occur during the fourth, fifth and sixth years and later. Nonetheless an occasional two year old may experience night terrors. Night terrors differ from bad dreams (including nightmares) which occur during light sleep. When we sleep, we do not sleep at the same depth of sleep from the moment we fall asleep until we wake up. Sleep researchers tell us that sleep occurs in waves of going from light sleep into deep sleep, and back to light sleep, then back to deep sleep, in a fairly well organized pattern. These cycles of going from light sleep into deep sleep and back up into light sleep take about 90 minutes. There probably are variations of this in each of us. When we go to bed, it takes us some time to fall asleep, to go into this process of light sleep, deep sleep, light sleep, etc. Interestingly, we need both types of sleep, light sleep and deep sleep. This is probably why disrupted sleep makes us feel less well rested and why it is important to develop good sleep patterns.

One of the major factors that makes dreams (including nightmares) differ from night terrors is that dreams occur during periods of light sleep. Night terrors are believed to occur during periods of deep sleep. This accounts for the fact that trying to wake a child who is having a nightmare can make the child wake up and interrupt the nightmare, whereas trying to wake a child who is having a night terror does not usually work unless one goes to extremes of noise making in order to waken the child. It also can account for the fact that the nightmare is often remembered on waking, whereas the content or theme of the night terror is usually not remembered. We believe that a night terror is a panic reaction brought on during deep sleep. How to deal with night terrors will be taken up in the child rearing section. Although there is much we still do not know about what causes night terrors, in most instances they are the product of a young child's experiencing excessive levels of fear or of hostility which the child has difficulty coping with and which may then find expression during the night in this form.

2.2112 CHILD REARING: How to Optimize Wake-Sleep Patterning, Dreams, Nightmares

As we suggested in Unit 1, it is important for parents to consider the three major categories which may produce disturbances of sleep in young children: (1) a sleep disturber coming from the child's own inner state; (2) one coming from outside the child himself or herself; and (3) sleep disturbances coming from tensions in the parent-child relationship or in the relationships of family members. It is also very helpful for parents to know the factors that cause stress and anxiety that are part and parcel of normal development during the second and third years of life. Most common are: (1) that during the middle and latter half of the second year of life, heightened stress is a normal by-product of tasks of the separation-individuation process (Section 2.2211); (2) the challenges of toilet training; and (3) that unavoidable anxiety accompanies heightened experiencing of hostility towards the parents which may be created by (a) toilet training itself, (b) difficulties in the parent-child relationship (as is commonly found where there is excessive limit setting), and (c) during the third year especially, in the emergence of sexual feelings and the fantasies that are linked to these feelings (see Section 2.231 and 2.232).

What to do:

When a child experiences either much distress at going to sleep, which often appears as prolonged delaying tactics to going to sleep, or when a child is awakened during the night with or without difficulty in going back to sleep, parents automatically set out to find "What's wrong?". During the second and third years of life, the child's sleep patterns are already well known to the parents. Where problems continue from the first year, of course, parents need to continue their efforts to help their child sleep well.

Suzy's parents knew her well by the time she was one year old and had developed a

fairly good routine for bedtime with her. We found with these good first-time parents as with so many with whom we have worked that whether it is putting a child to bed, toilet training, limit setting, and many other tasks of development, each of which is also a challenge to parenting, that these tasks invariably take more time, energy and patience than the parents had expected. Helping Suzy get to sleep took a good deal of effort and there just were no short cuts. Fortunately, when she was not upset after her evening meal, mother, but father sometimes did this also, mother gave her bath and dressed her into nightclothes, was good at singing lullabies and gently chatting with (more to) her which she started already as she was dressing her. She did a fair amount of hugging in a calming way, not in an exciting and playful way. She would then put her into her crib, stay with her for a couple minutes more, patting her and softly either sing or slowly humming. This was easy now.

It was more difficult when she was upset after her evening meal. Then each step of getting her to bed took more effort and time, and patience, she then would often ask for Mommy if Dad tried to put her to bed. For the bath and dressing her she accepted her father's care, but to be put down she often would ask for "Mommy". We had told father to try to not feel upset by this, that it is natural for very young children to want to be cared for by Mother (when they have a good relationship with both parents) when they are upset. We told him that during the second and third year he would become every bit as important to Suzy as her mother. Mother would then take over and this is when getting to sleep would drag on. Mother would have to hold her and walk slowly or sway gently as she held her. Singing and humming did not work as well. Mother would chat, "Come on, Sweetheart, try to calm down. That's a nice girl," and, "Come on Suzy, pull yourself together; we love you, Sweetie". Mother had many ways of saying this. It was more difficult when Mom was very tired herself or had a difficult day. Dad could pitch in after Mother had done some of the preliminary calming. Both of them would at times get angry with Suzy. We had encouraged them to say to themselves that Suzy was not doing this to upset them. She could not then pull herself together and she needed their help. Sometimes 20 minutes or longer would be needed before she could calm enough to even be put down. Then Mother or Father knew it would take another 5 to 10 minutes of calmly patting or gently humming (Mother) before she got to the point of falling asleep. This process improved significantly during the second year, as did her irritability in general, though it remained part of her way of reacting, especially when she was too stressed.

The situation is somewhat difficult in children who have not had significant difficulty sleeping before. It is not uncommon for a 16 to 18 month-old to resist going to bed. "What's Wrong?" The difficulty is often anxiety from one or another source; this means that the one to three year old experiences feelings of helplessness in the face of a real or imagined threatening situation with which the child cannot cope easily. In milder instances, it will show itself as the child's wanting to continue to play or in order to stay with parents, resisting the fact that it is time to go to bed. In some children, wanting his or her way against the parents wishes plays its part too. This may occur especially where one and two year olds are put to bed earlier than they are ready for. For instance, when a two year-old is put to bed at 6 o'clock in the evening he or she simply may not be ready

to go to sleep because the child is not yet tired enough. And especially during the third year, many a child's interest and fantasies about what goes on between mother and father when they are alone causes distress (see Section 2.231 and 2.232), and the child wants to share in the parents' time together and has conflicting feelings about his or her parents' private life. During this time also, such concerns lead to angry feelings in the child which may, in turn, lead to anxiety and frightening dreams.

The reason for attempting to distinguish these major types of sleep disturbance, namely of underlying anxiety (helplessness in the face of a real or imagined threatening situation), or of orneriness and resistance to reasonable compliance, is that different forms of handling are warranted. Let's talk about handling orneriness first. Resistance to having to go to bed needs to be considered by the parents at least in the following manner: Are we putting the child to bed too early? Parents will by now have a good idea as to how many hours of sleep their child needs to wake up feeling fairly rested. If the bedtime set is too early, try a bit later. Then, like with any demand the parents make of the child, time to go to sleep has to be presented as fact, not as an invitation. A child needs to know that he is (1) expected to go to sleep and is (2) expected to learn how to put himself or herself to sleep. Developing a pattern or routine for going to bed is useful. First, we will get you washed, brush your teeth, go to the bathroom, read one or two stories, make a short ceremony of hugging or kissing and tucking the child into bed and say goodnight and Mommy and Daddy will be in the next room or downstairs. From there on any complaint or communication from the child can be made but requires that the child stay in bed; there may be no more than one or two greetings from bed or calls for reassurance from bed and it will be time to be asleep. We want to emphasize that it is not the parents' responsibility for the child to fall asleep; it is the child's. It is important for children to learn how to comfort themselves to sleep, and to try to maintain that state of sleep through the night. It is useful to convey to the child that going to sleep is not a punishment, is not a withdrawal of the privilege of social interaction, but rather a necessity for feeling comfortable the next day and for good health. While consideration, explanations, reassurances are strongly indicated, so are firmness and the conveying to the child that the parent means that its time for the child to go to bed. Firmness, as we emphasized, is not to be confused with or equated with hostility. Firmness means that you mean what you are saying, that you intend to do what you say you will do, and that you are acting out of interest and consideration for the child. To be sure, children will resist this kind of effort but, as with most parenting tasks, if the parent holds to a set approach which is reasonable, basically is not rejecting or hostile, is truly felt to be growth-promoting, most children will come around.

When it comes to anxiety being the sleep disturber, the parent's approach needs to include more than firmness and reassurance. Anxiety, the feeling of helplessness in the face of an imagined threatening condition or feeling, cannot be made to go away at will. Anxiety sweeps over a child, as it does over adults, bringing with it enormously unpleasant feelings which need to be quieted, need to be calmed, in order for the child to be able to sleep. We have all known times when we have been anxious, such as when some upsetting event is going to occur the following day, a major test for instance, and how difficult it may be then for us to fall asleep. Young children, ages one and two, are

now able to have frightening fantasies which they cannot rid themselves of at will.

The student should review Unit 1, Section 1.212, "What To Do", reviewing the principles detailed in response to "What's wrong?", and "What do I do now?". Consider: (1) what is causing the problem? (2) What can stop the problem? and (3) How do I go about it? Let us first take up the child's having difficulty going to bed and then the child's waking during the night.

When resistance to going to sleep comes from anxiety the task commonly is somewhat demanding. The experience of anxiety, be it due to feeling angry with Mother or Father, or dread of physical harm, is remarkably lessened when Mother or Father is in the room with the child. Efforts to calm anxiety then usually work well. The problem is, that the anxiety will mount again as soon as the parent leaves the room. This is in the nature of the experience of anxiety in the one and two year old child; the parent has the magnificent capability of melting anxiety in the child. It is therefore not surprising that while the parent is in the room the child will be relatively calmed, and that the anxiety will mount as soon as the parent leaves. It is wise to make an effort to talk to the child about what is causing the anxiety.

Jane began to have nightmares when she was 18 1/2 months old. She would wake up screaming during the night, sometimes twice a night. This led to her then having trouble going to bed and she just resisted getting to bed, made bathing her and dressing her take much longer and then, once in bed, would cry when left alone, would get out of her bed and come out crying that she was "scared". Upset that she and her husband were getting quite angry with Jane, Jane's mother, Gloria, asked us how to deal with this problem. Since this was a recently developed problem we explored what might have recently occurred that might have troubled or be the source of anxiety for her. Mother thought, but she couldn't point to any particular recent event that upset her. She did feel that she and Jane had a few angry times together these days because Jane seemed more stubborn now, although she had always been pretty strong-willed. Watching mother and daughter together, we thought Jane seemed to be more uncooperative and at moments angry with mother. We also saw that she was clinging to mother then and did not play as much as usual with the other project children. Speaking with Mother when Jane could hear us, Dr. P. wondered if Jane was having bad dreams that came from her being angry with mother. Jane just looked up at Dr. P. and looked away. Dr. P. then told mother and Jane that her bad dreams made her afraid and that maybe that is why Jane is afraid to go to sleep. Dr. P. said again that when a person is angry with someone they love they could have scary dreams that come from being so angry. It would be better if Jane and mother could talk about being angry with each other, tell each other why. And that mother needs to reassure Jane she still loves her even if Jane is sometimes angry with her. Jane looked up at Dr. P. again and, looking at him, got close to mother and looked at her. Mother put her arm around Jane and said "That's right". According to Gloria, following that brief talk (putting some pieces of information together, understanding human emotional dynamics, and a bit of clinical guessing based on the behaviors we had seen recently), Jane stopped waking during the night and, in fact, had no trouble going to sleep that same evening. It was not difficult to guess that this might be causing Jane's bad dreams and her brief sleep problems. We shall detail later the anxiety and problems hostile feeling toward Mother

might cause a child this age, and older (see Section 2.241).

One and two year olds can not only understand what is being said to them but many two year olds will be able to verbalize what they are afraid of. Regrettably, if the source of anxiety is one that is intolerable to the child as was the case with 18 1/2 month Jane, the child may not be aware of what it is and may therefore not be able to verbalize it. Probably at times enraged with mother because she was out during the afternoon or Mother's limit was experienced by Jane as too restrictive, finding the hostility toward the Mother she loves unbearable, Jane suppressed that hostility (which appeared in her dreams) and therefore she could not know what was causing her anxiety.

But it is well to know that even where the child cannot verbalize what is causing the anxiety, the parent's comforting and reassurances, followed by the parent's gentle but firm demand that the child try to sleep even in the face of underlying anxiety, all in growth-promoting ways, can help bring about the child's being able to go to sleep. A balance of tolerance of anxiety in one's own child, comforting, and the demand that the child comply is essential. A parent's intolerance of his or her child's anxiety will make the anxiety much more difficult for the child to deal with. But then, tolerance for the child's anxiety, however, with too soft an expectation that the child go to sleep, with too soft a stance of demandingness on the part of the parent, will also not work well in getting the child to sleep. Generally, when going to sleep is hampered by anxiety, by fear of some imagined or unknown threat, the process of helping the child work this through usually takes a matter of days, weeks, and in some cases months. Needless to say, the underlying source of anxiety will determine how long the process will take. In cases where the going to sleep disturbance remains over several weeks, consultation with a mental health professional may be the most constructive step to take. It is well to bear in mind that children experience tiredness, that they know they need and wish to go to sleep but that they may not be able to do so in spite of their own best intentions in the face of substantial anxiety.

What about the child's waking during the night? (1) What's causing the problem? (2) What can stop the problem? (3) How do I go about it? First and foremost, does the quality of the sound coming from the child create in you the feeling that he or she is hurting in some way, or frightened, or is wanting what he wants when he wants it? Is the princess in need of her servant? If in doubt, assume that anxiety is playing its usual, self protective, but annoying part. That is to say, children are more often wakened during the night by anxiety, often precipitated by a troublesome dream or a nightmare, than by orneriness. It is a bit ridiculous to assume that children are going to wake during the night and begin to make demands that mother come in and play with them except if some anxiety has disturbed the child's sleep. For the most part then, when in doubt, assume anxiety. And it is reasonable to also assume that some dream has disturbed the child's sleep. Needless to say, thunderstorms, a transient illness that makes difficulty for breathing may also be a source of sleep disturbance, the latter of course not being a precipitant of anxiety but simply of physical discomfort. Most parents know how to handle the situations with thoughtfulness and consideration even if with some degree of impatience and annoyance.

Having tentatively decided that 16 month old Johnny's waking during the night was

most likely due to anxiety associated with the beginning of recognition that he is a child separate from, not of one piece with his mother, we suggested to Mother (and Father) the following course of action. First of all, do not immediately go to Johnny when he wakes up crying. Wait a minute, listen to see if his distress subsides. If his distress subsides there is no need to do anything further about it now, though you will want to reassure him in the morning and the next evening when putting him to bed. If his distress mounts, it is well to try to calm him from a distance, by staying in your own room and, if it is not in the middle of the night when both parents are asleep, to gently shout either from downstairs or from your room that Johnny go back to sleep, that you are nearby and that nothing will harm the child. If it is in the middle of the night, of course, even gentle shouting is not advisable since it will waken everyone else in the house.

In that case it is well to go into Johnny's room and reassure him verbally that things are OK. Do not immediately pick Johnny up. It is best to first attempt to comfort Johnny by verbal reassurance. If that does not work, leaving Johnny in his crib, gently pat him on the back but again without picking him up. When a child is picked up the process of waking the child is heightened. Parents' efforts should be in the direction of calming and encouraging the child to put himself or herself back to sleep. Obviously if Johnny is standing in a crib it is well to gently get him to lie down, pat, soothe and calm him with words, and make your caregiving under these conditions as soothing and brief as possible. If Johnny at this time is suffering rather intense anxiety, you may need to soothe verbally and by patting until he is well on the way to sleep in order for the process to not be interrupted soon again by anxiety. In short, when trying to put Johnny back to sleep, do the least possible that will tend to waken him further; efforts to calm and quiet the child are most advantageous in helping the child go back to sleep.

Two year old children may be awakened by a dream which they can remember and verbalize. It is not advisable to explore what the dream was about during the night except when the infant has been fully awakened by the dream. The advantage of exploring what the dream was about is that it gives the parent an opportunity to reassure the child that what ever experience the child dreamt about is one of his or her imagination, is or is not likely to happen, and the parent can thereby substantially and more knowingly reassure the child. When the child goes back to sleep without a brief report about the dream, the dream can be taken up in the morning. We caution parents to not be too intrusive in their exploration of what the child dreamt about. Again, as in so many aspects of parenting, from the child's first year through adult life, one's efforts should reflect the parents' efforts and wishes to be helpful and stop short of being intrusive. It is wise to bear in mind that too much pressure in getting a child to tell his or her dreams may be experienced by the child as intrusive into the child's privacy, and is undesirable. We emphasize that two year old children do have fantasies which they need to retain in private because of their own disapproval of the contents of these fantasies. These may have to do with fantasies of hostility, hate and destructiveness, or with sexual or omnipotent or other fantasies which cause the child shame and guilt (see Sections 2.23, 2.24 and 2.26). Bearing this caution in mind, however, interest and an effort to be helpful in exploring dreams can be very useful for even very young children. For example, it is not uncommon for a two year boy to dream that a bear is chasing him. It is not difficult

to reassure the child that bears are not to be found in the area, that the child's fears of a bear may have more to do with the child's anger toward the parent and that being angry with Mommy or Daddy can be dealt with in acceptable ways and will lead to no disaster. This type of dream, much more common during the fourth, fifth and sixth years will be addressed in Unit 3.

When we helped Richie and his great-aunt and Richie's depression began to lift (very gradually), we learned that he would wake up during the night crying and very troubled. Recall that one major factor that traumatized him was that his deeply troubled 17-18 year old mother, unable to tolerate his need and demand for care and his crying would put him in the hall to cry himself out. For this reason, we recommended that once Richie was heard crying during the night, great-aunt should immediately go to his bed and talk to him soothingly, patting him but not immediately picking him up. If his crying did not subside within 30 seconds or so, she should pick him up and try to comfort him. We urged that great-aunt talk to him while soothing him. For example, to say "I know it hurt a lot when Mommy let you cry for so long. Mommy was very upset, or, Mommy was very sick, that is why she could not take good care of you. I am taking care of you now, and I will not let you hurt like before". The exact words are not what counts most, what does is conveying to a 15 month old like Richie that all efforts will be made to help him feel better, to protect against his being hurt again the way he was, that he is a valued and loved child. Also important when caring for him during the night (when he wakes up screaming), if he is standing in his crib or his crying does not diminish in 30 seconds to pick him up and not put him back down until great-aunt feels for sure that he is calmed, that this moment of experience feels like it repaired some of the damage caused by the traumas to which he was subjected. Our recommendations, we told the great-aunt, made a very large demand on her. But there is no short-cut to repairing the damage caused him and the gains of such efforts could be large and have an influence on Richie that would be long-lasting.

Night terrors are more difficult to deal with than bad dreams (nightmares). Children tend to not remember the content of a night terror even when it wakes them up screaming. Night terrors as we said in the Section before, are distinguished from bad dreams by their occurring during "deep sleep", in contrast to dreams which occur during a lighter form of sleep known as "REM" sleep. REM (rapid eye movements) sleep is that time during sleep when we dream. As we said before, that night terrors occur during deep sleep is probably the reason the children who have night terrors have great difficulty remembering their content. The parent will find the child screaming, terrified, and seeming to be asleep while this violent experience is occurring. Furthermore, the parent will find the child to be unreachable by the parents words or comforting. If the night terror does not subside quickly, wake the child up; this is the best way to interrupt the night terror. After the child is awake, and the night terror is interrupted, the child can be helped back to sleep by calming, soothing and by staying with him or her until the child is back on the way to sleep. Caution: be sure that that child is wakened up gently but sufficiently in order to stop the terror. The child may seem to be awake and not be. A little extra effort and time can go a long way. Night terrors are rather common, but when they occur in clusters, with persistence, over weeks, they are indicative of some persisting

underlying source of conflict and distress in the child and professional consultation may be the wisest approach to the problem. Again then, night terrors are to be handled quite differently than bad dreams. Night terrors are terrifying, the child cannot be reached while still in deep sleep. Therefore, it is helpful to wake the child up and help him or her go back to sleep after the night terror experience seems to have been interrupted.

2.2 EMOTIONAL AND BEHAVIORAL DEVELOPMENT

2.21 THE CHILD'S ABILITIES TO ADAPT -- Part I

2.2121 HUMAN DEVELOPMENT: Feeding

Over the span from 12 months of age to age three years the child increasingly develops the ability to feed himself or herself. At 12 months the child is not yet ready to handle utensils but that skill will emerge progressively during the second year, and during the third year using a spoon and fork will be nicely developed. Using a knife is a function that is acquired later by children. Of course, in the early part of the second year the hands continue to be good feeding utensils. Although some infants make clear already during the first year that they do not like certain foods, taste sensitivities tend to become more discriminating during the second and third years. At any time during years two and three some children may no longer want to eat foods they tolerated earlier. For instance, whereas an 18 month-old may have been able to eat string beans, some 2 1/2 year-olds may find the taste nauseating and have difficulty then eating string beans. Why this happens is not clear. While it is important to develop good eating patterns from the first years of life on, some children may be unable to comply with the wishes of their parents that they eat certain foods at this time.

A note is warranted here. Eating a diet consisting of foods the majority of which are health promoting in contrast to eating foods that are overly saturated with sugars and/or fats is highly desirable. Some doctors and dietitians believe that the body (the cells) becomes accustomed to eating foods containing high levels of sugar or fat, or salt, and that eating these in large amounts and frequently can lead to habitual craving for high levels of sugar, fat or salt. And some children who are fed diets loaded with sugar, fats and/or salt are likely to become adults who will do so as well. We all know that children love sweets. Of course adults do too. While there is no need to totally restrict the use of highly sugar saturated foods (or candy), it is well to govern the amount children eat. If it is true that the body becomes habituated to sugar-saturated foods or fat-saturated foods and will develop a craving for these, it is important to begin patterns of good nutrition early in childhood. "Junk" foods should be eaten only in limited doses. The same goes for high salt saturated foods.

One more word about feeding. Some children during the ages of one to three may continue to require a bottle at bedtime, well after weaning from bottle feeding has occurred. They may demand a bottle at night-time even though they do not require feeding by bottle during the day. This is because the bottle has become, quite normally, a source of comfort rather than a source of food. The use of comforters, which is a normal, self-help, self-sustaining measure children devise during the first year of life to self-comfort without requiring the assistance of the mother or father will continue during the second and third years. Commonly, at times of heightened anxiety at bedtime, which we

talked about in the prior section, the use of a comforter whether it is a bottle, a pacifier or blanket or teddy bear, is a sure way the infant may have developed for soothing himself or herself in order to go to sleep. While weaning the child for the purpose of food intake by means other than the bottle or the breast is useful, and during the second year of life may be age-appropriate (although some parents continue bottle feeding as well as breast feeding into the end of the second year of life with no harm to the child), weaning the child from the bottle as comforter becomes a more complicated issue. It is well to give the child some authority as to how long he or she is going to continue to use the bottle as a comforter, bearing in mind that it gives the child a greater sense of independence, of self reliance and of finding a means of self-comforting -- something highly desirable. Although it is reasonable to discourage the continuing use of the bottle during the second half of year two and into year three, it is unwise to create a struggle between child and parent around the issue of using the night bottle as a comforter. The same can be said for the child's own thumb (which belongs to the child and not the parent), since thumb sucking is a more favorable source and method of self soothing than are rocking, or other troublesome methods (head-banging). Children will not continue to use a night bottle nor their thumb when they no longer feel the need for it (i.e., when they feel more secure).

2.2122 CHILD REARING: Feeding

As we said in the above section, it is useful for parents to know children develop more discriminating tastes during the second and third years of life, some perhaps even earlier, and that some foods may cause the child to experience nausea (which can cause vomiting) and that neither parent nor child gain from compelling the child to eat foods which cause this kind of discomfort. It is more likely to make being fed by the parent as disappointing and even feel like an act of hostility, as if saying: "Here, eat this; it will make you sick!".

Making the feeding situation an enjoyable one has enormous advantages. Interestingly, good experiences of feeding are less likely to create overfeeding than are poor experiences of feeding. Feeding as a pleasant parent-child interaction can someday make for enjoyable family meals when parents have an opportunity to talk to their children, learn about what happened in school, what is going on with their friends, etc. Good experiences of eating can insure the tolerance for a good protein-based diet and reduce the need for the soothing tastes of sugar which when taken in large doses often causes excessive weight gain, can lead to insufficient nutritional food intake, and can also lead to more serious problems as self-induced vomiting to try to keep one's weight down, or cause severe food restrictions with life-threatening weight loss, all of which have become well known problems in our society.

Equally important, providing healthy diets for children sets the stage not only for reasonable feeding patterns but for developing other health promoting habits like reasonable hygiene, rest and exercise patterns. The state of the person's body when he or she is 40 years old is believed to often be determined by patterns of feeding which were

acquired very early in life. Again as one school of thought asserts, if the pattern of feeding acquired by children continue in later life, then patterns of feeding that include large doses of sugar saturated foods, fat and/or salt saturated foods, will lay the ground for the development of well known diseases that can shorten life dramatically. Some doctors believe that high sugar saturated foods over many years may facilitate the tendency toward diabetes (if one is born with this tendency); high fat saturated foods will facilitate and speed up the development of arterial circulatory disease which may eventually lead to heart attacks; high salt saturated foods will lead to a pattern of salt overload which in many persons so biologically disposed eventually may lead to high blood pressure.

Equally important, the combination of insufficient loving emotional attachment and interaction with the tendency on the part of many parents to want their young children to look "well-fed", who feed them larger quantities of food than children seem to want, may be establishing a pattern of over-eating which may lead to problems of overweight of more or less serious degree. Some theorists propose that habituation of eating large portions will lead certain people to develop a "fat hunger" which may be triggered by some mechanism contained in fat cells which we all have plenty of. The long and short of what we are saying is that healthy food patterning is essential from very early on and that parents need to be cautious about the rather generalized tendency to feel that chubby infants are healthy infants. Chubby adolescents are not healthy adolescents. But they become so if they are chubby infants who become chubby six year olds, eight year olds, etc.

Like everything else in parenting, rigidity, excessive strictness is not desirable in feeding children. For instance we do not mean by the above statements that children should never be allowed sweets or for that matter "junk" foods. It is a matter of dosing these into the diet in such a way that they do not become the principle fare of children's diets.

One more word on the night bottle which some children in the third year of life may still require. As discussed in the prior section, if it is clear to the parent that the night bottle has become a comforter, it is well to treat the night bottle not as a feeding tool but as a comforter. This was the case with Johnny and his trusty pacifier. His father was especially bothered by Johnny's need for it not only at bedtime but even at times during the day. Mother did not like it either and worried whether it meant that she was not being a good mother; but she tolerated it because she sensed that he needed it. Our evaluation of it, which we shared with Mother (and she did with Father) is that several factors might be contributing to his need for this "trusty comforter". Johnny was a sweet kid, a touch soft in aggression and a bit passive. He had been a bit shy too from the start. We had encouraged Mother to encourage him to stand up for his rights, for instance with Jennifer (as when she pulled his pacifier from his mouth). He also felt some stress due to separation from Mother from about five months on even though substitute caregivers Janet and then Mrs. Clark were seemingly really good with him. And then, quite reasonably, he went to Mrs. Clark's home from the time he was one year old. So, in addition to the stresses of normal development of every day life, he needed to deal with repeated half-day separations from mother and leaned not only on his good substitute

caregivers but also on his "trusty comforter" to help him feel stronger.

We emphasized that Johnny, like many normal young children, used the pacifier when he felt he needed it, that is solved a problem (lessening anxiety) and that with it he was handling stress better on his own, self-reliantly. He was in charge of when he needed it and when he did not. We stressed that this encouraged and enlarged his beginning sense of autonomy, of being able to do something to help himself. We also emphasized that as Pediatrician psychoanalyst Donald Winnicott said, this was his first non-parent possession. He valued it dearly. Just as Mother and Father would be terribly upset if I took away their car --or something else they felt they needed badly -- so too would Johnny be upset if Mother or Father took his pacifier away.

It is best, we suggested, for mother and father to tell Johnny they hope that someday soon he will not need his pacifier anymore. That he can handle going to sleep after giving Mom or Dad a good strong hug and then get a loving quieting kiss on the cheek or forehead from Mom or Dad and go to sleep. It was OK for Mom and Dad to express their wish, but not OK to embarrass or shame Johnny such as by calling him a "baby" when he needed his comforter.

We understand that Mom could see Johnny did not like it when she would express her wish that he stop using his pacifier, and that he at times looked angry with his Dad about it. But somehow, when he was about 2 1/2 years old, he lost his pacifier and after a very little bit of fussing, seemed to say "Oh, just forget it!" and slept fine. The pacifier just vanished.

So, it is well to bear in mind that comforters are chosen by infants, parents cannot select comforters for them, that these comforters come to mean a great deal to the child, are enormously helpful to the child's developing self-soothing, self-calming methods, and should be respected by the parents. Like security blankets, they belong to the child and not to the parent. If ultimately, we want our children to become self-reliant individuals, we should interfere only very cautiously with those steps our children take toward becoming self-reliant.

2.2 EMOTIONAL AND BEHAVIORAL DEVELOPMENT

2.21 THE CHILD'S ABILITIES TO ADAPT -- PART I

2.2131 HUMAN DEVELOPMENT: Affects

It bears repeating that affects are built-in systems of emotional reactivity with which children are born and which develop over time both in facility of their expression, as well as in their complexity. Of course affects are elicited and influenced by what the child is subjected to by the environment in which he or she lives. This is true from the time the infant is born and thereafter. We saw this clearly in all the children as we shall describe, especially in Diane, Vicki and Richie. But in addition, as we said before, the child's experiencing is highly influenced by his or her inborn temperament and by inborn factors, like Bernie's milk allergy at two weeks of age, and imperfect or immature brain developments as we saw in Suzy. Her irritability and difficulty to calm as well as her gastro-intestinal ("stomach") problems all made her feel very uncomfortable, in pain, and even distressed for much of the time. Fortunately, with devoted care day-in and day-out, and progressive maturation of her brain (we assumed), she gradually became less irritable, easier to calm, her GI problems stopped, and she was generally a pleasant, warm and well-attached one year old. Her irritability continued at certain times as when frustrated or tired, at which times her mood could be a bit morose. We shall talk further about how her parents tried to help Suzy adapt constructively in Sections 2.2132, 2.242, and 2.512.

Affects tell us much about what the child is experiencing. From years one to three, affects continue to develop. Some affects differentiate (biologically evolve) further. What we mean is that, for example, at about 18 months, positive feelings toward valued persons, the persons to whom the child is attached, evolve now into the capacity for what we call "love". Of course, prior to about 18 months of age intense feelings of attachment are experienced by the child. Where the attachment is essentially positive, these early positive feelings consolidate, stabilize, become enduring, and, specifically focused as well as attached to specific people, they now achieve the qualitative level we call "love".

The counterpart to love, namely "hate" undergoes a similar differentiation. It is quite clear among clinicians and researchers that during the first year of life, infants are not capable of feeling hate. It is only from the latter part of the first year of life on that infants begin to attach ideas of wishing to destroy someone who causes them intense pain which rouses feelings of intense hostility. Some clinicians even question whether children are capable of hostility at all during the first year of life. Those of us who have researched that question closely, believe that infants become capable of hostility as we understand it, namely with the idea of wanting to hurt someone, during the second half of the first year of life. The question of hate, a more intense and more enduring feeling of wishing to cause pain to or destroy someone, becomes possible from about the middle of

the second year of life on. We shall talk about this in more detail in Section 2.241.

Of course, the capacity to experience love is a source of valuing both oneself and others. It cements our relationships with one another. On the other hand, the experience of hate, an enduring feeling of needing to destroy or inflict pain on someone, is an enormous disrupter of attachment and of valuing which becomes experienced not only toward needed others but equally toward oneself. We might note here, and we shall elaborate below, that the development of self is completely linked up with the development of others (Section 2.22). That is to say the ideas and feelings or representations we have of oneself as well as of those others we need and value, develop gradually hand in hand. Therefore, feelings of both love and hate the child experiences, that stabilize in and become part of the relationship experienced between self and other, are equally distributed between and attached to the mental representations of self and other. Often these feelings are experienced as so unbearable or threatening that defense mechanisms are devised by the child in order to protect herself or himself against the intense anxiety these cause (see Sections 2.2531 and 2.26 below).

In addition to this all important developing ability to love and hate, the child also develops two new sets of feelings during the second year of life. The first is a mild sense of sadness, a quiet withdrawal from contact with others with an appearance of being-in-thought which Drs. Margaret Mahler and John B. McDevitt have labeled "lowkeyedness". The second is the painful feeling of "shame". Both become observable in normal children who are quite well cared for from the middle of the second year of life on. "Guilt", another important feeling may appear in some children from the end of the third year of life on but tends for the most part to become evident from the fourth and fifth years of life on.

Lowkeyedness, a mild form of sadness, has its beginnings in momentary reactions of disappointment or hurt and often leads to withdrawal from others (which infants may already do during the first year of life). During the second year, however, this mild form of sadness can become more enduring, may be experienced and last for hours, even for days. Most parents experience evidence of such feelings of sadness in our children as uncomfortable, even painful and worrisome. It is important to know, however, that such feelings of sadness are part and parcel of normal development and that given that sadness is unavoidable, children must be helped to learn to at times tolerate it. In fact, it is important for people to learn to tolerate reactions not only of sadness but of depression because these, too, are part and parcel of normal development and life. For instance, "lowkeyedness" according to Mahler and McDevitt, is a normal reaction which accompanies a phase of development we will discuss below, and which they propose is an adaptive reaction to the experience of his particular phase (see Section 2.22). Some of us, following Dr. Mahler's theory of Separation-Individuation, believe the essential challenges of that phase, by the way, to be the child's realization that mother and self are not one, but rather are two separate individuals, and that this realization leads to the infant now experiencing himself or herself as small and vulnerable.

We saw episodes of lowkeyedness in virtually all the infants. It is really common from the second half of the second year on into the third year. We saw these in very well functioning Jennifer, Doug, Bernie, Johnny, Diane and Jane. We noted that Johnny and

Jane were children who also had bad dreams and some sleep problems. We saw these (lowkeyedness and bad dreams) as evidence of their experiencing normal life as being marked by moments and periods of time they felt to be stressful. This of itself is important for parents to know: that growing up is not all joy and comfort, not all fun and games, it is in fact often hard work, often stressful and producing anxiety and depression (at first lowkeyedness) in normal children.

Diane's lowkeyedness episodes were especially clear during the 17 to 22 months when she went through a conflict within herself, clearly visible in her behavior, in which she appeared to be unable to make up her mind as to whether she wanted to stay on the sofa with her mother or go and play with the other toddlers down the hall. We shall describe this in detail in Section 2.2211. During this struggle, Diane showed feelings of impatience, annoyance, and in between, a steady feeling of lowkeyedness.

An episode of lowkeyedness is not deeply painful as is depression, nor is it as emotionally darkening as depression of what is experienced. Depression results when hopelessness and helplessness are felt, and when the feeling that some drastic loss has occurred. There often is much hostile feelings and even rage produced by and associated with depression. None of these are felt with lowkeyedness; the feelings are much milder, as disappointment and anger, and the pain is less intense; and lowkeyedness may last for hours and days; depression lasts for weeks, months and even longer.

Compared to the experiences of Vicki and Richie, Diane's lowkeyedness was a breeze. Vicki's depression was an endless period of heavy rains that led to flooding; Richie's depression and misery was like periods of hopeless ice rain and deep freeze ripped by episodes of eruptive thunder and lightening. Vicki looked deeply sad, her face seemed at times frozen, her cheeks and mouth flat and unmoving. Her eyes were flat and unresponsive to one's efforts to communication with her visually. In the Child Rearing Section we shall comment on what needed to be done.

Fourteen month old Richie's depression had a quality of deeply felt hurt mixed with fear and suspicion. He gave the impression of almost having given up. But he seemed more responsive than Vicki or at least more allowing of an effort to reach him when approached. He did not trust that good could come from others. His affect was very unstable. He could suddenly erupt with pained rage when another toddler took a toy Richie had appropriated and put down next to himself. We shall talk about him further and how we worked with his caregiver in Sections 2.2132 and 2.242.

Shame, depending on the depth to which it is felt, may be experienced as moderately painful to excruciating. By virtue of the enormous pain shame can produce, shame generates much hostility within the self. Shame is a crucial feeling which can influence the way the child feels about himself or herself, can be a major underminer of the child's self esteem, sense of capability and autonomy, and discourage healthy adaptation. It is therefore important to recognize it in young children.

Shame can be produced by a young child feeling incapable of doing something he or she tries to do. This is due to the child's feeling then that he or she is not good enough, or smart enough, or big enough to do that which the child tried. That makes many a child give up rather than try again and again. But equally hurtful is the child's being shamed by the parent whose approval and love he or she seeks. Although shaming at times

pushes a child to avoid being shamed again, it will bring anger and resentment and, more often than not, it discourages a child from trying, making the child's tasks even more difficult.

From year one to three years of age, then, brings with it crucial differentiations (evolving) and developments of affects (feelings) each of which is a major contributor not only to the quality of the child's experiencing, but to the character of the development of self, of relationships, and of the state of well being the child experiences. Love is a prime contributor to good self esteem, to a good sense of autonomy, self confidence, and facilitates adaptation. Hate is a prime factor that undermines a healthy sense of self, of good self esteem, autonomy and indeed, it facilitates the experience of both sadness and shame, and undermines constructive pro-social adaptation. Sadness (lowkeyedness) is an unavoidable experience for every child which tends to be experienced in a benign way unless it leads to depression. Shame is also unavoidable, especially that caused by the child's being disappointed in his or her own performance or appearance. It is an enormously painful feeling that undermines self esteem, a good sense of self value, autonomy and undermines adaptation.

A word about guilt. Shame is at times difficult to differentiate from guilt, a problem which has been a source of research and study by mental health clinicians for decades. Different theoretical models are put forward but one that makes much sense to us is this: shame is experienced when the child (or adult) feels that she or he is not living up to his or her own idealized expectations, ideal self image. One is humiliated (shamed) when one is not living up to an ideal standard one develops for oneself. By the way, when ideals for the self are set too high, much pain can be experienced because attaining such expectations is not feasible. It is important for children to develop reasonable ideal goals for themselves, goals that are inherently achievable; otherwise the individual may be subjected to repeated experiences of self-disappointment and shame. Guilt, by contrast, results from the experience of wanting to hurt or destroy someone we love. That is to say, the origins of guilt lie in wanting to destroy someone we love. Eventually in healthy individuals, by a mental generalization, wanting to destroy people who are innocent will induce guilt as well. In normal individuals this can also be extended to causing harm to non-human creatures. Guilt too is a very painful feeling, but it has the enormous socializing function of making us abide by rules and by laws. We shall discuss guilt further in Unit 3 because this is the developmental period, from three to six years, when it becomes organized as a powerful internal force that can govern the child's behavior.

2.2132 CHILD REARING: What Can The Parent Do That Is GROWTH-PROMOTING Regarding the Child's AFFECTS

Feelings (affects) are a window into the child's or adult's emotional state. Empathy is the major function which we use to help us read these feelings. Empathy is essential in human relationships and especially so in parenting: because it helps the parent understand what the child is experiencing, which itself is essential to figuring out how to rear a child

in growth-promoting ways. We refer the reader to the steps we suggest to enhance the function and capacity for empathy (see Unit 1, Section 1.242).

It is worth repeating; there always is a reason for whatever the feelings a child is experiencing. It is a mistake to assume that a child feels sad or angry or loving for no reason. The child may not always be aware of what the reason is for his or her feeling sad, angry or loving; but it is there.

It is also well for parents to bear in mind that when they cause emotional pain (unpleasure) in their child, prolonged periods of intense negative feelings will generate hostility in the child, one of the principal outcomes of feeling hurt, or neglected, or frustrated, or being abused too long. By negative feelings, of course we mean feelings such as tenseness, agitation, fear, anxiety, panic, depression, anger, hostility, temper tantrums, etc.

The normal average one to three year old child whose expressions of both positive and negative feelings are responded to reasonably tends to express feelings fairly openly and directly. This is enormously advantageous both for the child and the parents. Where expression of loving and of angry and hate feelings is permitted, is well-enough tolerated, and the parent guides the child in learning how to express these in acceptable ways, this will vastly benefit the mental health of both parent and child. (See how Suzy's mother handled Suzy saying to her "I hate you", below.) The child will benefit by being helped to deal constructively with such normal feelings; the parent will benefit by better understanding the child and having a clearer idea of what to do to rear the child in growth-promoting ways.

Suzy's parents had been dealing from early during her first year with Suzy's irritability and difficulty to calm, both of which facilitated the child's getting angry more quickly than occurs in many children. After a poor start, they progressively became able to help Suzy quite well, first by accepting the fact that Suzy was born with an immature central nervous system, that this is why she was so irritable, and that because she could not yet organize well what she experienced, she could not be calmed and comforted easily. Mother especially, but Father too, accepted our recommendations to be patient, to not take personally their daughter's ways of reacting to stress, to persist in their efforts to calm her even if they felt that it was not working, and that we could not predict how long it would take to eventually get her to become less irritable and easier to calm and comfort. Their work was cut out for them; this was one of their major family projects. Between them and substitute caregiver Mrs. Sander, Suzy's irritability decreased significantly and she was much easier to calm and comfort by the end of the first year.

But their work was not completed, of course. Suzy continued to get angry quite easily and quite quickly. During the second year, they continued their way of dealing with calming and comforting her. Now they could begin to help her deal with being irritable by telling her to "Try and calm yourself down, Sweetie" or "Come on, get hold of yourself". We encouraged the parents to move in quickly when Suzy would lose it and get angry. During the third year Suzy's getting angry was in better control but still, she could get angry quite quickly. We recommended now that the parents focus on slowing down her reaction of becoming angry. By now they knew very well the signs before her outbursts. "Get hold of yourself" mother began to tell her when she saw the signs; and by

the end of the third year, the idea of "Counting to 10" was introduced and worked on. In Section 2.242 we shall talk further about handling hostile outbursts and rage reactions and tantrums.

Where feelings of affection and consolidating love as well as feelings of anger, hostility and hate are not well tolerated by parents, and as a result not permitted expression, problems are bound to occur. Some children quickly learn to defend against their direct expression and even against perceiving them in themselves. We have seen mothers and fathers who have trouble being affectionate with their babies and not recognize or, most probably, not tolerate expressions of love from them. Such children are shown that expressing love feelings is not acceptable. Anger and especially hostility and now hate, still by many people believed to be "bad" feelings to have, may be experienced yet be denied and go unexpressed and unresolved. Even though anger and hostility are always caused by differing degrees of emotional pain (unpleasure -- see Unit 1, Section 1.291, and Section 2.241 below), many parents feel that experiencing hostility and hate are evil or suggestive of "badness" in the child. Therefore, efforts are made by both parent and child to suppress the experience and expression of anger, hostility and hate. Because it is such a difficult task to suppress powerful feelings, rather strong measures are required to achieve their suppression; massive inhibitions of feelings, for instance, is a common method children use to achieve this (See Defense Mechanisms, Section 2.2531). Where strong measures are required, the normal, healthy expression of hostility as well as of other feelings (affection, interest, etc.) may be inhibited. Where that happens, the child will not be learning to handle feelings of anger, hostility and hate and the parents will not have access to these feelings in the child to help the child cope with them constructively. In addition, parents will not have the benefit of their child's clearly expressed feelings for their understanding of what is going on in their child which is causing behavior difficult for them to handle. We must emphasize that when large efforts are made by the child to suppress feelings which are intolerable to the child and to the parent, the suppression of feelings that occurs may involve not only those feelings that are undesirable such as hostility and hate, but highly desirable ones as well, such as expressions of affection and love. Children need parental guidance in learning how to express unpleasant feelings; their emotional well-being depends on all such feelings being permissible and that the focus of help needs to be on how to deal with them in acceptable ways.

Mother was stung when 2 1/2 year old Suzy, in a moment of despair said to her mother: "I hate you!". After all they had already been through together and all of mother's (and father's) devoted, persistent efforts to calm and comfort her, mother said to us, "This is the thanks I get!" She was so hurt, she said, her heart sank, she was speechless and pulled away from her daughter. And then, she just did not know what to do when, crying painfully, about one minute later, Suzy came to her mother, her arms reaching out, she wrapped herself around her mother's legs. After a few seconds of just standing there speechless and without moving, mother bent down, picked Suzy up, and feeling drained, holding Suzy close, she just half-collapsed onto a kitchen chair. Finally, regaining some composure to calm her, mother said to Suzy, "It's OK, it's OK". Mother said she was not sure if she was comforting Suzy or herself, maybe both.

We told mother that she really did quite well. That what she experienced and how she reacted was quite good for these reasons: (1) She allowed Suzy to tell her what she was feeling, even though it was very hard to hear. This has many advantages. It means that Suzy can tell her mother anything she has on her mind and that mother will not reject her or shame her. It means also that Suzy will feel that hate is an accepted part of life, a feeling even very nice people can feel toward those they love. And it does not mean that she is evil or bad, even though she may feel so anyway (which we shall explain in Section 2.26 and in Unit 3, Section 3.2122 and 3.26). We explained to Suzy's mother that hating someone she loves means that the child feels extreme pain, whatever the cause, and feels mother is causing it, whether she is or not. It does not mean that Suzy does not love her mother. It just means that at this moment in time, for whatever number of minutes, Suzy hates the mother she loves, which -- as we shall explain in Section 2.612 -- will make her feel guilty, we told mother. Mother does not need to reprimand her nor shame her for expressing her feelings in words, so long as they are not insulting. "I hate you" hurts, but it is not insulting. We shall talk further in Section 2.242 about some of the problems saying "Oh, I know you don't mean that" or calling the child "bad" or evil" can create, as well as what refusing to comfort the child after she or he said "I hate you" can do.

We told Suzy's mother that being aware that her daughter's hate is not the only way Suzy feels about her mother, that Mother can help Suzy even more by saying things like: "I'm sorry you feel so upset." and then when she has calmed down, mother can add something like "I know you get mad at me sometimes, but I'm really glad you love me a lot and I love you a lot". This informs the child of the way it often is in a reasonably well functioning family, and that occasional feelings of anger and even hate do not destroy or threaten love relationships. Furthermore, it helps repair whatever damage (hurt) the child and the parent may have caused each other. In Section 2.2412 we shall elaborate specifically on handling hostility in children in growth-promoting ways.

Here is why helping children cope with large doses of negative feelings is enormously important for their well-being. Good feelings lead to the development of good feelings about oneself and others and secure good love feelings in relationships; and bad feelings or feelings of excessive pain which generate hostility in the child, become part of the child's self experiencing and of the parent-child relationship. The consequences of these of course, are large.

We saw, we believe, the consequences of Richie's troubled, abandoned and despairing 17 year old mother's not being able to tolerate her seven month old baby's initially normal demands and crying and then, no doubt, anger. Not able to tolerate these, she would roll his crib into the hall outside their apartment and let him cry himself to exhaustion and eventually, we would guess, despair and sleep. The consequences of handling her baby's crying this way, and probably being abusive eventually, were that from being a healthy, robust, smiling and bright, well attached and trust 5 1/2 month old, he became a depressed, morose, underdeveloped, poorly attached and mistrusting 14 month old who looked no bigger than an 8 month old. The consequences of his being thus neglected and abused were drastic.

Let's talk briefly about dealing with the specific newly developing feelings we find

from the one to three years period on. Love feelings are a prime positive contributor to healthy self-esteem, the continuing emergence of a good sense of self and autonomy (self motivation, self initiation), and good adaptation. Love feelings are also a great gift in a relationship. The best ways to enhance feelings of love from the child is by loving the child, treating the child with consideration, reacting to the child from a position of empathy (namely, by attempting to feel, tune into and understand what the child is experiencing), by treating the child like a person from the beginning of life. Love feelings are not enhanced in children by overly cuddling them when they do not want to be cuddled, hugging them when they do not want to be hugged, either infantilizing or making them older than they actually are, being overly permissive or overly strict.

Hate feelings strongly undermine good self-esteem, autonomy and good adaptation. As a result, it is clear that those experiences of excessive unpleasure which generate hostility, which in turn accumulates into hate, should be made as short-lived, as infrequent as possible. Below, in Section 6.24 we will address this issue more extensively.

Sadness, "lowkeyedness", is best dealt with by tolerance, availability to the child's wish for closeness and/or comforting, by talking about the feelings and the reasons for having these feelings. For instance, the most common time the 18 to 20 month old child experiences lowkeyedness is when mother is not emotionally available to the child. Given that many mothers are working outside of the home, many normal children, like Johnny, will experience heightened degree of lowkeyedness at this age, especially during the second half of the second and the first half of the third years of life, due to the necessary separation for many hours their mothers' work outside the home requires.

Jane's lowkeyedness seemed to come after her bad dreams. She was about 20 months then and we assumed that it simply was part of her dealing with that period of life's major task of separation-individuation which we shall discuss in Section 2.2211. So too, Diane's lowkeyedness was due to the conflict and the experiences that come with recognizing that she is a small child separate from her big and strong mother that Diane feels at times quite vulnerable and at times feels helpless. These feelings are part of the child's real life and are unavoidable at this time. It is important that parents not become alarmed by these feelings in their beloved children. These are not at all like the deep depression feelings experienced by Vicki or Richie. Tolerating the feelings of mild but sober sadness the child shows, allowing the child's expression not only of the feelings but also inviting the child to talk about what is causing the sadness, can be enormously helpful. A parent's sympathy and comforting do a lot toward reducing lowkeyedness and therewith can be highly growth-promoting.

It was different with Vicki. She did not experience lowkeyedness. She suffered a very painful depression which, as we explained in Unit 1, Section 1.331, we understood to arise from her depressed and overburdened mother's inability to meet sufficiently Vicki's emotional needs. Mother's rough handling probably added to Vicki's pain and feeling of emotional deprivation. It is important to understand that this type of infant depression leads to an attachment in which the caregiver is experienced as non-gratifying of basic needs; the learned expectation is that (emotional) needs will not or cannot be met. No hope for this is left. To reverse this then, or to heal this damage in relatedness

and feelings, it was essential to handle Vicki in such a way as to counteract the learned conviction that caregivers cannot meet and gratify her basic (emotional) needs. We shall detail what needed to be done to change the quality of her experience, expectations and mood in Section 2.2212, when we talk about optimizing the child's development of her sense of self and of relationships.

Shame, a feeling which is enormously painful when intense, is a prime underminer of self-esteem, healthy self-love. Although self-love when too enlarged creates problems of heightened narcissism, of too large an interest in oneself only, a healthy amount of self-love brings with it good self-esteem, self-respect, and self-confidence. Shame also undermines the sense of autonomy and leads to troubled adaptation. Unfortunately, we hear too often children shamed by attitudes and remarks of depreciation, of scolding that are insulting, like "You're bad!", "You're good for nothing", "You're evil". This is one of the instances where words can be enormously painful and cause a great deal of damage. Shaming a child often does more harm than good. Parents will be angered by their children, unavoidably, in some cases, many times. It is especially when the parent is angry that shaming the child may occur. It is much more useful if the parent tells the child she or he is angry with the child, that the parent does not want the child to behave the way he or she is behaving, that the behavior is not acceptable and better stop right now! We will talk further about dealing with unacceptable behavior in Sections 2.242, 2.2522 below.

2.2 EMOTIONAL AND BEHAVIORAL DEVELOPMENT

2.21 THE CHILD'S ABILITY TO ADAPT -- PART I

2.2141 HUMAN DEVELOPMENT: Intelligence, Memory, and Exploratory Activity

The child's learning behavior became very visible in the upsurge of exploratory activity around the middle of their first year of life. Now, in the second and third years, this exploratory activity continues to be driven by a large push from within the child which is evident on the child's face and body and in his or her persisting efforts. As would be expected, the one to three year old child's exploratory activity becomes better and better organized. By 18 months of age exploratory activity continues to be spontaneous but it also seems to be pre-thought, more planned, and seems to have some strategy. The child's exploration of a particular item will be more rapid (because the child already knows much) more detailed, and may extend over a longer period of time. Also, exploration may become combined with developing skills such as piling up graduated sized wooden or plastic donuts on a peg, as 18 month old Jennifer could do, or building with blocks. Preparation for exploration seems at times to be more deliberate. Certain toys seem to be targeted with interest, suggesting intention on the part of the child to deal with the blocks, the peg and donut toy, climbing the stairs, getting over a barrier, etc.

In these explorations, one can see each child's particular increasing capability for paying attention to what the child is doing, increase in concentration, the stabilizing of patterns of persistence in effort, increase in frustration tolerance, all essential for learning and therefore of much importance.

A crucial development originally described by Piaget and further researched by his students, is the development in the function of remembering, in memory, of the brain activity which makes evocative memory possible. Evocative memory means the ability to recall (remember) at will what something or someone looks like without seeing it actually, within one's visual field, at the moment of remembering. This development was described by Piaget as due to the capability for object permanence. Object permanence means the ability to retain in one's mind what something looks like when it is not there to be seen, when it is not within one's visual field. Piaget's research led him to say that the ability to retain in one's brain and to retrieve at will the representation of an item (a person or a thing) tends to develop from about 14 to 18 months of age. More research has revealed that in children who are well cared for, who have good enough relationships during the first year of life, this ability for object permanence occurs earlier for persons who are valued by the child than for things. This, of course, most applies to the child's parents, siblings, and other persistent caregivers. This specific ability, the function of person permanence, has been found to begin from about 11 months of age on and

gradually stabilizes by the early part of the second year of life into evocative memory for persons well known to the child.

Person permanence and object permanence are essential for the function of evocative memory. Let us repeat here (also see Unit 1, Section 1.321), that recognitive memory, the earlier of the two major forms of memory, is the ability to recognize upon seeing a thing or person with which/whom the child is already familiar; children show evidence of this capability from five to six months of age on. Evocative memory, on the other hand, does not require the actual presence of a person or a thing for its recollection.

Intentionality, the intention to do something, and causality, the recognition that an action will have a particular effect, stabilize further during the second and third years of life which also contribute to the child's increasingly more complex discovery and understanding of the world into which the child was born.

It was no minor accomplishment, when at 18 months of age, Jennifer managed to pile the size-graduated plastic donuts on a peg in nearly the right order. Her mother was pleasantly surprised by it, told Jennifer, "Hey, that's great; you got them right!" Reading her mother's pleasure, Jennifer cheerfully applauded herself (actually clapped her hands) even though mother had not done so.

The same can be said for all the children's increasing skills in body movements during the second year, including walking more and more stably, turning quickly without falling, going up stairs, coming down backward or on their bellies, or during the third year when holding on to mother or the banister, as well as the manipulation of things with increasing ease. Depressed Vicki developed these skills, even though her activity was dramatically slowed down. That is, all her movements were as if in slow motion during the last quarter of the first year and the early part of the second year. We saw that Vicki may have had an inborn gift of body movement and control that was striking. From the end of the second year on, when her activity regained a seemingly normal speed, when she walked across the room, she glided like a dancer, her movement was remarkably different from the other children; indeed, it was beautiful.

During year two, Richie's activity at first was markedly inhibited, and generally slow, except when he would suddenly throw a toy or flail in a reaction of rage. He gradually was able to become less inhibited, at first manipulating toys while sitting near his great-aunt to then moving about cautiously, more due to fear of how others would react to him rather than due to instability of his walking (even though he gave the impression at 14 months to be about eight months old in physical growth). As he gradually improved, by the end of his second year, his movements, explorations, and manipulations of things increased quite satisfactorily though not yet up to his age level. Because we no longer had the opportunity to see him after his second year, we cannot report on his further progress and growth.

Language and Fantasy:

Many a child begins to develop language during the second year, a factor toward which memory makes a major contribution. First, words are used which progress more or less rapidly depending on the child into phrases and eventually sentences and, in some,

even questions. During the third year, language continues to develop at a virtually explosive rate. Now questions are frequently asked, in some cases to the point of mother feeling tired of answering "all those questions".

Of enormous consequence to adaptation, the capacity for fantasy, the imaging of an event, a scene and its unfolding action, seems to begin from the middle of the second year to be used with intention as is readily observable in children's behaviors. For instance, Diane's father (a keen observer of his children's behavior) told us that Diane brought what became one of her favorite books, conveying to him equally with signs and with her "Daddy, read", that indeed she wanted him to read it to her. What struck him though was that as he sat with her, showing her the pictures as he read, at one moment, 18 month old Diane touched a picture with her thumb and index finger, brought her hand up to her father's nose, a sweet smile on her face. In the instant, father understood that she wanted him to smell the flower she pretended to have picked from the book. Father was right to be surprised at this early ability to pretend. Pretend, that important play activity, requires the ability to fantasize.

It is possible that fantasy formation may begin even earlier than 18 months of age, an assumption for which there is good evidence. For instance although other explanations would do equal if not better justice to what the infant experiences, infant observers have proposed that very young infants show what seems to be "hallucinatory" wish fulfillment behavior. They have proposed that the four month old infant quieting after a period of crying may have stopped crying because he or she imagined or "hallucinated" the feeding to occur before it actually took place. (Of course, since no feeding has yet taken place, the infant will soon cry again.) Or one can see a ten month old become pensive for a moment during an anxiety episode associated with mother's leaving. What is he thinking or imagining? Or what about a ten month old dreaming (see Section 2.2111)? All of these suggest that some imagining or fantasy formation occurs prior to 18 months of age. We also assume that acquiring the capability for person permanence during the early part of the second year means that the child can have the mental representation (image) of a person, not just as a photograph but as in a movie, in some brief action context at this age, like the good mother nurturing or soothing, or the angry mother scolding, etc; this of course now becomes an integral part of fantasy. Fantasy, the imagined unfolding of some action, becomes clearly evident in play and in certain interactions. That 18 month old Diane picked a flower from the book and asked her father to smell it suggests a substantial beginning of this enormously important adaptive function.

During the third year, fantasy formation increases dramatically and the capacity to make a brief story, with a theme, becomes evident in children's play as well as in some of their interactions with those in their environment (see Section 2.23 below).

2.2142 CHILD REARING: Optimizing the Development of Intelligence

The developments described in this Section which originate from within the child, like so much of the child's development, can be enhanced by the parents. For instance,

we believe that parents may not be able to directly enhance the development of object permanence because it results from brain maturation primarily; but they can enhance the development of person permanence which seems to be more influenced by experience. Person permanence is best achieved by making the parent-child relationship sufficiently gratifying. This, in turn, is best achieved by parents behaving toward their children with love, thoughtfulness, consideration, trying to understand the child's experiencing, not being intimidated by the child's feelings of anger and hostility toward the parent, by setting limits constructively, etc. In essence, this is the aim of all that is contained in these pages, that is, to optimize the parent-child relationship and therewith the development of intelligence and good emotional health in the child.

First, with regard to the development of intelligence, it is important that parents realize that their child learns, that is, becomes a student not in first grade but from the first year of life on. The rich exploratory activity which one sees from about the middle of the first year of life on, made so evident by its remarkable upsurge at that time, make of the child an explorer, a discoverer, a student of the universe into which he or she was born. The parents' facilitating these exploratory activities, supporting them to the extent that it is safe for the child, will protect the child's being a student, the child's interest in things around her or him and will facilitate the learning process. One could see the strong encouraging influence on 18 month old Jennifer of her mother complimenting her for the way, probably the order in which she stacked the donuts on the peg; Jennifer clapped her hands! This very naturally makes the child want to do things in ways that will bring the mother's (and father's) approval. It adds to, reinforces, the pleasure of doing something well. Good attention, concentration, persistence in effort, patience in the face of frustration, all so essential for learning, can be enhanced by the parents within the context of their children's exploratory activities. The parent can do this by (1) first allowing the child to make efforts, and when needed by encouraging and supporting those efforts; (2) deriving and expressing pleasure at the child's growing skills as they become evident in the child's behavior; and (3) facilitating learning by teaching. For instance, although a child spilling a cup of water on the kitchen floor is an unpleasant event given that someone will have to wipe it up, it is nonetheless an opportunity for teaching the child that cups need to be held upright, that fluid flows out of cups unless they are held upright, which we might point out, is a lesson in physics.

All of the above can, of course, also be facilitated by creating an environment which is conducive for exploratory and skill developing activities. Many years ago, Dr. Ben Spock spoke of "baby-proofing" the house for children in the second and third years of life. Of course, this needs to be done for crawlers during the first year of life as well. In circumstances where infants are repeatedly prohibited from touching this knick-knack or that television knob, or that too reachable toaster or hot coffee pot, where too many prohibitions are needed, these will lead to insufficient opportunity for exploration. These will also create too much frustration for the child that will generate large doses of hostility toward the parent that will then, in turn, make the learning experience one contaminated with hostility. Equally important to intensifying hostility in the child-parent relationship, such repeated interference with exploratory activity may discourage interest in the world around and in learning altogether. The task for parents is difficult. Growth-

promoting parenting requires limit-setting; but limit-setting becomes growth-disturbing when it occurs too frequently (see Section 2.2151). Setting limits should be done when truly needed; but this should be kept to a reasonable minimum especially in areas of learning activity. Therefore, baby-proofing the house, putting things that can too easily be broken out of reach, putting items the parent values which she or he does not want the child to touch, placing things that can cause injury such as hot cups of coffee, ash trays, all out of reach can be enormously conducive to safe and un-conflicted exploration. Obviously, one cannot move electrical outlets out of the reach of children. Nor, we emphasize, do we mean that setting limits should be avoided where they are needed; quite the contrary (see Section 2.2152). We mean only that excessive limit setting in the domain of learning can interfere with pleasure in learning and a feeling of freedom to learn.

Parents can also enhance and even increase their child's interest in learning, in explorations. This is best done by

(1) Following the child's lead in what catches the child's interest. That is to say, we have at times seen an interested mother or father unaware of the child's exploration of a particular item, try to change the child's focus of interest and turn the child to what the parent is interested in. One young mother, trying hard to engage in activity with her child, would pick up one thing after another to present to her child in an effort to gain the child's interest in each item; but in the process she seemed to not recognize the child's rich self-generated interest in things the child was exploring. Unless it is the parent's intention to change the child's focus of interest, such as from an electrical outlet to something that is safe, like 18 month old Diane's father did, it is usually better to follow the child's pursuits, recognize what the child is interested in and share in that interest. Of course, a parent can also introduce things to explore which the parent finds interesting. The point simply is: find out what your child is interested in and, if it is safe, facilitate that.

(2) Sharing in the child's excitement about a new discovery, an item or a phenomenon like 18 month old Jennifer's mother did is most conducive for learning. "That's stupid!", or showing a lack of interest in what the child is attempting to do or to show a parent may well discourage the child's interest and learning.

(3) Exploration requires motor activity (crawling, walking, swinging things, pushing and pulling things). The beginnings of intelligence emerge in sensorimotor activity. Some parents are more comfortable when their child is quiet, like in a play pen, and not physically (motorically) active. Sometimes they will encourage their child to not move around so much, to not reach for things, etc. when the child is only moderately active. Of course, some children who are too driven need help in slowing down a bit, in calming a bit. But some moderately active children whose active motor behavior is disapproved of by mother or father may inhibit that activity and with it, inhibit learning. Such early inhibition may be carried into the learning process for many years to come.

(4) Also, it is important to answer your child's questions as best as you can, any question. Children often express interest they have in things by asking questions. Many bright two year olds seem to be full of questions; they may, in fact, ask questions so frequently, sometimes asking the same question over and over, that parents tend to

become tired of their questions. True, there are times when children ask questions for the purpose of irritating their parents. But most of the time, children ask questions because they want to learn, they want to have answers. Parents who take the time to answer their children's questions do many things at once; they acknowledge that interest is important, that learning is important, that what their child feels, thinks and says is important, etc., which ultimately leads to the sense that the child is an important and valued human being.

Interference With The Development of Intelligence:

Interference with the development of intelligence can occur through interference with exploratory activity. One we already noted is by making it too difficult for a one to three year old to explore safely and without too frequent prohibitions. We observed very little exploratory activity in Vicki during the end of her first year and her second year. We knew this to be due to her being depressed. It was when Vicki and her depressed mother's treatment began to make them feel less depressed, that Vicki's locomotion (walking) and exploratory activity increased. The same occurred with Richie who, when we saw him at 14 months, would just sit where he was placed on the carpet and, at first, not reach for anything or move. Only gradually, with the lifting of his depression and the increase in his feeling safe, did he cautiously move and begin to explore things around him and handle toys.

2.2 EMOTIONAL AND BEHAVIORAL DEVELOPMENT

2.22 THE DEVELOPMENT OF SELF AND HUMAN RELATIONSHIP

2.2211 HUMAN DEVELOPMENT: Separation - Individuation (Continuation from Unit 1, Section 1.331)

Dr. Donald W. Winnicott has said that there is no such thing as an infant, there is only an infant-and-his/her-mother. Psychodynamic and psychoanalytic child developmentalists say that the development of the self goes hand in hand and in parallel, so to speak, with the development of relationships to others and the way we come to know, feel about, and perceive ourselves and others. In Unit 1 we began to detail the theory of separation-individuation developed by Dr. Margaret S. Mahler. We emphasized that the separation-individuation theory makes the central assumption that the infant may experience himself or herself during the early months of life as being one with mother, as if self and mother are one unit. This, we said, Mahler proposed to be a psychological "symbiosis". Mahler defined 'symbiosis' differently than it is defined in general biology. In biology the term means that two organisms depend on each other for survival in a manner equally beneficial to each. Mahler's term means that the infant emotionally experiences himself or herself to be in a state of oneness with the mother. Separation-individuation is the process whereby the infant resolves this experience of oneness in such a way that by the end of the third year of life, the infant has a stable inner feeling, mental image, and a sense of self and of mother as two separate entities, two individuals who are attached to one another by a powerful emotional bond.

This process of separation-individuation occurs from the middle of the first year of life through the third year, and has been identified by Mahler as the separation-individuation phase. Further, Mahler subdivided this phase into four subphases, those of Differentiation, Practicing, Rapprochement, and Toward Self and Object Constancy. In Unit 1 we described the period Mahler conceived of as the normal symbiosis, the symbiotic phase, and we also detailed the beginnings of the separation-individuation phase, detailing its first two subphases, the differentiation subphase and the practicing subphase. We said that the differentiation subphase extends over several months from about five to nine months of age when the infant seems to, as Mahler said, begin to "hatch out of" the experience of oneness with the mother. The infant does so when sitting on her lap by turning away from her, by separating his or her body away from the mother, and by crawling away from the mother, all giving the impression of the infant pulling himself or herself away from her. Mahler made a point of saying that the infant's first steps (or crawling) are away from the mother.

We also described briefly that in parallel with this differentiation subphase, from about seven or so months of age on, the infant begins to move away physically from the mother in a rather consistent and vigorous manner. This movement away from the mother, it became clear to Mahler, was not only suggestive of a differentiation away from

the mother, but by virtue of specific features characteristic of the infant's efforts, Mahler identified the second subphase of separation-individuation as the practicing subphase. As we described in Unit 1, principal features of the practicing subphase are that the infant becomes a remarkable explorer of the world he or she has been born into and develops a number of sensorimotor skills which the child "practices" with much effort and persistence, skills which serve adaptation and bring with them much pleasure. These pleasure-yielding exploratory and practicing activities become typical of the well-cared-for child's experiencing during the practicing subphase. Because the practicing subphase begins in the second half of the first year of life and continues into the second year, let us take it up further at this time.

The Practicing Subphase (Continuation into the Second Year):

With entry into the second year the practicing subphase is in full swing. Most children, though not all, are upright, moving about for the most part on their own two feet, albeit with tentativeness given that this important new capability has only recently developed. Upright locomotion is a major achievement for the one year old which enormously facilitates adaptation. As in the development of a number of sensory and motor skills, the amount of energy and effort the infant puts into upright locomotion is remarkable and brings with it much exhilaration and excitement. All one needs to do to test the infant's inner pressure, inner need to be upright is to try and keep a toddler down. Of course, some toddlers are more pressingly motivated from within to do things than are others. Important for both child and parent is that the inner pressure which leads not only to walking, but also to the perpetual exploratory activity most young children engage in, is driven by a powerful inner pressure which makes the activity in question almost obligatory.

We believe that this inner pressure is due to a built-in force within the growing infant, which thrusts the child to be an autonomous, activity-initiating individual. It powerfully serves the development of one's sense of self. This is the inner force which when it comes under the child's control shall become his or her "Will". For instance the infant does not elect to walk, does not "decide" to explore, but rather is compelled to walk and to explore, as if pushed, indeed, driven from within. Someday it will be his or her "Will". But now, this pressure, the quality and degree of the effort that goes into these inner-driven activities is readily visible on a child's face and in his or her total body effort. Once this is understood by parents, the child's driven behaviors are recognized to be to a substantial degree, involuntary. This is in large part why children experience parental interruptions (say by limit-setting) of this inner-driven activity as so unpleasurable: (1) because it interferes with the child's inner pressure to do, to discover and to act upon the universe into which he or she is born, and (2) it interferes with the emerging sense of self as an autonomous, activity-initiating individual. This interference by the parent makes the child experience a conflict which arises out of his or her more or less rigorous thrust toward autonomy, what we have called an autonomy conflict.

Diane and Bernie were children in whom this inner-driven exploratory activity and autonomy thrust was especially vigorous from the latter part of the first year on, through

their second and third years. Jennifer too was strongly driven to autonomy and activity and was challenging to set limits with; but she had been a more "determined", knowing-what-she-wants infant from the beginning. This inner pressured determination and demandingness was not as strong in Diane and Bernie until they reached about nine to eleven months of age. It was as if a switch in their brain got turned on then, and they became significantly more vigorously active and autonomy striving (see also Section 2.241).

During year two Diane and Bernie were very busy children. They actively explored and exercised newly developing sensorimotor skills. When she was 13 months old, Diane wanted to push the toy cart into the hall at our research center. For a variety of reasonable reasons, Diane's mother did not want her to push the toy cart into the hall, as she had not let her reach for cups of hot coffee or touch electrical outlets. Diane at first objected moderately to her mother's not letting her do what she "wanted". But now, Diane was getting more and more troubled by mother's prohibitions. At 13 months Diane's objections and vocal complaints mounted, we saw her face redden, and with much effort she tried to squirm out of mother's interfering arms. She began to cry angrily, waved her left arm toward Mother in a striking movement several times, kicked her, and twice actually struck her mother's arm. Once she also struck herself.

The reason it is important to understand that the one year old is as active as he or she is not simply by his or her Will, decision or intention, but also by a more or less powerful inner-drivenness, is that the pressure pushing the child to autonomous activity unavoidably often leads the infant to do things which caring and responsible parents, like Diane's mother felt, will find unacceptable. In consequence of this, as we began to describe happened between Diane and her mother, a crucial interaction between child and parent occurs. Every mother and father becomes alarmed when a one year old reaches for a hot cup of coffee, an electrical outlet, or when the toddler is about to run into the street. Not yet able to understand that each of these acts is a potential danger, driven from within, the infant forges ahead to his or her target, the cup of coffee, the electrical outlet, etc. The parent automatically reacts much like Diane's mother did, with an interference, a protective prohibition, which, however, seemingly often creates a most unpleasant chain of reactions. Rather than experiencing the parents prohibitions as protective, the young child feels his or her toes have been stepped on, prohibition has been set up against doing what the child feels he or she needs to do, the reaction of frustration experienced by mother's prohibition leads to an experience of unpleasure in the child. Feeling pushed from within to do what she felt the need to do, and encountering the valued parent's prohibition, Diane experienced a state of distress which began a chain of unpleasure-experiencing reactions.

First, as we saw in Diane, frustration is experienced due to not being allowed to proceed in compliance with the inner pressure that is driving the child to action. This the child experiences as unpleasurable. The higher the inner pressure, the higher the "Will" to do what the child "needs" to do, the higher the degree of unpleasure experienced, the more will anger be generated. The longer the episodes of frustration persists, the more frequently these occur, the higher the level of unpleasure experienced, often to the point of becoming excessively unpleasurable, and the more will anger mount and then change

into hostility and even rage in the child, just as we saw in lovely Diane.

The second link of the usual chain reaction, and the second contributor to the child's distress, is that the prohibition which is set up comes from the caregiver to whom the child is attached and values deeply, namely in this instance, Diane's mother (or father). This means then that the hostility and rage generated in Diane by the excessive unpleasure she felt were experienced toward her deeply valued mother. This now sets up a condition within the infant which the infant experiences as an emotional conflict. After the outburst we described above, Diane stopped struggling and, troubled and surprised, Diane's mother sat down cautiously in a chair, holding Diane less tightly as she felt her daughter stop struggling. Thirteen-month-old Diane looked very upset. For the first time we found (in our observations of them since she was born) that her crying could not be comforted by her mother's very good usual efforts. We noted her crying angrily in mother's arms, and pulling away as if she wanted to get out of mother's now more gentle hold. Responding to Diane's signals, mother put Diane down on the floor, quite nicely. Now Diane cried even more loudly and angrily. Mother could not hold her and could not put her down! She picked Diane up comfortingly while sitting in the chair, continued to hold her on her lap and Diane calmed down a little. As she sat on mother's lap, Diane did not lean back into her mother's body -- which she has always done easily -- but, rather, she sat upright, separated from mother's body. Mother, wanting to comfort Diane, reached to touch her arm; Diane pushed mother's hand away, clearly a gesture of rejection. Both mother and child looked sad and serious. It was clear that the physical struggle between Diane and her mother evolved into a physically quiet but sad and serious experience. What did we see happen so far?

First, we saw the gradual emergence of a battle of wills between parent and child. This is one of the earliest clear-cut conflicts between a well-cared-for child and the caregiver to whom she is well attached emotionally. Diane wanted to take the toy cart into the hall again. It could be a child who wants to grab a hot cup of coffee; or play with an electrical outlet, etc. The loving parent sets up a reasonable prohibition. The degree to which the battle of wills is experienced and the frequency with which these occur is of much importance. From the child's side, the degree of inborn inner-drivenness will determine how persistent and pressured the child will be to achieve his or her own goals. Equally important, the mother's own characteristic ways of handling assertiveness and her tolerance for the child's expressions of his or her own will, also significantly determine what the character of the battles of wills between child and parent will be.

Perhaps the most dramatic and emotionally most important feature of these battles of wills is that the anger and hostility generated within the child by this experience of excessive unpleasure (where the unpleasure indeed becomes excessive) will be directed toward the caregiver most valued by the just one year old. This means that the child, like Diane's behavior showed, feels hostility toward the same caregiver to whom she is attached and values deeply. This then sets up feelings toward the caregiver that stand in conflict with one another: feelings of hostility versus feelings of valuing positively. Note that speaking of 13 month old Diane, we do not yet say "feelings of hate versus feelings of love". As we discussed in Section 2.2131, feelings of love and hate do not become organized until about 16 to 18 months of age. Prior to this, strong positive feelings of

attachment and valuing are felt as are strong feelings of hostility and rage; these can be experienced by the young child. As with Diane now, her strong feelings of hostility (and her attack of mother) experienced toward the mother she so highly valued now seemed to have produced within her an internal conflict which created distress and anxiety. We speak of such conflicted inner feelings toward the same highly valued (and later loved) caregiver as ambivalence. Here is what we believe occurs within the just one year old child which we infer from the behavior we saw in 13 month old Diane. We saw quite similar experiencing in Bernie and Jennifer. First, picking up where we left our narrative, here is what we saw:

Diane now sat on her mother's lap and, looking quite troubled, did not let her mother comfort her nor did she want her mother to put her down. She looked tense, anxious, and restless. Gradually, she positioned herself on mother's lap, sitting on it but separated from mother's body. Twice more she rejected mother's comforting hand. After Diane remained poised, sitting upright on her mother's knees for about one minute, mother got up cautiously and carrying Diane, bent down to pick up a toy with which to engage her. As mother bent down, Diane suddenly began to cry as if she had been struck a blow! Mother and we were startled. When mother rather quickly returned to her chair, Diane calmed quickly and again sat upright on her mother's lap. Gradually, her body tone softened and as she relaxed, mother brought her closer and Diane molded into mother's body, thumb in mouth, where she remained, awake, subdued, for about 30 minutes.

Here is what we infer: Diane, feeling much hostility toward her mother wanted to push and pull away from her, reject her, even hit her and probably hurt her. But she felt very pained and wanted the good mother (which was already quite stably represented in her mind) to comfort her, to make her feel better. But these two wishes were opposite to one another. She was unable to act on either one. We might guess that when she felt she wanted to be comforted, the feelings of hostility and wanting to hit mother came up. What was she to do? She was conflicted then and there. We thought that she was stuck between experiencing those opposing feelings almost at the same time. She needed to not move, and for mother to not move. Thus, immobilized, she sat upright on her mother's knees, until gradually, she calmed, probably her hostile feelings quieted a bit, and she could yield to her need from comforting. We felt that she was somehow "working" on dealing with the ambivalent feelings she experienced during the 30 minutes she stayed on mother's lap.

Thus, the 14-month-old's inner-driven thrust to autonomy and exploratory activity coming upon the responsible-loving parent's protective prohibitions leads through battles of wills (experienced by the child as an autonomy conflict), to an internal emotional conflict because of the ambivalence such battles of wills (autonomy conflict) unavoidably generate. This ambivalence and the internal conflict it creates are of large consequence to both the child and the parent, and to their relationship.

There is another issue of much importance that rides on the self-developing experiences just described. It is that the exploratory activity so amply evident in the child's autonomy strivings represents the child's learning about the new world into which he or she was born. In the discovery of that universe begins the all important process of cognitive learning, the type of learning children get in school. Whereas the eight month

old has begun to explore this new magnificent universe into which he or she was born, that eight-month-old's explorations are brief, less focused, often more interrupted by distraction than one finds in the 14 month-old. The eight-month-old child's interest is short lived. By contrast the 14 month-old now exhibits an interest that is much longer and with a capacity to explore and thereby learn which is a significantly advanced from just four to six months before. The point we want to underscore here is that the practicing subphase is the period when learning as an activity that does not grow out of immediate needs such as the need for food, the need for air, the need to be comforted when in pain begins. Learning about the world that surrounds us, purely cognitive learning, begins at this time. Learning begins not when children go to school but during the practicing subphase. This is a remarkable opportunity for securing a good basis for later school learning. It is important that parents be aware of this. In the section on child rearing we will address this point further.

As we have said, it warrants emphasizing, that this first phase of moving away from mother, of being an individual explorer of being able to tolerate separateness from mother for many minutes now, is a crucial stage of developing one's sense of self and becoming an individual. That is to say, a 14 month old will be able to be engaged in exploratory activities away from mother for as much as 10, 15, 20 minutes without needing to be in touch with the mother. Such periods of exploration, the longest yet initiated by the child himself or herself, may from time to time be punctuated by moments when an internal need will make the infant aware that he or she is separate from mother, will make the child turn from the activity in which he or she is currently engaged and look around as if searching for something, the search then stopping when the infant catches the mother visually. The child will pause momentarily, or may elect to move back toward mother, may either glance at her briefly from a distance or come to touch her briefly, and then return to the business at hand, exploring whatever the infant was exploring. This, Dr. Mahler and her coworkers came to recognize as a brief moment of "emotional refueling." It is as if the infant, drawn by some inner experience of need, suddenly is aware of the need for mother and it may suffice to just look at her in order to feel emotionally reassured, emotionally "refueled", to proceed with the experience of separateness and of autonomous exploratory activity. It is important to note that the experience of separateness of the 14 to 16 month old, is at the same time self experiencing, critical in the evolving of self reliance, autonomy, selfhood, but at this age is still far from being a complete sense of self, a complete sense of separateness. As the next subphase of development will clarify, the sense of self achieved during the practicing subphase is of enormous importance but is only "on the way toward" a distinct and stable enough sense of self.

The Rapprochement Subphase:

At about 16 to 18 months of age dramatic developments occur within the child's central nervous system (CNS). New functions, new capabilities seen in children's behavior suggests the differentiation (a further developmental change due to maturation) of the brain into a new, higher level of organization. This is a continuation of the

progressive growth in function of the brain. During the first year there are two nodal points or periods of further differentiation of the central nervous system, as well as of other physiological and hormone-based systems, each of which brings with it a higher level of brain and behavioral organization and functioning. For instance, scientists have shown that the first such organizational differentiation occurs at four to six weeks of age, evidenced in the physical sphere in a stabilization of the infant's heart rate and of the electro-encephalogram (the brain wave recording a greater stabilization of brain activity than before), and in the emotional sphere evidenced in entry into the symbiosis (Mahler), with a new awareness that "help comes from the outside".

The second such organizational differentiation occurs at about six to eight months of age, manifests in physical sphere by a marked increase in locomotor capability, the eruption of teeth and by new capabilities in the infant's immunological system, and in the psychological emotional sphere by an upsurge in aggression, a forging of attachment with peaks in separation and stranger anxiety reactions.

The third organizational differentiation which brings with it a new level of functioning occurs at about 16 to 18 months when in the psychological sphere, the infant is now capable of object permanence and the now full capability for evocative memory, a more accurate ability to evaluate reality, a higher level of autonomy (self activation) experiencing and functioning, a greater differentiation of affects (see Section 2.2131). With regard to the separation-individuation process, this new central nervous system differentiation and the emotional developments to which these can give rise now make the child aware (better reality recognition) of the fact that mother and self are not one but are in fact two separate individuals.

According to Mahler's theory, the new awareness that mother and self are separate beings, brings with it the child's awareness that he or she is small and vulnerable. Most importantly this brings with it a set of experiences, activities and behaviors which Mahler proposed constitutes a new subphase in the separation-individuation phase; she called this the rapprochement subphase. Furthermore, she said that this subphase usually contains a basic conflict characteristic for this period, the rapprochement conflict. This conflict is caused by these two opposing inner strivings: on the one hand the child continues to be thrust by inner developments toward a new level of autonomy (to initiate and to do things oneself), a new need to separate from mother toward becoming a self, an individual; while on the other hand, the new awareness of being small and vulnerable, side by side with the painful and frightening feeling of loss of a valuable part of self associated with the awareness that mother and self are not one, stirs within the 18 month old a powerful wish to not progress, to remain one with mother. Thus, two opposing forces, one pushing toward individuation and becoming a separate self, and the other pulling toward remaining one with mother, create in the normal child now a second internal emotional conflict, the rapprochement conflict. (The first one was the conflict due to ambivalence that begins with battles of wills during the practicing subphase, which we have called the autonomy conflict).

The basic conflict takes different forms in different children. When Jennifer was just under 20 months old, we witnessed a striking series of events during one of our observational sessions. That morning, Jennifer seemed to stay close to mother, more than

usual. Three other girls and one boy (all about her age) decided to take off their shoes and somewhat excitedly went to the matted playroom. Jennifer, who had been close to mother on the sofa, busily playing with toys she had taken there, took off her shoes too, excitedly readying to join the others. Once her shoes were off, though, she suddenly became subdued and got back onto the sofa, with a little bit of help from her mother. Five seconds after she had climbed onto her mother's lap, Jennifer began to cry and twist her body away from mother, pushing away from her as she did this. Her mother, sensing Jennifer's wish to get down, put her down on the floor gently enough. Jennifer dropped to the floor (she was good on her feet and easily could have stood) and began again to cry, twist and kick her legs in a mild tantrum, which was very unusual for her. Surprised, mother tried to comfort Jennifer by talking to and touching her. Finally, by mutual agreement, mother picked her up. Once in mother's arms though, Jennifer started to cry again, twist herself and push away. Again mother complied, looking a bit troubled and put Jennifer down. Mother and Jennifer went through this same sequence two more times. This behavior wound down after the sixth time, ending with the sixth hold-me-close communication. Jennifer's pain and distress were mirrored in the feelings of confusion and bewilderment mother told us she felt.

Four days later, Jennifer seemed angrier than usual, smiling she threw a football that nearly hit another child, she threw down a lollipop someone had given her, and she threw down mother's emptied plastic coffee cup. At one point, she became irritable, cried and twisted her body in mother's arms. As she had done four days before, she twisted out of mother's arms twice. Three days after, this irritability and the wanting to be held and then pushing away behavior appeared near the end of the two-hour group session. She had stayed near her mother for nearly the entire observation session.

Two weeks after the session when this sequence of behaviors first appeared, Jennifer remained close to mother for most of the session. When she moved away, several times it was within a radius of four to six feet only from mother. Again, much of her anger was directed at things, not at mother. We believe that the anger was caused by the internal distress and pain Jennifer was feeling for which she blamed her mother (see Section 2.241).

Some children became aware of this inner experiencing of opposing inner forces gradually, in small doses; others, like Jennifer, seem to become aware of this conflict in a sharp, intense manner, with full force. At the peak of this conflict, be it a gradually mounting one or a sharp, intense one as we saw in Jennifer, a crisis seems to be experienced emotionally by the child. Mahler and McDevitt spoke of this as the "rapprochement crisis".

The intrapsychic conflict produced by these polar forces brings with it not only anger as we saw in Jennifer but also a substantial degree of anxiety. This anxiety is especially manifest in the re-emergence of separation anxiety and stranger anxiety which we talked about in Unit 1. These anxieties are the product of the emotionally attached child's experiencing separation from mother now, again, but at a new psychological organizational level. The separation and stranger anxieties lead to the child's needing to return to the physical closeness with the mother in a manner that seems to govern the child's behaviors. This is why Mahler identified this period as the "rapprochement

subphase", rapprochement being the French word for "to come close together again". As we shall discuss in the Child Rearing section, this is what makes many children cling to mother again as they did during the first year, and makes many mothers worry that their child is becoming a little baby again! The clinging now is due to a new development, not due to regression in the child. When parents understand this, we have found that not only are they greatly relieved, but that they then deal with their children more constructively.

Indeed, looking at young children during the period from about 16 months to 24 months of age, one finds them tending to stay close to their mothers, to bring their activities to the area where mother is located. The 20 month old who four months before was quite comfortable 20 feet away from mother or even in a different room, now finds it necessary to stay at mother's feet, or to move away from her for perhaps a couple of minutes and then need to return to mother, perhaps climb onto mother's lap to be held and comforted by mother; the child clearly manifests great difficulty tolerating separateness from her, a factor which creates much stress not only for the child but for the parent as well. We shall discuss this further in the Child Rearing section.

Another striking challenge meets the child especially from the second year on as well, which interdigitates with the rapprochement subphase and the subphase that follows, On the Way to Self and Object Constancy. It was described by Dr. Louis Sander, also a remarkable researcher of early mother-child interaction. He speaks of it as the paradox the child has to negotiate of "being able to feel together with" mother (or father or primary other) and at the same time "being distinct from" the other. It is an important facet of the child's developing sense of self and of relatedness to loved ones, again reflecting the complex interplay and pull of forces within the child (as well as the mother- and father-child relationships) as the child develops from a feeling of oneness with his or her primary caregivers into an individual, a distinct self deeply emotionally engaged in one or more love relationships that will have life long implications.

The rapprochement conflict produced within the child during the second half of the second year brings with it not only anger and anxiety but also a soft deflation in mood, a soft sadness which Mahler called "low-keyedness". This differs from feeling downcast (shame) when mother or father scolds or feeling anxious and mildly depressed after being angry with mother or father. Rather, it may be produced by the cognitive and emotional recognition that the child is small and vulnerable (being separate from mother), a feeling sharply in contrast with the prior feelings of elation and excitement that come with the discovery of new sensory and motor skills as well as of the "new" world into which the child was born, the prevailing feeling the well-cared for child has during the practicing subphase.

To be sure 20 month old Diane and her mother had had some pretty hefty battles of wills at the end of year one and the beginning of year two. But Diane had also been quite a lively, cheerful and busily exploring toddler during those times. When she was 20 months old she seemed less cheerful in general. In fact, she seemed somewhat deflated in her mood. She did not look depressed; she just seemed a bit worried, thoughtful, mellowed at times quite apart from when an occasional but now less intense battle of wills occurred.

We should say here that given many burdens, normal developments brings to the 18

to 24 month old child, a number of factors could be responsible for this dampening of mood. This age child experiences not only the new awareness that the child and mother are not one, the feeling (due to better recognition of reality) that the child is small and vulnerable, but also the inner thrust to individuate, to firm up the sense of self, to become a source of and the initiator of action (autonomy), as well as experiencing continuing battles of wills, having to deal with limit-setting by those the toddler now loves and at times now hates (ambivalence), each of which produces anxiety, may produce storms of anger and even rage -- and more. And this is not a complete list of what challenges and may trouble the 18 to 24 month-old. Some already become concerned about their genitals, a concern that can then already be quite distressing (see Section 2.2311). In addition there are the daily fluctuations of tiredness, low blood sugar (from about one hour prior to meal times), the occasional tooth pushing painfully through the gums, the common colds or ear infections, etc. This, of course, is in the average healthy toddler; add the burdens of allergy, irritability (like Suzy), etc. in many other toddlers as well. With all this, it is difficult to be certain just what causes the "low-keyedness" commonly seen in the 18 to 30 month old child. It is well to point out here that those who say that childhood is a problem-free period of life do not remember well their own childhood experiences and do not look at children closely.

Side by side with the second upsurge of separation anxiety and stranger anxiety and the appearance of "low-keyedness" that arise from the rapprochement subphase stresses, the child who earlier had acquired a comforter will probably return to it and the child who did not acquire a comforter before may do so now. The comforter, which for some children may be a piece of blanket or a preferred teddy bear or doll, or for many others that very familiar but parent-worrying comforter the child's own thumb, the night bottle or much less commonly a residual pacifier, are items which serve the child exceedingly well in working their way toward tolerating separateness from mother. D. W. Winnicott helped us to understand that the comforter in some way becomes the representative of important aspects of the child's relationship to the mother and that it can often be used as a substitute for the actual presence of the mother. This means that a child's using a comforter is done in place of using the actual mother or meaningful caregiver. It is therefore a very useful and most often growth-promoting tool which helps the child in the process of becoming a self-reliant individual, one who is learning to take care of his or her own independent emotional needs.

Also during this rapprochement subphase, one commonly finds a reaction in children which grows out of the stress created by the conflict contained in that subphase; it is the child's claim that whatever draws the child's interest is "Mine, mine". Taking possession of things, including only too commonly items that belong to someone else, especially to another child, may well be in reaction to the child's new awareness that mother is not part of himself or herself. This awareness, we infer from the child's behaviors, implies the feeling of losing the mother, and that the gradual establishment within the child's mind that although mother is not a built-in part of self, mother is nonetheless deeply attached to the self by an emotional bond, makes for a feeling of threat of losing what belongs to the self and results in an overreaction of taking possession of anything and everything that draws the child's interest. It is, in other words, a reaction that is compensatory to the

feeling and the dread of losing that which is most valued by the self, that most experienced as "mine", namely the mother. This phenomenon leads some children to hoarding toys, particularly in a play setting where a number of children are interested in the toys accessible to them. This is often the reaction that may occur when a child is visited by another child who wants to play with the first child's toys and is told these are "Mine, mine".

The Rapprochement Contribution to the First Conflict of Ambivalence:

The conflict of ambivalence which we described above in the section on the practicing subphase, continues into the rapprochement subphase and receives contributions from two sources: (1) from the continuing battles of wills (autonomy conflicts) like the ones that occurred during the practicing subphase; and (2) from the rapprochement conflict itself.

Battles of wills activated by the child's thrust to autonomy will continue during the rapprochement subphase. In some children those become less intense, easier to contain and to resolve as was the case with quite assertive Diane and Jennifer as well as with difficult to calm Suzy. In other instances battles of wills may intensify. We shall address this further when we discuss aggression in the one to three year olds (Sections 2.241 and 2.242).

From around 18 months of age on, battles of wills are better profiled and more visible by the child's emerging ability to assert "No!". Many a child accompanies his or her resistance to a demand by the parent with a more or less assertive verbal "No!". The acquisition of the "No" is more than a language acquisition; it is the acquisition of a newly experienced strength, underscoring a sense of autonomy, a sense of assertive firmness in the self. At times this acquisition of the "No" seems to give the child a feeling of self that leads to overuse of the "No", as if the integrity of the self depended on this often repeated assertion. Sometimes the overuse of the word leads to the child's saying "No" even before the child has heard what he or she is being told or asked. We smile at the child who so fluently says "No", is so ready to say "No" even before mother or father finishes the sentence that you sometimes get: "Do you want some milk?"; "No". "Do you want some ice cream?"; "No", Huh, yes". Ready to say "No" to anything, the young child sometimes says "No" to something the child likes very much. Unpleasant as it is to parents then, it is helpful for them to realize that the "No" has the capacity to give the child not only an increased sense of autonomy but also a sense of assertiveness, self-possessiveness, self-confirmation. Indeed, it helps the child to define better her or his own sense of self.

Most importantly, the rapprochement conflict contributes to the accumulation or the lessening of ambivalence in the following way. The degree to which anxiety is created in the child by the conflict of wanting to be one with mother and, on the other hand, wanting to separate and individuate from her, the degree to which the anxiety experienced brings with it excessive unpleasure (emotional pain), to this degree will hostility and even hate now be generated toward the also loved parent. We speak now of "hate" and of "love" because this is the developmental period when the child becomes capable of feeling love

and hate which are respectively, positively felt and negatively felt accumulated and organized feelings that now have stability and endure (see Section 2.2131). They can neither be produced all at once, suddenly, nor can they be made to disappear suddenly except by psychological defense mechanisms (see Section 2.2531). In general, the more positive the parent-child relationship to date, the less will hostility be generated at this time. The more burdened the relationship between child and mother with accumulating prior high levels of hostility, the more will the anxiety be heightened during the rapprochement conflict, and the more then will unpleasure be experienced to excessive degrees and further levels of hostility will be generated and added to that already stabilized within the young child.

The conflict of ambivalence, then, which the child carries with him or her into the second half of the second year of life may be either intensified or lessened by the battles of wills that emerges between child and parent, and again, will be either of greater or lesser intensity due to the love feelings or the feelings of hate stirred up by the rapprochement conflict itself.

This difficult and critical rapprochement subphase, the primary task of which is the setting in motion of the dissolution of the child's sense of oneness with the mother, is continued and if all goes well will be age-appropriately resolved during the subphase which follows it. This fourth subphase was entitled by Mahler "On the Way to Self and Object Constancy".

On The Way To Self and Object Constancy:

The subphase Toward Self and Object Constancy spans the periods from about 24 to 36 months of age. The sense of self, which began during the first weeks of life, now achieves a substantial degree of definition and organization. From brief periods of wakefulness, when ten day old infants can be seen to explore visually their environment, have an observable inner sense of feeling hunger, appear aware of painful sensations, experience and in some way register the feeling of increasing unpleasure and crying, from such beginnings of sense of self-experiencing, we assume with little cognitive capability to form an idea of self, now organizes and emerges a sense of self more and more separate from mother, from father, from those emotionally invested by the child, a sense of self with inner cohesiveness and a feeling and perception of being an entity. Children now can verbally identify themselves as "me" -- given that few very young children properly use the pronoun "I", which is however, what they mean.

Equally, other persons, the valued and needed mother, father, other devoted constant caregivers and siblings, go from being experienced as part of the self to now, becoming perceived as other separate entities highly emotionally invested by the child.

It was when we were talking about this process, this specific development that one mother who had twins reported what follows. She and her 29 month old twins were sitting side by side on the bus to come to our program. Mother reported that one twin, with a thoughtful look, touched her own leg; then she touched her sister's leg; then again she touched her own leg, and looked up to her mother with a smile on her face. Mother

said to us that she had wondered to herself if her daughter was checking which legs were her legs and which her twin's. We agreed that this was a very sensitive observation and that her daughter seemed pleased with her discovery. She was distinguishing the entity that is her twin and the entity that is herself. Similarly 30 month old Jennifer said to her mother: "You're Janet; I'm Jennifer". Mother said that she protested "I'm your mother"! To which Jennifer insisted: "You're Janet; I'm Jennifer." We clarified to mother that Jennifer was simply stressing to mother that she, Jennifer, is an entity, is named Jennifer, and her mother as an entity is named Janet. This did not mean that she did not understand that Janet is also her mother, but that rather in addition to being her mother, mother was an entity called Janet. In these examples, the process of further stabilizing these toddlers' sense of self and of other could readily be inferred.

According to Mahler, the process which produces the rapprochement and the "on the way to self and object constancy" subphases leads to the child's dissolving the symbiosis with mother (that earlier experienced sense of oneness of self and mother). This dissolution brings with it a basic identification in both normal boys and girls with the "mother of symbiosis" which makes an important contribution to the personality of the child. Where father is actively engaged with the infant from the beginning of his or her life, a similarly basic identification with the father occurs. This hypothesis grows out of the psychoanalytic developmental theory that we can only give up a past relationship to a highly emotionally invested person by identifying with that person. That is, by taking aspects of that person within our own self. In the course of normal development, this major psychological mechanism is what leads the child to identify with his or her parents. Sigmund Freud said that this important process is what makes the child be the child of his or her own parents, as if, he said, the child carried the stamp "Made in the U.S.A."

There is much clinical and research evidence to show that the better emotional quality of the parent-child relationships, mother and child, father and child, the less the hostility and hate, and the less intense the ambivalence generated within the child. In parallel with this, the better the rapprochement conflict is resolved during the subphase Toward Self and Object Constancy, the less will be the residual ambivalence experienced in that parent-child relationship. This also means that the remaining ambivalence experienced toward the parent and toward the self will be less.

The task of resolving the rapprochement conflict during the subphase Toward Self and Object Constancy, becomes complicated by the emergence during the third year of life of the next major task of psychological-emotional development, namely, the first major differentiation of sexuality (Section 2.23, below). Again, we emphasize that life becomes complicated and full of challenges for the young child very quickly. This major differentiation of sexuality brings a special complication for the boy; we make the assumption that boys must selectively disidentify with the femaleness of their mothers -- given the basic identification that comes with dissolving the symbiosis -- as their masculinity gets its first major differentiation during the third year of life. More about this in Section 2.23.

2.2212 CHILD REARING: What Can The Parent Do That Is Growth-

Promoting Regarding The Child's Continuing Separation-Individuation Process?

It is important that parents bear in mind that the development of self and the development of our relationships to others occur in parallel, influencing each other at nearly every step of the way. Put most simply, the degree and the way the child loves the parents is basically the degree and the way the child will love himself or herself; the degree to which and the way the child hates the parents is basically the way and the degree to which the child will hate herself or himself.

The Practicing Subphase:

The magnificent practicing subphase can be a source of substantial problems for parents. The practicing subphase is magnificent because it is the period when the excitement and pleasure of feeling full of oneself (sense of autonomy and power), as well as of learning and of discovery first bursts forth. Here, the parents have the opportunity to enhance the child's pleasure in his or her sense of autonomy and in learning, or they can undermine, even smash the child's excitement about being himself or herself and the pleasure in and about learning. Given that most parents recognize the value of learning, the value of eventually doing well in school, it is important that they recognize the powerful position they occupy in a child's life and the opportunity this phase of development gives them in terms of enhancing the child's excitement about learning at its beginnings. But it is also very important that parents recognize in the child's behaviors the thrust, the inner push of the child's emerging sense of autonomy and the central part they play in their child's continuing evolving sense of self.

The major source of problem for the parent as well as for the child, comes from the fact that the enormous inner pressure which seems to drive the child's earliest autonomy and learning experiences -- his or her curiosity and explorations--, leads the child to often explore items which parents recognize they cannot allow. As we said, this inner force cannot yet be considered to be the child's "Will" because it has not yet come under the child's control. Knowing that the inner pressure which drives the child is at first not fully controllable by the child, can increase the mother's or father's appreciation of what is going on and make clearer the task of setting limits in a constructive and growth-promoting manner. Any interference, any effort to block the thrust of that inner pressure to explore, to learn, leads to an experience of frustration; and if the unpleasure that comes with this frustration is sufficiently high, it will at first generate anger, and if the unpleasure intensifies or just continues it will generate hostility toward the person who is creating the obstacle to this inner-pressured exploration.

In Section 2.2211 we described that this well-meaning interference by the limit-setting parent leads to the child's experiencing a battle of wills (as does the parent) between self and the valued and needed parent, which creates within the child a conflict due to his or her thrust to autonomy, an autonomy conflict. Furthermore, we said, that as the child experiences unpleasure and as this unpleasure mounts it will generate in the child at first anger, then hostility, hate and even rage and temper tantrums. With this, the

child experiences an internal conflict due to ambivalence. Although we shall discuss more fully the issue of generation of hostility, hate and rage toward parents and how to handle these, including limit-setting in Sections 2.24, 2.241 and 2.242, let us here get a preliminary look at the handling of the child's autonomy striving and battles of wills, the setting of limits, and the healing of hurt caused by battles of wills.

We saw in Section 2.2211 that 13 month old Diane, and quite similarly, Bernie, was a very healthily busy explorer. We also saw a very difficult conflict she ran into with her mother when mother did not want her to push the toy cart into the hall. At our encouragement, mother several times had told Diane she did not allow it because the toy cart should stay in our main meeting area so that it could be available to the other children too. The child should always (at the outset) be told why she or he cannot do something the child wishes to do. But Diane really "wanted" to do just what mother said she could not and she protested more and more as mother nicely enough picked her up to keep her from going into the hall. Diane squirmed, cried angrily, moved her arm, struck her mother, kicked her, and once even struck herself. Mother got increasingly upset, embarrassed and angry with Diane. She had said why Diane could not do what she was trying to do, she then told her she was sorry to upset her so and tried to calm her down. When Diane hit her, kicked her, and struck herself we told mother to tell Diane "It's OK for you to be angry with me. But it's not OK for you to hit me or kick me or try to hurt me. And you are not allowed to hurt yourself either!". The reason we told mother to say this is that letting Diane hit her would eventually make 13 month old Diane feel bad about having hurt the mother she values and (and soon will love), and it would make her afraid of her own feelings of anger, of hostility and later of hate. Mother should also prohibit Diane's hitting herself to discourage her child's attacking herself to protect her and to convey to her child that she loves her even if she is angry with her for being difficult right now!

Mother was troubled too. She was surprised when Diane stopped struggling. Still holding Diane, she sat down. She knew that her child was very upset. We encouraged mother to not put Diane down, to hold her and try to comfort her. She tried to comfort her to help her stop crying, told her she was sorry that Diane was so upset. Diane continued to cry angrily, and she pulled away from mother. Reading Diane's signals (in her behavior), mother gently put her down on the floor. When she saw that this made Diane cry louder, she responded by picking her up again. She did not force Diane to mold into her. She just quietly held her, sitting on her knees, when she thought Diane might let her comfort her, mother tried to gently rub her shoulders to comfort, but Diane brushed her hand away, clearly angry. Mother pulled her hand back. Again we encouraged mother to just sit there and let Diane deal with this, on her own, while sitting on mother's lap. The battle of wills was over, Diane's autonomy strivings and inner push to explore were subdued; Diane's mild rage toward her mother was calming down. Because mother did not reject her child when the child was raging at her and did not scold Diane when Diane pushed her hand away, and was willing to pick her child up when she signaled that being put on the floor felt worse than being on the knees of the mother she felt very angry with, mother facilitated Diane's dealing with her feelings of anger and hostility toward the mother she values, is attached to, and has large positive

feelings for. Mother in this way helped the healing of Diane's hurt feelings. And as she allowed her child to stay on her lap, mother, too, readily felt her anger toward Diane get less and less and her feelings of love for her daughter were the stronger, took over, and made her want to just make her hurt child feel better. As Diane relaxed and molded back into her, she warmly held her child, both healing from the hurt feelings this battle of wills had caused them.

It bears emphasizing that the child will be upset when mother or father stops him or her from getting his or hands on a plug engaged in an electrical outlet. It will lead the parent to complaint impatiently "Why is he so stubborn!" and "Why does he never listen to me!". The answer to these questions is that the inner-drivenness which activates the child to these behaviors is experienced by the child as a need; it is not the child, at will, turning on the switch to this inner energy. In fact, as we will detail in Section 2.2521 below, the development of internal controls over just such inner-drivenness comes gradually and is significantly helped by the parents' constructive limit-setting.

Therefore, the unpleasant encounters every parent has with the average 14, 16, 22 month old child, while unpleasant, time consuming and challenging, are important in that they make a major contribution toward the development of the sense of autonomy and sense of self, of emerging internal controls, toward learning in general (like what things do, how they are made, etc.), toward learning what is appropriate and inappropriate behavior, toward the development of self- protective behavior rather than self-harming behavior, etc.

As we emphasized in the Human Development Section of the continuation of the practicing subphase (Section 2.2211), baby-proofing the house, putting out of reach things which the 18 month old should not touch, items that too easily can get broken, items that the parents value, or those that can cause the infant harm, make for an environment safer for the infant to explore, an environment in which limit-setting will be needed less frequently and, therefore, one that will facilitate and encourage learning. We want to emphasize that limit-setting should not be avoided where it is needed; it is excessive limit-setting that can lead to the discouragement of exploration where there could be pleasure and excitement in discovery and in learning.

We want to emphasize that parents have the opportunity from the end of the first year of life to protect and foster the child's curiosity, interest in the world around, which is the first stage where the child's inner motivated need to learn dominates the child's activities. We emphasize also that this is where "school learning" begins, not in kindergarten or first grade. It may well be that enjoying learning now can be crucial for future learning. With this in mind, it is important for us all to know that the parent's enjoyment of the child's learning, of the child's excitement about discovering new things, the parent's enjoyment in helping the child to learn (be it parts of the body, colors, numbers, etc.), all contribute to the child's own pleasure in his or her first experiences in learning.

Most two year olds ask questions, some ask many questions. It is highly valuable to answer a child's questions, to answer them in a way that the child can understand. A word about this. Parents tend to underestimate how well children can understand words that are spoken to them. It is important for parents to realize that children understand

words well before they can speak. As we said in Unit 1, when 12 month old Johnny's mother -- who had just spilled trash on the floor -- without thinking asked him to get a broom, the 12 month old who did not yet speak, left the observation room, went into the hall, into the work room, into a closet and brought out a broom he could barely carry. Of course, the parent has to guard against assuming that the child understands more than he or she can. Some parents make the mistake of expecting too much understanding, but most often we have found parents of young children tend to underestimate how much children understand. Close observation will reveal to parents how much their children understand and how much they do not; it is valuable that parents try to ascertain what their children understand and what they do not, and that they guard against both underestimation or overestimation of it. Thoughtfully, answering questions is valuable for the child's learning, and will eventually prove to be rewarding given that this is where becoming a good student begins. It will also help the parent learn how much the child does and does not understand.

Of course, children will sometimes use asking questions as a means of badgering their parents. Parents have a right to say that they have had enough of the child's questions for awhile. They also would do well to try and sort out whether the child is trying to badger them or whether the child is really in search of information. Parents should not be discouraged by the fact that children tend to ask the same questions over and over again. Again here, the task is sorting out: Is the child trying to badger me or is the child trying to gain mastery over an idea that does not yet make enough sense to her or him?

Certain parenting activities clearly contribute to a child's interest in learning. For instance, the parent's approving and applauding a task her or his child is undertaking will facilitate the child's performing that task. The caution here, is that the parents not take over; that they follow the child's lead, give the child enough space, enough opportunity to select and try to achieve the task himself or herself. If the task is too difficult, help should be offered before the child becomes too frustrated in trying and gives up, with the feeling of being incompetent. But parents who do not let their children try enough on their own, discourage their children from trying. Parents who are too impatient in getting certain tasks done, and do not give their young children an age-appropriate opportunity to help or to do it themselves, are depriving children of just that, the opportunity to try, to learn to do something. This, of course, applies not just for the one and two year old child but for children from this age on.

Reading to children is wonderfully enhancing of interest in reading, in learning. It is well to bear in mind that from the end of the first year on, in addition to exploring and beginning to play with toys, children become able to participate in being read to. That the parent the child is attached to is reading to the child will heighten the child's interest in learning to read. It is not necessary to provide children with large libraries of books or many toys. A few well-chosen books, a few well-chosen toys are enough for most children. Children become interested in all kinds of things besides toys like pots and pans, stoves, refrigerators, buckets of water, cartons, silverware, etc. Providing good learning experiences for very young children, children from one to three years of age, does not require large expenditures of money on toys, and furthermore, all local libraries

have many books for young children.

One more note before we leave this exciting practicing subphase of separation-individuation. Mahler described a striking behavior which most 10 to 18 month old children, and older ones too, show. During this period of development the young explorer usually moves away from where the valued caregiver is sitting or working. After all, there are fascinating things that seem to beckon the toddler's curiosity farther and farther from where the caregiver is. Now and then, Mahler observed, as we described in Section 2.2211, the young explorer suddenly stops his or her exploration, looks about to where mother (or father) is, usually smiles (especially when mother or father is then looking at the toddler), and in one or two seconds is back at work exploring. Mahler thought that the busy toddler may suddenly remember he or she is not near mother (or father) and feel the need for "emotional refueling" which can occur at a distance, not requiring that the child be physically comforted then -- which would interrupt the exploratory activity. It is well for the parent to simply smile back, to not get up and go to the toddler, to thus give the toddler permission to be on his or her own in this autonomy enhancing exploratory activity.

The Rapprochement Subphase:

New developments at about 16 to 18 months within the central nervous system and within the range and details of emotional experiencing now make the child increasingly aware that mother and self are separate persons. This now brings with it the conflict which we describe in Section 2.2211 on Human Development, namely, the inner push or wish to separate and individuate, to become an autonomous entity and an individual person, side by side with the fear of separation and individuation, the wish to remain one with mother, attached to her as emotionally experienced up to now. This basic rapprochement conflict creates anxiety, especially, but not only, because the child's growing ability to accurately perceive reality makes the child aware that she or he is very small compared to the adults around and vulnerable.

We have found that when parents do not know of this normal developmental conflict they often become alarmed when -- due to this increase in anxiety -- they see (and feel) an increase again in separate anxiety which then again makes the toddler cling to the mother. The renewal of clinging, due to both separation anxiety and often also to stranger anxiety, make many a mother fear that the child is "regressing", that the child is losing the level of development to which she or he had advanced only two or three months before. "He's becoming a baby again", say some mothers with distress. No, this is not a regression, as we have told many a mother, this is a step forward in development. The parents we have had the privilege to talk with are greatly relieved by this information. What they assume to be regression is not a regression but developmental progress. When mothers know this they are able to experience their child's renewed clinging with much less distress and it frees up the parent's wishes to comfort and to reassure. And it works.

Now let us go back to what happened to Jennifer and her mother during her clearly detailed rapprochement conflict. We said that when Jennifer was just under 20 months

old, what seemed to mother to be a very troublesome series of events occurred. Jennifer had been sitting with her mother on the couch. As her peers were milling about and in excitement taking their shoes and socks off readying to go into our matted activity room, Jennifer joined in the excitement and took her shoes and socks off as well. She got off the couch to join them when suddenly she stopped, became somber, then acutely distressed, turned around and reached for mother to pick her up. Taken by surprise but nonetheless positively responsive to her child, Jennifer's mother picked her up and put her on her lap. Jennifer was there for about two seconds when she began to squirm in distress and wanted to be put down on the floor. Mother, not sure what to do, put her on the floor. No sooner was Jennifer on the floor then she began to whimper and again appeared distressed and turn to her mother, arms up, wanting mother to pick her up. Mother a bit baffled, picked Jennifer up and put her on her lap. Calmed for perhaps two or three seconds, Jennifer began to fuss again, and so on. This back and forth, wanting to be held, wanting to be separated from mother was repeated six times. We said that Jennifer was much distressed and appeared conflicted; seemingly not sure whether she wanted to be held or put down. We recognized in this that Jennifer was not certain whether she wanted to be one with mother, or to be separate and individual from her. Mother mirrored this distress as well; she did not know whether to hold Jennifer or to put her down; furthermore she sympathetically mirrored Jennifer's distress by means of the "contagion of affects" which is a critical contributor to people's understanding of one another, particularly so important between child and parent.

Jennifer was experiencing an acute rapprochement conflict; mother shared in that distress. But mother was baffled by what was going on, understandably so. When we explained to mother what we understood to cause Jennifer's behavior, namely that Jennifer was torn by the conflicting wishes to be separate, be an individual, and on the other hand to remain one with mother, mother calmed immediately. Now understanding what was going on she could make herself emotionally available much better to her child's difficult experience. No longer upset herself, although she could feel (it was easy to see) her daughter's distress, she could calm her better, reassure her that she will be fine and make herself available to accommodate Jennifer's quickly alternating wanting to be held or let alone without experiencing either as worrisome.

Parents then also understand that the clinging behavior that may reappear during the second half of year two is not due to regression but rather to forward progress. It is important for parents to know why a child feels the need to cling. No child clings to parents without reason. It may be due to the need for comforting, reassurance, "emotional supplies", hurt feelings, anxiety, fear, etc. Parents have to seriously weigh the consequences of not allowing the troubled child to cling. The need to cling is better gratified than frustrated; to gratify usually does not harm, to frustrate usually does. To gratify with feeling of resentment does not work well. To hold the child who needs to cling should be done on the basis of understanding the child needs this at the time. Sometimes, at this age, the need to be held can be delayed; it is useful to then tell the child you cannot hold the child now but you will after you have finished what you are doing. But then, do it. Do not say you will and not hold to your promise, unless you have a very good reason and explain it to your 18 or so month old child. The need to

cling, the increase in separation anxiety, stranger anxiety, in the use of the comforters in the 16 to 30 month old, are all usually due to a normal step in development.

On the other hand, the need to negotiate the paradoxical feelings of "being together with" and "being distinct from" can also be facilitated by the parents' themselves feeling of "being together with" and "being distinct from" their own children whom they love dearly. Jennifer's mother's being able to put Jennifer down and to as easily pick her up, back and forth at Jennifer's request supported Jennifer's efforts to deal with the crisis feelings she had and with this, was also dealing with the paradox Dr. Sander has described. "Being together with" the mother Jennifer loves but also "being distinct from her", being an individual got set in motion dramatically in Jennifer and was very well supported by her mother.

This age child's hoarding of things, toys particularly, at times, is also a spin-off of the rapprochement conflict and development. Knowing this will make it easier for a parent to help her or his child deal with this phenomenon. Of course, this will arise when a child in play with other children, grabs other children's toys saying "Mine, mine", or when another child wants to play with a toy which your child is holding. Certain principles ought to be developed on this issue. For instance, it is useful for parents to identify certain toys as their child's favorite toys and that these toys should be safeguarded; and when your child says "That's mine", about a toy that a mother knows is one of the child's preferred toys, then that toy should not be made accessible to other children without the toddler's consent, "Is it OK for Johnny to play with your truck or rabbit for awhile?". This makes it possible then for a mother or a father to determine which toys a child should be expected to share and which should be the child's private property. Not all toys should be private property, nor should all toys be shared. Those the child deems special should be made private property; for the others, it is reasonable to expect, and tell this to him or her, your child to be able to share things with his or her young house guests given that when your child goes to that friend's house your child will want his or her friend to share some of his or her toys with your child as well.

Parents are very wise to be attentive to how their children feel, from the day of birth through their years of development, until they leave home and beyond. Among the many feelings we find in 16 to 30 month olds, low-keyedness too needs to be recognized and dealt with sympathetically. Seeing 20 month old Diane who was a lively toddler, whether she was exploring or asserting herself with her mother or others, now appear deflated in mood was noteworthy. Mother was initially concerned about it. We pointed to the many stresses Diane was experiencing by the demands made on her by normal development and that Dr. Mahler took special note of it and that it usually occurs at this age. There is no need to try to do away with this low-keyedness. It seems to be part of learning to deal with the now very taxing tasks of development. It is important and helpful for parents to try to make time to just spend some quiet activity time together, like reading a book, sitting comfortably close together, or going for walks together.

The Continuation of the Conflict of Ambivalence:

As we said in Section 2.2211, the conflict of ambivalence (love and hate feelings

toward the same person) during the rapprochement subphase is either intensified or lessened by two factors (1) by continuing battles of wills caused by the child's further evolving thrust to autonomy which is now amplified by the child's newly emerging ability to feel and say "No!"; and (2) by the degree of hostility generated by the rapprochement conflict itself. Let us take one at a time.

Battles of wills emerge and need to be dealt with by parents most commonly in the context of limit-setting, which we shall discuss in detail in Section 2.24 (The Development of Aggression). Where much ambivalence caused by earlier life experiences has become and remains in the child's relationships with the parents, the continuing battles of wills that occur during the rapprochement subphase may, depending on the current quality of parent-child interactions, either intensify or decrease the already accumulated ambivalence the child experiences. It is helpful for parents to bear in mind that child rearing consists of a complex set of functions which parents learn and, therefore, which can be improved; every parent who has a second child knows this. The exception to this is where the second and first child are vastly different. For thousands of years, our first child has been the workshop in which we become parents. But this also means that parents can grow in their child rearing functions. Therefore, even where battles of wills were difficult during the practicing subphase, a parent whose skills in handling battles of wills improves, may now be able to deal with such battles in ways that are more growth-promoting. This can then lead to an amelioration of the ambivalence unavoidably generated between child and parent.

It was most advantageous too that Suzy's parents, especially mother, were committed to and were able to continue to help Suzy try to calm herself and cope more comfortably with everything. It was rewarding to see that with the new maturation (biological evolving) of the central nervous system that occurs during the middle of the second year, and the gradually improving interactions between 26 month old Suzy and her parents, their battle of wills became less intense and Suzy's reactions of hostility were less intense as well. So too, according to mother, it was with Mrs. Sander, her substitute caregiver. In fact, we wondered if each battle of wills now between Suzy and her mother seemed to be an opportunity for Suzy to practice having better control over her reaction of hostility, of reacting with less hostility, of having a better recognition of mother's efforts to help her and in the end, each episode seemed to lead to a lessening of Suzy's feelings of hostility toward the mother she clearly loved. This usually also decreased Mother's unavoidable feelings of hostility toward her own beloved somewhat biologically troubled daughter. It also seemed to us that Mother's handling of Suzy was increasingly becoming self-assured as she could see the gradual good growth that was occurring in Suzy. We shall say more about what mother did in setting limits with Suzy in Section 2.242. We are of the optimistic school which says that parents can learn to improve their parenting even up to the time when their children become adults; therefore, one should never stop trying to improve one's parenting.

With regard to dealing with battles of wills and limit setting, a very important new ability develops during the rapprochement subphase. From about 16 to 24 months of age, children feel yet another burst (the first major burst occurring from 8 to 12 months) in their highly important developing sense of assertiveness, of self-confirmation, manifest

now in their ability to say "No!". Most parents do not like to hear that "No!". Indeed there are times when a "No" should not be accepted by parents. But it is important for parents to understand that this "No" brings to the child a growth-promoting, increasing sense of being a self, of being an individual. Think of it: someone tells you to do something you do not want to do and with firmness you say "No!". This at time unpleasant "No" is a uniquely effective way the child finds of drawing a clear line around his or her self, of feeling a sense of power, a sense of entity. Therefore, when the child's "No" is always experienced by the parent as an offense, as a resistance to doing what the child is told to do or not do, as an undesirable reaction, it robs the child of an increment of sensing herself or himself as an individual with rights.

Given that this "No!" is an invaluable asset to the developing self, parents need to select when to protest the child's "No" and when to accept it, when in fact to derive some pleasure from it. Some parents cannot tolerate a child saying "No" to them because they experience it as defiant, insulting or whatever. This can be regrettable, because it may rob the child of a sense that he or she can decide things, can assert herself or himself, and will undermine the budding sense of autonomy and individuality. For this reason it is well to bear in mind that one can just as easily say to a child when telling her or him it is time to go to bed and the child reacts with a "No!": "Don't you ever say 'No' to me!" as it is to say "Look, I understand you do not want to go to bed yet; but, it is time for you to go to bed now; I do not want you feeling cranky tomorrow because you did not get enough sleep!". In other words, the child's saying "I am a self", which is contained in the "No" can be respected while informing the child that although the child has the right to express his or her feelings, it still is time to go to bed and is expected to do so. Children experience feeling put down, being insulted, every bit as much as we adults do, and react to that experience much the same way we do. If anything, it is more hurtful to them because their sense of self is then just burgeoning, just emerging.

We have seen that when parents understand the behavior we saw in 20 month old Jennifer and her mother, when they understand what we believe to be the cause of the child's renewed clinging, heightened separation anxiety, renewed use of the thumb (or other comforter), that this understanding makes it possible for the parent to handle the child's distress due to her or his rapprochement conflict, with more patience, more sympathy, and makes possible the parent's developing strategies for helping the child tolerate anxiety in ways that are more growth-promoting. The result of this is that anxiety will be less prolonged, made less intense by the parent's empathetic and sympathetic (and when needed, firm) interventions, that the excessive unpleasure generated by the anxiety experienced by the child will be less and therewith less hostility will be generated within the child (see Sections 2.241 and 2.242, below). Then too, less hostility will be generated toward the parent during the child's normal rapprochement conflict and therewith, as we saw in Suzy, the existing ambivalence from before will tend to be lessened substantially. Where parents do not understand the source of anxiety, handle that child's anxiety poorly, unsympathetically, anxiety will be intensified, more unpleasure (pain) with it, and more hostility thereby generated toward the parent. In consequence of this, the ambivalence experienced toward parents and toward self will be further intensified and continue to stabilize as part of the child's developing ways of

coping and personality.

Toward Self and Object Constancy:

During the third year of life parents will have continuing opportunities to help the child further work through the normal developmental conflict inherent in the rapprochement subphase as the child attempts to grow out of the emotional experiencing of mother and self as one. Understanding that the child experiences a good deal of anxiety and internal conflict with the dissolution of the feelings of oneness into a meaningful emotional relationship between self and other, can be of large consequence to the development of a healthy sense of self, which is essential for good mental health and emotional well-being. Equally understanding that other human beings are also individuals, makes for healthy adaptation and good relationships.

In the example given in Section 2.2211, Toward Self and Object Constancy, where Franny touched her twin's leg and then her own, and 30 month old Jennifer said to her mother "You're Janet; I'm Jennifer", the mothers (and fathers) who can appreciate what this means to their children are likely to confirm that the child is quite right in her understanding and construction. By contrast, the parent who is not aware of the meaningfulness of this experience may give the child no confirmation and some may even ridicule the child.

Knowing that the work of this period of development, namely the resolution of the rapprochement conflict, brings with it identifications with (taking on characteristics of) the parents, that these identifications contribute to making the child the specific child of her or his own parents, should enhance in parents thoughtful and concerned parenting. Helping the child to constructively work through the rapprochement conflict which is facilitated by understanding what its prime conflict is, will facilitate and stabilize the child identifications with the various features of the parents. The more likely it is that the child will accept those viewpoints, values, philosophies and religious beliefs that govern their specific family. We will talk about the question of boys selectively disidentifying with the gender features of their mothers in Section 2.23, when we talk about the emergence of sexuality. There as well, we will address the emergence of the next major task of psychological-emotional development which occurs during the third year of life, namely, the first major differentiation of sexuality in both boys and girls.

2.2 EMOTIONAL AND BEHAVIORAL DEVELOPMENT

2.22 THE DEVELOPMENT OF SELF AND HUMAN RELATIONSHIPS

2.2221 HUMAN DEVELOPMENT: The Earliest Human Relationships

As we said in Unit 1, there are variations in the distribution of caregiving responsibilities in each family, each family determining how much and which responsibilities will fall to the mother and which to father. There are also cultural as well as personality differences among caregivers. Bearing this in mind, we continue with the model of Mother and Father being the prime caregivers, even with daycare use, mothers usually being most involved with early child rearing and fathers varying widely in their degree of parental caregiving to their one to three year olds.

On the average, Mother is the central figure of the child's feeling of oneness with the prime emotionally invested caregiver, what Mahler called the "symbiosis". We reiterate that this is the product not only of emotional factors but of biological ones as well -- the mother having carried the infant in her uterus for 9 months and the remarkable biological influence on emotional life that goes with it -- , and that Mother therewith becomes the central figure for the one and two year old child as the child traverses the Rapprochement subphase as well as the subphase Toward Self and Object Constancy we just talked about in Section 2.2211.

We here discuss the hierarchy of the child's earliest relationships especially in the context of the theory of Separation-Individuation (Mahler) because, we believe, at the time of this writing it is the most developed model which explains what happens to the child during the first three years of life in the context of the child's relationship to others. But other component models are integrated here as well including especially those developed by psychoanalytic theorists on the development of attachment (J. Bowlby and M. Ainsworth), on the development of affects (R. Emde and D. Stern), the development of aggression (H. Parens), of adaptive interaction (L. Sander, B. Brazelton, and D. Stern), and on the development of self (Erikson).

The mother, when she is the central caregiver in the child's first three years of life, is the person most drawn into the child's experience of oneness and into the task of its resolution (through separation-individuation), becoming then the person most emotionally invested by the child with feelings of need, valuing, and dependency. But she also becomes the first person to be the object of her child's ambivalence, that is, side by side with developing love feelings are the child's feelings of frustration, anger and hostility as these emerge during the first, second and third years of life. In other words then, the person most important in the child's life becomes the first person to be loved but also the first to be hated by the child (see Section 2.24).

The first signs we saw in Diane, Bernie and Jennifer of "being angry with" during the end of the first year was toward their mothers. We talked about it in Unit 1. During year

two, this appeared especially during their battles of wills and limit-setting which almost always occurred together. That is, limit setting often leads to battles of wills, which in turn often lead to the need for limit setting. These occur to a greater or lesser degree in all child-parent relationships during the second and third years, as well as from even earlier (in year one) and well into adolescence.

During the second and third years, we saw a good deal of hostility on the part of Diane, Bernie, and Jennifer toward their mothers. In 13 to 14 months old Diane's dramatic battle of wills and autonomy conflict, her rage toward her highly emotionally valued Mother was so intense that it created a virtually paralyzing conflict within her mind. Although neither Bernie's nor Jennifer's battles of wills nor their resulting internally felt autonomy conflicts were as intense as the one we described between Diane and her mother, there were a number of times that limit-setting was required and hostile feelings toward Mother were readily visible. Each such episode activates and makes for the child's experiencing ambivalent feelings toward the most important person in their young lives. More on this in Sections 2.241 and 2.242.

A very difficult picture was found with Vicki and her mother during the second and third years. Because Vicki had become quite depressed during the second half of year one, and her mother was depressed as well, we worked with them therapeutically. We shall describe in Section 2.2222 what we did. Here we can say that very fortunately both Mother and Vicki gradually responded very well to our psychotherapy. Vicki had formed a meaningful and stabilizing attachment to her mother, but their relatedness was severely dampened due to their depression. Her over burdened Mother not being able to be sufficiently emotionally available to Vicki during her first year made it so that Vicki's emotional needs (to feel valued, loved, important to Mother, through the way she fed her, diapered her, help her, talked to her, etc.) could not be met well enough. This made Vicki depressed. The changes in her actually devoted Mother's caring for her led to a slow but gradual lifting of Vicki's depression and a welcome improvement in their relatedness with much more communication between them, more holding, comforting with warmth and the feeling of being together. Interestingly, we saw few battles of wills between them through years one, two and three, as well as later. Perhaps it is because the repair work each was doing to mend their troubled relatedness made them extremely sensitive to not upset or challenge each other too much. We could not be certain that Vicki's thrust to autonomy, self-development and self-reliance were troubled by these beginnings. She was less self-assertive during years two and three than the other children. However, her relatedness with her mother and her siblings improved very well so that in this, we felt Vicki was having a good recovery of normal functioning, adaptation, and relatedness. There was no clear evidence in Vicki of ambivalence toward Mother.

With regard to the father, the attachment by the child to the father, as with the mother, is totally determined by the degree of the father's emotional engagement in the relationship with the child, especially how much time and what quality time the father spends with the child and from how early on he becomes involved in the care of, in interaction with the infant. We want to emphasize here, that early involvement by fathers in the care of their young make for a highly meaningful engagement to the father on the part of the child which can have life long reverberations. Generally, when a father does

not relate to (interact emotionally with) his infant and delays his involvement with his infant until the third year, and sometimes later, the child's feelings of closeness to the father will seldom (if ever) become as strong as the feeling of closeness children develop towards their mothers. We have all heard of fathers who make this discovery too late and then live to regret it profoundly.

During the second year of life many a father becomes a "knight in shining armor" as some child developmentalists have said, a person full of splendor who will help the child separate from the mother of infancy, separate and individuate out of the experience of symbiosis with her, by means of the excitement, the fun and adventure of discovery of the world outside the oneness with mother, a world full of new things to discover and learn about opened to the child by an emotionally involved father.

Throughout cultures, Father becomes prominent as a primary person in the child's life from the middle of the second year of life on, in many cases from the end of the first year of life on as the person who can be there as the child begins the process of differentiating out of the oneness with Mother. Throughout cultures, Father is the great facilitator to activity and the excitement of action and discovery, and uses play and learning about the world as major pathways by which he approaches his very young child and engages the child in meaningful interaction. Studies show that for the most part, fathers throughout cultures play with their children. Why this occurs is not clear. Some 1980 and 1990 studies also show, however, that when fathers are the principal caregiver during the first year of life (and after) rather than mother, that the child's attachments to both Father and Mother can be of very good quality, secure and lead to very good overall development in the child. Observing elementary school-age children in interaction with infants, we have found many a boy's approach to a baby to be one of trying to make the baby laugh, rather commonly by poking it, by tickling it. Girls by contrast, tend to approach babies with awe, with a quieting, a wanting to gently touch and hold the baby. This is not uniformly the case, but we have seen it as general trends. Nonetheless, when they are adults, many fathers approach their babies very gently, comfortingly and are very sensitive caregivers, we believe that sensitive and effective, loving caregiving is not just "maternal"; it is also "parental". Many men are equally good at it as women. We reiterate, that those fathers who also engage with their children from birth on, who participate in feeding, changing diapers, and especially those who can also comfort and calm their young ones -- i.e., nurture -- become more fully and comfortably, emotionally invested by their children.

Like with mother, during the years from one to three, father too becomes emotionally invested not only with feelings of love and admiration, but also with hostility and hate. Interestingly, this especially occurs in the context of father's playing with his toddler as in his becoming too stimulating (not reading the child's varying tolerance for level of excitation), and/or becoming too rough in physical "rough housing". Also, when he is involved in limit-setting, the same ambivalence is generated by battles of wills between child and father as occurs with mother. We shall talk about other than biological parents as caregivers in a moment.

Siblings also are critical persons to the young child. By 6 months of age the infant will begin to predictably respond to and by 12 months to value, to have formed an

attachment to a sibling. One 12 month old had the serious misfortune of losing a sibling who died in an accident. For a number of days, according to E. Furman who reported on this case, the 12 month old kept searching for something and it became clear from his depressive reaction that he was searching for the sibling he could not find. In a similar vein but more cheerful circumstances, we have often seen less than 12 month old infants smile broadly, kick their legs and wave their arms excitedly on the approach to them by their 3 or 4 year old siblings. This despite the fact that most if not all siblings are at times hostile to each other and especially to the newcomer, the infant. For instance, sitting on her Mother's lap, seemingly deep in thought and her thumb in her mouth, 2 1/2 year old Jane looked subdued, somewhat sad. Her by then 6 month old sister Sara was asleep on the floor at Mother's feet. Impressed with this seemingly meaningful state of being in a 2 1/2 year old, one of our observation team, half-directed to Jane, said "I wonder what Jane is thinking about?" Jane pulled her thumb from her mouth and, (pointed to her sleeping sister) soberly said: "She stole my Mommy". We were not surprised that she felt so. But we were surprised by how clearly the experience was organized in her mind and how clearly and directly she said it. Her mother and the other mothers too were surprised they said both by how Jane felt and by her saying so. We shall say in Section 2. 2222 how mother dealt with this state of affairs.

During the one to three year period siblings continue to grow in importance to the child. Although siblings do not achieve the level of importance in emotional attachment as do mother and father during these first three years, the attachment to them usually reaches a high level of importance and we have occasionally seen an older sibling to be used as a substitute for a brief period of time in the place of parents. Like with mother and father, siblings are experienced emotionally by the child both positively and negatively depending on the circumstances and the quality of relatedness. Positively, siblings can be fun, can be a substitute caregiver, can be a teacher, a protector, a helper; siblings can also be provocative, hostile, mean and nasty, a source of jealousy and envy, etc.

From our research with mothers and their young children, here is an example of the sibling being experienced as parent substitute. One morning, two-year-old Bernie was brought to our program by Diane's mother, one of the other participating mothers. His mother told him that she would come later, after she had finished a chore she needed to do. This morning Bernie seemed particularly uncomfortable, experiencing some anxiety, we assumed, at being here without his mother. At one point in the course of our observing him he suddenly brightened and moved toward the door. Not having seen the person's entry, we assumed that his mother had just walked in. We turned to find that it was not his mother who just came in but is 4-year-old sister, Terry. The two-year-old greeted her much as if it was his mother; the difference may have been mostly influenced by the fact that the 4-year-old's greeting was not similar to the one mother might have given him. That is to say, whereas mother would probably have responded by picking Bernie up, 4 year old Terry was satisfied to just put her arm around him, giving him a squeeze and moving on to something else. All parents know how older siblings can be most unpleasant to younger ones. They often though do not sufficiently appreciate that older siblings can be enormously valued by younger ones in a wide range of functions.

Relationships the one to three year old experiences do not consist only of attachments to mother, father, and siblings. There are also grandparents, aunts and uncles, cousins, and nowadays especially, substitute caregivers be it in home care or in daycare. As we have emphasized, the degree to which and the quality of the ways the child engages emotionally with, and becomes attached to, his or her caregivers is most co-determined by the infant's inborn dispositions and the experiences he or she has. This, the experiences the infant has, are most determined by the degree to which the infant is invested emotionally by those who daily care for him or her and the ways the infant is reared. It is especially the way the infant feels emotionally meaningful and valued by those constant-enough caregivers that influences the quality and degree of attachment.

This is why and how, as in the case of adoptive parents, alternatives for the biological parents can truly become the child's "emotional parents". It is what the child means emotionally to them that makes the attachment more or less (depending on how positively they feel toward and how much the baby means to them) secure, meaningful and stable. This is also why and how, adoptive child-parent relationships can have just as much depth of meaning, love and life long stability as "biological" child-parent relationships. There are many variations of depth and quality of attachment to non-biological parents.

Another case in point is where grandparents become actively engaged to take care of their young grandchildren. For example, Victor's Mother and Father, two full time employed professionals, valued their child deeply. But because of their work outside the home they, needed alternative care for Victor (and his later to arrive baby brother) and they engaged the Mother's parents to care for Victor during the week. Because of the variety of factors, including personality traits, patience, ease with feeling close and showing affection, acceptance of infant's demands and needs, Victor made closest attachments to his mother and his grandfather. He was well attached to his father and grandmother too, but his grandfather seemed the one he most reliably and predictably turned to when Victor felt stressed and would initiate physical contact. Each of these familial caregivers could comfort him and make him feel secure; but Grandfather and then Mother were the first he would turn to. There was no doubt from what we saw, that Victor's grandparents were very important emotionally valued persons for Victor. We have seen this with other children as well, with variations in the order of preference by the child.

We also have seen such very valuable attachments to substitute caregivers outside the family. For example, live-in substitute caregivers, and even some who do not live-in, can be highly emotionally invested by a child. In some cases the child's attachment to them may outweigh the attachment to the parents who do not make themselves sufficiently emotionally available to their child, in either the amount of time they spend with their baby or in their ability to feel close emotionally with the baby. In several instances we know of, being separated (by moves out of town) from substitute caregivers (as live-in caregivers) led to the young 1 to 3 year olds suffering significant, painful reactions of loss (depression). We should also note that young children who have been in foster home placements from early in life (e.g. during year one) for two to three years or more years and who have formed sufficiently loving, attachments, may suffer serious loss

reactions (anxiety, rage, depression) when retrieved by their biological parents or adopted by others than the foster parents to whom the infant is attached.

And then, there is what happened to Richie who separated from his troubled 17 year-old Mother after she was alleged by authorities to have excessively abused him when he was 9 1/2 months old. From the time we saw him with his great-aunt, his attachment to the aunt did not appear at all to be secure. In fact, he seemed to feel threatened all the time and was hyper-vigilant we assume due to his dread of being maltreated by whoever would care for him. Only very gradually and to a limited degree did we see the attachment to the aunt improve during his second year of life. We saw that the quality of attachments, which were stable, was poor, made him expect being maltreated and hurt. Only gradually did his expectation of being hurt lessen.

We point out here again, as we did in Unit 1, that it is useful to understand that the attachments made by children during their first three years and later can be understood by consisting of primary and secondary types of attachments which is the basis for relationships being primary or secondary. Both types of relationships are of enormous importance to the child. Human beings need primary relationships throughout life. It is especially so for children under 6 years, and these are obligatory for children under 3 years. We believe, in fact, that they are obligatory throughout life. In the first six years they are needed for healthy, socially adaptive development. As we mentioned in Unit 1, children reared in orphanages, like those studied by Provenance and Lipton⁵, although well cared for in terms of feeding, hygiene and dress but who were not attached to one specific caregiver, were found to develop abnormally. Provenance and Lipton found retardation in their development of specific adaptive functions such as language, or age-appropriate internal control, which we will talk about below. Some of these children developed depressive moods, while others developed shallowness of emotional reactivity, etc. Primary relationships are essential for the experience of symbiosis, which forges attachment and the separation-individuation process, including the experience of the rapprochement and the developments these experiences bring. Primary relationships as we will see in Unit 3 also bring with them the development of the ability to love deeply and romantically, as well as, the development of conscience, of morality, and many other factors. Primary relationships become the prototype, the model for the formation of eventual relationships to one's future wife or husband, and to one's eventual children.

On the other hand, secondary relationships are also important. They are important for the transient types of attachments we make in life which carry us in critical ways. For instance, preschool teachers are often the object of a 2 to 5 year old child's transient attachment. It is so as well during the elementary school years. Even in adolescence, teachers can be critical, as they can be even in later years. Teachers become critical as persons even very young students fall in love with, as persons who become models for the self and as persons who can be counted on to help us learn. Some young students may be so influenced by the love they feel for a teacher that they may identify with the teacher and want to become teachers themselves. Unfortunately, however, the young child can also be so hurt by a teacher as to come to hate the teacher and school or, later,

⁵ Provenance, s. & Lipton, R. (1962). *Infants in Institutions*. New York: International Universities Press

the subject that a particular teacher taught.

Friends, secondary persons in our lives, are of course, of enormous consequence. Friends can carry us through bad times, they can be a source of support, someone to whom one can complain about one's parents, etc. The degree to which we invest emotionally in friends or course is variable, some can be friends for life in which care they may achieve a level beyond secondary relationships, touching into the quality of primary relationships.

When psychoanalysts Anna Freud and Dorothy Burlingham and their staff cared for World War II orphaned infants they found the remarkable extent to which one, two and three year olds can turn to each other for nurture, including feeding, comforting and soothing, when they live in a group home. Of course, one sees some of this in children from normal homes as well. It is important to recognize that these caregiving behaviors in one to three year olds with one another, are not just seen in play; they are also seen in real situations of need. We shall talk about 1 to 3 year old's emerging empathy and altruism in Section 2.2531. Although developing friendships does not truly appear until several years later -- and does not become crucial until entry into adolescence --, some 1 to 3 year olds may prefer one or two young children in their neighborhood, or daycare, or pre-school over others and can be said to be forming a friendship. Of course, peers or "friends" as the children in our project came to be thought of, can get into, in fact usually do, get into a good deal of trouble from time to time with each other, as Johnny and Jennifer did. Of course so can siblings, as we said before. Some people have the good fortune of experiencing their doctor as someone special, or their neighbor as someone they can always turn to, etc. There is a place in our lives for both primary relationships and for although less emotionally invested but nonetheless at times very important secondary relationships.

It is important to emphasize, though, that even good secondary relationships cannot make up for the need for primary relationships. What is not present in a secondary relationship is the depth of and the enduring emotional investment we make in persons with whom we have a primary relationship. One mother described it well, as we related in Unit 1, how could she attach equally to her neighbor's children as she did to her own if at the end of the day the children would go home to their own mothers. The depth of emotional investment we make in primary relationships brings with it the gratification of very basic needs we have, needs which begin from soon after birth, of valuing specific others deeply, of loving them and of being loved by them. We do not make that demand of secondary relationships. Although we want to be cared about, admired, respected, loved by everyone, the need for love from secondary relationships does not reach the depth that it does in primary relationships. And we can add that although a 1 to 3 year old, and later, may miss a friend who has moved, it is not experienced as a terribly painful loss and does not lead to the need to mourn. There are exceptions to this, especially in adolescence. And there are complexities about the question of loss and mourning in childhood we need not address at this time.

2.2222 CHILD REARING: Optimizing the Child's Earliest Relationships

From one to three years of age human relationships expand. Parents make an enormous contribution to the quality of relatedness children develop to them. The more the parent is able to empathize (perceive what the child may be feeling) and the child is treated with consideration, respect, and love, the more will the relationship be a positive one. It is not necessary for parents to be perfect in their parenting for children to develop optimal relationships to them. We like to say that being perfect 70 percent of the time tends to be enough for most children to develop a good relationship with their parents.

We have already remarked that the normal 12 to 36 month old child's relationships to mother and father will unavoidably be burdened by feelings of anger, hostility and hate. We have seen this in all the children we have seen over many years of research and clinical work. Because this strongly determines the quality of the child's relationship, state of well-being and total development, we shall speak of it in Section 2.24. There we address the child's experiencing of anger, hostility and hate (Section 2.241) and what parents can do to handle these feelings in growth-promoting ways (Section 2.242).

As we noted in Section 2.2221, we worked with depressed Vicki and her mother during Vicki's second and third years of life. Vicki's traumatized and over-burdened mother was herself somewhat depressed. She was surprised when we told her that her baby was depressed, so we helped her see it better by drawing her attention to the sadness on her face (her sad eyes, her flat forehead and cheeks, the slightly drooping corners of her mouth), the slowness of her movements, her lack of interest in the things around her, her seeming tiredness and sluggishness. As Mother came to see these things about her daughter, we encouraged her to hold her not only when feeding her but also to comfort her. When she seemed sufficiently fed and after periods of just holding and comforting, we encouraged Mother to try to play with her (as by gently over-rocking her, or by holding her hands and gently clapping them, or gently tossing a small ball into her hands while holding her nestled in one arm).

In all of these activities we encouraged Mother to talk to her lovingly, gently. Mother at first wondered why she should talk to her since, she believed, Vicki would not understand what she said. We told Mother that we have evidence that one year olds, and younger, even infants, do understand words and most important, that they feel the feelings conveyed by the parent as the parent talks to the infant. We suggested that Mother tell Vicki that she is sorry that she did not realize that Vicki was feeling sad, that she loves her, that Vicki really is a pretty girl and she is so glad Vicki is her daughter. It was not so easy for Mother to say these things at first, but she tried and gradually it came more easily. From time to time, the therapist would work with them, picked Vicki up, held her, talked to her gently and reassuringly and played with her, all to let Mother see how he did it and to encourage Mother to do it her own way; mostly the child psychiatrist did this to help Mother overcome her discomfort and embarrassment about talking soothingly to her one year old. Many parents think it is silly to talk to babies, but, he told her, it is not silly at all. It may have helped Vicki's mother also to see that Vicki seemed to respond nicely to their doctor's efforts to make her feel better. In fact, Vicki seemed to respond favorably while Mother held her, talked to her and played with her,

which Mother came to see as well. Most important, we felt, was that Mother came to recognize that Vicki needed to be paid attention to, to be held when fed and comforted, and to be played with.

Gradually Vicki became less sad, more active in her movements and engaged more not only with Mother and the therapist but with the other group children as well. By the end of the second year she readily turned to the other children and guided activities (guided by one of our nurses).

By the beginning of her third year, Vicki seemed no longer depressed. She tended to be a quiet child, but she seemed neither sad, nor slow in her movements, nor withdrawn from the other children. We did note that she was not as assertive as the other children, and we saw no expressions of anger, hostility or hate on her part. With this we were concerned about her feelings of autonomy and her sense of self. We saw that she did have a mind of her own, but she was not as insistent about it as the others seemed to be. We believe that her depression might have dampened her standing up for herself, as well as her autonomy and her assertiveness, at least for her first three years of life. But her relationships to her mother, her siblings and her doctor became quite stable, positive and deep.

This was not the case with Richie during the time we saw him. When we first saw him at fourteen months, he had (at least for the time being and during the year we saw him) lost his mother to whom he was attached in a very hurtful, neglected, emotionally and physically abusive relationship. Such a relationship, much overloaded with hostility and rage feelings the child feels, becomes every bit as internalized (taken into the child's mind and soul {psyche}) and stable, as a deeply loving relationship. This basic internalized emotional relationship would, when Richie's development made it possible, become one where hate seriously over weighed feelings of love for the mother and himself. Even though he had now been returned to his great-aunt for three months (and he had lived a quite good first six months of life in her home with his 17 year old mother and his young father), the neglect, rejection, and traumatic caregiving he received between 7 and 11 months of age (from 7 to 9 1/2 months with his abandoned mother and then from 9 1/2 months to 11 months in a city shelter) made him unable to trust, feel safe, and be comfortable with the great-aunt in spite of her efforts to make him feel so. He came with her, went with her, a waif of a child who looked 8 months old, thin, painfully sad and subject to sudden outbursts of rage at even minor displeasures. The relationship to his great-aunt which at 6 months of age was becoming trusting, positive and would have become loving was now, at 14 months, seemingly barely meaningful to Richie, and little if any a source of supplies for his starved emotional needs. She was there, emotionally available; but he seemed unable now, despite his emotional starvation, to accept what she held out to him. We encouraged the aunt to do more than just be emotionally available, taking good advantage of the project mother (a friend of the great-aunt) who brought them to us, reaching out to Richie on a number of occasions, picking him up gently and holding him "just because he looked so hurt". We talked about Richie's needs to be held, comforted even at times when he did not ask for it. If he had resisted, which he did not, we would have suggested that the idea to do so was very good but that great-aunt or Mrs. S. would have to first gain his trust more, by responding to

Richie say by saying "OK, Richie, you don't want me to hold you now. It's OK. You let me know when you want me to hold you." Even though he might have resisted, some time later or the next day, great-aunt ought to try to hold him even before he asks for it. The idea is to convey to him the wish to make him feel better, feel paid attention to, valued, to overcome his having been neglected and rejected. Most important was to explain to great-aunt that repair of damage to his ability to relate is what was needed and that this needed to be done in words and by actions.

It was a project to help Richie deal with the outbursts of rage and we shall talk about what we suggested to his great-aunt on this matter in Section 2.242. Richie's relatedness improved slowly. He seemed to especially respond to the way Mrs. S. approached him. Mrs. S. seemed to have a good feel for how hurt and stressed Richie was and he clearly responded with more security with her than when his great-aunt reached out to care for him. We could not be certain why great-aunt seemed not as gentle and tender as Mrs. S. with Richie. Perhaps she just was not so as part of her personality. But we also wonder if Richie was not as accepting of her efforts, because he had had a developing attachment to her and perhaps he was very angry with her for letting all the hurtful things that happened to him occur, and she did not put a stop to what her niece was doing to her baby Richie. Richie "knew" his great-aunt from before 7 months of age. Could he have felt: "Why did she let all this happen to me!" We encouraged the aunt to be patient but to try to regain his trust. Unfortunately, she could not tell him she was sorry that she could not help him and his very troubled mother sooner; great-aunt did not accept our ideas about talking to babies, we thought perhaps because we had not worked together long enough. We were very concerned when they did not return to our project after the summer break and we could not follow up on helping them. Our impression is that although relating to others improved, much more work would be needed to regain the level of relatedness he showed himself capable of in the first 6 months of life.

We have emphasized that there are strong psychobiological factors that make for the unique relationship that develops between child and mother. Because those psychobiological factors make for the child's experiencing the relationship to the mother as a "symbiotic" one, without being aware of it, there is a tendency in some families to making the mother-child relationship a "closed system" which does not allow the admission of other primary members of the family, especially of father and siblings. When this happens, which may not be recognized by the members of the family, it can create problems for all concerned. There is a natural tendency for children under two years to turn to their mothers for calming and soothing when distressed. This is not always the case, especially when fathers have been intimately involved in the care of the baby and have been able to be calming, soothing, and comforting. Nonetheless, in many instances, many a father has become discouraged when the child's symbiotic experiencing of his or her relationship to the mother makes the child call for mother when upset. This state of affairs is intensified when this closed system is overly enhanced by the mother's own needs, by a mother's overly enlarged need to "keep the baby to herself", so to speak. During a child's first years of life, many a father has felt rejected by his own child because the child invariably turns to mother for comforting, for nurture, for calming and, as a result, the father has developed negative feelings toward his own child. Mothers

needs to be aware of this common phenomenon and to promote rather than to discourage fathers' becoming involved with their infants. The foundation of the father-child relationship in many ways, can be laid down through the first three years of life side by side with that to the mother. (Of course, the next period of development, from four through six years also makes its major contribution to the father-child relationship as we shall see in Unit 3.) It is worth repeating that we have found that fathers who become involved with their infants from birth on, and interestingly, when fathers are involved, observe or participate in the actual birth of the baby, such fathers tend to form a relationship with the infant immediately at birth, do so with much more comfort, much more fully, more deeply and meaningfully, than those who wait until the third or fourth year of life before trying to engage in a relationship with their child.

Similar principles apply to the relationships with siblings. It is enormously harmful to children of all ages when a new baby is born to whom the mother reacts with an attachment that excludes the children who are already there. Children feel rejected and displaced when a mother (or father) buries herself (or himself) into the relationship with the new baby at the exclusion of those already there. Of course, this is an unusual occurrence; most parents, most mothers and fathers continue to show that they are emotionally invested in their other children even when they have a new baby, and often draw the siblings into a relationship with the new baby, encouraging the siblings to share in the care of the new baby, a most salutary thing to do.

There is a usually remarkably effective rearing strategy for facilitating a positive response in young (and older) children to the birth of a new sibling. We encouraged two and one-half year old Jane's mother and father to do two things when Jane said somewhat sadly and angrily of her six month old sister, Sara, "She stole my mommy". First we suggested that they reassure Jane by words and activities that they love and value her just as much as they do Sara, and that Sara had nothing to do with being born. It was mommy and daddy who decided to have another baby; because they find having Jane to be so great, they want to have another (or others). Second, we suggested that the parents find ways of getting Jane to help with the care of Sara. Here the parent has to be sure that, for instance, Jane feels that she is directly involved with Sara as by holding her, or by patting her gently when she is fussing, letting the child hold her while bottle feeding (where bottle feeding is used whether only or as breast feeding supplement) as mother sits close by supervising. Do not just ask the older sibling to get things like a diaper or a rattle which might lead her to feel she is a servant. The idea is to directly involve the child, girl or boy in the actual care and handling of the baby. It is important to compliment the child for being loving, gentle, appropriately responsive to the baby's cues; and it is also important to not allow, to help the child control herself or himself from being unkind, too rough or outright hostile to the baby. In such instances, it is better to say to the older child: "I wouldn't let her do that to you and I don't want you to be mean to her!" Or, "Look, don't act mean. Treat her like you like me to treat you." These are better than "You're bad! I won't let you help me with her anymore", etc. Most parents realize that older siblings feel pushed out by a newborn; and that anger toward the baby will especially be activated when that newborn becomes a toddler, and actively gets into the older child's things, which unavoidably occurs when the new sibling is from years one to

three. Anger, and even hate, toward a younger sibling who is truly favored by mother -- siblings often feel this even when it is not true -- can, of course, continue through a person's life.

Parents realize that one to three year old children can benefit from secondary relationships even though they are not needed as are primary ones. Some parents place too much importance on the need of one to three year olds for peers relationships; it is useful, however, for parents to secure their one to three year olds' with occasional peer interactions. The opportunities having same age or a bit older or younger peers brings for helping the one to three year old learn to adapt and socialize makes having peer interactions well worthwhile. For example, when spunky 11 month old Jennifer repeatedly pulled the pacifier from 11 month-old Johnny's mouth, it presented both children and their caregivers the challenge and the opportunity to help each child adapt constructively (see Unit 1, Section 1.261 for a description of the event). Jennifer's mother had the opportunity to help her 11 month old begin the process of controlling herself from grabbing what belongs to someone else, to learn some things belong to her and some to others, to learn there are things she can do and things she cannot do, that if she wants other kids to like her and want to play with her, she cannot be inconsiderate or mean, and much more. So too, Johnny's mother could see the need to help her 11 month old stand up for his rights, protect what belongs to him, not let others just grab things from him, learn how to deal with other children's aggression and his own. We shall address this further in Section 2.242, in dealing with aggression. Thus peer relationships, as well as having other family members to relate to, and of course when there are grandparents available to insure the young child's relationship to them is enriching for the one to three year old.

Because daycare is increasingly used by young parents, a word is warranted here on how the parents can be helpful in facilitating their child's relationship to caregivers when in daycare. However capable and talented in caring for young children daycare caregivers are, and of course the better they are, the better for the children, children do not experience daycare caregivers in the same way they experience their own mothers and fathers. Let us pause for a moment.

Daycare is here for very good reasons and for very good reasons it is here to stay. The research to date leads us to hypothesize that young children who have good relationships with their mothers and fathers, for the most part will be able to tolerate the daycare experience without substantial problems being created by it. But, to secure that daycare does not create problems that will interfere with personality development and growth, it is well for parents to understand what the daycare experience may be for a child one to three years of age. To expect that the child will have no reaction to being separated from mother for a number of hours during the day is to ignore an unavoidable normal experience. To ignore it will make the parent not able to deal with it constructively. It is important that mothers and fathers recognize that a normal 18 month old, with entry into the rapprochement subphase, will probably experience heightened separation anxiety, stranger anxiety, or the need for comforters, all in response to being separated from mother and father for a number of hours during the day (see the experience Jennifer had when which we described in Section 2.2211). To ignore the

child's reactions will rob the parent of the opportunity to help her or his child cope better with the distress the child experiences from being separated from mother and father for those hours. It will mean that the child's reaction of distress will not be recognized, not be permitted expression, and rob the mother and the child of the opportunity to talk about, yes, talk about, not only the child's distress but also the anger the child feels toward the mother. It is important to bear in mind that parenting is not fun and games, it is a very serious enterprise; issues of pain arise between child and mother, between child and father, and this pain is not necessarily bad if expression of it is permitted and if children are helped to cope with it constructively. To disregard an experience of pain that is caused by a mother's going to work outside the home, father's going to work outside the home, is to disregard an experience that can usually readily be resolved, and that can work to the advantage of the child and parents. Young children can feel pain just as adults do; young children are not fragile just as most adults are not fragile; young children can tolerate frustration, even moderate deprivations, some better than others, just like adults can. But these need to be recognized as such, so that learning to cope with them constructively can occur; denial that they occur is often harmful to the child and the parents. For example, denying that a painful experience is taking place leads many a child to learn to deny his or her own feelings; this may then lead to the inability to express his or her feelings well and reasonably, and it then leads to the accumulation of resentment and hostility which also will not become expressed; and more.

Let us underscore again, daycare which is needed by many young parents, does not have to become a source of trauma; it is less likely to become traumatic when the parent-child relationship is predominantly good and when opportunity is given for reasonable expressions of the feelings engendered by the separation from parents as well as whatever experiences the one to three year old may have in daycare.

2.2 EMOTIONAL AND BEHAVIORAL DEVELOPMENT

2.23 THE BEGINNING OF SEXUAL (REPRODUCTIVE) LIFE

Introduction

First and foremost, it is important to understand and recognize that our sexual bodily system is an inborn part of each of us and that its major function is the preservation of the species. Its foremost biological function is reproduction. It has an obligatory function in all living organisms, animal or plant, without which many species would long ago have died out. It therefore, is not surprising that our sexual reproductive system must be sufficiently strong to withstand the many obstacles that occur in nature to the reproduction of the young.

Many people still believe that the normal child's sexual life begins at puberty. But collective observation of young children shows that from even the second and third years of life on there are significant indications in children's behaviors of pre-occupations with parts of their bodies and those of others that are directly or secondarily involved in the sex act. Furthermore, sensations in certain body parts have been found to create feelings in young children of an erotic nature that resembles what adults experience. And, when listened to closely, children not only express in words these feelings, but do so also in their play, in evidence in their behavior of their fantasy activities, and in their attitudes toward others, themselves, and parts of their bodies.

Having been studied now for nearly 100 years, mental life psychodynamic theorists hold that from early childhood on, we all become aware of the important part sexual experience and thoughts play in our lives. This becomes even clearer during the period from three to six years, and in Unit 3 we shall talk about the first major phase of organized sexual experiencing. During adolescence, which is the second major phase of sexual experiencing and organization, sexual thoughts and feelings become a central and frequently highly burdensome preoccupation. And, of course, in adult life, sex plays a major part in our lives. Psychodynamic (especially psychoanalytic) mental health scientists during this century have extensively studied, documented and detailed in writings, the fact that sexual life begins much earlier than had long been assumed --except by an earlier isolated writer or philosopher (such as Diderot) here and there.

Nearly 100 years ago, Sigmund Freud, the great mental life pioneer and founder of psychoanalysis, found from his work with people suffering from neurotic problems that our sexual life plays a large role in our mental life and health. Far from needing to be hidden and never talked about, sexuality, he believed, needed to be understood and recognized for the part it plays and the problems it can create in our lives. Rather than being suppressed, ignored, or forbidden, it needs to be accepted for what it is and, like all other child behaviors, can and needs to be guided in order to prevent it from bringing harm.

It is remarkable that so important a part of our lives, so important a sector of human

experiencing as sexual feelings, thoughts, and activities are perceived by many parents as bad, to be feared, prohibited, and perhaps most problematic is that these too often cannot be talked about in the family. It is remarkable, given that sexuality is the vehicle for the preservation of the species, in the large picture of existence, one of the most important functions we fulfill.

But there are good reasons why we humans have become so fearful of, have so often maligned, and so often are unreasonable about so important a sector of our lives. For thousands of years to the present, cultures and religions have put much effort into guiding and governing people in the exercise of their sexuality and sexual lives. Poor controls over sexuality have led to the most dire of consequences. For example, without considering them in order of importance, first there are serious, even life threatening diseases that are transmitted only through intimate genital contact. Secondly, premature sexual activity in young teenagers can and does lead to pregnancies, some even as early as ten years of age. These can be of drastic emotional consequence to the young teenage mother, to her family, and especially to her baby (we shall discuss this further in the Units on the three to six years era and in the one on adolescence). And third, in our culture and probably in others as well, extramarital sexual activity has the remarkable ability to undermine and often totally destroy a love relationship, lead to emotional disengagement from full commitment in a marriage, be disruptive of intimacy, affection, and destroy trust. It often reduces love relationships to marriages of convenience. Fourth, in more instances that we like to think, sexual activity breaches cultural and religious morals and beliefs, and can cause life-long enormous emotional problems as occurs in incest. This problem which is often severely damaging to children who are so victimized, has recently been found to be much more pervasive than had been realized.

In the face of these consequences, why do humans bring these problems on themselves by sexual irresponsible behaviors? First, what force in them propels humans to sexual activity? Psychoanalysts speak of what propels sexual activity as the sexual drive, biologists speak of this as sexual instincts. Whether we think of these as sexual instincts or a sexual drive, these constitute a powerful force; and as we said, it must be so in order to preserve the species against the many factors that impede species survival. This is so across animal and plant life.

The sexual drive, as we prefer to think of it, is powerful in humans; sexual instincts are powerful in animals. But in animals other than humans, these instincts are activated or governed by limited but well organized built-in mechanisms. For instance, from what we know to date, male sexual activity in all but human animals tends to be released or activated only by female scents (pheromones) and behaviors. These are themselves activated in the female by a readiness and receptivity to impregnation and reproduction, which are determined by biological (hormonal) cyclicity and seasonal factors. In humans, by contrast, mental emotional factors seem to play a governing part in their sexual lives. Although biological (hormonal) cyclical activity plays its large part, equally major and operative in human sexual activity are mental and emotional factors. In Unit 3 we will elaborate on this as we discuss extensively the emergence of (genital) sexuality in the child, during their three to six years period, and the very large emotional and psychological developments this brings about. For now, we will limit our introduction to

this major aspect of development to a brief overview of psychological sexual development or, as psychoanalysts speak of it, psychosexual developmental theory.

Clinical evidence and treatment led Sigmund Freud to propose nearly 100 years ago that problems arising in the child's sexual development were at the basis of mental illness he identified as neurosis (which is a major category of emotional disorders). Initially he treated them like other physicians did then (late 1800's), as neurological problems. But closer study led Freud to conclude that these particular problems arose not from nervous system malfunctioning as was then thought, but from emotional conflicts in their childhood sexual development of which the patient is unaware. In order to help us know, he studied his patients problems closely and developed a theory of how sexuality probably unfolds in humans.

This is Freud's psychosexual theory. Sexual development, and with it sexual identity formation, unfolds through a universally found sequence of phases or time periods during which the following modes of sexual experiencing co-determine the child's progressively changing emotional life. The first, extending from birth to about 18 months of age, is the oral phase. Karl Abraham, another pioneer psychoanalyst, proposed that there are two component subphases during the oral phase. The first of these is the receptive oral subphase which extends from birth to about six months of age. As the name suggests, oral receptivity, the acceptance of feedings through the mouth, predominates in the waking life activity of infants. As we describe in Unit 1, the beginnings not only of feeding but also of taking in the environment by means of very early explorations is done much of the time not only by the eyes, ears and hands but also by using the mouth as a means of learning about the environment. As we emphasized in Unit 1, even during the latter part of the first year of life when much exploratory activity begins, as all parents know, infants tend to put everything that they touch into their mouths in order to explore, to learn about them. Parents often make the mistake of thinking that this is to eat what they put into their mouths. Rather, it is in the service of finding out what the thing is like, to explore and learn about it.

The second part of the oral phase was entitled (by Abraham) the sadistic oral phase which extends from about six months of age or so through 18 months of age. The reason Abraham labeled this second part as the sadistic oral phase, is that psychoanalytic theory at the time was especially aware of those aspects of human functioning which they identify as the instinctual drives. Very briefly, the instinctual drives consist of the sexual drive which has everything to do with psychosexual theory, and the aggressive drive which we will talk about in Section 2.24, below. "Sadistic" deriving then from psychoanalytic thoughts about aggression, was used by Abraham to describe the new additional behavior often engendered from about six months of age on by the emergence of teeth. Every mother who breast feeds her baby knows what Abraham was talking about, given that the eruption of teeth by creating pain in the infant's gums often leads to biting; infant observation suggests that this biting is not intended initially to be hurtful but rather is the product of the infant's efforts to reduce the pain the infant experiences due to the teeth pushing through the gums to emerge.

A second major phase of psychosexual development is the anal phase. Again, Abraham suggested two component subphases for this phase. The first extends from

about 18 months of age to about two or so years of age, which Abraham labeled the expulsive anal subphase. The second component phase Abraham entitled the retentive anal subphase which extends from 24 or so months of age into the middle of the third year. As with all efforts to give an idea of the duration of time these developmental phases take, as with those descriptive of the separation-individuation process (Section 2.22), dates given are not intended to be specific for every child; each child has his or her own developmental timetables, but rather these are suggestive of timeframes for normal development in general.

The next psychosexual phase which we will touch on in this chapter but will detail in Unit 3 is the phallic-oedipal phase, or as we prefer to call it, the first (or infantile) genital phase, a major organizer of human psychological experience and development which extends from two and one-half to six years of age.

The fourth phase of psychosexual development is the latency phase which extends during the early elementary school years, from about six to nine-ten years of age. This, Freud proposed, is followed by adolescence which is the first phase of true adult-form sexuality. Much more recently, some psychoanalysts (e.g. Dr. Marjorie Harley) have proposed a pre-adolescence phase extending from nine to 12 years, which they suggest bridges the latency phase and the critical longer developmental phase we know as adolescence. Adolescence extends from about 12 years to the late teens, and some psychoanalysts have in the last 20 years proposed may extend to 21 or 22 years. This then is followed by adulthood and the generative years of reproduction.

The student may be puzzled as to why Freud and psychoanalysts since him have included the oral and anal phases all children experience as part of the sexual development. Here are some of the reasons. His studies of the emotional symptoms he encountered in most of his neurotic patients drew Freud's attention to the fact that oral phase activity as well as anal activity play a large part not only in patients with sexual problems known as perversions but also in the life of the normal young child. All parents know that children sometimes need to suck and that sucking is not always associated with the need for food. This is especially evident in the soothing and comforting children experience by the use of a pacifier or their own thumbs. Similarly, in the course of toilet training some children make clear the pleasure they derive from holding in both urine and feces and the pleasure they experience in discharging these at will. That is to say, early life is experienced by children especially through the workings of their young bodies and that they experience much pleasure in its functions and in gaining mastery over these functions. Eating is a major experience to the young infant both by virtue of the exercising of new functions and by the pleasure associated with the reduction of pangs of hunger. So too for defecation (bowel movement) when the bowel is emptied of its contents. Young children experience both hunger and difficulty in emptying the full bowel or full bladder as highly unpleasant if not painful. The young child's experiences Freud pointed out are first "body-experiences", and Piaget said that the young child's experiences are first perceived and organized cognitively (intelligence-wise) by sensorimotor processing, namely, by functioning of their sense organs in combination with motoric locomotion and manipulations, explorations of their bodies and the environment.

This Unit, spanning the second and third years, cuts across the late part of the oral phase, the anal phase and the beginning of the first (infantile) genital phase). Lets talk about each in turn.

2.2 EMOTIONAL AND BEHAVIORAL DEVELOPMENT

2.3 THE BEGINNING OF SEXUAL (REPRODUCTIVE) LIFE

2.2311 HUMAN DEVELOPMENT: Sexual (Reproductive) Life

The Late Part of the Oral Phase:

The twelve-month-old is well into the latter part of the oral phase. The teeth generally now are no longer a prime source of pain for the child but rather make for a well developed body apparatus by which the child can now chew foods which brings with it a substantial change in food intake. The emergence of teeth has been going on since the middle of the first year and the child is beginning to establish new feeding patterns.

At the same time, by now the teeth have become a source of distress to many caregivers. Biting seems a natural means for exploring things and for discharging feelings of distress and of hostility. By twelve months of age some young children have already bitten their mothers in the process of nursing and have also used their teeth when provoked too painfully by another child's behavior toward the self.

Exploration by means of putting things into the mouth continues well into the second year of life although increasing small hand movements coordination, which makes for greater control over manipulation of things will gradually take over as the dominant means of exploration from about the middle of the second year of life on.

Most troublesome in some children will be the task of weaning from bottle or breast feeding. Some children may have already weaned themselves by the end of the first year but most children shift from the bottle to the cup during the first part of the second year. Parents know, however, that most children now (during the second year) tend to use the bottle or even breast-feeding when they experience stress or anxiety and that commonly the bottle may now become a comforter more than a feeder. In fact, this is just what makes giving up the bottle or breast-feeding more or less difficult during the second and even the third year for all children. Why it is more difficult for some children than others is not always clear. Whether it is a persisting inborn preference for that mode of self-comforting experience by some children, whether it is that some infants feel that they have not been comforted enough by their primary caregivers, whether they need longer periods of self-comforting to satisfy sufficiently their need for it, whether some children are experiencing more stress than others, any of these or all of them make some children more resistive than others to weaning from the bottle, breast or pacifier.

Johnny continued to use his pacifier until he was two and one-half years old. He seemed quite well nurtured and given to by his mother and we had learned that his father was very attentive and loving with him too. He did seem a bit shy, needed some encouragement to stand up for himself, to be assertive enough. We felt that he just seemed to be a "more sensitive" child, with some degree of inborn shyness (which is due

to a greater sensitivity to feelings than average) which make many daily events feel more stressful to him. The pacifier seemed to be a quick and easy source of re-enforcement. Because of the degree of autonomy they can exert on them, children are more likely to hold on to the bottle or pacifier as sources of comforting than the breast.

As we mentioned in Section 2.2211, some children select the bottle as a special source of self-comforting and during the second year will especially need to retain the night bottle due to the heightened stress created in young children by separation from the family in order to go to sleep. It will be easier for the child to give up the need for the night bottle when the separation-individuation process is far enough along so that separation no longer creates intense anxiety. This may not be achieved until entry into the third year. Similarly, as comforters, the use of the thumb or pacifiers tends to wane in many children during the later part of the second and the early part of the third year while in others, like Johnny, it will remain necessary for self-comforting for a longer period of time.

The emotional quality of mother-child interactions, including especially that of feeding, is an important contributor to how the child will feel about him or her self and in his or her relationships to others. Also, the more emotionally satisfying the parent-child relationship, the more comfortable and nurturing the feeding experience. And indeed, Johnny's feeding experiences were clearly quite good. Where the parent-child relationship (especially the mother-child relationship) is difficult, feeding may, on the other hand, not be a satisfying emotional experience, or, to the contrary, it may become a source of emotional satisfaction that will substitute for the insufficient emotional gratification coming from the relationship with the mother. It varies, of course. Richie, whose relationship with his troubled and very burdened young mother was painfully difficult, full of feelings of rejection and hostility, had poor feeding experiences; and he did not gain emotional satisfaction from eating. We believe this had more to do with his "failure to thrive", that his failure to gain weight as expected for his age and to grow, than that he was being starved. He was not starved (for food). On the other hand, Vicki who was depressed, was not physically abused as Richie had been, but her relationship with her depressed mother was poor due especially to mother's own depression and also being over-burdened. But she gained a fair amount of weight, in fact, got chubbier than she had been prior to nine months and than she would be later. It was not clear that she substituted food for emotional gratification. It was clear that she was not as active as the children around her and therefore was not burning as many calories as the average child, but it may also be that she was eating more than her body needed. In other words, she may have substituted to a degree, eating gratification for the emotional gratification she could not then get. Some support for this assumption may be taken from the fact that in late adolescence when she ran into some difficulty she did become somewhat overweight.

Infants, as Vicki did, may eat more food than they need for good health and growth as a result of their effort to comfort themselves emotionally by the good feeling that comes from eating. The feeding experience itself may become overly valued and may lead to overeating which will in turn lead to overweight. The heightened dependence on food (and later possibility on smoking, alcohol and even drugs) when eating becomes a substitute channel of self-soothing to make up for insufficient

"emotional feeding" (nurture) in the relationship with mother (and father), may become a more secure and reliable way of feeling cared for than emotional interaction with the parents. This selectively seeking emotional gratification by means of over-eating can become patterned from the first into the second year of life when it may further stabilize.

Again, in the normally well cared for one to three year old child, there is much pleasure in sucking on the breast, bottle or thumb and it is plausible to infer that sucking and feeding brings with them pleasure which is inherently of a sensual, an erotic type. This, according to some development theorists, is why the mouth is a vehicle for erotic gratification and participates in eventual adult sexual activity.

The Anal Phase:

In terms of the child's emerging sexual life, the functions of eliminating urine and bowel contents occupy a significant part of a child's emotional experiencing during the period from about 18 months of age to about two and one-half or three, in some cases even later. These also preoccupy the parents. For obvious hygienic and social reasons, as well as for emotional reasons, toilet training is an important development that preoccupies children and parents alike during this developmental period. At times young children who are not toilet trained are not accepted into preschool programs.

As all parents know, and children know too, there are emotional consequences to toilet training; these are of much importance for the child. Wanting to do what those we most value and admire, namely our parents, do and want us to do, is characteristic of every child. Except in the most traumatizing of conditions where children become enraged and despairing, to want to go to the bathroom like an older sibling does, like mother or father do, becomes a goal for every two year old child. Learning to control the discharge of bladder and bowel contents is experienced by the child as a remarkable achievement. And it is! This is reflected in the way parents react to the child's efforts, to the child's failures as well as successes. Not only is it a source of pleasure to develop such control, to please the parents the child admires and wishes to be admired by, but it also brings with it the feeling and experience that the child can learn to do things the child could not do before, that the efforts the child makes can bring success.

The child's complying with the wishes of the parents in toilet training, sometimes even against his or her own wishes and against resistance to complying with the wishes of the parent in toilet training, sometimes even against his or her own wishes and against resistance to complying with demands made upon the self, brings with it the ability for effective internal controls, controls over one's own at times troublesome wishes and inclinations (an issue we shall discuss further in Section 2.251). This compliance also brings a sense of doing the right thing, doing what is expected of me, doing what Mommy and Daddy want me to do. There is furthermore for the child the experience of being able to accept limitations, to accept rules and regulations, to accept compliance with social standards. The fact that this acceptance is made by the child in response to demands made by his or her own parents makes for a growing capability to accept instruction, guidance from those in our world who attempt to protect us and to help us grow into responsible people.

These are some of the reasons why the process of toilet training is one that makes a significant contribution to the emotional and psychological development of the child. As we shall elaborate in the section on child rearing, it bears mentioning here as the famous psychoanalyst Ann Freud said "If you want your child to be quickly toilet trained, give your child to your neighbor for one day and task of toilet training will be achieved." However, she pointed out, that toilet training will occur without the enormous benefits to the child which come from the child's achieving that toilet training when this demand is by the child's own beloved parents. Given that achieving toilet training to please the parents is rewarded by the parent's approval, that giving up one's own wishes to do just what one wants to do, here to resist toilet training, in order to comply with the demands made by the parents, these and other elements in toilet training make for the fact that when the parents toilet train the child, the contribution to the child's psychological growth is much greater and more advantageous to the child than when someone to whom the child is not attached makes the demands that go with toilet training.

It would stand to reason that, if the child's ability to control bladder and bowel sphincters (muscles) (see Section 2.131) does not mature until about the beginning or middle of the third year of life, imposing demands for toilet training prior to this time would create greater possibilities of failure even when the child tries to comply with parent's demands. And, indeed, successful toilet training is commonly achieved when undertaken at about two to two and one-half years of age. We find that children respond to demands for toilet training with more success during the middle of the third year than during the second year of life. Obviously, if sufficient pressures are imposed, the child can be toilet trained, as is done in some cultures, even during the end of the first year of life. It is well to emphasize, however, that the benefits we talked about before will not accompany toilet training that is achieved during the end of the first year or the beginning of the second year of life because the development of the self and of the child's will is not yet sufficient for the child to feel he or she is developing internal controls or a sense of duty and responsibility. We must bear in mind that learning to control one's bladder and bowel is a learning experience as are learning to swing a bat, a racket, and to study (math, music, etc.). Which means then, that the more comfortable this learning experience, the more likely it is to encourage a child to learn in other areas of development as well.

Let us elaborate a bit on a central aspect of the problems toilet training may create for both parent and child. It is important to recognize that one of the major obstacles to toilet training is that it occurs at a time in a child's life when the development of self as an individual is at an important stage in its progress. Bear in mind that the 18 month old to the two and one-half year old child is working on issues that pertain to the differentiation of self from mother, from father, the major task we described under the Rapprochement Subphase and On The Way to Object Constancy (Section 2.2211). And, the child is then also working on the continuation of his or her evolving sense of autonomy, on the battles of wills the child undergoes with parents in the course of stabilizing that sense of autonomous functioning, that sense of self-experiencing that is so important to the overall growing sense of being an individual. This is also the time when the sense of feeling power, of feeling self-confirming moments when the child says "No!", gives further evidence of the child's consolidating sense of becoming an entity, a self-contained

individual. We want to emphasize, that moments of feeling oneself, of having a sense of experiences residing within "me", have occurred earlier, but from the middle of the second through the third year of life the sense of self achieves a new level of organization, integrity, and cohesiveness that bring with it the child's perceiving the beginnings of a sense of self. The child can now say "Mine, mine" which thing belongs to "Me" as the child feels the "I" of the Self.

It is at this time then, when demands are made of the self to give up what the self may not wish to, or to carry out a function the child cannot yet carry out at will, such as, to give up contents of one's own body, be it urine or a bowel movement, that parents run into some resistance. The demand made by the environment for the child to develop internal controls, to contain some of his or her inner pressures to discharge (not only of urine and bowel content but of one's other wishes as well) may be experienced by the child as a great imposition on the self, as a statement that the small newly burgeoning self does not have rights, or the freedom to do just what he or she wishes. Compliance to demands is necessary for approval by those the young child values, those whose admiration, whose approval the young toddler wants most. This means the giving up of one's own wishes, the giving up on one's own body contents that may, at times, be experienced as giving up a part of oneself. As we all know, it is difficult to not do something we want to do; and it is equally difficult to do things we do not want to do.

A further word is needed here. Young children do not experience the contents of their bowels as foul smelling, as dirty, as things to be gotten rid of. Close observation of very young children shows that they are not disgusted by the smell of feces; in fact, some of them find feces an interesting source of painting materials and will experiment with their feces as paint on the walls around them. It is especially by virtue of the reasonable disgust and annoyed reaction of their parents, that young children begin to experience disgust at the smell of their own feces. It is, in fact, because young children perceive the parents' intolerance (hygienically reasonable) for the feces that, when some hurt and angry children want to attack their parents, as in the course of battles of wills, as a means of expressing rage towards parents they experience as excessively frustrating or punitive, that young children may resist toilet training and may even smear their feces on walls. Some ill-treated children will use this pathway to express their rage toward parents. This is very much akin to what makes protesters of one cause or another smear graffiti on walls of buildings and in bathrooms. A child who is well cared for, who may experiment with coloring the walls with his or her feces will quickly react to the parents' disapproval of this activity by stopping it.

Let us return to the question of how the one to three year old child experiences parents' demands, and the internal struggle these often create for the child. The demand to learn to control bladder and bowel may be experienced by the child as a demand that the child give up not only possessions from within her or his body and also wishes to discharge the contents of both at will, it will then mean giving up some sense of one's own authority, some freedom of self expression, and we find in the clinical situation often brings with it a feeling of "I have to give up what is mine", "I can't do what I want", "I have to do what she (mother) wants", "What I want to do doesn't count", "I don't count", etc. All of these suggest that the child often seems to experience the parent's demand as

an imposition on the self, even depreciation of the self. Clearly, of course, this is not the parents' intention, quite the contrary. But many children at least at time do experience the demand for learning to control the discharge of bladder and bowel contents as a surrender of the self, as a feeling that the wishes of the parents count more than the wishes of the child. This is why toilet training is often experienced by the child as a restrictive measure and thereby leads to battles of wills.

Side by side with this imposition on the sense of self toilet training brings about, other issues arise from quite another side of toilet training experience. The preoccupation with toileting is believed to be due also to the seemingly increased awareness that the sensation brought about by both the passage of urine through the urethra and the passage of feces through the anal sphincter are pleasurable. Relief from a full bladder, a full bowel is experienced by humans as pleasurable because it is relieving of unpleasurable feelings and it may even be pain relieving. But it also carries with it a degree of sensual erotic sensation. Add to this fact, that diaper changing which has been occurring since birth brings with it cleansing of the toddler's sensitive genital regions as well as the anal sector of the body, manipulations which the child experiences as pleasurable, these manipulations now more than earlier heighten the erotic feelings attached to toilet training. In fact, some young toddlers experience diaper cleansing as erotically gratifying to such a degree that they may wish to delay toilet training because it brings with it at least in part a cessation of the parents cleansing the toddler's "bottom". Some normal and healthy children experience the cleansing of their bottom without right pleasure and may say as one little girl did, "Oh that feels so good Mommy, do it again."

Let us emphasize that genital sensations are evident in children from the first year of life on. As every mother knows, even a two day old infant boy on diapering may have an erection. Such reactions are physiological in nature, and we infer must bring genital sensation with them even from the first days of life on. Studies have shown that from the early days of life, during feeding, infant girls produces secretions within their vaginas which, equally we infer, must bring with them some sensations of an erotic kind. In other words, then erotic experiencing associated with the cleansing of the genitals and the anal region begin to be experienced from virtually birth on; and now during the anal phase, from about 18 months to three years of age there is a substantial heightening of the erotic experiencing associated with the functions of these areas of the body.

Where parent-child relationships are not sufficiently gratifying to the child, the child will find sources of gratification to try to make up for these important basic emotional deprivations. Since the activities involved diaper changing and toilet training bring with them pleasurable sensations, seeking pleasure from bladder and anal activities may be heightened to try to make up for insufficient gratification in the relationship to the parents just as food can become a substitute for love from one's mother and father. To a large degree, gratification from genital sensations and from anal sensations accompany erotic life in normal human beings, but these may become enlarged, may even become prime sources of gratification where relationships to the parents are not gratifying enough.

For all the above reasons, then, the battle of wills, the sacrificing of a degree of a sense of self, the erotic experiencing associated with diaper and toilet training, the gains to the child's psychological development that come from accepting external demands,

complying with these, deriving pleasure from pleasing parents, all make the experience of toilet training quite an important one. It is well to point out, that we could also emphasize the opposite of successful toilet training. Namely, the persisting problems surrounding toilet activity that may arise from problematic toilet training, from excessive demands being made on a child who must reject these demands in order to maintain a threatened sense of self, the desperate smearing of feces a child may engage in to express intolerable and forbidden rage toward parents who are in some way painfully hurting the child, all of these too make the toilet training experience and important one for the 18 month to three year old child. It does so as well for his or her parents.

In the section on Child Rearing, we shall address some of the awful consequences that have been found associated with difficulty in toilet training. For now, let us say that much is known by parents about the care that needs to be exercised in toilet training children. We believe that this is why the children we have been using for our examples in this material did not run into toilet training problems. In our program, the parents we worked with had already heard on radio or television and read in magazines about toilet training. None started toilet training before two years of age. None of the children was forced to sit on a potty until he or she produced a BM. None was hit or insulted because he or she could not comply with early and unsuccessful efforts to toilet train.

But we have seen in our offices children who were brought to us because they suffered from repeated prolonged constipation or from smearing their BM's on walls or floors. If these behaviors continue for more than a few weeks, professional help is needed and parents are well advised to get this help.

Two more words on this subject. Toilet training for urine usually is slower than for BM's. For instance, bed wetting may continue in many normal children, boys especially (we do not know why) even up to four years of age. Some go on even beyond four; where it goes on more than once in a while beyond six years, professional consultation is generally indicated and is usually very helpful.

Lastly, children who are slower in their development, like many Down's Syndrome and cerebral palsy children, for example, will be delayed in their ability to be toilet trained and will need more time to achieve it. Much more patience, understanding, and sympathy is required in rearing such children in order to make them feel loved and valued.

The Emergence of the First (Infantile) Genital Phase

The first (infantile) genital phase is a development of enormous consequences to the child's emotional development. It brings with it a substantial conflict which every child experiences, a conflict that in turn leads to enormously important salutary developments in the child. The first genital phase extends from about two and one-half years of age through six years. We will therefore wait until our discussion of Unit 3 to detail the nature of this conflict, what brings it about, and what, in terms of salutary developments, this conflict itself brings about in the child. Because the emergence of this phase occurs during the third year of life we will here say a few things about it.

As we stated in the introduction to this Section, we have long learned now that a

human being's sexual life begins much earlier than used to be assumed. Whereas evidence of sexuality is amply clear in puberty, which is when we used to assume sexuality begins, many parents recognize ample evidence of sexual activity long before puberty. We have already commented above that erotic sensations in the child's genitals can be inferred from their genital activities, such as erections in little boys, from the first days of life on and indeed, psychoanalytic child development theorists make exactly that assumption, namely, that a child's sexual life begins at birth. As we have already indicated during the first 18 months, however, erotic experiencing is most attached with the activities of the mouth and only occasionally does there seem to be evidence of genital arousal and sensations. Similarly, from about 18 months of age through about three years the predominant erotic feelings and experiencing are attached to activities of the urinary bladder sphincter and the anus as we detailed above. From the middle of the second year of life on many children show evidence of heightened sexual activity. This time, the heightened sexual activity is much more complex and pertains to the following three inter-related areas of experience:

- (1) To the genitals themselves;
- (2) To the child's emotional interest in babies; and
- (3) To the child's heightened erotic love interest in one of his or her parents and a developing feeling of competition and rivalry with the other parent.

A note on each at this time; the issue will be addressed more extensively in Unit 3.

We must first, however, emphasize that by the term "The First Genital Phase", we are speaking of, early childhood sexual life. Important distinctions exist between what can we speak of as infantile sexual life and adult sexual life. The major distinctions between them begin with the fact that the two and one-half to six-year-old child is incapable of the biological fruition of his or her sexual fantasies and sexual functioning. By contrast, adult sexual life that begins with puberty brings with it the capability for fulfilling all of these. For instance, as everyone knows, reproduction is not feasible until puberty. Also, it is highly doubtful that young children are capable of achieving sexual orgasm, again a capability generally achievable only from puberty on. From another vantage point, infantile sexual life contains much that is fantasy-based and fantasy-experienced, whereas, it is generally not actualized, is little put into effect. This will become particularly clear when we discuss the nature of the young child's sexual experiencing in more detail in Unit 3. By contrast, with puberty the actualization of these fantasies is feasible, which creates its own problems as we will discuss in the chapter on Adolescence. We must emphasize, though, that making a distinction between infantile sexual life and adult sexual life should not be taken to mean that infantile sexual life is not enormously powerful, enormously governing of the child's experiencing and determining of development. Again, points and examples will be detailed and discussed in Unit 3. For the present, a note on the three clusters of behavior one sees which are evidence of the beginnings of sexual life.

- (1) With regard to the genitals themselves, one finds a heightened interest in the child's own genitals and those of others, a greater or lesser degree of preoccupation with these, as evidenced in an increase in the child's touching his or her own genitals, asking questions about the child's own genitals and those of others, the expression of pleasure at

the touching of the child's genitals, which we consider "infantile masturbation". It is not uncommon for a nearly three year old to sit on a toy and roll his or her pelvis on the toy; or, while watching television, to be quietly touching and manipulating his or her genitals. Given the normal pleasurable sensations associated with touching their genitals, some children persist in this activity, in infantile masturbation, which tends to create some discomfort in and for the parents.

Many a child will begin to express anxiety when his or her genitals are touched by someone else. One two and three-quarter year old boy, with acute anxiety on his face stepped back as his mother attempted to close the zipper of his pants. It was clear that he experienced fear at what might happen to his penis when the zipper was pulled up. When they were four, Johnny and Doug expressed and gave evidence of such anxiety (see Unit 3, Section 3.2311). Many a young girl, two and one-half, to two three-quarters years of age may ask her mother when she will get her penis. Both Suzy and Diane did so when they were three and one-half and four and one-half (See Unit 3, Section 3.2311). A little girl may ask when she will get her penis, given that when she looks at her genitals, because they are in large part contained inside her body which she cannot see or yet imagine, she will wonder if she will get a genital equally visible to the eye as is the little boy's. Many a little boy may ask why Suzy does not have a penis. It is also important to note that children will from time to time begin to express anxiety in association with these questions. This will be further discussed in Unit 3.

(2) Since the inherent biological function of sexuality is the reproduction of the species, it makes sense to wonder whether or not young children show interest in babies. When do they show interest in babies, what does it look like, and what do scientists say about it? Scientific observation of young children as well, as clinical work with young children by psychoanalytic mental health professionals inform us that, yes, young children from about two years of age on show a notable interest in babies. The toy industry and many parents know this as well as evidenced in the large baby doll industry. A number of factors contribute to this.

As mental health researchers who have studied this issue in the long term, twice weekly, observation of young children, each child over a period of several years, we have reported the following.

During the first year of life, attention to other infants is occasionally seen in nine to twelve month olds. This interest consists most commonly of touching the infant with some excitement and often with resulting alarm. Interestingly, touching the infant's eyes and grasping the infant's hair (and then not being able to relax the grasp reflex) are most common and are what causes the alarm.

During the second year and early into the third year, the approach to an infant changes significantly. The 18 to 30 month old no longer just pokes at the infant's eyes or grasps its hair. For instance, 18 month old Diane seemed troubled by a six month old baby's fussing when his mother was out of sight (his mother had gone to the bathroom for several minutes). Diane conveyed this to her mother and mother came to the fussing baby where Diane followed her. On her knees like her mother, Diane and bent toward the baby like mother, Diane did this: she watched her mother pick up the six month old's rattle and try to calm him by rattling it gently in front of his face. It did not calm the

baby. Diane's mother put down the rattle and talked soothingly to him. As mother did so, Diane picked up the rattle and gently shook it near the baby's face. This still did not calm the baby. Diane's mother patted the six-month-old gently on the head; Diane put the rattle down and she too then gently patted the baby on the head. Diane and mother looked at each other while patting him, a lovely mirroring smile on both their faces. Similarly, we have seen one and two year-olds spank dolls, and in one way or another maltreat them.

Observing behaviors as these in a number of children has led us to propose that now during the 14 to 30 months period, a different attitude and approach occurs. The child, both boys and girls, seem to do to babies what is done to them, they identify with the way their own parents treat them.

Then, from about 27 to 30 months of age on, a dramatic change in approach to babies occurs. We have proposed that this is a new phase in the interest toward babies. Girls particularly become interested in infants, some of course more than others, in a manner that is striking, with awe, with enormous excitement and pleasure, with a sense of having made a marvelous discovery. Some, as happened with Diane, will become attached to a particular infant, will say that a particular infant is "My baby" and some, as Jennifer did, will verbalize the wish to have a baby of their own. This type of behavior is less frequently seen in boys, as we saw briefly in Bernie, and makes for one of the significant distinctions between boys and girls. We shall discuss this further in Unit 3, Section 3.2311.

(3) From around two year and one-quarter years of age, children will in the course of rubbing their genitals sometimes do so on the knee of mother or father. This is also sometimes done with toys. At this time the child, boy or girl, seems to approach mother or father with no selectivity, with no specific interest in or preference for one more than the other. Either parent will become a person to whom sexual feelings will become attached. In Unit 3 we will emphasize why sexual feelings become attached to the child's own parents in preference to others. Suffice to say for now that from the middle of the third year of life on, many a child will begin to be more selective in the parent who is chosen for such genital contact. Let emphasize that many parents are not aware that the child's rubbing his or her pubic area against the parent's knee or while riding on the parent's foot is sexually pleasurable to the child, for reasons we will also discuss in Unit 3. Many a child now will begin to be selective in these activities. A boy will be found to rub his pubic area against his mother's knee, mother being uncomfortable but not altogether perceiving why. A little girl will select her father for similar activities.

Many a parent also knows that around this time when parents greet, embrace, they may suddenly find the child between them pushing them apart. Or, when mother enters the house, as father proceeds to greet her he finds that he is beaten to it by his son who wants to get a hug from mother first. Some children will outright express indignation when mother and father embrace, some may verbalize their feelings clearly. For instance, when Diane was three and one-half years of age according to her father, she "sashayed up to me, fluttered her eyelashes and said `Will you take me dancing and to the movies?'" . When he was just four years old Johnny inquired from his mother whether Daddy was coming home for dinner. To mother's reply that he was, he said: "Oh, does he

have to!". Because these behaviors contribute toward the development of a large conflict within the child, many a parent, having dealt with this conflict when she or he was a child by means we will describe in Unit 3, may find it difficult to recognize the contents and the meaning of the child's behaviors we have just described.

These sexual developments, as well as developments that pertain to aggression which we shall describe in Section 2.24 below, bring with them changes in physical posturing and physical behaviors which begin to make for distinctions between boys and girls, which makes for visual differences in behavior that we may consider to be "boyish" and "girlish". As illustrated in the quote from the father, above, his daughter, Diane, sashayed up to him and fluttered her eyelashes. This little girl also later wanted father to buy her a "wedding" dress when he bought mother a dress. Some little boys between two and three years of age begin to posture like apes, begin to play games clearly suggestive of "King of the Mountain", begin to be heavier on their feet, to be rammier in their behaviors, etc. More about all of this in Unit 3.

2.2312 CHILD REARING: How to Handle Sexual Behavior in Growth-Promoting Ways

The Late Part of the Oral Phase

As we discussed in Section 2.2122 on feeding, patterns of feeding change with entry into the second year and become established during the second and third years. Feeding is a major opportunity for parent-child interaction and is served most advantageously when feeding interaction between child and mother or father is positive. Most healthy children will eat the amount they need to satisfy their hunger and are invariably capable of letting the parent know when they have had enough. It is so, however, that during the second and third years, greater sensitivity to tastes (and smell) develops and most children prefer to eat some things over others. It is well for parents to encourage good balanced diet feeding patterns. It is however, important to not force feed, nor to punish a young child for not eating foods that make the child nauseous, but to reasonably demand and expect that a child will try to eat what the mother or father considers to be a reasonable diet. It is also important to not directly link feeding to punishment such as to punish a child by sending the child to bed without supper.

During the second year of life when a child bites someone when angry with that person, it is, of course, important to help the child learn that biting is not an acceptable way of expressing feelings of anger and hostility. Verbally prohibiting biting as a way of expressing anger is enormously helpful. Again, we caution parents against feeling that their one year old will not understand such a prohibition; that is blatantly not so.

It is also well for parents to bear in mind that during the second year of life the mouth can continue to be an instrument for exploring and that the child's putting some thing in his or her mouth is not necessarily indicative of a child's wish to eat it. Clearly,

items that are small, that could be sucked into the lungs such as beads, peanuts, small toys, etc., should be prohibited just for this reason; an explanation to that effect is very helpful.

The process of weaning, commonly carried out during the second year of life by most parents, should be verbalized. Parents should speak in a straightforward manner of their intention to shift the child from a bottle or from the breast to the cup. The weaning process is much facilitated by introducing an infant's cup (one with a lid and mouth-shaped spout) from near the end of the first year, well before the child is to be weaned from the breast or bottle. Many less than one year olds can become quite adept at using such a cup for water or juice. In weaning, the strategy of telling a crying say 18 month old child that all his or her bottles are gone and there are no more bottles in the drugstores is poor strategy. One day the child will discover that there are many bottles in drugstores and the trust in the mother the child has developed will be undermined by this finding. Deceiving children can be much too costly in terms of trust. Much better to be direct, face the child's displeasure, and try to help the child cope with it.

It is well for parents to bear in mind that where the bottle becomes a comforter, it will be much more difficult for the child to give it up; this is particularly so with regard to the "night bottle". As we described in Section 2.2212, the comforter can be a remarkable source of help to the child's tolerating stranger and separation anxiety during the second year of life and it may be wise for the parent to allow the child to determine when the night bottle will be given up. The same can be said, of course, for thumb sucking and the use of pacifiers which serve the same purpose. And, in fact, rather than infantilizing, thumb sucking and the pacifier are among the child's first efforts to do things on his or her own, to soothe the self without mother's help.

As we noted before, Johnny used a pacifier into his third year. Father, who absolutely adored Johnny, did not like Johnny's continuing to use a pacifier. Because we had clarified to mother that it probably made Johnny feel more self-reliant and comfortable, she would remind father of this and would tell him, in front of Johnny, that it is not true that "only babies" use pacifiers as he had said recently. She did this because, in part, she herself wished he did not need it, but our explaining its usefulness to Johnny, its enhancing his sense of self, autonomy and self-reliance, made her especially attentive to father's as well as her own feelings about it. As nearly always happens, Johnny's pacifier just vanished when he was two and one-half. We wonder if what really upsets parents about their children's need for a pacifier, or thumb, or teddy bear, is their sensing the young child's feelings of insecurity and need for reassurance, in short, the child's feelings of vulnerability; this probably is a major factor in most parents' unease about their children's using comforters. There probably are other reasons as well; for instance, dentists often tell parents that thumb-sucking is likely to cause a poor alignment of the child's teeth. It may be so for some children. But we believe it is less costly to pay for orthodontal care (braces) during the child's early teens, if needed, than to impede the development of greater inner emotional security and self-reliance to which the comforter (thumb, pacifier, night bottle) contribute.

It is well for parents to recognize that a substantial degree of sucking, be it thumb sucking, or even the use of a night bottle during the third year, may have more to do with

the child's soothing himself or herself in reaction to erotic needs, rather than to tiredness or other distress. It is a fact of life, that all children experience a certain degree of erotic feeling and gratification associated with the mouth that becomes part of normal erotic life. For instance, kissing, it is well to remember is an oral activity and is a major step in the development of an erotic attachment in human relationships. Oral erotism tends to create no remarkable problems for children and requires very little action on the part of the parent to contain it within normal bounds. One area where oral erotism may become heightened is in association with the child's need for larger than expectable amounts of food which commonly, although not always, results from the child's excessive frustrations experienced by insufficient holding, insufficient nurturing, during the first years of life. During the second half of the second year, particularly during the Rapprochement Subphase, needs for comforting, for being held and nurtured, where excessively frustrated may lead to substitutive intake of foods which can become exaggerated. This exaggerated intake of food may also secondarily serve some erotic oral gratification which may then become patterned and part of the person's way of coping with stress.

The Anal Phase:

Toilet training is more or less challenging for all parents. In November 1993, a major American newspaper⁶ carried the front page, headline report from which a few sentences follow:

"L.M. was only 23 months old when he died after a beating . . . in July M.L. was 3 when [he was found in June] in the basement [of his home], battered, naked, dehydrated and suffering from a broken leg. S.S. was 2 when he died of massive head injuries received during a beating . . . in September 1991 And . . . R.T., still bears the scars from being dunked, at the age of 2, into a tub so hot that it seared off her skin. . . . All four tragedies, prosecutors contend, had something in common: The violence was triggered by a toilet-training accident."

"Getting children out of diapers is one of the most frustrating and time-consuming hurdles that all parents face. But for some, it is so frustrating that researchers now are linking toilet-training accidents with many of the most serious -- sometimes deadly -- cases of child abuse." (p.1).

When, how, by what means to toilet train concerns all parents. Knowing when children are capable of controlling their sphincters should be a key factor in scheduling toilet training. As we have detailed before (Section 2.131), the third year of life seems to be a good time for such training. Some children will handle toilet training efforts nicely at the end of the second year; most, however, fare better during the third year of life.

First, one of the most important things to bear in mind in the course of toilet training is that it may be experienced by the child as a prohibition against, as an imposition on the child's emerging sense of self. The child may feel he or she has to do something the child

⁶ The Philadelphia Inquirer, November 9, 1993. Front page, Feature Story by Martha Woodall, Inquirer staff Writer.

does not want to do, to yield to a demand for giving up one's just stabilizing sense of autonomy and individuality for the sake of complying with the parents' wishes. Assuming such an explanation to be valid will engender more sympathy in the parent as the parent encounters the child's resistance to toilet train. To be told you have to do something you do not want to do when one is feeling shaky about one's sense of self creates a problem for all of us. It is nowhere more difficult than it is for the young child who experiences it as a threat to his or her emerging sense of self. It is well for the parent to bear in mind, not only that this sense of self is a magnificent development needed for healthy adaptation, but that every child who achieves individuality fully-enough will cope better with the demands of everyday life.

We want to emphasize that toilet training is a major opportunity for both child and parents. Pleasing the parent brings the child enormous pleasure, so does being able to do what the parent thinks is important. So does developing the capability of controlling one's sphincters which brings with it a sense of accomplishment, and in turn heightens the sense of self, autonomy and competence.

It is also well for the parent to recognize that in this at times difficult process of toilet training, the parent is trying to help the child learn to accept certain do's and don'ts, to accept the necessity for complying with demands whose intentions are in the child's best interest, to begin to accept rules and regulations, an essential for life in society. Given these understandings, an approach to toilet training can be made which rather than undermine, will enhance the child's emerging sense of self, autonomy, cohesiveness from within, competence, and self esteem. It is well to bear in mind that toddlers value pleasing their parents, getting their parents approval much more than gifts of candy, toys and privileges.

Toilet Training:

In beginning the toilet training of the two-year-old child it is advantageous to wait for clues from the child that he or she wishes to go to the bathroom in the "potty" rather than the diapers. It is best to proceed being able to tell the child that the child himself or herself as well as the parents want the child to learn to use the "potty". Parents should not hesitate to make reasonable demands for age-appropriate growth-promoting compliance from the young child. But such demands will usually succeed better and be experienced by the child as in her or his best interest when the parents verbalize their recognition of the child's growing sense of self and individuality. "I know it is your body and your BM (whatever name the family gives to it), so you tell me when you think you need to make a BM; OK?" Or, "I know you want to be a big girl or boy, so please tell me when you have to make a BM (or whatever the family calls it) so I can help you". Some gentle pressure is at times helpful: "Look, you will feel better when you can use the potty; so you tell me when you have to make a BM!" Two-year-old children can so be trained in a matter of days or several weeks.

Where there is more resistance, it is well to try but it is not always easy to sort out if the resistance is due to insufficient readiness, to anxiety, or to the continuation from even the first year of life oppositional behavior, of battles of wills between child and parents.

Just a word about each. We shall simplify what may happen in the child in order to help parents consider useful possibilities. Professional consultation is suggested where parents are at a loss to know what to do; grandparents and neighbors can often be helpful, but they may equally often not be.

Insufficient readiness and anxiety may be difficult to sort out except in two year olds who show feelings of worry, fear or anger surrounding toilet training. For instance, a vehement refusal with seeming to be afraid of sitting on the potty is evidence of anxiety. A two year old who shows little distress at the suggestion that he or she try to sit on the potty, complies and is not able to have a BM after a few minutes -- but easily has a BM in his or her diapers 15 minutes later -- may just not yet be ready. Expecting a two year old to sit on the potty for 15 minutes or more will not promote toilet training. The child is more likely to experience it as tedious, a source of worry and of feelings of failure. Again asking the child to let the parents know when he or she feels ready to have a BM is a good way to start. Expect for those children who show facial expressions of worry or fear about using the potty, insufficient readiness versus anxiety needs time to prove itself. That is, the child who is able to use the potty in June but did not succeed in May, may just not have achieved sufficient voluntary control of his or her anal sphincter then and was insufficiently ready. The normally developing child who at 32 to 36 months and beyond is still not able to use the potty may have an anxiety based problem doing so. Here professional help may spare parents and child significant continuing difficulty. Raging at the child, or shaming the child brings potential difficulties for the child, the parents and their relationships. Success in toilet training achieved by shaming, raging and physical beatings may defeat all the potential gains reasonably experienced toilet training brings; these gains include, (1) an increased sense of appropriate internal control over all kinds of strong feelings and wishes, (2) a sense of achievement, (3) an enhanced sense of autonomy and individuality, (4) a feeling of parental approval and pride, (5) a better organized sense of "do's and don'ts", (6) an increasing feeling of competence, and (7) a consolidation of feelings of love, respect, and valuing in the child toward the parents.

For the child who has been strong-willed and had much difficulty cooperating with parents, or the child who has been hyperactive virtually from birth on, or at least from the end of the first year on, toilet training must be recognized by the parents to be a task replete with challenges, sensitivities, risks and opportunities for both the child and themselves. For the strong-willed child who is highly driven from within and has experienced limit setting to lead to many battles of wills with mom or dad, toilet training may become an experience and interaction which may significantly improve the child's development and relationships or it may worsen these. Here the balance of sensing, respecting, and allowing the child's feelings of autonomy and developing sense of self on the one hand, and gently and judiciously but firmly ("tough love" style) setting limits with much encouragement and duly complimenting success, can be enormously fruitful. Parents need to guard most against being pushed by their hostility -- which is what drove the serious child abuse reported in *The Philadelphia Inquirer* article to which we referred above -- in the way they deal with their children, and especially with children like these. That a parent experiences much frustration with such a child is unavoidable; if parents do

not guard against the hostility such a difficult and frustrating child produces in them, this hostility may pervade their actions and create greater problems than before. Toilet training a child who is strongly oppositional should be gradual. It should be seen as an opportunity to improve the child's internal controls, acceptance of "do's and don'ts", and all that comes from successful toilet training that is not governed by excessive hostility, shaming, and harmful treatment of the child. Parents with such children are wise to get professional help if difficulty persists, before some derailment of the child's emotional development occurs.

Dealing with problems in toilet training which continue into the next period of development as well as bed wetting (which can be considered a problem only when it persists into the three to six years of age period, will be taken up in Unit 3 (Section 3.2312).

Many parents become alarmed at a toddler's expression of pleasure when in the process of diapering, bathing, or in toilet training, mother or father by cleansing the child's "bottom" brings with it some sensation of pleasure. Normal children derive pleasure from their bottoms being cleansed or wiped when it is done in a gentle fashion. It is not the expression of some perverse experiencing, as one mother worriedly asked us. It startled the mother whose child said to her "Oh, do it again Mommy, it feels so good". This child was able to express something that many a normally child feels and is part and parcel of the toddler's emerging erotic feelings. Of course, we recommended that mothers and fathers not "do it again"; that they make cleansing of the "bottom" a routine activity that is necessary for the child's proper care. It is highly advisable to consciously make it not an erotic activity. Responding to the two year old with "It's time to get dressed now; you'll learn more about that when you're older." will do very well. Reacting with shock, calling the child "Nasty", brings with it the child's feelings that there is something wrong with or bad about normal bodily feelings or even with him or her. This may set the stage for a child's feelings that erotic feelings are dirty, bad and that nice people do not have such feelings. The consequence of this can be serious for later sexual life.

The Emergence of the first (Infantile) Genital Phase:

We want to emphasize again the distinctions that we made earlier between infantile sexual life and adult sexual life. We want to emphasize here even though, under normal conditions, infantile sexual life brings with it very little actual sexual gratification for children, what happens during the period from about two to six, how the child's sexual behaviors, questions and concerns are handled by the parents can be critically determining of the degree of health the adolescent and later adult experiences in his or her sexual life. It is important that parents recognize that normal sexual life begins early in childhood and not just at puberty.

In a broader sense than just the development of the "sexual self", it is well known that children identify with their parents, with both mother and father. We shall talk more about this in Section 2.2531. For now it is enough to say that there is a biological inclination to identify more with the parent of the same sex. Four year old Johnny would

pretend he was the father. When he was two years old he would put on his father's cap and tell mother he was Daddy. In this the child begins to feel like his father; a girl will often do the same. But there is more specific sexual behavior we believe, as clinicians, parents will be well served to know, as will their children. With this in mind, let us consider the three types of more specific behavioral evidence which allows us to infer the child's experiencing an infantile sexual life.

The child's interest in genitals, his or her own and those of others will become very clear to a mother and to a father -- if they do not avoid seeing or recognizing it. Seeing a parent dress, a child may simply ask of a father for instance, "Can I touch your penis?" or "Mommy, where is your penis?". These are questions normal two and one-half and three year old children ask. They ask these because of a sincere interest they have in understanding why they have the type of genitals they have, why a boy will not develop breasts like mother or be able to have a baby like mother; why a girl will not have a penis like father, or like her brother. These types of questions are on children's minds, are puzzling to them, and may even be frightening to them. For instance, nearly three year old boys may worry that their penis may fall off. After all, if a boy's sister does not have a penis, maybe something can happen that will make him not have a penis. Little boys have such worrisome fantasies. We shall address this more extensively in Unit 3. For now, let us say that four and one-half year old Doug, for instance, found it hard to believe that little girls do not have a penis. Already, when she was nearly 32 months old, Diane had asked her mother when she would get her penis. Her mother was initially very surprised at this; even though she had heard about this, she did not believe it. She accepted our telling her that this is a normal reaction and, following our suggestion, Mother and Father took turns to tell her that little girls are made very special, as are boys, but in this boys and girls are different. Girls have very special parts inside their bodies that make them girls, parts that boys do not have; these parts, include a vagina and a uterus, and more, that make it possible for her to have a baby when she is a grown woman like Mommy. This was only the beginning of such concerns for Diane. Suzy, at three and one-half also began to express such concern. In Section 3.2312 we discuss handling this complicated issue constructively in greater detail.

A related phenomenon occurred with three and one-half year old Bernie who like his mother, wanted to have a baby in his abdomen. We discuss this also in Section 3.2312. For now it is perhaps enough to say that it is well for parents to take their children's questions seriously, to listen to them with respect. Little children are not dirty little boys and dirty little girls. They are curious, puzzled, interested, sometimes bewildered and invariably anxious about these issues. To be sure, they have many fantasies about them.

Probably one of the more difficult things for parents to know how to handle in growth-promoting ways are the child's beginning to "touch" his or her own genitals which most commonly occurs during periods of quietness, such as when the child is sitting in front of a television. The factor that makes parents uncomfortable is their recognition that the child is deriving pleasure from this manipulation. This is "infantile masturbation". It is a normal activity, arising out of the emerging differentiation of the central nervous system, and is a normal part of the child's emerging sexual life. A good way of dealing with masturbation is to tell the child that this is a private activity he or she

can engage in when in her or his room, it is not for public display, it is not the type of activity to engage in when people are gathered in the living room, etc. More on this in Unit 3 when it is more prominent an issue for parents. Again, recognize that "infantile masturbation" is normal, that it is best to be respectfully and responsibly gentle about trying to guide the child in when and where to touch their genitals, and to let the child know she or he will understand these feelings and know what to do about them much better as the child gets older.

It is also well for parents to know that when a two and one-half year old little girl says "I want my baby", like Diane and Jennifer did, the child means just that. The child does not mean that she wants mother to have another baby, that she wants mother to buy her a doll from the store, she means that she wishes she could have a live baby of her own, a baby she made. We will talk about this further in Unit 3, Section 3.2312. For now, suffice it to say that a child's interest in babies, this is especially so with girls, as it was with Diane, during the third year of life becomes a very genuine preoccupation. Parents might set themselves up the non-intrusive experiment of just looking for the differences between the way the children reacted to babies when they are in the second year of life as compared to when they are in the third year of life. Some children's expressions of feelings pertaining to this issue will be very clear. On average, boys react less dramatically than girls. Let us also add, that those children (girls especially) who do not express an awesome wish for a baby are not abnormal. This interest is likely to emerge to a greater or lesser degree later. Quite a number of girls do not show such interests; some boys may. More on this in Unit 3.

Most parents find it somewhat cute that while embracing they suddenly find their toddler between them pushing them apart. Mother may be puzzled by her four year old son saying "Oh, does he have to!" when mother tells him that father will be coming home for dinner. Or, it is more than cute when three and one-half year old Diane "sashays up to her father", flutters her eyelashes and asks him to take her dancing and to the movies. These are serious feelings. So is the child's statement that she is going to marry her father, or the boy, as Johnny and Doug said, says he is going to marry his mother. We will talk more about handling these feelings and declarations in growth-promoting ways in Unit 3.

We want to point out that parents may find these behaviors difficult to deal with because, in large part, we normally retain within ourselves some residual conflict from the time when we were children, when we as normal-enough children had great difficulty dealing with these feelings and wishes ourselves. This will become clearer when we discuss this major development issue in Unit 3.

2.2 EMOTIONAL BEHAVIORAL DEVELOPMENT

2.24 THE DEVELOPMENT OF AGGRESSION (Nondestructive Aggression and Hostility)

Introduction

As we said in Unit 1 (Section 1.331), aggression becomes a vital, complex, and multicolored inner psychological force which motivates several kinds of behaviors including adaptive and creative as well as non-hostile and hostile destructive activity in humans. We have found that parents are much helped in optimizing the development of the various forms of aggression in their children when they have an explanatory model of it that can help them understand what aggression is, and what promotes its development into constructive as well as hostile destructive inner forces.

As with other major sectors of our selves that make up our personalities like the evolving sense of self, the ability to form love and social relationships, the ability to solve problems and learn, and the capacity for healthy sexuality, the first six years of life are critical years for the development of aggression and its patterning into personality. During the first year of life, the growth-promoting as compared to growth-disturbing development of those inborn dispositions (temperament) that underlie how children experience and express their aggression is largely determined by the positive-enough quality of experience children have (see Unit 1, Sections 1.331 and 1.332). This is so especially with regard to the child's (1) being warmly and sufficiently cared for, nurtured, fed, kept comfortable enough and in good health, and (2) being responded to emotionally in a sufficiently positive way, in the mainly daily interactions they have with their primary caregivers (especially mother and father), and in being valued for themselves as child persons.

During the second and third years, the development of both constructive and hostile destructive trends of aggression is especially determined by the quality of the child's relationship experiences which pertain to the emergence of autonomy, of the sense of self, and of separation and individuation (see Section 2.2211). During the period from 2Ø to 6 years, these trends are most determined by the experiencing of the child's dramatic emergent sexual life, which we discuss in Unit 3.

As we detailed in Unit 1 (Section 1.331), with entry into the second year, the various forms of aggression can be seen in the child's behaviors as beginning to become organized into modes and patterns of expression typical for each child. Hostile destructiveness, which is produced by experiences of excessive unpleasure (emotional or physical pain) as evidenced in reactions of rage, by the end of the first year has acquired direction, as if it seeks a target. It is usually directed at someone or something, and carries with it the intent (the wish) to cause pain or harm, or even to rid oneself of, or destroy someone or something. The spectrum of hostile destructiveness, the form of aggression reactive to unpleasure, goes from modest feelings of anger to, when it becomes excessive, fury, rage and tantrums.

During the second year, "hate" becomes part of this spectrum of hostile destructiveness as the 18 month old child now develops the capability for an enduring heightened negative valuation with feelings of wanting to harm or destroy someone or something. As we shall detail below, during the second and third years, feelings of hate can be mitigated or intensified depending on experience in the course of the basic conflict of autonomy (evidenced in "battles of wills") and of the Rapprochement Conflict of Separation-Individuation (see Section 2.2211). How the child experiences these normal developmental conflicts and how his or her parents react to and deal with the child's behaviors as the child navigates through these demanding conflicts, these are the major determiners of the patterning of hostile destructiveness the child's inborn givens allow. Of course, life stressors -- which invariably bring with them heightened displeasure and therewith the potential generation of hostile destructiveness --, like illness in the child or parent, loss of job and income, accidents, parental hostility and estrangement, etc., each contributes importantly to this patterning as well, primarily by heightening the burden of hostility in both child and parents.

During the second year, nondestructive aggression -- the aggression that fuels assertiveness, getting to our goals, and mastering our self and the universe in which we live -- also undergoes further development, organization, and stabilization as the sense of self, of one's autonomy and of individuation begin to develop. Nondestructive aggression further develops as the sense of self, autonomy and individuation achieve a further degree of cohesiveness during the third year. A well-patterned ability to be appropriately assertive is crucial to the integrity of the sense of self, self confidence, autonomy and adaptation. We shall detail below how "battles of wills" and passage through the Rapprochement Conflict impact on the development and patterning of both hostile destructiveness and nondestructive aggression.

There is little need here to elaborate further that non-hostile destructiveness, best exemplified in destroying (biting and chewing) associated with eating, is essential for survival and is not, of itself, a source of problem in child rearing. Where problems in feeding arise these have nothing to do with non-hostile destructiveness. Like biting, these problems are more likely to occur in reactions of excessive displeasure. A child's biting for example, as in reaction to another child grabbing an 18-month-old's toy for the third time, is hostile destructiveness, not non-hostile destructive aggression.

Pleasurable hostility best evident in teasing and taunting, as we discussed in Unit 1, Section 1.291, is a critical variant of hostile destructiveness in which an experience of excessive displeasure which generates hostility is dealt with by becoming converted into a pleasurable experience of inflicting pain or harm on another person or thing (see Section 1.2531). The accumulations within oneself of hostile destructiveness eventually brings with it pleasure in the discharge of hostile destructiveness. Bear in mind that most early years' excessive displeasure experiencing occurs, whether directly caused by parents or not, in the context of primary relationships, and that the hostile destructiveness these generate is attached and directed to those the child needs, values, and (eventually) loves most. Because the needed and valued parents become its principal target, the direct expression of this hostile destructiveness is barred by the child and then, by displacement, most commonly discharged against other persons than the primary ones (see Section

2.2531). During the second and third years of the sufficiently well cared-for child's life, the hostile destructiveness generated in conflicts of autonomy and rapprochement produce the largest load of hostile destructiveness generated by experience. Of course where infants are neglected or abused as Richie was, the load of hostile destructiveness generated will far outweigh that produced by the normal developmental conflicts of autonomy and rapprochement. Also, in well cared-for children, the accumulation of hostility in them may also receive a large contribution from peer related experiences.

2.24 THE DEVELOPMENT OF AGGRESSION

2.241 HUMAN DEVELOPMENT: Aggression

The active aspect of oneself, the self as “doer” has at its center what can be usefully identified as “the thrust to autonomy.” Some psychoanalytic mental health researchers-clinicians propose that the thrust to autonomy is compelled, is fueled or driven by nondestructive aggression. During the second and third years of life the thrust to autonomy is well activated and remarkably exercised. It becomes age-appropriately patterned, entered into personality, and determines the beginning of the child's feeling competent, self-reliant, and the conviction that “I can do”.

The Autonomy Conflict and Aggression:

During the second and third years, the thrust of nondestructive aggression which compels the child into activity only gradually begins to be controlled by the child. That is, the child is as much a victim of the inner-drivenness of this nondestructiveness aggression, as she or he is so to say made into an active agent by it. This is best illustrated in one of the most common problems that emerges for the child under the influence of this magnificent in-the-service-of-adaptation nondestructive aggression. Pushed by this inner-drivenness, many times the 12 to 24-month-old child finds himself or herself compelled to explore something which arouses in the duly responsible caregiving environment alarm and then prohibition. Let us take the simplest example first, then illustrations with more detail. A vigorously active 20-month-old child seems compelled, as if pushed from within, to pull out the plug of an activated air-conditioner from its electrical outlet. Because it is a dangerous thing to do, the caring mother rushes to prohibit this action by the child. Rather than appreciating the protective act of the caregiver, the child reacts with protest, opposition and with resistance, which leads to a battle of wills between mother and her 20-month-old child. Of course, as we saw in 11 month old Jennifer, these battles of wills have already been going on from the end of the first year of life (see Unit 1, Section 1.262). It is clear that as the battle of wills between child and parent persists, anger is activated in both child and parent, and as it continues, hostility is usually generated in both.

In Section 2.2211 we described the exhausting battle of wills that developed between 13 month old Diane and her mother. Bernie, Jennifer and Suzy too had hefty battles of wills with their mothers. As with these children, with Diane, we emphasized that the battle of wills described was produced by the fact that Diane's Mom insisted that Diane not take the toy cart out of our observation room because she felt the toys in it should be available to the other children as well as to Diane. But Diane's wish to take the toy cart into the hall was driven by forces within Diane over which Diane had not yet developed sufficient control. This is at the heart of the problem: the child is driven by healthy, normal forces, nondestructive aggression and narcissism, over which the child has not yet

developed inner control. We said that what creates the excessive unpleasure in the child is that because the child is driven by the inner pressure to explore, when that exploration is interfered with (prohibited), the child experiences the interference as more or less unpleasurable. We described how Diane became furious with her much valued mother because she experienced Mother's repeated and insistent prohibition as highly unpleasurable.

We said that another key factor operates here, what we call narcissism. Narcissism is an inner sense of self-valuing. All children are born with a natural substantial dose of self-valuing, and a substantial dose of this is needed for healthy development and a good-enough sense of well-being. The combination of the thwarting of the child's healthy narcissism and nondestructive aggression by a beloved parent's prohibition is what causes the "battles of wills" to occur. The more the unpleasure experienced, the more the hostility toward that parent will be generated. It is important to bear in mind that the 16 to 18 month old child cannot yet say: "Aggression, slow down here!". To be able to do that, the child will need to develop internal controls which will make it possible for her or him to indeed guide his or her activities and thereby learn to avoid that which is harmful to the self and that which will generate anger and hostility in the child toward those the child values most (see Section 2.2521, below). We also emphasize that, when parents do not understand what causes their child to more or less stubbornly resist the mother's prohibition, most parents take it as a personal insult, which then triggers anger and sometimes even rage and violence as we described in Section 2.2312 regarding the serious child abuse sometimes reported associated with toilet training.

It is in the set of this type of experience, namely the child's inner thrust to do what he or she seems compelled to do, that the child's experience of saying "No" emerges. As we detailed in Section 2.2211, the experience of the "No!" is usually unpleasant to the caregiver but it is of enormous importance to the structuring of the 18 month old child's sense of self, of assertiveness, self-confidence, and self-cohesiveness. This "No" is the verbal expression of experiencing the healthy narcissism and nondestructive aggression which are at the core of the child's developing autonomy and individuality.

The "No" and the battle of wills to which it may lead, are critical determiners of the development of aggression in the self. If the child feels so threatened that she or he cannot say "No" to the people she or he values, the child's nondestructive aggression is likely to become inhibited, hostile feelings to become more intense, and the inner sense of emerging autonomy and self will then be thwarted. If the 18 month old says "No" too strongly, too frequently, is too unyielding to the demands made by the parents, here too difficulty with aggression is likely to ensue. Too much oppositional feeling (stubbornness, inflexibility -- due to a variety of reasons) in the child will create too frequent and too intense battles of wills which will generate more and more hostility and too much ambivalence in both child and parent. Therefore, a position somewhere between insufficient assertiveness and too persistent and unyielding assertiveness on the part of the child is needed to facilitate the child's developing a healthy balance of solid nondestructive aggression and only moderate levels of hostility and hate.

In summary then when driven from within to explore something that can be harmful to the child, or be destructive to something the parent values, or be offensive to another

child or another human being, the caregiving environment is confronted with the need to set limits which the one to three year old child is likely to experience as onerous and will generate anger and even hostility. It is important to emphasize that the normal child may not be able to accept reasonable limits in a reasonable way -- neither readily, nor calmly - - and is likely to experience hostile destructiveness toward the parents he or she value. We will return to this important and difficult conflict below when we speak of ambivalence.

The Rapprochement Conflict and Aggression:

Another major developmental process becomes a source of experiencing aggression in the 18 to 24-month-old child. This is the experiencing created by the separation-individuation process which at this time engenders in the child the basic conflict of the Rapprochement Subphase (see Section 2.2211). The Rapprochement Subphase conflict, which consists of the wish to separate and become an individual, be an entity, on the one hand, side by side with the wish to remain "one with mother," brings with it much anxiety given that these two wishes are in opposition to each other. Anxiety brings with it displeasure. The higher the experience of anxiety, the higher the degree of displeasure; the more the displeasure reaches a level experienced by the child as excessive, the more it will create hostility in the relationship in which this conflict is experienced, namely in the relationship to the mother. This important developmental conflict, therefore, unavoidably also brings with it hostility even in the best of circumstances.

In Section 2.241, we described how between 18 and 20 months of age, Jennifer experienced an acute amount of anxiety, pain and anger in interaction with her mother as she behaviorally went through a clearly inferable Rapprochement conflict. Her feelings of displeasure (distress) and anger arose within herself and in her relationship with her much valued, now beginning to be loved mother. In this then, experiencing hostile feelings toward the mother she loved, Jennifer experienced a burden of ambivalence which gradually decreased as she seemed to cope and come to terms with the internal conflicted wishes she experienced. As she became more comfortable with her feelings of separateness from mother, her overt anger toward her mother stopped.

This temporary increase in mild hostile feelings in Jennifer were linked by us to her Rapprochement conflict because of her clearly identifiable behavior. There are of course other sources of displeasure in children during this second half of year two and given that their experiencing of the Rapprochement conflict may not be as clearly evident as it was in Jennifer, it may not be possible to identify increases in hostile feelings to be due from this developmental conflict. For instance, we felt that Suzy who had long been irritable and difficult to calm seemed to occasionally experience more separation anxiety during this period, at times with hostile feelings expressed in her behavior as well. Interestingly, because of all the efforts her mother and father continued to make in comforting her and helping her cope better, we believe that the challenge of separating and individuating helped Suzy organize herself better, and all in all, she now showed less anger and hostility than during the end of year one. We shall talk about how parents helped Suzy achieve this in Section 2.242.

It was more difficult to discern whether the developmental task of the rapprochement subphase was clearly and fully experienced by Vicki or Richie during the second half of year two. 18 to 24-month-old Vicki was coming out of her depression but continued to be quite subdued and we saw little overt angry or hostile behavior, and we could not ascertain whether or not she experienced Rapprochement-based anxiety and pain. Richie on the other hand, seemed so deeply hurt and enraged, had outbursts of rage we shall describe below, but here too it was not possible for us to ascertain that these were contributed to by anxiety or pain due specifically to the task of the rapprochement subphase.

Not only does the Rapprochement Subphase conflict bring its own source of hostility toward the mother, it also brings hostility toward the father. Dr. Mahler and other development experts have proposed that this is especially due to the child's experiencing Father as the person who is pulling the 1 1/2 year-old child out of the oneness with mother, the person who, side by side with blaming mother also becomes blamed for this process when the child experiences the anxiety it produces.

In addition, some of the spin-off activity from the Rapprochement conflict, such as the hoarding of toys, the grabbing of things that belong to others under the influence of feeling that "It's mine", also bring with them experiences of hostility both from the vantage point of feeling that what is "mine" has been taken by another person as well as by the struggle that ensues from a child's wanting to take from another child what belongs to the latter.

In sum then, healthy nondestructive aggression in combination with healthy narcissism compels the child into autonomous activity that may run into conflict with the parents (caregivers) and create battles of wills, which then generate anger and hostility toward them. Secondly, the Rapprochement Subphase with its Rapprochement Conflict, also generates hostility toward those the child values most, namely mother and father.

Aggression and Ambivalence:

Given then that mother and father are most valued by the child, are most endowed by the child with positive feelings which, as we said in Section 2.2131, from 18 months of age on we begin to identify as "love" feelings, and that these persons also now are the individuals who are generating hostility in the child, which from about 18 months on can become "hate", the child will now experience feelings of ambivalence which endure, which persist. Whereas earlier the ambivalence experienced by the well-enough cared for child from the end of the first year of life on tended to be experienced in small doses and for short durations, from about 18 months of age on such inner feelings of hating the person the child loves have endurance and become a harsh psychological, emotional burden for the young child. Ambivalence, hating, wanting to destroy someone we love, creates a powerful internal conflict which the child may have great difficulty dealing with, which may bring with it the very beginnings of guilt feelings. We shall address in Section 2.242 how parents can be helpful in coping with these feelings of ambivalence and of guilt (see also Section 2.2612). In addition, by virtue of the fact that the hate now beginning to be felt toward the loved mother is unbearable and creates enormous

anxiety in the 1 1/2 year old, the child will defend himself or herself psychologically against feeling the hate experienced toward the mother (see Section 2.231). Also, a large part of the hate experienced toward the mother may become converted into pleasurable destructiveness which is often displaced on others in the form of teasing, taunting, as well as outright expressions of hostility and hate. For these and other reasons, children need parental help in learning how to mediate constructively the hostility generated in the child. We shall talk about this in Section 2.242. For now, we emphasize that, when excessively unpleasurable experiences generate hostility toward the mother and father to whom the child is attached and loves, this will produce anxiety which, in turn, will be experienced as unpleasurable and may again generate more hostility. Thus, there is a self-perpetuating system in the generation of hostility which can create havoc in the young child.

Furthermore, the child will need help in coping with the hostility generated with him or her because that hostility will interfere with the experience of nondestructive aggression in the following manner. As we said, experiences of excessive hostility toward the mother and the father we love not only leads to enormous anxiety, but also to guilt, to fantasies of being evil, unlovable, to-be-rejected, subject to being abandoned at any moment, all of which creating unbearable anxiety in the child which then will lead the child to develop defenses in order to not experience such pain (see Section 2.2532). One of the most common defenses employed by the very young child in the face of excessive hostility is the inhibition of aggression. One of the major problems with the use of inhibition of aggression is that it is not selective. That is to say, the young child cannot inhibit only hostility, only hostile destructive aggression; all aggression seems to be subject to the inhibition. Therefore, healthy nondestructive aggression becomes inhibited as well. One often sees this in a child who is unable to stand up for himself or herself in the face of insults, teasing, the taking of things which belong to him by other children. Or, in the child who is too passive, who never says "No!". One can sense that a child who is using inhibition too vigorously against all aggression will not be able to motivate himself or herself to action, to undertaking projects, etc. The detrimental effects of this inhibition can best be seen not only in the lack of motivation such child exhibits, but also in the fact that learning may be impeded by the inhibition of nondestructive aggression. Therefore, in order to be reasonably self-assertive and to learn optimally, children need their parents' help in coping with their experiences of hostility toward mother and father. We will address this below.

Rage Reactions and Temper Tantrums:

We said in Unit 1, Section 1.291 and elsewhere in the text that how children experience unpleasure varies widely from child to child, and within the same child from day to day and even from hour to hour. A child who is tired or hungry or ill is more likely to experience unpleasure events more quickly and sharply than when that child is well rested, fed and feeling well. A child who has a low threshold for irritability due to inborn factors that make him or her a quick reactor to pain (unpleasure) and frustration is likely to react more quickly and intensely than a child who is calmer and can wait more

easily. We have seen how quick-reactor and more easily irritated Suzy would have rage reactions quite frequently for several months after her birth and from time to time even during her second year. By contrast we did not see rage reactions in Jennifer or Johnny for instance.

Very important is the fact that children who experience much pain, physical and/or emotional, in the way they are cared for, are more likely to accumulate increased loads of hostility within them. Children like Richie, who was not an overly hostile infant at 6 months of age but became so after several (4 to 8) months of emotional neglect and physical abuse, may have such loads of hostility accumulated in them that the least little hurt or frustration can set them into a rage. Children are complex organisms from very early on in life. Not all children who suffer much develop such quick and intense reactivity to pain (unpleasure). Many factors account for such differences including the child's inborn dispositions (like Suzy), intensity and frequency of hurts and neglect, the meaning to the child of the experience that hurts, and efforts made by the caregivers at care-giving and to repair hurts. All of these we felt played a part in the fact that Vicki, who also suffered much pain due to her mother's feeling overburdened, depressed, but who was not hit or beaten by mother or father, experienced a childhood depression but was not raging and had no tantrums. We felt and saw that Vicki was attached to her depressed mother, had more been emotionally deprived than abused, and that we picked the problem up quite early (from about 9 months of age on) and psychotherapeutic treatment was instituted soon thereafter, all of which may have accounted for Vicki's not becoming an enraged child.

We should add though that some quite well put together one year olds who live in quite good-enough home situations may at times during years two and three have an occasional rage reaction or tantrum.

We want to briefly review here what we said in greater detail about rage reactions and temper tantrums in Unit 1, Section 1.291. Rages and tantrums in children are caused by experiences of excessive unpleasure that reach levels the child experiences as unbearable. We consider a rage reaction to be a single episode of an outburst of excessive hostile destructiveness; a temper tantrum consists of a series of rage reactions, usually appearing and sounding like one rage reaction after another, increasing in intensity, reaching a peak of intensity, leveling of and then getting weaker and weaker till it stops, seemingly with the child exhausted. We saw rage reactions in Suzy and Richie during the second year but not tantrums; we no longer saw rage reactions in Suzy during the third year and we cannot say whether they continued in Richie into the third year, although we would expect they did, because he was not returned to our Program after the summer vacation.

We said in Unit 1, Section 1.291 that rage reactions and temper tantrums have structure. A rage reaction usually starts at the point of intolerability of panic (more often emotional pain than physical pain), increases in intensity, and wanes more or less quickly depending on varying factors. Rage reactions sometimes start explosively, especially when the child (or adult) tries to contain the mounting feelings of hostility and/or hate and reaches the point when he or she no longer can do so. Also, a rage reaction tends to stop fairly abruptly when that which caused the rage to begin with is stopped. Usually,

however, a rage reaction has a bell-shaped curve, with a climbing limb, a peak, and a descending limb (see diagram in Section 1.291).

A temper tantrum is a series of such rage reactions (episodes) with pauses between rage episodes. Like each rage reaction, the entire tantrum series usually has a bell-shaped curve, starting with lesser intense rage episodes, followed by more intense ones, and gradually fading with exhaustion. It is not uncommon though for a tantrum to start explosively -- where the child has tried to contain the explosion of rage feelings -- and gradually decrease in intensity, or even stop fairly quickly when that which caused the tantrum is stopped.

We believe, from observing tantrums and rage reactions closely that they differ in other important ways as well. Usually during rage reactions the 1 to 3 year old child seems to be aware of what is going on around him or her as he or she rages. In temper tantrums, the 1 to 3 year old is in touch with what is going inside and outside of himself or herself as the tantrum begins, and then again as each rage reaction of the tantrum slackens (during the descending limb of each rage episode). However, once into the climbing limb and the peak of each rage episode of the tantrum, the young child seems not in touch with what is going on outside the self. We say the child has then lost touch with reality and is not likely to hear what is then said to him or her nor recognize the parents efforts to help. This is important to know in order to handle a child's having a tantrum in a growth-promoting way, which we shall discuss in Section 2.242.

We repeat that except when associated with some forms of brain disorder such as seizures or high temperatures, rage reactions and temper tantrums are always caused by some excessively unpleasurable (painful) experience that has become unbearable to the child. Rages and tantrums do not occur spontaneously (except in seizure disorders).

We saw that Suzy's battles of wills with her mother, father, and even Mrs. Sander by 26 months had become less intense. Hand in hand with this then, her reactions of hostility seemed less intense as well. We now got the impression that their relationships had so stable a level of love in them, that Suzy's battles of wills with mother (they had all along been less heated between Suzy and her father and Mrs. Sander) seemed to now be an occasion, indeed an opportunity for Suzy to practice having better control over her hostile reactions toward mother (as well as father and Mrs. Sander who really "adored" Suzy). The benefits of this were multiple for both Suzy and her mother: Suzy seemed to better recognize and respond to mother's efforts to help her, the love between them seemed felt by both even during these battles, the hostility level was less and thus less fear-inducing in both. In addition, mother felt more self assured and good about her parenting, about which we shall say more in Section 2.242.

Nonetheless, handling her own hostility toward the mother she loved was not "fun and games" for Suzy; nor for mother and father. It was less of a problem for Mrs. Sander not only because she had more experience dealing with children than Suzy's mother and father, but also because she was not getting the same intensity of conflict and, therefore, of hostility as did Suzy's mother and father. She was not as loved or as hated by Suzy because of the lesser emotional investment Mrs. Sander and Suzy quite naturally made in each other. Nor was it easy for mother. In fact mother was stung when 30 month old Suzy clearly and distinctly, in a moment of quite intense feelings of hostility said to her:

"I hate you!" We described in Section 2.2132 how mother reacted and will do so further in Section 2.242. What is to be recognized here is that putting feelings of hostility and hate into words as Suzy now did indicated a level of organization, control, and functioning much further developed over how she dealt with these troubling feelings before. Putting troublesome feelings into words is a very important achievement (see Section 2.2521).

All of this development played a large role in the fact that 30 month old Suzy's rage reactions were now quite more tame, of shorter duration and quite less frequent. She would show intense feelings of hostility, would tense up her body in exasperation, get red in the face, get hold of a toy or item of clothes and throw it on the floor, sputter sounds that now organized into "I hate you", start to cry and (needing comforting and reassurance, and perhaps Mom's help to control herself), she wrapped her arms around Mother's legs. After a moment's delay, Mother, now collapsed into a chair, picked her up and comforted her.

It was not this pretty with Richie. About one month after we first saw him, 15 month old Richie's efforts were unstable, shifting quickly. At moments he appeared deeply depressed; at others, he smiled. He beamed when 2 year old Suzy engaged him in play by rolling a ball to him which he then rolled back to her. When Suzy playfully hid the ball between her legs (to make it "disappear"), he appeared confused, suddenly unbearably frustrated, cried and banged his head on the floor, to the pained dismay of Suzy. One of the mothers intervened to calm him. Some minutes later he went into a rage reaction, tensing his body, then flailing his arms and legs and he collapsed from the sitting position onto the floor, crying in a rage, all because he could not take a toy another child had just been playing with.

One week later we saw Richie put toys down in a striking manner: he smashed them on the floor or into the toy cart or out of it which elicited his great-aunt (and the group Instructor) to physically stop him (verbalizing the need for him to contain his angry feelings). We felt that the rage he felt had "invaded" his exploratory motor (movement) activity; it became too harsh and destructive. We learned from his great-aunt that he now wakened during the night screaming, that he then could be comforted by her within a few minutes, which suggested that he was having frightening dreams, nightmares. 3 months later, at 18 months he was now walking, wobbly but without support. Better coordinated, he was still throwing toys too harshly, suddenly and dangerously at times so that he needed to be contained (we shall detail in Sections 2.242 how this was done). When he was just under 21 months of age he had made large strides in development. Now his hostile destructive feelings were in much better control; there was no throwing of toys and no signs of his up-to-now explosive reactivity. His occasionally folding his hands on his chest so as to prevent them from grabbing or reaching for things he should not touch, and his at times shaking his head "No" at such moments, suggest this better control (also see Section 2.2611). At this time, Richie was having as many as 3 nightmares per night according to his great-aunt.

Here is another illustration from our observational research. Although David was just 2 months more than 3 years (38 months), when the event we shall describe occurred, we can use it here because this type of behavior had been going on from very early on.

From birth on David had a low threshold for irritability (what seemed like little things to others produced irritability in him) and was a quick reactor. Even with the mother's good efforts to care for him, he was difficult to care for because he was so easily irritated and frequently distressed, and so were his parents. As a result, there were many episodes of hostility between them which troubled mother a great deal. Fortunately, these were well out-balanced by the parents' loving their baby and, in turn, David was well attached to them and loved them.

Here is a narrative of David having what could have been a much more troublesome tantrum than it was. We shall here also draw attention to what the mother did in handling it; we coached the mother at certain moments and shall explain in Section 2.242 the reasoning for what we suggested to her.

Typically for him, 38 month old David seemed on edge when his mother rolled him and his 11 month old sister in a stroller into our observational setting. He squirmed, vocalizing bursts of effort and complaint, conveying intolerance for being restrained. Alert to his state, as soon as she could, his mother pulled him with care out of the stroller, trying to calm him by acknowledging his eagerness to get out, while he helped her efforts with his own strained and eruptive movements to get out.

Phew! He could now move where he wanted. He darted to the fruit on the table; smiling, he signaled to his mother it was there. He went to the toys. During this time his mother had gotten to his sister, a much calmer and easier child, and helped her out of the stroller. Ten minutes had passed when David brought an apple to his mother; it was not clear if he wanted her permission to eat it or simply to inform her that he was doing so. Mother did not want him to have it because he had earlier complained of stomach pain, and she told him, she feared it might upset his stomach more.

He erupted! Virtually at once, his face looked intensely pained and in rage, with crying and blustering sounds, he dropped to the floor kicking and flailing at his mother who had just taken the apple from him. Mother looked pale and embarrassed as she tried with our guidance to tell him sympathetically why she had prohibited the apple for now. His kicking and flailing made her pull away slightly, but as he calmed a bit, she came closer and continued her efforts to explain and calm him further. Within thirty seconds he let her hold him, and she, now seated in a soft chair, continued her efforts. Both child and mother looked pale, drained, and intensely in pain.

About one minute into the calming phase as another child picked up the wooden car with which he had been playing, David erupted again though not as harshly. As he ragefully complained and demanded the return of the toy, he picked up a block and threw it toward and nearly hit, not the child who was playing with the car, but another mother, a person totally uninvolved in the event. Further frustrated by the second child's resistance in returning the toy, in quick sequence David grabbed his sister's bottle and threw it at her, picked up another block, threw it at the Parenting Group Instructor, and nearly fell off the chair doing so. He looked at the Parenting Instructor more anxious than raging as the Instructor told him he was sorry David was feeling so bad but that he didn't want David to throw things at him nor to fall off the chair. The Instructor told him he wished David could talk to his Mommy or to the Instructor about the things that were making him so upset. Simultaneously, his mother was gently telling him not to hit his sister and

that Dr. Parens (the Instructor) had not done anything to him, and that he could not throw things at people. With his mother's help, the second child returned the car to David, and David became calm as his mother continued to talk to him. Both, still, looked exhausted and pained.

As he recovered gradually, David began to annoy his sister by taking the toy with which she was playing, smiling provocatively at his mother as he did so. The teasing intensified into taunting; mother now became angry with him. Just when he was on the verge of going too far, David abruptly changed his activity, asked his mother to play with him at identifying the letters of the alphabet. Mother seemed relieved and readily complied. David and his mother continued to look emotionally drained, and David seemed vulnerable to a reoccurring eruption of rage by his lowered threshold of irritability, resulting from the traumatic state produced by the tantrum. More on this in Section 2.242.

2.242 CHILD REARING: How to Handle the Child's Aggression Constructively

How to Optimize a Child's Nondestructive Aggression:

We should note that it is important for parents to help secure their child's ability to be sufficiently assertive, motivated to learn and cope, and to protect his or her own rights and property. The model of aggression we use holds that nondestructive aggression in healthy amounts is needed to secure these abilities. Most children are born with a sufficient built-in amount of nondestructive aggression. Some children, especially shy children -- which is an inborn type of temperament -- need to be supported and encouraged to stand up for themselves. From the latter part of the first year of life, Johnny was a bit timid. At 11 months, when 11 month old Jennifer pulled the pacifier from his mouth several times, he seemed not able to mobilize his self-protective nondestructive aggression to stop her, and when he became upset, we did not see any evidence of hostile feelings activating him to defend his rights and property.

We talked to the mothers in our parenting research group that while as we shall detail below, it is important to help our children handle their hostile destructive feelings appropriately, it is also important to help them develop a sufficient ability to put their normal nondestructive aggression to good adaptive use. We need to help our children be self-protective to reasonable degrees. We need to help them be reasonably self-assertive, be motivated to explore, learn and reach for their goals, and more. We also need to recognize that hostility (hostile destructiveness) is sometimes needed to protect ourselves, those we love, our rights and property.

We suggested to Johnny's parents (mother was there) that they carefully, without too much pressure and absolutely without humiliation, encourage him to not let Jennifer pull his pacifier, that it belongs to him not to her, and that if that was what he wanted, he

could have it in his mouth! Slowly, gently, mother could tell him that it's OK for him to not let some other child take his things or push him. Speaking of the fact that we sometimes need hostile feelings to protect ourselves and those we love, led to "But, I don't want my child to become violent, I don't want him (or her) to hit, bite, or grab things from other kids." We believe this: all families need to decide their philosophy about this question. We suggest that parents tell their children as the need arises that although it is not usually OK to be the first one to hit another kid, that it is OK to hit back when hit by another child first. Although it will not apply during the 1 to 3 year period, there is an exception, when indeed one's child should be permitted to hit first. That is when a bigger child bullies your child and will not stop when told by your child to leave him alone. Experience teaches us that "the best way to stop a bully is by a good punch in the belly." Many "bullies" who commonly are children who have been abused at home, tend not to stop bullying until this happens.

Setting Limits Constructively:

"Why doesn't he listen to me"? "I have told him not to do this five times!" "She is so stubborn; nothing I do works!" These and other expressions of frustration, anger, despair are common among parents of children in the second and third years of life. In our work with parents we have found it helpful to point out that the inner-pressure which drives a child to explore the universe around him or her is so large that the child cannot easily stop the activity that is compelled by that inner-pressure. The inner-pressure, of course, is that of nondestructive aggression in combination with healthy narcissism which thrusts autonomy, the self into action. It is just this inner pressure that made Diane want to push the toy cart into the hall; and just this that caused the big problem that occurred with her mother who did not want her to do so. All parents want their children to feel motivated, to learn, to do things that are growth-promoting and that achieve results, to be "doers". Yet, the inner thrust for autonomy which makes self motivated achievement possible is also that inner push to activity which causes the frustration, anger and difficulty felt by parents referred to at the start of this paragraph. If it indeed leads the child to feel motivated and be a "doer", parents will want to know how to deal with this inner pressure in growth-promoting ways. And, furthermore, given that this inner force leads to the battles of wills which we described in Section 2.241 (as well as in Unit 1, Section 1.262), and that these battles of wills by generating hostility increase ambivalence (hating those we love), with all the problems ambivalence brings, it is important for parents to set limits in a constructive way.

First, parents should know that children are as much the victim of their inner forces and pressures as are the parents. Knowing that the child has not yet developed internal controls over this more or less powerful inner drive will facilitate the parents understanding of the problems encountered in setting limits. This is one of the major reasons (the other is the child's healthy narcissism, that which leads to child to want to do what the child wishes) that setting limits is never achieved in one effort, that it is required again and again, and that developing internal control takes time. Knowing these facts will lead to less frustration in the parent, less disappointment, and less hostility toward

the child. Of course children vary in the degree to which they accept limits and this is significantly determined by (1) the level of aggression with which they are born, and (2) the degree to which they are malleable, which has much to do with the degree to which children themselves can bring about internal control over their aggression.

Most important, the way children are treated by their parents in limit-setting is also a significant contributor to the way limits are accepted by the child. Limits which are set in a way that is respecting of the child, attempts to understand the child in action, are sensitive to a child's feelings, are set to protect the child and not to make the parent feel that she or he is the boss, all will make limit-setting easier for the child and more acceptable.

How limits are set also contributes to its success or failure. When parents set limits they should do so with respectful firmness, with the expectation that the child will sooner or later accept the limit, and will comply with the parent's demand. It bears repeating, loving firmness is an essential part of setting limits. We have at times heard mothers become intimidated by the child's not complying after several "requests" that a child, say, take off his coat soon after coming into our research setting. At this point a mother may plead: "Oh please Honey, take your coat off for Mommy." This usually is no more effective than what mother had done so far. We have also seen some fathers be much too quick to yell or threaten a child after 2 refusals to comply with father's telling a child to take off his coat. One method is too slow, weak and ineffectual; the other is too rapid, frightening and authoritarian. Neither gives the child the feeling that the limit is truly in the child's best interest.

We propose that limit setting have a pattern. We find that 5 steps to go from starting setting a limit to punishment to provide good spacing of demands for compliance.

Step 1 is a clear, simply stated demand that the child do something and the reason why. "Johnny, don't take Doug's truck. It belongs to him (or he's playing with it now). It's not nice to take things from other people (unless it belongs to Johnny)."

Of course, the situation in question will determine how the parent takes this first step. If it is that 22 month old Johnny is trying to grab 30 month old Doug's truck (or as did 11 month old Jennifer who grabbed 11 month old Johnny's pacifier from his mouth), if Johnny does not comply, step 2 should come fairly quickly. If it is a matter of telling Johnny to take off his coat, step 2 can be delayed by a few seconds (10-15). If it is a dangerous situation such as 18-month-old Bernie's beginning to pull the plug of an activated air conditioner, the first step is a firm and somewhat loud (Bernie! Don't touch that plug; it's dangerous." With a less compliant child, this step 1 will need to be accompanied with the parent quickly going to the child as the demand is stated firmly and even forcefully.

Where step 2 is needed, it should be said more firmly and a bit louder: "Johnny, stop that. I told you it's Doug's turn to play with the truck. I wouldn't let him do that to you and you can't do it to him." If Johnny still does not comply, step 3 is needed fairly quickly, say in 2 to 5 seconds. Step 3 should be more firm than step 2, louder, with a tone of warning. A few words are very helpful: "Johnny, you're looking for trouble." or "You're asking me to do it for you? Come on, let go!"

If step 3 does not get compliance, Step 4 requires the parent to get up, go to Johnny,

and now not necessarily more loudly, but with more seriousness, perhaps even a bit of severity: "Look, I don't know what is going on today with you, but you must let go. If you don't you will be punished." If that does not work, step 5 consists, in this instance, of the parent taking hold of Johnny's hand, using the least force necessary to loosen his hand from the truck, and telling him that Mom or Dad is very disappointed in him for this, and he will not be able to watch his favorite TV program today.

Circumstances (the situation) will determine how quickly to progress through the 5 steps. So will the child. With a shy child, the progression should move more slowly, more gently; with a hyperactive or non-compliant child, more quickly and more firmly.

Note that Step 5, is accompanied with a punishment. Punishment occurs when limit setting fails. Where limit setting works, that is, where compliance occurs before Step 5, no punishment is required. It is important to avoid punishment whenever possible. However, it is important to set limits when they are needed, and to punish when the limit fails.

We say again, limit-setting is the parent's acting in the child's behalf where the child is too immature to know something cannot be done (for a good reason) or is risking causing harm to himself or another, or valued thing; punishment is the withdrawal of a privilege or the inflicting of pain for failure to comply with parental dictates. Punishment is a difficult task and usually puts the parent-child relationship most at odds and full of negative (hostile) feelings.

Where punishment is needed, the withdrawal of privilege is more advantageous than physical pain. This is so at all ages. It is usually unwarranted and unnecessary to inflict physical pain in one to three year olds. Children want to be loved and respected and where they are they usually respond well to well structured limits and, where these fail, to the withdrawal of privilege.

Privileges should be withdrawn at a reasonable rate. Mother told 27 month old Johnny he would not be able to watch Sesame Street today. That was enough. It would have been unwise to withdraw that privilege for one week. Too harsh a punishment elicits too large a load of resentment and hate. It is less likely to do so where the child feels the punishment is reasonable.

There should be strict rules about parents hitting children. This is especially so with young children. For parents who for one reason or another truly believe they must spank or hit their child to get reasonable compliance, we would propose the following:

Only one swat with the parents' open hand, on the one to three-year-old's clothed "bottom". It is completely unnecessary to strike a child on the bare "bottom". It can cause more emotional problems than parents realize, according to mental health professionals. Only very moderate force should be used. The aim should be to make a point, not to inflict intense pain. Shaking a child is dangerous; we now know that it can cause brain injury. Yanking a child by the arm can pull the arm out of the shoulder. Hitting a child with a fist or some instrument (be it a belt, a paddle, a stick, etc.) is much too harsh and children know it! The result is more likely to be resentment, hate, and loss of respect than to get constructive compliance that holds.

Let us return to setting limits constructively. When setting limits, parents should be clear. And they should clearly state the reason why the limit is set. A limit that is set

with "Because I said so!" or "Because I'm your father!" is sure to be resented more than one with a reasonable explanation such as "Because it will spoil your appetite." or "Because you will be too tired in the morning!" For instance, Diane's mother told her she did not want Diane to take the toy cart into the hall because it should stay in the meeting room so that the other children would have access to the toys in it. Diane's mother did not use these words but she made this point clearly to Diane. We also encouraged Richie's great-aunt to tell Richie that he could not throw the toys as he did because he might hurt someone doing so and also, he might break the toy or something it hit. Similarly, we suggested to David's mother that she tell him the reason she would "not let him eat the apple now is that it might upset his tummy more", and to remind him that he said his tummy hurt this morning. The limit is set usually because the child is doing something that may be harmful to him or herself, may be harmful to something the parent values, or hurtful to someone else, or may not be acceptable socially. Limits that are set for reasons other than these, should be questioned by the parent.

We have seen what a difficult experience it became for Diane and her mother, when mother simply did not want Diane to push the toy car into the hall. Setting limits is a serious issue for all parents and children. And we have seen it to be a difficult undertaking for all parents, across all cultures and socioeconomic groups with whom we have worked. As we said in relation to toilet training, where the limit setting that comes with toilet training fails, it often frustrates and angers parents, in some cases of such severity as to lead to child abuse and even the killing of a child.

Given that setting limits, an effort to protect and act in the child's behalf, invariably leads to battles of wills in most children, and given that these battles of wills generate hostility in both child and parent, it would make sense that one should set limits only when they are needed. And, they should not be set without a good reason; reasonableness ought to govern the setting of limits. For instance, if a parent in annoyance automatically tells a child he or she cannot do something the child is doing which in fact is not undesirable, the parent then recognizing that the limit was set more as an expression of annoyance with or anger toward the child, the parent can revise that limit. The parent's changing his or her mind about a limit can be done with a simple statement, "I've changed my mind, it's OK for you to do that now." and this admission of changing one's mind often turns out to be most growth-promoting. Children never ridicule their parents when they change their minds. A parent has a right to make a mistake; the important thing is to recognize it, verbalize it, and try to undo it. Children always appreciate and respect parents' apologizing for mistakes they make.

Some of these issues are taken up more extensively in our book entitled *Aggression in Our Children: Coping With It Constructively*⁷. In that book, we discuss in some detail an important event that often occurs in limit setting. It is, that when parents are setting limits, it is a serious mistake for them to at such times refuse a child's appeal to be comforted or held. We want to briefly explain this here. When a mother (or father) sets limits the child often reacts to the limit setting with increasing anger and hostility toward the mother. Because the child is feeling hostility toward the parent the child loves which

⁷ *Aggression in Our Children: Coping With It Constructively*, by H. Parens, with E. Scattergood, W. Singletary, A. Duff. Northvale, NJ: J. Aronson Press, 1987.

causes the child much anxiety, the child commonly will feel the need for comforting. This is especially so with children under 5 years. We believe that when the child asks for comforting during limit setting and battles of wills, it is usually because of the anxiety created in the child by the ambivalence she or he feels. Many parents then misinterpret the child's appeal to be comforted as an effort to "butter up" the parent, to try to get the parent to yield to the child's wishes. Of course, the normal child wishes the parent to yield to his or her wishes; we all want what we want when we want it! However, this is not usually what motivates a child to ask for comforting in the midst of a battle of wills. Rather, it is the child's hostility, which causes anxiety, and then leads to the need for reassurance of the parent's continuing love. The fact is that when a parent refuses to comfort the child in the heat of a battle of wills, the parent is experienced by the child as hurtful, hostile, rejecting, a witch or monster, and this experience further heightens the child's experience of hostility toward the mother or father which then further heightens the anxiety felt by the child. This then tends to foster further rejection of the parents' demand by the child and may increase the resistance to the limit imposed by the parent. Often when children yield to the parent's limit-setting after comforting is refused it is more a giving up than it is an internalized acceptance and recognition of the merit of the limit. The child stops the behavior that is undesirable by giving up rather than by seeing reasonableness in the limit set, rather than by an acceptance that is growth-promoting. Giving up is not growth-promoting. Furthermore, when we are told something we do not want to hear, and are angry with the "bad" limit-setter, it is likely to "go in one ear and out the other". This, of course, goes against accepting the limit.

By contrast, when a mother accepts a child's plea for comforting in the heat of a battle of wills, which happened quite regularly with Suzy, the child experiences the mother, the prohibitor, the limit-setter, as a caring person, a positively responsive loving person. We saw this clearly in Suzy and her mother especially, though it also was so with father. It was in large part due to Suzy's having learned that she could count on her parents' trying to comfort her when needed, that she progressively responded more easily to limit-setting, and that she grew as well as she did, became better and better organized as a self, and formed so good a relationship with each of her parents.

The battle of wills triggered by Diane's mother prohibiting 13 month old Diane's taking the toy cart out of the meeting room set up a very painful situation for Diane and her Mom. In this instance, Diane did not plead for comforting. Diane's Mother just very naturally, seeing her loved little girl so awfully troubled, offered to comfort her. As we described, she even wisely offered to again after Diane, still too angry with Mom, was ready or able to accept it, as if she was not yet able to be calmed and comforted. Diane's mother "offered", she did not force comforting, though she did force Diane to not take out the toy cart by picking her up and holding her against her will.

Diane's mother could not have handled it better, we believe. She had set the limit clearly. She told Diane to not take the cart out because the other children might want some of the toys in it. When Diane virtually exploded in a rage reaction, including briefly, in one flurry, hitting and kicking her mother and herself, Mother was startled and upset but automatically tried to make Diane feel less upset. We encouraged mother to hold to her limit setting because it was reasonable and to work it out with Diane, and to

continue to try to calm her. As mother calmed her, she did so mostly by the way she held her, not by talking, except to say "Oh my", "Oh my goodness" a couple times.

Recall that mother seemed clearly puzzled by Diane's getting upset when mother bent down (Diane sitting on her lap) to pick up a toy to offer to Diane. We encouraged Mother now to let Diane have a say, so to speak, of what she now would want Mother to do. We too were a bit surprised (and learned an important lesson) when Diane, sitting pulled away from Mother's torso at the edge of mother's knees, just wanted Mother to not move. We inferred from her facial expression and body posture and movements, that Diane was struggling within herself with being furious with the Mommy she was so securely attached to. We told Mommy this and recommended that she just let Diane show her what she needed moment by moment. Mother was superbly tuned into her baby's state of internal conflict. As Diane calmed some, Mother felt it and again tried to bring Diane close to her to comfort her better. At one point Diane yielded, seeming now ready to accept her good Mother's offer to make her feel better. Mother had stayed with her limit setting which, even though it was painful for both and mother and child, ended on a safer but quite positive feeling of "being together". We suggested to Mother that on the way home, and perhaps again later, that Mother talk to Diane about what happened. That she could start by saying that she was sorry to have caused Diane such hurt feelings. But, to tell her, she did so because Diane needs to know there are things she can do and things she cannot do, just like it is for Mommy and Daddy and everybody. That the reason Mommy didn't want Diane to take the toy cart out was so that the other children could have the toys to play with too.

Again, even though Diane did not ask Mother for comforting, Mother did well to offer it. When a young child is in intense pain, we mental health professionals have come to see that it is highly desirable for the child to be able to seek help. We are concerned about children who feel that one should not expect or hope to get help when it is really needed. Of course, in due time a child should be able to do things on his or her own. But one should also be able to ask for help when help is needed. Medical nurses have long known that TLC (tender loving care) is among the best medicine we have. When a child is embattled with the parent to whom she or he is attached (and loves), the child experiences pain. The child is then wise to ask for help. The child, feeling the parent's efforts to make her or him feel better, becomes more inclined to hear and take in what that loving person says, more likely to experience what she says as being reasonable and in the child's best interest. While holding the child who is being comforted, the mother or father can then gently and sympathetically repeat the prohibition, and also repeat the reason why. It sounds like much work, and it is. But under these conditions the child is more likely to experience limit-setting as being really in her or his best interest even when the child protests.

In the midst of limit-setting, it is helpful for the parent to bear in mind what is at stake here. Among other things, it is the child's magnificent thrust to autonomy (to be a "doer") which at this given moment makes him or her do something the parent is prohibiting; it is the built-in budding power in the child which is acting in the service of securing in the child a good sense of self, of self-esteem, and eventual self-confidence. In line with this, the "No!" which the parent experiences often as so annoying, so angering

even, is really the representative of the child's healthy assertiveness, integrity, and sense of self. It was visibly relieving to Suzy's mother when we told her that 18 month-old Suzy's "No" stood for her emerging sense of autonomy, her sense of more and more becoming a self. Yes, it was annoying, but it was said more to protect her feeling of being a person than to be annoying to mother. It was not some form of obnoxious mean-hearted behavior. When it was reasonable we suggested that Suzy's "No" be accepted. "No, she doesn't want her sweater taken off", or "No, she doesn't want another cracker". But the other hand, when Suzy's "No" was not reasonable, Mother needed to let her know. "Look Suzy, I know you don't want to have your coat put on you, but its too cold outside and Mom's gonna put it on you and then put hers on too". And then she needed to follow through even when Suzy resisted. "Heh, come on Kid, your coat has to go on! I don't want my Sweet Suzy to catch a cold!" The handling of the child's assertive "No!", if too harsh, may lead to either an excessive thwarting of this healthy assertiveness, much needed for the sense of autonomy, or it may heighten and hostilify the assertiveness (which is nondestructive aggression) into negativism (which is loaded with hostile destructiveness), and makes "opposition" a painful interaction between child and mother. This may then become a patterned reaction on the part of the child and become part of the child-parent relationship.

Yes, it is difficult to set limits well and not too harshly, to limit-set reasonably, only when needed, and in as positive a manner as possible. It complicates the task even more for parents that too much hesitancy in setting limits, too soft an approach in limit-setting usually does not work well. The parent has to convey the demand, the expectation of compliance. Benevolent firmness, reasonable demandingness should not be equated with hostility on the part of the parent or caregiver.

In addition to the battles of wills creating a major problem for children and parents during the child's second and third years of life, there is of course also the heightening of hostility created in the child by the Rapprochement Subphase conflict (see Sections 2.2211, 2.2212, and 2.241). We saw the bewildering experience 1 1/2 year old Jennifer went though when she could not make up her mind: to go with the other children and play, or to stay close to mother, next her on the couch; to separate and further individuate, or to stay emotionally one with mother. She could not yet experience with comfort the ability to be "separate and apart from", and at other times feel "together with" her mother. This created anxiety in her and, as it became more intense, caused more and more unpleasure in her and generated hostility toward her (now) loved mother. Mother was just quite bewildered too by her daughter's seemingly irrational inability make up her mind. Jennifer had all along been quite a decisive kid. Mother was becoming annoyed with her. We were a bit surprised too until we felt we could identify what 19 month-old Jennifer might well be experiencing. When we explained to mother, as usual with the child right there, and explained in words we felt Jennifer could understand, that Jennifer was beginning to realize that she and Mom are 2 separate people, that she and mother are not one although they love each other a lot, and that being separate from Mom caused her a lot of worry. On the one hand she wanted to be herself, an individual who could go and play with her friends, but she also wanted to stay very close to and be one with Mother. She had not yet learned that she could be "together with" and "separate from" Mother.

When Mother said she saw what we were saying and could now understand why her usually pretty assertive child was clinging and afraid to go play with the others, Mother stopped feeling annoyed with Jennifer's behavior. When Jennifer now fussed with her and even tugged at her or pushed her somewhat angrily, Mother was able to not be upset and tell her "That's OK, Jennifer; you just work on it. You'll be OK. I'll stay right here, if you wanna go and play." We are certain that this kind of reaction on her mother's part helped Jennifer tame the hostile feelings her anxiety was producing. This mother could both support her daughter's efforts at growing psychologically as well as tame the hostile feelings she was experiencing. Both factors reduced the anxiety this normal developmental conflict causes.

Handling Hostility and Hate Constructively: Reducing Ambivalence:

We pointed out in Section 2.241, that the hostility generated in the one year old child (and from then on) by the unavoidable limit-setting required to care for the child well leads to ambivalence which, in turn, creates anxiety. We saw how 13 month old Diane, after her rage outburst at her mother, seemed to become immobilized, sitting at the edge of her mother's knees. We inferred that she was struggling with internal feelings that were in conflict with one another: she was enraged with the mother she already valued so much. Diane's mother did a number of helpful things during this difficult 1/2 hour event. One of the most important things is that she tolerated her one-year-old's feelings without rejecting her. She did not like Diane's being mad with her and hitting her. But she seemed to understand that Diane had good reason to be mad at her. She did not allow Diane to keep hitting her, nor though, did she scold her for hitting her. Had Diane continued we would have suggested that mother tell her not to hit mother. She knew that she meant a great deal to her 13 month-old daughter and that these positive valuing feelings (not yet love) far outweighed Diane's now very hostile feelings. Foremost by her holding Diane on her lap, Diane's Mom helped Diane struggle with and contain the rage she felt toward Mom. With this, her feelings of rage subsided, so then did her anxiety, and Diane could then collapse into her mother's body and being comforted could heal the hurt she felt.

Feeling intense hostility toward one's parents creates much difficulty for all children (and adults too). It creates anxiety because from 18 months or so of age on hating the mother we love is experienced as very threatening, as tantamount to wanting to destroy the loved parent and thereby being abandoned by that mother or father. Experiencing too much pain (physical or emotional) generates hostility in children and then children do feel and wish to destroy. These feelings and wishes become particularly difficult when from about 18 months of age on, sometimes even earlier, children are capable of the enduring feelings of hate which bring with them wishing to destroy someone they value and love. All children are capable of violent feelings and wishes, of wishing to hurt, to tear apart, of wishing to destroy those they also love. It is an error to assume that normal children do not experience hate or the occasional wish to destroy. Given that battles of wills and the rapprochement conflict both generate hostility in even well cared for children and heighten whatever hostile destructiveness may already have developed from

painful experiences of the first 18 months of life, how can parents best help their children deal constructively with these intolerable feelings?

First, it is important to recognize that normal, healthy, well cared for children, in the face of unavoidable second year conflicts detailed above, will experience hateful feelings toward their parents. Parents should not despair by this fact. First of all these feelings are unavoidable even in the best of circumstances.

Second, these difficult feelings of hating someone we love, in good caregiving hands, becomes the initiator of enormously important developments which serve adaptation and socialization in the child. To hate someone we love compels us from within ourselves to modulate and control this hate. We believed that 18 month old Jane's sleep problem, due we assumed from the fear she expressed on suddenly waking during the night, was in fact an effort to cope with feeling hate toward the mother she loved. We explained to the mothers, including Jane's, that bad dreams are usually caused by children (and adults) trying to cope with feelings of hostility and hate they feel which then become part of their dream life (see Section 2.2531). In fact, with Jane, we told mother that perhaps Jane was very angry with her Mommy (due to autonomy conflicts and perhaps more) and that Mommy ought to look for times when she feels Jane is angry with her and let Jane know it is OK to sometimes be angry with her, that it does not mean Mommy will stop loving her. We were very pleased when mother reported to us at the next visit that Jane's sleep problem stopped that same evening of the day we said this to mother, with Jane present. There are better ways for the child to deal with hostile feelings than by having bad dreams and a sleep problem!

The child learns to deal with hate by a number of strategies including mitigating the hate. This is done by a process proposed by some mental health clinicians which we will describe in Section 2.2521, a process assumed to neutralize, that is, to convert and channel hostility and hate into nondestructive aggression. This process of neutralization frees the child from maladaptive inhibitions of aggression, helps the child in developing empathy (the capacity to perceive what someone else feels), in the channeling of aggression into creative activity, and more. The child's earliest experience of hate, therefore, should not lead to despair in parents, but rather to a course of action that can be growth promoting. It may be that some of these salutary developments would not occur were the child not confronted with the need to tame, within himself or herself, feelings of hate toward those the young child needs, values and loves.

First then is to accept that children feel hate toward their mothers and fathers, that in fact mothers and fathers become the first persons toward whom the child experiences hate. Were it not so, the crucial development of the adaptive function of converting hate stated above would not occur. Often finds this kind of phenomenon. In the heat of a battle of wills, 2 year old Suzy raged at mother "I hate you!". Stunned, mother was speechless and collapsed into a chair. We explained to Suzy's mother that although those words hurt, it helped Suzy organize the difficult feelings she was experiencing toward the mother she loved and would give both of them an opportunity to learn how to deal with them constructively. We asked Suzy's mother if she remembers times when Suzy showed her and also told her that she loves her mother. We told Suzy's Mom that from what we could see, the feelings of hate Suzy now said she felt for her mother were

outweighed by her clearly evident feelings of love. Suzy loved her mother far more than she hated her. Furthermore, we said, the hate Suzy feels, she felt then, during the time when she expressed these feelings. Although hate endures, it will not endure long when a child also has enduring feelings of love that she experiences more frequently, as was the case with Suzy.

We told Suzy's mother and the mothers in our parenting group that at such moments we have heard other mothers unwisely say, "I know you don't mean that." This is undesirable because, (1) it is what the child then feels. The mother's statement is jarring to the child; the child is feeling hate, like the child said. As we learn from patients in psychotherapy, the child often thinks: "I am not supposed to feel hate", "Hate is bad; I am bad". Or, the child may feel "There is something terribly wrong with me because I am feeling what I am not supposed to be feeling", etc. This may lead the child to deny (lie to himself or herself) feelings the child has and then not deal with them constructively. Problems of handling one's own feelings may then follow. Also, a mother's "I know you don't mean that" (2) Robs the mother of the opportunity to help her child deal with just such difficult feelings in a constructive way. It bewilders the child when the mother says this; it is not helpful, even though it may lead the child to suppress or falsify the feelings the child experiences and just verbalized.

By contrast, a mother's tolerance of that statement can open opportunities for her to help her child. For instance, we suggested to Suzy's mother, it is far better to say "I'm not surprised that you feel that way. I've felt that way too sometimes. But you know, I'm so glad that even though you hate me now I also know that most of the time you love me a great deal." A statement of this kind can be enormously reassuring to the child while staying with the facts, and giving the child hope that the hate will not overtake the stabilizing love feelings the child has toward mother and father.

The fact is that verbalizations of hostile feelings such as "I hate you" are far more adaptive than hostility expressed by means of the child hitting, biting or throwing something at mother. Motor (physical) attacks are, in general, more difficult to repair than are verbal attacks. Given that a child's attacking his or her mother or father, at any age, eventually brings with it feelings of guilt, it is desirable for parents to encourage the verbalization of feelings and to prohibit their children from hitting them, biting them, or insulting them (usually verbally), etc. The verbalization of feelings without insulting leads much more easily to constructive problem solving than are hitting and insulting. It is important to emphasize that "I hate you", "I am mad at you" are not insults; they hurt, but that are not depreciating statements. They are expressions of hurting but normal feeling. Cursing words are insulting.

Helping the child mediate the expression of hostile feelings gives the parent a magnificent opportunity to help the child. Setting limits on the expression of hostility is guiding. "No, you can't hit me; but you can tell me that you're mad with me" can be enormously helpful. "No, you can't grab what belongs to Johnny; if you want it, ask him for it. If he doesn't want to give it to you, you'll have to wait your turn or, here, play with this". Firm, loving, guiding prohibitions with suggestions of an alternative are enormously helpful to children. They may not like them, but they help.

Parents know and first time parents soon learn that helping the one to three year old

child cope with hostility is not an easy task of parenting. Suzy's parents knew this. So did Diane's. Also, setting limits is not an easy task of parenting. Both require work, some over a long stretch of time, but both are enormously important for the child. As we discussed in Section 2.241, one of the major reasons children need parents' help in coping constructively with the hate they feel toward these parents is that ambivalence creates enormous anxiety as well as guilt in children, has much to do with the degree of ambivalence the child feels toward himself or herself and eventually others in general, and has much to do with the child's sense of well-being (see Section 2.261 where we talk about hate causing guilt). In addition, it may maladaptively inhibit nondestructive aggression, thwarting autonomy, assertiveness, the burgeoning sense of self, and of learning.

Dealing Constructively with Rage and Temper Tantrums:

A special major area where children need caregivers' help is in their experiencing temper tantrums. Temper tantrums which in some children may begin during the first year, tend to be common during the second year and the third years of life. We repeat that temper tantrums are enormously difficult for both child and parent, indeed are experienced as traumatic by both child and parent. They reveal the experience by the child of enormous loads of hostility and a large sense of feeling helpless. This topic is discussed extensively in our book *Aggression in Our Children: Coping With It Constructively*. Here are a few words about handling them constructively.

It is so that rage reactions and temper tantrums are an expression of high levels of rage and hostility experienced by the child which create a most unpleasant burden for both child and parents. But it is important to recognize that they occur when the child experiences an utter feeling of helplessness in the face of what he or she experiences as a very painful situation. This is so whether or not to the parent feels the cause for the tantrum appears to be a very mild condition; if there is a tantrum, there usually is a feeling of helplessness in the face of much pain. Because they are traumatic, if possible, temper tantrums ought to be avoided. However, this is not so under conditions of "blackmail". When a child threatens to have a temper tantrum if he or she does not get her way about something, this should be talked about with the child openly and directly. This is "infantile blackmail" and is not an acceptable way to negotiate getting one's way. Much caution is required to sort out whether the tantrum is the product of actual helplessness in the face of excessive pain, as was the case with Richie and with David, or whether it is the product of the child's wanting what he or she wants when he or she wants it, what we can speak of as narcissistic orneriness. Children have to be helped to learn they cannot always have what they want. It is not easy to give up on what one wants. But we all must tolerate this. We shall talk about Richie and David in a moment. Let us consider a 20 month old who, you feel quite sure has been having rage reactions and even tantrums when he cannot have what he wants. The goal is to get the child to learn that rage and tantrums are not an acceptable way of negotiating getting what one wants from people, especially not from people one loves.

First say to the child, acknowledge, that it is difficult to give up on wanting

something we want badly. It pays to be sympathetic. It succeeds better than to convey to the child that he is foolish, or greedy, or unreasonable to want what he wants.

Second, tell him he cannot have what he wants and tell him why. For instance: "We can't afford it" is often a most reasonable thing to say when it truly is so. Or, "It belongs to Johnny; you can't take something that belongs to somebody else." Whatever your reason, tell the child and tell only the truth. If you have no reason, you should not be saying the child cannot have what he is asking for.

Third, tell him "It's OK to be angry with Mom (or Dad), but it is not ok to have a fit! Try to tell me what you feel; don't just scream and kick!"

Fourth, tell your 20 month-old "I am sorry that you feel so badly about not getting what you want, I know what that feels like too. But you are not to have fits, or kick and scream, to try to get me to give you what you want. It won't make me give it to you. Now, try to control yourself better."

Some parents believe a 20 month-old would not understand what the parent is saying. No so. Do use language you feel your 20 month old is accustomed to hear around the house, but do not assume he will not understand the types of sentences and phrases we suggested. Do bear in mind that if the 20 month-old is in the throes of having a tantrum, he may not hear all you say, as we shall clarify now. If he is having a single rage reaction, the same principles can be applied as with a tantrum series of rage episodes.

In Section 2.241, we said that in order to handle them constructively, it is helpful for parents to know that temper tantrums have structure (pattern) and specific features. Overall a temper tantrum mounts gradually, achieves a peak and wanes gradually. If allowed to run its full course, it wanes by exhaustion. Sometimes temper tantrums differ from this pattern, such as they may burst out suddenly; but commonly a tantrum contains one major waxing and waning curve. Superimposed on this major curve are outbursts or episodes of tantrum each with a waxing and waning curve (it is usually the first outburst that may appear suddenly) which has features critical to the handling of a tantrum. As we said, each episode of the tantrum can be understood as having a climbing limb, reaches a peak, and then wanes during a descending limb.

During the climbing limb of this tantrum episode, the child becomes progressively overtaken by increasingly all-consuming feelings of rage which make him or her progressively unable to perceive or register (understand) clearly events that occur outside of the self. Therefore, efforts on the part of the parent (or other caregiver) to communicate with the child, to try to comfort or calm the child during the climbing limb of the tantrum episode, are likely to not be experienced by the child and will therefore fail. Usually during the climbing limb of the tantrum episode, the child will express rage, may flail, kick, and it is well for the parent (caregiver) to simply try to prevent the child from hurting himself or herself or the parent, or things around and to wait until the climbing limb reaches its peak.

Then, during the peak of this tantrum wave, the parent will hear a subsiding, a lessening intensity in the tone of the rage and recognize that the child may be more accessible to what the parent says. At this time and during the descending limb of the wave is when the parent can intervene actively with the child. Here empathic (feeling

what the child may feel) calming and comforting with words such as "Get a hold of yourself, Honey" can be very helpful. Calming, comforting efforts when made during the descending limb of the tantrum episode also can be heard and registered by the child and will gradually be effective.

The child may not accept the parent's first efforts at comforting, but these should nonetheless be offered as sympathetically and caringly as possible. Parents (caregivers) who try to calm and comfort during the climbing limb of the tantrum episode will become discouraged by the child's non-responsiveness. Here it is not simply that the child is rejecting the parent's efforts. This may be so at the beginning of the climbing limb, but once it has gathered momentum, it is because the child is not able to perceive or respond to the parent's efforts. The child's rejection of a parent's efforts to calm and comfort during the descending limb will tend to be directed toward the parent but will make the parent feel that a communication is established, and with caring persistence the parent's efforts will eventually bear fruit. Even though the child may refuse the parent's efforts to calm and comfort during the descending limb, the child will have registered the parent's efforts and these will eventually impact on the child; in other words, the parent's efforts make an impact even when the child refuses the effort. In time, when the balance of love and need for comforting outweigh the transient hate and rage and the child feels, the child will accept the parent's efforts to calm.

We noted in Section 2.241 that 15 month-old painfully abused and traumatized Richie would have sudden outbursts of rage, where his whole body seemed to just suddenly uncoil; when 2 1/2 year-old Suzy playfully hid the ball. Richie suddenly cried, his body uncoiled from sitting on the floor, and he banged his head on the floor. Alarmed, Mrs. V. rushed to pick him up and gently explained that Suzy was only playing, that she had the ball. Very dismayed Suzy showed it as he looked down at her. Mrs. V. continued to calm him and his outburst subsided. Then a little later, his body teased suddenly arms and legs flailing as he collapsed from the sitting position, crying ragefully because he could not take another child's toy. For reasons not clear to us, again before great-aunt could get to him, her friend Mrs. V. did. She knelt on the floor near him and patting him gently she tried to calm him. Soon his flailing stopped. She continued to pat him say "Boy, you're having a hard day today. But you can't have what Doug is playing with. Here, let's get you something else" as she drew the toy cart to her to select out a toy for him. Having already found Mrs. V. to be someone who seemed to treat him caringly, Richly was quite responsive to her and calmed down. Because we wanted the great-aunt to learn from the good way Mrs. V. had responded to Richie's rage outburst we commented on how well Richie responded to her, how sensitive and sympathetic her effort was and how constructive it seemed to be. Mrs. V., we emphasized, had not gotten angry with him for "falling out" (having a fit) and conveyed that she recognized how awfully upset he felt.

When Richie began to throw toys around or harshly on the floor, his great-aunt got hold of his hands and told him that he was bad. We suggested that he absolutely needed to be stopped as great-aunt did but that he needed help to contain his angry feelings, that this would take time, to tell him to do so, and preferably without conveying to him that he was bad. It is what he did that was "bad", not he. To call him bad would only hurt him

and activate more hostile feelings. Sympathizing with his pain would help both of them better, as she demands that he control himself better. Understanding that excessive pain, over many months, was responsible for both his excessive hostility and his inability to handle these feelings seemed to make sense to the caregivers and helped guide their attitude toward him (and the other children).

Thirty-eight month old David's tantrum had quite a different origin and context. He too erupted rather suddenly. But it was clear from his tension when he entered the program area that his frustration tolerance was low this morning. His mother, though, just could not have prevented his outburst, even knowing that he was already tense and irritable. He had been able to tolerate being in the stroller on entry to our program area even though he would have preferred to be on his own two feet. She was right to avoid being struck by his flailing and kicking. And we suggested to David that he try to get a hold of himself even though we thought he might not even be hearing what mother and we said then. We felt mother was also right to not let him eat an apple since he had complained of a stomachache earlier. With our suggestion she told him she didn't want him to eat it just for this reason. She knew her son well, knew it would be difficult for him and she followed our example of telling him it's hard to not be able to eat an apple when one would like to. As he calmed some, mother came close to him and said these things to him too. Soon he accepted her offer to hold him as she continued her efforts.

When he erupted the second time, less harshly than the first, he lashed out some. In quick sequence he threw a block at one mother, grabbed his sister's bottle and threw it at her, threw a block at the Instructor and nearly fell off the chair in which he was standing next to mother. We encouraged mother to verbalize as we did. We wished David would talk about being upset rather than throw things. Mother told him he was not to throw things at people and that besides, that mother, his sister and Dr. Parens had not done anything to him. Mother continued to calm him.

When he soon after began to tease his sister, his mother became angry and told him to stop. We pointed out that David was taking his anger out on his sister, that he was "displacing it from directing it against his mother with whom he truly was angry." Mother said this much to him, in her own words. We felt that her efforts worked when we saw David, on the verge of going further in provoking his sister and mother, asked mother instead, to play a game with him. Very wisely, rather than saying, "No, you've been bad!" she agreed and David quieted down. By her considerate handling of his troublesome rage, mother was probably felt by David to be someone who can help him to better contain and gradually decrease the intense rage he felt.

During the descending limb of a tantrum, and especially after the entire tantrum has come under control, are good times for the parent to caringly repeat the admonition which may have triggered the temper tantrum, be it the parent's prohibition in limit-setting, or if this is not what produced the temper tantrum, the parent may try to learn from the child what is upsetting him or her and talk with the child about the experience. Again we emphasize that during parental efforts to calm and comfort a child is a good time to repeat the setting of the limit because it is more likely to be heard by the child at this time than under conditions when a parent is scolding or rejecting a child.

In closing this section we want to reiterate that the parents' efforts at helping the child

cope with hostility within the child, be it expressed directly in acts of hostility, or be it expressed in a pleasurable expression of hostility, namely in teasing and taunting (as we shall describe below), or be it in the form of a tantrum, the parents efforts will bear fruit. It will help the child cope with feelings of hostility toward the parent that are unbearable to the child. As we shall detail in Section 2.2531, hate toward one's parents creates much anxiety in children and leads to their developing defense mechanisms to cope with both the anxiety and the hate. Some of these defenses activate good ways to cope. Others can create large problems for the child, including the inhibition and therewith the blocking of aggression which is needed for healthy adaptation, learning, and the development of a sense of self and of identity.

On Handling a Young Child's Teasing and Taunting:

During a home visit to an 18 month old boy and his mother, we observed a remarkable episode of teasing. We have seen many lesser moments of teasing during the second year of life but this one will serve us well. 18 month old Jacky had a 19 month-old friend over for a while and Jacky's pregnant mother was caring for the two of them. Following them from a distance, we noted that Jacky's 19 month old little friend had pulled out a small plastic bathtub from under Jacky's crib. For reasons not clear to us, this upset Jacky and he pushed the tub back under the crib. No sooner had Jacky done so, that his little friend, an impish smile on his face, pulled the tub out again as he looked provocatively at Jacky. Jacky whimpered and with some anger pushed the tub back under his crib. Again, his little guest, impishly smiling, looking at Jacky, pulled the tub out. Jacky now angry, pushed him and shoved the tub back under the crib. Jacky's mother had followed us and saw what was going on. She asked the often-encountered concern "He's not my child, should I scold him for doing this to Jacky?" We suggested to mother that since the child was her guest, she had the responsibility of protecting her little visitor against doing things harmful to himself or others. She also needed to secure her Jacky's well-being. Therefore, we suggested, she should deal with it according to her philosophy of child rearing. "When in Rome, do as the Romans do" goes the saying. Mother could demand that her little guest do as she would have her son Jacky do. We chimed in too: "Heh, Michael, that is not a nice thing to do to your friend Jacky. How would you feel if he teased you?" Michael was a bit taken aback. "Look Michael, we wouldn't let Jacky tease you, and you are not allowed to tease Jacky; understood?"

We did not know why Michael did this to Jacky. And we are uncertain as to why Michael's action upset Jacky so. For now what matters is that children should not be encouraged to and should not be allowed to tease others. Teasing need not be an awful thing to do. But it must be recognized for what it is: it is always hostile, more or less. And it often is due to the displacement of hostile destructive feelings onto someone other than the person who instigated the hostility in the child in the first place.

We should add here, that parents teasing a child is an act of hostility. It can sometimes feel playful to the parent; it seldom does to the child. There are far better ways to be playful with a child. We recommend that parents not tease their children because it invariably hurts and humiliates the child.

2.2 EMOTIONAL AND BEHAVIORAL DEVELOPMENT

2.25 THE CHILD'S ABILITIES TO ADAPT -- PART II (See 2.21, PART I)

Introduction:

From birth on, infants feel. They already have all kinds of feelings, good feelings and painful feelings. From mid-first year on, it is clear that they also have thoughts, wishes and fears (see Unit 1). The 1 to 3 year-old child has feelings, thoughts, wishes and fears. Some of these are highly pleasurable. Some of the 1 year old child's feelings, wishes and fears can bring with them intense discomfort including anxiety, depression, shame, the beginnings of guilt, and more. When the discomfort is too intense, the child does all he or she can by appealing to the environment to somehow attenuate these feelings and wishes, or by protecting himself or herself against experiencing them by a variety of adaptive maneuvers including the development of internal controls, and psychic mechanisms of defense (which we speak of simply as "defenses"). The child is not born with these controls and defenses in place; they develop in response to the need for them.

We have described that children experience wishes which create conflict within them such as wishes to separate and individuate side by side with wishes to stay one with mother during the rapprochement conflict, or by having feelings of hostility or hate that lead to the child's experiencing the threatening wishes to harm, to attack, to destroy those the child values, including the self, or, they may have wishes to take things that belong to someone else. In Unit 3 we will detail other wishes the child experiences as unacceptable and which lead to enormous feelings of anxiety, guilt, and more. Although the adaptive developments of internal controls and defenses have already begun during the first year, these developments are sharply accelerated during the second and third years. In this Section we shall talk first about the child's degree of self-reliance and dependence on others, then of the development of internal controls, then the development of mechanisms of defense, and we shall then speak separately about one of the most common development protecting defenses, regression.

2.2 EMOTIONAL AND BEHAVIORAL DEVELOPMENT

2.25 THE CHILD'S ABILITIES TO ADAPT -- PART II

2.2511 HUMAN DEVELOPMENT: Dependence Versus Self-Reliance

The developmental line of dependence goes "from dependence to self-reliance". As we said in Unit 1, the issue of dependence can be understood and examined from two vantage points: (1) dependence on whom?; and (2) dependence for what?

With regard to the first, dependence "on whom", the one to three year old infant is, of course, dependent fully on his or her mother and father. Non-parental caregivers, in home or in daycare, act in essence as substitutes for or as extensions of the parental caregivers.

Coming to soon learn the character of the dispositions and the distribution of labor of their respective mothers and their fathers in the home, especially from year one to three, young children come to depend on each parent for specific functions. For example, children commonly tend to depend more on their mothers for nurturing, for distress or pain reduction and comforting, as well as for feeding and diaper changing, etc., than they do on their fathers. In a similar way, one and two year olds, will already begin to turn to their fathers for moving a heavy item or fixing a broken toy, or for rough housing, etc. Of course, each set of parents (where there are two) distribute these parenting functions as they choose, in varying combinations and balances. Children learn quite early the specific dispositions and preferences of their respective parents and assign specific functions to them. This includes specific functions of dependence on them; that is, you turn to Mom for this, to Dad for that, to either for same.

With regard to dependence "for what", we find the twelve month old well advanced from when he or she was a newborn. Whereas the newborn was dependent for virtually all physical care needs, for feeding, cleanliness, etc., the 12 month old has advanced in his or her capability to put food into his or her own mouth, but needs for it to be bought, prepared and dished out. The one to three year-old, explorer of her or his new world, is capable of remarkable degrees of activity and discovery, but nonetheless is strongly dependent still for the gratification of his physical needs. In addition to the basic needs for care, for instance, because the 14 month old can walk and explore, the young child needs an environment that is made safe for her or him by responsible caring parents. Furthermore the 18 month-old in spite of his or her protests is in strong need of limit-setting in the face of dangerous enterprises such as when Bernie was about to grab the electrical plug of an activated air conditioner. Similarly the 18 month-old can manage to get herself or himself quite dirty but is in need of assistance to get himself or herself cleaned up. Of course, the one year old needs to be diapered; that of course will change during the third year when many a two and a half year old is able to manage his or her disposal of urine and bowel movements in the potty with some help from mother or

father. Help in cleaning is still necessary but the major functions of discharging these into a toilet can very well be in the hands of many a two-and-a-half to three year old child.

The one to three-year-old child is enormously dependent on those around him or her, for help in developing skills for adaptation. The years from one to three are magnificent years for the parents' becoming their child's first teachers. From teaching the child to walk late during the first year or early during the second year, and somewhat later to naming parts of the body, and still later to speak, to begin to eat with utensils, to learn colors, in some to begin to learn letters, etc, all make for a developmental period rich in the parents' establishing themselves to their child as principal helpers and first teachers. Parents also, most importantly, are needed for learning problem solving methods, as Johnny's mother needed to help him better stand up for himself, and adaptation to society as Diane's mother did when Diane decided to take off with the toy cart.

But the child's dependence on others for the gratification of certain emotional needs remains, as indeed these remain with us forever. Namely, we need the love especially of those with whom we have primary relationships (see Sections 2.2211 and 2.2212), and we need to love those primary others. This need does not wane although it changes in character from infancy through adulthood. The 18 month old dramatically experiences the need to be loved. The new experience (see Section 2.2131, on the Development of Affects) of which the 18 month old child is now becoming capable, the newly developed ability for feelings of love, make for a heightened experiencing of this need. The imbuing of the child's attachment to mother, father, siblings with such love feelings forges more deeply their relationship. The need for expressions of love by the parents and, in turn, by the child toward them, become amply evident during the second and third years and make disapproval by the parents very painful. Their disapproval, as we said of shaming (which is the withdrawal of approval), if too intense and too frequent will be highly detrimental to the development of emotional well-being.

Keep in mind that as powerful as these dependency needs ("for what") are, the physical care needs, adaptive developmental needs, and needs for emotional closeness and love, that the thrust to self-reliance is also amply evident during the second and third years of life. This thrust to autonomy and self development is evident in the need to do things oneself, in the one year old's wanting to stand on her or his own two feet, in reacting to the inner pressure to explore everything. These needs to do things oneself, to feel one's emerging autonomy and sense of self, are in balance with the needs, for nurture and for love and closeness. Both sets of needs those that promote self-reliance and those that need to be gratified by others, require an optimal balance of being gratified and at times benevolently frustrated.

2.2152 CHILD REARING: Optimizing Dependence and Self-Reliance

Parents must know that children depend on them for most of their physical care needs, for the development of adaptive skills and especially for love, affection, respect,

and being given a sense of being valued. Dr. Margaret Ribble many years ago (1943) spoke of the fact that one of the major problems she encountered in her work with parents of very young children is their intolerance for the child's dependence on them. Our observational experience leads us to believe that one reason parents fear their children's dependence is due to the erroneous fear that their children will not want to grow up and be self-reliant. They fail to recognize the enormous thrust to autonomy, to self-reliance, to becoming an individual which is amply evident in children during the second and third years of life and thereafter. In fact, the thrust to autonomy becomes dramatically evident in children from the second half of the first year of life on, and even earlier in some children.

Again, it is important for parents to bear the following in mind. First, (1) a child's self-reliance grows out of sufficient gratification of the child's dependence needs; that is to say, the more the child's dependency needs are gratified reasonably, age appropriately, and sufficiently, the more will that child become self-reliant. We saw how much more self-reliant Jennifer, Diane, Bernie, and Johnny were than painfully frustrated and neglected Richie at the beginning of year two. (2) Again, as we saw in the well-cared for children the dependency needs of the one to three year old are handsomely balanced out by powerful needs for autonomous activity, a large inner pressure to do things oneself, all of which contribute to and arise from a basic inner sense and need to be oneself, to be an individual. We suggest to parents that the one to three year old child, like the child before and the child after, will not ask to be held without feeling the need for it. If the child is not loved, if his dependency needs are frustrated, these needs will actually become more intense and remain longer. In fact they will increase and press for expression, up to the point where, in hopelessness, as we saw in Vicki and in Richie, the child may give up. And if a child gives up on the need to know he/she is lovable, is love-worthy, the more will that child be harmed, continue to be needy, and be hampered in becoming an individual who is amply self-reliant. Vicki became painfully depressed we believed because her depressed mother could not be sufficiently emotionally available to her, could not sufficiently gratify her needs for emotional contact and nurture. Depressed as she became, her neglect was much less than was Richie's whose entire development and survival were in jeopardy.

2.25 THE CHILD'S ABILITIES TO ADAPT -- PART II

2.2511 HUMAN DEVELOPMENT: Developing Internal Controls

All young children become afraid when they experience intense negative feelings, especially toward their parents. Intense feelings of hostility, hate, and rage, cause fears of losing parental approval and love, fears of being destroyed by them, or of being abandoned by them, and, perhaps even more anxiety producing, they fear they may destroy their parents, and that they may destroy themselves. They then fear losing control over their hostile destructive feelings and wishes. Close observation of them reveals that 14 month-olds, 16 month-olds, 20 month-olds, are at times startled, frightened and even shocked by their sudden lashing out against mother, or a younger sibling, or having pushed a cup of coffee or a lamp too hard and they come crashing down.

To be sure 1 to 3 year-olds fear many things. Some fear loud and sudden noises. All children around 1 year, somewhat before and into the second year fear separations to a greater or lesser degree, and also fear strangers. Many fear being in complete darkness and need a night light. And more.

We also know that young children will experience fear when Mother or Father experience fear. For instance some researchers have shown that presented with the same situation such as the activation of a toy robot or on seeing a unknown dog, the child will become frightened; if the mother is not, the child may then also become not frightened. A number of good experiments have shown what researchers have called "social referencing" which means that the child will automatically check with a caregiver to decide whether or not to be afraid of something. The "contagion of affects" (that we tend to feel what we see others feel) and "empathy" (the ability to perceive what someone else feels) play a role in "social referencing". We think that social referencing is highly adaptive, in general, because it guides young children in learning what is safe and what is not, what reaction and behavior is desirable and what is not. In Unit 3 we shall describe how 3 to 6 year old children come to fear some of the sexual feelings, wishes and fantasies they have as well as fear that their bodies will be harmed in one way or another.

Young children have many fears. And we can see that some fears come from outside themselves and some come from within the child. For instance those that come from outside include fear of a dog, or of a loud noise, or of Mom's anger, etc. Those that come from within the child include fear of one's own hate and rage, and after 2 1/2 years or so also fear of one's sexual feelings, and the wishes and fantasies both hostile destructive and sexual feelings generate. Of course the child needs to cope with both external and internal sources of fear. A major way the child has to cope with those feelings, wishes and fantasies he or she has is to develop internal controls over them. The child is not born with these in place. They must be developed. Let us look at this more closely.

With progressive developments in better evaluating reality (seeing and feeling the way things factually are), increasing understanding of causality (if I push a ball it will roll

and it rolls because I pushed it), awareness of their intention (I want to do this or that, I will do this or that, etc.) in thoughts and actions, from 18 months of age on children begin to know when they cause something to break, when it was accidental or when it was intended. And, when they have broken something valued, they fear disapproval, scolding and punishment. This brings with it fear and anxiety (a feeling of helplessness in the face of what the child experiences as a threat as of losing mother or father, or losing her or his love, etc.). The fear and anxiety is what may lead the child to deny he or she actually did it (see Section 2.2531).

More threatening is this: a 20 month-old child increasingly derives great pleasure from doing things autonomously (on his or her own), feels increasingly competent in her or his actions, for instance like when 18 month old Bernie approached the plug of an activated air conditioner and was about to pull it out, when his dear mother suddenly reacted with alarm and prohibition. It did not with Bernie, but as we saw with 13 month old Diane, let us assume that a battle of wills ensues between them, and now many a normal and well-endowed child feeling enraged with "My bad, mean Mother", experiences a surge of wishing to bite, hit and maybe even to tear her hair out or cut her in pieces! Then, suddenly a feeling of terror sweeps over the child. In the face of such feeling of terror, the child experiences the need to control this monstrous surge to bite and destroy his or her mother. Lest you doubt that an 18 or 20 month-old can feel so violent, consider our awfully traumatized Richie, whose rage in throwing toys caused alarm to all those around. And consider also that even good parents can feel so upset and so provoked by the child they truly love, that they sometimes are overtaken by wanting "to beat the day lights out of the kid" -- which more troubled parents do as we said at the beginning of Section 2.2312, the Anal phase and Toilet Training.

The better the relationship with mother, the firmer and more secure will this child's own determination be to control himself in the face of such a surge of hostile destructive feelings and thoughts. In a child where the relationship to mother is already heavily burdened with past disappointments, deprivations of nurture, love and respect, perhaps even emotional and physical abuse, and much hostile destructive feeling is already attached to mother, the surge of wishes to hurt and destroy her will be strongly reinforced by the hostile feelings already there and will be much more difficult to control. In such circumstances, harsher and more global efforts will be required by this 20 month old to achieve internal self-control. Excessive maneuvers may then be required by this second child to prevent himself or herself from acting on this surge of hostile destructive feelings and wishes.

During the second and third years, dealing with hostile destructive feelings toward mother and father are the feelings that most invoke in the child the need for internal controls. Whether these feelings of hostile destructiveness arise from "battles of wills" as we saw in 13 month old Diane, or from a heightened Rapprochement Conflict as we saw in 19 month old Jennifer (Sections 2.2211 and 2.2212), or from prior feelings of rejection or deprivation of basic emotional needs as we saw in Vicki, or from being physically abused by the parents as happened to Richie, large efforts will be exerted by the child to control from within the discharge of these hostile destructive feelings. This is what immobilized 13 month old Diane sitting at the edge of mother's knees. The poorer the

relationship to mother or father, the greater the task of developing internal controls, and especially as we saw in Richie, the more burdened all aspects of the child's development. In Suzy, the greater burden of developing internal controls came not from problems in the parent-child relationship but more from her troubled ability to integrate and organize the feelings of irritability and hostile destructiveness she experienced due to the immaturity of her nervous system (and perhaps other brain malfunction) at birth.

Given that the inner pressure a child experiences is often more powerful than the child himself or herself during the second and third years of life, help from the parents is needed by every child.

2.2522 CHILD REARING: Optimizing the Development of Internal Controls

Here as in all other aspects of the child's development, the more respecting, thoughtful, considerate and loving the relationship of parents to child, the more will the child's emotional development be facilitated. Let us emphasize that we do not mean by this that parents are the only contributors to the relationship that develops between child and parents. The child brings to the relationship her or his inborn givens, his or her modes of adapting, including his or her own temperament, reactivity to experience, difficulty to organize experience, degrees of irritability (whether due to brain immaturity, to allergies, food sensitivities, skin sensitivities, etc.). What we want to emphasize here is that whatever the child's inborn givens, dispositions and temperament, it is in the hands of the parents to optimize as best they can the relationship they have with their child. We all know that some children are much more difficult to form a strongly positive relationship with and to rear than others. We emphasize that however difficult or easy a child may be to rear, the parents' efforts to optimize the relationship to their particular child will pay off, will eventually bear fruit and promise much more to be growth-promoting. Here is, we believe, the major reason why making efforts to optimize the mother-child and the father-child relationship, facilitates the development of internal controls in the child.

Whatever inborn dispositions, temperament, strengths and vulnerabilities the child brings into the relationship with his or her parents, feeling loved, respected, treated with considerateness (as by the "Golden Rule": Do unto others as you would have them do unto you) will tend to motivate within the child the need to control his or her feelings of hostility and hate, his or her wish to destroy the loved parent. Suzy's parents worked hard to help Suzy develop internal controls. Her irritability and difficulty in organizing her experiences and her reactions, made the burden difficult. We told her parents, as we saw how her mother repeatedly tried to not only frustrate her as little as needed, but also to get Suzy to pull herself together, that their efforts would and in fact were paying off. Mother's telling 20 month old Suzy "Get hold of yourself!" seemed very much taken in by Suzy. By the end of her 3rd year, Mother introduced the idea of "counting up to 5" (Suzy was not yet easily counting then) to help Suzy delay her reacting with anger and hostility. Most important here is that the parent who is loved, all things considered, will

have much greater influence on the child's own need to protect the valued parent against the child's own destructive feelings and wishes. This influence is far greater and more effective than yelling, scolding, punishing, and physical threat or abuse. Her is why.

The child who is not treated by his or her parent(s) with consideration, respect, and love, will feel hurt by the parent(s). The more the young child is hurt (physically or emotionally), the more will hostility and hate be generated in the child toward that parent. The more the hostility and hate outweighs feelings of love and being treated caringly, the less will the child be able to develop internal controls over the volume of hostility and hate the child feels. Furthermore, the parent's influence on the child's need to protect the parent against the child's own destructive feelings (which the parent himself or herself caused to be generated in the child) will be far less than where love, consideration, and respect dominate. The 12 to 36 month old child is small. Her or his feelings can be enormous. The greatest help the child can get in developing internal controls comes from the positive quality of the parent-child relationship.

We saw in Richie, how during his second year of life, his ability to control his reactions of rage and infantile violence was very limited. The example of Richie tells us that in fact where the load of rage and hostility is high (due to a long history of experiences of high levels of emotional and physical pain), it will be virtually impossible for the one year to control the feeling and expression of rage. 14 month old, 16 month old Richie would erupt in a rage reaction. It was especially Mrs. V.'s comforting and thoughtful limit setting that helped him contain these outbursts from continuing into tantrums.

We cannot overemphasize the great burden it is for the 1 to 3 year old child (and later as well until mid-adolescence) to control his or her own feelings of hostility, hate, and rage experienced toward and at the hands of his or her own mother and father. This is so even for well cared for children. It is that much greater for the neglected and/or abused child, because his or her load of accumulating hostile destructive feelings is much greater. We wondered (we could not ascertain though) if Richie had had these outbursts of rage since he was taken from his troubled young mother at the age of 9 1/2 months. When we first saw him at 14 months, he appeared depressed and seemed very inhibited in his movements and expressions (see Section 2.2531 as to what causes such inhibitions). We often see, in depressed children (and adults), that it is when they begin the process of recovery from painful illness that they experience outbursts of intense hostility, hate and rage.

To help the child achieve good internal controls, external (caregiving) controls are invariably needed. Approaches which respect the child as a budding person and include trying to understand what the child is experiencing, what the child is trying to do, and why, are much more likely to help the child's development of internal control than those that disregard the child's feelings and motivations. Also given that the major normal parent child interactional arena where the 1 to 3 year old child experiences hostility toward his or her parents tends to be in the area of limit-setting, setting limits well, constructively, is a priority issue for parents' helping their children develop internal controls (see Sections 2.241 and 2.242 where setting limits is detailed).

It is also well to bear in mind that children tend to model their behaviors on their

parents behaviors. Because parents are emotionally so important to their children, children identify with them, they become like the people they value most in many aspects of their behaviors (see Section 2.2211). Therefore, how parents behave in their self-control is critical also to how the child will behave in his or her self-control. We all know only too well that children model their parents behaviors more than they adhere to how their parents wish they would behave. In part, this is due to a defense mechanism we call "identification with the aggressor" which we will discuss in Section 2.2521, below.

The development of internal controls is importantly facilitated when children are helped to learn constructive ways of expressing feelings that cause them distress or pain, since these, if sufficiently intense and prolonged generate hostility in the child. It is valuable to talk even with 1 to 3 year old children about what is causing their anxiety, their fear, what is causing their hurt, their disappointments, their fear of rejection and shame. We emphasize again, that parents should talk to their infants even before the infant has learned to speak (see Section 2.2142). The reasons are that (1) children understand words well before they can speak; (2) children can communicate with their caregivers well before they can talk, by expression of feelings and by gestures and movements; (3) a parent who speaks to a child is herself or himself expressing feelings which the child registers and "understands" whether it is that mother is pleased or angry, approve or disapproves, can handle it or cannot, is sympathetic or ridicules, etc. And most important, it lets the child know that this magnificent vehicle for expressing feelings, putting them into words, is available to the child. Sigmund Freud said something like "The person who first threw an invective at his enemy rather than a spear was the starter of civilization." It is also said, although unfortunately not always true, that so long as adversaries are talking at the negotiation table, there will not be war. And so too, it was far better that 30 month old Suzy shocked her mother by shouting "I hate you" than for her to put those feelings into some physical action against her mother, herself, or something mother valued (see Section 2.242 on How to Handle Such Expressions). Related to this, it is enormously useful to help children learn how to express feelings of hostility in acceptable ways, given that these feelings particularly create enormous difficulties for children with regard to the question of developing internal controls (see Section 2.2421). Again, talking to a child about the feelings of hostility experienced is enormously helpful. Talking about such feelings includes allowing these feelings to be recognized, to be experienced by the child, to not be avoided by the parent. In addition to talking about these feelings, guidance is needed in taming the discharge of hostility through hitting, biting, spitting, and in some verbal two year olds' using foul, insulting language. How this is done is important. "Come on, Johnny, get a hold of yourself!" is far superior to telling Johnny that he is evil (see Section 2.242). The latter heightens feelings of hostile destructiveness since this is experienced by the child as insulting and shaming (see Section 2.242, Limit-Setting).

2.25 THE CHILD'S ABILITIES TO ADAPT -- PART II

2.2531 HUMAN DEVELOPMENT: Mechanisms of Defense

Side by side with the beginning development of internal controls, a development that takes years, the child also uses other coping measures to deal self-protectively with the distressing experiences he or she has. These measures (defense mechanisms) are set up by all children in the course of normal development and these will become typical for each child and make a major contribution to the development of each child's personality. Indeed, the development of our personality receives essential contributions from first, our inborn reactivities, tendencies, and temperament, and second, from those defenses we set up in the face of internal feelings of distress, anxiety, rage, etc. that are experienced as too difficult to deal with directly. This is so especially for those troublesome feelings that arise in relationships, especially from those wishes we have which create conflict within us and of which we ourselves disapprove.

Defense mechanisms are always used for the purpose of self-protection, of coping. We set them up automatically, without thinking "Now, I'll deny, or, I'll avoid, etc." We do this generally without being aware we are doing it. In fact, we often set these up because we ourselves cannot tolerate feeling extreme feelings or what we experience as undesirable or conflict producing feelings or thoughts or wishes. We do not want to know we feel or think these, in order to not suffer. Therefore, mechanisms of psychic defenses in and of themselves are adaptive when we first set them up; in and of themselves they are helpful. However, we pay a price for using some of them. This is what is problematic about those that cause problems. The price is varied.

Most important is that when defense mechanisms work well, we do not consciously know what we feel or think or wish and, therefore, especially in the case of problematic defenses, we usually do not take action to resolve, or undo, or handle these feelings, thoughts, or wishes more constructively so as to satisfactorily deal with the feelings and thoughts and not require the trouble producing defenses.

Secondly, these defense mechanisms can make us blind to dangers to ourselves and/or to others. For example, a twelve year-old who denies the dangers of using crack-cocaine, like an ostrich they say, will not see the possible coming danger and hurt himself or herself seriously. So too will the young adolescent who denies that unprotected sex may have serious, even life threatening effects, including a highly premature pregnancy or a venereal disease. Also, for example, when we deny we are enraged with or hate our mothers and/or fathers, in order to express this denied hate we may displace it onto a neighbor, or project it onto someone else (and disown having these feelings), thereby hurting innocent others. More on this below.

Thirdly, defense mechanisms unavoidably make us distort reality to a greater or lesser degree. Having studied infants with their mothers for many years, we have found that the most challenging feelings children have to deal with in the first three years of life are intense feelings of anxiety, fear, and the hostile destructive feelings, those of rage and

hate. The most troublesome wishes for them are wishes to destroy the caregivers to whom they feel attached. Being attached to them means the young child feels he or she "needs" them -- as indeed the child does. Thus we have come to think that feeling hostility, hate, and rage toward those to whom the child is attached creates intense anxiety and fear in the 1 to 3 year old -- the fear of losing control over one's rage and hate, and that one will destroy those highly valued, needed, and more or less loved persons, one's own mother and father. Bear in mind that the less than 3 year old child, when overtaken by feelings of hate or rage "feels" he could destroy; he or she does not then feel "I am small and couldn't hurt a fly!" Quite the contrary. Not then recognizing his or her very limited actual physical strength, the young child exaggerates his or her power to equal the intensity of the hate and rage he or she feels.

Understanding this, we can better understand why a variety of defense mechanisms are used by the child to cope with hostile destructive feelings toward those to whom the child is attached. This is most the case when children (of all ages) feel hate toward their mothers (especially), and toward their fathers (if they are attached to them). Here are some of the major defense mechanisms 1 to 3 year-olds (and older) use.

Denial is, as the word implies, to react to feelings the 1 to 3 year old experiences as intolerable by means of self-deception, a form of lying to oneself, to believe that what is known to have occurred did not occur. It is to deny a piece of knowledge. Being frightened by feelings of rage toward mother, a child may need to deny that rage all together; "I am not angry with Mommy, I love her". What causes the rage then will not get dealt with.

Projection is a mechanism where that which the child experiences is externalized, it is turned outward of oneself and is ascribed to someone else or something else. The feeling is; "I am not angry with Mommy, it's Mommy who is angry with me".

It is well to bear in mind that defense mechanisms are enormously useful at the time that they are employed. However, they are disadvantageous in resolving feelings, and in solving the actual conflict or problem the young child is experiencing.

Inhibition is a common mechanism used particularly in the face of wishes the child experiences as dangerous and/or transgressive. This may pertain to sexual feelings and, particularly during the second and third years of life, to feelings of hostility and assertiveness. This is particularly so where assertiveness is linked with transgression such as wanting to take what belongs to someone else. Inhibition means that the feelings or wishes experienced are stopped from being experienced and/or expressed. Young children, use inhibition especially in the face of hostile feelings toward mother and father, and where the load of hostile destructiveness is high will tend to use inhibition in a global way, in an exaggerated way. This frequently leads to the inhibition not only of hostile destructiveness but of nondestructive aggression as well. Inhibition which can serve the child in a moment when the child might feel explosive, becomes costly when it disallows the working through, talking about and the resolving and reducing of the feelings of hostility the child is experiencing.

There are many times, however, when inhibiting the expression of hostility or rage can be very helpful. This mechanism, like the others, can stop the child's action at a given moment, and therewith, give the developing internal controls a chance to take over.

For example, nearly 3 year old Suzy's "counting to five" before she blew up helped her then not blow up. We saw the troublesome effect of poor abused Richie's not being able, at first, to inhibit his explosive throwing and smashing of toys.

Displacement is a mechanism that is frequently employed during the second and third years of life particularly to handle large loads of hostility (see Section 2.241). Displacement, which the child uses to protect himself or herself against the fear of destroying a highly valued person like mother or father, allows for a seeming reduction of hostile feelings toward them. Bear in mind that these feelings, however, are not truly reduced. The major problem with displacement is that the hostile destructive feelings are "displaced" onto innocent others. In the long run these then can be costly given that they are likely to lead to scape-goating and prejudice (where someone is hated who had nothing to do with what caused the original feelings of hostility). We know from what we see in communities throughout the world, how, when displacement leads to prejudice, it then can become a very trouble-making defense.

Turning destructive feelings against the self is another troublesome defense a 1 to 3 year old may set up to protect against the dread of losing control over feelings of hate and rage toward mother or father. Some infants who have high levels of hate and rage may hurt themselves often, seemingly "by accident", may bite their hands or arms when furious or throw themselves on the ground as if not caring if they break a bone or bruise themselves. These behaviors are not just due to the loss of control by the child, but also include the displacement, if you will, of wishing to destroy onto the self rather than onto another person.

Splitting of internal representations is a complex and important defense mechanism which is used by one and two year old (and older) children to protect against excessive feelings of hostility toward valued persons. Psychoanalytic theorists propose that what we experience is registered within the mind in ways and forms that make these experiences retrievable through memory. This registration of experience in the mind leads to our developing more and more stable "mental representations" which play a key part in human experiencing and in who we become. That is, the ways we experience ourselves and those others who are of primary importance to us, are registered in the mind in some form of mental representations, images or schemas of ourselves and others "in action" and with feelings, in the kinds of events and moments we have together. A basic assumption of this theorizing is that early in emotional-psychological development, children tend to separate into two networks of internal (mental) representational schemas what is experienced as good, as gratifying, on the one hand, from what is experienced as bad and hurtful, on the other. The theory proposes that we have images of ourselves as good and as bad and images of others as good and as bad.

Mental health professionals hold that in order to experience ourselves and others in normal and healthy relations, an integration of these good and bad representations of ourselves and others is necessary. Otherwise, the self is at other times experienced as all bad, and at times experienced as magnificent, as all good. Similarly, others will at times be experienced as all bad or at other times as all good, with no flaws, no faults, no weaknesses. Experiencing oneself as all good will unavoidably many times prove not to be true and then be even intensely disappointing; or experiencing oneself as all bad is

highly detrimental to oneself, to one's self esteem. Similarly, needing to experience another as flawless, all good, will often be painfully disappointing and lead to giving up on the relationship to this other; and, of course, expecting others to be all bad, evil, makes one enraged with them and mistrusting of them. So that when these sets of mental representations, good and bad, are not integrated, when representations of self and other are either one or the other and not a reasonable balance of some good and some bad, this leads to distortions of both self and others which are detrimental to adaptation and to relationships. Therefore, maintaining or stabilizing in mental representations a splitting of good and bad self and others -- self and other always go together -- should be prevented.

The 1 to 3 year-old child will develop a splitting of good and bad self and other mental representations in the face of intense feelings of hating someone they value and love. In other words then, ambivalence (hating someone we love) is a key determiner of the defense mechanism of splitting. In the face of intense feelings of hating (wanting to destroy) the mother 20 month old Suzy loves, she had to cope with the fear that the intense hate she now experienced toward her "bad mother" could bring about the destruction of the mother she experienced as good, and as a result of this, splitting the mother representations into bad mother and good mother networks could have become employed. Fortunately, the way she (by verbalizing "I hate you") and mother dealt with it probably made it possible for Suzy to not need to split. Splitting, in short, is used to protect the mental representation of the good mother from being destroyed by what the child experiences as the bad self or the bad mother. Or, Similarly it is used to protect the good self from being destroyed by what the child perceives as the bad self and the bad mother. Again then, although splitting may be relieving for the moment, in the long run it becomes highly detrimental because it intensifies the hostile destructive feelings the child experiences toward self and others since these are not "amalgamated" or "alloyed" with the split-off love feelings.

It is important to know that, as mental health professionals tell us, that feelings of love are the most powerful modifiers of feelings of hate. Sigmund Freud spoke of it almost as though, like in a chemical solution, the mixture of hate with love, sharply lessens the feelings of hate. Therefore, not only should parents, as Suzy's parents did, help their child not split mental representations, but it is also important to know that good love relationships protects the child against becoming someone who excessively hates, wants (needs) to destroy and be violent.

Identification is a mechanism 1 to 3 year old children begin to use for a number of self protective purposes, some highly positive and beneficial, others problematic. Identification is beneficial when it is based on wanting to be like those persons the child loves and admires, especially mother and father. This is how children become the children of their specific parents, adopting their points of view, their ideals, their goals, their religious beliefs, their family values, etc. In addition to identification arising out of admiration and even idealization, identification also occurs when the child fears losing someone the child loves, or in the face of actually losing such a person. In fact, throughout life, the process of mourning the death of someone we love includes identifying with that person, our taking on some of that person's characteristics, modes of

behavior, etc.

But identification can also take negative forms. For instance, when a child is frightened of a parent who is subject to outbursts of rage, attack and destructiveness, the child may be so terrified of that parent that coping mechanisms will be activated to make the experience tolerable. It is possible, that when 14 month old Richie suddenly exploded when frustrated by Suzy's play with him, and in his many subsequent outbursts, that partly this explosive behavior may have been activated by identification with his troubled abusive mother. This we call "identification with the aggressor", which means to act like, become like that raging parent who now is feared. What is then achieved is this, as Anna Freud described: if a child is afraid of ghosts, one way to not be afraid of ghosts is to pretend to be a ghost too. If one is afraid of a parent who behaves like an ogre, becoming an ogre oneself, becoming the attacker rather than the victim lessens the fear the child experiences. In this way, a child too may have fits of rage, outbursts of anger like the feared parent. Again, although this defense allays momentary mortifying fear, the child is not serving himself or herself well by adopting these kinds of behaviors. This defense mechanism, when it stabilizes in the individual, is a major contributor to abused children becoming abusing individuals and eventually abusing parents.

One more note on identification in 1 to 3 year olds. Both boys and girls identify with both their mother and their fathers during the first 3 years of life and beyond. Thus we saw 18 month old Diane behave toward the fussing baby just like her mother did, first by shaking the baby's rattle, and then by patting him. Similarly we have seen young children pat mother on the shoulder when mother is upset. Boys identify with their mothers' (and fathers') nurturing, caregiving, home-making, etc., as do girls. Girls identify with their fathers' family functioning, be it being protective, the one who fixes tables, windows, etc., as well as do boys. Of course the child's own inborn dispositions will influence which functions and behaviors the child identifies with. Biology too will play its large role. Thus when, during the third year, the child's gender formation begins to be a large developmental task, identification with the parent of the same sex tends to increase. We shall address this in Unit 3 (Section 3.2311).

Reaction formation is a defense mechanism whereby what is experienced, felt or thought, is turned into its opposite. Most commonly, when overloaded with hostility and wishing to be hurtful, the child may experience this as unacceptable. These feelings may then become converted into just the opposite, wishing to be nice, to protect others from harm. "I'm not mad at Jennifer, I love her!", her 3 1/2 year old brother Mike once raged at his mother about his little sister. Reaction formations, like identification, may be enormously advantageous to the child. It is often used due to anxiety. But it is also used due to the child's own love-based disapproval of wanting to hurt one's little sister or beloved mother or father. It can help to actually diminish the feelings of the hate. But at times they may also be disadvantageous in that this defense does not allow a resolution of the underlying feelings of hostility. This is so especially when used with denial that is absolute, where the young child is not at all aware of being enraged. All in all though, reaction formations often bring with them highly desirable personality features, such as the wish to protect and care for rather than harm and destroy, the wish to build rather than tear down and damage. If this defense mechanism does not bring with it too much

inhibition or suppression of self expression, too much denial of self experiencing, it may be a very constructive and productive defense mechanism.

Neutralization (or mitigation) of hostile destructiveness is a mechanism of defense which is enormously advantageous to the child and like the other defenses described is especially activated during the second and third years of life. By neutralization or the mitigation of hostile destructiveness we mean a gradual process of working through feelings of hostility into feelings of aggression that are freed from hostility. That is, to convert hostile destructiveness into nondestructive (non-hostile) aggression. Exactly how this occurs is uncertain, but psychoanalysts agree that loving, valuing primary caregivers is essential for this process to be activated. We assume, and there is clinical evidence for it, that in the operation of such a mechanism, inner hostile destructive feelings become modified (probably by love feelings) and are converted into a source of aggression that can be used for constructive purposes. Clinical psychoanalysts have placed much store in this defensive maneuver as a basic method of reducing inner feelings of hostility which is then accompanied by a freeing up of what they say are inner "psychic energies" that can serve constructive ends and adaptation.

Sublimation, like neutralization (mitigation), is a defense mechanism that truly changes the quality and the aims of the feelings and wishes into "sublime" forms. Therefore, sublimation deserves to be in a class by itself. Sublimation is the complex defense of dealing with feelings, wishes (fantasies), and internal pressures which create inner mental-emotional stress or conflict within the child, by means of the creative process into creative methods of action be it learning, drawing, dancing, activity in sports, etc. During the second and third years of life one sees the beginnings of sublimation, for example, as 10 month old Jennifer did (really quite early in life), in children attempting to make a game of a battle with mother (see Section 1.262 in Unit 1). Although parents may at times experience a child's making a game of a battle of wills as a way of trying to win the parent over, or to change the parent's mind about a limit that is being set, the fact is that making a game of a battle of wills is a method the child comes upon of trying to turn a threatening and frightening situation into one free from hostile feelings, one instead of fun and pleasure. Making a game (that works) of a conflict, of a battle of wills, takes something of the creative process to achieve. It is a conversion of a conflict situation into a play situation, of actively (though unconsciously) reducing feelings of hostility and hate and heightening love feelings, and requires creativity on the part of the child. Of course, love feelings have to be there for the child to do this. These beginnings of sublimation during the second and third years gives way to a remarkable expansion of sublimation capacity during the three to six year period which we shall discuss in Unit 3.

Empathy and Altruism are also not just or not purely defense mechanisms. They are ways of coping (especially with feelings) that not only do not cause the child difficulty but are, in fact, emotionally and socially valuable. For now, we shall say a word about them here because they do seem to belong in a special class of "coping mechanisms" along with sublimation, a class of very positive, constructive, and creative coping mechanisms. 20 month old Jane showed a surprising degree of both empathy and altruism in an unexpected moment. But first let us remind the reader that by empathy we

mean the ability to feel, to perceive what another person is experiencing (feeling), and altruism is the willingness to give up something one has or wants for the well-being of another person. We had occasion to be in the elevator on the way to our meeting space for the child-parent program when Jane and her very pregnant mother (7 months) came into the elevator as well. Jane seemed in a fine mood and started to show signs of wishing she could push the elevator buttons. Excited, she looked up at her mother who appeared drained and overburdened (but neither sad nor upset). Mother, seemingly preoccupied in thought did not notice Jane's activity. On looking up at her mother, 20 month old Jane, who customarily was well inclined and able to let her mother know when she wanted something, suddenly changed her mind. Her face softened, she dropped her raised arm, and she just looked at her mother, sympathetically. She made no request to be picked up by her to push the button. It was we felt, as though Jane had felt "She looks so tired, how can I ask her to pick me up!" And she gave up the wish. We felt, it was out of concern for her mother, out of altruism. She had been able to empathize with her mother's feelings and decided not to make a demand of her now. We thought: "What a lucky child-mother pair!"

Regression, another major defensive operation used by one to three year old children warrants special attention. We will discuss regression in the next section.

2.2532 CHILD REARING: Optimizing the Use of Mechanisms of Defense

There was a time when people assumed that if individuals develop defense mechanisms they are mentally ill. It is important for parents to realize this is not so. As we just said, all children experience feelings and wishes, are propelled by powerful inner forces (evident in their feelings and wishes) which create enormous anxiety and inner mental conflicts in children. Because these are too difficult for the young (and older) child to tolerate, all children need to protect themselves against feeling such anxiety and conflict in order to adapt comfortably enough to the demands of everyday life. The idea many people have that early childhood is an easy time of life is totally wrong. Children have to use all of their resources to adapt to life and most particularly to cope with their own inner stirrings, feelings, and pressures. We do not mean by this that children are constantly bombarded by wishes that create havoc within them. Quite the contrary, well cared for, physiologically untroubled (average normal) young children do experience many moments of calm, quietness, internal comfort, pleasure, loving, feeling loved, etc. Children are not constantly worried about their feelings, wishes or their internal pressures. This is particularly so for those who are well cared for, who feel respected and loved, have long enough periods of pleasure and satisfaction. What we want to do away with is the notion still entertained by many parents that childhood is like being in a paradise, like having no problems at all, like having no worries anxieties, or fears. Not true!

As with all other aspects of early development, parents can be enormously helpful to their children in helping them cope as constructively with the stresses the child

experiences. Bear in mind that moderate stress enhances development and the capability to adapt, and in tolerable doses, moderate stress is growth-promoting. With this in mind, if parents can identify the play of some of the defenses we described in the above section, they will be able to first, understand better, more correctly what their children are experiencing. Secondly, they will therefore be able to deal better with some of their children's behaviors which arise from these defenses. Third, they will be better able to help their children cope with inner pressures the child experiences as overly taxing. Here are a few examples.

Angry with mother because mother just told 18 month old Jennifer that Jennifer is not to take the ball 18 month old Johnny is playing with (reminiscent of her pulling Johnny's pacifier from his mouth 7 months earlier), 18 month old Jennifer goes to 16 month old Vicki and pulls her hair. Recognizing that Jennifer was displacing the anger she was feeling toward mother for having prohibited her from taking the ball from Johnny, Mother had a clear idea as to what she should do. It was far more helpful for Mother to say "Look, don't take out on Vicki being mad at me; talk to me about it", than to say: "You're being a nasty, bad girl." So too, 3 year old David's mother was very helpful to all concerned when she told him not to take his anger out on his younger brother, or on Dr. Parens, nor on himself too at the end of his temper tantrum (see Section 2.242).

We recommend that parents exercise their imagination in what might be activating their child's behaviors; but we want parents to be aware that they may be too intrusive in making assumptions about what makes a child do something. Caution is needed; too much intrusiveness into a child's private thoughts can be detrimental. However, in moderate doses, parents pointing to a child's behavior as being caused by something which is very clear, as in these instances, that Jennifer was really angry with her mother and was taking it out on Vicki; that David was angry with mother and not to take it out on his brother or Dr. Parens or even himself, this can be very helpful. Having seen 18 month old Doug tease his "friend" by pulling out the baby tub from under the crib, reminding him (we thought) that his mother is having a (new) baby, it was very useful for the child's mother to tell Doug, nicely but firmly, that he is not allowed to tease her son, period, no matter what it is Doug was angry about -- unless her son had made him angry (which he had not while we observed them). What we are talking about now will become clearer in the next Unit when we address issues that are more sensitive and require more respect for the privacy of the children's feelings, wishes and fantasies.

Many a time after a child has done something which the child assumes will displease mother, for example spilling mother's coffee, the intolerance of anticipating mother's expected disapproval for what the child did can cause the child to feel the need to and blatantly deny that he did what everyone saw him do. "I didn't do that!", 2 1/2 year old Johnny said when exactly that had happened. What is causing him to deny what he did is his anticipation of the terrible pain of mother's disapproval, of mother's scolding. Mother's demand that he be more careful, that she doesn't want him to get hurt because she loves him, because sometimes coffee is hot and also because she has enough to do without having to clean up such a mess, etc., allayed his anxiety and he no longer felt the need to deny.

We want to emphasize again that whereas defense mechanisms are used by the child because the child cannot bear the inner stress (anxiety, conflict) associated with particular wishes the child has, and that these defenses are therefore useful for the moment, that some of these defenses may not be useful in the long run whereas others are highly desirable and can be very productive. Among the ones that are not useful and which when they are seen to occur need the parent's attention, are inhibition, denial, displacement, turning hostility against oneself, some reaction formations, identification with the aggressor, and at times splitting and projection. For example, a child who overly uses inhibition as a defense may not be able to stand up for his rights to the truck he is playing with when 2 year old Sam grabs it from him. Rather than holding on and telling Sam that it's not Sam's turn to play with it, he yields, looks deflated, and registers no complaint. Because he is unable to reasonably assert himself, he loses his turn to play with the valued truck.

18 month old Jennifer's mother was not as helpful as she could be when she told her daughter "You're being a nasty, bad girl!" We all knew each other quite well by now and the mothers (and children, as well as most of the fathers we occasionally saw) trusted the parenting group Instructors, so that it was by now easy to point out to the mother's that Jennifer was displacing the anger she felt toward Mother for Mother's limit-setting (not letting her take the ball 18 month old Johnny was playing with), onto by-stander Vicki. And Mother, following our explanation and discussion said to Jennifer "You heard what Dr. Parens said, don't take it out on Vickie when you're mad at me, talk to me about it" (even though Jennifer's language development was just beginning). We often told the parents that it is useful to tell a child "Talk to me about it" even when a less than 2 year old does not yet talk well or even not at all.

3 year old David's mother was really on target when she told David "Don't try to upset your brother, he didn't do anything to you" and then, "Don't take your anger out on Dr. Parens, he's not the one who made you angry." And, equally important, when we pointed out that David's nearly falling off the chair may have been more due to turning his anger against himself than to just losing his balance, she thoughtfully added "And, I don't want you to take it out on yourself, either, you're not allowed to be mean to yourself either."

It is more difficult to deal with the child's projection of his or her feelings of hostility onto others which then makes the child feel these others feel hostile toward the child. It is important to bear in mind that feeling hostility, hate, or rage (all due to various forms of hostile destructive aggression) toward the mother and father the 2 year old loves produces an acute conflict within the child and with it, much immediate anxiety. We did not see much evidence of projection in the children we are talking about here, even in Richie or Vicki, we believe, because they were increasingly really well cared for. Diane's brother Jack showed what we felt was due to projection in a surprising incident when he was barely 3 years old. He was a very active, fast moving boy, curious and busy. In this instance, he reached to touch or pull the plug of a lamp plugged into an electrical outlet. Alarmed, his mother rushed to him, took hold of his hand and with some alarm told him not do that. In a split second Jack's other arm was up over his head, as if shielding it from being clobbered by his mother. Mother was shocked and embarrassed. She told us

that she just could not believe his reaction. She had never beaten him, never even slapped him. He acted "as if I beat him all the time." We were getting to know this mother then and indeed we believed her, and told her so. (Getting to know her even better over a period of more than 4 years, confirmed that this mother did not slap, or strike her children; nor did the father). We told Jack's mother that of course children who are often slapped or struck physically would react like this. But some children might react like this who are not beaten by their parents. What we call projection can do this too. Startled, upset, and very angry with mother for her alarmed limit setting, it is possible that Jack immediately defended against feeling enraged with mother by externalizing these threatening feelings of rage and ascribing them to his mother, which led to his expecting that she would clobber him! Jack's mother was very upset. We encouraged her to talk to Jack about what happened, about her just not wanting him to get hurt, that electrical outlets are dangerous and he is not to touch them until he is quite older like 6 or 7, that what he did scared her, and that she's sorry she scared him. This mechanism of defense, projection, is more commonly seen later, especially from 5 years of age on, even in well cared for children. For example, a 6 year old who feels threatened by her own feelings of hate toward her mother who set limits with her yesterday, may feel that the children who are playing and laughing are laughing at her and hate her! It is well for parents to wonder then what could be causing the child to be inhibited, to project, to deny, to displace hostility, etc.

One of the most useful tasks a parent can undertake is to create the habit for interaction with her or her child where talking about worrisome things, where the expression of feelings whatever they may be, is made possible. This does not mean that a child needs to be permitted full expression of wishes and feelings that are troublesome, such as pulling mother's hair, scratching mother's face, hitting mother, father, or other children. It is rather to allow that feelings of anger are permissible, that they are feelings we all have at times, that a child is not bad for having seemingly intense needs or wishes or hostile destructive feelings and wishes, to make these something we can talk about, in order to learn how to deal with them, to handle them in constructive ways. It will pay both child and parent in the long run if parents realize that it is important to spend time talking about upsetting experiences, frightening experiences, what causes anger, what causes temper tantrums, etc. Talking about things that are difficult for children to handle leads children to feel that they can turn to their parents in time of need, when they cannot solve a problem themselves.

It is important for parents to realize that children 14 months of age can be talked to, can be talked with, that young children soon come to recognize when feelings can be talked about, when attempts to solve problems can be talked about with parents. The reverse is true as well, children are quick to learn when parents find certain feelings intolerable, when parents cannot take time to talk about things that worry their children, and children may then not turn to their parents with feelings of hurt, distress, or problems when in need of help. Most people are rightly aware that children who are permitted to and are encouraged to talk to their parents have an enormous advantage over children who do not.

Furthermore, we have learned that parents who talk to their children when they are

young, are parents who can feel secure that their children will talk to them when they are teenagers. Some parents seem to feel that young children cannot be talked to or with, that only school-age children can be talked with. Some even wait until their children are adolescents and try to establish a talking relationship with them then. Invariably these efforts can help, but they commonly tend to not be as successful as in instances where parents have talked to their children since they were very young, even less than one year old. Children in the second and third year of life are very easy to talk with. Furthermore, children at that age are for the most part very eager to talk to their parents, and there is no better time to begin the work of developing an open channel of verbal and emotional communications between parent and child than from the very beginning. During the second and third years, the verbal dialogue becomes especially important. The major reason that children find greater facility in talking to their parents when they are one and two years of age is that the next phase of development, from 3 years to six, is a period when children begin to experience things they need to keep private from their parents, internal wishes that create enormous problems for them as we shall detail in Unit 3. From 3 to 6 years is the period when talking to their parents about their feelings and wishes is made more difficult for children by their normal inner stirrings. Therefore, as we emphasize again and again, there is no better time to begin to talk to one's children than in the first, second and third years of life.

2.25 THE CHILD'S ABILITIES TO ADAPT -- PART II

2.2541 HUMAN DEVELOPMENT: Regression

By regression mental health developmentalists mean to return to an earlier state or level of development. Mostly it is caused by anxiety. Remember that anxiety is created in the child by feeling helpless in the face of a stress or danger, be it due to a new challenge of development or excessive pain with which the child feels unable to cope. This may lead the child to retreat or regress, to a more mastered period of development or to a better mastered mode of adaptation and functioning.

Normal development consists of a series of new challenges for the child, challenges in motor functioning as for example in learning to walk, or in dealing with internal pressures such as the wish to individuate before the child is ready to tolerate feelings of separateness, or whether it is in learning how to deal with feelings of rage toward the mother the 1 to 3 year old child values deeply; challenges like these constitute normal development. Some of these create fears, stress, and anxiety. Let's be quick to add that such challenges of course also bring pleasure, excitement, eagerness to meet them, elicit enormous efforts on the part of the child, and bring marvelous feelings of success and mastery.

We want to emphasize that development truly consists of the child's going from one phase of a particular line of development to another, each phase having its particular task of development as Erik Erikson said, each requiring adaptation to that task, and mastery

of it. It normally happens that no sooner is one phase of development and its internal task sufficiently mastered that the next phase of development is right there challenging the child again.

Not uncommonly, in the process of adapting well to a new task of development, the child takes three steps forward and one back. It is important that parents not be troubled when the child takes that one step back, when the child regresses. Commonly such steps back are taken to regroup, to re-stabilize, and usually are transient, temporary, as well as expectable. Once the child feels reinvigorated, a new effort will be made to undertake the new challenge.

Some regressions are activated by feelings that create conflict within the child. For example, a 3 year old Jack when experiencing pleasure in autonomy and individuation, encountered mother's disapproval of his exploring an electrical outlet, he probably experienced a surge of wishes to hurt and destroy mother, then most likely was swept by a feeling of terror at the thought of being rid of this "bad and mean mother", in reaction to which he seemed to retreat from wishing to be autonomous, separate and individuating in favor of being inhibited, staying one with mother, an infant incapable of such "vile" and troublesome autonomous acts and intentions. Under these conditions, the thrust and wish to be autonomous may be blamed and experienced as bad, threatening. Although Jack's reaction was of short duration, the child may, then, retreat from such autonomous wishes and from efforts at individuating. As we said in Section 2.2521, the more positive the relationship to the mother or father, the easier the handling of these feelings and the less the regressive reaction. By contrast, if a relationship with mother or father is especially difficult, the regression may be harsher, last longer, and in serious enough circumstances professional help may be needed.

There are regressions during the second and third years of life which are normal and expectable. Some may be of such duration and of such intensity that they may impede normal development. One of the most common normal regression during the latter part of the second year of life is that produced by the rapprochement conflict, as we saw in 19 month old Jennifer (see Section 2.2211). Remember that made anxious by the wish to be separate and individuated from mother, because she was not yet emotionally, psychologically ready to feel securely attached while also separate, she clung to her mother. But then, pushed from within to the separate and an individual on her own, she pushed her mother away, quite upset. Not secure enough when feeling separate at this time, she would revert or regress to clinging. This regression was needed, helped her cope; and then she could try again to separate and try to individuate. This regression did not stop or even slow down her good development.

But there are regressions that do slow down and even stop development, some for quite some time. Such more serious regressions may result from notable inborn intolerance of anxiety, or in a child who was born with difficulty in organizing experience, or these may occur in severely hampered relationships where hostile destructiveness is generated to very large degrees, or these may occur in young children who suffer from withdrawal of attachment to them on the part of a deeply depressed mother; there are many possibilities. Of course, such conditions can even create an arrest in development for which professional intervention is needed.

2.2542 CHILD REARING: Handling Regression Constructively

Parents tend to become distressed by their children's regressions. Even though 30 month old Jack's mother was very upset by his fear that mother was about to clobber him, and it embarrassed and worried her, she also then became upset that Jack seemed less adventuresome and explore less for several days after this incident. She was worried then that the intensity of her and Jack's reactions would now have crushed his good sense of autonomy, of being a doer. We explained to Mother the value to Jack's learning of her terrible fear that he could, because of his not knowing the dangers that come with the great usefulness of electricity, hurt himself very seriously. Now though, we were certain that talking with her 3 year old about what made her react as she did, that he must be careful and take good care of himself and not do things that can hurt him or someone else, that Jack would revert from his inhibitions and probable regression, and regain his strong thrust of autonomy, and be his usual exploring self.

Parents react differently to different regressions, according to their own past experiences and remaining intolerance and vulnerabilities; some regressions cause them less distress than others. For instance, a mother may experience her two-year-old's loss of toilet training less troublesome than the child's renewed clinging. Given that regressions often are an effort on the part of the child to regain a position of mastery when the child is feeling anxious, that these reactions are temporary, as if the child were trying to catch his or her breath to take on another stretch of the mountain, it is well for parents to take heart when these occur. It was highly desirable that, once she understood what was probably going on in 19 month old Diane, mother could easily tolerate both Diane's clinging and the confusion her conflicted behavior caused in Mother. Where comforting is asked for by the child, it is always desirable to be available for that comforting as well as for supporting the child's efforts. Encouraging a child to try to regain the functioning the child recently lost can be helpful.

However, parents have to feel their way with their child in terms of pushing them toward progress, supporting the child's efforts without pushing too hard. Children will give signals to their parents as to how hard a push they can tolerate. Forcing children to do something the child refuses to do because of a feeling of helplessness in the face of it, is generally not advisable. Smaller steps of progress may allow for better coping and the stabilization of progress. Most important here is the parent's effort to read the child's reaction; if the child is experiencing too much anxiety, too large a feeling of helplessness is evident, pushing may slow rather than advance progress.

While we encourage parents to not despair in the face of regressions in their children, given that these are unavoidable in normal development, at the same time we encourage parents to not fear seeking consultation in the face of regressions in their children which worry them unduly, or last too long for comfort. Sometimes a professional consultation can be enormously clarifying and no more than that may be needed. At other times consultation will reveal that more help is needed, that some new strategies of parenting

may be required which can be facilitated by guidance from a child development professional. In the face of some of the severe regressions that do occur, professional intervention may save parents and children much distress and pain. Furthermore, it is important for parents to know that more severe regressions may not resolve themselves, and that specific interventional strategies are needed to undo such degree of regression, to undo the arrest in development that may follow from them, and put development on a better course.

2.2 EMOTIONAL AND BEHAVIORAL DEVELOPMENT

2.26 THE BEGINNINGS OF CONSCIENCE FORMATION

2.2611 HUMAN DEVELOPMENT: Beginnings of Conscience Formation

The child's conscience begins to be formed from the end of the first year of life on. This begins with the child's gradually, step by step, internalizing into his or her mind the "dos" and "don'ts" that are a part of everyday life with mother, father, and other important caregivers. Internalization of parental dictates (the "do's" and "don'ts") gains momentum during the second year of life. This is especially associated with the normally required limit setting. Indeed, the child's progressive accepting of limits set by mother and father leads to the earliest establishment of conscience formation in the one year old child.

Side by side with the internalization of parental dictates, contributions to how to behave, what to do and not to do, also comes from identifications (wanting to be like, behave like) the one to three year old child makes with mother and father. The first identifications grow out of the experience of oneness with mother during the first two years of life. The second source of identifications occurs in association with the growing out of that oneness (Symbiosis Mahler called it), the differentiating out of that symbiosis during the Rapprochement Subphase and the subphase On the Way to Self and Object Constancy (see Section 2.2211). In association with identifying with the mother that grows out of giving up the experience of oneness with her, parallel identifications occur with the father, the "knight in shining armor" who helps draw the child out of the oneness with mother. Not uncommonly, a 20 month old child may put on father's hat, pick up his brief case, and pretend to go to work.

Another major contributor to the beginning development of conscience is made by the toilet training undertaken most commonly among us during the third year of life. Toilet training makes demands on the child to comply with expected behaviors that are standard in the child's environment, and the giving up of some of the child's own wishes and preferences for what to do and when to do it. This process too occurs step by step and brings with it the internalization of parental wishes, demands, rules of conduct, and goals for the child. Because toilet training brings with it discipline about and pertaining to the earliest bodily experiences the child has, toilet training makes an important contribution to internalizing, to accepting the demand for standards of behavior set up in the child's environment.

A fourth major contributor to conscience formation comes from the experience of hating, wanting to hurt, to destroy the loved parent. The loved parent has to responsibly, when needed, make demands, set limits, in one way or another deprive the child of what the child wants, and thereby generates in the child hostility toward that parent. Feeling rage, wishing to destroy someone we love, is the principal producer of guilt. Feeling guilt, as we understand it, is the hallmark of having a conscience reaction; feeling guilt

means that a substantial internal structuring of conscience has occurred, however young the child may be. Such feelings seem particularly associated with the ability to feel love and hate, namely from about 18 months of age on. Although the degree of guilt, its intensity and its quality are not yet what these will become during the 3 to 6 years period, such feelings may already be strong and make their contribution to the beginning of conscience during the second and third years.

Here again, the quality of the child's relationships importantly influences the quality of the beginnings of conscience that develop. The greater the feelings of love, respect, and the efforts to understand the child, the greater the chances that a responsible and reasonable conscience will begin to be formed, and the better the child's self-esteem. Or, the greater the feelings of hostility and hate mutually felt between child and parents, the lesser the respect and consideration in interactions, the greater the ambivalence (the mix of love and hate feelings) in the child, the harsher the conscience that it being formed, the harsher the earliest self-recriminations, the harsher the hate toward self, and the lower the self-esteem.

In Richie, it seemed to us from the outset that at 14 months of age he had great difficulty controlling the reactions of rage he experienced. Even the benign, playful hiding of the ball by Suzy caused him to explode. He had developed a hypersensitivity to even the least painful experiences -- all due to the large load of hostile destructiveness already accumulated in him, so that the slightest pain now could be the spark that would set off the explosion of hostile destructive feelings in him. Hand in hand with this, he had not developed the ability to cope with such feelings within himself. We also thought that Richie at this time had not yet been able to internalize benevolent parental dictates like "Don't take the toy another child is playing with, unless it belongs to you." Nor, we assumed, did he know to not lash out when upset and angry.

As he became less depressed, more trusting that some people, like his great-aunt and Mrs. V, really wanted to give him good care, we saw gradually the development of internal controls over his tendency to have rage outbursts. These progressed slowly. With this, we assumed that he was also internalizing the idea that it is not acceptable to just lash out at others and things when hurt and enraged. As his attachments became warmer, friendlier, he seemed better able to not just lash out.

Here is what we mean. At 14 months and 25 days of age, Richie seemed to spontaneously harshly throw toys, causing alarm in those around him. He was depressed and looked at people with mistrust and vigilance. At 15 months and 1 day, when Suzy played with him, he suddenly exploded when she hid the ball, and he cried and falling, banged his head rather hard on the carpeted floor. He accepted Mrs. V's calming and comforting. Soon after, he flew into a rage when he was not allowed to take a toy from another child.

At 15 months and 8 days, he seemed less morose, smile at some people. He became more active, moving about and exploring more. Though he explored more, he threw toys into the toy cart harshly, smashing. Though harsh, his smashing was more directed (into the toy cart) and did not frighten people. He now began to have nightmares. These commonly occur in children (and adults) who when awake are trying hard to control the expression of hate and rage they feel. At 18 months and 7 days, he looked depressed but

did smile at people. He threw things suddenly, again too harshly, threateningly, in a wide circle. He was quickly restricted and scolded a bit harshly by his great-aunt. Although still suspicious of them, he interacted with peers more easily.

At 19 months and 15 days, there is more smiling feeling that depression. He still has bursts of suddenly, harshly throwing toys. At 19 months and 23 days, harsh outbursts of throwing toys continues, but none are thrown at people. He then, of course, continues to be reprimanded which he seems to accept without protest. He has never lashed out at a child younger than himself. Now he interacts warmly with Mrs. V and several other children and mothers.

At 20 months and 23 days, a large stride in development seems to have taken place. He seems not depressed, his smiling feeling seems more stable. He has quite better control over his hostile feelings; no throwing today, no explosions. Now he holds his hand on his chest from time to time, as if to prevent them from grabbing or reaching for something he thinks he should not touch. He also at times then shakes his head "No." He continues to have bad dreams, even 3 per night, that make him cry out.

It is these progressive changes that led us to believe that the development of internal controls and the internalization of "dos" and "don'ts" were occurring gradually. These progressed hand in hand with the improvement in his relationships and his trust that others would not hurt him, rather that they would be good to him.

2.2612 CHILD REARING: Optimizing the Beginnings of Conscience Formation

Given that conscience formation means the development of an internal code of standards for behavior, the development of conscience is essential for adaptation. In fact, without a conscience humans do not accept rules of social conduct that make life together possible. On the other hand, if a conscience becomes too harsh, imposes too many restrictions, prohibitions, and produces too much guilt, here too adaptation becomes difficult. Excessive loads of guilt, too hateful an attitude toward oneself, too rigid restrictions imposed on oneself, will impede healthy emotional development and adaptation. Therefore, parents have the task along with the child, of securing the development of a reasonable conscience, one that is neither too weak nor too rigid, too unconcerned not too punitive, neither too lax in expectations nor too demanding.

It is important for parents to know (as many do) that children are not always the best judge of what is a reasonable reaction to a transgression. And it is best that they react reasonably to the child's own insufficient compliance with demands made by the parents. Children sometimes can be too soft in their reaction to their own transgressions against another child, or, quite the contrary, they can be too harsh. Having taken a toy from another child, a 20 month old may feel fully justified in doing so; another child may feel that he or she had done a very terrible thing when scolded for it. Important here is that the reaction of the primary caregivers, mother and father especially, will profoundly influence the child's own reaction to her or his own behavior. If mother or father is too

harsh, the child is inclined to internalize that reaction into his or her budding conscience. If the parent is too lax, that attitude is most likely to be internalized. We have learned that the caregiver's reaction will be much more meaningful when the caregiver is mother or father, the object of a "primary relationship." Although children may respond readily to non-parental caregivers' prohibitions or reactions of disapproval, these will not carry the same weight and will not be taken into the conscience as readily as when it is the parent who reacts in this fashion. The key factor is the degree to which the person who prohibits or disapproves is emotionally valued by the child.

The fact is, that the child's reactions to limit setting, to toilet training, to experiencing rage or hate toward the caregiver, are much more contributing to the internalization of dictates and of the caregiver's reactions, when these come from the persons the one to three year old values and loves most. In fact, we emphasize that the painstaking efforts required by setting limits, by toilet training, etc. bring with them greater psychological development when these are done by those to whom the child is most attached.

All the children we are talking about in this Unit except Richie were showing evidence of conscience formation activity of a normal degree. This was somewhat more difficult to ascertain with Vicki because her depression brought with it the toning down (inhibition) of hostile and hate feelings she probably experienced toward her mother to whom she was deeply though painfully attached.

We saw the struggle 13 month old Diane experienced with her mother and inferred from her behavior that an important internal conflict occurred. This internal conflict, of feeling rage and intense hostility toward the mother she emotionally valued so much, truly immobilized her for about 20 minutes on her mother's lap, and seemed to be "worked on" by her for a number of days. Part of this work in her mind (psyche) included coming to terms with what her mother demanded of her, that Diane comply with the dictate: "You are not to take out the toy cart (because the other children have rights to it too)." Mother was saying a great deal to her daughter with this: you have to learn that other people have rights too; you can't expect to always be able to do what you want; you have to learn to tolerate reasonable frustrations and disappointments; some things are permissible and some things are not; and more. Mother's being sufficiently emotionally available to Diane, her patience, her thoughtful efforts to make her child accept this disappointment, her tender efforts to comfort her, all facilitated Diane's efforts to deal with her rage toward her dear Mother and to internalize the rule of conduct her mother wanted her to learn. We saw similar good efforts in 19 month old Jennifer's mother when she tried to help Jennifer deal with her internal conflict over wanting to separate and individuate from mother one the one hand, but due to the anxiety this caused Jennifer, she also wanted to "stay one with Mother."

And we also saw this quality of effort in 38 month old David's mother as she struggled with her own feelings of anger toward her son while at the same time she stayed emotionally available to him and tried to help him caringly to regain control over his rage feelings toward her. It was especially important that Mother be reasonably patient, stay emotionally available to him, and help him as quickly as possible and reasonably as possible to tone down and diminish his rage for the following reason. It is not just the words of the mother's dictates that the child internalizes into what will

become part of the child's conscience. It is the entire experience, or scene, as the child perceives it to be, with all the feelings the child has; this is what becomes internalized into the child's conscience. Thus, the more benign the emotional quality of these experiences, the more benign the feelings that become part of the "do's" and "don'ts", of the conscience. The more hostile and hateful the feelings of these experiences, the more hostile the feelings that enter into the formation of the conscience.

We need a conscience to live acceptably, responsibly in Society. A healthy conscience guides us, even protects us against doing things we should not, such as do violence to others and to ourselves. Too harsh a conscience may make us too critical not only of ourselves but also of others, may make us depressed and feel "evil", make us feel unlovable, interfere with our working well and reaching the reasonable attainment of our goals; it may even lead to suicide.

Children who are not sufficiently well attached to at least one caregiver, be it mother, father, or someone else, may not develop a conscience at all, or minimally. Such children will then not be governed by a moral code of behavior and will not be motivated to comply with demands, rules, and laws of School and Society. From these come most of our criminals. The same holds for children who are excessively hurt during these early years, who then develop insufficient feelings of love for others associated with large loads of hate toward others and, as a result, develop a conscience that condones, making directing hate feelings toward others feel reasonable and deserved. In this way, children who are abused by those they are naturally prepared to love, their own parents are likely to develop a conscience that condones hating and destroying others.

2.26 THE BEGINNINGS OF CONSCIENCE FORMATION

2.2621 HUMAN DEVELOPMENT: Development of Self Image and Self Esteem

How the child feels about herself or himself develops gradually. It depends on a number of factors including the child's general internal comfort, the normal enough functioning of her or his physiology, thresholds of irritability, capability to organize experience, all these factors arising from the child's inborn givens, in combination with the experiences (especially in the family relationships) the child has from the beginning of life. Where relationships between child and parents are good enough, the average-normal child's physical and emotional needs will most likely be sufficiently met as a result of which the child will experience an inner feeling of being well cared for and of comfort. Out of such inner feeling of sufficient gratification and comfort grows a feeling of a self that is comfortable, that feels sufficiently at ease, and sufficiently valued.

Feelings as these have already made their important contribution to the child's emotional state during the first year of life. Some sense of self during the first year, which then includes a sense of being worthy of care and nurture, makes an important contribution to the child's ability and wish to relate well to others from the end of the first year of life on.

During the second and third years, these feelings of self develop further, organize and begin to coalesce into an inner sense of oneself, visible in the child's expectation of comfort when comfort is needed, of care when care is needed, of a sense of "me" and "mine" which many a child verbalizes during the latter part of the second year. This sense of self now becomes not only cohesive but much more complex. That is to say, we assume an enriching evolving of the child's self image as the child individuates out of the oneness with mother, takes the first steps to psychologically-emotionally separate from mother and father during the Rapprochement Subphase and that Toward Self and Object Constancy (See Section 2,2211).

In addition, arising out of the child's identifications which we discussed in Sections 2.2211 and 2.531, a complex mental image of the self begins to take shape components of which are modeled on the way the child experiences the parents, namely, as magnificent, powerful, loving, angry, demanding, hostile, depreciating, raging, etc. This often highly valued image of the self from the second and third years on begins to hold up goals for the child's self development, goals of conduct and of achievement. These can be pro-social or antisocial in character. Children who are reared by mean and raging parents may end up feeling like Iago, in Shakespeare's Othello, who cries out "I believe in a cruel God who made me in his own image."

All in all, how the child values her or himself, feels about her or himself, has three major contributors that become organized into one's self esteem from the second and third years of life on.

The first has to do with the self valuing some mental health theorists identify as

primary narcissism, a sense of inner value they assume every child is born with. The degree to which this normal and needed primary narcissism is reasonably intact is a major contributor to the basic sense of self-value. The degree to which this feeling of self-valuing stabilizes in the child, is directly reflective of the way the child is valued and treated by his or her parents. This also determines the development of basic trust during the first year of life (see Unit 1, Section 1.311).

The second source that makes a large contribution toward the quality of the child's self esteem is very closely tied to the first one. It is the quality of the relationships we have with our primary caregivers, in the young child of course primarily mother and father. As we have emphasized throughout this text, the better the quality of these relationships, the more reasonably positively life is experienced by the child, the more positively the different aspects of personality develop, and so too, the better the self esteem. Being valued and loved by those we value and love brings with it a remarkable state of well-being; this condition is essential throughout life, of course, but especially so for the child during the second and third years when the basic core of self esteem, the basic self image, and the basic ideal self image begins to organize in the child's mind (psyche).

The third major contributor to self esteem arises from the quality of the developing sense of autonomy, of competence, of effectiveness which the child begins to develop during the second and third years of life. The degree to which the child can feel a sense of "I" (mostly verbalized by children this age as "me" or "mine") is substantially established in the one and two year old by the child's own bodily and behavioral functioning, by the feeling of being able to do things oneself, of having an effect on the environment, on persons and things. The pleasure one sees a child experience when she or he achieves a new skill, when he or she does something the child has not done before, such as the pleasure and pride that accompany taking one's first steps or setting plastic donuts on a peg in proper sequence, these convey a sense of inner valuing that comes from the feeling of successful autonomy, of feeling: "I can do"

By contrast, experiences of failure bring with them a unique feeling of distress. To not succeed in trying to achieve a new skill or in trying to do something, leads to a feeling of failure, of feeling: "I can't do this" This in turn leads to feeling shame, one of the most painful of feelings. This awful feeling which brings with it the feeling of not being good enough, not lovable, begins to be experienced by children during the second year. From about 18 months on, children can feel shame, which directly erodes self-esteem. In human relationships too, feeling undervalued, not appreciated enough, leads to a child's feeling shame, feeling not good enough. Children experience enormous pain when they feel they are "not good enough." This, of course, is also what they feel when they are shamed by those they value.

The sense of self esteem then, a major contributor to the sense of self and the self image the child develops, gains sharply in development during the second and third years, and is highly determining of how the child will experience life and will develop.

2.2622 CHILD REARING: Optimizing the Developing Self Image and Self Esteem

The development of the idealized self image, the image the child constructs for himself or herself as the best he or she can be, and the sense of self esteem are intimately bound up with the development of one's sense of self and the character of the child's relationships to his or her parents. Of course, relationships to other people matter too; but from the very beginning of life we are all most governed by the quality of the relationships we have with those we value most. Following on the three major contributors to the development of self-esteem we outlined in Section 2.2621 above, we want to say the following.

First, parents knowing that the child needs to feel valued and needs protection of her or his primary narcissism will guide many parents, especially those who fear that genuinely felt positive responsiveness and shows of affection may spoil or in some way infantilize the young child. Some parents fear that being affectionate with the child will bind the child to them too strongly, make the child too dependent and interfere with the development of healthy self reliance and individuality. Showing affection neither spoils the child, nor interferes with healthy development; quite the contrary, it is needed for growth.

Second, the child's self experiencing during those highly formative life events like limit-setting, autonomy, ambivalence, separation-individuation, and others, during the second and third years occur most in the context of the relationships with the parents. A now well-known piece of advice given to parents follows from this that influences self esteem. It is that during the second and third years and later as well, feeling approved of as a person by the parents even when the child's behavior is disapproved of is highly reassuring of the parents' continuing love; furthermore, it will make the child better able to accept the disapproval of the behavior and facilitate the child's not repeating it. This significantly helps secure the second source of self-esteem, namely, feeling loved by those we love, even in the context of troublesome parent- child interactions. Unfortunately parents only too often tell the child, the child is bad, or evil, when they want to modify the child's behavior.

Third, given that positive self esteem follows on success in efforts at autonomy, at being competent and effective, it is highly useful for the parents to support their child's efforts to do things well, to do them by themselves, and to duly compliment a child's success. It does not work to the child's advantage when a parent compliments the child for just anything and everything; it may in fact devalue the parents' approval. When earned, approval should be verbalized.

Thus, the quality of the parent-child relationships, again, turn up to be a major factor in the child's developing self esteem. But it is well to emphasize that when we speak of optimizing a parent-child relationship, we do not mean that children and parents should never be angry with each other, that one should avoid ever being angry or that one should hide feeling angry with one another. Hostility and hate in love relationships is unavoidable. What we do mean is that when parents, in addition to loving and valuing

their children also bring to their parenting a feeling of respect for the child, even the one to three year old, the hostile feelings will not destroy all the good in the relationship. This is even more secured when, in addition, parents treat their child the way they would like to be treated were they the child then, and make efforts at understanding what the child is experiencing (empathy); all these are the ingredients that make for a good parent-child relationship. In fact, as we discussed extensively in Section 2.242, parents should not suppress feelings of anger, hostility, or even hate at the time that these are experienced. But it is important that they be expressed with caution and reasonably. Then, crucial is that efforts to repair, to make up, again in reasonable ways, contribute enormously not only to optimizing the parent-child relationship but in helping their children learn how to deal with their own unavoidable feelings of anger, hostility and hate toward the parents they love and respect. Children very commonly really appreciate parents' making efforts to repair hurt they may have caused their child; regrettably, this does not apply to instances where the parents have too severely traumatized their children be it by excessive physical abuse, by harsh and repeated emotional abuse, by sexual abuse, or by severe neglect.

In summary then, respecting the child in addition to loving the child, secures a healthy residual of the inborn narcissism we all need for good self-esteem. Supporting, making possible the child's efforts at autonomy, at developing a feeling of competence, baby proofing the house to make it safe for the child to explore and learn, all contribute to sustaining good self esteem. And then, expressing feelings of valuing, appreciating the child, feelings of affection (verbal and physical), all contribute as well. And lastly, shaming a child in order to get compliance from him or her can be a very costly way of achieving it. Yes the child may then comply. But the hate of the parent will be intensified bringing with it the need to find ways of discharging that hate and of being destructive, bringing with it mistrust of the parent and later others, and lowering self esteem, each of these being very capable of causing no end of problems for the child and the parents.

***PARENTING FOR EMOTIONAL GROWTH:
A TEXTBOOK***

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TEXTBOOK

UNIT 3

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UNIT 3

EARLY CHILDHOOD: THE PRESCHOOL YEARS (3 TO 6 YEARS)

UNIT 3

EARLY CHILDHOOD: THE PRESCHOOL YEARS (3 to 6 Years)

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UNIT 3

EARLY CHILDHOOD: THE PRESCHOOL YEARS (3 to 6 Years)

3.1 PHYSICAL DEVELOPMENT⁸ that determines what a child is able to do.

3.111 HUMAN DEVELOPMENT: Degree of Adaptive Capability and Degree of Helplessness

The many emotional-behavioral developments we will talk about in this Unit can occur normally only if the child's biological systems, his anatomical (bodily organs like the brain, muscles) and physiological (like breathing, brain functioning, etc.) systems develop age-adequately. At present we know that specific maturations⁹ of the brain and nervous system make possible the development of new functions and abilities, some of which, not all, we will consider briefly below. What these specific maturations are, though, we do not know. Nonetheless, because the 3 and 4 year old can do things he or she could not do as a one-year-old, we must assume that some maturations of the brain and body systems which give rise to these increasing abilities have taken place.

To gain an idea of the maturation that must underlie the developments from 3 to 6 years of age, think of what a 2 year old is capable of in terms of adapting on her own as compared to the extent to which a 6 or 7 year old can function independently. For instance, the 2 year old is just learning to speak; the 6 year old can speak fluently and is in first grade learning to read (and some are already able), to write and to do simple arithmetic. The 2 year old is probably being toilet trained; the 6 year old usually can wait for recess to go to the bathroom. The 2 year old needs someone to get food and keep clean enough; the 6 year old can feed herself or himself ably (so long as the food is prepared for eating) and toilet himself or herself quite well already. The 2 year old can walk, some can run; the 6 year old can skip, ride a two-wheel bicycle, and some can swing a bat or begin to play a musical instrument. The 2 year-old weighs about 28 pounds; the 6 year old weighs about 48 pounds. The 2 year old stands about 34 inches in height; the 6 year old about 46 inches. Growth in body mass, height and physical strength side by side with developments in adaptive functioning and skills are among the major determiners of these age-appropriate differences.

Remarkable developments in adaptive capability occur during the period between infancy and the early elementary school years. These occur not just by virtue of

⁸ Addresses ONLY factors on which emotional-behavioral development depends.

⁹ "Maturation" here means genetically pre-programmed gradual and progressive changes that occur normally in a child's body and psychology.

underlying maturations of the brain, bones and muscles, but also by increasing abilities to coordinate body movements, control body actions, and by learning and by exercising developing abilities and skills. Of course, between 3 and 6, there is much age-appropriate helplessness still. What is most important for us to know is that all normal developments of the body and its functions are fostered or can be retarded by, respectively, good enough as compared to poor emotionally involved care-giving and rearing.

Let's look at only a few of the bodily developments that occur during the years from 3 to 6 that make the child able to adapt but keep him or her still very dependent on others. Let's consider these in terms of the awesome emotional-behavioral functions they make possible: like the development of language, of the growing capacity to think, to fantasy and to solve problems, the ability to self-protect and cope with stresses. Let's also consider briefly the maturation that must underlie the increasing physical abilities of the 3 to 6 year old as well as those that make for the beginnings of sexual behaviors.

3.112 CHILD REARING ASPECT OF: How to Optimize the Development of Adaptive Capability and the Degree of Helplessness

What can parents do to give their child the best possible opportunity to develop into healthy preschoolers who are able to adapt adequately for their age? To set the stage for such ability to adapt, the child's physical needs have to be sufficiently secured. In the 3 to 6 year old child, whether he or she is biologically well-endowed or not, the child's physical and adaptive growth can be made to be the best it can be by the parents' caregiving and rearing. Everyday caregiving including sufficient feeding, maintaining reasonable nutrition and health-promoting conditions, toilet training where that is not yet mastered, teaching the 3 year old to do what the child seems ready to do, like ride a tricycle, learn new words, and many other skills all contribute to the healthy physical development that make the child age-appropriately competent. We emphasize again that in addition a reasonable degree of emotionally engaged care-giving and maintaining a loving and respecting emotional atmosphere in the home and in relationships seems to be required for optimal physical development. Much study of both human infants as well as infants of other animal species (monkeys and apes, for instance) shows that mammal infants will suffer poor (slowed down and even stunted) physical development when deprived of sufficient good quality emotional attachment and interactions.

3.121 HUMAN DEVELOPMENT: Brain Functioning That Makes Us Able to Think, Learn, Communicate and Problem Solve

Remarkable brain developments occur from 3 years of age to six that allow for learning rapidly to communicate through speaking and for the capacity for fantasizing. Several known brain maturations underlie these new developments in a child's behavior. These include maturations in the cerebral cortex (the largest part of the human brain) with the organization of new brain (neuronal) circuits (or networks) and the fuller protective covering of nerves (myelinization). Not only is there the expansion of vocabulary and of saying thoughts in sentences, but there is also now an increasing ability to tell what happened in a long story form, which reveals a child's growing understanding of events and interactions. There is also a dramatic enlargement in the ability to use fantasy, a major adaptive function (for the testing of one's wishes and for problem solving), from the ability to pretend momentarily to the ability to spin a fantasy story commonly seen in 4 and 5-year-old's fantasy play. There are brain maturations that bring with them knowing important aspects of language and thinking which we do not teach to our children, such as how to ask a question as compared to stating something one thinks. And there are maturations in the brain that make for the 3 to 6 year old's remarkable development of psychological coping mechanism, problem solving mechanisms like psychological defenses, which allow greater flexibility in adapting than was made possible by the earlier coping mechanisms of which the one and two year old are capable. We will detail these more later and speak of their coping functions.

3.122 CHILD REARING: How to Optimize the Development of This Brain Functioning.

Essentially what was stated under Section 3.112 applies here as well. Later, when we talk about the adaptive and coping value of some of these activities, we will talk about what parents can do to facilitate and support their healthy and age-appropriate development.

3.131 HUMAN DEVELOPMENT: Other Brain and Body Maturations That Increase the Child's Ability to Adapt.

In most children, toilet training capability becomes assured between 2 1/2 and 4 years of age. During this time, from 3 to 6 years, there are also large developments in and increasing control of bodily movements, coordination and physical skills. What makes these possible are further developments not only in the frontal lobes of the brain, but also in the cerebellum part of the brain as well as in the growth of the bones and

muscles (including those that control the urinary bladder and the anus, which make toilet training possible). This is evident in the fact that most children become reliably toilet trained by the age of 3 and 4.

There is also a large increase in the ability to use fine motor movements especially of the fingers and hands as is evident in the ability some children begin to show in learning to write, to draw, to build things with toys like tinker toys, some even to play musical instruments.

There is stabilization of locomotion (bodily movement). Some (talented) children can also begin to do gymnastics and dance. There is a large leap from the six month old highly limited fine motor movements, as seen in the child's inability to release the grasp reflex, to the five year old being able to use a crayon or pencil, let alone play a musical instrument. So too, the leap is great between the six month-old being just able to crawl and the 4 and 5 year old being able to run, dance, and do gymnastics.

3.132 CHILD REARING: How to Optimize These Other Maturations.

It is generally known by parents that a child ought to be toilet trained by the age of 3 to 4. Some children who have difficulty learning to control urination, particularly in the form of bedwetting, may need examination to determine if some physical factor is interfering with the mastery of bladder control. Although most bedwetting beyond the age of 5 is developmentally and psychologically based, in some children, an organic malfunctioning may be responsible for it. Because it can be very disturbing to both child and parents, problems with age-appropriate urinary control can be helped by professionals who know how to deal with them, like child psychiatrists, psychologists and some pediatricians. In later sections of this course we will talk further about how parents can optimize these brain and body maturations.

3.141 HUMAN DEVELOPMENT: The Beginning of Sexual (Reproduction) Development.

As we shall detail in Section 3.23 (below) observable sexual behaviors are found in all 3 to 6 year old children. Many parents are surprised by these, and many parents do not think of these behaviors as being sexual. We shall talk about them in Section 3.23. Professionals who study children's behaviors recognize that sexual feelings, thoughts and fantasies begin during the 2 to 6 years period. These strongly suggests that some biogenetically scheduled maturation occurs in the child which triggers the emergence of these behaviors during the 3 (2) to 6 years period. Here, very likely too, several parts of the brain, the nervous system, and sexual hormones operate jointly to bring about the behaviors we will discuss in Section 3.23.

Of course these early biological developments are vastly different from those that

occur in adolescence when sexual maturation leads to the dramatic hormonal and bodily developments we know to be typical of early adolescence. It is only with the sexual developments that are part of adolescence that the capability to reproduce the species begins. That is, we make a distinction between the early sexual development, what we speak of as infantile sexual development, as compared to adult sexual development which has its beginnings in adolescence.

3.142 CHILD REARING: How to Optimize the Beginnings of Sexual (Reproductive) Development

Parents who are aware of this normal development are far better prepared to help their young children deal with the behaviors to which it leads than those who are not. We have found that parents who do not know of this biological development find sexual behaviors in their children very alarming, and inadvertently, as a result, may create significant problems for both their child and themselves.

As with the other bodily maturations which lead to the developments we have explored in this section, sufficient nutrition of a well balanced diet (with enough protein, natural vitamins and minerals), good hygiene and encouraging age-appropriate self care including the mastery of toilet training, sufficient protection from excessive cold and excessive heat, sufficient attention to the child's needs for emotional relatedness that is loving and respecting, and the child's needs for healthy guidance in behavior are all protective of the biological developments that are going on. In addition, securing the child with a safe environment where there are no abuses, physical or sexual, contributes to healthy physical development which, in turn, makes a major contribution to overall healthy emotional and behavioral development.

3.2 EMOTIONAL AND BEHAVIORAL DEVELOPMENT

3.21 THE CHILD'S ABILITIES TO ADAPT -- Part I

Several models of human emotional development are especially valuable because they detail not just the stepwise evolving of behaviors but also because they explain the meanings of typical behaviors as they appear at specific times in development. Much behavior typically found in most children has come to be understood as to what they mean and professionals have proposed what underlying motivations and interactional processes might be at play. For instance, when we talked about the first three years of life, we talked about how attachment to one's caregivers develops and why it is so important (attachment theory), and we also talked about separation-individuation theory which proposes how the child develops a good sense of self and relationship with caregivers and others. The psychoanalytic model known as "psychosexual" development, will especially help us understand the development of the sense of self during the 3 to 6 years period. During this time the child further develops in relationships (Sections 3.22) but very important is that the self becomes a specific gendered-self, a boy self or a girl self, a sexual human being (Sections 3.23). In this section, we shall turn to Erik Erikson's "psychosocial" model of development. This model will help us understand where the child is during the 3 to 6 years period in the course of becoming an emotionally healthy person capable of good adaptation to society and to the challenges of life.

During the first year of life the child put much emotional and mental effort into developing a sense of Basic Trust, of trusting that those on whom the infant depended for his survival and who the infant was increasingly coming to value would indeed be there when the infant needed holding, feeding, calming, comforting. And furthermore, as the infant increasingly developed a sense of trusting this/those primary caregiver(s), in parallel the child increasingly developed a sense that the child is worthy of trust, of being held, valued, cared about. This beginning sense of trust-worthiness is, of course, the nucleus of the later to come (in the second year) feeling of being worthy of love. If this inner sense does not develop positively, the infant would develop an increasingly stable sense of Basic Mistrust.

During the second and third years, with a good inner sense of Basic Trust, the toddler now moved to a new level of adaptive development. Propelled by an inborn powerful inner thrust to autonomy -- to do things oneself, to act on one's own, to make one's own decisions -- we detailed in Unit 2, the child's sense of being a self was now further shaped by the increasing sense of being someone with an inner feeling of autonomy, of being a self separate from primary caregiver(s), capable of self-locomotion, having an inner force, a beginning will, an increasing sense of independent functioning.

Of course the better the Basic Trust built during year one, the better the foundation for the emerging Sense of Autonomy during year two. The better the caregiver(s) were able to handle the child's thrust to autonomy in growth promoting ways, the better the

child's increasing Sense of Autonomy. Where unhappily Basic Trust was poor during year one, where in fact Basic Mistrust developed, and/or where the caregiver(s) cannot handle the child's at times difficult to deal with sense of autonomy, that child is more likely to develop a poor Sense of Autonomy, indeed to develop a Sense of Shame, Erikson proposed. As we described in Unit 2¹⁰, children are capable of feeling shame from the middle of the second year of life on.

Now during the 3 to 6 years period Erikson proposed, the child seems biologically-genetically scheduled to develop a Sense of Initiative. Normally, the well cared-for, child has a good Sense of Autonomy and now exerts much emotional effort at developing the feeling "I can make things happen, I can start them and build on them. I can plan things and make them happen." Of course, the 3 year old will be more or less tentative in such grand self-feelings. Erikson proposed that the major obstacles now to success in developing such a good Sense of Initiative can come from 3 sources: (1) from the poor quality of Basic Trust and Sense of Autonomy acquired before; (2) from caregivers' handling the child's initiatives and adaptive functioning in growth-disturbing ways; or (3) from a source within the child, from feelings of guilt. In this chapter, we shall describe in detail the major developmental factors which Erikson and many health clinicians who treat children have found create guilt in every child during the 3 to 6 years period (see Sections 3.23 and 3.26). According to these clinicians, experiencing feelings of guilt during this period of development is unavoidable. If the feelings of guilt are too intense and frequent, they will undermine the developing Sense of Initiative. In addition excessive guilt can even undermine an earlier acquired good Sense of Basic Trust and of Autonomy. As we shall see, the 3 to 6 year old child grows remarkably in adaptive functions and capabilities.

¹⁰ Sections 2.2131 and 2.2132

3.2111 HUMAN DEVELOPMENT: Sleep-Wake Patterning, Dreams, Night Terrors

In the average child the patterns of sleep-wake cycles are established by three years of age. Where sleep is disturbed, as was discussed in Unit 1, various sleep disturbers can be at work. Considering only (internal) psychological stresses commonly experienced by the 3 to 6 year old child, we find two major sources: anxieties from insufficiently mastered past developmental tasks (especially progressing toilet training and achieving an adequate sense of being a self separate from but strongly emotionally attached to primary caregivers), and anxieties arising from the three to six year period itself.

These stresses tend to be experienced either at bedtime, especially when it is due to separation anxiety, or during sleep in the form of sleep disturbing dreams or nightmares ("bad" dreams). When it is due to disturbing dreams, the content of the dream can often - though not always, nor directly -- give some clues as to the psychological stressor at work.

Some children will have night terrors during these (and later) years. Night terrors differ from "bad" dreams (nightmares). Dreams (including "bad" dreams) occur during least deep levels of sleep, during what is known as REM sleep (which stands for "rapid eye movements" sleep). Although bad dreams may be frightening and waken the child, when they do so, the child will be verbally and emotionally reachable (in touch) and often able to tell the parent what the dream was about, and will usually be easily-enough comforted with reassurance. Not so with night terrors. Night terrors occur when the child is in deep sleep. Although the child may be tossing, frightened and even screaming, these will usually not cause full waking. As a result the child will not be reachable, and usually is not able to feel the parent's efforts to calm him or her. (We will say more about this in the child rearing section below.)

Not wanting to go to bed at night-time may also occur for emotional reasons other than anxiety. In the 3 to 6 year old, it may be due to the child's wanting to be included in all family activities especially those: 1) that include mother and father being alone; 2) when older siblings can stay up later; 3) and if some upsetting event occurred earlier that day whether it occurred within the family, with a young peer, in preschool, or some other reason.

3.2112 CHILD REARING: How to Optimize Sleep-Wake Patterning; How to Deal With Sleep Problems

In terms of child rearing, sleep-wake patterning disturbances during this 3 to 6 years age period will most usually come from problems with going to bed, the fear of having "bad dreams" (nightmares) and, least common due to the fear of having night terrors.

Dealing constructively with the child's resistance to going to bed requires sorting out if that resistance is due to anxiety, whether separation anxiety or some other source of

anxiety, or due to wanting to be included in all the parents activities -- even very private ones, including sexual events and arguments --, or due to an upsetting event of the day.

If the resistance is due to anxiety, it is important that the parent try to calm, reassure, and comfort the child because anxiety can become traumatizing. Trying to set limits when anxiety causes difficulty in going to sleep will either not work or make the child use a coping mechanism to suppress feeling the anxiety which may produce greater problems in the long run. Simply put: calm anxiety, reassure and comfort the child.

For example, it is September 21 and 4 year-old Johnny started preschool again 2 1/2 weeks ago, going from 8:30 to 2:30, 5 days a week. Mother and father had made good efforts to prepare him reminding him of the nice things about the school, things he enjoyed last year, reassuring him that Mrs. Nell seems to be a very nice teacher who likes children, and that his friends Doug, Joan and Diane will be there too. Johnny seemed very cheerful about going. But Mother said that 2 days ago when she dropped him off, he seemed to try not cry and had clung to her for about a minute. But he did separate from her bravely.

For the past week though Dad had noticed that getting him to bed seemed to take forever. He resists going upstairs, dallies taking off his clothes, tries to make a game of every step toward going to bed like wanting Dad to chase him to get his teeth brushed and wash up, wanting more than 2 stories read to him, needing to go to the bathroom again, needing a drink of water, and now says he's afraid of the shadows on the wall. He's getting to be a pain. Mom said that he does the same with her lately. And, she said, he gets really upset when Mom gets irritated and annoyed with him and he seems scared when Dad scolds at him. Talking about it, Mom and Dad agree that he really seems scared of something. They agree they should talk with Johnny about this. Dinner would be a good time to talk with him, so that he might have time to digest the family talk before bedtime.

At dinner Dad asks Johnny how school was today. Johnny says he doesn't like school anymore; Doug isn't nice to him and Mrs. Nell doesn't like him! Mother is surprised, she said, because Mrs. Nell got a warm smile on her face when she saw Johnny this morning and as soon as Doug saw Johnny he came over and wanted Johnny to build a big tower with him again (using blocks). Well, Johnny said, I don't like it when you leave in the morning. Mom asked if maybe being away from Mommy and Daddy worried him? Well, I don't know, Johnny said.

Talking briefly together while clearing the dinner table, Mom and Dad agreed that maybe starting school again, like that doctor they know said, was causing Johnny an increase in separation anxiety. Dad suggested starting bed time 15 minutes earlier so that Johnny could have a bit more time getting to bed. As she helped Johnny get off his clothes, washed and into his p.j.'s., Mom reassured him that she and Dad love Johnny a great deal, that they think he's a great kid. She read only one story and said she'd rather talk with him for a while instead of reading more. She reassured him he'd be fine in school even if it didn't feel good when she dropped him off; she is sure that Doug likes him and so does Mrs. Nell. And she told him she and Dad, as usual, would be downstairs, that of course they would not leave him while he was asleep. Mom asked if he needed to go to the bathroom again. No. Mom stayed a bit longer repeating her

reassurances, patted his head, gave him a kiss on the cheek and said goodnight. A few minutes later, when he called and said he needed to go the bathroom again, Dad called up, said there really is nothing to be afraid of and to go to sleep.

It may not always work this easily. But anxiety is best dealt with by reassurance, comforting and moderate limit setting. It is wise to encourage the child to talk about troublesome experiences on coming back from school or at dinnertime rather than just before bedtime. Listening to the child brings many benefits: it insures that your child will tell you important things that go on in his or her life; your child is more likely to listen to you; he or she will learn that talking about problems can be very helpful; and more. If the resistance to going to sleep is due to an upsetting event that occurred during the day, it is very helpful to talk the event over with the child. Reassure, look for and talk about a way to repair today's losses or damages the next day or soon thereafter, and be hopeful for a better day.

If the resistance to going to sleep is due to wanting to be included in all family activities, including parents' private activities, be sympathetic, but also demand reasonable privacy and set limits. 4 year old Jennifer didn't like to have to go to bed at 8:00 when her 7 year-old brother Mike didn't. She wondered what he, Mom and Dad talked about and do that she's left out of. As she has done before, Mom again explained that Mike is older than she is and will go to bed 1/2 hour later than she does. "You know this very well," Mom said. "Now it simply is time for you to go to bed!" Then Jennifer said she wondered what Mom and Daddy are going to do later. Mom said that she and Dad "have a lot to do, a lot to talk about, and we need to have private time together as a Mom and Dad. And now its time for you to go to bed!" "But Mom," protests Jennifer, "I can't go to sleep yet, it's too early." "No more discussion about it Jenny, let's go up now. You don't have to like it; we're going up now."

When it is a question of the child waking from sleep, it will be easy enough to sort out if the child was wakened by a "bad" dream or by a night terror. Dreams require listening to the child's dream, trying to help the child understand what it may be about, comforting the child and if necessary staying with the child until she/he goes back to sleep. Usually children do not require the parent to stay there until the child goes back to sleep when waking from an upsetting dream.

With respect to the effort to help the child understand what the dream may be about, many people (and parents) find this an extremely useful way of gaining some self-understanding or understanding of the child and helps to find a way for reassuring the child. Understanding what the dream may be about gives the parent an idea of what form of reassurance to give. For instance, Mom and Dad were awakened by Johnny's shouts. It was Dad's turn so he got up and went to Johnny's room. Johnny had just had a terrible dream, he said, about a very mean bear who was chasing him. Dad said that Johnny is really safe, that "It was only a bad dream. We'll talk about it tomorrow. But you know, I'd never let you be where an angry bear could be. And besides, I wouldn't let anybody, not even a bear hurt you. Now, go back to sleep."

If the waking is caused by a night terror the situation is more difficult and requires more attention by the parent. As a psychological experience, a night terror is an acute panic state during sleep. This means that night terrors are highly concentrated

experiences of high level anxiety and can therefore be acutely traumatizing. The child (like an adult) who experiences panic feels utterly helpless and terrified. He is sure that something terrible is going to happen to him. Experiences like this can make a child convinced that the world is not a safe place and that he cannot find safety anywhere. This is why the child who has night terrors especially requires the parent's help. In dealing with a night terror, it is important to know that the child will not be fully awake when the parent is trying to help him. The child will most likely not hear what the parent is saying and may not even know that the parent is there, even when the parent has picked up the child in an effort to calm and comfort him. This is due to the fact that the child is not awake, may in fact, even when seeming to be partly awake, continue to be in deep sleep. When the child is having a night terror and when the parent is attempting to comfort the child, listen to what the child is saying. It may give the parent a clue as to what is causing the night terror. The parent should not be surprised if what the child is mumbling is not immediately understandable. It may be necessary to fully waken the child if the night terror persists while the parent is trying to comfort the child. After the child is fully awake the parent should comfort the child, in order to facilitate going back to sleep. Night terrors that persist may make a child afraid to go to sleep. If indeed they persist too long, professional consultation is warranted.

3.2 EMOTIONAL AND BEHAVIORAL DEVELOPMENT

3.2121 HUMAN DEVELOPMENT: Affects (Feelings and Moods)

During the 3 to 6 years period there is a remarkable development and widening in the range of feelings (affects) the child becomes capable of experiencing. As we have detailed before¹¹ and shall detail in Section 3.2211, this widening is caused both by (1) a consolidation, stabilization, and deepening of emotional attachment (what we call "self and object constancy") and by (2) a further maturation of those affects the child has been capable of experiencing and expressing to this point in development. As is our practice in this Text, we will talk about only a few of these affects.

Love feelings: The stabilization of positive emotional attachments to the mother and father, and also to siblings and other valued persons (caregivers, relatives, close family friends), is manifested in behavioral signs of affection, in wanting to be with, in expressions of tolerable but painful negative feelings of separation (anxiety, anger, pouting sadness), and in negative as well as in positive reunion reactions. One can now see in the child's behavior affective (emotional) evidence that the child "loves" mother and father. All signs of it point to a deepening of the affection current of loving.

In addition, a highly important new aspect of loving becomes visible in children's behavior, especially toward their parents, but also towards siblings and others. For instance, according to his mother, Doug, a 4 1/4 year old boy, sometimes leans against his mother tenderly, caresses her arm in a way that makes her feel somewhat uncomfortable, not altogether sure of what he is feeling. He may even whisper gently into her ear that he loves her. According to Diane's father, his 4 1/4 year-old daughter sashayed up to her father, fluttered her eyelashes and said to him "Will you take me to the movies and dancing?" Bernie, a normal 5 1/2 year old boy, painfully adoring of a 25 year old woman neighbor tried to maneuver his mother into inviting this neighbor to their home and then he said he wanted mother to leave him alone with her! Are these the behaviors of abnormal children? It requires open-mindedness and modest skills in observations for parents to see this type of behavior in their own children. Normal 3 year-olds begin to feel sexual and erotic love feelings as Diane and Doug showed. A normal 5 year-old, like Bernie did, may feel and at times behave like Romeo. We will have more to say about this in Section 3.23.

Hostile and Hate Feelings: As the stabilization of positive emotional attachment and interactions bring a deepening and further development of these love feelings, (now adding the amorous or sexual aspect of loving), so too the stabilization of negative emotional attachments and interactions bring with them the development and further deepening of negatively felt attachment feelings laden with hostility, rage and hate. In

¹¹ Section 2.2211 and 2.2221.

the model of aggression we use¹² the term "hostile" feelings in a broader sense than usual. The first of the hostile feelings of which the young child is capable is rage. Then as the infant grows, from about 6 months of age on, in addition to rage, anger and an infantile form of hostility are among the earliest negative feelings of which an infant seems capable during the first or so year life. Although it already emerges during the middle of second year, hate develops further and consolidates as a hostile affect during the 3 to 6 years period.

During the 3 to 6 year period, like before, the experiences that most produce feelings of hostility, rage, and hate are child neglect and child abuse (emotional abuse and physical abuse). Shaming children, insulting them or putting them down can be as painful and producing of hate as are slapping, pinching, burning or beating the child.

Among children who are not neglected or abused, as well as with those who are, one of the experiences that most stirs up feelings of hate is jealousy. Father and mother, in an expression of affection toward each other, embrace. Unexpectedly they find their 3 or 4 year old child come physically between them and angrily try to push them apart. On his return from a trip Diane's father brought mother a pretty dress as a gift, and for his daughter he brought an attractive toy. To the dismay of both mother and father, Diane threw the toy aside and pouting demanded that she get a dress just like mother got. Although quite surprised, father (with mother's help) bought Diane a dress too. She was absolutely delighted. She told one of her brothers that this is her wedding dress!

Yesterday, 4 1/4 year-old Doug asked his mother if Daddy is coming home for dinner and he pouted when mother said cheerfully that indeed, Daddy is. To mother's dismay, Doug wished that father wouldn't come home this evening because he wanted to have dinner alone with Mom. As we shall detail in Section 3.23, these normal children are expressing feelings of jealousy. Of course there are other common feelings of jealousy young children experience, even in the later part of the second year of life, especially such feelings as are commonly associated with sibling rivalry.

Also noteworthy is that boys and girls tend to begin to express their feelings of anger and hostility somewhat differently now. We will discuss this more extensively when we shall talk about Aggression (Section 3.24), but we will mention here that there is a tendency on the part of boys to express their hostility by using he-man, "macho" threatening gestures, pushing domineeringly, striking out, smashing things, etc. Little girls, on the other hand, tend to express hostility by teasing, scratching, pulling hair and in behavior spoken of in the vernacular as "bitchiness". Of course little girls also will strike out but there are differences in the form and in the quality of that striking out from what is usually seen in little boys. Both boys and girls are equally capable of teasing and taunting as expressions of underlying hostile feelings.

Rage reactions and infantile temper tantrums ought to be lessening now both in their frequency and in their intensity and duration.

Sadness, grief, depression: These feelings change now too, although they may not be visibly distinguishable from their earlier forms. It is especially in the underlying

¹² See *Aggression in Our Children: Coping With It Constructively* by H. Parens with E. Scattergood, W. Singletary and A. Duff, published by Jason Aronson Publishers, 1987.

psychological meaning of the experiencing of sadness, grief, and depression that these differ from their earlier forms. So too, the child's abilities to cope with these affective experiences increase at this time. The child's ability to deal with sadness and depression as well as with the underlying psychological meaning of these affects will be further discussed in Sections 3.23, 3.24 and 3.25. Depression most commonly is caused by the feeling (fantasized or actual) of having lost someone we love. It can also be caused by guilt (see below). Sadness, grief, and depression can range from being mild to being very painful, this has already been so even in the first year of life, and can be so during this period as well.

Shame: Shame, a feeling of worthlessness and self depreciation, can already be experienced by the child during the second year of life, but it now becomes more intense and consolidates as a feeling the child may experience more or less intensely and frequently. Shame can be a very painful feeling. Although it can lead to feeling depression, it is more noxious than depression because it leads to a loss in self-esteem (self-valuing), a feeling of the self as painfully unworthy of love. We will talk about this further in Section 3.25.

Guilt: Guilt, a feeling of self-criticism and self-attack, is also commonly associated with, but is somewhat different from shame, emerges now too (see Sections 3.23, 3.24 and 3.25).

Of course, other positive feelings evolve too. Pleasure and excitement become experienced by and in conjunction with more things now than earlier. Pleasure with humor can be quite sophisticated in some children. There can be excitement associated with an event like going to the beach, and there can now be sexual excitement (see Section 3.23).

One also sees the mixture of feelings, especially the mixture of love and hate feelings which we call ambivalence. Ambivalence is experienced by all children toward their parents and their siblings, and because all subsequent relationships, are patterned on these earliest and most basic relationships, similar degrees of ambivalence are experienced toward any other human beings they encounter (we shall discuss ambivalence in Section 3.23 and 3.24).

It is well to mention here that 3 to 6 year old children experience certain affects with specific persons in their lives in a way that is determined by inborn dispositions. That is, during the 3 to 6 years period, a little boy will feel jealous of his beloved father, much less so of his mother; a little girl will feel acutely jealous of her beloved mother, but much less so of her father. Similarly the little girl will feel strong infantile erotic love feelings for her father, and less so toward her mother; whereas boys, will feel strong infantile erotic love feelings toward their mothers, and quite less so toward their fathers. Another commonly found patterned way of feeling toward others is that throughout cultures mothers seem to be linked with a calming-soothing affect whereas fathers seem to be linked with excitement of play affect. Specific affects being attached to specific persons is common from very early in life and tends to endure.

3.2122 CHILD REARING: How to Optimize the Experience of Affects.

We repeat that affects are enormously helpful to parents, because they tell parents much about what their children are experiencing which they may not express in words. And, of course, what children tell or otherwise convey to their parents is guiding to their parenting work. As common sense would suggest, we find that if parents want to be listened to, they should also listen to their children. Research shows that, in general, the earlier in life the child feels listened to, the more likely she or he will tell parents what he or she feels, and the more likely is it that she/he will listen to her/his parents. In listening to and watching the young child especially, because of the limited way children can put thoughts and feelings into words, what they show (by their feelings) is most informing and parenting guiding.

During the 3 to 6 years period certain affects become very worrisome to the child and the child may protect herself/himself in a variety of ways against experiencing them as well as against showing them¹³. In other words, from about 3 years of age on children find it necessary to begin to hide, even from themselves, some thoughts and strong feelings they have.

Most parents recognize and can feel their children's feelings by the way these affects make them feel. But many parents resist (unconsciously) this normal capability, disregard their children's feelings, and they tell us that children don't really feel the things they say they feel nor the feelings they overtly show. What is important in this is that most children are deeply hurt by the fact that their feelings are believed to be false, or not taken seriously, or that some parents do not register the meaning of the experience and the feelings the child is having. These parents seem to have blunted or dampened or do not exercise their capacity for empathy. Empathy is the ability to register, to feel and recognize within oneself what someone else may be feeling, which is very telling of what that person may be emotionally experiencing. Empathy does not mean to feel like the other person feels; to feel like the other person feels is identification. Empathy means to be able to "emotionally recognize" what the person is feeling by emotionally attuning to the person. Of course, whether in parenting or in any other relationship, empathy is a much needed capability because it informs us about the other person's emotional experiencing.

Or one finds a parent say, "You are not angry" to a child who is, or, "You are not upset; just stop it!" to a child who is upset, or "I know you don't mean it" when a child has just painfully cried out to the parent "I hate you!" Not believing children's feelings can make a child feel she/he is not supposed to have such feelings, that there is something wrong with the child for having them. Or, one can see parents who tease their children, and seem to act as if the child's hurt feelings do not mean that the child is hurting or that the hurt feelings will not last, and to top it off may tell the child he or she is a poor sport for getting upset (i.e., feeling hurt).

Ridiculing children's feelings may not only embarrass and even humiliate them, it

¹³ See Section 3.23.

may also make them believe their feelings are ridiculous, unusual, not reasonable. Take for instance the 5 year-old who is in love with his 25 year old neighbor. To ridicule this reaction because the parent does not know it is a normal reaction, may lead to the child's becoming embarrassed and believing that loving erotically, passionately, is a sign of badness, defect, among other things.

Not accepting that a four-year-old means it when at a given moment he or she yells at his/her mother "I hate you!" causes many problems for the child. Jennifer's mother had much trouble dealing with 4 year old Jennifer's being angry with her. Because when she was a child her family strongly disapproved of any expression of anger, let alone hate, Jennifer's mother too came to believe and feel that these feelings (anger, hostility, hate) are unacceptable. Good people, decent people don't feel hate! she believed.

For the past year and a half, Jennifer and her Mom just did not get along like they had before. Jennifer was not as easy and pleasant to be with as she had been in the first 2 years. Recently, when mom again told Jennifer she cannot just go into her 7 year old Mike's things and play with the erector constructions he build -- in a fit of anger and with conviction Jennifer said: "I hate you. You always like Mike better than me. I hate you!" Shocked, hurt and upset, Mom said, "I know you don't mean that. That's a terrible thing to say to your mother. Wait till I tell your father."

But what does it do to the child, when mom (or dad) says, as did Jennifer's mother, (1) you don't mean that, (2) it's terrible to say that, and (3) I'll tell your father. The child will have to defend against feeling so. She may react in a variety of ways. She may feel: "It's wrong to hate my mother; it's bad to hate my mother who loves me." She may need to deny: No, I don't hate my mother; I love my mother." Or, "I am really mad at my mother because she likes my brother and she hates me; and I hate her." She may then turn these feelings against herself: "I am bad!" Or, "Children who hate their mothers get (punished by being) sent away, or are not loved anymore!" The child may conclude that he or she is a bad child.

What causes the child to hate a parent? Usually it is when the child feels deeply hurt by something the parent does or does not do. (It is more complicated though as we shall elaborate in Sections 3.23 and 3.24). Understanding that every child who loves her or his parents dearly will also at times have reasonable cause to hate that parent can make the parent more tolerant and more helpful to the child. It was difficult for Jennifer's mother to hear this expression of feeling from her beloved little daughter. We cannot be sure just what it meant to her. But if Mother understood that something was causing Jennifer a great deal of pain (such as feeling she is not number one with the father she adores, and feeling jealous of the person she believed indeed was so with her father) and knowing that Jennifer's declaration was not the only way Jennifer felt about her, Mother probably would have dealt with this in a more growth-promoting way. For example she might then have thought to say; "O.K. Jennifer, you hate me right now. I get pretty mad at you sometimes too." And at some point, then or later add, "But I'm glad that usually we love each other a lot, and when you hate me it's only for a little while." It is likely that the child's inner reaction to this type of parental response is something like: "I am not so terrible; I will get over feeling my hate; Mom loves me even if I sometimes feel real mad at her; I'm still lovable." And this in turn then invariably intensifies her feelings of love

for her mother.

Negative feelings like anger, hate, jealousy, shame, guilt, in the 3 to 6 year old can all be dealt with constructively by not rejecting the child for feeling these, by talking about the feelings and what caused them, and by guiding the child in how to learn to deal with these feelings constructively. For instance, what Jennifer said to her mother also indicated that Jennifer believes her mother prefers her brother Mike over her. This tells us she at times feels jealous of him too. A parent shouldn't ignore this very painful feeling. There will be times when Jennifer, like every normal child, will feel jealous of someone else for reasons that are real or imagined (fantasized). She will at times feel jealous of her Mom, Dad, brother, friends, neighbors and even people she does not know. This is an opportunity for her Mom or Dad to help her tolerate this painful feeling. After things cooled down between Jennifer and Mom, Mom could say: "I guess there are times when you feel Dad loves me better than you. Dad loves you and me differently; he loves you like his dear daughter and he loves me like his wife. And he has enough love for both of us. Dad and I really love you both very much." And when it comes to Jennifer being jealous of Mike who can build such great things with his mechanical set, and who can go to bed later than she does, Mom could say: "Yeah, Mike can build great things with his mechanical set, but you'll learn to do fine things when you're 7 years old too. Look, you already know the alphabet and that's really great! People are good at different things. Think of the things you can do well for your age and of the ways you're special."

Given that having feelings of anger, hostility and hate toward those we love most is unavoidable from very early on in life, and that having such feelings creates troublesome problems for child and parents alike, understanding what causes them is essential for handling them constructively. We have already discussed in Units 1 and 2 that children are not born angry, hostile or hating, but that specific types of experiences generate these feelings in them, specifically experiences of excessive unpleasure (emotional pain). The same applies to feelings of jealousy, shame and guilt. We will discuss how to constructively handle anger, hostility and hate in Section 3.24, and more about jealousy and guilt in Sections 3.23 and 3.26. We have talked about handling shame feelings in children under 3 in Unit 2, Section 2.2132. The same principles apply for the 3 to 6 year old.

But troublesome as these unavoidable negative feelings are, they also bring with them important positive developments that we shall explain in Sections 3.23, 3.24 and 3.26. For now we emphasize that it is important to allow a child to feel these negative affects and to not suppress them, avoid them, or make them be swallowed too quickly, that is, before they can be dealt with in a reasonable integrating manner. Denying or suppressing these feelings by trying to make them go away too fast or totally rejecting them can be harmful just by virtue of the fact that they will simply be internalized like they are experienced, i.e., without being reduced or resolved. Talking negative feelings out works much better for both the child and the parent's mental health.

3.2 EMOTIONAL AND BEHAVIORAL DEVELOPMENT

3.2131 HUMAN DEVELOPMENT: Cognitive Activity, Play and Fantasy Activity

Locomotor and Fine Movement Activity:

What has been achieved so far in the development of locomotor capability is further developed by the child. We see greater mastery and facility in running, in coordination as in tree climbing and acrobatic movements, in efforts to jump rope, to ride tricycles, to move four-wheeled toys; all are much evidence of further developing large movement skills. A number of children during this period move can even learn to ride a two-wheeled bicycle, some even without training wheels. Some talented children add an athletic and artistic bend to large body movements in gymnastics and dancing. Some learn to swim, and some learn to swing a bat or a golf club and can do well (for their age) throwing and catching a ball.

Fine movement coordination (like using the fingers) is well underway as well. Many children begin to learn to write, some develop skills in drawing, in fascinating constructions with building toys as tinker toys, LEGOs, etc. Some begin to learn how to play musical instruments.

Speech Development:

Enormous growth in speech is evident during the years from 3 to 6. Vocabulary enlarges enormously, as does the more complicated use of phrases and sentences. The whole range of speech goes from fragmentary phrases and one sentence communication to extensive dialogues that facilitate and greatly enrich communication. Indeed, the course of the day, many a mother of the three to five year old is frequently wearied by many "Why" questions.

The use of books, reading to children:

During this period, many a child is eager to learn the alphabet and many begin to learn to read, some achieving the ability to read and write (their names and more) by age 6. In families where reading books is valued, many children enjoy being read to; some use books themselves in the pursuit of trying to learn to read, of exploring pictures and identifying their contents. In many cases, the child makes large efforts to imitate the adult or older child reader, some with success in actually learning to read. The use of books at this age furthermore, is especially enjoyed by children in the stimulation of their fantasy life and in the gratification of some of their own fantasies as these are described in stories read to them. Most child development specialists believe that the average child, under optimal conditions, can be helped to learn to read during this age period. Interestingly too, many children's stories, including Fairy Tales, concern themselves in

direct or disguised forms with 3 to 6 year old children's wishes, fantasies and conflicts -- which we shall detail in Section 3.2311.

Many a child will come to especially value one or several books that he/she will want read to him or her over and over. The child will even know every word in the story. The request that it be read again and again indicates its value to the child that probably comes from the pleasure associated with the parent's reading this book's contents. A particular book may reflect a special time of good feeling or the particular story may resonate meaningfully with some of the child's fantasies (see Section 3.23). Some books resonate with the child's fantasies about love relationships¹⁴, or about morality issues¹⁵, or about experiences that were or are frightening or hurtful, like books about moving to a new house, or about a visit to the doctor's or a stay at the hospital, etc. Books that appeal to children 3 to 6 years obviously do so because they deal with issues that are part and parcel of these children's actual or fantasy life.

Play with toys and games, alone and with others:

The child's ability to play with toys increases and becomes a vehicle for learning how to manipulate physical things, how to make certain toys function whether by some activity the toy performs or is not intended to perform, all of which contribute to the child's continuing mastery of the environment in which he/she lives. Much of the child's playing with toys, some very simple, some quite complex, is a step to learning how to use tools for the purpose of adaptation. At this age, play with toys continues from earlier play to be carried out individually, but there is a large increase now in the use of toys in collaboration with, or in competition with, a peer, an older sibling, and even an adult. Individual play, peer play, or group play can be readily enjoyed by the child. It is also well known and readily observed, however, that in such play many a child suffers disappointment, anger, and pain. During these years, games begin to be introduced, table games as well as movement games. At this time in the playing of games which can be enjoyed individually or with another, actual rules are usually not understood or grasped when first encountered by the average 4 to 5 year old child. During the introduction to games, children at this age often give the impression they are playing according to rules of their own creation. These rules are often quite flexible and changeable, the child seeming not yet able to grasp the definiteness of established rules for specific games. Learning to play satisfactorily according to established rules, such as with checkers or cards is usually achieved during the years from six to ten (see Unit 4). Because feelings that are difficult to tolerate enter into the ability to play games, such as feelings of being too little, of not being as "good" as others; because it is difficult to learn to lose without feeling too hurt or inferior, and because of important fantasies children have associated with winning and losing, playing games at this age seems often a difficult activity. Children often end up very frustrated and disappointed in their own performance and in the conduct of others who win. This often makes playing with toys and games hard work for many a child, a matter of serious effort, of failure and achievement, and of the

¹⁴ See Section 3.23.

¹⁵ See Section 3.26.

development of capabilities.

Fantasy play, alone and with others:

Fantasy play prior to 3 years of age is quite primitive in comparison with the increasingly elaborate and story telling, situation or event-enacting fantasy play that becomes evident during the 3 to 6 years of age period. Fantasy play enriches the child's experiencing. It is also an excellent way of learning about what is going on in his or her mind during this age period. As during the preceding years, fantasy play on an individual basis continues in all children. But especially enriching at this time is the development of fantasy play in conjunction with one or two or more peers, or fantasy play with a parent or an older sibling. Also, whereas earlier fantasy seems to consist of single thoughts or wishes, such as "smell the flower", or "I wish mommy or daddy would come back", now stories can be made up, played out to remarkable length, in many variations, with many details. It can be rich, exciting, and frightening.

The increasing complexity of the fantasy play is, of course, at least in part due to the greater development in the child's thinking (cognitive) capabilities. During these years, the ways in which fantasy play contrasts with the fantasy play of the second and third years of life can be described in terms of 1) its greater situation or event unfolding content, 2) its greater specificity and richness of detail, 3) its much longer duration in time, 4) its common and frequent use in play, 5) the enactment of meaningful experience events rather than of a fragment of event as might have occurred during the 2nd year, and 6) the greater adaptive and problem solving capability inherent in the 3 to 6-year-old's fantasy play. In addition of course, fantasy play is often carried out, by all of us in a way that is not apparent to the onlooker; that is, a child may be physically inactive while in a daydream be very busy in some problem solving or wish-fulfilling fantasy activity. Because of the problem-producing wishes the child now experiences the 3 to 6 year old child is often engaged in this kind of activity (see Section 3.23).

3.2132 CHILD REARING: How to Optimize the Development of Cognitive Activity, Play and Fantasy Activity

Locomotor, Fine Movement Activity, Speech, Books and Reading:

Parents quite naturally help their children in the development of skills and capabilities in locomotion, in riding tricycles and bicycles; many help also in the giving of dancing lessons, music lessons, gymnastics and swimming lessons, etc. Parents also, by the time their child is this age, have been making many efforts to help their children learn to speak; many also help their children to draw, to recite the alphabet and count; many even teach their children to read. Many children request having books read to them, a request which when sufficiently gratified may set the stage for the enjoyment of reading on the part of the child and, of course, establish a positive influence in the child

to wish to read and learn from books in the future. The same can be said of all the instructions the parents give to the child including swimming, catching a ball or swinging a bat or golf club, dancing, music lessons, etc.

All of these efforts, doubly so because they are made by the parents, are of enormous importance to their children. Consider that the 3 to 6 year old child is a student. Indeed, every child is a student from birth on since most of what we eventually know and the skills we acquire have essentially all been learned. Of course children have various inborn talents and limitations; but, most of what we know and can do, we have learned. The parents, then, are the child's first teachers. The efforts parents make to teach them help their children in a number of ways. First, they facilitate the child's learning -- of everything. Consider a child trying to learn to ride a two-wheeler bicycle without help from his/her parents; or learning to speak, or read, or play an instrument. Consider also learning the rules of games. Rules are difficult for young children to accept as well as to learn. Peers help children learn rules. But they are often not so generous or sensitive about it. As a rule, no one will be as patient, concerned and eager to help the child as her/his own parents. Surely, some things are more easily learned without help than are others. But some things would take much longer to learn without the invaluable help parents can give their children when that help is needed.

In selecting what to help the child learn more about, it is well to take the child's interests and natural inclinations into account. Coercing a 4 or 5 year old child to swim or ride a bike, in a child who is afraid of deep water or the bike may produce more tension and conflict than learning. It is not easy to separate out the difference between encouraging, demanding, and coercing a child to learn to do something the child finds difficult. By encouraging we mean to suggest supportively that a child try to do what the child feels intimidated by or afraid of; here the parent lets the child know he or she can count on the parent's help if needed, or the child can put off doing it to another time, or refuse to do it altogether. To demand we mean that the child is told he has no choice; he has to do what he or she is expected to do. This can be done while acknowledging the child's not wanting to do it, explaining (again if necessary) why he or she must do it, saying again that in this he or she has no choice. It is important to convey to the child that he or she has responsibilities too to himself or herself and to the family. By coercing we mean that the child's feeling of self, feelings of anxiety or fear, are put aside or even discredited ("You're not afraid!"), and the will of the parent(s) is the only thing that counts.

Notice that the difference between "demanding" and "coercing" as we use them has to do with how we view the child. In demanding, the child is acknowledged as an individual with rights to respect and explanation; she has a voice but not a vote. In coercing, the child's sense of self is disregarded; he may even be shamed for being anxious or afraid. His or her will is battered. The child is emotionally abused.

4 1/4 year old Doug used to really enjoy splashing in the portable kiddy pool they had when he was 1 and 2 years old. Mom thought he'd like to learn to swim. But when taken to the pool, Mom and Dad found that Doug was afraid to go any deeper than his knees and becomes frightened when Dad tries to get him to get into the water to learn to swim. Dad said to Mom that Doug is just not ready to learn to swim. No way will he do

what his Dad did to him! Dad loves his own Dad, but some memories make him still very angry with his Dad. One, for sure, is that when Doug's Dad was a boy, he too was afraid of water (to swim in). Doug's grandfather thought the best way to get Doug's Dad to learn to swim was just to throw him in the deep end of a pool to force him to swim his way out! Many Dads did that in those days. No way will he do that to Doug!

But Mom was worried that Doug was afraid of the water. "What's wrong with that kid anyway?" She said. Mom didn't realize that 3 to 6 year old kids develop fears of things like swimming or riding a bike due in part at least to some of the fantasies normal kids have. Trying to talk them into not being afraid often does not work. Mom couldn't help feeling mad at Doug sometimes for this. Last week she called him a sissy and Doug felt very embarrassed and mad at Mom for doing that. Mom was sure that her son was the only kid in Philadelphia who is afraid of water. She was very surprised when 50 year old Bernie's mother happened to ask her advise on what to do about Bernie's just refusing to try to ride the new two-wheeler bike his grandparents gave him for his 5th birthday. He refuses to try it even with the training wheels on.

Parents tend to feel bad when their children are afraid of learning what most children seem to do with no trouble at all, like swimming or riding a bike. A number of things contribute to these fears. First are the fears of getting hurt, of failing, of feeling embarrassed, etc. Then, there are also more complicated fears, that come from other sources than the bike or the water itself. This has more to do with normal fantasies children have which we shall detail in Sections 3.23 and 3.24. For now let's just consider what Doug's Mom and Dad and Bernie's Mom (his Dad is not living with them) could say that would be growth promoting.

Doug's Dad knew how it feels to be coerced as a 4 year-old into doing something that frightens you. He remembers. Unfortunately many parents do not (let themselves) remember; this is regrettable, because it would increase their understanding of what their child is experiencing. Dad can say, "I was afraid of swimming when I was your age too, Doug. It really is important to learn how to swim though, so I hope that someday soon you'll wanna try to learn. We can do it slowly. You don't have to know how to swim right now."

Mom would help a lot by apologizing to Doug for calling him a sissy. "Doug, I'm really sorry I lost my cool the other day when I said you're being a sissy. I'm sorry; I wasn't at my best then. I do want you to learn to swim; it can save a person's life; one can never tell if one will ever need to know how to swim. You have to try to do it someday soon, I'll try to be better about helping you overcome being afraid."

Bernie's Mom should not push Bernie so hard since learning to ride a bike is not essential to survival or constructive adaptation. She can tell Bernie though that riding a bike is a lot of fun, feels really good, and would help Bernie feel good about himself. It can be embarrassing if a friend says, "Let's ride our bikes" and you have to say, "Uh, well, uh, I'm not allowed" or something like that.

There are many things the 3 to 6 year old child must do whether the child likes it or not like washing up, eating with reasonable manners, going to bed when told to do so, etc. To coerce learning where not yet necessary may, in many children of this age, lead to resistance to learning -- which can later be costly to school learning. Later, of course,

demanding that the child do homework may be necessary. Encouraging or even demanding a child to practice special skills can readily be done during the 3 to 6 year period. Some talented ones should be respectfully pushed (by demanding) to develop their talents. But caution and due respect for the child are needed along with some monitoring of both positive and negative reactions to such pressured demands.

The parents' teaching the child not only facilitates the child's learning process, it also encourages the child to learn on his or her own; and that in turn, is facilitated by the parents approving of the child's efforts and successes. Parental approval brings with it pleasure and pride in making efforts and in succeeding, and raises the child's self-esteem. There is, therefore, value in parents helping their children develop skills in playing and in learning activities.

But parents also have to know when not to help and when to let the child try to cope on her or his own even at times to struggle some. Struggling to do something on one's own, trying hard to learn to dance or do gymnastics, to draw or read, to swim, to ride a bicycle or hit a ball with a bat, brings with it not only its own development of skills but also the child's feeling she/he is competent, capable and can be reasonably self-reliant. It makes the child do things he/she never did or mastered before and with it new skills are learned -- an essential step in learning to adapt to the many challenges of life and to grow. For this reason, children need opportunities, time and space to learn to do things by themselves.

But when the task is too difficult, when the child tries again and again and fails, when the child is likely to give up, the parent should step in and help. One of the best times to help, of course, is when the child asks for help. Pushing a child too hard to learn, and not pushing a child hard enough to learn, can both interfere with healthy growth of skills at learning and/or playing.

At this age too, children will also want to help mom or dad fix things. Some parents will not allow a child to help--if even just to hold the tools or handle utensils, to hand them to father or mother when needed. This often makes a child feel hurt and resentful and can lead to the child's feeling unimportant and incompetent, a feeling that can last in some instances for many, many years. In this context one often hears a parent say to a child impatiently, "You can't do this" or "You'll hurt yourself", or the like. Of course, many times limits must be set to protect the child; we are speaking only of the opportunity for the child to learn age-appropriately to do things that are safe, to develop skills under reasonable conditions, and to grow in self-confidence and self-value.

We should say here too that teasing and ridiculing a child's performance, in whatever task, whether speaking, throwing a ball, drawing, etc., is hurtful, shames, may enrage and create resentment and is a poor way of trying to get improved performance. Usually, encouragement works better.

Let's consider briefly the issue of answering a child's frequent "Why" questions. It is not necessary for parents to be paragons of virtue or of patience. There are times when children will really wear their parents' patience with their numerous questions "Why". But for the most part answering the child's questions are enormously useful to the child. The information that parents convey to their children by answering their questions helps the children learn what the real world is like. We will talk in a moment about children's

wild fantasies. The need to know, the need to understand how things work, what makes them work, seems to be very strong in some children. Of course it is the kind of interest and curiosity one hopes a child will have when the child goes to school and it is time to learn from books as well as experience. This is where it all begins: with the child asking the parent why something happens or does not happen. The pressure to know is so large that if the parent does not answer the children's questions the children may seek out other teachers to answer these questions. Some of these teachers may very well be a neighbor who is 6 or 7 years old who can give the child much misinformation, to the child's detriment. But, let's remember again, that it is not necessary for parents to answer all their children's questions, especially when a parent is exhausted and would like a few minutes of peace.

How to optimize children's learning to play with toys and games, alone and with others:

Most children use toys very well and these help them learn all kinds of basic principles as of physics, such as wheels facilitate moving a load of blocks from one place to another, or toys always fall downward, they go up only if you toss them up (i.e., gravity), etc. They also learn that toys break and cannot always be repaired. But children also may use toys as weapons and they may break them partly intentionally say when angry with mother or father or big brother. When Jennifer's Mom told Jennifer she can't go into her brother Mike's things without asking him first, one of the reasons was that Jennifer did manage to break two of his erector constructions, Mom thought, maybe because Jennifer is jealous of Mike for a number of reasons, e.g., he's older, he's a boy, he goes to bed later, he can build things she can't (yet), and foremost, she is at times convinced that Mom loves him better than her. Jennifer's Mom was helpful to both Mike and Jennifer when she told her daughter that she is not allowed to just break Mike's toys, nor her own for that matter. "It's better to talk about feeling angry or jealous than to just break something! Besides, toys cost money and breaking them is wasting money. Cut it out!"

That is different from what Doug does which is that he likes to take some toys apart, he says to see what's inside them. He actually tries to put them back together; when he can't he has asked his father to fix them for him. Even though Doug's father can't always fix them, he does not get mad at Doug because he knows Doug's not just breaking his toys, that he is exploring how they're put together and how they work. That is why Doug's parents have gotten him toys that are interesting to take apart and can pretty much be put back together. In fact, they plan to buy him a pretty complicated erector set for his 5th birthday.

Playing with other children is very useful for them but it is not always fun. 5 1/2 year old Bernie's mother likes Bernie to have a friend or two over to play with him. He does have 2 nice friends who go to the same kindergarten to which he goes. Bernie is quite good about playing with them, but from time to time he seems to get upset and then things don't go well. He then does not want 5 1/2 year old Suzy nor 5 3/4 year old Tom to play with his toys. Then, of course, Suzy and Tom get mad at him and gang up on

him. Last Tuesday, Bernie's Mom really got angry with him for this; she can't even remember what was troubling Bernie. Mad at him for again not wanting Suzy or Tom to play with his toys, Mom got very upset and said "You really are a spoiled kid! You don't deserve to have friends like Suzy and Tom! If you don't let them play with your toys, I'll just have to send them home -- and you'll have no friends to play with!" That really made Bernie feel awful. Now he felt everyone was against him; everyone hates him. And he hates everybody! Interestingly, Suzy felt very bad for Bernie. So did Tom. Suzy put an arm around Bernie's shoulders. Tom spoke up: "It's OK Mrs. W, I sometimes do that too. Can we all go in the backyard and play?" Bernie, Suzy and Tom have been playing together for about 2 years. This kind of episode had happened before between them.

Bernie's mother was not helpful in the way she handled this situation. Life is difficult for mothers and it is difficult for children. Many demands are made on children; there are many difficult things to learn, many frustrations, hurts, and disappointments. A major one for Bernie is that, after years of arguing and a lot of hostile interactions and even insults, Bernie's Mom and Dad have separated. Suzy and Tom were fully aware of this. Of course, life is difficult for parents too, especially where there is a separation between them. Bernie's mother though, as should all parents, should have asked herself "How would I want my Mom to treat me when I did what Bernie did?" If parents apply this Golden Rule in their parenting it would guide them to be growth-promoting more than 80% of the time. It could have led Bernie's mother to say something like: "What's going on guys? Can I help? Bernie you look pretty mad. What happened?" Some complaint might have been registered and Mom could have tried to get the kids to resolve their problem together, these are actually good opportunities to help one's child solve problems constructively with friends. Bernie's Mom could have said: "Bernie, you're the host to you friends and that means you should let them play with your toys; I am sure that they let you play with their toys when you go to their houses. It's ok if you kids get mad at each other sometimes; but you've got to learn how to play fairly together, and how to settle your arguments reasonably. And you and I can talk about this more later." Respect for the child, knowing that there always is a reason for a child feeling hurt or angry, recognizing that when a problem arises it often can be made into an opportunity to help your child grow well -- these are essentials for growth promoting parenting. Helping the child get along constructively with friends in play contributes to the child's learning how to get along constructively in all social life situations, be it in play, in work, in society.

Optimizing children's fantasy play:

Fantasy and fantasy play are problem solving strategies. They are not silly, useless child's play. When a 3 year old gets an antibiotic treatment shot at the pediatrician's and for the next few days or longer goes around playing doctor or nurse and giving every available person a series of shots and expecting variable reactions, the child is trying to master a situation in which the child felt afraid, helpless, hurt and probably angry. Each fantasy and fantasy play is an effort at mastering some aspect of life and adapting to it. Most common fantasy play of 3 to 6 year olds centers around family experiencing: playing house. A mother is taking care of a child, or going shopping, or going to the

office to work; a mother and father are doing everyday chores with the baby; or they are on a trip together, etc. Also common is playing doctor. Here parents are wise to be alert since bodily examinations and poking can lead to infantile sexual explorations which requires parental attention and guidance (more about this in Section 3.23). Parents should know that this "playing house" may be quite complex. A child may one time be the mother or the father (the sex of the child playing is not always determining of the part played), at another time, the baby. Although there is a tendency for girls to engage in playing house more readily than in boys, it is quite normal for both girls and boys.

It is important for parents to also know that quite normally children's fantasies can be extravagant, distorting, and even bizarre. Because there is a strong need to understand and know, to have explanations for how and why things happen if left to themselves, children will fabricate their own theories about anything and everything. The experiences they have, of course, is what determines the theories they will develop. Where the child's experience is limited, where the experience has not made certain things clear or known to the child, the child will fill the gaps from his/her own imagination, fantasies, in an effort to cope and to master life and the world in which he or she lives. Understanding the usefulness to coping of a child's fantasies will make a parent more tolerant of the child's fantasies. The child's efforts to fill gaps in the experiences he or she has lead the child to spin distorted, even bizarre fantasies. The parent's helping the child correct some of the child's distorted fantasies gives the parent an opportunity to help the child read reality better and with it adapt better.

3.2 EMOTIONAL AND BEHAVIORAL DEVELOPMENT

3.2211 HUMAN DEVELOPMENT: Self and Human Relationships

The Development of Self:

The remarkable development of each person into a "self" which begins from birth, has undergone complex development during the first 3 years of life. Through the dual process of (1) an unfolding of the most primitive sense of self, hand in hand with (2) the separating out of that budding sense of self from the all-important sense of being one with mother through the process of separation-individuation which Dr. Margaret Mahler describes, by 30 to 36 months the sense of self as an individual progressively acquires stability and reliability. The child who develops favorably has negotiated and established well the sense of "being together with" and "being distinct from" those emotionally closest to the child, as Dr. Louis Sander proposes. The child now knows, is aware of being a self, an individual person. And equally important, where life experience has been good enough, this "self" has deeply meaningful relationships with those the child now loves, parents and siblings especially.

Differentiation of Gender Self:

Now a major internal organization of the self begins to unfold. From about 2 1/2 to 6 years, the first of two major developments of one's gender and sexuality occurs. The second development occurs at puberty, which brings with it adolescence. The less than 2-year old child already has some sense that she is a girl or he is a boy. This comes from the child's biology as well as from the way she or he is identified and treated by the parents. "Good boy!", "Good girl!"; "Bad boy!", "Bad girl!", etc. have already been said to the child many times. The way the child is dressed, the toys that are bought for the child, the way the child is treated by the parents all already instill in the child an increasingly stable sense of being a girl or a boy. In addition, in many instances, the child already has seen and reacted to exposed genitals of other children and knows that there are differences between boys and girls.

From about 2 or so years of age on, as a result of some internal maturation the child's behavior shows much concern and preoccupation with sexual matters, sexual differences between male and female, and the recognition of the self as a boy or a girl (see Section 3.23). Quite more than before too, between 2 1/2 and 6 years of age the child is becoming a certain type of self, a male self or a female self. Most children seem to appreciate that they are a male or female with pleasure, pride, and good feeling. But certain factors make it more or less difficult for many a child to accept features of being a male or a female (we shall detail in Section 3.23).

From the child's behaviors, during the 3 to 6 years period, one sees that the self

achieves and establishes the all important differentiation into a gender self, that is, a male self or a female self. This is an infantile form of being a female or male self, as compared to the adult form of being a female or male that begins with puberty (see Units 5 and 6). This infantile form of gender formation, though, is important and tends to be decisive for becoming and feeling oneself to be a female or a male person.

Other Differentiations of the Self:

Children's behaviors, especially visible in their fantasy play but also in their actual daily ways of being themselves, suggest that they see themselves as a particular type of person. Among the many things they may pretend to be, be it a teacher, a doctor, or a dancer, many a girl will most pretend that she is a mother; a boy will mostly pretend he is a father. Most often, this results from identifying more selectively with the parent of the same sex. It is important though to know that both girls and boys identify with both their mothers and fathers. These behaviors indicate a further shaping of the self into a mother-self, or father-self, as well as a or a teacher-self, or doctor-self, or a secretary-self, or policewoman-self, etc.

Developing Relations:

As was detailed in Unit 2, the development of the self proceeds hand-in-hand with the development of our relationships to others, with the stabilizing negotiation of "being together with" and "being distinct from" those the child most values emotionally. This is especially so in our primary relationships, with those who invest emotionally in us and play a vital part in our lives from the earliest days of life on.

During the 3 to 6 years period, the child's relationships with her or his caregivers, especially the parents, dominate the child's emotional life. The parents because of the high level of emotional investment in their child (which constitutes primary relationships) continue to be most important to the child's emotional development, now in a new way as will be detailed below and in Section 3.23. The child's primary relationships also continue to include increasingly more meaningful interactions with their siblings. Grandparents too become increasingly meaningful. Some young children now also form more or less meaningful secondary relationships (at a substantially lower level of emotional investment than in parents) with one or several peers or a neighbor. In many instances a child may also have developed an important, but still secondary, relationship with a caregiver other than the child's own parents, e.g., a daycare person. Then, when children 3 to 6 go to school, they also develop relationships with some schoolmates and teachers.

The child's relationships with the parents becomes more complex. What do we see? To see more clearly, let's simplify matters. (We shall detail this further in Section 3.23.) Let us assume two families where there is a mother, a father, one with a daughter (Jennifer) and one with a son (Johnny) between the ages of 3 to 6. Jennifer and Johnny are both 4 years old. And let's also assume that the family gets along pretty well, that there is good love feeling when things go well, and when mother or father gets angry

with the child this is made clear but there is no child abuse or violence.

Relationship to mother:

Mother continues to be experienced by most children as the one who most effectively is able to nurture and comfort, to calm and soothe, to perform the functions she has performed since the child was born. In addition now, at four, Johnny has warmed even more toward his mother. He often wants to be physically close to her more than since he was an infant, to touch her, even caress her arm and be amorous with her. Clearly he prefers to be with mother than he had in some time. In fact, Johnny has now said on several occasions that when he grows up he will marry her. At age four these behaviors which have been going on for about 1 year or more continue; but some increasing annoyance with mother appears also. Johnny at times becomes annoyed with mother, even angry, when mother is paying attention to father or other men; Johnny seems to be most angry with mother when she gives father a hug or a kiss. We assume that like most boys, by the time he is five or six years old he will be less amorous, and no longer say that he will marry his mother. He may even give mother a hard time then. He may also cling quite tightly to her at times; and at other times virtually ignore that she exists.

Why is this happening? Briefly now, we shall explain and detail further in Section 3.23, those biological development-inducing factors that produce the sense of self as being a boy or as being a girl also bring with them the fact that the boy's biology (and the psychology to which this biology leads) makes him choose his mother as the one he prefers over all others.

Jennifer, for similar reasons, chooses her father. Mother continues to be experienced by Jennifer as the one she prefers for nurturing, calming, soothing, and those other functions mother has most performed with Jennifer. But at four, Jennifer, whose relations with her mother during the first 2 or so years of life have been quite warm and comfortable has become much more difficult during the past year or so. Jennifer's Mom was very worried and sad that her relationship with her daughter seemed to have gotten bad for no apparent reason. Mom was surprised but a little relieved when her friend Gloria told her playfully but with some exasperation that she was ready to lend her own 2 1/2 year old daughter out for a year! "She has become so difficult!" "Would you believe it, she wants her father to take her camping without me!" At 2 1/2, this girl wanted father to take her on a trip and leave mother home. In fact, Jennifer's mother recalls that 4 1/4 year-old Diane had put on her mother's powder and perfumes and then dumped them in the toilet. According to Diane's mother, she did this three times!

But these difficult behaviors alternate with periods of the old well-known warmth, closeness, even clinging, like when Jennifer was 1 1/2 years old. Jennifer will probably continue in this vein till she is about 6 years old but we expect with less hostility toward mother and in some instances that hostility will give way to predominantly very positive relatedness.

Relationship to Father:

The relatedness to father that has evolved during the first 2 1/2 or so years continues. The various functions he performs, the comforting and calming, the playing with, the occasional rough-housing, the fixing of a hurt or broken toy, etc., continue. But for the average four year old girl like Jennifer, her father has become even more exciting than before and she just adores him! She has said that when she grows up she will marry her Daddy. When he comes home from work she is the first to greet him and gives him a glowing welcome home. She becomes annoyed with him when he pays attention to mother or to other females. Mostly so, when he hugs Mother or gives her a kiss. Interestingly, even though Dad is the one who kissed Mom, Jennifer is more likely to be angry with mother than with father. Every now and then, however, she retreats from this behavior, will ignore her father and be all kindness and warmth with her mother. She is also at times angry with her father for ignoring her needs in favor of her mother. As we noted in Section 3.2121, one 4 1/4 year old Diane sashayed up to her father, fluttered her eyelashes and asked him to take her out to the movies and dancing. We see less of this in many 5 and 6 year olds although it tends to continue, in perhaps slightly modified or slightly hidden ways for some years to come.

For Johnny too, the relationship of the first 2 years continues into this period of development. Like the average 3 year-old boy who is emotionally valued and engaged in interaction by his father, Johnny finds his father very much fun, exciting, and adores him. He may even idealize him. His father is great! But now and then, he wishes Dad wouldn't come home, or that he would stay on his business trip longer. When he finds mother and father hugging he tends to express most of his anger toward his father, as if the father were to blame for this parental behavior. At 4, this behavior will continue. From time to time we will also find Johnny's behavior suggestive of competing with father, of wanting to do things better than his father, of wanting to be big like father. We even see instances of Johnny showing that he believes himself to be stronger than his father. When he is 5 and 6 year old, Johnny's relationship toward father will more or less abruptly change to again a more positive one with occasional expressions of fear of father as well as episodes of competitiveness and rivalry with him.

This is a simplified model of the new behaviors that appear in 3 to 6 year old children in their primary relationships to their mothers and fathers. These become superimposed on and admixed with the types of relationships and behaviors we saw in the first three years of life, from the very infantile positive and negative behaviors through those characteristic for the first 2 to 3 years of life.

Relationships to Siblings:

Siblings are enormously meaningful to 3 to 6 year-olds. During this age period, we may expect siblings within 2 years of the 3 to 6 year old to be experienced as peers, whereas more than 2 years older or younger puts more distance in peer-experiencing. As years pass, these differences in years become less distancing in being peers. For the 3 to 6 year, where the relationship is mostly positive, siblings older in years tend to be looked up to with admiration and are often used as models. This is so for both boys and girls.

Younger siblings may be readily accepted and become very meaningful to the 3 to 6 year old. But they also are commonly experienced as competitors who are taking a lot of Mom and Dad's time away from the self. This leads to the well known "sibling rivalry", a virtually unavoidable problem in all sibling relationships, even, albeit less so, in twins.

Siblings are the closest persons to whom the child normally attaches, next in line to the parents. During the 3 to 6 year period, where the relation is good, an older sibling will from time to time be experienced as a parent substitute. This can serve both the older and the 3 to 6 year old well. For instance, like the time when Jennifer's mom has to go for a doctor's appointment. Her brother Mike had to go to a cub-scout meeting after school just one block away from home. So Mom asked her friend and neighbor Gloria to take care of Jennifer until Mom got back from her appointment. Gloria and Jennifer's Mom did this from time to time for each other; and besides Jennifer and Gloria's 2 1/2 year old daughter Jane got along pretty well. After some time there, the doorbell rang and Gloria let Mike in. Mom had called Mike at the Cub Scout's and told him to please pick Jennifer up because Mom was going to be later than expected. When Jennifer saw Mike, her face lit up. Gloria thought! Jennifer reacted as if, she had seen her Dad or Mom! But it was only her brother. She was surprised at how happy or relieved Jennifer was to see her brother. She also noticed that Mike seemed very pleased when he saw Jennifer's pleasure at seeing him. In this event, Jennifer experienced Mike as a stand-in for her parents.

This meant a lot to Gloria because she recalls every now and then how Jane had once sadly complained to her Uncle Jack that her 8 month-old sister Sara "has stolen my mommy!" Gloria hoped that maybe someday soon Jane would recognize that Sara really likes her and values her. 2 1/2 year old Jane then had acutely experienced sibling rivalry. So has Jennifer who at times envies Mike. But Jennifer also values and loves Mike a lot; and it is likely that the same will happen to Jane and Sara.

Siblings are also important to 3 to 6 years olds as playmates. But here too, play can end up causing hurt feelings and lead to argument and fights between siblings.

Relationships to Secondary Caregivers:

The 3 to 6 year old child's world still, like during the first 3 years of life focuses most emotionally around the nuclear family, mother, father, and siblings. Substitute caregivers or day care workers who work with children under 5 know that much care-giving including nurture is needed by them. This in large part is due to the still dominant need to be taken care of, to have caregivers available for emotional sustenance as well as for help with physical needs. The less than 5-year-old's dependence on caregivers is still much larger than his or her self-reliance. This is why many children in preschool often turn to a teacher for comfort or reassurance.

Children who experience such a substitute (for parents) caregiver as helpful, kind and friendly may very well develop very positive feelings for that person which can stabilize into a quite meaningful relationship. But the child emotionally perceives that this kind of relationship is usually less emotionally invested than with the parents, that while this caregiver is very nice, that the caregiver would not "take the child home", nor

would the child want to go home with her or him. Regrettably, we do from time to time see young children whose relationships at home are so poor and painful -- due to parental emotional illness, or neglect, or abuse -- that they would welcome a very nice caregiver's offer to take them home. Under such conditions, the 3 to 6 year-old child may attach to such a caregiver and then, separating from her may cause painful separation reactions. Some children who are in emotionally very poor home situations may attach to an aunt or an uncle who offers the young child feelings of love, respect, and enjoys being with the child. Such an attachment may become the major source of feeling loved and valued and provide the child with positive identifications which give the child positive images of the self and others, provide models for coping, reacting, and behaving. Such a relationship may have all-important consequences to the child's developing ability to cope constructively and to his or her personality. Clearly, the child whose relationships with her or his parents are loving, respecting and gratifying enough is enormously advantaged over the child whose sole source of positive relatedness is a loving aunt, uncle or teacher.

There was a time when throughout the world, families including grandparents, even aunts, uncles and cousins all lived together. In many countries now, including the USA, grandparents generally no longer live with their grown children and grandchildren. There are, however, many families in the USA that are constituted of a grandmother, a young mother and child(ren). Some two-career families wisely convince grandparents to live with them to care for the child when both mother and father are at work. 3 1/2 year old Victor's Mom and Dad both work long hours outside the home. His paternal grandparents have lived with them for 7 years, since the birth of his 7 year-old sister. Victor has developed very good, loving relationships with all those in his family, his Mom and Dad, grandmother and grandfather, and his older sister. His relationship with each is different, as is the case with all children. At 3 1/2, he seems to turn to his grandfather for protection, and any time he needs something done he cannot do himself. In fact Grandpa and his Mom seem most comfortable for him. Victor has formed primary level relationships with his grandparents as well as his parents and sister.

Relationships to Peers:

In the USA, peers are now introduced in the lives of 3 to 6 year olds more than was the case years ago. Peers are introduced to 3 to 6 years in countries where daycare is needed; in the USA and Western Europe it is because parents need to work outside the home; in other countries, such as Russia, China and Israel, it is because of social philosophic convictions as those that come with socialism. Child developmentalists (of certain schools) believe that the nuclear family is where the 3 to 6 year of child's basic developmental tasks lie. These professionals do not think that peer relations are necessary as they will become during the 6 to 13 years, and especially during adolescence.

However, there are advantages to 3 to 6 year olds having some peer relations to pave the way for their learning to get along with peers during the years that follow. For instance, 5 1/2 year old Bernie had a hard time sharing his toys with Suzy and Tom. Although Bernie's Mom didn't do the best job in helping him with this problem, it was a

valuable lesson for him; and it was helpful to him that Suzy and Tom were sympathetic and quite positive about it. You could see the relief on his face when Suzy put her arm around his shoulders and Tom said he feels like this sometimes too. And, of course, Jennifer's Mom was really very helpful to Jennifer when she told her she could not take or play with things that belong to her brother Mike without his permission. And then it is also quite useful that Jennifer has a chance to play with 2 1/2 year-old Jane who seems to enjoy Jennifer's "mothering" her; Jennifer seems to take that play and that relationship pretty seriously; in fact Jane likes Jennifer quite a lot, probably because Jennifer's practicing at being a Mom is thoughtful, considerate and caring.

Relationships to Teachers, Others:

Teachers become quite meaningful to 3 to 6 year olds. Some become so more than others. They can become important to the child because the child likes them or because they have hurt the child and evoked feelings of hate for them. Of course, a young child being hurt (emotionally or physically) by a teacher may have serious consequences for the child's feelings about school. On the other hand, a 5 year-old liking or even having a "crush" on his kindergarten teacher will make him look forward to going to school and like school.

The last situation mentioned can be very real for the child. 5 1/2 year-old Bernie showed the degree to which a child can feel "in love". We learned of it gradually, but its proof came later. For the past 2 months Bernie had been asking his mother to have her invite the young woman who lived in the apartment below theirs to come to visit. One time she said that when she came he wanted mother to leave them alone. Reasonably enough, mother did not invite her, but she was sympathetic to her son's very strong feelings for this 24 year old woman. She was taken by surprise that her 5 year old could feel so infatuated with a young woman he hardly knew; he saw her a few times and she was always very pleasant with Bernie and his Mom. But the proof of the depth of his feelings for her showed when Mom told Bernie that the young woman was moving away, out of Philadelphia. Bernie became sad, looked forlorn, and gave the impression of a broken-hearted lover. We shall talk more about this in Section 3.2312. A child's romantic attachment to a teacher, or a neighbor may surprise parents by its intensity. Although its disappointment caused Bernie much pain, that he could develop such a romantic attachment for someone other than his mother was quite advantageous for him. We shall explain why in Section 3.2312.

3.2212 CHILD REARING: How to Optimize the Development of Self and Human Relationships

Optimizing the Development of one's Gender Self:

We will withhold a full discussion of the child rearing aspect of this issue until Section 3.23 because it will make more sense after we have talked about a major

emotional-psychological development that comes with the emergence of the child's sexual life. For the moment, it may suffice to say that the parent who does not know to expect these kinds of normal behaviors, the concerns children express about being a boy or girl, the concerns about their genitals, the boy's preference for and erotic feelings toward his mother and rivalry and competitiveness with father, the girl's rivalry, competitiveness and increased hostility toward her mother and preference for and erotic feelings toward her father, that parent will be startled by these behaviors. Many also will be hurt by what they will experience as unreasonable, unfounded hostility, be surprised by and made uncomfortable or anxious by the expression of erotic-romantic feelings. While the girl's adoring her father and the boy's adoring his mother are pleasant to the parent in question, they commonly reach proportions of erotic experiencing -- like Bernie showed -- that will from time to time make most fathers and mothers feel uncomfortable. Most parents deal with this reaction within them by ignoring or denying (believing it does not mean what it appears to mean) the child's behavior. As a result many parents tend to not see that it is happening and then cannot help their children cope with these behaviors in ways most advantageous to the child. Knowing that these behaviors occur normally and understanding what causes them and what their implications are can make easier the parents' efforts to help their child become a self who likes being a male or a female (see Section 3.23).

Other behaviors, as well, that enhance the development of the child's gender-self can be encouraged or discouraged by the parents' reactions to them. Obviously, a parent who ridicules or is indifferent to her/his child's pretending to be a mother or a father or a doctor or a secretary or a truck driver may have a significant discouraging impact on the child's self image. The parent who appreciates the genuine interest the child has in pretending to be or wishing to be a mother, a father, etc., and is optimistic (and says so) for the child's future as a mother, father, truck-driver, etc., enhances the child's self attitude about these wishes and ultimately helps to make them part of the child's future, achievable goals.

For now, we can say that Doug's mother did not do well when she called him a "Sissy" for fearing learning to swim. Calling him a Sissy due to such a fear can undermine his sense of being a boy -- besides offending him (hurting him) and making him angry with her. Doug's Dad was much more helpful because he essentially told Doug that being afraid of swimming or riding a bike (like Bernie was) does not mean one is not a fine boy who can grow into a strong and capable man.

Jennifer's Mom and her friend Gloria are being helpful to Jennifer's sense of being a girl when they make opportunities for Jennifer to "mother" (pretend) Jane now and then when they play. Jennifer's pretending is a trial experiencing, as if the child were saying "This is how I will feel when I am a Mom". It is very helpful that Jennifer's Mom said to her; "You were acting like a very nice Mom when you were playing with Jane. Jane really likes you." Had Jennifer been mean in her pretending to mother Jane, Jennifer's Mom could have asked her why she was acting like such an angry Mom with Jane? What had Jane done to make her so angry? Such attention by mother further supports Jennifer's sense of being a girl who will grow into a woman who can become a mother. Also noting that Jennifer was acting like a good mother, or, had it been the case, noting

that Jennifer was acting like a mean mother can help Jennifer further sort out what it is to be a growth promoting as compared to a growth-disturbing mother.

Diane's father too helped in a growth promoting way Diane's sense of being a girl. When she sashayed up to him and fluttered her eyelashes, etc., he did not ridicule her. He said he couldn't take her to the movies and dancing like he does with mom, but maybe they could all go the movies together some day soon. And, Dad took her seriously; we'll see later what else he said to her about this (see Section 2.312). And Bernie's mom too contributed well to her son's feeling he is a boy, with real boy's feelings about a (grown) girl that she approved of.

Developing Relationships:

All children throughout their development identify with the people they value emotionally and to whom they become emotionally attached, that is, with those with whom they have a primary relationship. All 3 to 6 year old children identify most with both their mothers and fathers and in some with their grandparents, or an aunt or uncle to whom they feel very close. Children identify with both the positive as well as the negative attributes in both their parents. Parents cannot influence which aspect of themselves their children will select for identification. They can expect, however, that children are more likely to identify with what their parents do than with what the parents wish their children would do.

We will also withhold a full discussion of the child rearing aspect of developing primary relationships during the 3 to 6 years period until Section 3.2312, after we discuss some basic emotional-psychological dynamics brought about by the child's first major phase of sexual development. The relationships to the parents in all its aspects is of such large importance to normal psychological development that a fuller understanding of it for the 3 to 6 years period is warranted before we proceed. We will only note that the concern many parents have that their children need peers in these early years or they may never learn how to get along with other people is erroneous. The relationships we make, as children and as adults, as peers, as mates, and as parents are first and foremost dependent on the primary relationships we formed with our own parents during the first six years of life. Later experiences with our parents, experiences with our siblings and then peers and others count also toward the kinds of later relationships we make. But there is no urgency to children under six years of age having a steady diet of peer relationships; there is urgency to their having a good enough relationships with their parents and their siblings.

Optimizing the Relationships to Siblings:

It is useful to bear in mind that relationships between siblings are usually the longest lived and experienced relationships any of us have. Usually siblings come into our lives very early if not from birth on, and on average, will live as long as we are alive. Our siblings will be around 20 to 30 years longer than our parents and our mates. It is reasonable to say then, that optimizing these relationships is of great value.

One factor that adds value to siblings relationships is that sibs are not only individuals with whom we have a primary relationship, as we do with immediate family members, but that they are also peers. In this then they also belong to that unique world outside the family: peer relationships. As peers they are not yet as important to the 3 to 6 year old child as they will become during the 6 to 12 years period and especially during adolescence and later.

It is therefore very helpful for parents to try to secure and protect good-enough relatedness between their children. In Sections that follow we shall especially focus on how to handle sexual behaviors between siblings -- and they happen much more than most parent recognize -- and how to handle aggressive, especially competitive and hostile behaviors between siblings (see Sections 3.2312 and 3.2412).

Although Jennifer's parents were aware that they did not want to make unreasonable demands on her 7 year old brother, Dad especially would say to Mike "Take care of your sister," or "You're her big brother, you have to protect her when she needs it". That helped, even though Mike felt, most of the time anyway, that nobody needed to tell him that, he knew that. Mom helped this too, when she trusted Mike to take proper care of Jennifer and asked him to please pick Jennifer up at Gloria's because Mom would be late. Some mothers or fathers would not trust their seven year-old to do this. Parents have to use their judgment about it. But where the 7 year-old has shown age-appropriate responsibility, it is confidence and self-esteem building for a mother to ask her 7 year old to help her as Jennifer's Mom did. The skill needed by the parent here is to be able to determine and make a demand that is not beyond the child's capability or sense of responsibility and at the same time not underestimate what the child can do.

Jennifer rewarded Mike too by reacting on seeing him like he is someone she trusts and loves. Parents can help siblings have such rewarding experiences with one another.

Gloria and her husband had their work cut out. 2 year old Jane feels very angry that they had another baby, Sara. She did not ask to have a sister and she feels that this little unasked for sister "stole" her mommy from her! (See Section 2.2212 for how Jane's parents tried to help their children.)

Optimizing Relationships to Secondary Caregivers:

It is important that parents continue to allow their children to make immediate family members, mother and father especially, the central relationships they have. One young mother of 3 had somehow come to understand that 3 to 6 year old children are no longer as much in need of being with their parents as they were during their 3rd year and before. The way they need and use their parents differs, but parents are still very much at the center of children's lives. This young mother was no less drained by the demands made on her by her 3 children, ages 2, 6 and 8, when she received this information, but she was relieved that it told her there was nothing wrong with her children's needs for her attention.

But it is also advantageous for their 3 to 6 year old children that relationships with substitute caregivers be good. It is important that children be prepared for substitute caregivers, whether they come to the child's home, are in daycare or in preschool.

Parents need to find out what these caregivers are like. How do they seem to feel about children? Do they respect them? Enjoy their behaviors and efforts to cope? Do they welcome the child's efforts to communicate? Can they facilitate the child's efforts in communicating, in coping with challenges, in being sociable with others (where appropriate), etc.? Are they too distant? Do they allow the child to take their hand in times of stress? Can they comfort the child reasonably when needed? Are they interested in what the child says, does, and feels? Is their view of children and child rearing very different from the parents and, if so, are they unable to treat your child according to your views? This last issue is important in selecting a private substitute caregiver. Day care centers and preschools too have ways of treating children parents need to become well acquainted with.

It is also very useful to keep close track of how the 3 to 6 year old feels about her day care center or preschool caregivers or her home substitute caregiver. Does the child enjoy them or her or him? Is the child afraid? Is the child experiencing a good deal of separation anxiety? Fear differs from separation anxiety. Fear comes from an outside source, that is, fear of a dog, or of a scolding, punishing caregiver, or of a bully in daycare, or of sexual abuse. If the child is afraid, parents are wise to take this seriously and explore with the child what she is afraid of. Anxiety, like in separation anxiety, comes from within the child. It is activated by separation from all the persons to whom the child is attached, which is an outside event. But there is no external threat that the child is losing the loved parent or will be abandoned; this false perception of being abandoned, or of loss comes from within the child and results from the still not stable enough inner emotional construction of a self and a loved one who love and value each other no matter what. Therefore, if 4 year old Jennifer is very angry with her mother because she felt Mom prefers Mike over her, this anger toward Mom could make her feel anxious about leaving Mom to go to school out of guilt for being angry with the Mom she loves. The guilt makes her feeling loved and valuable unstable.

It is much help to the child if the 3 to 6-year-old child becomes especially fond of a day care worker or preschool teacher. If the relationships at home are good-enough, such an outside-of-the-family relationship takes nothing away from the child's love for the parents. Children and parents do not have a limited amount of love; love does not need to be distributed. It's time and energy that are limited. When a parent (or child) cannot be emotionally available at a given time it often is not because of a lack of love, but because a parent cannot be in 2 places at the same time, just as Gloria cannot get some food for 2 1/2 year old Jane while she is diapering 6 month old Sara. It is useful to be aware of this and say so to Jane and Sara; and it is well for parents to know that a child really liking or even loving a substitute caregiver is no threat to the parent-child relationship. Quite the contrary.

In this way, for example, 3 1/2 year-old Victor has the advantage of being cared for by very reliable, very loving grandparents. They provide him with emotional experiences of everyday life that make him feel valued, paid attention to with interest and respect. In this, the grandparents add to the good life experiences he has with those with whom he interacts, which he internalizes in his store of experiences, memories, expectations of others, and become part of his personality. It is good and to Victor's advantage that his

mother and father are grateful to Victor's grandparents for the way they take care of their son; and the grandparents know they feel that way.

Optimizing Relationships to Peers:

Parents know how often their 3 to 6 year olds need them to referee their play together. It is unavoidable that children this age will become upset and that this will be reflected in their interactions with peers. It was not clear to Bernie's mother, nor to Bernie either for that matter, why Bernie did not want to share his toys with Suzy and Tom that day. As we already said, we know there was a reason and his mom was not helpful when she just scolded him. It could have helped if she had let Bernie know he must have a reason for feeling upset, angry, and not wanting to share his toys. What was it? If it was that Suzy and Tom were being mean or were teasing him, Mom could have helped them to stop that by telling them she knows they wouldn't want to be treated like that and to cut it out. Or if she could take more time, she could get into it more extensively with them. It would be worthwhile; there are many reasons this would pay off. Mom would not only be helping Bernie learn to deal with his friends better, but she would be helping Tom and Suzy too, all at the same time. In addition, she would get to know Suzy and Tom better herself. It is highly useful for parents to get to know their children's friends. This is important not just for adolescents. Some 5 year-olds can be surprisingly hostile when an adult is not looking; but this can be picked up by talking not only to one's own child but to his friends too.

In what actually happened with Bernie, Suzy and Tom, Mom could have repaired some of the hurt her scolding caused Bernie by taking her cue from Suzy and Tom. She could have apologized for what she said; "I'm sorry Bernie, that wasn't a helpful thing for me to say" would have done a lot to undo her premature scolding. She could have complimented Suzy for wanting to make Bernie feel better (she did try to comfort him) and Tom for admitting that he too at times feels like Bernie did then. And again, then everyone would have benefited from this unpleasant event.

Jennifer's Mom was very helpful because what she did when she told Jennifer she cannot play with her brother's constructions without his permission includes Jennifer's seeing that Mom protects her children's property and rights, that Mom is trying to help Jennifer be fair and reasonable, that she protects her against doing things that will get her in trouble, and more. Jennifer could remember times when she told Mike that being Jennifer's big brother doesn't mean he can play with her things without asking Jennifer if it's ok, and Dad has told Mike he should protect her against anybody trying to hurt her when they are outside.

Optimizing Relationships to Teachers, Others:

Bernie's Mom did a good job because even though she was surprised by Bernie's reactions to the young woman in the apartment below theirs, she let Bernie's behavior inform her. Parents often tend to feel that what their children show in their feelings cannot be like what adults feel. That is not true at all. Letting the child's emotional,

verbal, and behavioral expressions inform the parents is by far better for all than when parents have a preset notion of what children are supposed to feel, experience and understand. We shall talk more about handling such a situation in Section 3.2312.

Facilitating 3 to 6 year old children's relationships with teachers, neighbors and others is not simple, nor is it trivial. Parents want to help their children try to sort out whom the child can trust and whom the child should not trust. This is difficult. Some teachers, neighbors, others are very fine people who really like children; some are not; and some are people with emotional problems who may be hurtful to children. With 3 to 6 year olds, it is wise to caution children to not accept candy or car rides from people their parents do not know. It is wise to help them understand that unfortunately not everyone can be trusted. It is especially to help the child sort such questions out that parents must talk to their children, must try to facilitate their children's talking to them. It is easier to do with children under 6 years than later. Furthermore if it is not done with young children, it will not all at once become possible to do so when they are teenagers. If parents want their children to talk to them when they are teenagers, we say, talk to your children when they are babies (from birth on), talk to them and listen to them, listen to what they say.

It is not wise to tell children they cannot trust anyone because this may do much harm to the child's learning to socialize reasonably. So parents must have their children develop the ability to use their judgment, and this should begin even before age 3 years. There are many opportunities to help children learn to use their judgment. For instance Gloria should talk with 2 1/2 year old Jane about her complaint that Sara had stolen her Mommy. It's true that Mom needs to spend a lot of time to make Sara feel loved and valued, and a lot of time feeding, diapering, holding and comforting Sara, but Mom really loves Jane too. Talking with Jane about the way things really are can help Jane try to use her judgment about things she feels and thinks.

Bernie's Mom, who did so well with Bernie's feeling terribly forlorn that his beloved neighbor was going to move, but did not do so well when he did not want Suzy or Tom to play with his toys, has many opportunities to help Bernie use his judgment. And so did Jennifer's Mom when Jennifer took her brother's erector construction. Both mother's could have added: "How would you feel if this was done to you? Please think about that." They would be asking their children to use their judgment. This contributes to the child's being in a situation, when she or he needs to think, "Is this a safe person? Should I do what he or she says? Does my Mom or my Dad know him?" And add, "If you're not sure, don't do what he tells you to do."

Some better informed parents who talk to their children about their bodies and other things, tell their children to not let others, especially grown-ups other than Mom or Dad or the Doctor touch their private body parts. Those can work well.

3.2 EMOTIONAL AND BEHAVIORAL DEVELOPMENT

3.23 THE BEGINNINGS OF SEXUAL (REPRODUCTIVE) LIFE

For thousands of years, we have known that sexual and reproductive life become possible and evident from early adolescence on. Centuries ago, when life expectancy was between 30 and 40, and many who survived childhood died in their 20s, marriage and family life began much earlier than in our lifetime. 14 and 15 year old girls marrying and becoming mothers seemed a necessity. Things have changed dramatically since then and we have learned much. Advances in biological sciences have long extended life expectancy, giving more time to the individual for fuller development, from the development of self as simply preserver of self and of the species to large developments in the self as a person of talents, skills and remarkable capabilities (consider, for example, the development of professional individuals).

We have learned, contrary to what may have been believed centuries ago, that adolescence is not adulthood; it is only that period of physical and psychological-emotional development that transforms the child into the adult. The tasks of this transformation are so complex that the process takes nearly 10 years to fully unfold. The tasks are so demanding that they require all of the child's energies and healthy self-interest to navigate well the course to becoming an adult who can adapt well to the challenges of that adulthood. We shall describe this in detail in Units 5 and 6. For now, suffice it to say that we have learned especially through studies of human development and through mental health clinical work that adolescents are not as ready nor as well prepared for becoming parents as when they are young adults (ages 21 through 30 years). The younger the adolescent, say under 17, the less prepared to (1) experience life as an adult and (2) carry out the arduous tasks and demands of caring for a baby, of being a parent. The work of parenthood is constantly demanding, very complicated with continuous requirement for problem solving, for dealing with a large responsibilities, and with many anxieties and concerns other than those of the self.

Why bring this issue of reproductive and sexual life up when we are talking about 3 to 6 year-old children? Because we have learned during this last century that human sexual-reproductive life does not begin at puberty. Except for a handful of writers from past centuries, it is only since the very end of the 1800's that biological and psychological scientists have found that sexual life begins during the period from 2 to 6 years. Psychoanalysts especially, mental health professionals in general, have found that sexual life develops in 2 major stages. First is a stage of "infantile" sexuality, from about 2 1/2 to 6 years of age; some have found evidence that it may begin even earlier, during the middle of the second year of life. This stage of infantile sexuality is followed, psychoanalysts assume, by a period of relative sexual dormancy extending from about 6 to 10 years. This is then followed by a pre-pubertal period from about 10 to 12 or 13, which is then followed by the second major stage of sexual-reproductive development,

adolescence. Adolescence is generally considered to extend in 3 subphases: The first from about 12 to 15; the second from about 15 to 18 and the third, late adolescence melting into young adulthood from about 18 to 24 years of age.

Here we shall take up the first major stage of sexual-reproductive development, the "infantile" sexual stage. It is a stage of development that causes much anxiety for parents for a number of reasons. Foremost is that eventually sexuality, in puberty, can cause many problems as we all know only too well, physical problems, behavioral and emotional problems as it can cause unwanted pregnancies -- all of which is more likely to happen when sexuality is not paid sufficient attention to and thoughtfully talked about with their children by unknowing parents. Although it causes many parents much anxiety, psychiatrists, psychologists, social workers, and educators believe that knowing that sexuality develops in children from the third year of life on will make parents and society better aware of the fact that young children know about sexuality at age 3 years, have fantasies about it, and that they can be seriously harmed by being involved in sexual activity by persons substantially older than they are. It is sexual abuse.

But when children are sufficiently understood and cared for, rather than causing much anxiety and bewilderment, the emergence of infantile sexuality during the period from 3 to 6 years is a rich, dramatic developmental period. It is embedded in simultaneous growth in adaptive capabilities, including the development of intelligence and language, in development of self and human relationships, as well as in the development of conscience and morality (see Sections 3.21, 3.22 and 3.26).

3.2311 HUMAN DEVELOPMENT: Sexual (Reproductive) Life

Interest in sexual matters, in the self, in others, in the male, in the female:

Much of children's activities during the 3 to 6 years center around the wide range of issues that pertain to our sexual, reproductive lives. There is much interest in where babies come from, in being a mother, a father, or in being a baby; in matters of family life, of love and affection. For example, 4 year old Jennifer, like many a girl, pretends that she is 20 year old Jane's mother taking care of her baby, or preparing her baby for daycare as she readies for work, or for going shopping, or getting dressed and ready to go out with her husband for an evening on the town. 4 year old Johnny, like many a boy, pretends to be his father preparing to go to work, saying goodbye to the baby and to his mother and kissing her as if he were kissing his wife before leaving for work. Much of the child's interest will be evident in the girl's wishing to be a wife, the boy's wishing to be a husband, wishing to be a mother or father, and in a very serious manner many times carry out these roles in play. The seriousness of these activities is striking and many child development specialists believe they are preparatory for someday being a wife or husband and a parent.

Especially from the third year of life on but in some children even earlier during the latter part of the second year, children's interest in their own genitals and those of others and toilet activities are openly talked about and evident in their behaviors to a greater or lesser degree. Toilet training, usually best achieved during the third year of life, will stimulate in children much interest in urinary and bowel functions and the body parts that perform these functions.

The child's preoccupation with his or her own genitals becomes especially evident. Commonly encountered also though, is a marked interest in and reaction to the genitals of members of the other sex. Both female and male children will show a wide range of reactions to the differences between their own genitals and those of the other sex, from an apparent mild interest to reactions of constant preoccupation, acute anxiety, anger, and even depression. Also notable will be frequent reactions of distortions of what is seen, with rejection of what is seen and realistically possible. For example, 4 1/4 year old Doug, like many a boy, still finds it hard to believe that a girl does not have a penis. Like many a girl, because she is not able to visualize the remarkable internal anatomy of her own genitals and reproductive system, 4 1/4 year old Diane has on a number of occasions expressed discontent and distress at not having a penis. Many a girl has said that she once had a penis which she lost, or that her penis has not yet grown and will do so at any time now. Sometimes a boy will express the wish to have a baby in his own abdomen. Some boys may go so far as to disregard the statements made to them that it is normal that a boy cannot and will not be able to have a baby in his own abdomen. For example, when he was 3 1/2 years-old, apparently not wanting to hear he could not have a baby in his abdomen, Bernie once stuffed a pillow in his shirt, and walked around repeatedly saying that he has a baby in his abdomen just like his mother had when she was pregnant with his brother Dan. These are normal reactions in normal boys and girls.

On close observation one can now begin to see behavior and activity, which in the healthiest and most respectful sense of the word, seem to be gender specific in character. For example, 4 1/4 year old Diane who as a 1 1/2 year old walked in a hefty robust fashion when she was 2 1/2 years old began to walk in a much more feminine way, with a greater softness and fluidity in her movements than before; when nearly 4 years old she fluttered her eyelashes, began to behave in a coy, feminine-seductive manner, even though her mother did not do these things at all. 5 1/2 year old Bernie and 5 3/4 year old Tom's body movements are much heavier than before, sometimes they flex their arm muscles in an exhibitionist manner, adopting "he-man" postures. Of course, the range of such gender specific modes of movements, postures, and activities vary, some boys behaving in more masculine ways, some girls behaving in more feminine ways than others.

Several other aspects of sexual, family life will be seen frequently and explicitly. We have already mentioned it in discussing developments in the 3 to 6-year-old's relationships (Sections 3.2211 and 3.2212). Some of these activities are: (1) amorous, erotic behaviors on the part of little girls toward their fathers especially, but also toward other men. As we already mentioned in Section 3.2121 (Affects), Diane sashayed up to her father, fluttered her eyelashes and said to him: "Will you take me to the movies and dancing?" This, she said one evening when mother worked the night shift and father was home caring for her and her brothers. And we see the same type of behavior on the part of little boys toward their mother in particular and other women in general. Both 4 year old Johnny and 4 1/4 year old Doug have declared that they will marry their mothers when they grow up. Of course, in both boys and girls one will also see occasional amorous, erotic kinds of behavior toward the parent of their own sex. (2) One also sees much activity, especially so in girls, of the child's wish to have a baby, to be a parent. When she was 2 1/2 years old Diane became very involved and attached to infant Rose, Johnny's sister. She begged her mother to go over to Johnny's all the time; she would then pay attention mostly to Rose. One time she told Johnny's mother that Rose is Diane's baby. Johnny's mother gave her quite a look, but Diane did not even notice. Much of this wish is evident in many a child's playing with dolls; but in some instances dolls are rejected and outright statements are made as was by 4 year old Jennifer that she wants to have "a real baby".

To the dismay of many a parent, in the normal child one also begins to see much genital touching, both by direct manipulation of the child's own genitals, as well as by indirect contact such as by straddling the parent's thigh, or a toy horse, or the like and the child then rocking his or her pelvis while astride the parent's thigh or on a toy. A parent who does not know that such behavior normally occurs in children may become alarmed by it; one mother in fact, in alarm, feared her child was becoming abnormal because she was touching her own genitals. These behaviors are strongly suggestive of the emergence of quite strong genitally associated sensations.

It becomes, furthermore, very apparent in many a child that these sensations are not only sexual but also erotic. And these, tied up with love feelings, are directed especially toward the parent of the other sex, and somewhat less so, but not infrequently toward an older sibling of the other sex. Impressive is that many a 3 to 6 year old child's genital

sensations and related erotic feelings are observably associated with love feelings of high intensity as we saw in 5 1/2 year old Bernie. Again of course, these feelings can also be expressed in many children toward the parent of the same sex as well as a sibling of the same sex. In conjunction with the emergence of such erotic love behavior toward the parent of the other sex, one also sees behavior suggestive of rivalry and anger toward the parent of the same sex. These behaviors are normal and bring with them much conflict, anxiety, discomfort, anger, and depression in the normal child. Here is how psychoanalysts explain all these behaviors which are at times worrisome, but ultimately produce very important adaptive psychological and emotional growth.

Infantile Sexuality and The Family Romance:

What causes the behaviors described above? From both their work with emotionally troubled adults, adolescents and children and their observations of normal young children, psychoanalysts have proposed the following explanations.

First, some normal maturational process must be responsible for such universally found behaviors in 3 to 6 year old children from all sorts of cultures throughout the world. Like with other physical, physiological (the way our bodily systems function), and psychological developments, there must be some underlying bodily maturation which compels these developments to occur; they are probably programmed by genetic factors and an inborn maturational timetable. Because we do not yet know what these factors are -- there is no detected hormonal evidence for such activity at this age --, we infer that these behaviors may be produced by the first maturation of what psychoanalysts call "the sexual drive".

We assume that the preservation of the species must be secured by a powerful biological force and program within each of us, including all animals and plants. Whatever it is, the force within us programmed to preserve the species becomes first activated from about 2 1/2 years of age on, and unfolds dramatically during the 3 to 6 years period. We see interest in, indeed preoccupation with babies, genitals, wanting to love someone special, we see a new form of jealousy and rivalry, etc. All point to the child's having sexual sensations, feelings and developing a sexual interest in another person.

It is remarkable that when sexual feelings emerge in the 3 year-old child they become channeled to those persons the child values most, those persons the child already loves. After all, it is well known that full sexual love is not just sensuality; rather it is an amalgamated mixture of "sensuality" and deeply felt "affectional" love. Romantic love, that magnificent force that brings 2 individuals together and which commonly and naturally leads to reproduction is constituted of affectional and sensual trends of love. It therefore should not be surprising, yet it does surprise parents who are not so informed, that the child's emerging sexual feelings should follow the path forged in them by affection and attachment, to those the child already loves most, her or his parents.

This too we discuss below and in the child-rearing Section 3.312.

Infantile Masturbation:

This activity creates much difficulty for children (as we already noted) as well as for parents. For long, infantile masturbation has been and is by many still mistakenly assumed to be a sign of disturbance. This is not so according to medical and psychological professionals. Masturbation, the direct or indirect manipulation of the genitals in reaction to mounting feelings of excitation coming from them, while already evident prior to the third year of life in normal male and female children, now takes a new form. In the first and second years of life, the child occasionally touches his/her genitals in reaction to stimulation that arises both from within the child himself/herself and from the unavoidable manipulations of the genitals associated with diapering and cleansing. Generally such genital manipulation occurs only on occasion, and during the first 2 years, is not a significant focus of interest for the child. From the third year of life on, however, masturbation takes on a new, has a more compelled character and is initiated now by the child himself or herself. The increased arousal of the genital area which we believe is due to the increasing biological maturation of sexuality in every 2 to 3 year old child combined with the high sensitivity of the genitals, compel the child to pay much more attention to them and to make physical contact with them. The child is pressured from within, from sensations that arise from the genitals themselves to manipulate them, or to bring their genitals into contact with something against which the child can rub them indirectly. We now know that two to six year old children masturbate and that it is normal. In Section 3.2312 we shall talk about constructive ways of dealing with infantile masturbation.

Children's Concerns About Their Genitals:

Boys and girls have worries about their genitals, some minimal, some large. When these are unattended, discouraged from expression, or dealt with poorly, it can be hurtful and have later disturbing psychological-emotional consequences. But boys' and girls' concerns differ. Let's take each in turn, girls first, then boys.

3 to 6 year old girls experience sexual excitations every bit as much as boys do. They, like boys, focus on the features of their own genitals in reaction to the strong and compelling sensations that come from them. They find that they can produce pleasure when they touch their genitals whether directly by the child's hand or indirectly as by straddling the parent's thigh or a toy. By touching herself and when by chance she sees a boy's genitals, the little girl becomes aware that whereas the boy's genitals are amply visible, she does not have such an external-visible anatomical structure. Not yet knowing that her genitals are internal, and being under the oppressive influence of the powerful phenomenon of "I want what the other kid's got!"¹⁶ She wonders why her genitals differ from the boy's.

Four and 1/4 year-old Diane when she was 2 1/4 years old became emotionally very involved with Johnny's newborn sister Rose. She had said it was "her baby". At 3 1/2 she had sashayed up to her father and asked him to take her dancing, etc. When she was about 2 years and 7 months, for several months she became somewhat preoccupied with

¹⁶ See Unit 2, Section 2.2141.

"When she would get her penis." She first asked her mother, then her father, and then her next in line older brother. She did not seem to be anguished about it like some girls are, but she did persist in asking about it. This told us that she had a significantly felt concern but it seemed not to trouble her too much.

Four year old Jennifer made no mention of her wondering why she does not have a penis nor whether or not she would have one. Also, she gave no definite evidence of being concerned about it. When 5 1/2 year old Suzy was 3 1/2 years old she had a hard time believing she would not grow a penis. She seemed convinced her mother had one. On one occasion she insisted that her mother show her penis. (Mother quite reasonably did not comply). Suzy then insisted that she be allowed to search in her mother's purse for mother's penis. In the child rearing section we shall talk how Diane and Suzy's parents handled it.

These are reactions of 3 quite normal girls. A number of feelings and fantasies are generated in them: she wants a penis too; hers has not yet grown out; or, hers somehow fell off, or fell out of her body perhaps like a bowel movement, or by her masturbating manipulations; and more.

Young children, because they believe their parents to be magnificent and all-powerful tend to hold their parents responsible for any disappointment or problem they have. Here now, fueled by her marked increase in hate for the mother she now rivals for father's love, many a girl blames her mother for the fact that she does not have "her" own penis. Some bright, imaginative girls may be convinced that their mothers have a penis and that they will therefore grow one too.

This is not a light matter. Many a girl is very pained by this, as she experiences it, this "lack", and feels cheated, deprived or, even, "inferior". She may develop envy of the boy, feeling that he is more privileged than she, that he is "better", and have other equally irrational thoughts based on her not being able to know at a glance the marvels of her own genitals and reproductive system. How this is dealt with by parents can make a large contribution to how the girl deals with it (see Section 3.2312).

Boys too have their fair share of concerns about their genitals. 2 to 3 year old boys, under the influence of their biologically determined emerging maleness, experience their genitals as vital to their sense of self. It is as if they experience their genitals as being most indicative of their emerging maleness and masculinity. Narcissistically (self-admiringly) exhibiting their muscles seems to do this too.

Experiencing his genitals as vital to his maleness, when the 3 to 4 year old boy discovers that he cannot fully woo his beloved mother, many a bright, imaginative boy blames his small size and the small size of his penis for this failure. He has quickly figured out that his father succeeds where he fails. And, given the importance he attaches to his penis, he assumes that his father's larger sex organ is a very large contributor to father's success with mother. Now, given also that the 3 year old boy experiences his beloved father as a rival for his mother's amorous affections and that hate toward his father has intensified, the boy at times entertains the fantasy of undoing his father's success by robbing him of his obviously more effective genitals, thereby acquiring them for himself and destroying his father, all in one blow! Having such a fantasy, which is common among 3 to 4 year old boys, immediately brings with it the feeling of being a

treacherous transgressor who deserves only one fate, namely, to in fact be the one who is deprived of his own highly valued, even though admittedly smaller genitals. In fact, given that his father is much bigger and more powerful, the little boy concludes that this would certainly be his fate if he even attempted to attack his father, be it his genitals or any other part of him. And he now, from this moment, fears that in some way, by some undetermined circumstance, he might lose his vital genitals. And he suffers then from "castration anxiety". This is why boys from about 3 or so years of age on are in repeated dread of injury to their genitals, in young boys it often being manifest in concerns over things being broken, if broken whether they can be repaired, or over fears of being injured. They will need attention to the smallest scratch, make a large to do over even the slightest accident or damage to the self or others or things. Girls do the same at this age also because of their linking injuries to their conviction that their genitals have or may become damaged.

Intensive psychotherapies with adults and with children has led to the uncovering of what causes certain types of fears in 3 to 6 year old children. 4 1/4 year old Doug became afraid he would be hurt by deep water and became afraid of learning to swim. 5 1/2 year old Bernie became afraid of learning to ride his bike. These fears are different from fears of doctor's needles or barking angry-looking dogs. The fear of injury that Doug and Bernie experienced is believed by many clinicians (psychiatrists, psychologists, and others) to be due to the fantasies children this age have caused by their "family romance" and the dread by both boys and girls that their genitals will be destroyed due to their transgressive wishes and their guilt.

Again, these are not light matters. Castration anxiety can create enormous pain and lead to substantial emotional problems at this age and in later years. These genital concerns are in fact so anxiety producing in both boys and girls that they contribute to two crucial phenomena. First, the fantasies generated by these concerns, as well as those generated by the wishes and feelings that give rise to the child's family romance, produce anxiety of intense dimensions. To protect against this anxiety the fantasies, wishes and feelings become vigorously repressed, virtually fully pushed out of awareness (see Section 3.2511).

Second, because these fantasies as well as the child's genital concerns are tied up with the child's sexual excitations, they become tied up with the child's infantile masturbation. Such masturbation then of itself becomes a source of acute anxiety. It is as if masturbation itself will cause the dreaded injury. As a result, many a 6 year old child will stop touching herself/himself, stop masturbation. Because this masturbation is tied up with those fantasies and wishes which cause so much anxiety, when those wishes and fantasies that are not resolved (given up) become repressed, the recall of masturbation and much that surrounds the child's family romance and this time of life will be pushed out of awareness as well. This is one explanation for the remarkable fact that humans tend to remember so little of their life prior to 6 or so years of age, and why people tend to not recall memories of this personal family drama except under conditions when their recall is facilitated by special (psychotherapeutic) uncovering methods.

Reactions to Mother and Father Love Behavior:

Most normal children under three years show some negative reaction to mother's paying attention to another person, whether it be father or a sibling, or even another adult or child. During the 3 to 6 years period this occasionally shows itself in the need to have all of mother's attention and love, but as we already suggested, it takes a new form. It seems that often when mother and father are being affectionate with each other, whether they hug or kiss, the child will come between them, or cause a stir of one kind or another, as if to need to disrupt the parents romantic love behavior. This, of course, does not happen all the time. Some children react so more than do others. Hand in hand though with these negative feelings, in all children, one also finds reactions of pleasure, of a feeling of family security, and also much curiosity about parental love behavior and about their private love life.

Sex Play, Actual and Symbolic:

Since children of all ages busy themselves with those things that are most on their minds, what most interests them, it is unavoidable that many a 3 to 6 year old will engage in some sex play, whether alone or with a little friend. Self-explorations, in addition to infantile masturbation, in normal girls may lead to the introduction of objects into their vagina or anus, sometimes the cause of minor injuries and much distress to the child and the parents. Self-explorations are at first carried out in the open, but as family romance fantasies associated with these begin to produce conflict, self explorations tend to be done more and more in private and in secret. Reciprocal explorations, at first perhaps also done in the open soon become secretive too. Both tend to be done with some excitement and soon begin to create guilt (which will be discussed under Section 3.26). Sex play between siblings is common because siblings spend much time together, are frequently exposed (naked) to each other but also, because an emotional attachment already exists between them (see discussion of this important child rearing issue in Section 3.2312).

Symbolic sex play runs the wide range of carrying out sex roles in fantasy play, or with dolls or animals, in fantasy without play, to activities which bear little direct resemblance to sexuality, such as drawing or building structures representative of genitals, such as building structures using peg-in-hole methods (tinker toys), etc. These latter activities found invariably in normal children, are a major step toward creativity, through sublimation (see Section 3.2511).

3.2312 CHILD REARING: How to Handle and Optimize the Development of Sexual (Reproductive) Life

A Major Challenge for Parents: The Child's Emerging Sexual Life:

Sexual behaviors in children the ages from 3 to 6 years create much discomfort for parents, if not down-right problems. Understandably, parents would like for their

children to be free from "getting in trouble" sexually. Indeed parents' job of parenting would be less difficult if they were not burdened by the worry that sexuality can cause problems for their children. If only sexuality began in adulthood!

But it does not. And it is remarkable that for centuries with a few known exceptions, parents and professionals, physicians, teachers, clergy, biologists and others believed that sexual interests of young people begin in puberty. It is remarkable that for centuries, parents and all these professionals were unable to recognize that in fact a young person's sexual life begins at about age 2 to 3 years. Why have so many millions of highly intelligent, inquisitive, insightful, disciplined observers of human nature and of children not have seen what has for the past century become quite clear to us -- that sexual excitement, interest, wishes, fantasies, and play are a large part of the preschool child's life? Of course there have to be good reasons.

Sexuality is recognized by society to be a potential major source of problems. But before we state some of the reasons why the early emergence of the child's sex life has gone unrecognized, let us say that although it is a source of problems, sexuality is also recognized to be a most vital part of life, as the means for the preservation of the species and of our own particular families -- to keep the family name alive. It is also recognized to be a source of very unique pleasure, a pleasure that can cement marital couples and enhance their love for one another; it is also a principal means of expressing romantic love to the person so loved. In fact, that problems in being able to normally enjoy the pleasures of romantic sexual love can interfere with the healthy maintenance of a marriage relationship is one major reason why mental health clinicians and researchers have explored the part sexuality plays in our lives, and why we concern ourselves with it here. Fine then, we recognize that sexuality is a vital part of life, has the major goal of preserving the species, is highly beneficial to the maintenance of a marriage and family, brings a unique pleasure to humans, and, of course, that it can cause large, painful problems. But why have we ignored for centuries that a person's sexual life begins at about age 2-3 years?

First, recognizing that sexuality can create many problems and that rearing children brings so many challenges to parents may have caused them to ignore its manifestations in young children. Hoping to avoid having to deal with yet another burdensome challenge, parents perhaps hoped these were not manifestations of a real or serious interest and concern, that it is just child's play, and that there is no need to pay attention to it until puberty when, every parent knows, "Look out, because now it counts!" Of course we know "it counts" then because 11, 12 year olds have gotten pregnant -- indeed have been "serious" in their sexual activities.

But we cannot be harsh with past parents; we know only too well how difficult it is to be a parent and that parents (all humans) will tend to put off a problem until they have to face it. And parents, along with many good doctors and others of the past, would hope and pray that a child would outgrow any troublesome behavior! So, needing to avoid what parents saw because they hoped it would go away, or it was not considered to be meaningful, may be one reason.

A second reason, which is tied to the first, is that because sex has come to be regarded as destructive under certain conditions, or as a vice or evil and sinful under still

other circumstances, it has brought with it disbelief that innocent, nice children could seriously have such feelings and thoughts as is now said to be the case by clinicians and researchers who work intensively with young children. So, "Nice children don't have such bad thoughts" is another possible reason.

A third reason may be that the defenses which were made necessary by the intense conflict due to ambivalence parents experienced when they themselves were children 3 to 6 years of age, are still active. Or it is that they may become reactivated due to parents' identification with their own children when their children go through this period of life. Let us elaborate here. When now-parents were children 3 to 6 years of age, they too experienced the conflict we described in Section 3.2311, namely, now-mothers developed intense infantile romantic love feelings for their fathers and jealousy, rivalry and hate toward their beloved mothers; now-fathers did the same but in the reverse genders. Faced with acute anxiety, fears of loss of love and even of injury to their conflict-producing genitals, and suffering from intense guilt, they too set up the various defenses of taming hostility and hate, of regression, reaction formations, identification and repression. Repression is especially critical now when they are parents, for two reasons: (1) they cannot remember having thoughts and feelings like their child is manifesting because these are now out of their awareness, and (2) their child's behaviors are stirring and making the parents' feel their old repressed conflicts and anxieties, especially because parents identify with their children as these children go through the course of their own development. Repression tends to put things as if "in cold storage" which means that repressed thoughts and feelings will at least to some degree remain unchanged, undealt with and, therefore, potentially still conflict and anxiety producing. It may be that this reason then, the parents' own residual defenses against the reactivation in them of their own repressed conflicts and anxieties, that this is the most powerful reason for parents and professionals over centuries having failed to recognize the seriousness, the anguish, the problems children experience during the 3 to 6 years period arising from their emerging sexual life.

What are some of the Consequences of Avoiding Recognizing the Emergent Sexual Life of Young Children?

First, it means that parents will not adequately understand what their child is doing or is experiencing and are, therefore, not likely to know how to best handle their child's sexual behaviors, nor the conflicts to which these give rise, nor the defensive behaviors, nor the sharp guilt the child may feel and show evidence of. As is the case throughout this curriculum, we feel that the more a parent or parent-to-be understands a child's behavior, what may cause it and what it means, the more likely that parent or parent-to-be will know how to handle the behavior in growth-promoting ways.

Second, it means that, not feeling understood, the child will not be as likely to turn to her/his parents for help in solving the problems that may and do arise out of the child's emerging sexual life. Not feeling an empathic understanding from the parents, robs the child of the most crucial source of help (see the third reason, below). The child is likely to turn to no one for help or turn to young peers -- who, for many years to come still, are

the worst source of information on matters of sexuality.

Third, but to be sure among the most important of the consequences to the child, parents (but other adults as well) who do not recognize the seriousness to the child of (1) the young child's being capable of experiencing sexual stimulation and excitement, (2) the 3 to 6 year old child's sexual wishes and fantasies, whether conscious (in awareness) or already repressed, (3) the conflict these create in the 3 to 6 year old, and (4) the anxieties and guilt the child's wishes and fantasies bring, will not recognize the potentially enormous harm engaging in sexual activities with their children will create. It is recognized by mental health professionals as child abuse. The convictions that the 3 to 6 year old child will not know what the parent (or other adult) is doing, or will not understand what it is, or will not remember what happened are all false. Because sexual experiencing is central to the 2 to 6 year old child's life, sexual activity is intensely experienced, creates much anxiety, intensifies the child's already intense conflict due to ambivalence, intensifies guilt and may lead to serious emotional problems including symptoms and life long inhibitions and distortions in relationships and in the child's eventual sexual life.

We also want to caution parents who with very good intentions may however cause problems for their children. In general parents want to help their children to not be troubled by their bodies and their sexuality as adults. Some parents, in an attempt to help their children not feel ashamed of their bodies, to help them feel that bodies and sexuality are natural, allow their children to be with them while parents dress and undress, during toileting, and may bathe and shower with their children. However, when one understands the facts about childhood sexuality -- the child's fantasized family romance, the internal conflict, ambivalence, and guilt it creates, the boy's concerned about castration, the girl's concerned about not having a penis, all children's concerns about being small and inadequate compared to their parents -- one can see that these practices may well trouble the child and have the opposite effects than the parents intend. The child will most likely find such mutual nakedness exposures with the parents, as well as being allowed to sleep with the parents, as over-stimulating and may feel disturbed and unprotected by the parents. We feel that should a child attempt to involve the parents in these sexual of activities, that attempt can be dealt with as one would deal with any overly personal question. With sympathy and respect the parents can explain to their children that it is most helpful for children if parents keep these activities private.

It is especially to protect children against sexual abuses that may cause them life long harm that recognizing and understanding the 3 to 6 year old child's emerging sexual experiencing is necessary. Empathic understanding of it is more likely to encourage the child to turn to the parents for help in dealing with the problems that may arise both within and outside the family. Let's look at some of the less traumatic problems than sexual child abuse, because these too can create difficulties.

The Child's Interests in Sexual Matters:

Education for parenting and clinical experience informs us that many parents do not know that normal children, some from the second, even the first year of life on touch

their genitals with pleasure (infantile masturbation). Many parents also do not know that at 3 and 4 children are very curious about genitals, theirs and others, about where babies come from, and many girls want to have a baby of their own, pretend to be a mother, and boys a father, etc., and that most get upset or worried about their own genitals. Many parents don't know that little boys become remarkably preoccupied with their penis and seemingly unreasonably worried that some harm or damage will come to it. Nor, do many parents know, that many little girls become upset because they believe there is something wrong with them, since their genitals, not being so visible, don't look like little brother's or Johnny's next door and experience their genitals as defective; nor that when a little girls says she wants a baby she often means a real live one of her own, made with the help of the man she most loves, her father, and that she is not talking of wanting a doll.

Of course, if a particular child shows none of these behaviors this topic will cause no concern to the parents. Child development specialists, however, know that these behaviors occur in all healthy children and that during the 3 to 6 years period, and even before, they will be of concern to the parents as well as their children. Some parents have called mental health professionals in alarm, convinced that their child is a sexual pervert or some other mistaken awful label because "She touches herself, you know where!" Since, as explained in Section 3.2311, the child comes to think badly of herself/himself due to the unavoidable inner conflict and the ambivalent feelings that emerge in early sexual life, this type of parental reaction will become conveyed to the child and only affirm, mistakenly, the child's greatest fears: "I am bad, I am evil".

In addition to the problems often created when a parent avoids recognizing this fact about children's lives, not knowing children worry about these matters may lead a parent to ridicule the child's worry, or to not be able to allay the child's irrational fears. Diane's mother had heard about but did not believe that little girls wish they could have or get a penis--along with all the other normal (reproductive system and) genitals they have--until her own three year old daughter Diane, a cheerful, lusty child asked her when she would get her penis. Startled, by this truly unexpected question, Diane's mom did well as she told her daughter that little girls are very nicely made the way they are, that they don't have or get a penis. Diane's mother was distressed that this answer did not satisfy her daughter, because she learned that Diane then went to her father and asked him the same question. After she got a similarly reasonable answer from her father, still not satisfied, Diane asked her 6 1/2 year-old brother Jack when she would get her penis. Her question was not so well received by Jack as by her mother and her father. He told her with a good deal of disdain that she "Is just a girl!" Fortunately, the parents could address the issue more sympathetically and helpfully than did her young brother, and could repair the blow to her self-image which she sustained at the hands of her anxious brother's "You're just a girl!". They also had a talk with Jack about what he said to Diane, pointing out to him that girls and boys are equally wonderful kids to have, that they are different in some ways but not in others and that both types of persons are needed in the world. Young boys are also vulnerable to anxiety from their own sexual conflicts; in this case, most likely was the fact that by her question, Diane stirred her 6 1/2 year old brother's own castration anxiety, a condition that is likely to rob any boy of the empathy of which Jack

was in fact capable.

The concern about genitals children have, a boy being especially afraid that his penis might be harmed or fall off, or a girl's distortion that the penis she once had fell off or the one she will grow might become damaged, lead to seemingly irrational concerns by displacement. For instance, when she was 3 years old Suzy for some time refused to eat cookies and crackers that had any part broken off and would insist that she get an unbroken one. Many a parent believes it is because the child is greedy and must have every little bit of cracker she has coming to her. Much more likely is that she cannot tolerate the thought that things that have an expectable shape can be broken, a direct derivative of her feeling the penis she had broke off. Similarly, 5 1/2 year old Bernie refused to learn to ride his bike followed an incident in which he fell while playing with Tom, in which he scraped his knee pretty harshly. But he cried and was in anguish for several days as though his leg was broken. A boy or girl might insist that a band aid is absolutely needed, in order to cover over the injury as well as to magically guarantee healing. When the parent understands the symbolic meaning of seemingly irrational reactions as these, empathy and reassurance which can work wonders are much more likely to follow from the parent.

Unfortunately, Suzy's mother, who was very burdened rearing Suzy without the help of her father (they had divorced 2 years before), did not help Suzy well enough with her worry about not having a penis. She was right to not respond to 3 1/2 year old Suzy's asking Mom to show her mother's penis -- she seemed to want Mother to just take off her clothes and show her. But while Suzy was looking through Mom's purse for Mother's penis, she teased her by pretending she was hiding it behind her back and laughed at her as Suzy frantically demanded to see it. This was more hurtful than Mom realized: Suzy felt teased, momentarily believed that indeed Mother does have a penis she is hiding, was later embarrassed that she had believed her mother, felt hurt and became very angry with her mother, and moped for the rest of the afternoon. Mother didn't know that she diminished her daughter's trust in her, that she intensified feelings of hate in Suzy toward her, and that Suzy felt her mother to be a mean mother. And it would have been so easy to be helpful and avoid all these negative feelings. It also did not give Suzy as clear a picture of herself as a lovely, lovable girl whose body is very normal and pretty. Each of these events is an opportunity for the parent to reassure, explain, correct distortions; missing these opportunities are also often accompanied by harm to the child and the mother-child relationship, as happened to Suzy.

Handling the Child's Family Romance:

It is clear that children can live out very fine lives whose parents are not at all aware of their children's fantasies of wanting to marry their mothers or fathers, fantasies activated in these normal children by their emerging infantile sexuality. Children have been reared so for thousands of years. The mental health field, however, has found that many emotional problems do come from failures to deal effectively enough with the 3 to 6 years period of development, and quite specifically, for not resolving well-enough the child wishes and fantasies that come from the child's fantasized family romance.

Furthermore, as has come into public awareness during the late 1980s and early 1990s, engaging in sexual activities with children 3 to 6 years of age especially, but earlier and later as well, can have consequences ranging from non-harmful to severely harmful depending on certain conditions. Although more research is needed, these are some of the current findings.

Sexual play between 3 to 6 year old children like playing doctor, etc., is common, usually causes children no harm when duly and reasonably attended to by parents and other caregivers (more about this later). Sexual activities between 3 to 6 years old with nonsibling older children and adolescents can create problems for the younger child (and the older one too) when there is physical hurt or threats of harm if the 3 to 6 year old does not comply or if he or she tells what happened. Some 3 to 6 year old children have been threatened with death if they tell. This of itself can be equally harmful to the sexual transgression of the young children. When the older child or adolescent is a sibling, the hurt to the 3 to 6 year old usually is greater than when it is not a sibling. Physical hurt and threats add to the severity of the potential emotional hurt the 3 to 6 year old may experience and carry with her or him for many years to come. When an adult sexually transgresses a 3 to 6 year old child the consequences tend to increase in severity. Most acts of sexual abuse of children are carried out by adults they know, whether neighbors, substitute caregivers, preschool teachers, uncles and aunts (or cousins), stepfathers and stepmothers, even grandfathers and grandmother, or fathers and mothers. The degree of severity of the consequences for the child increases in the order just stated, from less severity by non family adults to highest severity when by one's father or mother. Again, physical hurt and threats intensify the emotional assault on the 3 to 6 year old. Some of our most emotionally disturbed people, and there are many, have had histories of sexual abuse during childhood or adolescence. Generally, the younger the child when the sexual abuse occurs, the greater the severity of emotional problems.

Why is sexual activity carried out by parents and older siblings more damaging to children, especially children from 2 to 12 years of age, but to children less than 2 years and to adolescents as well than when done by non family individuals? Because they are the people the child expects she or he can trust most to do them no harm? Yes. But why can activity that is part of being human cause them so much harm? Whatever answers one comes up with, none seems to better explain it than to put the sexual transgression against the child in the context of the child's fantasized family romance.

When a father engages his 3 to 6 year old daughter into sexual activity (always an emotionally disturbed man), he is fulfilling not only the child's wish and fantasy that father be her lover and give her a baby, but also the girl's wish to take father from mother, that he prefer her over mother, which the girl believes would make her mother very unhappy. Furthermore, the girl now comes to believe that she is the cause not only of mother's being rejected by father, but of her mother being harmed and even destroyed. All the fantasies of removing her rival for father from the scene now are possible, including the fantasy that her hate will destroy her mother. This leads the little girl to feel intense, tenacious guilt. She believe that she is the one who caused father to do this with her; everything that has gone wrong in the family, she believes, is caused by her. She feels she is bad, evil and unlovable. The same can be said for the boy whose mother

engages in sexual activity with him.

This sequence of thoughts is not an invention of ours. It is found repeatedly in psychotherapeutic clinical work with children and adults who have suffered sexual abuses by a parent, or a sibling, or a close relative.

Sexual activity on the part of a father with his son or a mother with her daughter is more complicated but leads to equally serious emotional disturbance. The family romance plays its part here too but becomes distorted and the child's gender identity may become confused.

The major reason for the more hurtful effect of sexual activity by an older sibling than an older peer is that the sibling is often experienced by the younger child, as a substitute for the parents. Recall that 4 year old Jennifer was as happy to see her 7 year old brother Mike pick her up at Gloria's as if it had been her mother or father. There is a primary relationship between siblings and their becoming substitutes for the parents is experienced by all younger siblings from time to time. Similarly, this applies to aunts and uncles as well.

The greatest protection against children's being sexually abused will occur when parents recognize the harm it causes, and when they understand the normalcy of, the nature of the child's fantasized family romance, and the harmful consequences of gratifying these specific fantasies which the normal child has. What would have happened if 4 1/4 year old Diane's father had allowed himself to be drawn into Diane's fluttering her eyelashes and sashaying up to him seductively as many a normal child might with her beloved Daddy? Or what if Johnny's Mother was to respond to his sweet talk to her with showing preference for him over his father? Fortunately, Diane's Father not only did not become seductive or sexual with her, he also did not ridicule her feelings and behavior. He said that they all could go to the movies together someday soon and even added wisely that some day Diane would have a real nice boy friend of her own who would take her dancing and to the movies like Daddy does with her Mom. And Johnny's Mother said that she was really glad Dad was coming home for dinner so they could all enjoy it together. Although she did not, she could have added that someday he'll have a nice wife and he'll be able to take her out to dinner or have dinner at home with her alone.

Fortunately, although sexual abuse of children happens more frequently than we would like to think, most parents are truly responsible people and recognize the potentially harmful effects of such abuse. Diane's Dad and Johnny's Mother probably did.

Also very protective against child sexual (and physical) abuses would be if parents recognized that young children do understand what the parent is doing when they engage in sexual activity with them, that they are made anxious and guilty by it -- which is the major reason they do not tell the other parent it is occurring -- and that they do not forget (even if they repress the experience into their unconscious mind for years).

When children are helped through this very enriching and development inducing period of life, they grow in the ability to love, to form meaningful love relationships, and they also grow in many adaptive abilities and in conscience formation. We shall talk more about the last 2 issues in Sections 3.25 and 3.26.

Several more points on handling the child's family romance. Bernie's Mother was especially helpful when she was sympathetic with her son's "being in love" with their downstairs neighbor. She respected his being upset at the thought of her leaving. She had reasonably not accommodated Bernie's wishes to invite her to visit him; she did not feel this would be reasonable. After all, she knew that the neighbor was old enough to be Bernie's mother and she would not foster these feelings in him for her. However, had she been 5 1/2 like Suzy, it would have been fine to invite her over to play. It would also have been wise to supervise their play. It would not be reasonable to let Bernie invite Suzy into his bedroom and close the door.

There is a major benefit to Bernie's being in love with their neighbor. It meant that Bernie had taken steps to give up on his wanting to marry his Mom; he was in fact, in love with another woman altogether! It is for this reason too that Bernie's liking one little girl especially, would be a step in his development. It is also very helpful to help a child deal with his jealousy and the guilt that come with the child's family romance. 4 year old Jennifer's Mom recognized that her daughter felt jealous of her 7 year old brother Mike because he was older, better able to do things than she, able to go to bed later, and when she felt (quite wrongly, but with conviction) that her parents preferred Mike to her. But she also recognized that Jennifer's saying she wanted to marry her Dad and when she became mortified when asked with Mom there "Who she was gonna marry". Mom knew that her lovely daughter -- who could at times be a pain to deal with -- probably envied her. It helped a lot that Jennifer's Mother remembered what she kind of preferred her Dad over her Mom at times, and what that felt like. And she wondered if Jennifer's not wanting to go to bed could also be because Jennifer was jealous of Mother being alone with Father. She did tell Jennifer from time to time that her time would come too, that someday she would have a very nice boy friend and then a husband and she could then have the things Mom has. It was somewhat like Diane's Dad telling her she would have a nice boy friend someday; and Johnny's Mother did a similar thing. What these parents did then was to reassure their children that they would get to have what the parents have and that it would be very nice for them too. The child's jealousy is softened a bit when the parent understands and is sympathetic.

Handling guilt is more difficult and we shall talk about it in Section 3.2612.

Questions about sex:

All 3 to 6 year old children have a lot of questions about sex. When they feel their parents value answering their questions, many children ask. Curiosity arises out of the child's adaptive and self-protective mechanisms. Wanting to see, to touch, to explore, wanting to know and understand, are all part of learning to adapt to oneself, to others, and to our environment. There is much evidence that children are pressured from within to know, to explore, as a means of adapting to the environment, the self, and others. Adapting gradually to life brings with it the need to master, to gain a sufficient degree of control over oneself and one's environment in order to feel safe with both.

In their powerfulness and pressure, sexual feelings will arouse in the child an enormous interest both in seeking their gratification and in wanting to understand what

they are all about. Both will lead to many questions and fantasies in a child's mind; some children will ask more questions than others; some will dare to ask or play out only a few; some children will not ask.

If one wants a child to have a good understanding of sexuality, to have useful and appropriate information about it, to learn how to deal with it reasonably, with appropriate controls, with reasonable anxieties and guilt, it can be most helpful to answer the child's questions as they come up. It is never too early, nor is it ever too late. Any question asked sincerely can be dealt with reasonably and openly. Clinical experience teaches us that truthful answers in the long run are much easier for the child than are fabrications. Personal questions, as to how frequently parents have intercourse, for instance, are private, can be stated to be so, and not answered. Such questions can be left to the child's imagination.

No question is ridiculous if asked earnestly. Both little boys and girls, for example, will want to know why boys have penises and girls don't; an honest, empathic (children are often serious when they ask them), appropriately informative answer is the best answer. When 3 1/2 year old Bernie stuffed a pillow under his shirt and said that he is going to have a baby, his mother told him that boys can't make a baby in their belly because they don't have a uterus, which is sort of like a pouch for a baby. And she added she is glad he is a boy. She also said it would be nice if he could talk to his Dad about this. Again, an honest, empathically concerned answer is the best answer. Because the conflict and feelings detailed in Section 3.2311 produce distortions in normal children's fantasies, and as they try to sort out these facts of life, it is important to answer questions with an eye for clarifying and undoing distortions children may have. For example, as Bernie's mother did, it is well to point out that if a boy cannot have a baby in his tummy, it is not because there is something wrong with him but rather that boys are made in such a way that they cannot have a baby in their own tummy; however, when a boy is old enough he will be able to help a woman he loves to make a baby, and then he will a father. It is well to answer little boys and little girls questions about having a penis and not having a penis as a fact that arises out of normal developments in both boys and girls; that little girls are not human beings who once had a penis and which due to misbehavior or some other funny or tragic event somehow broke off. Rather, it is well to point out that a girl is beautifully made the way she is, that she has a vagina or uterus or baby sac and ovaries and that someday when she is old enough to be a mother she will be able to have a baby if she wants to; and to tell the boy that he is beautifully made the way he is, and to tell him about anatomy and the contribution that he can someday make to the making of a baby.

In answering children's questions there is no need to give them a lecture. It is best to answer what they ask about and no more. If they need more, they will ask. We cannot overemphasize how seriously concerned children three to six years of age, and beyond, are with these issues, how frequently they think about these matters, how frequently they fabricate explanations that will suit their particular fears and anxieties, and how often they will distort these realities. It is also well to know that these views of sexuality which all normal children experience at this very young age, may lead to long-lasting consequences both of a positive and of a negative type depending on the theories they

evolve in their own heads. A parent who is well informed, and who can be comfortable enough to talk about these matters as normal and casual concerns, will be the best source for preventing distortions on the part of the child. If the parents do not answer these questions, somebody else will. They will be asked. That somebody else may be a six year old neighbor, who, with his/her own distorted theories may fill the child's ears and mind with frightful distortions which can have a long-lasting influence.

Infantile Masturbation:

As noted earlier masturbation is the direct and indirect manipulation of one's genitals in reaction to mounting sexual tension the aim of which is the reduction of that tension and the re-establishment of a calmer emotional and physical state. This definition intentionally does not emphasize the pleasurable aspect of masturbation, but rather emphasizes its function of reducing unbearable inner physical and emotional tension which becomes a source of great distress for the child during the course of growing up. The reasoning here is that masturbation has too long and too often been wrongly stated to be a sign of feeble-mindedness, evil or perverse thought and interest, has long wrongly been blamed as the cause of physical and emotional disease (everything from causing insanity to causing defective egg cells and sperm), while its protective and emotional integrative aspects have too often been ignored. Until the age of six or so, when the intensity of sexual tension lessens because of the child's many psychological defensive operations¹⁷ and, possibly as well, due to a biological calming of the sex drive until puberty, masturbation is an important safety valve. Parents can be helpful to their children if they are understanding of this, and accept masturbatory activity when it occurs in reasonable degree. It is useful to suggest to children when they masturbate openly during the three to six year period that they do so in private, and convey to them a reasonable, moderately self-controlling attitude about it. Among the important issues here, is that the parent's reactions to the child's masturbation will convey the parent's particular attitudes toward sex. Parents should know that children are inclined to believe that sex is bad; they do so from the conclusions to which their family romance conflict leads them. That is, it is plausible that Jennifer or Diane or Suzy, or all 3 might feel: "My sexual feelings have caused me to be jealous of and hate my mother. Therefore, sex is bad." The boy does a similar thing. The child may accept this conclusion and it can be re-enforced by a parent's alarm and disapproval of masturbation. This can, in turn, lead to later sexual inhibitions and problems in relationships. Of course, if a child masturbates many times a day, seems compelled to do so too frequently, it is a neurotic symptom that is created by emotional conflicts and requires professional attention.

One more point, quite commonly, people will say and believe that the masturbation that begins in early adolescence is the first time they ever remember masturbating or knowing anything about sex. But observing healthy young children, one readily sees masturbation and erotic activity during the three to six years period, as well as much "knowledge" about sex and babies. The seeming loss of memory of this period results, as

¹⁷ As we detailed in Section 3.2311 and 3.251.

we have said, from the repression of wishes and fantasies which pertain to the child's conflict-laden, but normal and salutary fantasy of the family romance we have described.

Reactions to Mother-Father Love Behavior:

Understanding what causes negative reactions to parents showing affection to one another like hugging and kissing, is essential to knowing what to do about this type of reaction. It is normal for children to behave in this way; it requires empathy and tact in handling in order to be helpful to the child. Sometimes it also requires the setting of limits. For instance, 4 year old Jennifer at times is angry and pouts because when Daddy comes home, although he gives her a big hug and a kiss, he also kisses mother. Many a parent would ignore Jennifer's reaction. Being aware of the hurt she feels, her Dad is helpful by being sympathetic but staying with the facts. He said to her one time when she reacted like that: "You wish, sometimes, you could have Daddy all to yourself. But listen, Mommy and I have been married for a long time." And with nice humor (not teasing!): "Guess when you get big you'll find yourself a nice boyfriend, all of your own." In this way too, Jennifer's father gently helped her with her feelings of jealousy. Jennifer probably did not like her father setting the record straight, but she did feel understood, not chastised or threatened, and it probably made her feel she is not evil for her thoughts and wishes.

As we said before, when 3 1/2 year old Diane put on her mother's powders and perfumes and then dumped them in the toilet, her mother was shocked and very angry with her. It was helpful that she told Diane that this was absolutely not to happen again -- it had once already and did one more time later but without the dumping the perfumes in the toilet. Mother was not nasty. Mother told Diane she did not mind her putting a little powder on her face, but she did mind having the powder all over her dresser, and if Diane could not be more careful, then she had to keep away from Mom's powder -- and, she is not to take mother's perfume on her own, though mother would put a dab on her next time she used it herself. And then she had added: "Someday when you're bigger, you'll have your own powder and perfume and that'll be very nice!" And, when 3 year old Johnny asked his mother if Daddy would be home for dinner and Mother said he would, Johnny had said; "Oh, does he have to!" Mother could have ignored this. But she lessened her son's pain by not ignoring it, by a sympathetic, "It's nice to be alone with Mommy at times." And then, again with, non-teasing humor, but helping her son face reality, mother added: "I like it when my husband is home for dinner with us. I can see that when you grow up you'll be very happy to be alone with your own girlfriend."

In all such instances parents can help their children by (1) recognizing the expression of pain the child is experiencing, (2) understanding the meaning of the child's behavior, (3) being empathic, that is, putting oneself in the child's place and asking "How would I feel if I felt what he or she feels" and then, "How would I like to be dealt with if I felt like this?" (4) Respecting both the child's feelings but also his/her need for honest, appropriate and realistic handling. Being aware of these 4 steps in dealing with one's child will guide the parent to growth-promoting handling of difficult experiences which unavoidably occur to children during the 3 to 6 year period, and even longer in many. In addition,

warmth and humor, not teasing or ridicule, can make this bitter pill -- "I can't marry my Mommy or Daddy" -- easier to swallow.

Parents have the beneficial right to kiss and hug, and have the right to privacy in and about their sexual relationship. It is in fact desirable that children see evidence of affection and signs of romantic love -- though not overt sexual behavior -- between their parents. Children, it is true, are made jealous by such behavior. But they are also reassured by it. First they are reassured that feeling love, expressing love feelings, romantic love feelings where appropriate, is not only permissible and safe but is, in fact, desirable. Secondly, children are reassured that their parents' will not separate/divorce when mother and father express love for each other, they then feel that their family life is secure. But we want to emphasize that parents should not carry such demonstrations of love into sexual erotic interaction. Exposing children to sexual acts (beyond affectionate kissing and hugs), from passionate kissing to sexual intercourse, is highly conflict-producing. It is so by being too stimulating and too bewildering; and because the love behavior causes the child to feel jealousy and hate it makes the child distort the quality of the parents' sexual experience. Quite commonly because of the child's own hate feelings color what the child sees, the child distorts the love (sex) act as one of attack and fighting. This contributes to the child's experiencing such exposures as bewildering.

Sex Play, Actual and Symbolic:

Under Infantile Masturbation (above) we discussed briefly what parents ought to bear in mind with regard to self-explorations and infantile masturbation. These are normal, expectable phenomena. But, limits are needed when during such activities objects are inserted into the vagina or the anus, or when the child engages in any activity that can cause self-injury. It is not uncommon for children, usually 4 to 6 year old girls, to be brought to the Emergency Room or the Pediatrician because of genital or anal area bleeding due to just such object insertions.

Mutual explorations by children are best discouraged and restricted during this age period, with explanations that the child is too young for this type of activity, will be able to use better judgment about it in later life. For the most part, symbolic sex play -- i.e., children embracing, pretending they are mommy and daddy, but not enacting the actual sex act -- causes no problem except when it is excessive, a more than usual preoccupation, or when it leads to too much excitement and/or irritability, or when it gets out of control.

4 year old Jennifer and 4 1/4 year old Diane were playing "boy chases girl" with 6 1/2 year old Jack, Diane's brother. They were all three clearly enjoying themselves, their squeals and laughter gradually increasing as they chased and, in turn, were chased. They also got overheated and were sweating. The sounds began to reach a pitch of being overly excited, overly stimulated, and disruptive of the adults talking together. Jennifer's mother took her cue from this and nicely but firmly said: "Heh, you kids, you're making too much noise. Enough of that game. Jennifer, sit down for awhile." It worked well. Jennifer collapsed onto the floor, sweating and panting. The game stopped.

A word is needed for parents about the supervision of and restriction of sex play

between siblings. Sex play between siblings is common, is understandable, and needs control. It is understandable because of this. When the 4 to 6 year old begins to accept the fact that he cannot marry his mother, or she cannot marry her father, the child will take steps to attach his/her romantic love feelings to another person, usually but not exclusively, of the same sex as the idealized parent the child wants to marry. Given that the child already has formed a more or less affectionate relationship with his or her sibling, we cannot be surprised to find then, the romantic love (and sexual) feelings becoming displaced or diverted onto this sibling. This then heightens the tendency to engage in sexual exploratory activity between them. Although hearing a 5 year old declare he will marry his sister when he grows up is usually experienced by parents as cute, it should alert them to be aware of the facilitated potential for sex play. A benevolent awareness of this possibility, and benevolent limits when needed are recommended. "You kids aren't old enough for this: why don't you draw or color (or something like that)," and at some point something like this will be needed: "Sorry, but brothers and sisters can't get married to each other; you'll have to find somebody else to marry when you get big!"

3.2 EMOTIONAL AND BEHAVIORAL DEVELOPMENT

3.24 THE DEVELOPMENT OF AGGRESSION (Assertiveness and Hostility)

Aggression is essential for successful adaptation, for emotional health and well-being, and for the protection of one's rights and property, and for the attaining of our goals. At the same time, it can cause much hostility, hate and destructiveness and be enormously problematic for both child and parents. It was so as it emerged during the first years of life, it continues to be so as it undergoes new developments during the three to six years period, and it will still be so for years to come. The better the early developments of aggression, the more stable nondestructive aggression and the better modulated and controlled the hostile aggression, the less troublesome and the better its later developments and the emotional and personality developments it brings about and serves.

As we have explained in prior Units, we think of aggression as consisting of two major forms, namely nondestructive aggression which motivates assertiveness and goal directed behavior, and second hostile destructiveness which is what gives force and character to anger, hostility, hate, cruelty and rage reactions. Both types (or trends) of aggression evolve due to specific maturation that is typical for this age period. We will detail this as we discuss each type of aggression in the sections that follow.

Important is this: because a healthy degree of nondestructive aggression which fuels assertiveness and goal-directedness is essential for healthy emotional (psychological) development, and this trend in aggression is bound up with the hostile destructive trend which creates enormous problems for child and parent, it is essential that parents take on the enormous responsibility and task of helping their children cope with both trends constructively. This means that hostile destructive experiencing, which gives character to the negative affects (anger, hostility, hate, rage, etc.) is most challenging for the parents to handle. In this chapter we will address this point especially.

Equally important is how to handle nondestructive aggression. How to foster its good development into a healthy degree of assertiveness and goal-directedness, will also concern us here and be addressed. Our key concern will be: how to foster the capacity to be constructively assertive and how to help our children learn to control and mediate constructively their feelings of anger and hostility so as to make their own lives more pleasurable, more successful in a constructive way, less hurtful and destructive of themselves as well as those they love.

One more word before proceeding. The model of aggression we use (which grew out of our research in the development of aggression¹⁸) holds that children are not born

¹⁸ This work is reported in the following references:

Parens, H. (1979). *The Development of Aggression in Early Childhood*. Northvale, NJ: Jason Aronson.

Parens, H., Scattergood, E., Singletary, W. & Duff, A. (1987). *Aggression in Our Children: Coping with it Constructively*. Northvale, NJ: Jason Aronson.

feeling or having accumulated hostile destructiveness. They are not born hostile, hating or full of rage. They are, however, born with the mechanism or system which when activated by specific experiences will produce (or generate) hostile destructive feelings. The specific experience which activates this inborn mechanism (or system) is "excessive unpleasure", which means excessively felt emotional or physical pain. Anything the child feels to be too painful to tolerate at any given moment, whatever the experience may be, will generate hostile feelings in the child. The most common experiences in early childhood are too hurtful deprivations (physical or emotional), too hurtful frustrations, personal insults and abuses, (verbal or physical) physical injury (accidents, doctors' needles), or very painful emotional feelings like anxiety, panic depression, shame and guilt. We therefore say that hostility, hate, rage, and other such feelings come from the life experiences we have from early life on. The 3 to 6 years period brings with it unavoidable experiences the child feels as too painful even in the best of life conditions. These experiences include disappointments and frustrations which we shall detail. Common also but variable is the continuation of battles of wills between child and parent(s) and the limit-setting that are required to protect and socialize the child. Then unfortunately too common are the stresses and strains that come with poverty, with hostility and fights between parents, with abuse, separations and divorce, with serious illness of child or parent, with mental illness in parents (like depression), alcoholism and drug addiction, and other life stresses. Of course high on the list of what generates hostility and hate in children is child abuse, whether physical, sexual, emotional.

Parens, H. (1989a). Toward a reformulation of the psychoanalytic theory of aggression. In: *The Course of Life, Vol. 2.*, ed. S. I. Greenspan & G. Pollack. New York: International Universities Press, 2nd ed., pp. 643-687.

Parens, H. (1989b). Toward an epigenesis of aggression in early childhood. In: *The Course of Life, Vol. 2.*, ed. S. I. Greenspan & G. H. Pollack. New York: International Universities Press, 2nd ed., pp. 689-721.

Other references on this work are not listed.

3.2411 HUMAN DEVELOPMENT: Aggression

Nondestructive Aggressive Behavior, Assertiveness, Goal-Directedness:

Contrary to common expectation, researchers in the development of aggression have found boys and girls under 3 years of age are equally assertive, demanding, and when they are allowed to reasonably express themselves, are equally persistent in making their needs and wishes known to those who care for them. Studies show this occurs more with the child's own parents; children with substitute caregivers are less likely to persist in making their needs known and are less able to be demanding. Girls and boys under 3 pursue their goals with equal vigor; it is readily evident in their activities. Inborn dispositions, not gender differences, makes for a child's being more or less demanding and assertive at the beginning of life. This innate tendency to be assertive, to be goal-directed furthermore can be supported and can be interfered with. Many factors can interfere with the child's continuing to sustain a healthy degree of assertiveness and goal-directedness, including the child's fear of his or her own inner pressure to be assertive which may arise from accidents or injuries that may have occurred in the course of pursuing and persisting say in climbing up the stairs and falling, or in coming to some mishap in the course of pursuing self-initiated activities. A second major source of interference can come from a child's having been told too many times that he or she "Can't do this, can't do that", over and over. A third interferer with the development of healthy assertiveness is the child's having been insufficiently told that he cannot do this or cannot do that; take for example the child who hurt himself by playing with an electrical outlet from which he got a very powerful jolt and was insufficiently protected by his caregivers during this activity. Another interference may be the child's having been shamed for his/her behaviors excessively, to a discouraging degree.

A new interference to the ongoing development of sound, adaptive assertiveness which is specific to the 3 to 6 years period is guilt. Guilt is a major by-product of developments which occur during the three to six year period (see Section 3.23). It is of major concern to us now; we will discuss this below, under "The Upsurge of Aggression Arising From the Family Romance".

Yet another obstacle to a continuing healthy development of nondestructive aggression is the quantity and quality of ongoing battles of wills that occur between child and parent(s). The battles of wills, which unavoidably follow upon the child's inner push to do things himself or herself, what we call the thrust to autonomy which lead the child into doing things for which parents need to set reasonable limits, continue into the three to six years period, already fairly well patterned between each child and his/her parents. Battles of wills have been going on to a greater or lesser degree now since the end of the first year of life in many children, have been worked on by both child and parents for this long and continue as indeed they will into adolescence. Major efforts have already been made by the child and the parents to deal with and where possible prevent battles of wills, and much has already become internalized and patterned in the child's mind and personality. Now the 3 to 6 years period offers further opportunity to add to the

constructive evolving of the child's handling his/her goal-directed behavior, the handling of assertiveness in a situation of disagreement, and ample opportunity presents both in the child's relationships to his/her parents as well as in relationships to siblings (particularly) and to peers to further secure and develop a healthy capacity for assertiveness.

Of course, hand in hand with the development of nondestructive aggression, which motivates assertiveness and goal-directedness, in these ongoing battles of wills there will also be ample opportunity to deal with the child's hostile destructiveness in its varied forms and degrees, be it anger, hostility, hate, cruelty, or rage reactions.

During the 3 to 6 years period, the child shows evidence of two major maturations in aggression. These are readily discernible, important for normal development and determine special features in the child's personality. The combination of the child's biological endowment and of the parents' (caregivers') handling the child's behaviors are, as is the case with so many aspects of the child's development, most determining of how these genetically determined maturations will unfold. The first is an upsurge of aggression which is found to a larger degree in boys than in girls, and is believed to be a masculinizing form of aggression. The second is a powerful increase and change in hostile destructive aggression resulting from the family romance which brings a heightening of hate and ambivalence in both boys and girls. We emphasized this development in our discussion of the family romance in Section 3.2311. Let's take up each of these two types of aggression in turn.

The Upsurge of Masculinizing Aggression:

Clinicians and researchers of early childhood have long recognized a particular form of aggression which becomes evident in boys' behaviors particularly during the 3 or so to 6 years period. When 5 1/4 year old Bernie and 5 3/4 year old Tom play together one of their common games includes much "showing off" of their assumed strength and power. They push and test themselves physically against one another. They race (by foot or with toy cars), they wrestle, and above all they do a lot of posturing, exhibiting their arm muscles to each other. There is much energy that goes into this play. Often, when they do this in Bernie's home, his Mom ends up telling them to stop being so noisy and stop acting like apes. As do many boys this age (and older as well) variations of King of the Mountain game best illustrate this inner push of usually non hostile aggression; it leads to much competition but it is primarily to show that the boy is stronger, more powerful than others, than to hurt or destroy. There are of course times when Bernie or Tom goes a bit too far with the other and then, hurt and angry, hostility breaks out and they fight. But they are pretty good with each other and they seem to always make-up and have been friends now for about 2 years.

Some clinicians as well as direct observers of children have also found some degree of this kind of aggressive behavior in girls, but more recent research suggests that this is an important development in the masculinization of little boys. The kinds of behaviors which show this emerging type of aggression are the little boys' commonly found roughhousing, pushing into objects and people, adopting postures that seem reflective of large muscle activity which can be seen in their games as well as even in their walking, namely

adopting a he-man like stance or an ape-like stance, brusque play with crashing of trucks and cars, all in all an exhibitionistic, penetrating, intrusive, ramming, heavy muscle movement type of aggressive behaviors. Some theorists propose that this kind of nondestructive aggression, we emphasize that this is not hostile aggressive behavior (though it often does lead to hostile behavior), may be an essential development which parallels the sexual developments we talked about in Section 3.2311. Some have proposed that this aggression is essential for the masculinizing process in boys, and is an essential part of the gender-self development evident in boys during this developmental period.

In girls, during this same period, one often finds a trend in quite another direction with regard to heaviness in movement, in physical pressing, pushing, heavy large muscle movement behaviors. In fact some girls, like 4 1/4 year old Diane, who during the first two years of life are quite chunky and robust, seem to acquire a lessening of such movement robustness, become apparently lighter on their feet, some acquiring movement and posturing characteristics of a feminine type we commonly find in adolescents and adult women. Robust 2 year old Diane, at 3 1/2 sashayed up to her father and fluttered her eyelashes! We assume that again, the influence of the differentiation of the gender-self, in the girl of course toward feminization, plays an important part in the form taken by this nondestructive trend in aggression. It seems that girls generally do not acquire this masculinizing aggression which contributes to the beginning distinction that can now, during the 3 to 6 years period, be made. We can now more readily than before tell if a child is a girl or a boy.

In sum, it does seem that masculinization of the boy brings with it a change in nondestructive aggression which creates a distinction between boys and girls, to a greater or lesser degree depending on the biological endowment of the particular child. It does seem that the masculinization of the boy brings with it this modification in aggression toward the kind of exhibitionistic, narcissistic (self-aware, self-admiring) large muscle and prowess- displaying behaviors which in their extremes one finds in some sport figures and in machismo behaviors in males.

We want to emphasize that this development in nondestructive aggression, in boys especially, does not mean that there is a lessening in degree, level, intensity, or capacity for nondestructive assertiveness in girls. There is an increase in apparent forcefulness in boys' assertive behaviors due to the change in the form of expression of assertiveness without there being an increase in the capacity to be assertive. In other words, little girls continue to be as assertive and goal- directed as are boys, continue to show evidence of nondestructive aggression as do boys, but the forms of their expression of assertiveness differ. Although some may argue that boys under 6 years are overall more aggressive than girls under 6 years, some researchers of aggression propose that differences in the expression of nondestructive aggression, of assertiveness and of goal-directed behaviors formed between boys and girls lie more in inhibitions of assertiveness than in the assumption that boys are more assertive than girls. While the forms of assertiveness may give the impression that little boys are more assertive than girls, these researchers propose that inhibitions of assertiveness are more likely the product of what we will discuss in the next paragraphs, namely inhibitions arising out of ambivalence and guilt.

The Upsurge of Hostile Aggression Arising from the Family Romance:

We described in Section 3.2311 how the remarkable early development in sexuality brings with it the enormously important evolving of gender in oneself, of the gender-self (the masculinization of the self and the feminization of the self). We also described how the development of infantile sexuality brings with it, in the child's mind, a complex family romance, experienced by every boy and girl with his or her mother and father. This family romance brings with it much hurt feeling due to disappointment, frustration, jealousy and, as a result, this hurt generates or produces hate toward the parent of the same sex whom the child loves. Hating someone we love (which is ambivalence) leads to guilt. This is especially so when the hated person is a loved parent. We have also emphasized how this painful conflict and the unavoidable increase in hostile destructiveness it brings, surprisingly perhaps, is enormously salutary due to the highly beneficial developments it activates within the child. We will talk further in Section 3.25 on the adaptive functions it instigates and in Section 3.26 on the critical development of morality and conscience that this conflict generates. For now, let us look at the increase of hostile destructiveness that comes with this family romance.

Both boys and girls experience such an increase of hate. 4 year old Johnny did not want the father he loved to come home for dinner. Although it was his mother who was frustrating him by saying she was glad her husband was coming home for dinner, Johnny was most angry about this with his Dad. 4 year old Jennifer got into many battles with her mother over not wanting to go to bed before everyone else in the family, told her mother she hates her, appeared jealous (of Mom and her brother), disappointed and angry that she could not have a real baby, and was mortified when asked in front of her mother who she said a few minutes before she is going to marry. All these caused Jennifer too much pain (excessive unpleasure) and generated in her feelings of hate toward her mother especially. She was more angry then with her mother than her brother Mike whom she envied for a number of reasons. And 4 1/4 year old Diane must have been furiously jealous of her mother that she dumped her powders and perfumes in the toilet on 3 occasions. She was also indignant with her Dad and jealous of her Mom that Dad brought Mom a dress and not Diane, until she complained hurtfully about it. And she was jealous of Mom that Dad took Mom dancing and to the movies but not Diane. Diane and her Mom had many a disagreeable moment together with Diane being especially nasty with her Mom. And then, there was Gloria who jokingly said she was ready to ship out 2 1/2 year old Jane for a year. Their relationship had been so good for the first 2 years and now had gotten very difficult with much nasty feelings expressed by Jane toward Mom.

In both boys and girls, the hate generated by intense feelings of hurt, in turn brings with it anxiety and guilt. Feeling guilty especially leads the child to direct much of the hate she or he feels toward the self. The increase in hate is large, usually leads to hostile fantasies, wishes and behaviors toward the parent of the same sex. Because of the anxiety and guilt, the child will deal with her or his hate in a variety of ways, including discharging it on people other than the hated (and loved) parent including particularly

siblings, but also onto others. Rivalries which of course already exist between siblings will now intensify as will rivalries with peers. Nonetheless, the largest consequence of this increase in hate will be an increase in difficulty in interaction with the parent of the same sex and intense guilt in the child.

Research on the development of aggression and clinical experience with children has led some researchers to propose that hate and large loads of hostility within the child play a large part in the development of the child's personality, the quality of relationships, the quality of intrapsychic (within the mind) conflicts, with serious consequences to the capacity to adapt, and specifically the capacity to be assertive and goal-directed. The part this hate plays is especially through the experience of ambivalence, namely hating someone we love. This is so because the hate gives rise to guilt which then becomes a major inhibitor of healthy nondestructive aggression, assertiveness, and goal-directedness which are needed for healthy adaptation and development. Given then that ambivalence may be the initiator of such inhibitions, the following model is important for parents and future parents to take into consideration.

Some researchers have proposed that the child begins to experience ambivalence in the course of battles of wills (which principally arise out of the child's need to do things himself or herself, all due to the child's large thrust toward autonomy). This develops between child and parent from the end of the first year of life on with a greater or lesser degree of intensification of these battles of wills during the second and third years of life. The ambivalence these battles of wills generate is experienced by most children, both boys and girls in their relationships with their mothers. Throughout cultures, because they are most commonly the young child's principal caregiver, mothers tend to be the principal limit setter with young children. It is the mother, therefore, who because she thwarts her child with protective limits becomes first hated by the child who loves her. The first experiences of ambivalence then for both boys and girls are in their relationships with their mothers. We can assume, given the trend of fathers becoming more involved in the care of very young children, that battles of wills will occur with fathers with greater frequency than we have seen in the past and that this may lead to these early feelings of ambivalence to be attached then to both mothers and fathers. Up to now, however, these large feelings of ambivalence in both boys and girls are first experienced toward their mothers. This is one of the factors that makes being a mother extremely difficult.

Now then, during the 3 to 6 year period, the family romance brings with its own harsh conflict due to ambivalence. In this case, however, the ambivalence on the part of the girl tends to again be primarily experienced toward the mother; whereas, the boy tends to experience this ambivalence mostly toward his father.

Although this is a simplified model of what happens in every boy and girl, it does nonetheless shed some light on a major interference, a major obstacle, with the maintenance of a firm capacity for nondestructive aggression, for assertiveness and goal-directedness. Some researchers have suggested that the following hypothesis may be helpful toward understanding why assertiveness tends to be more inhibited in girls and women than it is in boys and men: given that the girl experiences her conflict due to ambivalence arising from her autonomy conflict with her mother, and also experiences

her family romance conflict of ambivalence, again, with her mother, the guilt produced in her toward her mother is greater than it is in the boy. This is because the boy's conflicts of ambivalence are distributed between both parents: he experiences his battles of wills ambivalence with his mother, and his family romance conflict of ambivalence primarily with his father. It is possible then that the girl's guilt is more focused and intense by virtue of this polarized distribution of ambivalence, and that it therewith leads her to experience greater inhibition of her assertiveness (nondestructive aggression).

Sibling Rivalry Continues:

As already suggested, the increased load of hostility toward the parents which come from the family romance, is often, at least in part, displaced onto siblings. This will intensify the hostility toward siblings which is already there from the child's prior history.

Rage Reactions and Temper Tantrums:

Those children who are particularly vulnerable to rage reactions and tantrums and have experienced them especially in association to battles of wills (conflict of autonomy) in the past, may now find the increase of hostility coming from their family romance to create an especially harsh situation for the child in the following manner: a child who experiences rage reactions and temper tantrums by age 3 has already internalized much hostile destructiveness in the form of hate toward those in the child's environment as well as toward the self. Here again then the increase of hate that comes from the family romance is likely to intensify the guilt reaction with a further intensification of hate toward the self, higher levels of guilt, and the possibility of producing neurotic symptoms in such children is facilitated.

3.2412 CHILD REARING: How to Handle Aggressive Behavior Constructively

Nondestructive Aggression, Assertiveness, Goal-Directedness:

Helping the child secure a healthy degree of assertiveness and goal-directedness and the capacity to use nondestructive aggression when needed, applies to both boys and girls. It is well to be wary of the assumption that boys need to be assertive more than do girls. This is highly questionable and is well known by mental health clinicians to be problematic. That is to say, it is equally important for girls and for women to be able to be assertive in constructive and self-protective ways. It is therefore, cautioned that parents not simply accept girls 3 to 6 years of age retreating from pursuing their goals, pursuing their wishes and their needs, and backing down too easily in the face of obstacles. We emphasize that we do not mean that boys or girls should be encouraged to be hostile, or to take from another child what belongs to that other child, or to provoke other children into hostile reactions toward themselves. We mean that parents will serve

themselves and their children well if they support positively a child's constructive assertiveness, a child's standing up for her rights in interactions with others.

Continuing Battles of Wills (Resulting From the Child's Thrust to Autonomy):

By now the parent knows the child's patterns of eliciting limit-setting, of bringing about battles of wills, and how the child deals with them. 4 year old Jennifer's mother knew that when bedtime came, Jennifer would give her a hard time. She felt she knew her daughter pretty well. It is true that while she knew her daughter was giving her a hard time, this good mother was not as aware that her daughter too was really having a hard time accepting the frustration and disappointment of having to go to bed before the others. But mother did well with the limit setting. She found after a number of trials that did not work so well, that when she was more firm with Jennifer, not more hostile, more firm, that the struggle of getting her to bed was shorter. "Look Jennifer no more arguments; it's time to go to bed!" worked well. Mother used to reason with her, explain why Jennifer needed to go to bed at that hour (to get enough rest), which was very good. But it was mother's pleading, almost begging Jennifer to go to bed that just did not work. It usually does not work with children. When Mom came to see that being firm does not mean being nasty (hostile), she could be firm and did not feel she was hurting her daughter. Jennifer did not like Mom's being firm; but it worked much better than her pleading. Actually Jennifer really did not like Mom to plead with her as if she felt "Moms shouldn't do that."

Diane's mother too had her hands full with her daughter. She was shocked by Diane's dumping her powders and perfumes. That did take her by surprise. She was angry with Diane and really let her know. She did not hit her. She said she was really mad with her for doing that. "How would you like it if I threw away the nice (little) purse Dad and I bought you?" The second time Diane threw mother's powder out, Mom almost lost it. This time she told her: "That's a mean thing to do, it's not fair; and I'll have to think twice next time you ask me to buy you something you want. Maybe I'll need that money to buy new powder." When Mom saw that Diane felt bad she calmed down some. "Don't do that again! You hear me?" Diane nodded. But then, 4 year old Diane did do it again, and this time mother told her she had gone too far and that she would talk to Dad about punishing her for this by not taking her to the movies like they had done a month ago.

5¼-year-old Bernie was pretty mad at his mother that she did not invite his favorite neighbor to visit. But they worked it out pretty well. Mom told him she did not feel it was a reasonable thing to do and after some back and forth he did get the idea that Mom would not do that. He knew his Mom pretty well, and she knew him pretty well too.

The 3 to 6 year old child is still learning how to mediate her or his thrust to autonomy (feeling pressured from within to do things oneself and to go after what one wants and needs). He or she needs continuing help and parents need to be tolerant of the fact that such battles of wills are still continuing. It is well known to people who have reared children through adolescence that battles of wills continue throughout the child's development, and that there is a continuing need for parents to deal with these in constructive and growth-promoting ways. That is to say, there is a continuing need for

explanations when setting limits, reasonable firmness and distinguishing between setting limits and punishing (see Unit 2, for a discussion of growth-promoting limit-setting). There is the continuing need for the parents to use their judgment as to when to explain why certain behavior is unacceptable and when enough explanations have been given. The parent has to use her or his judgment as to how quickly to proceed from limit-setting to forewarnings of and eventual punishment (depending on the child's history and sensitivity to parental prohibitions). It is as true now as it was before that loving a child is not enough; that respecting the child as a human being is necessary from infancy on. No where is the need to respect the child required more than in setting limits. This is so because setting limits always goes against the child's sense of being a self, a person with value and rights. This is a time when the child must give in to the authority's wishes. Without feeling respected a child can then feel humiliated which generates hate toward the limit setter.

It is equally important to remember that firmness in a parents' setting limits does not mean to be hostile. To be sure, all parents get angry with their children, it seems unavoidable; but it is important to remember that whatever the child's apparent reaction, parental anger frightens the child and makes the child feel very bad, be it that the child feels shame or guilt. And when parents love and respect the child the parent's anger toward the child will leave no harsh consequences so long as that anger is reasonably expressed by the parent.

Gender-Self Development and The Role of Masculinizing Aggression:

Many normal little boys act the "macho" way 5 1/2-year-old Bernie and Tom do. They show off their muscles (little as they may be but awesome to them nonetheless), strut as if they were big and powerful, act gruff and full of energy. The parents' reactions are important. Some mothers and fathers like to see this "boy-like" behavior in their sons; some do not. Mothers who have been hurt by men may find this aggressive behavior offensive and discourage or even reprimand their sons for it. There is a risk there. Some child developmentalists say that this type of aggression is a key factor in the masculinization of the 3 to 6 year old (and even later age) boys. Bernie's mother did no harm to their masculinization when she told Bernie and Tom they were getting too noisy and acting like apes. She was telling them to contain their behavior, to not let it get out of reasonable bounds. If she had looked disgusted and told them she "really hates it when Bernie shows off his puny little muscles and is acting like a disgusting bully", Bernie's pleasure in experiencing his masculinization might have stopped. Such experiences repeated a number of times, in some boys could interfere with the fuller evolving of their masculinization. The boy's inborn endowment plays its part in this; some boys would not be held back from sufficient masculinization by a parent's, especially a mother's (not fully aware) disapproval. Some may; some have.

We want to note here that we are speaking of the role of masculinizing aggression in the boy's gender self development and of the boy's need for parental guidance and approval in how this aggression shows itself in his behavior. Children need their parents' approval of their being a boy or a girl. Bernie needed to contain the degree to which he

became noisy and acted like an exaggeratedly rough he-man; but his mother did not disapprove of his and Tom's better contained noise-making and rough-housing. In fact she thought they were really cute. So too, when Diane sashayed up to her father and fluttered her eyelashes, her father was surprised. But he too thought she was really cute, essentially approved of her feminizing behavior, but did let her know that he could not take her dancing but when she got older he was certain that some very nice boy friend would. Father also let Diane know in no uncertain terms that her dumping Mom's powders and perfumes was totally unacceptable. She was not happy about his disapproval of this aggressive behavior.

Note that the point we are emphasizing here is that boys and girls need their parents approval of their becoming and being a boy or a girl, respectively. In this the mother's approval of her son's masculinization and a father's approval of his daughter's feminization is of special importance; it is especially so during the 3 to 6 years period and during adolescence. Note also that in her behaviors, Diane was quite ably assertive with both her father and her mother.

Parents who look closely enough will most likely see the types of behaviors which pertain to the influence of "masculinizing aggression" on the behavior of boys. Similarly, observing parents will find the influence of feminization on their girls, in each case to a greater or lesser degree depending on the biological endowment and inherent tendencies in their specific child. Like all other inherent tendencies in children, namely those tendencies toward behaving in certain characteristic ways which are the product of their biological endowment, respecting these particular inherent tendencies in a given child will, of course, facilitate the child's adaptation, development of skills, and sense of inner comfort.

It is however the case that in some children, parents need to foster tendencies toward certain ways of behaving which may not seem to be typical, easy, or "natural" for a given child. For instance, a 4 year old boy who tends to be afraid of a ball that is tossed to him, or of swinging a bat, or like Doug's fear of swimming, or Bernie's fear of trying to ride a two wheel bicycle, may need to be encouraged to do such things. Fears like that experienced by Doug and Bernie did not seem to come from their lack of masculinization, but rather from their fear of injury to valued body parts. But some 5 year old boys who seem to fear falling, or fear getting into some rough-housing and tend to prefer to play with soft toys rather than cars and trucks, tinker toys and LEGOs, that tend to carry themselves in a soft "feminine" manner, may need encouragement toward "masculine" activities and behaviors. The cues may be subtle but parents do tend to have a good feel of when a boy seems to show insufficient masculinizing aggressive behavior.

Interestingly, parents tend to be less troubled by 3 to 6 year old girls behaving in what we all tend to feel are masculine-like ways than by boys behaving in feminine-like ways. Mental-health clinicians tell us that parents are more alarmed by boys who do not manifest masculinizing behavior tendencies, a factor which may reflect our general appreciation of the importance to the boy of "masculinizing aggression" in the development of his gender-self.

Caution needs to be exercised by parents when in their efforts to facilitate masculinizing or feminizing tendencies, respectively in their boys and their girls, that

they not ridicule, shame, or humiliate the child. Although shaming techniques are commonly used by parents, and under certain conditions work to the child's advantage, in general, shame can be very discouraging, hurtful, and provoking of hostility within the child. Shame often leads to hostility toward the person who shames the child but it also leads to the child's hate being turned against the self, thereby intensifying self-depreciation. Facilitating weak tendencies in children needs support, respect for the child, recognition of that child's tendencies, explanations that the child will feel better if he or she learns to feel more like a boy or feel more like a girl. We should add that parents concerns about insufficient evidence of masculinizing aggression as well as, but less so, femininizing tendencies in girls, should be taken seriously and where concerns persist, professional consultation is advised.

Handling the Upsurge of Hostile Aggression Arising From The Family Romance:

In order to cope with the marked upsurge of hostility and hate which emerges in children from about 3 (and earlier) to 6 years of age toward the parent of the same sex, it is important for parents to know the normal nature of the family romance which each child experiences (see Section 3.2311). It is important to not disregard this increase in hostility and to deal with it in growth-promoting ways. This means of course that parents need to handle their children's hostility and hate, their quite normal jealousies and the conflict producing ambivalence which comes with these.

We have emphasized throughout that the parent must respect the child; so too do we aim for the children to come to respect their parents. This means that expressions of anger, hostility, and hate while permitted because they are normal feelings all children have, these expressions should nonetheless have reasonable prescribed limits. That is to say, the parent should not accept insults from a child, verbal or otherwise. Of course, we all experience as insulting words and actions differently. It is important to be able to allow the child to verbalize feelings of anger, hostility and hate toward the parent, so that expressions such as Jennifer's "I hate you" while hurtful to her mother is a statement of feeling which in and of itself is not insulting. Were Jennifer to accompany her "I hate you" with pejorative name calling such as "bitch" or other words 4 year olds become capable of, that should not be permitted. Jennifer's "I hate you", by being a clear expression of feelings she has makes it possible for her to better deal with these feelings and makes the assignment for her parents of what to do very clear. As we have said before, telling a child "I know you don't mean that" is not helpful.¹⁹ It leads to the child's not being able to accept feelings she cannot prevent herself from having, feelings she needs to know she has in order to learn to govern them age-appropriately, and more.

We must understand that it is excessive displeasure (pain) that leads to our feeling hostility and hate. Feelings of hostility and hate are normal reactions to excessive hurt, to hurt the child cannot tolerate. And, in order for a child to get over feeling excessively hurt, it is best (according to mental health professionals) to help the child express her (or his) reaction in acceptable ways. The parent does not help when she says "I know you don't mean that" because it is equivalent to saying "Don't have the feelings you can't help

¹⁹ See Unit 2, Section 2.2412 for a fuller discussion of the reasons it is not helpful.

having", or "You're a terrible child to mean that", or "If you do mean it then look out, you're in deep trouble, etc."

Although Jennifer's mother got upset when Jennifer said she hates her, she told Jennifer "I get pretty mad at you too kid! Hopefully you won't hate me tomorrow." That was not bad at all for a parent to say.

Two notes here. First, it is unavoidable that when a 3 to 6 year old says "I hate you," parents are hurt and feel angry with their child. There are many things children do that make parents angry with them. "I hate you" is one of them. Resisting parents' limit-setting is another big one. It is quite normal for parents to occasionally get very angry with the children they love. It is quite normal for parent to momentarily feel furious and think: "Why did I every have this rotten kid!" or even "I could kill the ...!" It is, of course not OK to say that to the child nor to lash out of control at the child. Most parents, emotionally pretty healthy parents, feel this for a flash. The thought of killing their kid does not stay in their minds for hours. It is a fact that a child's feelings of ambivalence toward the parent taps into and activates the parent's feeling of ambivalence toward the child.

The second note has to do with just this. The infuriated parent's thought does not last for hours, it is momentary, it comes and it passes. And when it passes, the parent's love feelings for the child are felt again. The same holds for the child. Jennifer's hate is episodic. She hates her mother at that moment. She also loves her mother dearly. Her mother would have done well to say: "I guess you hate me right now. I'm not always thrilled with you either. But I am glad that most of the time you love me, and that even when I'm mad at you I still love you. I'm glad you love me a lot more than you hate me." Of course, the parent who has a good enough love relationship" with her child has the great advantage of being believed by her child.

The handling of anger, hostility and hate should not follow only on the child's overt expressions of them. Parents can help their children in drawing the child's attention to behaviors which suggest that the child is feeling angry, hostile and hateful even when the child does not clearly express these. For instance, it can be enormously helpful if a parent, recognizing that the child is being hostile and hateful, to raise the question with the child as to what could be going on that is making the child behave in ways that suggest something is making him or her very angry and very upset. For instance, Bernie's mother was troubled by his not wanting to share his toys with Suzy and Tom who had come to his house to play. She did not help him just by scolding him and telling him he did not deserve such nice friends. Even though she seemed to have no idea what made Bernie angry, and many times neither the parent nor the child knows (consciously) what makes the child angry at this moment, it would have been helpful to help Bernie see that he did not want to share his toys today because something made him angry. "What's going on Bernie? Something must be upsetting you that you don't wanna let your friends play with your toys. What's up?" This could have led Bernie to think about what was causing his anger. Even if Bernie answered "Nothing" or "I don't know", mother's approach guided Bernie to think about what he was doing and try to know why. Behavior is always motivated by some idea, some reason; it is well for children (and parents) to know this. To get a child to think "What is making me angry?"; and, better still; "What is

hurting me that is making me angry now?" is a powerful way to guide a child to understand his behavior and solve whatever problem may be causing it. The child who is just told "You're bad", is not guided to understand why he does what he does that gets him into trouble.

In dealing with the 3 to 6 year old child's hostility, caution is warranted in getting into talking about issues that pertain to the family romance. Children often experience their fantasies as very private and fear explorations of them by even a well-meaning parent. Sometimes, even very overt behaviors, like 3 year old Johnny's wondering why his father needed to come home for dinner, or nearly 4 year old Diane who sashayed up to her father and fluttered her eyelashes, even such overt manifestations of the child's family romance need to be addressed very cautiously with regard to the expressions of hostility, jealousy, rivalry. Such feelings automatically create in the child a need to deny having them, given that they cause the child much distress. Therefore addressing what may be causing the child's hostility and hate must be done cautiously. It is not well for Johnny's father, for instance, to declare to his son "I know you would like me out of this house and never see me again so that you could be all alone with your mother!". This would be highly anxiety producing, guilt producing, as well as frightening. Similarly Diane or Jennifer's mother's saying even gently to her daughter "I guess there are times you wish I would die because you would like to marry your father" would also produce much fear, anxiety, and guilt in the child. The distinction to be made here is that while honesty in human interaction is securing of trust and is highly desirable, sometimes stating what one can read in a child's behavior can be experienced by the child not as honesty but as the opening of a topic the child is not yet able to handle even with help from Mom²⁰, may be felt to be intrusive, an invasion of the child's privacy, and thereby be hurtful. For example Johnny's Dad and Mom could sympathetically say "It's nice to be alone with Mom, isn't it." Mom could add "I like being alone with Dad; you'll like being alone with your wife when you get married." Dad could say that he too "likes to be alone with mom and is sure glad she is his wife". The usefulness of this is that it addresses Johnny's conflict indirectly and sympathetically. And it sets the record straight, putting reasonable doubt in the child's fantasy that he can marry his mother.

Diane's mother had a difficult task. She was able to set limits with Diane (so could Jennifer's Mom), but she knew (from talking with us) that she could not just say to her: "You threw my powders and perfumes out because you're jealous of me for being married to Dad". That would have been true. But it could have been much more than the child is able to admit to herself or to her mother. Recall that Jennifer was mortified when asked in the presence of her mother to repeat who she had said she wanted to marry. Telling Diane to think of the possible consequences of her actions before she does such an unacceptable thing as throwing out mother's valued possessions is helpful. So is to tell her she is being unfair and mean to mom and she needs to think about what is making her do such unacceptable things so she can stop herself from doing them. "You have to control yourself better," would help too. "You're jealous of me", would not. And, when

²⁰ Parents usually cannot openly and directly help their children with the child's family romance conflict because they are the object of the child's jealousy and hate, as well as of love. Commonly, the child just cannot talk about this with his or her parents.

such intrusions are accompanied with hostility they can even be more harmful.

On the other side of the issue, is the fact that children need their parents help in handling their anger, hostility and hate in constructive ways and there will be many occasions for such help during the 3 to 6 year period.

Handling Sibling Rivalry:

The handling of sibling rivalry continues to be required of parents, given that it will also be amply evident during this developmental period. Jennifer's mother was helpful to her when she told Jennifer she just cannot play with her 7 year old brother Mike's things, any of them, without first asking his permission. "I don't let him play with your things without his asking your permission, and the same goes for you." The more difficult source of Jennifer's rivalry and it has been with the family since she was about 1 year old, is her feeling that Mike has more privileges and is able to do things better than she can, which leads her to feel her mother loves Mike more than her. Mother has been trying to reassure Jennifer that she loves her every bit as much as Mike but there clearly are times when Jennifer cannot feel that. Now with her hostile feelings toward her mother being intensified by her family romance fantasies, feeling Mom loves Mike more than her is becoming a regular feeling. Parents need to know that dealing with sibling rivalry is something that comes up more or less constantly for many years. Patience, talking about it, are needed. Reassurance is needed. Jennifer's mother could say that Jennifer's "anger toward me is making you feel I love you less. What are you so mad at me about?" Jennifer might be able to tell her mom she wishes she could be a grown person like mom is and be able to do the things mom does; or do things like Mike can. Being able to talk about her complaints helps. So too, Diane's mother talking with her about her brother Jack having a penis, that it is because he is a boy, not because it means he is better than Diane, reassured her some. And mom saying that Diane is like she is, and someday she'll be a woman, and that Jack is like Dad that way, made Diane feel good, even though she knew that anyway.

The parents help will also be needed in the child's dealing with peers in manners that are too hostile and hurtful. Bernie's mother was not helpful that time he did not want to share his toys. Most useful is trying to get the child to think about what is making him or her feel hostile then, and help the child deal with the underlying hurt and handle his hostility better. Taking hostile feelings out on his friends is not acceptable. Because its burden is large for the 3 to 6 year old, a displacement onto peers of the child's hostility and hate generated by the family romance may occur. The problem with this is that, because the peers will have their own load of hate and jealousy to deal with they will not be very sympathetic with other children who are unduly hostile toward them. Parents will often be called into mediating disagreements between the child and his or her visiting peers. Judicious thoughtfulness is needed; one's child is never always right and is never always wrong.

Rage Reactions and Temper Tantrums:

These traumatizing reactions require the parents help now as they have before. The principles that we detailed in Unit 2 on the handling of such reactions apply now as well (see Section 2.2412 on handling rage reactions and temper tantrums). Knowing that tantrums have structure continues to be useful for both parent and child. It is far better to catch a tantrum in the making, before it occurs. By 3, parents know pretty well what the signs of a coming tantrum look like. Acting by urging the child to control himself or herself, to count to 10, and by talking about what is upsetting, hurting the child can prevent the large distress a tantrum brings to both the child and the parent. With a 4 years or older child (not with children less than 4), if talking about what upset the child seems not to calm the child, going to his room (or to the bedroom if he shares it with siblings) and continuing to talk there may be useful. This is so that if after enough has been said to help the child understand what is hurting him and more self-calming is needed, the parent can tell the child to stay in his room until he feels in better control of himself. Being alone at age 4 and older does not bring with it the same feelings of separation anxiety and abandonment felt by the younger child. This is the reason why less than 4 year olds should usually not be sent to his (or their) room. Being alone can then be felt by the 4 year old as an opportunity to calm down further and get in better control. Tantrums are sufficiently painful for children that it is unwise to punish them for having them. If in the course of a tantrum the child breaks something that belongs to a sibling, the child should be held responsible and appropriate amends be made. Above all parents striking at, beating a child who is having a tantrum is highly inadvisable. Although it may frighten the child into stopping the tantrum, the additional rage and hate it will generate in the child will be very costly to the child and eventually the parent.

3.2 EMOTIONAL AND BEHAVIORAL DEVELOPMENT

3.25 THE CHILD'S ABILITIES TO ADAPT -- PART II

Having examined the major developments of sexuality and aggression in the 3 to 6 year old, let us now continue to examine major developing adaptive functioning of which the 3 to 6 year old child increasingly becomes capable. We delayed this examination of the child developing these adaptive capabilities in order to first highlight some of the major developmental challenges to which the child needs to adapt, his or her gender-self as well as major normal aggression developments. Now we will take up the continuing but modifying dependence of the child on those in his or her environment, a dependence modified by the child's increasing sense of autonomy and initiative, and of adaptive capabilities. We will then explore that major personality shaping sector of developing psychic defense mechanisms which serve the child's efforts to cope with stresses of life during early childhood, including those that come from the child's own internal conflicts and painful affects (feelings). We will talk about the modification or "neutralization" of hostile destructiveness, about regression, reaction formation, identification and repression. And third, we will talk about new and further evolving adaptive capacities of large consequence to both the self and human interaction, namely empathy, altruism, and sublimation.

Let's bear in mind that these emerging and gradually developing adaptive capabilities add significantly to the already discussed development of cognitive functioning, of the capacity for fantasy, language, the enriching unfolding of gradations and varieties of affects as well as the child's organization and patterning of sleep and wake cycles. These were discussed under The Child's Abilities to Adapt, Part 1, Section 3.21.

3.2511 HUMAN DEVELOPMENT: Age-Appropriate Dependence -- On Whom and For What

The 3 to 6 year old child is still largely dependent on the caregiving environment for the sufficient gratification of his or her physical needs; the child is still totally dependent for shelter, clothing, hygiene, and feeding. However, even though dependent on the adult world for the provision of these needs, that is, the 3 to 6 year old cannot buy or secure all these for himself or herself, the child does begin to make more and more meaningful contributions to self-care such as by his or her growing capability to keep warm or cool enough (re clothes), to feed herself or himself as well as get food from the refrigerator.

With regard to the child's emotional needs, needs as crucial for health as good (for health) food, shelter, rest, and hygiene, these needs are most actively fulfilled in the growing relationships the child has to primary caregivers. The role of the siblings as gratifiers of emotional needs for the 3 to 6 year old child continues to grow, as we saw

when Jennifer saw her brother Mike come to get her at Gloria's, with more and more peer quality relatedness added to it. The needs for love, for feeling valued and respected, for emotional support, comforting, for play and other emotional interactions continue to be large and to be centered around the nuclear family, those who constitute the child's primary relationships. 3 1/2 year old Victor was fortunate that although his parents both worked outside the home, his grandparents were very good at showing him they loved and respected him and tried hard to comfort him when he got upset, including when mother left for work each morning. Many 3 to 6 year old children are also in contact with persons outside the family, those with whom the child develops secondary relationships which can be a source of very meaningful emotional gratification or disappointment and hurt. For instance, daycare caregivers, teachers, begin to play an increasingly meaningful part in gratifying or frustrating the child's emotional needs when away from home. Although Johnny, Doug and Diane's preschool teacher Mrs. Nell was really nice enough, she was not always as emotionally available as Johnny and Diane would have liked. She would not regularly take the time to help them deal with getting along and sharing problems. And she just did not seem to always be ready to comfort kids. She even told Johnny once to stop being a baby when he almost began to cry, which made Johnny pretty angry with her for a while. Doug did not feel she was mean, like Johnny said; he did seem to like her more than his friends did. In addition, peers who are at daycare or at school or in the neighborhood also become meaningful emotional gratifiers as well as, of course, emotional frustrators both of which occurred when Johnny, Diane and Doug played together. We all know only too well that the needs for emotional gratification in both primary as well as secondary relationships is not always met with desired success on the part of any child and that many emotional frustrations occur side by side with fun and gratification. If the equation is such that emotional gratification substantially outweigh frustrations of basic emotional needs (love, respect, comforting), the chances are good that the child is being adequately cared for and is having positive enough emotional experiences. The fact that Johnny and Diane had quite good-enough relationships at home made it so that their experiences with Mrs. Nell in school were not as upsetting to them as they might be.

With regard to adaptive functional needs, the 3 to 6 year old child has already come a long way from being a nearly totally helpless neonate and will during the three to six years period expand his or her adaptive functional capabilities to a remarkable degree. Nonetheless, the child is strongly dependent on the adult environment for guidance, for instruction in many key areas of functioning, in learning how to tie his or her shoes, perform modest tasks in the household, learn the alphabet, colors, to read and even to write, to count and perhaps to begin to add. 3 1/2 year old Victor would try to help with getting dressed. He could put on his coat and take it off with some help. He could easily take off his shoes and socks. He could pull his pants down to go to the bathroom, but could not yet pull them up well; with this he needed and automatically got help. 4 year old Johnny and 4 1/4 year old Doug could put their socks on, not exactly right but they were on their feet. They were getting their coats on and off pretty well. So did 4 year old Jennifer and 4 1/4 year old Diane. 5 1/2 year old Suzy, Bernie and 5 3/4 year old Tom were experts at handling their coats, socks, getting pants on and off with toileting. Suzy

could tie shoelaces. Bernie and Tom could not yet. Suzy and Tom would pour themselves a glass of juice. Bernie still spilled some when he did. Johnny, Jennifer, Doug and Diane needed help when they tried or it could get spilled. Victor did not try yet. To his mother's distress, Bernie ably got cookies out of the cookie box himself. In addition there is the large number of other often unrecognized areas of learning which the adults in the child's environment provide like learning to recognize physical properties of the world around such as a cup pushed may spill its contents, it is wise to conserve electricity, that electricity can be dangerous, that the child is expected to try to keep his or her things in some order, etc. In these learning and organizing instructions, the child is strongly dependent on the external environment.

3.2512 CHILD REARING: How to Optimize Age-Appropriate Dependence

The parents are the major source of gratification of the child's physical, emotional, as well as adaptive functional needs. However long the child may be in daycare or in preschool, emotionally the child experiences her/his primary caregivers as being at the center of her/his universe. Studies show that children generally turn to primary caregivers with greater facility than to secondary caregivers in all three spheres of needs-dependency. That is to say, comparative studies of child interaction with primary caregivers (mothers especially) as compared to secondary caregivers (substitute caregivers, preschool teachers) show that the child will turn more frequently, with greater facility for help in the gratification of the basic needs than they do to secondary caregivers. These studies, which are inconclusive to date, suggest that on the one hand children do not express their needs with secondary caregivers as readily as they will with primary caregivers; but on the other hand, they tend to rely more on themselves for the fulfillment of some of these needs and turn to peers more readily than parent care for children for gratification of their dependency needs.

A major task for the parent at this time is to try to determine how to sufficiently gratify the child's age-appropriate dependence in balance with reasonably encouraging the child to progressively develop age-expectable self-reliance. Efforts to push children too quickly to gratify their own needs may deprive them of the pace and time they need to grow. And insufficient encouragement or support of the child's own efforts to gratify his own adaptive functional needs may slow down his or her growth or rob them of self-confidence. Parents and other caregivers are variably able to help children in developing adaptive functional skills. They do it in many different ways as well. For instance, 3 1/2 year old Victor's mother was good at asking him what he thought a particular item is and what is it for. His father was pretty good at playing with him and trying to show him how things work. His grandmother who had been a teacher often helped him learn to pick things up, clean up the messes he made, and asked him about letters, numbers, colors, animals, pictures, cautioned him to not spill water, and more. His grandfather was helpful in a most sensitive, loving, respecting and understanding way. He was Victor's most security giving caregiver, next to Victor's mother. He was, like Mom, able to wait

and see what Victor could do and let him struggle until he lost patience and then grandfather would help him and encourage him to try again. He "read" Victor's abilities and limitations very well. So did his mother. Grandmother did pretty well in this. His Dad at times got too impatient.

Most parents derive much pleasure in seeing their children develop coping skills; during the 3 to 6 years period many parents actively become their children's teachers. Those who teach their children with patience, trying to read the child's abilities, pace in learning, who enjoy the child's successes, are sympathetic with and tolerant of failures and then encourage trying again, facilitating the task where so needed, these parents can virtually be assured of success in helping their child learn to adapt as best as the child can. And there is the added benefit that these children will find learning to be feasible and worthwhile, and they are prone to accept and adapt better at learning in school.

Of course, although we have suggested separate categories of needs children (humans) have, the gratification of adaptive functional needs (to learn skills for adaptation) brings with it the child's feeling valued, respected, and liked. And where this gratification is done by the child's parents (or siblings) it usually brings with it feeling loved. For the 3 to 6 year old, the gratification of the child's emotional needs are in largest part still dependent on the primary caregivers being the gratifiers.

3.2521 HUMAN DEVELOPMENT: Psychic Defense Mechanisms

Psychic defense mechanisms are usually activated by the child without awareness (unconsciously), as if automatically, when the child feels the need to protect himself or herself in the face of some perceived danger. Many, though not all, actual external dangers are readily recognized by young children. An advancing barking dog will usually frighten a child unless it is a dog with which the 3 year old child is very familiar. In addition, there are also dangers the child experiences that come from within himself or herself which do not have a basis in reality. The fear of loss of parental love, the fear of being abandoned, are perceived by the child at times as real (when they are not) and then are experienced as dangers. These internal sources of danger lead the child to experience anxiety.

Anxiety is the feeling produced within us by experiencing a sense of helplessness in the face of an internal danger. It appears like fear, as if the self is threatened by some imminent danger. It can range widely from minimal anxiety to an intense inner feeling of impending doom which manifests as panic. To protect himself or herself against this wide range of anxiety the child sets up a variety of psychological (mental) defense mechanisms. Such defenses are also erected against another major source of internal pain, namely against feelings of depression.

Depression like anxiety is a source of pain that arises not from outside but from within the self. Depression, is the painful affect experienced by the child in reaction to feeling that a terrible event has occurred. Whereas in anxiety the experience is a perception that a catastrophe is going to occur; in depression the experience is that a catastrophe has occurred. "Mother no longer loves me", or "I am abandoned".

Feelings of anxiety, depression, like all other affects occur in all 3 to 6 year old children. The degree to which children experience these is co-determined by the child's biological givens and the child's experiences. We see a wide range of sensitivities in children that reflect their biological, inborn dispositions and tendencies to react to events. For instance shy children are pretty much that way from the beginning of life on; they seem to naturally experience feelings more intensely than others. Some infants, quite the contrary, from the outset look squarely into their caregiver's face, eventually actively seek contact and are not made uncomfortable in new situations. Their ways of reacting are variable, because their inborn tendencies to react are variable. Then, the experiences they have will influence how their tendencies become organized and patterned. For instance, a shy child who has been subject to frightening noises like parents arguing and having hi-pitched fights is more likely to organize the shyness and it become a stable reaction to new situations. Bernie and Johnny were a bit shy as infants. At 4, unless one knows Johnny well, one is not likely to pick up that his being somewhat quiet when he first gets to preschool is some of what remains of his shyness. He interacts quite actively with Diane and Doug. Bernie, at 5 1/2, still shows some of his earlier more visible shyness. That is in part why his mother has liked to have his friends come over. As much as he likes Tom and Suzy, he prefers to have them come over than go to their houses. Such predispositions, as they are forged by experiences, also determine the degree to which a

child is vulnerable to being anxious or depressed.

The defense mechanisms the child sets up when these painful feelings are activated seem to be programmed by the child in ways which cannot be governed either by the external environment or by the child himself or herself. Whether the child is going to use regression, reaction formation, or denial to deal with too painful feelings, cannot be predicted by the child nor by the adult. We can come to predict what kind of defense mechanisms a child may use by virtue of having seen the child use certain defense mechanisms in the face of specific experiences or situations before. In addition, we can also predict to a degree what kind of defense mechanism a child is likely to use by virtue of the child's age. That is to say, mental health clinicians have found that children under the age of 2 years will use defenses of denial (what happened did not happen) or avoidance (turning away from what is perceived as painful or threatening), or early forms of reaction formation (to turn what one is feeling into its opposite, for instance I am not upset, I feel fine) or displacement (to attach to another, lesser important person or to things feelings of hostility experienced toward a primary caregiver) etc. During the 3 to 6 year of age, the defenses that become erected are more complex, more elaborate, can be more specific than prior to 3 years of age. Some of the major defenses that emerge now or that become more elaborate now include the mitigation or "neutralization" of hostile destructiveness, (more specific) reaction formations, identifications, regression, and repression.

The Mitigation or "Neutralization" of Hostile Destructiveness:

We discussed in Section 3.23 and 3.24 how whatever previously accumulated hostile destructiveness within the child arising out of excessively unpleasurable events from the first 3 years of life, normal events of the 3 to 6 years period, especially the hurts and anxiety coming from the child's family romance, generate a markedly heightened degree of hostile destructiveness within the child. This heightened hostility creates large feelings of fear, further anxiety (fears of loss of love, fear of genital mutilation, etc.), guilt (associated with the child's own strong disapproval of his or her own transgressive wishes and fantasies). All of these, especially guilt, put much pressure on the child to lessen the intense feelings of hostility that are being generated. The beneficial results of this normal conflict created by the child's fantasized "family romance" then cannot be overestimated; the adaptive strategies it sets in motion are of enormous importance to the individual and to society.

Clinical experience especially has led theorists to propose that the child sets in motion a remarkable coping strategy (a defense) to decrease the intensity of this hostility and hate. Some form of "neutralization" of the hostility is developed. It has been proposed that in some way hostile destructive emotional energies are converted into nondestructive emotional energies which can then be put to use in processes of adaptation and sublimation (creativity). Although there are problems with this theory -- specifically that there is much difficulty in explaining what "emotional energy" is -- nonetheless, the idea of hostile destructiveness being converted into constructive aggressive energy seems to have merit from both research (observational) and clinical

standpoints. We can use this explanation in a meaningful way, recognizing that it is only a model to try to explain a critical process which, in one way or another, we believe children implement. Of course, converting hostile feelings into constructive efforts is a well known phenomenon in everyday life; it is used by young children, adolescents and adults.

The hostility 2 1/2 year old Jane is beginning to generate, which led her mother to want to lend her out for a year, is predictably going to lead to her feeling much guilt given that she has quite a good relationship with her mother. 4 year old Jennifer's battles with her mother over going to bed and 4 1/4 year old Diane's infuriating her mother with her powder and perfume dumping parties show 2 girls at the height of their feeling hostile toward their mothers. They have not yet come to the point where the guilt they feel will coerce them into stopping their provocative behavior and doing something constructive about their mounting hostility. Doug's hostility toward his Dad is already causing him to feel anxious about the safety of his body, of his penis, making him afraid that trying to learn to swim is sure to end in disaster. He is about at the point where he is going to have to modify some of his wishes regarding his mother in order to tame his guilt and fear of retribution. While 5 1/2 year old Bernie still is afraid of significant bodily injury (fear of getting hurt riding a bike), he has already significantly revised some of his wishes about his mother and fallen in love with another female, their downstairs neighbor. All these children still face much they need do to lessen the hostility they feel toward the parents they love.

Another often very constructive mechanism of defense is frequently used in conjunction with the mitigation of hostile destructiveness, that of reaction formation. Reaction formation is an unconscious psychic strategy whereby what is experienced by the self as undesirable is turned into its opposite. As we already suggested, instead of feeling hostility one converts this into feeling love. One does not just pretend or lie to oneself, one changes the undesirable feeling; it is a complex defense mechanism. This mechanism differs from denial, which is evident for instance in the reaction of a raging father who says with furor: "I am not angry!". Reaction formation is a more complex maneuver in which the feeling of hostility is in fact replaced by feelings of affection. A wish to attack someone is changed into the wish to be helpful to that person. Combining with other defense mechanisms and with increasing altruism and empathy (see below), Suzy and Tom's reactions to 5 1/2 year old Bernie when his mother scolded him might have been the product of a successful reaction formation. Rather than adding to Bernie's pain, they showed sympathy and tried to make him feel better.

Reaction formation then is a maneuver in which an attempt is made to transform the existing feelings and thoughts into their opposites. The boy who at 4 now fears, hates and wishes to undo his father will assert that, quite the contrary he does not fear his father at all, and furthermore, he absolutely adores and admires him, and only wishes him well. Obviously this is really facilitated when genuine underlying feelings and thoughts (wishes) of this kind do exist side by side with the jealousy and hurt feelings. These genuine underlying positive feelings and thoughts now, during this 3 to 6 years periods, are reinforced by the conversion of some of the hate feelings and wishes to destroy the father into benevolent love feelings for and good wishes toward him. Jennifer and Diane

will feel compelled by anxiety to convert their feelings and thoughts of rivalry and hate toward their mothers into benevolent feelings of loving her and wishing only the best for her. These will supplement their genuine underlying feelings and thoughts of love for mother which have developed during the first 3 years of life and now stand her in good stead as the girls will try to undo the substantial hate generated in each by her fantasized family romance.

Another all-important, personality forming defense mechanism brought into play now to cope with these same large hostile feelings is the mechanism of identification with the parent of the same sex. This mechanism which the child has already used before the age of 3, confirms the child's valuing of the parent of the same sex, confirms the child's admiration for the parent's attributes, functions and behaviors. It is an affirmation of the large existing love feelings for this parent. When he was 3 1/2, as he also had done before, Johnny pretended he was his Dad going to work, kissing his mother goodbye and go into another room. It was amazing how he did exactly those little things Dad did and how much his behavior looked like his Dad's. To be sure this defense process would help him during the 5th and 6th years, when it will also bring with it a critical step in the resolution of the wishes and fantasies which started this conflict-producing family romance fantasy in the first place. Namely, it will replace Johnny's wish to be his Dad; in the girl it will replace her wish to be Mom. 2 1/2 year old Jane wanted Dad to take her camping alone, nearly 4 year old Diane wanted Dad to take her, not Mom, dancing and to the movies. Each wanted to take her mother's place with her father. This identification is the girl's compromise: she changes the wish to be in the place of her mother into the wish to be like her mother; for the boy, it becomes to be like father. It is to accept the compromise to someday in the future have privileges like the ones mother has, like the ones father has. For the boy it is not to marry his actual mother but like the song says: "I want a girl just like the girl that married dear old Dad." It is to be like Dad; and for the girl it is to be like Mom. These identifications with the parent of the same sex as themselves make a major contribution toward a consolidation of the gender-self of the child. And, one of its major functions is the reduction and resolution of feelings of rivalry with the parent of the same sex whereby it also brings with it a reduction in the feelings of hate for that parent.

But the child being young, even during the enormous amount of growth which come during the 3 to 6 years period, the wishes of the child are so strong that in most children even these very helpful mechanisms of defense are insufficient to resolve and tame completely the child's powerful feelings and wishes. Bear in mind that the child's wishes are brought into being by the very powerful sexual drive, a remarkable psychobiological force within the child which has the large responsibility of preserving the species. "Mother Nature" is serious in her demand that the child become an organism who will insure the preservation of the species. One of the major governing forces in every organism is just that. This responsibility will not be represented in the organism (animal or plant) by some minor force that can easily be suppressed. It is just not likely that nature would make this force of such dimension that a 5 year old child would be able to totally deal with it with no need to resort to dramatic intrapsychic (mental) maneuvers. The fact is that the direct observation of children 3 to 6 years of age amply documents

that whatever defenses a child uses, they are insufficient to fully resolve, do away with the wishes and fantasies generated by their fantasized family romance. As a result still other major mechanisms are activated as well. One of these mechanisms is regression and the other is repression.

Regression which is commonly visible in young children from their first year of life, is a maneuver which makes the child return to an earlier level of functioning that is better established, more stable, and safe. Regressions are commonly sources of concern for parents because they often bring with them a return to a more infantile way of behaving. Sometimes, these regressions are unpleasant for parents, especially for instance a child who seems to be clinging more than the child has been in the recent past. The return to clinging is a return to a safe harbor as the child experiences it. Of course the mother does not experience it as a return to a safe harbor, rather, she experiences it as a greater burden. For instance, 2 1/2 year old Jane's regression was experienced by her mother Gloria as a mixed blessing. Jane was at time feeling threatened by her own meanness toward her mother; she does love her. At times, helped by her envy of her baby sister Sara's being held by her mom, she wanted Mom to hold her like that. When mother complied with Jane's wish to be held, Jane was very sweet to her. With the way things have been of late, mother felt this behavior as a relief. In fact, so did Jane. But then, it also worried Gloria a bit, that her spunky daughter was acting like a baby, and furthermore, it was quite burdensome to have 2 infants who needed to be held at the same time. Normal children do regress in this way, and do need to cling often longer than parents wish. While regressions have occurred all along, the newer reason for regression in the child 3 to 6 years is powerful. The feelings of hate toward the mother she loves made her anxious; Jane needed to push them aside (by earlier described defenses of denial and avoidance²¹, including then her intense romantic interest in her father, assert to herself that she has no romantic inclinations toward him, and will turn to her mother, often with tenderness, with some clinging and with appeals of reassurance that her mother loves her. She will also at times declare that she loves her mother beyond any one in the world. The boy will do the same with his father. In the instance of the boy, it is less a regression than it is a reaction formation, that is to say, it is less a return to an earlier state of experiencing (regression) than it is a conversion of hate feelings toward father into love feelings toward father (reaction formation). But it is a regression in the boy's disavowing any sexual interests, any romantic inclinations toward his mother, disavowing the influence of the sexual drive on his psyche.

The combination of regression and reaction formation in both the boy and the girl may lead to the normal child experiencing sexual feelings toward the parent of the same sex. It is unavoidable that in the course of regression during years 3 to 6, the child will tend to carry into the turning to the parent of the same sex those existing sexual feelings which the child can now no longer totally rid himself/herself of. Usually, the child's internally organizing and increasingly stabilizing gender-self protects the child against the sexual attachment to the parent of the same sex acquiring stability and governance in the self.

The defense of repression is enormously important for coping. By repression

²¹ See Unit 2, Section 2.2521.

psychoanalysts mean "to push out of awareness", to make a thought, wish, or conflict, unconscious. This defense is called into operation because, being incapable of successfully enough giving up his or her wishes for sole romantic possession of mother or father, the 4 to 6 year old child must put these wishes out of mind to protect himself or herself against the inordinate hate, anxiety, and guilt these wishes and fantasies produce. What results is that while some anxiety remains at a level of awareness (conscious level), the wishes and the thoughts which produce this anxiety are put out of awareness, they are pushed into the child's unconscious mind.

Two more notes on the defense mechanism of repression. First, because the 3 to 6 year old child cannot sufficiently resolve feelings, wishes and fantasies arising from the family romance, the repression to which it leads is quite pervasive. In fact, this repression may well be the principle cause for the commonly found inability of most adults and adolescents to remember experiences from before about 5 or 6 years of age. Some theorists propose that the reason for this massive inability to recall memories may result from the kind of thought and memory storage processes which occur prior to about six years; that the storage is processed differently and later thinking does not make access to that storage easy. Other theorists, however, especially psychoanalysts, ascribe this poverty of recollecting the thousands of experiences we all have in early childhood to this massive self-protective repression.

Second, psychoanalysts particularly propose that this repression brings with it a putting out of awareness the intrapsychic conflict produced by the child's fantasized family romance. This putting out of awareness of wishes, fantasies, and major conflict, makes for its being retained in one's unconscious part of the mind as a source of continuing vulnerability to the development of neurotic symptoms. This is so because by repressing this major intrapsychic (within the mind) conflict into one's unconscious, it is to a large degree, out of the child's ability to change it. Repression has a tendency to put whatever is being repressed into "cold storage". That which is repressed remains then in large part un-resolvable. By virtue of this fact the conflict remains intrapsychically alive and continues to produce anxiety, inhibitions, symptoms, when current life circumstances resonate with that which is repressed. Furthermore, what is repressed continues to secondarily influences the way a current event is experienced. That is to say, for example, an adolescent whose repressed intrapsychic family romance-conflict is still substantially unresolved, may experience the feelings she/he develops toward a peer with an overlay of anxiety, guilt, and inhibitions which do not belong to the present situation but to the past. This is how the past casts its shadow on the present and may create a distortion of the present experience that may then, in turn, lead to mal-adaptive reactions to this present experience.

3.2522 CHILD REARING: What To Do About Psychic Defense Mechanisms

This is a major domain of the child's experiencing where parents regrettably, essentially have little to offer the child. Defense mechanisms are totally set up by the

cooperation of inborn tendencies and intrapsychic (mental) processes. Even the child cannot control these, and they do not lend themselves to influence by the parents. There are, however, some ways in which parents can be helpful to their children in this crucial area of adaptation and development.

First, understanding that such defense mechanisms operate within the child as a means of helping the child cope with overly troublesome fantasies, conflicts, hate, anxiety, depression, guilt, can facilitate the parent's understanding of some of their child's behaviors. For instance, appreciating the need for the defense mechanism of regression will no doubt make a parent more sympathetic to a child's reverting to more infantile behavior than was evident in the recent past. Jane's mother was helpful when she would allow Jane's clinging and would then comfort her and reassure Jane that she really loves her. There were times when she could not do it and Jane would complain and even cry. Then things got unpleasant and tense. For the most part, this need to cling ought to be reasonably gratified. Parents should adopt the view that children never cling, or for that matter, never regress, unless they need to. Then, a 4 or 5 year old's clinging can be experienced by the parent not as an actual return by the child to an infantile stage, but rather, as a temporary self protective maneuver. This will provide the child a degree of protection that will then make it possible for the child to recover a better internal equilibrium and return to the level of current experiencing even as the child makes further efforts to resolve these difficult intrapsychic (mental) experiences. Sometimes a parent's encouragement that the child try not to cling, not to act more regressed can be very helpful. But this is best done by encouragement than by shaming the child like Johnny's preschool teacher Mrs. Nell did. While encouragement makes the child feel capable, shaming makes the child feel bad about himself and feel hostility or hate toward the one who shamed him.

Similarly, the parent who understands the mechanism of displacement will not be shocked by a 4 or 5 year old's attacks on a sibling that seem to be totally unwarranted in the present. Recognizing that this attack may be the displacement of hate feelings that come from elsewhere, such as toward the rival parent, helps the parent know what to do. This parent will step in, set limits with the hostile child, and, if then possible, invite the child to discuss the source of his or her hostility (without intrusiveness). This parent will feel she has been helpful because she understood why her five year old is being such a nasty child and how to deal with her in a growth-promoting way.

Similarly as well, the parent who understands the role of reaction formations will keep a vigilant eye out for a child who is just too sweet, too nice, never gets angry, never displeases the parent, and if by chance does so then suddenly experiences intense anxiety. Helping the child to understand that sometimes being angry with one's beloved mother or father, sometimes even hating the parent, is not a terrible thing to feel. The parent may then be able to help free her or his child from oppressive self-imposed prohibitions against feeling hostility and hate and then coping with these feelings in acceptable ways. Thus, the parent facilitates the prevention of the child's hostility accumulating excessively within herself, enhancing also the child's lessening of it by his or her use of reaction formation and other growth facilitating defenses.

Also, troublesome for parents, is the anxiety produced in them by the child's

exhibiting sexual feelings toward the parent of the same sex. Current thinking is that the child's choice of gender, that is of what the child feels himself or herself to be with regard to one's sexual-self, is in part determined by inborn tendencies and in part by experience. The experience part mostly results from defenses against the anxieties the fantasized family romance produces. Many child psychiatrists and psychologists have found that problems in gender-self development become evident during the 3 to 5 years period. The parent's task here is to weigh how much the child exhibits interests in the parent of the other sex as compared to the parent of the same sex. Two major factors in the child's behavior are helpful to know and look for: (1) If over a period of 5 to 6 months the 3 to 4 year old child exhibits no special love interest whatsoever in her father (verbally or in behavior), or the boy exhibits no romantic feeling whatsoever toward his mother, it is a source of concern. (2) The boy who persistently over a period of 3 to 6 months directly expresses the wish to be a girl, or the girl who rejects being a girl and painfully wishes she were a boy warrants professional consultation. A large word of caution is due here. Parents must distinguish between a girl's wish to have a penis as compared to her wish to be a boy. Little girls, to a greater or lesser degree, wish to have a penis in addition to what they have, for a variety of reasons, and this of itself does not mean that the girl wishes to be a boy. Many a girl wishes to be a girl who also has a penis. Similarly, a boy who wishes to have a baby in his tummy may not necessarily be saying that he wishes he were a girl. He, like the converse in the girl, may wish to be a boy who can also bear a child like his mother can. Here again, as we stated in Section 3.2312, parents seem right to be less worried about girls wanting to be or act like boys than they are about boys wanting to be or act like girls. Mental health professionals too believe that the masculinization of the boy is more likely in jeopardy when a boy expresses persistent wishes to be a girl than is the girl's feminization when she expresses the wish to be a boy. Why this is so is not yet clear enough to mental health professionals.

3.2531 HUMAN DEVELOPMENT: Other Important Adaptive Capabilities

Several other remarkable adaptive functions emerge or further evolve at this time which warrant our attention. They are especially important due to their value to society and our relationships to others. These are: empathy, altruism, and sublimation. A few thoughts on each.

Empathy is the ability to perceive and feel what another person is feeling without being subject to the same intensity of feeling, be it of pleasure or of pain. Empathy is one of our most valuable orienting capabilities in the conduct of human relationships. It is critical in the parent-child relationship as a means of the parent's emotionally understanding the child and the child's emotionally understanding the parent, it is critical in love relationships, in peer relationships, in work relationships, indeed in all human relationships. Knowing what another person is experiencing makes us not only more responsive in an appropriate way to that person, but it also helps us understand that person more correctly, helps us to recognize whether we are loved or hated, respected or devalued, and all in all makes us not only better able to relate but also to protect ourselves when so needed. In parenting, the capability for empathy ranks only behind the ability to love another. A parent who is capable empathy is capable of coming very close to emotionally understanding what his or her child is experiencing (feeling) from the first days of life on. The parent can then be subjectively attuned to her or his child, which is essential for growth-promoting parenting.

During the 3 to 6 years period, the child's emerging and further developing capability for empathy is given a new thrust by the experience of the family romance. The four or five year old girl who, loving her mother, recognizes that hating her beloved mother is very hurtful to mother will enlarge that child's feeling of awareness of what another feels. There is a very good chance that, when at 3 Jennifer became mortified when asked to say again who she is going to marry, in addition to whatever she felt (fear of mother's reaction of anger, etc.), she also recognized that were she to marry her father it would hurt her mother terribly. She could then feel what her mother might feel were her wish to come true. The same applies to boys in relation to their fathers. So too, because he loves his father, at any time now we can expect 4 year old Johnny to feel guilty for not wanting his father to come home for dinner. This guilt would be based on his wanting to be rid of the father he loves. It is knowing that his father would feel hurt, that would make a very nice boy like Johnny feel guilt. This recognition and ability to perceive what the other feels or might feel, because the child would be inflicting pain on someone the child loves, enhances and enlarges the child's capability to empathize with an other person, mother or father, and eventually then siblings and peers. 5 1/2 year old Suzy showed the result of her ability to empathize when, seeing her friend Bernie upset by his mother's scolding, she put her arm around his shoulders. Feeling that he was hurt, she wanted to comfort him. She did so quite sympathetically. And 5 3/4 year old Tom did as well, when he told Bernie's mother (and Bernie too) that he too sometimes did not want to share his toys. Feeling what his friend felt, not only what he did, is probably what made Tom act so sympathetically.

Altruism, wanting to be generous to someone at the expense of some moderate self deprivation, is again, a capability which serves human beings well, if it is not excessive and too self sacrificing. This is so in all types of relationships. We emphasize again, that when altruism becomes excessive it can cause harm to oneself; this, because it can rob the self of the self-concern required for healthy development and may then rob the self of a good enough achievement of one's hopes and goals.

A healthy amount of altruism, in fact, is needed in all relationships. Whether in a parent-child relationship, in relationships with peers, mates, one's co-workers and colleagues, in relation to humanity at large. Nowhere, however, is it more critical than in the parent-child relationship and in mate-hood. Altruism, in its most primitive form, is found in some children under 3 years of age, in moments of the child's yielding need gratification for the benefit of another, a sibling or a tired mother, for instance. In the 3 to 6 year old, the development of the capability to give to someone else even at a substantial expense to the self is given a large push by the child's efforts to come to terms with the conflict created within the self by his or her fantasized family romance. By virtue of loving the rival parent, the child's giving up his or her own family romance wishes, yielding to that parent the pleasure of gratifying the love that exists between mother and father, is part of the child's efforts to come to terms with the fact that he or she cannot marry the parent he or she loves so specially. He or she now begins to accept his or her fate; to find someone like mother, someone like father -- in the future. In beginning to give up her or his wishes to marry her father or his mother, the child's altruism blossoms. "Let her have the husband she loves; I will find someone else", and the equivalent statement by the boy, even if not yet fully believed and accepted by the child, brings with it a feeling of altruism. Thus, the partial, age-appropriate resolution of the child's fantasized family romance brings with it the further development of the capacity for altruism. This makes a major contribution to the child's growing capability to be altruistic. In their sympathetic comforting of Bernie, both Suzy and Tom gave up something they had wanted, namely, to play with Bernie's toys. To be sure, some skeptics might say that Suzy and Tom did what they did to win Bernie over so that he would let them play with his toys. This may be so. But it may well be that it was their capabilities to empathize and to be altruistic that we saw. We think it is advantageous to give children the benefit of the doubt. There are many instances when parents cannot be certain that what they think is right.

The other of these remarkable adaptive capabilities which develops in a new way in reaction to the child's experience of the family romance is sublimation.

Sublimation is viewed especially by psychoanalysts to be the product of the child's inhibiting of sexual and hostile feelings and to convert the emotional energies contained in these wishes and fantasies into creative energies and productions. Here is an example of sublimation in the making. Four year old Jennifer and Diane were busily at play with Diane's 6 1/2 year old brother Jack. The excitement the three children were experiencing was amply evident; the noise was mounting. The children's behaviors strongly suggested that they were playing "boy chases girl". Further observation suggested that the two girls were competing for Jack's pursuit and attention. Aware of the quality of the mounting excitement Jennifer's mother's told that the children to stop running around so much and

quiet down a bit. Jennifer, responsive to the admonition, dropped to the floor, sweating, and, seemingly unaware, lay on the floor, her legs bent up and apart like a woman about to have a medical gynecological examination. After several thrusts with her pelvis, sweaty, Jennifer got up, with some dash of energy grabbed a large piece of cardboard, a pencil and began to stab pencil holes into the cardboard piece. As she did so her activity calmed down some, her stabbing the cardboard organized better as she pursued this activity for several minutes. She then brought the cardboard to her mother, held it in front of her like a piece of art and said "Isn't this beautiful?" Jennifer's mother looked at Jennifer looking at the piece of cardboard and said nicely enough "Huh, yea it's very nice. What is it?"

This true vignette, illustrates dramatically the transition from sexual play between two normal girls and a boy being converted, with the help of the adult's admonition to cool their play down, into a work of art, as Jennifer perceived quite unselfconsciously. Conversion of the sexual excitement into the work of art, psychoanalysts would say, was the product of the sublimation of the child's sexual and aggressive feelings. There is an element of this as well in the well known notion of putting one's anger into a creative sublimational piece of work one is doing. For instance, the athlete who can put into the swing of a bat, or into the stroke of a good tennis backhand the anger the individual feels at having in one way or another been hurt, may enhance the success of that act. We often suggest "put your anger into your work", knowing, indeed, that if one can do so one will work at a more energetic level. This is sublimation.

Obviously in order to become capable of sublimation the child's adaptive capability to do so has to be sufficient. During the period from 3 to 6 years of age, the family romance feelings which cause the child enormous internal distress, provoke within the child the development of this capability for sublimation. Sublimation, like empathy and altruism, is an enormously productive new development which grows directly out of new cognitive (intellectual) abilities within the child and the child's troublesome but normal fantasized family romance.

3.2532 CHILD REARING: How to Optimize the Development of Empathy, Altruism, and Sublimation

One of the principle ways in which parents can help their children develop empathy, altruism and sublimation is by their own modeling of these. The parent who is capable of empathy, who gives evidence of it day in and day out in her/his care of the child, will be a prime model for the development of empathy within the child. This will occur especially by the child's identification with that aspect of the parent's behavior. Of course the child can develop empathy even without this type of identification. However, the child who has the good fortune of having parents who are empathic will have a substantial advantage in this regard. The same can be said for altruism and for sublimation.

Another way in which parents can enhance the development of these capacities in

their children is to be supportive of them when they occur. For instance, Jennifer heard her mother tell her 7 year old brother Mike how much she appreciated his picking Jennifer up at Gloria's. She heard her say she is proud of him that she can trust him to help her with his sister. A mother telling her 5 year old (or her 3 year old, or 7 year old) how generous she is in helping her younger sibling, how proud mother is of the child's sensitive understanding of her younger sibling, will give her daughter a feeling of pride about having behaved so, which will then in turn bring pleasure to the child. By the way, complementing the acknowledgment of a 3 to 6-year-old's having been generous or thoughtful or reliable toward a sibling, younger or older, disapproving of unacceptable behavior toward a sibling also can contribute to enlarging a child's ability to be empathic and altruistic. For instance, Jennifer's mother was very clear when she told Jennifer she cannot play with Mike's things without asking his permission and that she does not let him play with her things without Jennifer's permission. Her child probably recognizes the idea "How do you feel when he does this to you?" Diane's mother too was helpful in essentially telling Diane she was very upset that she threw out her powder and perfumes and how does it make her feel to not be able to the to the movies with her parents the next time they go. This applies to both the child's developing empathy and altruism.

With regard to sublimation, Jennifer's mother did very well by saying that she thought Jennifer's piece of art was really nice. One does have to be thoughtful and careful with a child when, presented with a drawing, crayoning, cut out, etc., one asks, "What is it?" Of course, it is a reasonable question when the work of art is not clear. However, the tone and way in which one asks, "What is it?" is important. That is to say, an inquiry asking for further explanation, said in a benevolent tone will probably cause no problems. An inquiry that suggests that what the child has done is meaningless, can be very hurtful. One 6 year old boy who had just drawn what to his mind was a dog brought it to his mother who said "What is it?". The boy seemed a bit upset and said "It's a dog." His mother said "It doesn't look like a dog." And the boy was crestfallen. It is a bit too much to expect of a 6 year old boy that he might be able to draw a picture of dog which would convincingly look like a dog. It was injurious to the boy for this mother to say "It doesn't look like a dog." It probably would have been better if mother had said something more likely to be helpful such as "Heh, I see that you are learning to draw". After all, the child's effort at sublimation is what is critical in the child's effort. It is well for parents to bear in mind that sublimation underlies the process of learning, whether it is learning the alphabet, to draw, swing a bat, do gymnastics, play an instrument, etc. Supporting a child's efforts at sublimation, without exaggerating the child's achievement, is enormously helpful and will enhance the child's efforts at sublimation and at learning.

3.2 EMOTIONAL AND BEHAVIORAL DEVELOPMENT

3.26 CONSCIENCE FORMATION

As we do throughout this curriculum, the theories we use most are psychodynamic, psychoanalytic, and psychosocial theories. These are the major models we use for explanations of development and of understanding the meaning of behavior. Our expertise lies in these theories. We recognize that there are other theories of development, for instance learning theories of psychology, behavior modification theories, etc. We do not implement these because our knowledge of them is too limited. It is well for the teacher and student to understand that no one has the final word to date on a complete theory of development or behavior; the most comprehensive theories developed to date are the ones we employ. Furthermore these theories have stood up well in testing and against criticism. And we have seen the merits of their application to both the clinical (mental health) situation as well as to our own efforts in education for parenting. The concepts of conscience development we use also arise from these theories.

Conscience formation develops over time as do all other aspects of human personality. Overall, the conscience as an organized structure of the mind that strongly determines the conduct and behavior of the child does not emerge until about the middle of the 3 to 6 years period. There are early signs of conscience formation which become evident in a child's behavior from near the end of the first year of life on, and which do already impact on and to a degree control the child's behavior. These, however, result straightforwardly from the child's taking into his or her own mind the dictates, the prohibitions, the "do's and don'ts" the parents voice again and again with them. It seems to be not until the 3 to 6 year period that the child begins to develop a conscience that has an authority that arises from within the self. Now, the conscience becomes constructed from the child's own evaluations of what is right and what is wrong, a factor powerfully determining of the internal stability of that conscience. In brief then, we distinguish the period from the end of the first year of life into the third year as a period during which conscience formation consists primarily of the internalization of the parents prohibitions and admonitions. Then a newer and much more morality-determining conscience develops from about 4 1/2 or so years of age that is determined by a child's own evaluation and judgment of what is right and wrong.

The conscience has been meaningfully stated to consist of two major components. (1) What we consider the conscience proper, at first the determiner of "do's" and "don'ts", then becoming the determiner of right and wrong, an agency within the self which is capable of approving or disapproving of what the self does. This is the morality component of conscience; by its disapproval it produces feelings of guilt in the child. A major example of the workings of this component of conscience is that wishing to destroy someone we value and/or love leads to feelings of guilt. (2) The second component of conscience holds up the standards the child comes to value by which the child wishes to

live, holding the features of the person the child wishes to be. This component of conscience holds the image of the ideal self. Its contribution to conscience lies especially in the fact that when the child does something he/she views as not in line with the standards the child constructs for the ideal self, the child experiences feelings of shame. In other words then the degree to which the child behaves according to the standards the child put into his or her ideal self, to that degree will the child (person) feel pride and have a high sense of self esteem; the more the individual behaves in ways that are removed from the standards that make up one's ideal self, the more the individual feels shame, low self esteem, and feelings of inferiority.

These two constituent parts of conscience tend to operate hand in hand and with some degree of reciprocity. That is to say, disregarding or violating a parental dictate brings with it not only a reaction of disapproval and some degree of guilt, it can also lead to a sense of behaving below one's standards which brings with it a feeling of shame. Most commonly, feeling guilt tends to also be associated with feeling shame. However, there are differences between these two components of conscience; the most prominent, in addition to the different systems that govern each, are differences in their developments. Psychodynamic infant researchers and child developmentalists say that the first reactions of conscience of which the child seems capable is the reaction of shame. From near the end of the first year of life when the child begins to internalize parental dictates, until into the 4th year, the predominant conscience reaction seems to be one of shame. It is the result, then, of not living up to the standards the child is beginning to internalize which are, of course, laid down by the parents dictates: "Do this", "Do that." From about 4 years of age on, guilt makes its appearance. A central proposition of the psychoanalytic theory of conscience formation is that the conflict due to ambivalence (the wish to destroy the parent the child also loves) created by the child's fantasized family romance seems to be the central factor which leads the child to develop an internal agency which determines what is right and what is wrong. Wishing to destroy or harm someone one loves sets up within the child a reaction not only of being bad but of doing something that is unspeakably wrong. There is no more powerful motive to the child's developing a conscience than to wish to destroy the mother or the father one loves. This is what led Sigmund Freud to propose that the conscience is an internal agency of the mind which determines the development of morality; and, he said, it is the heir of the child's family romance (the Oedipus complex).

It remains an open question, whether the child younger than 4 is capable of feeling guilt. If we assume that the child experiences ambivalence prior to the age of 4 years, then it is possible that the child experiences guilt (as well as shame) prior to 4 years of age. That is to say, since a conflict of ambivalence means that the child hates someone the child loves, and the child is known to be capable of hating and of loving from the middle of the second year of life on, then it is possible that a child is capable of feeling guilt from the latter part of the second year of life on. One more note regarding the development of conscience.

The development of conscience is mostly determined by the child's relationships to his/her parents (whether there is one parent or there are two). Conscience formation begins in the context of the parent child relationship. Conscience formation is strongly

determined by a child's experiences in limit setting, in parents' approval and disapproval of the child's behavior and in conflictual interaction (whether in actuality or in fantasy) with those the child loves. Prohibitions and punishments by authorities whom the child (or adult) individual does not hold in high regard, whom the child does not "love", does not lead to the internalization of judgment that thoughts (wishes) and behaviors may be right or wrong, and does not increase a sense of morality. School authorities, law enforcement agencies know only too well how frequently punishment fails even when it is quite harsh. The principal factor responsible for its failure, although there are other contributors, is that the person punished does not value, respect, "love" the authority administering the punishment.

Next to the parents, valued secondary relationships can also enhance the development of morality in the child. Valued teachers, and especially the peer group when that peer group begins to be crucial to the child, have a substantial impact on conscience formation as well. Peers will begin to have a substantial impact on conscience formation from the early elementary school years on. But it is especially during adolescence, when the child's internalized representation of the parents in their conscience is tested and revised against the morality -- rules of conduct and values -- of the peer group, that the impact of the peer group will be the largest. Individuals vary in the extent to which the morality internalized from the peer group will vary or dislodge the morality earlier internalized from the parent-child relationship. In psychotherapeutic work, we find that where the relationships between child and parents has been good over time, the influence of the peer group in changing the existing internalized morality will be least. On the other hand, the more hostile the relationships between child and parents from early childhood on, the more likely the eagerness on the part of the adolescent to acquire new relationships which will be experienced less painfully, and the greater the impact of these peers on the new modifications of conscience.

Conscience formation continues to evolve and develop into adulthood tending to stabilize during the third decade of life.

3.2611 HUMAN DEVELOPMENT: Conscience Formation

The Development of Morality:

The 3 to 6 years period is a critical one for the development of conscience. As just noted in the lines above, the development of the child's conscience proper, of the sense of right and wrong which is the backbone of morality, is given a major thrust by the core conflict of the child's fantasized family romance. The wish to destroy the rival parent who is also loved in both boys and girls, creates a reaction of self disapproval, associated with anxiety and then guilt. The child's long existing love for the parent he or she now experiences as a rival whom the child wishes to be rid of, through the experiences of empathy and altruism, and then the fear of retribution by the loss of love and threat of abandonment by the parent, are major determiners of the child's setting up an internal governor of his or her behavior, a conscience. It is no longer an issue of simply being good or bad, it becomes a judgment that what the child wishes to do is wrong, cannot be condoned, and must be punished with severity and thoroughness. The normal, well-cared for child's reaction to these wishes is intense, can be harsh, and even ruthless. The result commonly is a substantially harsh conscience. This is in fact the norm.

Theorists of conscience formation have proposed that the degree to which the child hates those the child needs for survival, the degree to which hostile destructiveness has been generated within the child toward needed caregivers is a large determiner of how harsh the child's conscience will become. We find this in children who are insufficiently well cared for and in whom a substantial degree of hostility has accumulated. Given that conscience formation during the 3 to 6 years period is dependent on feeling love for those one wishes to destroy, children whose relationships with their parents have been especially hurtful, rejecting and predominantly hostile, such children's assessment of right and wrong will be distorted by feelings of excessive hostility. It is crucial for all of us to understand on the basis of this line of thought, that loving a parent (or other caregiver) by whom the child feels loved is essential to healthy conscience formation. Without a good-enough attachment to (feeling valued by and valuing) the primary caregiver, when the child hates and wishes to destroy the caregiver, the child will not feel guilt. The child will not feel from within: "This is wrong!" And, furthermore children who form little or no attachments, who do not value those who try to care for them, will tend to have insufficiently developed consciences, suffer from insufficient guilt in reaction to their hate and wishes to destroy, and will have the predisposition to becoming antisocial, delinquent individuals.

In the balance, well cared for children have formed stable emotional attachments and feel loved and respected are likely to develop a substantially healthy conscience which during the 3 to 6 years period will get a powerful developmental push in reaction to their family romance conflict. A conscience can be too weak and it can be too harsh. The prime determiners of this are the degree to which the child loves and is loved in balance with the degree to which the child feels hated and hates.

The children we know in this Unit have the good fortune of having made good

attachments and developed quite good relationships with their primary caregivers. 5 1/2 year old Bernie's relationship with his father is weakened by the separation between his parents, especially due to the hostility his parents continue to experience toward one another. Bernie's father makes the mistake of saying hostile things to Bernie about his mother which about Bernie feels very upset and angry. Luckily, 5 1/2 year old Suzy's parents who divorced 2 years ago seem to not be so hateful with each other and, wisely, when one is angry with other they don't unload this anger on Suzy. The other kids are quite lucky to have a mother and father who seem to love each other pretty well, especially Johnny and Diane. In all these children except 3 1/2 year old Victor, we have seen ample evidence of their fantasized family romance. In 2 1/2 year old Jane, we have seen a good deal of evidence of her wanting her mother out of the way, not constantly, but often enough to make Gloria pretty mad at her. Although she occasionally feels anxiety and regresses, we don't see much evidence of guilt in her behavior. We do see evidence of anxiety, probably due to guilt in 4 year old Johnny (bad dreams, separation anxiety), in 4 1/4 year old Doug (fear of learning to swim, fear of damage to his body), in 4 year old Jennifer (mortified when asked to say who she would marry with her mother there), and in 5 1/2 year old Bernie (fear of learning to ride bike, fear of bodily damage). Although we saw much evidence of 4 1/4 year old Diane's rivalry conflict with her mother, we have not seen signs of much anxiety in her; she and her parents seemed to be pretty open about dealing with her behavior, mother set limits pretty well, and the love feelings between Mom and Diane were really solid. We infer that in each of these children (except perhaps Jane) conscience building was ongoing. Their expressions of hostility and rivalry had clear limits, were easily enough handled by their parents, and we did see evidence of feeling bad (guilty) about provoking mother or dad, as well as effort by the children to make up, say they were sorry and making a point of reassuring the parent (and themselves) that they love them. Jennifer was particularly insistent that mother tell her she loves her.

It is especially in 5 1/2 year old Suzy and 5 3/4 Tom in whom we saw a more advanced level of conscience formation in their efforts to make Bernie feel better when he was upset. Empathy and altruism played their part. It is also likely though that they wanted to make things right, that they wanted to undo getting their friend Bernie scolded by his mother, by atoning with comforting him. These 5 year-olds were clearly a few steps ahead of the 4 year olds in being more quickly aware of causing trouble and more skilled in trying to repair whatever trouble they thought they caused. Bernie especially was quick, perhaps a bit too quick, in saying he was sorry. He said he was sorry at times even when he had not done anything wrong. He seemed then a bit too guilty.

The Development of Standards for the Self:

Although the principle component of conscience that develops at this time is that which governs the sense of morality, it is unavoidable that the component which holds up the standards for the self will be influenced by the wishes and fantasies stirred up in the family romance with all the consequences to which these fantasies may lead. To be sure, the fear of loss of love, the fear of being abandoned, in the boy especially the fear of

being bodily mutilated in punishment for these wishes, give the child an inner sense of urgency to develop not only standards for what is right and wrong, but also standards for the type of person the child wishes to become. From this aspect of experiencing, standards for the self are further elaborated in a significant way during the 3 to 6 years period.

This component of conscience gets a contribution especially from the child's identifications with the loved and idealized parent that the child experiences as a rival, wishes to replace. By means of identification, these wishes are converted into wanting to be like the idealized person the child wishes to replace. Although Johnny was not at this point yet, identification with his father was evident.

The child idealizes the parent which makes this parent more grand than he or she actually is. Now, the degree to which the loved rival is idealized will influence the degree to which the idealized self will be constructed. If the idealization of the rival parent is exaggerated (often so by guilt), the idealized self may also be exaggerated and be too unattainable. This will create a burden for the child because the child's efforts may fall short of achieving the standards set up in that idealized self over the years. Just as the morality component of conscience can be too harsh or too low, so too the idealized image of the self can be too great and can be too little. Clearly, an optimal degree of both morality and standards for the self is most desirable.

Like with the play of love and hate in the structuring of the morality component of conscience, so too will love and hate play a part in the development of standards for the self. Namely, the better the relationship between child and parent, the better the child feels loved and loves, the less the intensity of hate (because less hostile destructiveness has accumulated over the first three years of life), the closer the child will feel herself/himself to the idealized self, the more positive will the child's current self esteem be.

Although it is too early to know what the character of our 3 to 6 year old children's idealized self are, it is clear that none of the 4 and 5 year old children described in this Unit felt consistently that they did not deserve to be loved. From all appearances, their feeling pretty good about themselves seemed to predominate. But there have been periods of time when they did not feel so good about themselves. Bernie did not when his mother scolded him and he felt he hated her. Jennifer did not when she and mother would get into it about going to bed, and especially after she had told her mother she hated her; most especially the one time she yelled it and then was afraid the neighbor had heard her. Diane at first felt good when she dumped her mother's powder and especially her perfumes. But then she started not only feeling guilty because she saw how much it upset her mother, but also feeling ashamed because she did not like feeling she is not a nice girl for doing that to her wonderful mother. We noticed that the second and third (and last) time she had a dumping party, she only dumped the powder. We wondered if it was that she had come to learn that her mother's perfumes cost a lot more than the powder. And to be sure, Johnny, Doug, Suzy and Tom has their moments of feeling bad about themselves and their self-esteem was low. In addition, Johnny, Doug and Bernie felt bad about themselves because they felt afraid, of their bad dreams, of swimming, and of riding a bike respectively.

3.2612 CHILD REARING: How to Secure Healthy Conscience Formation

The Development of Morality:

By their behavior in approving or disapproving of the child's conduct, especially whether the disapproval is heavy with hostile feelings or is said with caring feelings, parents will contribute to what the child internalizes as part of his or her own approving and disapproving attitudes (toward the self and others). The challenge to parents of setting limits in growth-promoting ways, especially in a firm but loving rather than in a hostile manner, comes from the fact that it influences how the child feels about himself or herself in a most difficult setting: how to deal with being angry with someone you value and love. This makes a large contribution to the child's feelings of guilt and the degree to which the child's conscience become harsh or benevolent.

The way parents express their feelings of love, of anger and even of hate toward their children, not only heavily influences the way the child will experience herself or himself, but also by virtue of the degree to which they stir love within the child for the self or hate within the child for the self, by these expressions of feelings they will determine the quality of the child's own conscience formation. It is important to bear in mind that due to how we all pick up on others' feelings, we speak of the contagion of feelings, or by the "vibes" we get, children at all ages pick up easily on such basic feelings as their mother or father loving, respecting, being angry with, or hating them. All of these are registered within the 3 to 6 year old's establishing conscience.

During the 3 to 6 years period, the child's experience of hostility and hate toward the loved parent, can be an extraordinarily difficult experience for the parent to withstand. Jennifer telling her mother "I hate you", was experienced by her good-enough mother as jarring, and it hurt her. How the parent reacts to such declarations of feeling is critical. The parent who is jarred and sharply hurt may react quite naturally with sharp hostility: "You are a nasty little girl", or "That's a terrible thing to say to me when I do so much for you"; this to be sure would create in the child an intensification of feelings of guilt. The parent who reacts with disbelief "I know you don't mean that" when this is exactly what the child means at the time, also creates intense feelings of self criticism in the child. "I'm not supposed to react like this; it's not what nice people feel", etc., none of which is true, and which intensifies self-criticism. In both cases this will add to the child's own substantial load of disapproval and self recrimination.

While the parent takes the child's "I hate you" seriously, and the parent feels hurt by this declaration of feelings, it is important that the mother, like Jennifer's mother could, be able to empathically tolerate these expressions of feeling. She needs to reassure the child that although she feels angry with her child at times too, the love they feel for each other will win out over their hate. Depreciating the child for expressing such feelings, inducing guilt beyond what the child will generate himself/herself, only intensify the harshness of the child's own conscience and will bring with it more pain for many years

to come. The ways of handling the child's experience of his/her family romance-derived wishes and feelings which we described in Section 3.2312 also apply to the question of the child's conscience formation. As we saw, Johnny's parents, like those of Jennifer, Diane, and Jane could, by how they reacted to their children's expressions of rivalry, jealousy, hostility and hate, not only help or make more difficult the child's dealing with these tough to handle feelings; they could also intensify or lessen the child's feelings of guilt. In this, then they could influence for better or for worse the degree to which their child's conscience would be healthy and guiding as compared to being harsh and crippling. For instance, if Gloria, Jane's mother reacted to her 2 1/2 year old daughter's hostile behavior by telling her that she is a hateful child and, if she continues to be so bad she will be taken away by the devil, this would lead Jane's conscience to develop this kind of threatening, frightening and disapproving tone. If 4 year old Johnny's mother had reacted with what a mean thing it is to say that Johnny doesn't want his Dad to come home for dinner, that he is selfish and bad, to be sure Johnny's guilt would have been intensified and his developing conscience would very likely adopt a voice of excessive and unreasonable criticism. And if Diane's mother had beaten her then less than 4 year old for dumping out her powders and perfumes, called her a nasty bitch, a terrible destructive child who doesn't deserve to be loved and then sent her to bed without dinner, we can be pretty sure that Diane would internalize into her developing conscience an attitude of calling herself unlovable, of accusing herself of being a nasty destructive bitch, and of requiring a series of self-hurting punishments for any or most transgressive wishes (thoughts) she might have as she grows. Understanding the child, knowing what the child's behavior means, what is causing it, empathy in both attempting to understand and determining how to handle the child's behaviors, respect for the child, the use of some warm (non-hostile) humor, being realistic, all can contribute positively to the child's developing a conscience that has reasonable view of what is right and wrong, of demanding responsible conduct in relationships, toward oneself, and toward society.

On Developing Standards for the Self:

The use of non-hostile humor in one's parenting can be a facilitator of the unavoidable difficult interactions that occur between child and parents. It applies to this period of development as well as it has in the past and will in the future. Humor of course can at times be hostile under which conditions it becomes ridiculing and teasing. It then loses the magnificent feature that is inherent in humor, namely a way of dealing with painful reality by a positive adaptive attitude toward it and a lightening of the painful experience. Of course, ridicule and teasing, especially when it goes too far, can cause enormous pain rather than alleviate pain. Ridiculing, sarcasm, hostile teasing, taunting a child all make a painful reality even more painful. It induces shame in the child and lowers the child's regard for himself or herself and self-esteem. Shaming the child when the child expresses a feeling of rivalry, or a feeling of hate actually reveals a feeling of weakness in the adult (authority) and additionally contributes to undermining the child's self evaluation, and self esteem.

Given the high level of emotional investment the child makes in his or her fantasized

family romance, and given that the child is so to speak wearing his/her heart on his or her sleeve often wide open for the whole world to see, the child is in a vulnerable position for being embarrassed, being made to feel shame as well as guilt by inconsiderate handling of the child or of the child's expression of thoughts and feelings. Thoughtfulness, respect for the child superimposed on loving the child will protect the vulnerable 3 to 6 year old against undue injury at the hands of his or her parents. The consequences of enhancing (by love, respect and empathic understanding) or of damaging (by excessive hostility, abuse, hate, lack of respect and of consideration) the 3 to 6 year old child's feeling of self value, his or her self image, will be within the child for years to come. If future experiences do not modify these attitudes which the child internalizes into her or his conscience, the imprint of these early years will go on for life. As Sigmund Freud said, the child's conscience will carry the stamp "Made in the USA, Philadelphia, PA"

***PARENTING FOR EMOTIONAL GROWTH:
A TEXTBOOK***

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TEXTBOOK

UNIT 4

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UNIT 4

THE ELEMENTARY SCHOOL YEARS (6 TO 10)

**PARENTING EDUCATION FOR EMOTIONAL GROWTH:
A TEXTBOOK**

UNIT 4

THE EARLY SCHOOL YEARS (From 6 to 10 Years)

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UNIT 4

THE EARLY SCHOOL YEARS (FROM SIX TO TEN YEARS)

4.1 PHYSICAL DEVELOPMENT THAT DETERMINES WHAT A CHILD IS ABLE TO DO

4.111 HUMAN DEVELOPMENT: Degree of Adaptive Capability And of Helplessness

Much growth in adaptive capability occurs from 6 to 10 years of age. Consider a 5 year old on the one hand, and an 11 year old on the other. Think of the differences in body size, in strength, in advancement in the development of physical skills and capabilities. That difference is the difference between a kindergartner and a 5th grader.

Systems Underlying Motor Competence

The 6 to 10 years period is one during which children are expected to be able to begin to participate in team sports; this is when Little League begins. According to Erik Erikson, throughout cultures this is when children are expected to begin to work; in some cultures still, as was more widespread in past centuries, 6 year olds are taken to the fields and shops to learn to help with the work that needs to be done. These expectations would not have become part of the cultural traditions without adults in society having learned over time that at 6 years of age children become capable of such cognitive and motoric competence. We have to infer therefore that the body systems on which such functions are dependent mature to the degree necessary to make such competence possible.

Looking at a child, one readily sees an increased capacity for competence in physical motoric activity, in the performance of certain acts that require increasing skills, as the child goes from 6 to 9 years of age. So too, for instance, the physical capacities required for swinging a bat, swinging a tennis racket, swimming and doing gymnastics, playing a musical instrument, also all clearly suggest increasing capabilities in the coordination of certain movements and increasingly skillful physical performance.

Systems Underlying Toilet Training Capability

Six year old can be expected to have sufficiently matured muscle controls that insure toilet training. While bowel training often precedes the control of urine, by this age

every child, except where a physical defect exists in the urinary system, can be expected to have sufficient mastery over urinary function.

Systems Underlying Cognitive Function

The enormous capacities the child demonstrates in learning to read and write, which a substantial percentage of children can learn even before 6 years of age, also suggest an increased capability for thinking and problem solving, essentials for later intellectual-academic functioning. Interestingly, there is indication of a further substantial maturation of the central nervous system at about 7 or 8 years of age, when children who up to then have continued to reverse letters and numbers now stop doing so. The assumption is made from it that a maturation of the central nervous system makes this sharper recognition of configurations possible at this time.

4.112 CHILD REARING: Degree of Adaptive Capability and of Helplessness

As we have stated in Units 1, 2 and 3, physical growth, central nervous system maturation, the maturation of the muscular system as well as the bones, are all determined by the child's biological endowment; where that endowment is normal one can expect the possibility for normal physical maturation to occur. Of course, in that small percentage of children who are born with certain biological vulnerabilities, muscle control may be difficult, coordination of arms, legs and body may be a problem, processing information, understanding directions that are given, expressing thoughts the child has, each and all may be affected by some inborn malfunctioning. Happily, this happens to only a very small percentage of children. We want to emphasize in the context of this discussion, that whatever the biologically induced malfunctioning of any or all of these systems, maturation can continue to occur in ways we cannot predict. In other words, while physicians and biologists are often asked to make predictions about the ultimate corrections of biologically produced malfunctioning by the forces of development, no one can be certain in making such predictions, and therefore, a benevolent optimism is warranted given that a number of malfunctions can be overcome by inherent adjustments and healthy maturation even up and into the adolescent years.

As we have emphasized before, whether the child is biologically well-endowed or suffers from some biologically produced vulnerabilities, the child's physical and adaptive growth is substantially in the hands of the parents (and, secondarily, other caregivers and educators). Everyday care-giving including maintaining reasonable health-promoting conditions, good enough hygiene, a good diet, the provision of an environment which facilitates learning of all kinds of skills including language, performance of household tasks, developing reading and arithmetic skills, etc. Enormously important as well, is the maintenance of a positive enough emotional atmosphere in the home, in interactions and in relationships, all of which contribute to healthy physical development. The interaction

of emotional experiencing and physical development is well established and it is important that the student knows this. Much experience in clinical situations as well as in animal studies has proven that the young of the mammal species suffer from retardations in physical development when they are deprived of sufficient emotional relatedness and interaction.

Also important for future parents to know is that physical maturation of any of the bodily systems, be it the muscular system, or the visual system, require an adequate program of functioning in order to mature normally. This means, for instance, that when a child is allowed to be physically active, as they amply demonstrate they need, it is likely that the muscular system will mature more adequately. Children who are encouraged to learn how to swing a bat or a racket, or to play a musical instrument, etc., will enhance the maturation of the bodily systems underlying these activities. The same can be said for the development of those systems that serve the use of language, as well as learning to read and write and to do arithmetic. We all assume that exercising any function of the body, be it motoric, or cognitive, will enhance its maturation..

In this vein, parents who support their children's efforts to learn to do new things such as hitting a ball, playing a musical instrument, dancing, drawing, reading, writing, performing chores around the house, not only facilitate the development of skills but further the healthy maturation in their children of the bodily systems which underlie these functions. This goes hand in hand with the principle that a loving, supportive, positively enough interacting environment facilitates good bodily development and physical health.

4.121 HUMAN DEVELOPMENT: Sexual-Reproductive System Differentiation

Given the importance of sexual maturations during the 3 to 6 years period (see Section 3.23) and during adolescence (including prepuberty, see Sections 5.23 and 6.23), and the large part this development plays in children's and adolescents' and adults' lives, a statement on the development of this system during the 6 to 10 years period is warranted. We assume from behavior evident in children 6 to 10 that a comparative quieting of sexual activity suggests there is no new maturation within this system during these years (see Section 4.23). We assume that during these years there is no further specific physical sexual maturation, simply the corresponding enlargement of reproductive organs that go along with the overall enlargement of the body.

4.122 CHILD REARING: Sexual-Reproductive System Differentiation

Good physical hygiene and physical care will secure the continuing healthy development of this system.

4.2 EMOTIONAL AND BEHAVIORAL DEVELOPMENT

4.21 ADAPTIVE FUNCTIONING -- PART I

Adaptive functioning refers to the child's ability to cope and to constructively adjust to the demands of everyday life coming from within the family, from the world outside of the family such as from peer relationships, neighbors and school, and in addition, also pertains to adapting to the child's own inner experiencing, feelings, thoughts, fantasies, and needs. Therefore, by adaptive functioning in this text we mean the child's total efforts to cope with what the child is experiencing that arises from within himself/herself and from outside of himself/herself.

For the most part, the development in adaptive functioning, like in all other areas of psychological development, is "building upon". But in addition, development also allows opportunity to strengthen past weaknesses, to improve on prior development and even to replace some modes of adaptation for others. Recognizing that development consists in large part of the child's achieving certain tasks in that development, those that are insufficiently achieved for the child's age are given new opportunity for further development and to catch up for insufficiently achieved past goals. If the tasks are too far removed from their age-appropriate goals, which we identify as age-adequacy, such catching up may be extremely difficult and in some instances not feasible. For the most part though, when good emotional supports are provided, children are surprisingly capable of catching up to insufficiently obtained goals. Again, there are limits to which this can be achieved. This is especially so where there is interference to age-adequate developments that come from problems residing within the child's central nervous system, such as, problems in eye-hand coordination, problems in information processing, problems in putting into words what is experienced, etc.

When we speak of adaptive functioning, two psychoanalytic models help us well, namely Erikson's psychosocial model and the classical psychosexual model. We find ourselves now at the psychosocial stage Erikson identified as the development of a sense of industry versus a sense of inadequacy. Recall that during the first year of life the adaptive self-identity task was the achievement of a sense of basic trust (of self and of other) versus a sense of basic mistrust, one of the most fundamental and critical psychological achievements given that much that is healthy or unhealthy in psychological-emotional development depends on it. During the second year the principle adaptive self-identity task was that of achieving a sense of autonomy versus a sense of shame. Not only the early stage of a developing self but of a self coalesced and drawn together by a sense of being and doing things oneself. By contrast, poor development of adaptive self-identity during the second year of life leads to a sense of shame, of withdrawing, of hiding oneself, of fearing and not trusting one's needs, wishes, intentions, and efforts.

The third stage of psychosocial development, from 3 to 6 years of age holds the task

of developing a sense of initiative versus a sense of guilt. The highly adaptive sense of autonomy now enlarges to a sense of being able to begin things, to set up goals for the self, to think of wanting to be, wanting to do, and wanting to achieve. In poorly developing children, rather than a sense of initiative we find a developing sense of guilt about what the child needs, wishes, would like to do. Quite clearly, as these become part of the sense of self and of the child's personality, positive development promises being able to achieve, being able to succeed in one's efforts, being able to plan, get things going, and push toward achieving one's ends; conversely, negative development (especially development burdened and an overload of hostile destructiveness) will lead to interference with the constructive achievement of one's wishes, goals, and may severely hamper the child's efforts to adapt constructively.

Now, from 6 to 10 years of age the child's task is to achieve a sense of industry and where this fails, a sense of inadequacy will stabilize within the child's adaptive self-identity. By a sense of industry Erikson means that the child can now feel "Not only do I want to start something, but I feel that I have developed the skills, and can continue to develop whatever skills are required, to achieve my goal". By contrast, failure to achieve such an inner sense of capability, leads to fear, hesitancy, uncertainty about the child's own capacity to achieve his/her goals, be able to rely on the self to do what is required to achieve these goals. Clearly, while we are all dependent on others, even as adults, for the fulfillment of our needs, for the achievement of our goals, a large degree of self reliance will be achieved by the person who has an inner knowledge that she/he can achieve what he/she sets out to do, has the inner capability to do what is required to achieve those goals. To be sure, given that development is "building upon" an effective sense of industry versus a sense of inadequacy is much determined by what came before as well as what happens during the 6 to 10 years period.

One wonders whether this important demand on the child to become capable of industry, capable of working at an age-adequate level, is adaptively facilitated by the receding into the background of other crucial aspects of the child's development. For example, in terms of the child's development as a sexual individual, that is in terms of psychosexual development, a significant pause in this development seems to occur during the 6 to 10 years period. That is to say, that the enormous burst of experiencing and development typically found in the 3 to 6 years of age period abates, that the child's sexual development and experience of the family romance (described in Unit 3, Section 3.23) quiets substantially, frees the child's energies and attention for other important developmental challenges. It is, we believe, fortunate for the child's total development that his or her sexual development will now remain relatively subdued until prepuberty when the resurgence of sexual development in the child, famous in adolescence, will take place. While children learn a great deal outside of their sexual sphere of development during the 3 to 6 years period, many already learning to read, to play a musical instrument, to begin gymnastic classes, etc., the 3 to 6 year old's abilities cannot match those of which the 6 to 10 year old child is capable. A tremendous burst of learning activity characterizes the 6 to 10 years of age period. In most cultures, now the child no longer has the option, the child is expected to learn extensively.

Not only is there a relative quieting of sexual life and the enormous demands it

makes on the child, but the need to resolve the conflict created by the family romance (see Section 3.23) leads to the setting up of defenses against the experiencing of sexuality defenses that interestingly enough are highly useful to learning. We find, as we shall describe in Section 4.2511, that some of the major defenses employed to contain whatever residual conflict from the family romance has not been resolved, consists of what we call obsessive-compulsive defenses. Obsessive-compulsive defenses means to organize experiencing by means of setting things in order, giving experience structure, organization, systematization, by for instance, arranging pencils, papers, books in rows, setting up routines for specific tasks, such as a routine for going to bed, a routine for getting started with one's dressing, a routine for packing one's schoolbag, finding a specific place for one's important items in one's room, etc. Needless to say such an inner need for organization which mostly is called upon to bring about an inner sense of organization is very useful in giving organization to how one does things. Such adaptive defense also makes it easier for a child to accept the imposition of organization by a teacher, or by the school (e.g., first there is reading, then there is arithmetic, then there is free time, then there is learning to write, then there is lunch time, etc.). In addition to this usefully organizing defense, the even more remarkable and highly desirable defense of sublimation is also implemented, whereby the wishes and inner pressures that pertain to the family romance are in large part contained by their conversion into creative activities, a powerful factor in learning creatively. A child who tries a drawing he/she never has tried before, is learning to do something new by means of a creative, self-initiated activity.

All in all then adaptive functioning during the 6 to 10 years of age period consists predominantly of the development of new skills that serve formal learning and a remarkable inner sense of being capable of doing things. All these lead to the development of a sense of industry.

In Unit 4, as we have done before we shall address aspects of adaptive functioning in two parts. In Part I we shall speak of the child's wake-sleep patterns, the continuing development of affects, feelings and emotions, of cognitive play and fantasy activity; and then in Part II, which again will come after we have discussed the development of self and human relationships, the continuing development of sexual-reproductive life and the development of aggression, we shall take up those other aspects of adaptive functioning which are to a substantial degree reactive to and given impetus by the developments of sexual reproductive life and of aggression, namely the development of dependence, the development of psychic defenses and other "sublime" adaptive capabilities.

4.2 EMOTIONAL AND BEHAVIORAL DEVELOPMENT

4.2111 HUMAN DEVELOPMENT: Wake-Sleep Patterns, Dreams, Night Terrors

Wake-Sleep Patterns:

Wake-sleep patterns are by now organized to help the child accommodate to the demands of school. This means that the child will have to be up in time to get to school which, in turn, will dictate when the parents feel the child should go to bed. In many families especially where mothers and fathers work outside the home, parents and child may already collaboratively have structured their child's wake-sleep patterns to accommodate both their needs and the child's need to be ready for preschool or for daycare and for the parents' work schedules. The structuring of a pattern of wake and sleep is essential for the child's being able to give pattern to his/her increasing number of activities and responsibilities, including getting cleaned, dressed, one's school-bag in order, breakfast, getting to the bus, all, even before the child's school workday has begun.

There are two major reasons why such wake-sleep patterning is essential for good adaptation and good functioning. First as just noted, is the routinization, the giving sameness in ways of doing things, so essential for the 6 to 10 year old child's organizing the demands made on him or her, a process which facilitates the child's becoming able to meet these demands effectively. The second reason stable wake-sleep patterning is essential is that our bodies adapt to the rhythmicity created by wake-sleep patterns. That is to say, physiological functioning (functioning of bodily systems) seems to operate on a 24 hour cycle, it has one-day-based cyclicity or rhythmicity, which contributes substantially to the way we feel physically. This phenomenon is best known to people who travel by plane, whereby, in a matter of a few hours one can be transported to an area where the time is 3 hours later or 4 hours earlier than where one resides. The result is "jet lag". This simply means that the 24 hour cyclicity to which our bodily functioning is accustomed has now been shifted to a 24 hour patterning 3 hours later or 4 hours earlier causing the discomfort brought about by this necessary physiologic readjustment. It is this type of experiencing especially which informs us that wake-sleep patterns require routinization in order to secure for the child a state of comfort, sufficient wakefulness, sufficient rest, to be able to effectively do the work required by school. We also know the need for such cyclicity by virtue of the discomfort we all experience, child and adult, when we do not get enough rest.

Sleep of course can be disturbed in 6 to 10 year olds much as it can before this time as well as later in life. Like in earlier years, sleep disturbances can be produced by external factors as well as by internal factors. Among the external factors, excessive noises, including especially noise produced by arguments between parents, but also noises produced by televisions, stereophonic systems, etc., excessive light, the comings and goings of an older sibling or of the caring for a younger sibling, excessive heat,

excessive cold, all can disturb sleep. So can an illness, such as an earache, or a cold.

Among the internal factors which may cause sleep disturbance, all come under the category of stress, including stress coming from what the child experiences as large demands made by school, by the family, demands in peer relationships, as well as stress produced by internal (intrapsychic) conflicts. Demands made by school, family, peers become stressful when the child experiences these as painful, too taxing, or anxiety producing. In the 6 to 10 years period, each of these three categories of demands may be a source of problem for the child.

Stresses coming from these external or internal sources may lead to difficulties in falling asleep or may lead to awakening during sleep. Generally, in good enough family conditions, the demands made by family and by school tend to be less taxing than the demands made by peer relationships as well as by internal conflict. We would say that except for physical illness in the child, most sleep disturbance is caused by stresses coming from within the child. These, may produce difficulties in falling asleep or they may lead to sleep interruptions primarily due to "bad dreams" and night terrors.

Among the family demands which may be experienced by the child as stressful even in good family conditions and become manifest at sleep time is the following. Many a child during the 6 to 10 years of age period whose mother and father work outside the home may have some difficulty going to sleep because they experience their parents as insufficiently emotionally and physically available to the child during the day. The need for mothers to work outside the home (the widespread economic need for two salaries, or the need to work at a profession that is part of many a mentally healthy mother's identity, etc.) often makes it that many a child's school time is over not at about 3 p.m. but indeed at 6:00 p.m. if not later. After a long school day from which the child comes out with substantial needs for recuperation, comforting and reassurance, the period between 3 and 6 in the afternoon is a crucial period for recovery of all kinds. Where a parent cannot be home then, many a child this age may feel not being sufficiently valued and attended to by the parents. Good after school care is enormously valuable for the 6 to 10 year old child. It is comparable to what the parent feels near the end of the work day!

Some children who live in homes that are not well organized may be alone during these hours. The "latchkey child" phenomenon which often then results is well known: many an elementary school age child who feels lonely, unsupervised, becomes depressed, may develop difficulty attending to instruction in school, in concentrating, in organizing his/her activities, etc. This phenomenon especially occurs during the 6 to 13 years of age period in families that do not plan well enough for their young child's after school activities, care and supervision. Such children may well find the requirement to go to sleep by 8 p.m. to too severely cut down the time they spend "in the family", with their parents. They may hunger for staying with their parents longer and may find going to sleep difficult.

Dreams and Night Terrors:

Dreams are a normal part of our nightly sleep. Children like adults dream every night. Of course, we do not always remember what we have dreamt. Dreams of themselves do not cause sleep disturbance, do not waken the child from sleep. This is so except when dreams become frightening, what we all call bad dreams or nightmares.

Bad dreams or nightmares are invariably caused by external and/or internal stress. Again these may come from the child's feeling he or she is not able to meet the demands made by schoolwork or by fears not doing well enough. Among family stressors especially are difficulties between mother and father, with or without overt fights between them, and of course separations and divorce. Illness in the parent, a parent accident, and of course the death of a parent can be severe stressors for a child. Difficulties experienced in peer relationships, whether with a particular friend, or with a group, can all lead to bad dreams or nightmares. And again, internal psychic conflicts in a large percentage of instances cause nightmares.

In a small percentage of children, night terrors will produce sleep disturbance. Knowledge to date tells us that bad dreams and nightmares occur during periods of "light sleep", a time when REM (Rapid Eye Movement) sleep occurs. REM sleep is that sleep phase when we dream. Because the child is in a light sleep state, bad dreams or nightmares which awaken the child are often remembered by the child. By contrast, night terrors are believed to occur when a child is in the "deep sleep" phase of sleep. Because of the physiological state of the individual in deep sleep, even though night terrors will waken a child, the child will not be able to remember, be aware of the ideas contained in that night terror. Nor will the child be awake when the night terror interrupts sleep. It is important for the parent to know that even though the child's sleep has been disturbed this does not mean that the child is awake and able to understand either what he or she is experiencing or that the parent is there trying to help, or what the parent is saying. More on this below in the child rearing section.

4.2112 CHILD REARING: Wake-Sleep Patterns, Dreams, Night Terrors

During the 6 to 10 years of age period, children need help in getting themselves to bed on time in order to get enough rest by the time they need to waken to prepare to go to school. A number of factors tends to make it difficult for children to get to bed at an assigned hour even when they are quite tired. Many 6 to 10 year olds, even when tired, prefer to stay up later than usually programmed by reasonable parents. Several reasons account for this. For the 6 to 10 year old child, going to sleep means the interruption of ongoing activity and at the same time it is quite a lonely affair. Often, because it occurs at the end of the day, it tends to mean the interruption of relaxing and recreational time, whether it is the interruption of a game, not being able to see a later occurring television program, or other familial activity. It is a lonely affair because going to sleep means that one separates from those around us, and at this age many a child continues to retain some

degree of separation anxiety, some feeling of anxiety at being alone, some feeling of loneliness.

In addition, many a 6 to 10 year old, continuing to experience some residual of the family romance they experience during the 3 to 6 years period, experience some resentment, anger, envy, jealousy even at parents now being free from the children, alone together and engaging in activities about which the child fantasizes. "They are together having fun, while I am lonely in my bed."

In addition, for those children who are experiencing difficulty in falling asleep, or those who have experienced nightmares and night terrors, going to sleep may be experienced as unpleasant if not in fact frightening. These children will need more than average help to going to sleep.

All in all, seeing to it that children get to bed at a reasonably assigned, age-appropriate hour, rests very much with the parents. Like earlier in life, it is well for the parent to routinize going to sleep. In this regard it is helpful to include time for talking and at times to be able to postpone to the next day any problematic issue the child brings out which will require more than the time allotted for dialogue. The reason this suggestion is made for pre-bedtime is that many a child in a pre-sleep state -- a state of altering awakesness -- tends to be more amenable to talking about things that upset the child during the day by virtue of the bodily winding down which is required for going to sleep.

Where a child has a cold, or an earache, the parent can expect a more prolonged going to bed procedure. This in large part will be do to not only the pain the child may be having or the discomfort, but also the moderate regression that comes with feeling sick. Also, children who have difficulty falling asleep because of bad dreams and night terrors will need comforting, extra reassurance, the restatement night after night that the parents are going to be there able, willing, and ready to help the child if there is a need for help. With all this, however, we want to underscore the importance of conveying to the child that it is now time to go to sleep, that the parents expect the child to go to sleep, that the going to sleep procedure cannot be dragged out beyond a certain time, that it is the child's responsibility to go to sleep and to allow parents some private time.

For parents who have not yet well established the school-determined going to sleep time, that work is now in front of them. Parents who have allowed the child to pattern wake-sleep hours to accommodate to the parents own later getting to bed time will have some difficulty in helping their children make the shift to going to bed at a school-determined hour. The difficulty in achieving such a shift arises from two sources: first, the reluctance of children to interrupt play activity, family activities earlier than they have become accustomed to; and secondly, the demand made by the parent that the child shift their 24 hour physiological cyclicity to several hours earlier. The 6 year old child who has been accustomed to going to bed at 10 p.m. and is now expected to go to bed at 7:30 or 8:00 will find himself or herself having difficult going to sleep for a couple of hours until the adjustment is made. For this reason it is advantageous for parents to organize their child's sleep wake patterns well before it becomes necessary for the child to adopt a school-determined wake-sleep pattern.

Drawing attention to time for going to bed approaching, encouraging those activities preparatory to going to bed such as toileting, getting into pajamas, preparing things for the next morning, getting into bed with a night story or a brief recounting of what happened during the day that was upsetting or especially pleasant, the routine of a goodnight kiss or hug, all work toward structuring the going to bed procedure and facilitate it. In children who no longer want a bedtime story at this age, the review of how things were in school, especially about the problems or especially good things that occurred can be a good way to bring the day to a close.

Dealing with sleep problems, including difficulty in falling asleep, as well as being awakened during sleep by bad dreams or night terrors requires dealing with varying individual, unique challenges.

Dealing with problems in falling asleep includes not only an emphasis on the routinization of going to bed but should also allow for a time period when parent and child can talk together about the things that make going to sleep difficult for the child.

When both mother and father, or in single parent families, when mother, need(s) to work outside the home, it is important for both child and parent(s) to deal openly with its possible various effects. The 6 to 10 year old is much more likely to understand and accept than will a 1 to 4 year old the reasons why "Mother has to go to work." (Of course, this means going to work outside the home, since homemaking, care-giving and child rearing is much work too, but occurs at home.)

First, the 6 to 10 year old will feel pride in his or her mother being a lawyer, or nurse, or doctor, mechanic, or whatever. Here, the label has some importance, but the feeling that mother is doing a specific job for which she gets paid money, earns the child's respect. Perhaps even more important is the experience that Mother takes on and handles large responsibilities, is capable, and can therewith make life feel safe. There are other positive feelings about it. The child will perceive why Mother works, whether because her income is essential for the family's needs, or whether Mother works due to important inner needs that arise from her self-identity ("I am a lawyer", "I am a teacher", etc.) a part of her total identity as important to her as that part of being "a mother", both parts being very important to her own well-being and mental health.

There are, however, also the price both child and mother pay when Mother cannot be home when she would like to be there or, for the child, when the 6 to 10 year's school day is finished. Even with good substitute care after school until Mother comes home, the 6 to 10 year old may miss his or her mother and home. Where after school care is poor or absent, the "latchkey" feelings of neglect, loneliness and loss, even depression and anger, are common. Even in more benign conditions, the 6 to 10 year old needs to feel "at home", and needs Mom there (when the relationship is good-enough) after school. (Where the relationship is poor, the need for a loving mother being there is even greater, not less.)

It is clear that children can accept deprivations without undue emotional hardship, can tolerate not getting what they want or even need, so long as these are not too severe and they are acknowledged. Therefore, mother and father, whoever is getting the 6 to 10 year old to bed, will need (1) to allow their child to experience whatever feelings the child has, however intense and seemingly unreasonable, about parents not being available

earlier in the day for however long the hours; (2) to allow their child to verbalize these feelings in reasonable ways, being certain to encourage the child to put these feelings into words, to not close off complaints, and appropriate verbal expressions of anger; (3) to work out with their child if they have not already done so, ways whereby they can check in with the child or make themselves reachable by telephone during the hours they cannot yet be at home. Many parents, well aware of this issue make arrangements to be reachable by phone. This does not mean that a child should be able to interrupt Mother or Father whatever they are doing. That cannot always be done reasonably. However, letting the child know that the parent will call back at the earliest possible moment can make many a child wait as long as is necessary, so long as the child gets the sense that indeed the parent is calling at the earliest possible moment.

Similarly, when a child is known to be upset in the afternoon or evening, a parent is wise to allow whatever needed extra time at or near bedtime to talk about what may be disturbing the child, be it a problem that developed in school, a problem with a friend, a problem with a sibling, etc. In situations of parental strife, separations, divorce, parental illness, death of a parent, time will be needed to talk about these subjects, to answer truthfully and reasonably children's questions, and when bedtime comes a brief dialogue giving some closure to the subject for the time being can be enormously helpful. Avoiding talking about painful things does not make them go away. If anything, these painful feelings will be felt longer, make for poor sleep, bad dreams, problems with peers, in school, and more.

Dreams and Night Terrors

Dreams and night terrors need parental help. Bad dreams, nightmares are easier to deal with because, as we noted in the section on human development, they occur during light sleep (REM sleep) which means that when they awaken the child, the child will be able to remember the content of the dream, be able to share it briefly with the parent, be receptive to reassurance and comforting, all because the child is easily awakened, and can be aware of what the parent is saying and of the parent's reassurances.

Night terrors are more difficult to deal with because the child is in deep sleep, will usually be difficult to calm down, will need to be fully awakened from sleep, will not be able to remember what terrified the child, and will be experienced by parents as much more difficult to resolve. Where night terrors persist, professional help is indicated.

As reason would suggest, too much noise, goings in and out of a room, and especially parental arguments are likely to disturb a child's going to sleep, and in many cases will waken a child from sleep, more so of course in some than in others.

In all instances where a child has awakened from sleep, the least awakening procedure possible should be used to try to get the child back to sleep. For instance, if a child is awakened by a bad dream, calls out in the night, the parent ought to give the child a moment to see if the child can get back to sleep before going in. If the calling out persists the parent ought to go in, gently inquire about the source of difficulty and try to get the child to go back to sleep without picking the child up, perhaps with a gentle pat on the back or on the head. The least awakening activity strategy should be implemented

since attempts to calm that waken the child more, such as picking the child up, will make falling back to sleep one step more difficult.

4.2 EMOTIONAL AND BEHAVIORAL DEVELOPMENT

4.2121 HUMAN DEVELOPMENT: Affects

Affects, namely the quality of feeling we experience, not only show our reactions to events but also give quality to our moods. Feelings are a great barometer of what we experience, of how we experience life, our families, school, friends, and ourselves. During the 3 to 6 years period especially due to the family romance, affects are sharply heightened, especially those of love, hate and guilt. These and other affects (feelings) during the 6 to 10 years period further differentiate, broaden in their spectrum and in detail. In addition, they now quiet some and stabilize becoming available to the child to further organize, identify and express the quality of experience.

The appearance of well-being generally is a good sign of the child's experiencing things, life, himself/herself as doing and feeling well. But there are ways for children to falsify what they feel. They can falsify pain into an appearance of well-being by using psychic defense mechanisms (see Section 4.2521). The need for such falsification usually comes from the child's own intolerance of pain and not wanting to exhibit pain and the feeling of vulnerability. Usually though, such defenses will not be employed all the time and the feelings of pain, irritability, distress, will surface and will be discerned by the sensitively observing parent. This needs to be distinguished from the fact that we all, adults and children, have times when we feel good and times when we feel bad. All in all though, when a child looks cheerful, smiles readily enough, seems pleasant, shows a feeling of well being, it can be trusted to be truthful.

Most parents, all but the most emotionally disturbed, want their children to feel good. It is, however, unavoidable that experience will occur within the family, in school, and among peers which will cause both pleasure and pain, gratification and distress, elicit love feelings and elicit feelings of anger and even hate in children. When affects become too painful it is unavoidable that the child will need to find ways of defending against feeling these. It is the use of such defenses which makes discerning how a child feels at times difficult. It is also important to know that children are distressed by feelings which come from internal conflicts and which, because they are repressed, may not be within the child's awareness. As a result, there are times when the 6 to 10 year old feels anxious or depressed and may not know why. Usually, however, children are able to access what makes them feel happy or sad.

In general we can say that when a child experiences anxiety, irritability, anger, that the child is struggling with pain. By contrast, depression, feeling rejected, are among feelings children have which suggest a giving up in the struggle to eliminate pain, and the unavoidable experiencing of that pain.

Feelings of love, of anger, of cheerfulness, of sadness, of shame, of guilt, can all be experienced in relationships within the family, with teachers in school, as well as with peers. First and very important for parents to know, is that children like adults experience life as they perceive it. All experiences are determined by how we perceive

any given event, by what we believe is happening. We do not all perceive a given event the exact same way. What goes on in our minds -- which is determined by how our cumulative past experiences lead us to see and interpret events -- will now influence what we perceive to be and, therefore, what we feel.

In addition, the feelings we have are equally determined by what we experience within ourselves and what we experience in relationships. For example, both 8 year old Jennifer and 8 1/2 year old Doug had difficulty when they made mistakes in their homework, when Mother would show Jennifer that she misspelled a word or had left a word out of a sentence, a number of times she angrily told her mother that she, Mother, was wrong. Doug did a similar thing when his mother would try to help him, when she checked his math sheets especially. Doug also at times would smash a toy (or other thing) he was trying to fix and could not fix it. Both children had difficulty accepting the fact that they did not know something Mother (or Dad) knew; or that they made mistakes in school work, etc. These reactions seemed to have to do with the child's disappointment in herself or himself, in not living up to her or his idea (image) of herself or himself as capable, competent, -- even perfect! These quite normal children experienced much pain because they were not (yet) as big, capable, etc., as those adults (or older siblings) they admire and identify with. The pain they felt, and then the anger and shame, came not from their relationships but rather, from within themselves. This is a large source of pain for the 6 to 10 year old, which leads to a variety of feelings, as she and he venture into the work of learning to read, write, do arithmetic and all those challenging tasks school presents to them daily.

Then, of course, equally large in life are all the varied feelings, positive and negative, that get stirred up in relationships. The degree to which these feelings are experienced in these various relationships is going to be determined by the meaning these relationships acquire for the child. In turn, the character, quality, and meaning of any given relationship will strongly influence the quality of feeling the child experiences. Thus, for example, feelings of love will be much more intense, broader, deeper for family relationships; generally much less intense for teachers and for peers. Interestingly, during the 6 to 10 years period it is not uncommon for a youngster to bring to a relationship with a teacher intense feelings which in large part have their origins in earlier family relationships. For instance, an 8 year old boy may have a "crush" on a woman teacher, or feel special attachment to a man teacher, each reflecting component feelings that belong in the relationship to his/her mother and his/her father. This does not mean that the crush for the woman teacher or the feelings of affection for the man teacher are not real, it is simply that they are displaced onto these teachers by virtue of either similarities with the parents of the child or by virtue of a meaningful interaction which was especially valued by the child.

Feelings of rejection, even feelings of not being good enough are commonly experienced by 6 to 10 year olds in relationships with peers, in the course of games, in the course of competitive interactions associated with class performance or with performance in games, etc. Regrettably, inducing feelings of shame is used by some teachers who use shaming in an effort to improve children's performances. Also common especially in children 6 to 10 years of age who suffer abuse, neglect, or threats to the

integrity of their family, may show a substantial degree of sadness, low-keyedness, and even depression. Such feelings may be mild, moderate, or intense. Where these are intense and persist, professional attention is warranted.

Feelings of hostility, hate, rage, even in the form of tantrums are most likely to occur in 6 to 10 year old children in relationships at home and with peers, usually outside of school. These feelings are invariably produced by experiences of excessive pain which occurs commonly in families where there is strife, much distress, much oppressiveness and difficulty and will be enormously burdensome to the child. Where these occur in sibling or other peer relationships, when the child can count on a protective environment at home, such feelings tend to gradually become manageable although the child may need help in achieving mastery over them. It is not uncommon for 6 to 10 year olds to come home enraged from "playing" outside with friends, invariably the result of a deep feeling of hurt at the hands of these "friends".

We must also add that children who feel they are doing well in school are likely to feel good about themselves, whereas children who are doing badly in school are quite likely to be angry with themselves, to be irritable and hostile, and to express these feelings in relationships, at home, in school, and with peers.

4.2122 CHILD REARING: Affects

Affects, we repeat, reflect the feeling tone of experiencing and therefore are a major window into the child's mind and emotional life. Affects, therefore, are richly informing to parents and can guide them in helping their 6 to 10 year old. Children want to feel good and their parents generally want their children to feel good. Well-being in the 6 to 10 year old, like before and later in life, is most assured in relationships where parents are able to love their children, to show them these feelings, where parents attempt to understand their children, treat them with respect and expect earned respect by the child in return. The importance of well-being goes beyond just the fact that the child feels good. Feeling good is conducive to learning, to development of positive attitudes toward family, peers, the external environment, the child's work, supports the child's efforts, fuels the child's energies, and much more.

Parents can trust and welcome evidence of well-being, shows of affection. They should with benign question look for signs of distress that their child may mask with seeming well-being. This should not be a major concern for parents given that feelings of well being are quite trustworthy and feelings of pain difficult to hide. Also, however, parents should be aware of the child who is never upset, never grumpy, never angry. This may be truly the way the child feels, but it may also be the result of too much defense against feeling bad. The child who is too well behaved, always feels good, should alert the parents to wonder if the child is suppressing too much those normal states of feeling too pressured, too taxed, too frustrated in efforts to achieve in school, in efforts to get gratification of their own emotional needs, in peer relationships. Life cannot go smoothly for a child all the time.

Although parents must make efforts to protect their children against painful experiences, even in the best of circumstances parents cannot always succeed in doing this. There are just too many things that can "go wrong" for the child, whether it's that the parents are making demands the child experiences as too great, whether the child experiences peers as making demands that are totally unreasonable, or in school where the child may feel too much work is being assigned, or whether coming from the child's own expectations from himself/herself. It is not possible to free our children's lives from painful moments, from painful experiences.

For this reason, it is important that parents help their children tolerate some degree of pain, allow their children to express feelings of hurt, of anger, of hate, of sadness, of resentment. It is important that children learn to deal with painful feelings and it is important that parents allow their children to express such painful feelings in reasonable ways.

First then, parents can help their children cope with anxiety, irritability, outbursts of anger, hate, depression, sadness by tolerating these feelings in themselves. Secondly, they must tolerate the child's having such feelings. Third, it is important to help a child learn to verbalize not only the feelings but to try to search for an explanation as to what is causing these feelings. In order to achieve this important step in coping with the pains of life, time has to be committed to such talking together, to such facilitation of the child's verbalizing the hurt, anger, sadness, etc., she/he is feeling. It is difficult for parents to experience complaints about them coming from their children, to experience their expression of resentment. But it is important for the child to be able to express such feelings in order to be able to overcome and reduce them. Therefore, it is important for parents to allow their children to complain, to express resentment toward the parents, toward their siblings, toward peers and toward teachers but demand that it be done in reasonable, acceptable ways. Telling a child that it is bad to be angry only makes the child feel guilty, suppress feelings of anger, and retain a feeling that there is something wrong with her/him for having such feelings. Feelings do not arise within the child out of nowhere. There always is a cause for them and it is always advantageous to try to understand what that cause is and to talk about it.

4.2 EMOTIONAL AND BHAVIORAL DEVELOPMENT

4.2131 HUMAN DEVELOPMENT: Cognitive, Play and Fantasy Activity

Cognitive Activity:

Intelligence is evident in children's speech and communication, in their increasing capacity for solving problems, in their dialogues and narratives within the family, as well as in their capacity to learn school materials, to do chores within the home, and in their interactions with peers where numerous problem solving situations arise. Intelligence, in other words, is visible across all the 6 to 10 year old's activities.

Speech, language, vocabulary are developed to the capacity for carrying on a dialogue, responding to questions in substantial detail, in the verbalization of wishes, thoughts, even fantasies, with ample evidence for symbolization and a modest degree of inferring and abstracting from events that occur. Side by side with the development of speech and communication, the child gives evidence of a remarkable capacity to learn within the school setting, at home, in social relationships and situations. We can assume that these capacities in children 6 to 10 years of age have been known to their caregivers because, as Erikson has reported, demands for work are made of children across cultures at about 6 years of age. The demands of school are made because we know children are capable of responding productively to such demands. It is important to recognize that even where children go to school prior to 6 years of age, the demands made on them for learning to read, write and do arithmetic are limited; whereas from 6 years of age on, it no longer is an option for the child, now the child must learn to read, write and do arithmetic. In many other cultures this is the time when children are sent into the fields or to a work place to begin to learn to work along side adults.

In terms of writing, there is evidence of further brain maturation which leads to a spurt in the organization of cognitive functions which underlie the ability to write. This is inferred from the fact that many children who prior to 7 or 8 years of age tend to reverse letters and numbers, stop doing so at this age. This represents a higher level organization of cognitive functioning which brings with it better recognition and reproduction of the configurations of letters and numbers, clearly an important fact in writing.

Play Activity:

As we have done before, we will not include fantasy play here; we shall discuss it under fantasy activity (see below); here we focus on motoric play and games. Both 6 to 10 year old boys and girls tend to involve themselves in motoric play activity as required in games of tag, in rope jumping, which constitute a significant vehicle for the organization of bodily action, discharge of large amounts of energy. In addition, a primary purpose in play is to effect interaction, communication, and bond formation with

peers.

The same can be said for organized games, namely that among their primary functions are the organization of bodily actions and of emotional-mental energy utilization and to effect interaction, communication and bond formation with peers. Another major purpose for games is the pitting of oneself against challenges in order to enlarge one's own abilities and skills. The pitting is as much of the self against the self as it is against others. Much bodily coordination, the organization of specific motor (muscular action) movements continue to develop during the 6 to 10 years period. We have seen such development starting in the earliest years in the child's learning to feed himself/herself, to walk, climb stairs, run, skip and jump, handle crayons, and later pencil and paper, scissors, etc. This motor skills development, an avenue for the development of sensori-motor intelligence, continues during the 6 - 10 year period especially in the sphere of play, especially in games of tag, in rope jumping, but also in structured games as tennis, softball, track, and the like.

Not always recognized is that play and games also require and serve to channel that difficult to explain phenomenon we speak of as mental and emotional energy. Often normally fused with bodily physical energy, this mental-emotional energy, most clearly evident in self-preservative, assertive, hostile destructive, sexual and narcissistic behaviors, this energy seems always present in human behavior, at times moderate, at times intense, notably influenced by the state of physical and emotional health and by emotionally meaningful experiences. This energy fuels play and games and at the same time these serve as pathways to put this energy to constructive and pleasurable use.

6 to 10 year olds seem thrust from within to play games with each other. Many children this age find independent play and activity not gratifying. They seem to need to play with one or more peers. And, although it is important that children this age be able to be usefully and pleurably active when alone, it is highly salutary that they also need to play with peers because by these activities, play and games (of varying degrees of structure), the 6 to 10 year old has many needed opportunities to exercise ways of interacting, communicating, and forming relationships with peers.

Play and games require skills; all kinds of skills in all of the areas just described, in bodily coordination, in effective motor (muscular movement) actions, in the beneficial channeling and use of mental energy, in developing peer relations. The development of skills as these and others, so wonderfully exercised and enlarged during the 6 to 10 years period, bring with them a heightening and cohesiveness of the sense of self, of industry, of capability and therefore an equivalent increase in self-esteem, self trust, self reliance and confidence. The importance then of play and games and the increase in skills they can bring seems self-evident.

And large too in play and games is the inevitable experience of competition. Competition is not new to the 6 to 10 year old. He/she has already known these only too well in relationships with siblings especially, but also with pre-school, daycare and neighborhood peers, and to be sure, in every child's family romance. Competition can be highly salutary in pushing the child from within to improve skills and performance. But too much push from within can become burdensome especially when it leads to intense feels of inadequacy and lowers self-esteem too much. And competition that is loaded

with hostility, coming from excessively painful past experiences of all kinds, can become problematic both in terms of its creating shame and guilt as well as problems in peer relations.

Consider too, how play and games accommodate well to the 6 to 10 year old's typical defensive mode of coping, that is by using obsessive-compulsive modes of coping. This pattern of coping not only help to effect the development of skills, by repeating again and again, day after day, but is also inherent in games, which are played over and over, each games having a fresh start, a new opportunity to win and to grow in competence.

Furthermore, of major importance, play and games hand in hand with obsessive compulsive ways of coping serve the learning of rules and regulations, a crucial organizing factor in human relationships and society. Consider the obsessive-compulsive mode of structuring behavior and conduct in games employed by the normal child 6 to 10 years of age, namely, the organization of behavior according to regulated, orderly, predictable, repetitive sameness. Learning rules and regulations in relationships, work and society is added to from the 6 to 10 years period by learning the rules and regulations called upon in games and without which games cannot be played. All in all then games benefit the child given that they provide an organized source of interaction, communication and bond formation among peers, provide the child with frames for self improvement contained by rules and regulations which guide, protect, are society-oriented, and contribute to a consolidation of the internalized standards by which the child governs his/her behavior.

There are several types of organized games including games that are one on one and group games of various kinds. One on one, there are checkers, and other board games, as well as cards; there are structured games that are of a sport type, namely tennis, ping pong, etc. Organized (structured) group games also can be categorized as individual-on-group competition and team competitions in which the individual is a member; namely track, pits the individual against a group of other competitors; and by far among the most common are sportive games where teams are pitted one against another such as in baseball, football, field hockey, volleyball, etc.

Fantasy Activity:

Bear in mind that fantasy and fantasy play are problem solving and adaptive. Fantasy play has its beginnings in the middle of the second year of life, when it images a moment -- e.g., an 18 month old barks "like a dog" -- and expands to narrative, to story telling capability during the 3 to 6 years of age period. During the 6 to 10 years period, fantasy plays its part in helping the child adapt to all types of challenges he/she faces, challenges coming from the environment, from school and family, and challenges coming from within the self, from the child's continuing efforts to resolve his/her family romance, to entertaining fantasies of achievement, of self-enhancement, of being admired. Much fantasy at this time in addition to continuing to contain and further resolve whatever exists of the family romance also serve the child in placating feelings of inferiority, of incapability, of weakness. Furthermore, fantasy formation serves to develop fantasies of success which contain goals of serious dimensions for the child. It is not uncommon for

a 6 to 10 year to fantasy being an admired teacher, a heroic fireman, explorer, or pilot, a magnificent dancer, etc. These fantasies not only make the child feel good about herself/himself now but they may also contain the seed for future plans, namely, to someday be a teacher, dancer, explorer, doctor, etc.

Fantasy activity can be solitary or be enacted in small groups. Most fantasy activity at this age tends to be solitary, especially in the form of daydreams. Teachers as well as students and parents know only too well how frequently daydreaming is evident and may interfere with a child's efforts to achieve a task, be it to listen in class, to carry out a chore at home, or even while engaged in a team effort.

Group fantasy play usually occurs with a handful of people and seems to be more common among 6 to 10 year old girls than boys, who commonly enact a family story in which each person is assigned a particular part.

We cannot conclude a discussion of play activity and fantasy activity when carried out one on one or within a group, without emphasizing the purposes these activities provide as we have done above, but in addition without emphasizing how these are not always pleasant or fun. The challenges children encounter in games, in fantasy play together, one on one or within a group often, in fact, are painful. Often a child's wish to achieve or to do something is frustrated either by his/her own incapability or by the group's rejections of the child's wish or hopes. "Play" can at times be enormously upsetting, humiliating and even infuriating. Learning to deal with these frustrations can bring with it adaptive capabilities which will help the child learn to deal with her/his peers and ultimately the adult world into which the child will grow.

4.2132 CHILD REARING: Cognitive, Play and Fantasy Activity

Parents expect their children to be capable of responding productively to the demands made of them by school, by the peer group, and also by the family itself wherein, the expectation of being able to carry out new tasks is clearly stated to the child. Parents should, as they have before, encourage their children to increase their capacity to talk, to tell the family what they have been doing, to discuss matters important to the child and family, and many have already encouraged learning to read and in some instances learning to play musical instruments, etc. But now, from 6 to 10 years of age, the demands parents make on their children to learn are especially organized by what the children are learning in school. Parents can be enormously helpful in responding to any questions, in helping problem solve issues that grow out of the work the children are doing in school. Care must be taken to make demands which the child will be able to comply with and while pushing, to not push beyond the child's capabilities, tolerance, or degree of tiredness. It is well for parents to not become unduly discouraged at a first or second grader's reversal of letters and numbers given that the normal development we have referred to in the section above will help to resolve this problem in due time.

We want to emphasize for parents that play activity must be recognized as at times being very taxing, challenging, upsetting, if not downright painful. While play is

enormously important for children as we described in the section above (4.2131), play, games, are often not relaxing, often not gratifying, they at times turn a pleasantly feeling youngster into an angry one because of some frustration, disappointment, or even insult sustained at the hands of his/her "friends".

Much of these activities, cognitive, play and fantasy activities occur within the home, but also in the school setting, and in a setting outside the child's home, be it at a friend's house, on the playing field or the playground. Parents, therefore, are given the dual opportunity of observing, supervising and guiding those activities which occur within the house and, equally importantly, can become the agent of listening to, being available to respond to, playing the part of the consultant to the child with regard to activities that occur away from home, which can make the parents a source of counsel, working through of an unpleasant or very pleasant event, helping the child solve problems away from the actual set of their occurrence, namely in school and in the peer group. In this it is important that parents bear in mind that in providing guidance and counsel it is well to not be intrusive but to be available when possible. In other words, parents have to provide guidance when asked for or when they think it may be helpful. But in doing so care has to be exercised to attain a balance between being able to tell a child something he/she may not want to hear and not too vigorously forcing the parent's views on the child when they are not welcome. Let us emphasize that parents have not only the right but also the responsibility of telling their children things they may not want to hear. But it is well known that if this happens too often, the child will learn to not listen or will disregard what is being said by the parent.

Also important in judging when to tell and when not to tell your child what you think or what to do, is the fact that letting 6 to 10 year olds solve problems themselves to a reasonable point will give them a feeling of capability, of self-reliance which can serve them to advantage. Here the line to be drawn by the parent is whether they believe that the child can solve a particular problem by himself/herself and when the task may be too difficult. If the problem is too difficult, will lead to too much frustration, parental help may serve the child very well.

We want to reiterate that while providing guidance is enormously helpful, it is also true that 6 to 10 year olds continue to require supervision and that limits need to be set on some of the activities they may undertake or in some of the ways they may react. When arguments between peers get too difficult, when rules need some refereeing, when abuse of one youngster by others becomes evident, whether it is one's own child or another, when bullying behavior occurs by one's own or another, parental limit setting will be needed. Refereeing should be distinguished from limit setting. Refereeing means that the parent intervenes between peers to prevent the breaking of rules, to clarify rules, to call when play is foul; but allow the competitors to go on with their problematic interaction. Setting limits is called upon when an activity has to be put to a stop, such as in bullying or the abuse of one youngster by others. If the abusing or bullying 6 to 10 year old cannot be stopped from such behavior, an interruption of the activity is called for which may also require a separation of the bully or the victimized youngster from those who are abusing him/her.

It is also important for parents to realize that 6 to 10 year olds will need supervision

with regard to play of a sexual kind between peers (including siblings), a quite common phenomenon. Setting limits, that is interrupting the activity, is indicated because children usually experience feelings of shame and of guilt when carrying on sexual activities at this early age. It is important to set limits in a benevolent manner in order to help the child understand that sexuality is a normal activity, at appropriate ages and under appropriate conditions a desirable and beneficial activity, whereas at too young an age it may be detrimental and hurtful to the child. It is a matter of waiting until the child is old enough to have a good grasp of what sex is all about, what some of its consequences may be for both good and bad, and that from 6 to 10 years of age the child is much too young for such responsibility-requiring behavior. Shaming, embarrassing, as a limit setting or even punishment goal are usually not desirable; quite invariably, though, children "caught" in such sexual activity will feel embarrassed and ashamed. The goal should be to interrupt the activity, to clarify that it's premature, and to strongly recommend a postponement of engagement in such activity until the child has a good grasp of its meaning and consequences.

It is also well for parents to recognize that daydreaming is ubiquitous in children 6 to 10 years of age, that daydreaming is often the result of a child's efforts to make herself/himself feel better, solve a problem, construct goals for the self, that all in all, daydreaming is fantasy activity which has its helpful and adaptive aspects. Where it needs to be interfered with is when the daydreaming interferes with the achievement of a task the child is expected to carry out, be it a school task such a homework assignment, or the performance of a chore at home.

We also want to emphasize that competition has, like so many other things, its good side and its bad side. The good side of competition is that it directs the child, it energizes and motivates the child to achieve at a better and higher level of capability, and that it can, therefore, help the child grow in skills, in self esteem, in self reliance. The bad side of it, is when competition becomes imbued with hostility, leads to a breakdown of the observations of rules and regulations as well as when it produces poor sportsmanship. Poor sportsmanship, the breaking of rules and regulations is costly in that it tends to make peers reject the child and lead to the child's developing attitudes toward peers which are hostile and may even become antisocial. It is an important task for the parent to try to sort out whether in the competition the child is indeed developing a better sense of herself/himself, is developing further skills, the ability to persist in efforts and is developing a sense of mastery over self and his environment. Equally important is to determine whether the child is developing ways of interacting with peers which in the long run will be destructive, lead to feelings of shame and guilt, to poor social interactions and even antisocial behavior.

4.2 EMOTIONAL AND BEHAVIORAL DEVELOPMENT

4.2211 HUMAN DEVELOPMENT: Self and Human Relationships

The development of self continues to be significantly intertwined with the development of the child's relationships to others. To be sure, there are components of self development that are independent from relationships to others, such as that component that pertains to the child's gender identity formation which is now stabilizing at the level of the family romance resolution, and especially during the 6 to 10 years period in the component self development that pertains to becoming industrious, capable of work, of developing skills required to do competent work. The consolidation of the gender self continues with a relative quieting of the child's pre-occupations with these specific self experiences. The industrial self grows by means of processes which to a degree does require others, but in effect, enlarges the self capabilities, autonomy, and as these succeed, lead to positive self feelings, self perceptions, and positive self image. Where success in the development of skills and industry is high, the sense of adequacy will be usually high. Where success in these efforts is low, a sense of inadequacy will stabilize. This of course contributes importantly to the child's fantasized or idealized self, the evolving of industry identifications (as with mother the parent and the lawyer, father the parent and the engineer) adding to the earlier autonomous, initiative capable self identifications established by the child.

Side by side with these self-initiated strides in development of the self, the child's relationships to others significantly contributes to the evolving of the self. The importance of others to the self is complex. Other persons continue to be experienced at a level of **primary** relatedness as well as at a level of **secondary** relatedness. As we described in Unit 2, **primary** relatedness is experienced where the other is valued emotionally by virtue of the child's experiencing this other as capable of gratifying needs for affection, nurture, protection against dangers, toward whom the child experiences love (as well as hate) and occupies a place of large importance within the child's mind and everyday experiences. It is the kind of emotional investment parents make toward their children, toward each other, and children make toward their parents, toward their siblings. In contrast, **secondary** relatedness is one in which the other fulfills a specific function for the child, a function limited in character, such as the function of a teacher, the function of a physician, the function of friends for social interaction, play and work. In such relationships, the child does not experience the profound need for love, for nurture, for protection, for interactional commitment characteristic of relationships within families. Nonetheless, positive relationships with teachers, with peers, are essential within the specific functions they serve. A further point of distinction of the two types of relatedness could be stated in that the loss of a secondary relationship does not impact as painfully nor as globally on the child as does the loss of a primary relationship. Consider the impact of the loss of a parent as compared to the loss of a teacher or a friend. Even though the loss of a friend can be very painful it usually does not in a child 6 to 10 years

of age carry the weight, nor the importance or pain, of losing an emotionally valued parent or a sibling.

During the 6 to 10 years period with the increasing importance of life outside of the home, life in school and on the playground, a slight shift in importance occurs from primary relationships to secondary relationships.

Primary relationships, relationships to mother and father, to siblings, evolves in the direction of a stabilization of the feeling of primary relatedness. Parents continue to occupy a prime position in the child's life, fulfilling needs for love, guidance, feeding and protection, support in a child's endeavors to develop skills, and increasingly as consultants for the handling of problems outside of the home. Siblings, especially older siblings may at this time acquire yet another degree of importance which is, that in addition to feeling primary relatedness toward siblings, that is that they are part of the family, a sibling also now comes to represent the peer group perhaps even more importantly than he/she did before. As the peer group acquires new importance to the 6 to 10 year old, the sibling becomes a representative of that group as well. Where the sibling is older, that sibling also is sought out for counsel, for help in adapting to the peer group ranging from ways to facilitate relatedness to peers themselves, tasks assigned by school, performance in social situations, etc. Nonetheless, in spite of its continuing great importance to the child, a family does not have the all encompassing centrality it had for the child prior to this age.

Extrafamilial Relationships:

Teachers begin to acquire importance. Of course many children prior to age 6 have already been in preschool and in daycare and have there established secondary relationships with teachers and daycare caregivers which may in fact have been of much emotional meaning to them. Nonetheless, a developmental stage factor plays its part during the 6 to 10 year period in the shift to greater importance of teachers and especially of peers. It is not uncommon for many a 6 to 10 years old to prefer one particular teacher over others. In some instances, such a teacher can become enormously important; some may even be sexualized (see Section 4.23).

Peer relationships now begin to acquire an importance which for most children they have not acquired before, even for those who have been in preschool and in daycare. But first, just a word about preschool children's relationships to peers. Mental health professionals have found that where children younger than 6 years of age whose relationships with their parents are too limited, insufficiently gratifying, or for one reason or another are not sufficiently available to these young children, that they will make efforts to have their needs met not from adults but by children as young as they are. Some studies have shown that children without parents, in child protective centers, turn to each other with the expectation of being nurtured by another child, and that some children even as young as 2 years of age respond to such expectations by indeed feeding another child, helping another equally young child when in distress, to a surprising degree. There is concern among mental health professionals that the degree to which such young children can gratify others is very limited, as well as the concern that they

may develop premature parenting attitudes and sense of responsibility and that such children may foreclose the growth experiences that come with being a young child who is nurtured by adult caregivers.

Peer relatedness during the 6 to 10 years period begins a process which will most be worked through during the 10 years of adolescence whereby the level of importance achieved by parents for the young child gives way to an increasing importance of peer relationships. During adolescence, as we shall detail further in Unit 6, the peer must acquire a progressively increasing importance in preparation for the selection of a peer as a mate, an eventual relationship which will become primary and central to the individual. This gradual process of increasing valuation of the peer has its beginnings during the 6 to 10 years period of development. Peers do not yet achieve the level of importance they will attain during adolescence nor the level of importance achieved by nuclear family members. Nonetheless it now begins to be important for children to be able to begin to develop some friendships even if they are brief in duration, experienced only in the context of school or in the context of the neighborhood, and do not preoccupy the 6 to 10 year old as relationships do for the adolescent who is constantly on the telephone, for example.

Peer relationships occur one on one, one on several, and one on group or the self as a component member of a team. Each of these plays an important part and contributes to adaptation at these varying levels. One on one relationships tend to be more intimate, more individually focused, and more than the others begin the child on the trajectory to eventually forming the one on one relatedness which will evolve through several critical steps into relatedness to a mate. That is to say, it is important to emphasize that peer relationships at this age tend to predominantly be within same gender, same-sex relationships. A boy will tend to select another boy to be a friend; a girl is more likely to select another girl at this age. This of course does not exclude the occasional interest a boy has in befriending a girl, or a girl in befriending a boy.

One-on-others relationships function especially to produce the capacity to relate to several peers at one time. This too acquires importance and paves the way for relatedness in the work place, in the collaboration with a small group of people where the self is not as submerged as it is in a team effort. One particular set tends to be difficult, that is the one-on-two type of interactions. A major problem here comes from the possibility for imbalance in relatedness. It is not uncommon when three boys or three girls get together that when things gets difficult, the collaboration of two to exclude the third becomes particularly difficult, and at times damaging. While this happens to boys and to girls, some reports suggest that this may happen more frequently among girls where it may become more painful.

The one-on-group type of relatedness, relatedness of a child as a member of a team, tends to be more tentative, the child tending to be more passive and more swayed by the direction taken by the group. The experience in the group however becomes stabilized by the development of rules and regulations by which the group functions. This, however, also requires the child's relinquishing some individuality in order to comply with the rules and regulations. This too becomes enormously important as a way of functioning in society and can serve the child exceedingly well. While all in all any

relatedness will be modeled on the earlier relationships to the parents, during the 6 to 10 years period relationships to peers add to the child's ability to relate socially in a variety of contexts.

Relationships to Pets:

Many a 6 to 10 years old becomes interested in owning a pet. This seems to be more prominent than in children under 6 years of age, although some younger children also experience affectionate feelings toward animals and want to own pets. We are not certain why the interest in owning a pet increases in children during the early elementary school years. It may have to do with the child's first large steps away from the large dependence for love and support from the parents and, where the child may feel that the relationship with an animal may give the child more control over that organism. It remains that pets can become enormously valued by the child and at times fulfill the function of being a listener to the child's complaints (especially about the parents), or a source of affection and attention. This is especially so with dogs that are very responsive to attention and seem to always welcome the interest of a child. In some troubled children, children who are abused especially, or who have in other ways been significantly hurt, some of the hostility generated within the child may become displaced upon the animal and sadistic behavior toward animals may become evident. Such sadistic behavior toward animals is invariably a sign of the child's having an internal load of hostility that the child has difficulty modulating and controlling. Persisting sadism toward animals should be taken as a sign of a child needing professional help.

4.2212 CHILD REARING: Self and Human Relationships

Parents continue to be needed much as they have before, for love, nurture, protection, but now, in addition, for help with the mediation of relationships to peers and to teachers. Many a parent may sense the increasing importance of peers as a pulling away from the parents themselves. Although this pulling away from parents occurs only to a modest degree, it is essential for the 6 to 10 year old in order to adapt well to the world outside the home. Some parents, more often mothers than fathers, may find it difficult to allow their child's forays into the outside world, such as the child's developing affection for a teacher, or the child's need to visit a peer or have a peer visit him/her at home. It is important for the child to be able to visit a peer or have the peer visit the child at home. This is so for a number of reasons, including the possibility for supervision and guidance, the opportunity for the parent(s) to observe their child in action with a peer, the opportunity to get to know the peer the child is befriending. These opportunities will be enriching for both the child and for the parents. Furthermore, the child's forming relationships with peers will be facilitated when the parents accept such visits. The child will know when his/her parent(s) experiences the child's turning to peers as a rejection, or as a lessening of love for the parents, or as a rejection of the family as a whole. This

tends to occur more sharply in families where there is difficulty between father and mother, where the allegiance of a child is more needed by each individual parent. This is even more acutely the case in families where there are separations and divorce. There, a child may be filling a place which should be occupied by a mate, a function many a child this age will be only too willing to serve. Unfortunately, it can impede the child's normal progression to developing relationships with peers who during adolescence will become enormously important. In other words, even though the child's ventures into relationships outside of the home are only modest, are only moderately emotionally invested by the child, a parent has to be able to let go without feeling pain, resentment, or rejection by and of the child.

There are unique opportunities for the parents' to help the 6 to 10 year old child grow. The parent can play a large role in helping the child organize, facilitate and complement the child's efforts at increasing the development of skills, particularly those pertaining to school as well as with chores at home. A parent as protector of the child's learning, as facilitator of doing homework, is of enormous importance to many a child who may have difficulty organizing these activities to a successful degree.

Equally, a parent can become a person who can counsel the child on how to get along with peers, how to protect oneself, one's interests and one's rights with peers, but to understand and come to accept and tolerate rules and regulations which govern peer relationships.

The tasks of parenting are not diminished during this age period. Limits continue to be needed where the 6 to 10 year old is not serving herself/himself well by what she/he is doing. The parent will often have the annoying task of insisting that the child get to his/her homework, his/her practicing be it a musical instrument, a gymnastics routine, catching ball and swinging a bat. The parent will also find it often necessary to insist that a chore be done that the child has been delaying in getting to. The parent will often find herself/himself a taskmaster in getting the youngster to keep his/her room or part of room in a reasonably healthy state. Parents will often have the continuing task of mediating arguments between siblings, now also between peers who come to visit. And now as before, age appropriate demands for help with chores, for task performance can be made of the child, the expectation of their being fulfilled counted on, insisted upon, all, however, with respect for the child and the trust that the child will meet these expectations. In order to be successful, schools, teachers, need parental investment in their children's schoolwork, count on the parents assisting the child where assistance is needed in order to be successful.

In addition to the continuing needs for limit setting, for helping the 6 to 10 year old do the work required of him/her, there will be a continuing need for supervision in the activities of the 6 to 10 year old in relationships with siblings as well as in relationships with peers. This will include a child's tolerating the limitations imposed upon him/her by rules and regulations that govern children's play and games, as well as supervise their interactional play, including the possibility of sexual activity between them. Similarly, supervision will be necessary in their relationships with pets especially so, where hostility experienced is directed toward the pets.

In closing this section we want to emphasize the importance of parents in securing

the continuing development in the child of the sense of self side by side with the developing of good relationships, even if they are only fragmentary with peers. In line with this is a time, from about 6 years of age on, where demands for politeness, sociability, the greeting of neighbors, the answering of neighbors questions can begin to be insisted upon on the part of children. Many parents have already made efforts to help their young child socialize; this now begins to become a necessity; 6 to 10 year olds are truly entering into society and the parents need to help, guide them in relating socially in a way that will be advantageous the child.

4.2 EMOTIONAL AND BEHAVIORAL DEVELOPMENT

4.23 SEXUAL (REPRODUCTIVE) LIFE

Studies of sexual development in humans tell us that the 6 to 10 years period is one during which the earliest behavioral manifestations of sexual interests and concerns, amply evident during the 2 1/2 to 6 years period, now seem to be less evident. This has led development theorists to propose that there is a quiet period of sexual activity during this age period. This stands in sharp contrast to the remarkable upsurge of sexuality that will occur from prepuberty on and become dramatically evident during adolescence. Psychoanalytic theorists draw from clinical work with children as well as adults and from direct observational research that this 6 to 10 years period is a period of "latency" in psychosexual development. In substantial part, they tell us, this "latency" or quieting period occurs because the highly salutary family romance (described in Section 3.23) and the conflict which it produces leads the child to develop a cluster of defenses aimed at protecting the self against feelings of anxiety arising from the major conflicts the family romance produces.

It is important to bear in mind that sexuality is in the service of reproduction and the preservation of the species. So important a function in life cannot be insured by a weak internally generated biopsychological force. We assume that to preserve the species, sexuality is made powerful in every living organism because many factors make this preservation difficult. Therefore, it is really not surprising that sexual life begins as early as the third year of life, and that it continues to be a powerful inner force in human beings. It is also well to recognize that sexuality from its earliest emergence during the third year of life is experienced toward those human beings to whom the child is emotionally attached, those most valued and for whom the child has developed normal familial affectionate love feelings. Psychoanalytic developmentalists say that in early life the sexual love feelings follow the pathway forged by feelings of affectionate love. But as we described in Unit 3 (Section 3.23) the attachment of sexual feelings to those the child loves most, namely his/her mother and father, leads to an internal conflict in the child which compels the child to adapt by resolving this conflict in a constructive manner and by defending against those aspects of it which the child is not yet able to resolve, a further task left for adolescence. As we said before, psychoanalytic developmentalists tell us that the 6 to 10 years period is in part given its relative quieting regarding sexual experiencing by virtue of the powerful efforts the child makes to resolve this family romance. In fact the psychological defenses proposed to be implemented by the child at this time include **repression** (to push thoughts and feelings out of consciousness, i.e., out of awareness), **suppression** (to consciously, intentionally, not think about something one has in mind), and to maintain thoughts and feelings under control by means of **obsessive-compulsive** strategies (habitualizing actions, putting things in order, in patterns and to constrain spontaneity of thought and action). Thus, the "latency" period of psychosexual development, from 6 to 10 years of age, leads to a relative quieting of sexual behavior in

comparison with the 3 to 6 years of age period which preceded it and the 10 to 20 year old period which will follow it.

4.2 EMOTIONAL AND BEHAVIORAL DEVELOPMENT

4.23 SEXUAL (REPRODUCTIVE) LIFE

4.2311 HUMAN DEVELOPMENT: Sexual (Reproductive) Life

Given the incompleteness of the resolution of the family romance and the conflict to which it gives rise, due to the normal child's relatively immature development in the face of the powerful sexual drive, there is a large need for the child to maintain this partly achieved resolution and to contain and control the wishes and feelings which continue to emanate from it. Because of the child's age-appropriate degree of immaturity in mediating high pressured inner experiencing, the quieting of sexuality during the 6 to 10 years period is only relative. There do remain manifestations of sexual activity in 6 to 10 year old boys and girls.

First, is the increasing tendency from about 6 years of age on for boys and girls to more selectively choose to play with children of the same sex as themselves. Whereas prior to 5 or 6 years of age boys and girls tended to play in mixed groups, from 5 to 6 years of age on girls seek out girls and boys seek out boys with whom to form peer relationships and engage in play and in games. The exception to this is where children this age engage in sexual exploratory activity. How much children are encouraged in this direction by society is not altogether clear; it does remain, however, that until fairly recently in our society, there were schools for girls and schools for boys, segregating them on the basis that mixing boys and girls would detract from their attention to school matters. This line of thinking, in large part, has been abandoned in the last two decades in recognition of large advantages to boys and girls learning to get along with each other constructively from early on in life. One may wonder as well if this change of view may have come about due to the recognition that children themselves try to defend against their inner sexual stirrings at this age.

The second manifestation of sexual life can be found in the now commonly encountered tendency, perhaps more frequent among boys than girls, for much "foul-mouth" talk, the development of jokes pertaining to toileting activities, which are assumed to be regressive from genital-sexual concerns and thoughts, constituting a **regression** (a going back to an earlier stage of development) and mixed with **sublimation** (a creative transformation of wishes and fantasies away from their direct sexual or hostile expressions). It is helpful to recognize that such "foul-mouth" talk and joke formation is a creative effort, albeit not far removed from its original meaning and intent; recognizing this alerts parents and teachers to take occasion then to help the child sublimate better, more successfully.

A third manifestation of defended against sexual experiencing is in the commonly encountered, and potentially problematic, tendency on the part of boys to react to girls with rejection, depreciation, and in some instances disgust. This is the age at which a boy

may be heard to say "Girls, yak!" Psychoanalytic developmentalists tell us that such negative reactivity is in fact defensive against (1) positive feelings of the sexual attraction against which the child is defending due to the anxiety associated with the unresolved components of the family romance; and (2) due to anxieties directly associated with their stabilizing masculinity, a **youthful stabilization** at this time of life. For the most part, such reactions of disgust are not as common among girls. In addition to these reactions there is also a good deal of teasing that occurs about any evidence of affectionate interest on the part of a girl for a boy or on the part of a boy for a girl. Although not always so recognized, this teasing is due to the anxiety caused in this age child by the inner knowledge that "affectionate" interest in other sex peers commonly brings with it "sexual" interest, against which the child actively (though unconsciously) defends. All in all the distancing between the sexes can well be explained on this basis.

A fourth manifestation of sexual experiencing is evident in actual masturbatory activity in children 6 to 10 years of age. For example, observations of a first grade class revealed that during any one class session several children among about 20 from time to time touch their genitals in a manner suggestive of some moderate degree of sexual arousal, with some persistence, for a given duration of time, which then yields to heightened attention to what is being taught in class, be it writing or answering a question the teacher is asking. Similarly, while attentive to a television program, many a child this age will be noted to touch his/her genitals in a surreptitious, quiet manner. Thus, sexual activity is quieted during the 6 to 10 years period, but it is so only relatively, it is not absent. This activity then does not have the intensity, frequency of preoccupation that it did prior to about 6 years of age nor that it will from about 12 to 13 years of age on.

4.2312 CHILD REARING: Sexual (Reproductive) life

During the 6 to 10 year period tasks of parenting regarding their children's sexual experiencing will continue to include guidance especially in the form of limit setting. Children's practicing with the use of new sexually tinged words, some in the category of "foul-mouth" language, some in the form of sexual ("bathroom") jokes which, depending upon the varying tolerances within families, will bring the setting of limits by the parents on the use of language felt to be too foul, with guidelines on when and where such can be used. For example, like it or not, children 6 to 10 years of age will when among themselves use such language, and too severe prohibitions against such language use may lead to some teasing if not outright rejection by peers. While it is advisable for parents to set limits on children's use of foul language in the home, in the classroom, when guests come to visit, prohibitions should include a "when and where" such words may and may not be used. We all know that a child may be teased and taunted if the child is too inhibited to use some moderate foul language when among peers. In other words then, rather than an across the board prohibition against the use of such language, it is useful to help the child organize when and where, under what conditions such language may or may not be used. The reason for this caution is that across the board prohibitions

against such sexually derived jokes and language may lead some children to perceive an across the board prohibition against all sexual experiencing. Such prohibitions may intensify children's own need to inhibit their own sexual interests and thoughts which may in some children lead to later inhibitions in sexuality which may interfere with age-appropriate, life-appropriate sexual experiencing in adult love relationships.

Among the sexual behaviors evident during this 6 to 10 years period, two other areas will require parental guidance much to the advantage of the child. One is helping boys tame the expressions of hostility they sometimes manifest toward girls. Due to anxieties boys experience at this age, including anxieties emanating from their stabilizing but somewhat vulnerable sense of masculinity, in addition to the anxieties emanating from residual wishes and feelings pertaining to their family romance, boys may exhibit undue hostility toward girls. This may occur not only among peers but especially so among siblings.

Parents will also be in a position of being enormously helpful to children 6 to 10 years of age who engage in sexual explorations beyond exploring their own bodies. Sexual curiosity and sexual explorations among children this age are fairly common. Because wishes, fantasies, and feelings which remain from insufficiently resolved elements of the family romance can be readily re-activated, because the child is subject to a resurgence of these feelings if these are sufficiently elicited, sexual explorations will unavoidably bring guilt and shame with them and for this reason need to be stopped in children this age. When the feelings associated with the family romance are sufficiently resolved and whatever remains is sufficiently diverted to new relationships in a manner that does not directly tap their original source in the family romance, sexual experiencing among peers can occur without feelings of shame and guilt. This though tends to not occur until mid or late adolescence. In the 6 to 10 year old these sexual activities are more likely to create problems for the child. Therefore, sexual explorations between peers, and especially between siblings should be discouraged. Again, harsh prohibitions against sexuality are not warranted because across the board inhibitions can have long term influences which may inhibit healthy sexuality at a later age. It is a matter of stating that the child is not old enough to know well enough what to do with sexual thoughts and feelings, that they are not ready for such activity and that for now they will have to desist sexual explorations with another person, child or adult!

This should be distinguished from sexual activities that pertain to the self, namely masturbatory activity. Masturbatory activity is a private matter; it is in the domain of the child's private life. It should not be interfered with by parents unless masturbatory activity is inappropriately carried out in a public setting like the living room, or with guests in the house, or at the dinner table, etc. There, the admonition that this is private activity, that its in the domain of the child's responsibilities and that while there is no harm in such activity it should be done in private. Of course, where prohibitions against masturbatory activity are based in religious beliefs, children in such families can be expected to comply with the family mores with no harm to their emotional life. It should be noted that given the great difficulty such prohibitions create for the child, that where the child fails to comply with such religiously based prohibitions, the religious Institution has established ways to forgiving the child.

Like with everything else, how the parents behave can be enormously informing, guiding or misguiding, helpful or unhelpful to children. Let's look at this briefly. Discretion should be used by parents in what they allow their children to see of their love-sexual interactions. Demonstrations of affection, hugging, a warm affectionate touch, a kiss on greeting, on separating, or when the inspiration arises, these are all highly desirable in that these show children that there is love between parents, that the parents value their relationship together, that there is affection in it and as the children may infer, in private there is also a sufficient and rewarding sexual life.

On the other hand, sensual acts between parents, clearly evident seductiveness, or sensual behavior on the part of the parent with a child, are highly undesirable. Sexual life between parents is a private matter. Although children have a large interest in the parents' sexual activities, it is not advantageous to demonstrate such activity to them, or to answer questions pertaining to it except in general terms. For instance, how many times parents have sex is not a question to which a child must have an answer. What the parents do sexually is their own affair, not the children's. Parents must bear in mind that children's witnessing overt sexual activity between parents, or hearing explicit discussions of sexual activity, lead to sexual arousal with which the child may have difficulty dealing given that most 6 to 10 year olds do not yet have the means to competently discharge sexual arousal from their bodies. They become capable of this, in general, during adolescence by means of masturbation. Masturbatory activity during the 6 to 10 years of age period tends to be incomplete, tends to not lead to a climax and therewith the full discharge of sexual tension, and therefore, tends to remain undischarged except by non-sexual means such as sports activity, physically energy discharging activity, and sublimations. Given that children have a sufficient load of their own of sexual arousal to deal with, further stimulation by parents or by older siblings creates substantial problems for children.

Sensual, seductive, physical sexual activity on the part of parents toward their children create varying degrees of problems for children. Often these become severe, create serious difficulties in the child's feelings, in concentration and learning in school, in love relationships, in sexual life, tend to become long-lasting and are generally very difficult to treat. This is due to the hyper-arousal which will unavoidably occur in the child and with which the child will have much difficulty dealing: this is so because it brings a resurgence of family romance feelings and the conflicts these create which can then create inordinate difficulty not only for the 6 to 10 year old child, but indeed at any age. Although some simple questionnaire studies suggest that some children are not harmed by incestuous activities (parent to child, or sibling to sibling), clinical studies show that virtually all children subjected to incestuous activity, and especially so by a parent, tend to suffer substantial problems for many years thereafter. As already noted, in most cases treated (and studied) clinically, the results of incestuous activity are more or less highly destructive, produce severe anxiety, guilt and depression, the development of un-gratifying and conflicted relationships, severe personality problems, and in some cases severe emotional mal-adaptation. It is important to understand that these remarks are not a moralistic judgment, but rather they reflect what mental health professionals have amply documented: i.e., the deleterious effects for a large percentage of children of

sexual abuse (which is what incestuous activity is). The principle explanation mental health professionals give for this is that seductions of a child by a parent contains the gratification of the child's powerful unconscious (out of awareness) wishes that are part of the family romance and that this gratification brings with it much inner mental conflict, guilt and shame. (For a detailed description of the family romance, a normal and salutary personality organizing experience, as well as its potential for the generation of conflict, see Section 3.23 in Unit 3).

One more word for parenting on this question of sexuality. We have found in working with parents that most of them find questions about sexuality difficult to respond to. Although many a 6 to 10 year old may never raise a question with their parents about where babies come from, about their own and others' genitals, about menstruation, about the parents' sexual activity, about a number of questions of this kind, some on the other hand will. Although we have emphasized a relative quieting of sexual interests in children this age, it is not a total quieting and some of the basic questions about sexuality do remain in children's minds. Given that being surprised by a question makes for greater difficulty in addressing it, it is well for parents to be prepared for questions pertaining to the sphere of sexuality.

Because sex is a powerful **biological** factor in all living organisms, being made so powerful by nature **to insure the preservation of the species**, it will be felt by the child and will generate questions in most if not all children. The child will usually perceive whether or not such questions can be asked of their parents. On the other hand, many children will not ask these questions of their own parents because of the normal inner mental conflicts they have arising from their now unconscious family romance (see Unit 3, Sexual [Reproductive] Life). These youngsters will delay asking questions and will eventually rely on their peers to inform them. In this, of course, sex education courses in school are very useful, although some children are made so anxious by these materials in class that they do not learn them well. Many will learn mostly from their peers, regrettably at times a source of **misinformation**.

It is useful for parents to prepare themselves for their children's questions about sex, and to recognize that some of the questions asked may be fairly startling. We have seen mothers and fathers at a loss for words when a 6 year old asks, knowing the answer to some degree, why it is that their neighbor is getting fatter and fatter around her belly. The simple response that this woman is pregnant, is carrying a baby-to-be in her uterus, seems to not be immediately available to the responding mother or father. The reason, mental health professionals assume, parents have such difficulty in answering questions pertaining to sexuality is that they themselves continue to retain some of the repressed conflicts about sexuality which have been with them since their own early childhood. Psychoanalytic developmentalists say that it is because of the insufficiently resolved family romance which still remains in adults, dating back to their childhood. It is amply clear that parents find it difficult to talk to their children about sexuality and that they find it difficult to respond to their children's questions regarding sexuality. Here as with all other issues pertaining to family life as well as the life outside of the family, parents serve their children best by answering questions truthfully, simply and to the point. Long complicated dissertations are not necessary; nor is, usually, going well beyond what a

child is asking about or able to listen to. The exception to answering questions is where the child asks questions that have a degree of privacy to them and which is outside the child's right to know; for instance, a child's wish to know how frequently parents have intercourse is none of the child's affairs; a child's questions about some neighbor's behavior which is a private matter do not have to be answered. Rather, a simple statement that this is a private matter and the parent cannot answer the question does very well. This will, however, work well only with regard to matters that are reasonably private. Otherwise, the children's questions should be reasonably answered. It is well to bear in mind, that when parents answer children's questions, questions about sexuality as well as about other matters, a parent is securing and facilitating ongoing discussions with their children which will serve them well not only in the present but especially during adolescence and even later. We cannot expect children to answer parents' questions during adolescence when parents have not taken the time and made an effort to answer their children's questions from the time they begin to ask them. Mental health professionals say that talking about issues of interest, about issues of disagreement, about problems that arise between people who love each other, is a great vehicle not only for learning, for improving understanding, but also for resolving interpersonal problems constructively.

4.2 EMOTIONAL AND BEHAVIORAL DEVELOPMENT

4.24 AGGRESSIVE BEHAVIOR

We want to emphasize, like we have in prior Units, that aggression is an unavoidable normal part of life, in children and in adults. Again, we want to say that while there are a number of theories that attempt to clarify what aggression is, the one we use here holds that aggression consists of several trends, a **nondestructive aggression** trend (best exemplified in assertiveness and strivings toward autonomy), **non-hostile destructiveness** (such as in prey aggression amply evident in the animal kingdom), **hostile destructiveness** (as evident in rage reactions, temper tantrums, hate and hostility) and **sadism** (acts of teasing, taunting, torturing) this latter being the pleasurable trend in destructiveness **which is part of hostile destructiveness**.

What concerns us most in child development and in parenting are children's experiencing of **nondestructive aggression** and **hostile destructiveness**. The theory of aggression we are using also tells us that nondestructive aggression and non-hostile destructiveness are **inborn** tendencies which are part of the equipment needed for adaptation and survival; whereas hostile destructiveness, including anger at its mildest and hate, rage, and torturing at its harshest end, while also adaptive and often needed for survival are **not inborn**. What is inborn is the mechanism whereby whenever a person, be it an infant, a 6 to 10 year old, or an adult, experiences "excessive unpleasure" (felt as **too** painful, physically or emotionally), hostility will become generated in reaction to it within the individual. When the "unpleasure" is moderate, anger will be generated; if that "unpleasure" continues to mount, when it crosses the point at which the individual experiences the unpleasure as excessive, hostility will be generated. We re-iterate that by "excessive unpleasure" we mean an experience that is emotionally too painful, whatever the source of pain, be it physical, a personal insult, a severe unexpected disappointment, frustration of sufficient intensity, being teased or taunted, etc. Therefore, any experience of anger or hostility can be assumed to arise from an experience of sufficient unpleasure if not in fact of excessive unpleasure. This is why, according to this theory, being angry, feeling hostility, even feeling hate is not a sign of "badness", but rather a sign of experiencing excessive emotional pain. This is also why, being permitted to experience anger and hostility when these occur, and being able to talk about them, and even express them in reasonable ways, can help to resolve underlying feelings of excessive unpleasure and hostility and hate; whereas being prohibited from experiencing and expressing anger and hostility in reasonable ways when these occur, will lead to retaining an internalized, stabilized perpetual hostile internal force which will constantly become manifest in behavior toward oneself (guilt, shame, depression, masochism, etc.) and others (hostile relationships, abuse, rage reactions, violence, vandalism, murder, etc.)

4.2 EMOTIONAL AND BEHAVIORAL DEVELOPMENT

4.24 AGGRESSIVE BEHAVIOR

4.2411 HUMAN DEVELOPMENT: Aggressive Behavior

During the 6 to 10 years of age period there is no remarkable increase in the intensity of nondestructive aggression or hostile destructiveness arising from developmental factors or normal developmental conflicts. The 6 to 10 year old child continues to deal with whatever prior stabilization of hostility he/she has accumulated over the first 6 years of life by whatever hurts, frustrations, disappointments, feelings of jealousy, have accumulated within them. Nonetheless, the 6 to 10 year old has major tasks to perform pertaining to his or her coping with aggression. The first pertains the increasing the organization of nondestructive aggression and the channeling of much of its energies into learning tasks. The second is an upgraded effort to better organize, mediate, and handle feelings of hostility and destructiveness arising from many a painful experience sustained both within the family (especially where there are problems) and especially now within the peer group experience.

Fortunately, major strategies commonly used by the 6 to 10 year old child to cope with internal stresses, namely obsessive-compulsive defensive maneuvers indeed do help the child further organize experience, feelings and thoughts.

Nondestructive Aggression, Assertiveness and Goal Directedness:

Nondestructive aggression is essential for the child's ability to be assertive, goal directed, self protective and, importantly now, is required to channel much of this type of energy into the vast task of learning which the child confronts daily. School learning requires much energy which, psychoanalytic theorists say, comes from this source, from nondestructive aggression. Some factors will promote the constructive use of nondestructive aggression in the service of learning while others will interfere with it. Among the growth-promoters of healthy assertiveness are: success in efforts to learn, success in school, success in sports, as well as feeling supported and encouraged by one's environment, including particularly parents, teachers and even peers. Interferers of the healthy development of assertiveness include the shame of failure, guilt at outdoing others, as well as not feeling supported and encouraged especially by the adult environment.

Large among the interferers of healthy assertiveness and its constructive use comes especially from the shame of failure in the early school years. This is because the pain of shame being great, a rather large percentage of students who do not do well in the early grades become discouraged and defensively adopt an attitude of devaluation of school with rationalizations which make the pain of such failure less intense. Such

rationalizations, unfortunately, in a large percentage of instances tends to direct a child on the road of not valuing doing well in school only too often with life long consequences.

It is well to note that a large amount of non-destructive aggression is also channeled into extracurricular activities such as sports and other creative capabilities as dance, gymnastics, playing a musical instrument, etc., in both the acquisition of new skills as well as in the expenditure of energies brought about by the motoric (physical) activity these require.

It is also well to emphasize that healthy competition utilizes nondestructive aggression, especially evident in those activities where efforts are to enhance one's own capabilities and skills. We want to underscore again, that competition has its positive side as well as its negative side. It is particularly in its positive side that nondestructive aggression is implemented although, hostile destructiveness can also be used constructively by a child in enhancing such physical skills. We must also bear in mind that games which include competitiveness enhance the child's acceptance of rules and regulations, given that organized competitions tend to be regulated by pre-existing customs and standards.

The issue of healthy assertiveness in children 6 to 10 years of age brings with it the question whether or not boys are endowed with more assertiveness than girls or whether assertiveness is more inhibited normally in girls than it is in boys. As we detailed in Unit 3, Section 3.24, in the earliest 2 or 3 years of life girls are equally endowed with nondestructive aggression as are boys. From the third year of life on, boys' aggression tends to be enlarged by a masculinizing form of aggression and boys then seem to become more easily assertive than girls the same age. With regard to the question of the inhibition of assertiveness, this assumption comes from the viewpoint that the conflict inherent in the family romance tends to inhibit nondestructive aggression by inhibiting the goals contained in the child's wishes (see Unit 3, Section 3.23). There is a tendency on the part of 6 to 10 year old girls to inhibit assertiveness in interpersonal relations more than do boys, leading to greater difficulty for girls in competition. On the other hand, many girls tend to more successfully channel nondestructive energies into learning school skills at this age than do boys. One reason why inhibition of assertiveness is especially troublesome for boys is that boys tend to be propelled into their male identity formation by the masculinizing aggression we described in Section 3.2411, a particular masculinizing form of aggression which in itself brings with it a larger load of aggression in boys. This type of aggression in its exaggerated form appears like machismo, or in the vernacular "macho" behavior. But it also fuels assertiveness in boys. Therefore, significant inhibitions of assertiveness in boys may reciprocally inhibit their masculinization or their male identity formation.

Hostile Destructiveness, Hostility, Hate, Sadism:

Whatever load of internalized, accumulated hostility the 6 year old brings to this period of development will add its burden to the demands made on the child by the normal challenges of the 6 to 10 years. Excessive hostility makes enormous demands on the child to cope with it. Too much of it interferes with learning, interferes with adaptive

compliance with authority figures in the school, leads to much fantasy formation in the form of daydreams, and robs the 6 year old of nondestructive energies which are taken up in the task of controlling the load of hostility with which the child has to cope. Suffice it to say that by its being a large challenge for the child, excessive hostility tends to interfere with learning. Like with everything else, there are exceptions. Some very bright children with a good deal of accumulated hostility resulting from past traumas, will organize their experiencing in such a way as to inhibit the expressions of this hostility and, by some well devised channeling, may direct the energy pushed by hostility into creative channels, specifically into learning in school. For the most part though, excessive hostility tends to create an added burden for the child and may at this time interfere with the important beginnings of school learning.

Some children also deal wisely with their load of hostility by channeling it into motoric (physical) activity, some finding this an effective and constructive way of discharging that internalized load of hostility. This is facilitated in children who have talent in specific physical activities such as in swinging a bat or skillfully throwing a ball, finding thereby a constructive means to organize the discharge of hostile feelings under conditions acceptable to the self and to those around him/her.

The tasks of the 6 to 10 years period, by their creating too much difficulty for the child, can lead to the generation of hostility in and of itself and can be a substantial burden even for a child who is well put together, has been well treated, and who enters this period of development without an overload of internalized hostility. The frustrations of schoolwork, difficulties in performing, not feeling accepted in peer relationships, being subject to teasing and taunting by peers, being humiliated in a classroom, all contribute to the generation of hostility in the child. Children who in addition suffer substantial disappointments in their home life, or whose parents must work outside the home and have made insufficient provisions for the child's being supervised during the time when school is out, these too will generate hostility within the child and will require the child's attention, energies and efforts in order to maintain a sufficiently self-protective state. It is well to bear in mind that the 6 to 10 year old is still quite a young person and that the enormous skills required for controlling and discharging reasonably one's anger and hostility are still in the process of being developed in this age child. We all know only too well how many adults still have enormous difficulty in mediating well their anger and hostility. Nonetheless the 6 to 10 year old will make valiant efforts at taming whatever hostility is generated within him/her whereby he/she will add to this important capability within the self.

4.2412 CHILD REARING: Aggressive Behavior

Because aggression is essential for adaptation, for the attainment of the child's goals, and because aggression can also create enormous problems for the child, parental help is very important. Clearly different efforts will have to be made by the parents depending on whatever difficulty the child may have, be it with being insufficiently assertive,

excessively assertive, even insufficiently angry and at appropriate time hostile, or being excessively angry and excessively hostile.

Nondestructive Aggression, Assertiveness and Goal-Directedness:

The balance of assertiveness has to be developed by the child so that the child is neither excessively assertive and intolerant of being told what to do -- every child must be able to tolerate being told what to do for learning in school -- nor insufficiently aggressive, assertive to hold his/her own in interaction with peers or to feel fueled in the many tasks the child needs to undertake at this time. If assertiveness is inhibited parents are well to encourage the child to better stand up for himself/herself, to wonder with the child what might be making the child timid or not stand up sufficiently for his/her own rights. With a child who is excessively assertive and where that assertiveness borders on hostility, encouraging the child to put some reins on his/her assertiveness can be enormously helpful. Here again, talking about what might make a child be more assertive than he/she needs to be can be helpful.

Another important way in which an optimal degree of assertiveness can be attained is by supporting the child in his/her efforts to perform well in school, in sports, in the playing of a musical instrument or dancing, or in any other creative activity the child seems to have talents for. It is not uncommon for children to succeed in one sphere of their activities and to not be as competent in another. For instance, a child who is especially good at swinging a bat, in doing gymnastics, in beginning to play an instrument, when supported and successful can bring from within the child encouragement to try to improve in areas of functioning where the child is weaker, such as perhaps in class-work.

It is, of course, helpful for children to develop capabilities across the board of activities required of them such as in the classroom, in the organization of their out of school activities, their rooms at home, in being competent in some creative activity such as music or sports, and in these efforts help from parents can be invaluable. However, parents soon find that children this age may resist help and encouragement which taxes parents at times to a point of anger if not exasperation. Parents who back away too quickly from such resistance may lose the unmatched opportunity to help their child develop crucial capabilities now, at the beginning of their formal school learning stage. Of course, some parents go the other extreme, by becoming too oppressive, too demanding that the child become competent in too many activities which may backfire and end in heightened resistance, even lead to failure. Here also parents have to concern themselves with the child who is either too resistive to accept rules or too compliant with the other peer's rule claims. The child that is too resistive may discourage the parent. The child who is too compliant may please the parent but do so at the expense to his or her own autonomy, his/her own selective channeling of interests and skills, and may even suppress engaging in activities of which the child is capable.

It is well for parents to bear in mind that the inhibition of assertiveness tends to be more easily achieved in girls than in boys. While there is a tendency to more easily accept non-assertiveness in girls than in boys, it is not a desirable state of affairs. Girls

will require the capability of asserting themselves every bit as much as boys will. It is well for mothers and fathers to be attentive to this and to encourage their daughters to be able to express their needs, their wishes, their points of view, their intentions, and their goals.

Hostile Destructiveness, Hostility, Hate, Sadism:

While help in developing healthy assertiveness, healthy goal directedness, healthy energy to be put to creative use is important, a parent's task in helping the child cope with whatever hostility the child experiences is equally important and often more taxing. It is important for parents, first of all, to know that hostility is a normal feeling which normal children experience when they experience excessive displeasure (caused by psychological or physical pain). Hostility is not a sign of badness, of weakness, nor of inferiority. Hostility clearly has its place in adaptation and survival, is essential for protecting oneself and one's loved ones against the hostility of others, transgression of one's property and possessions, none of which can be done without an appropriate and at times high degree of hostility. Problems occur when hostility becomes used in ways and/or for goals that are neither self-protective nor protective of those we love and value.

Given the unavoidability of pain and indeed excessive pain even the best of circumstances, every child will manifest hostility, hate, and may also evidence some degree of sadism (teasing, taunting, and even torturing others or animals).

The unavoidable expressions of hostility will when under parental supervision give an opportunity to the parents to help guide the child. First of all, limit setting now like before, is invariably a first step in the direction of helping a 6 to 10 year old who is being hostile to another, be it the parent, a sibling, a peer who is visiting, or any other situation. It is now well established that learning to express one's anger verbally tends to give children a constructive means for discharging anger. The reason for this is that verbalization of feelings of anger and of hostility tend to make the child more aware not only of his/her experiencing these feelings but to also search for the cause for them. Looking for the cause for anger and hostility is a major step toward decreasing the experience of anger and hostility. This is not always the case, but quite often it leads in this direction.

A second means of helping children deal with their hostility to their own advantage is to encourage them to put these energies into constructive use, such as in making efforts at doing homework, in channeling these into nondestructive pleasure-bringing physical activities such in sports, or in some form of exercise, or in some useful physical activity as stacking firewood, mowing the lawn, or building a useful piece of simple furniture. However, such channeling without also thinking about what causes the child's anger and hostility and learning to talk about these will not be as constructive as the combination of the two.

Interestingly, some 6 to 10 year olds may at this time begin to experience rage reactions and temper tantrums which they may not have experienced before. This has got to be understood as meaning that stresses and strains are being experienced by the child now which are more intense than the child experienced before. This can occur in

association with the child's entry into the era where he/she has to become industrious, where much of this industry development occurs away from home and where demands are made on the child by individuals who are not the child's parents. One hostile teacher can be very hurtful to a child. Peer relationships that are hurtful and disappointing, or one persisting bully may be more than a child is able to handle for the moment. Help by parents in dealing with rage reactions and temper tantrums by setting limits with these followed by an effort to understand what is causing these can be enormously helpful. It may take some work to get from the child what is causing the child's rage given that the child may not be totally conscious (aware) of what is causing his/her distress until the question is asked: What is upsetting you so much? Patience, time, effort is going to be required by the parent to successfully help the elementary school age child who is having rage reactions and temper tantrums. If the parent is not successful in her/his efforts, and joint efforts do not succeed, professional help may be needed.

It is not uncommon that experiences which produce rage reactions and temper tantrums in 6 to 10 year olds, and even in children who do not have such intense experiences of hostility, that much of this intensification of hostility is brought into the home. Many a child who is hurt at school may not express the reaction to that hurt in school, may wait until he/she gets home at which point it may erupt. There is something wise about this, which is, that the child may feel safer at home, and feel that people at home will more constructively help the child than might, say the peer group.

A more hidden area where parents can and indeed need to help their children with feelings of hostility is in their experience of guilt and of shame. Both these reactions, very painful feelings, are associated with feelings of too much hostility. Guilt tends to arise when a child feels too much hostility toward someone the child loves and values. Now during the 6 to 10 years of age period guilt may be also experienced when a child is hostile toward another peer, or has done something hostile toward a teacher. This is a carry over of the model of guilt that initially arises in relationships to those we love and value, when we experience a great deal of hostility toward them. Talking about being angry with those we love, talking about being angry with a peer or having done something hostile toward him/her, can be greatly relieving to the child when he/she can express the feelings of anger, try to sort out what is causing them and when this talking is done within a family context that is positive and where the wish to help the child is upper-most. When this is done well, the child may even come to see how he or she may have contributed to the difficulty in question.

Feelings of shame come about when the child does not live up to standards the child has internalized for himself/herself. This may include "to not be nasty", "to not be unduly hostile". When he/she experiences much hostility, such a child may feel ashamed. Furthermore, shame is intimately linked up with hostility by virtue of the fact that the painful feelings of shame of themselves generate hostility within the child. Feeling put down makes one angry, feeling humiliated makes one hate. In this way shame not only results in some instances from feelings of excessive hostility, but even more complicated, because it is so painful, shame, humiliation, embarrassment tend to generate anger and hostility within the child. Again by talking about such experiencing, about specific events which caused the shame or embarrassment, parents can be

enormously helpful to their children both in making less their feeling of hurt and in helping them mediate better the hostility that is generated within them.

We cannot leave the subject of parents helping their children with hostility without talking about its frequent occurrence in relationships between siblings. Siblings, who are often very valued by a child, can be a source of comforting, modeling, intimacy, sharing of complaints; siblings can also be quite hostile to each other. Parental help is invariably needed between siblings. It is well to give siblings an opportunity to work things out between themselves on their own. However, when this seems to not be successful, or when the hostility is too intense, parental help can be enormously advantageous. Talking about hostile feelings, talking about the importance of family relationships, talking about what triggers the anger toward the sibling, all can be helpful. We can borrow from the well known, although admittedly not always true, statement in international relations that as long as governments can talk to each other they are less likely to go to war with each other. It is invariably where talking breaks down that problem solving is made much more difficult. This can be said about families as well and especially about relationships between siblings.

4.2 EMOTIONAL AND BEHAVIORAL DEVELOPMENT

4.25 ADAPTIVE FUNCTIONING -- PART II

The basic tasks confronting the child which propel the development of capabilities to adapt to life pertain to the demands made on the child by development itself and by life circumstances and events. The parent's knowledge of what tasks the child is making efforts to adapt to is essential for a meaningful understanding of one's tasks as a parent. Such knowledge gives the parent some explanations by which to understand the child's behaviors. We have found in working with parents that one of the most challenging problems contained in their parenting efforts is that they often do not understand why the child is behaving like he/she is and are often at a loss to then know what to do to be helpful. Of course, the principle goal of all these materials of this curriculum, is to enhance the future parents' parenting capabilities in large part by helping the parent anticipate and eventually understand her/his own particular child.

We are turning again to speaking of adaptational functions per se. In Adaptive Functioning -- Part I we talked about the child's patterning with the parents' help of his or her wake-sleep cycles pointing to how a good patterning is fundamental to feeling good. We talked about the evolving of affects, of feelings and needs, and about the continuing development of cognitive, play and fantasy functioning. Before taking up the issues we are about to discuss now, we needed to examine the further evolving of the development of self in human relationships, as well as of evolving sexuality and aggression. To understand further the development of dependence/self reliance, we needed to see where the development of self and of human relationships has gone; and in order to know what, why and how defenses and other adaptive capabilities unfold in the 6 to 10 year old we thought it useful to know what the status of sexuality and the development of aggression are.

4.2 EMOTIONAL AND BEHAVIORAL DEVELOPMENT

4.25 THE CHILD'S ABILITIES TO ADAPT -- PART II

4.2511 HUMAN DEVELOPMENT: Dependence and Self-Reliance

Physical Needs:

The 6 to 10 year old is developing an inner sense of industry, a sense of being able to carry out an assignment he/she sets for himself/herself or is given by parents or by teachers, is beginning to develop those capabilities which will make it possible for her/him to carry out what the child initiates. Many a child will begin to want to help mother or father, or both, with household chores, repairs, activities. The more the child develops these capabilities, the greater his/her growing self-reliance.

Nonetheless, there is much of his physical needs which still requires the help of his parents; indeed, on which he is fully dependent. He needs his parents' money earning capabilities in order to be fed, to be housed and clothed. He usually still needs parental guidance in self care with regard to his/her brushing teeth, taking a shower or bath, getting to bed at a reasonable hour. Notice how tending to one's own physical needs become part of one's adaptive functional capability. Clearly the 6 to 10 year old is substantially dependent on his parents for the fulfillment of reasonable physical needs, being fairly totally unable to provide for himself or herself for these.

Emotional Needs:

Dependence on others whom we value, love, admire begins from the very early years and continues throughout life. In order to live an emotionally satisfying life, and attain a reasonable degree of well being, we need someone to love and to love us. This makes us forever dependent on another or others for the gratification of these critical emotional needs we each have. This form of dependence does not make one immature or juvenile. Quite the contrary, the fact is that normal development through childhood into adulthood for the most part requires the sufficient fulfillment of our basic emotional need for affection, for love, for comforting, for support, and even the need to love, to support, to express affection toward.

Interestingly, so far as the 6 to 10 year old is concerned, the move to outside the family, to formal school years and education, and to peers (in preparation for adult relationships 15 to 20 years from now) is greatly facilitated when emotional needs are reliably met at home. While the child needs and expects reasonable treatment from peers and from teachers, children who are well cared for at home do not go to school or to peers anticipating that they will be parentally comforted when they are upset, that they will be shown familial affection, nor that they will be parentally loved. Liked, found to

be fun to be with, respected by teachers, yes; loved by a friend, maybe; loved in a familial manner, no. These very specific, deeply felt family-based emotional needs, children who are well cared for know come from home. It is quite so, that many a teacher of elementary school years has found some children who seek from them more than respect and concern, who indeed seek out parental affection, protection and tenderness especially so among children who do not have their basic deeply-felt emotional needs sufficiently met at home. Children who are deprived of these basic emotional needs tend to seek them out from the adult world outside of the home; finding teachers to assume a posture of parental responsibility and concern toward them. Children tend to also expect and hope for the gratification of other basic emotional needs they have. Where this fails, such children may turn to peers with the hope of being loved, protected, nurtured. All in all, because these emotional needs are best met in primary relationships, the degree to which they can be fulfilled in secondary relationships (teachers, peers, etc.) is substantially limited. This does not mean that some wise youngsters may not find a teacher, or a neighbor from whom this youngster will be able to extract the emotional supplies the child needs, and experience enormous affection and love feelings for this kind of extra-familial person. Many children do have remarkable adaptive capabilities and will make good use of what is made available to them.

Adaptive Functional Needs:

Even though the 6 to 10 year old child is quite more capable in all sectors of adaptation than the 3 to 6 year old and certainly the child younger than 3, the child continues to need "teachers", be it teachers in school, mother and father, even peers, for learning new age-appropriate adaptive skills. Developing a sense of industry, characteristic for the 6 to 10 years period, is a primary preoccupation, consuming a great deal of the child's time, interest, and to which the child disposes much of his/her energies. This sense of industry is achieved by formalized learning i.e., by acquiring new information, new skills to perform tasks under instruction (school), and by developing the discipline to learn. The cumulative wisdom of care-giving adults over the centuries has led society to recognize that the 6 year old is now capable of learning all kinds of essential skills for adaptation and for survival. Within the family this manifests itself in demands made of the elementary school age child to share in the tasks of family life, do chores, help with meals, help with cleaning up, repair certain items that need adjustment or are broken, etc. In school, learning to read, to write, to do arithmetic, to sit for hours, to concentrate, to pay attention, to respond to questions, to develop a remarkable degree of discipline. In addition, in some schools, 3rd and 4th graders are beginning to learn the responsibility of taking an assignment home and bringing it back the next morning, done. With peers, the child depends on the group for learning rules and regulations of games, of team activity, and even of interpersonal relating. For these varied new acquisitions, the child needs others, is dependent on them not only for learning them but for insuring that they become part of the child's capacities for adaptation to life and to society.

4.2512 CHILD REARING: How to Optimize the Child's Dependence and Self Reliance

Physical Needs:

Parents expect that their 6 to 10 year olds can be counted on to contribute to their self care in a number of ways. They can expect the 6 year old to remember to brush her/his teeth after a morning meal, before bedtime; to wash in the morning, at bedtime, after toileting, etc. Parents know that children 6 to 10 years of age will depend on them for food, clothing, shelter, medical care, school materials and equipment, etc. It is also well for parents to recognize that the more the child experiences a growing capacity for self-reliance, of her/his ability to do things herself/himself, to provide the self with those things the child needs, the better to the child's advantage as well as to the parent's advantage. The provision of one's physical needs, including for example making one's room or part of room more to one's liking, more suitable to one's way of doing things, gives the child a greater inner sense of relying on himself/herself. For reasons like this, it is useful that parents allow children to help in the house, and give them responsibilities within their capabilities to do chores under reasonable supervision. Parents who are too impatient to let their child do something, be it peel a potato, drive a nail into a wall, or help repair a broken table, will be depriving their child of developing adaptive skills which serves the child's capacity to provide himself/herself with physical comforts. More on this under adaptive functional needs.

Emotional Needs:

It is important that parents recognize, as most do, the 6 to 10 year old's needs for being able to count on affection, interest, love, readiness to help, and emotional availability of family members for the child. Using one of the key tools we have as parents, namely empathy (the ability to perceive what another person is feeling), a parent can be well served by asking: "When I was 7, or 9, what did I want, or hope for from my family?". This type of question, one parents ought to ask themselves in their parenting at least one time a day, can be enormously informing. It can guide the parent to better know how to make himself or herself succeed in efforts to help his/her child. It is also important for parents to be aware of the fact that the more their child can count on feeling loved, respected, cared about, valued at home, the better the child will be able to meet the demands made on her or him at school and in peer relationships. Let us remember that for the 6 to 10 year old, these demands are enormous. Perhaps we can think of the metaphor that a captain and crew of a ship will feel safer on the open seas when they know they have a friendly harbor to which they have access not far from where they are; even if the seas get pretty rough, knowing that help is not far away will make the captain and crew feel safer, stronger, and more self-trusting.

For parents who both need to work outside the home as is now so widespread, it is important that they provide a safe harbor for their 6 to 10 year old during the hours

between the end of school and when one of the parents returns home. This can be done well. It can especially be done by making the child know that the parent is emotionally available by telephone, by prearranged contact, or if that cannot be done, by making arrangements with responsible, caring adults to provide emotional security for their child until they return home. Such planning can be successful especially when parents talk to their child about their need to work outside the home, about their being emotionally available by telephone or, if not, why not, and their then providing for adult care and supervision when they are not available. In addition, they must allow their children to express the feelings they may have about the parents' not being at home including anger and sadness, giving their child an opportunity to verbalize these feelings in reasonable ways and provide their children with realistic, clear explanations as to why they are not there when the child may need them. Parents will be notably rewarded by many children who, when given the opportunity, given good explanations, can accept reality, and can be most generous in cooperating with the parents even when they complain, feel bad, and wish things were otherwise. Most children who are well treated, who are loved and respected, can match their parents in generosity.

Adaptive Functional Needs:

Children need help to learn many of the things they are now expected to learn. Parents are in a unique position to help their children learn by providing them with relationships which will facilitate the efforts they have to make to learn well. They can make demands on their children to perform, to try to do things the child is not yet capable of doing, to persist in their efforts, all required in the process of learning. They can demand that children make conditions for themselves which will improve their ability to work, namely, that the child go to bed on time, that the child let parents know how their day was in school, what difficulties they may have encountered. Even where children are not easily responsive to such demands, parents should let the child know that they would like to know.

The parent who can be patient in allowing a child to perform a task the child is learning, be it a chore in the house, repairing a broken item in the home, parents who guide the child in how to do the task rather than taking it away from the child, are indeed helping the child to know how to do it himself or herself.

Similarly, parents can make demands that children do their homework, can discuss with them why certain rules and regulations are in place in games, in interactions with peers, in interactions with teachers in school and with neighbors. When parents recognize that the child is faced with learning many new things, developing major new skills, and that while the child is becoming more and more capable of doing these things, parental help will be needed at times and that letting the child know that mother and father are available for help commonly makes the child more willing and able to make efforts on her/his own in the arduous but natural process of learning. To be emotionally available, physically and actually available for help with the acquisition of new skills, are part of a parent's responsibility to their 6 to 10 year old child, as it has been before, and will continue for many years to come.

4.2 EMOTIONAL AND BEHAVIORAL DEVELOPMENT

4.25 THE CHILD'S ABILITIES TO ADAPT -- PART II

4.2521 HUMAN DEVELOPMENT: Defense Mechanisms

The range of defenses the child 6 to 10 years of age has used prior to age 6 will continue to operate in a characteristic way for each child. A child who has tended to favor denial (to believe that something which exists does not, or which has happened has not), and avoidance (to stay away from anxiety producing situations, thoughts or feelings), will tend to continue to use these defenses to a greater or lesser degree. They have become part of a characteristic way of adapting to anxiety, therefore, they become part of our "character". "Character" is the form which our personalities take by virtue of the psychic defenses we usually use in dealing with stresses whether these come from outside the self or from within the self.

In addition to the individual characterological defenses used by each child, most 6 to 10 year olds adopt **obsessive-compulsive** ways of dealing with experience across the board, be they sexual feelings and fantasies, aggressive ones, skill developing tendencies, school learning, ways of practicing or of studying. Obsessive-compulsive defenses consist of routinization (doing things in a particular sequence or in a particular manner the same way each time), categorizing and cataloguing (putting things in groups, according to certain characteristics, such as pencils with pencils, pens with pens, paper with paper, etc.), repetition (doing the same thing a number of times), all of which contribute a feeling of control over what is experienced outside of the self as well as within the self. Controlling one's inner and outer environment in this manner can be highly adaptive in the sense of serving the child to learn to organize his/her approach to tasks, facilitating practice and study. Interestingly, therefore, this quite common mode of adapting in a self protective manner (for the purpose of self defense) can be enormously useful for the 6 to 10 year old child whose efforts in large part are directed toward learning. It is salutary that such obsessive-compulsive maneuvering is developed by the child so long as these do not become excessive because when they do they make the child rigid in adapting, needing to do things in a certain way and not in others, narrowing the span of possible alternatives and of spontaneity.

While it is so that these strategies then which we speak of as psychic defense mechanisms, serve the child's major tasks of learning and becoming industrious during this era, psychoanalytic developmentalists tell us that one of the major reasons for the use of these maneuvers as psychic defense mechanisms is to maintain the status the child achieved of resolving the family romance and the normal conflicts it produced during the 3 to 6 years period (see Section 3.2311, Unit 3). Obsessive-compulsive maneuvers help the child defend against anxiety by means of maintaining control over this freshly achieved resolution as well as over whatever unresolved components of the family

romance and its conflicts remain in order to prevent a surfacing of thoughts and feelings which derive from it. Insufficiently age-appropriate resolution of the family romance, and insufficient control over derivative thoughts and feelings which may come from it, could flood the child with anxiety which often interfere with the major efforts now required by society, family and school, that the child learn, pay attention, concentrate, practice and study. To achieve a sufficient control over undue anxiety from this and other sources, obsessive-compulsive psychic defenses during the 6 to 10 years period seem to be adopted by most children.

Not only does the child continue to have to deal with his/her past experiencing (i.e., maintaining some psychic control over unresolved components of the family romance as well as past hurts and traumatizations), but the child also has to deal with what the present brings which may cause him/her distress. The new demands from school, from peer relatedness, may lead the child to feel excessively pressured, frightful of failing, of rejection, of shame and embarrassment, all of which may cause him/her a substantial degree of anxiety. Where failures occur, where rejections occur, a child may feel sadness, if not depression.

Family problems too can contribute to feelings of anxiety and depression. Arguments between parents invariably cause children anxiety because they threaten the togetherness and oneness of the family. Separations cause not only anxiety to children but also feelings of depression (due to a feeling of loss of the family as a unit) and of guilt (due to the unavoidable feeling that the child caused the separation). Divorces do the same. Illness and even death of family members cause enormous anxiety as well as feelings of depression. To protect against these painful feelings children will, when needed, implement defenses to protect themselves against such pain. In fact, some of the defenses used at times totally belie what the child is experiencing. For example, the intolerable pain of a father telling his child that he is leaving home because mother and he can't get along, may at a given moment make the child laugh. The father may be shocked at this reaction, perhaps even misunderstand the child's bewildering inner feelings. The laughing may be a way of protecting against the impulse to burst into tears. Some children perceive the bursting into the tears as too painful, use reaction formation (to turn a feeling into its opposite) and instead of crying and expressing therewith the pain the child feels, the child laughs. We all know only too well the moments when in the face of anxiety, rather than showing that anxiety, we smile.

Children, like adults, use defenses against the experiencing and the expression of feelings when these are too painful for the moment to be experienced. Defense mechanisms serve to protect us at the moment when we feel we cannot tolerate the pain. It is also important to recognize that defense mechanisms are activated by us without our being aware of their taking place within us. It seems, as psychoanalysts tell us that such operations occur at an unconscious level (a level out of our awareness). Psychoanalysts say that if we were to allow ourselves to know that we are unconsciously bringing a defense mechanism into play, that we would then be in touch with the hurtful feelings against which we are in fact trying to protect ourselves. Therefore, on a given internally perceived signal, a signal that warns that much pain is about to be experienced, we unconsciously bring a defense mechanism into play in order to not feel the pain. This

helps us maintain a relatively steady emotional state although when overused can prevent our dealing with a stress or threat adequately and/or appropriately. And, such defense mechanism overuse may cause what mental health professionals consider symptoms and symptomatic behaviors.

4.2522 CHILD REARING: Psychic Defense Mechanisms

Most parents will not recognize that the child is using a defense mechanism for the purpose of organizing experience, but rather will perceive with pleasure their 6 and 7 year olds new ways of putting things in order, trying to organize what they need to do, some even going so far as to keep their rooms or part of their rooms clean. It is usually when these obsessive-compulsive coping mechanisms become excessive that parents become concerned. When the child must do something in a particular way, even to the point of inconveniencing the child himself/herself or the family, or the child becomes upset, that parents begin to recognize that the child is overusing such adaptive mechanisms. Parents will welcome a child's making a routine of going to bed at a certain hour, brushing his/her teeth, washing up, saying goodnight, going to bed; they will not be so pleased when some difficulty comes into play and makes the child have to go through a routine which is too extensive, takes too much time, is too repetitious. Parents are right to be worried by unnecessary repetitions, too extensive routines, to the point of their becoming rituals. Such excessive obsessive-compulsive strategies invariably suggest that the child is experiencing too much anxiety about something the child may not be able to let himself or herself know and be unable to tame. It is well for parents to help their children organize their activities, pattern and routinize some of them, including going to bed, getting one's schoolbag ready for the next morning, etc.; and they would be equally right to become concerned when the routines become rituals, and are required by the child, without which the child experiences much distress. When the parent recognizes this to mean that the child is unable to cope with some uncertain or unexplainable source of anxiety, they recognize a sign that professional help may be required.

Parents must know and tolerate the fact that their 6 to 10 year old is occasionally going to experience painful feelings. Most children encounter some degree of failure in school, or of rejection in peer relationships, or of difficulty in performing a task or learning a lesson. These will cause the child pain. It is important that parents help their child tolerate moderate degrees of painful feelings. The major reason for this, is that when defenses are used against any and all feelings of pain, the child usually obliterates from his/her mind what is causing the pain, which then robs the child the opportunity to resolve what causes this pain. A defense mechanism will make not only the pain go out of awareness but also the situation or the condition that causes the pain. As a result, the child will not cope as well with situations which cause him/her pain, be it anxiety, depression, shame, guilt, etc. A principle way by which parents can help their children cope with pain better is to try to talk with them about the pain and try to sort out its sources and then about ways of dealing with pain-inducing situations or conditions.

Often, even when such situations or conditions cannot be avoided, such talking can help improve the child's dealing with them.

Another reason for parents to help their children tolerate pain, tolerate anxiety, tolerate depression, all within reason is that such experiencing is simply unavoidable in life. While we do not propose that children learn to not complain, or to not acknowledge their experience of pain, seek resolution of it, seek comfort and ways of feeling better, the ability to tolerate a moderate amount of pain, of anxiety, of depression, of guilt, even of shame, will make the child better able to tolerate some of these events which occur in everyone's life and to cope with them in more constructive ways. It is not advantageous for a child to be able to tolerate too much pain, too much anxiety or depression without seeking help, nor is it advantageous to be intolerant of moderate amounts of pain, to feel unable to handle such and to seek help or expect help for the slightest inconvenience, offense, anxiety or sadness. Therefore, it is well for parents to gently and understandingly help their children accept the fact that we all suffer some disappointments, some frustrations, some rejections, some anxiety, depression, shame, guilt, etc. These are part of being human.

We have at times seen parents who, wanting the best for their children, find unbearable their child's feeling anxiety, depression, or other painful feelings. It is of course because they love their children that by empathy (being able to perceive and feel what another person is experiencing) and by identification (to feel like, to be like the other person) they suffer this type of distress. It is important that they bear in mind that their own intolerance for their child's moderate suffering will make the child's suffering even more burdensome. The reason for this is that the child will then not only have to cope with his/her own pain but also now the pain experienced by the parent who then cannot be turned to for comforting, reasoning things out, making the child's own pain more bearable. Therefore, parents all have to recognize that their children will experience pain no matter how they attempt to protect them from it, and we encourage them to deal with their own intolerance of their children's pain in the way that does not add to the child's problems. Often, where couples are sensitive and understanding of each other, a mate can be a good person to talk with about the distress the parent feels due to the child encountering some everyday life difficulties.

Among the factors which outside of the expectable difficulties the average child will meet in school and in relationships with peers, some of the greater pains a 6 to 10 year old may experience tend to in fact, come from within the home itself. Although we take note of the fact that this occurs in some families only, in order to better prepare for parenthood, it is important to consider the following issue. We have talked in this Unit as well as especially in Unit 3 about the child's great efforts to resolve the family romance normally experienced from 2 1/2 or so to about 6 years of age (detailed in Section 3.23 and 3.2311). We have also emphasized that the resolution of which children this age are capable is only partial and that they tend to repress (push out of awareness, into the mind) that of the family romance which is unresolved. The child therefore, is vulnerable to a recurrence of the feelings, wishes and the fantasies associated with the family romance when conditions trigger its reappearance. Foremost among such conditions, is seductive behavior on the part of family members toward the child. We have noted that a

resurgence of family romance issues at this age would probably bring with them the conflicts contained in it and the anxieties associated with these conflicts. In addition to the anxiety contained within the conflicts the child also would be subjected to greater feelings of shame and of guilt. The intensified anxiety, shame and guilt commonly (though not always) interferes with the child's ability to learn in school, as well as elsewhere. It remains, as mental health professionals assert, that seductions of children by their parents can cause the average child inordinate problems which may not only create a great deal of anxiety, shame and guilt in the present but may for a long time to come. A child who is over stimulated by being subjected to parental seduction will attempt to defend against the anxieties, and the over excited state created by a variety of defensive operations. These operations may include an intensification of obsessive-compulsive maneuvers, inhibitions of feelings and thoughts, denial of experiences, feelings and thoughts, and more, all of which will hamper the child's ability to have an open mind about learning and tend to make that process of learning much more difficult. Such experiences are also especially well known to cause problems in family and peer relationships. We must caution parents that the idea that a child will not understand what is happening or will not remember what the parent is doing is grossly mistaken and that in fact, quite to the contrary, the child will tend to remember such events for a very long time and that they will continue to create problems for the youngster as she/he grows into adulthood.

Next in line in creating anxiety for children is family strife, especially mother-father relationship difficulties. How severe these are will directly correlate with how much anxiety and distress they can create for the children. Again, here like with so many issues, a moderate degree of parental interactional difficulty, of the kind commonly encountered in most reasonably-well functioning marriages, can serve as a model for how people deal with difficulties with each other which can become then a source of learning as well as modeling for the child in dealing with his/her own difficulties with peers, with the parents, and later in life with their mates. It is when the strife becomes too hostile, becomes too threatening to the marriage, that problems arise for children, that anxiety is stirred up in them against which they may need to defend disadvantageously. Not only is there the threat of disintegration of the family when parental strife is too severe, but there is also the often unavoidable taking sides that occur around parental strifes. One parent may turn to a child for support in her or his arguments with her/his mate. In that case the child is pressured into taking sides, in standing up against one of the her or his parents which can create a conflict of loyalty and bring with it a good deal of anxiety as well as guilt. Again where the anxiety and guilt are too intense defenses will be brought into play which may handicap the child's spontaneous functioning in the learning situation and in peer relationships formation are critical for the child at this age.

It is also important to bear in mind that when parents become the source of anxiety for children, in many instances they cannot be turned to by the child for help in coping with that anxiety. Thus, a double handicap is produced for the child in that the parent instigates the anxiety, and the parent cannot be available to the child for coping with that anxiety.

4.2 EMOTIONAL AND BEHAVIORAL DEVELOPMENT

4.25 THE CHILD'S ABILITIES TO ADAPT -- PART II

4.2531 HUMAN DEVELOPMENT: Other Adaptive Capabilities

As is no doubt amply clear by now to the student, adaptation requires numerous capabilities each of which develops over time in an age-adequate manner. The ones we want to discuss at this time are capabilities which one could consider among the more critical in human relationships and especially so in terms of parenting. Eventually, there is a large chance that the 6 to 10 year old we are talking about now will someday become a mate and a parent. By the time he or she gets to this we hope that their capacity for empathy and altruism have developed well and that their capacity for sublimation is well exercised.

Empathy, let us say again, is the ability to perceive and feel what another person is feeling without being subjected to the same intensity of feeling or degree of pleasure or pain. It is invaluable in orienting oneself to another human being, be it a teacher, a sibling, a peer, an infant.

Altruism is that capability of wanting to be generous to someone at the expense of some moderate deprivation to the self. This is to be distinguished from excessive self deprivation which we would identify as self sacrifice; self-sacrifice, unlike altruism, brings negative side effects with it including, especially, guilt, and is therefore not desirable except in unusual or extreme situations.

By 6 years of age the capacity for both empathy and altruism have become organized and can already be implemented by the child. It is important that some degree of development of these two capabilities has occurred and stabilized. Now, during the 6 to 10 years of age, both empathy and altruism, already developed age-adequately mostly in the context of primary relationships (to mother, father, siblings), now must be applied to secondary relationships (peers, teachers) in order to facilitate the development of these secondary relationships, especially so with peers. Indeed, these are significant facilitators of the formation of peer relationships. The way is more arduous in developing secondary relationships, especially so with peers, because persons who constitute our secondary relationships cannot be as emotionally invested in the child as are the child's parents and siblings, and therefore, cannot be relied upon to experience toward the child what parents and siblings do: importance to the self, love, sympathy, concern, and, in fact, empathy and altruism on their part toward the child. A major facilitator for the child himself/herself is that every other 6 to 7 year old is in equal need to relate now to peers and is equally vulnerable to its risks, hurts, and difficulties.

In other words then, the capabilities of empathy and altruism first developed in relationships to those who love and value the child, those who invest emotionally in such a way as to make the child invaluable to them; these capabilities now become transferred

to relationships outside of the family. The 6 year old child has already experienced the youthfully beneficial effects of empathy and altruism and will quite naturally bring these into play in the process of developing relationships with extra familial persons. Like a number of other factors and capabilities which make socialization possible, such as the capacity to experience guilt when hurting someone who is not specifically valued by the child except that this someone is a human being or an animal, capacities of empathy and altruism are as if extended to the formation of new relationships outside of the home. It is critical to understand that guilt for example, about which we shall talk more in Section 4.26, according to psychoanalytic theorists originates foremost in the child's relationships to those he/she values, namely that the most powerful organizer of the experience of guilt and thereby of conscience, is the wish to destroy someone we love. This psychoanalytic explanation has been found by mental health clinicians to be the foremost determinant of the development of guilt in people. Interesting for our concern here is that while in its beginning the development of guilt relies on loving a person, this reactivity of guilt becomes extended and applied to situations where it can be experienced when we cause hurt to someone or are about to cause hurt to someone who is not especially or particularly valued by us. A similar process of extension, or displacement into formation of relationships with nonfamilial people, such as peers at this age, is not only invaluable to the structuring of these relationships but is highly socializing. It is a socially positive thing to be capable of empathy, of altruism, and of moderate degrees of guilt and shame.

Sublimation, the creative inhibition and re-channeling of feelings and inner pressures we find unacceptable to ourselves, such as wishes to destroy, wishes to transgress against others -- the product of both inborn internal pressures as well as experiences -- also gets a substantial developmental thrust at this time. The 6 to 10 year old seems not only capable but often highly desirous of learning to do things he or she cannot yet do. Learning in school, learning at home, learning on the play field, all are at the forefront of the 6 to 10 year old's concerns, interests, and energies. Creativity per se, is facilitated by this orientation. Most children at this age either by means of using a pencil and pen or by means of play action (fantasy play), become able to convert their experiences, their feelings and their thoughts onto paper by means of a drawing or by means of writing words as well as by means of enacting a fantasy in play. The new capability, or for those children who have already learned to write the nonetheless increased capacity that comes with this era of development, gives the child a magnificent pathway for creative productions. This is well recognized by adults in the child's world. For instance, mental health therapists when they work with 6 to 10 year old children are likely to expect that the child will be able to write or draw on paper some of their feelings, thoughts and fantasies. In fact they use this medium as a principle way of learning what a child is experiencing. Be that as it may, the capacity for sublimation, that magnificent human function, receives a substantial thrust during the 6 to 10 year old period. We do not exaggerate when we underscore how important a function sublimation is; consider the fact that most of what remains of past centuries of humanity are those productions they left behind, namely, sublimations; magnificent buildings, magnificent works of art, music, literature, etc.

4.2532 CHILD REARING: Other Adaptive Capabilities

By their own dispositions and by the way they are treated and organize experience, children will develop the capabilities of empathy, altruism, and sublimation by virtue of their own self discovery and efforts to understand, interact with, and mold to their advantage the universe in which they live. So far as the parents are concerned, one of the principle contributions they can make to the child's evolving capacities for empathy, altruism and sublimation is by their own modeling of these. Parents can be assured that, for most children, where they have demonstrated empathy, altruism, the child by means of identifications (to want to be like those we love and admire), will take these functions into themselves. We have seen children 1 1/2 years of age try to comfort a mother who is upset, or want to feed mother (which happens even under 12 months of age), in gestures of doing for mother what mother has done for them. Of course this applies both to the positive things parents do as well the negative things parents do.

We must emphasize this point, that by virtue of identifying with what their parents do to them, children will equally be subject to developing empathy and altruism where their parents have experienced these toward them; and by contrast, they are also liable to fail to develop these capabilities where parents have not been empathic and have not been altruistic toward them. This does not mean that children whose families, by virtue of being troubled in a variety of ways, in their relationships to their children have not been capable of sufficient empathy and altruism, that these children will never develop this capability. That is not so. They can develop it by identifying with individuals from the extra-familial adult population or from peers whom they come to value in one way or another. Another opportunity will be to identify with persons with whom the child forms a meaningful secondary relationship during adolescence when the peer group becomes so important. Nonetheless, the child whose parents are unable to be sufficiently empathic or altruistic is liable to be disadvantaged in the development of these capabilities. It is therefore essential that parents recognize the highly constructive features of empathy and altruism, in their facilitation of the development of relationships, of constructive adaptation in social settings, and of the positive feedback these enter into the child's experiencing, adaptation and personality formation.

It is furthermore important to recognize that what children experience becomes internalized, becomes part of their own personality. Therefore, capacities for empathy and for altruism will also be reflected inwardly and will even be applied toward the self, a highly important phenomenon. Mental health professionals have found people who are unable to be kind toward themselves, unable to try to understand why they feel the way they feel or they do the things they do. This is no more than an ability to be empathic toward oneself, and to be accepting toward oneself, both highly valuable at moments when we feel disappointed in what we have done or we feel guilty about some wishes or some feelings we have.

Again, therefore, it is critical for parents not only to be empathic and altruistic with their children but also to facilitate, encourage the development of empathy and altruism

in their children. This can easily be done by complimenting a child who helps a sibling at a moment of distress, or when the child is altruistic toward the parent, to recognize this, and verbally express appreciation of such acts. Similarly, when a child's peer is visiting and the child can be reasonably generous with a peer, such as in offering the use of his toys, games, possessions while a visitor in the house, or offering a peer a glass of milk and a cookie, such acts when acknowledged by the parents can make a child feel good about what she/he has done and is likely to encourage its repetition at reasonable times. Of course, parents want to ascertain that their child is not too altruistic to the point of being self-sacrificing. Sometimes, in order to gain a child's friendship, a 6 to 10 year old may go too far in altruism, giving up something the parent knows the child has greatly valued which may represent too high a price to pay for the friendship of another child.

Parents are also enormously important in the evolving of sublimation in their children. This is not by virtue of their endowing their child with talents such as the ability to draw, or to dance, or to read and write early. Those are inborn givens for which the parents cannot take credit even if it is indeed by virtue of the transmission of the genes which comes from their own gene pool. What we have in mind, is the parent's selective encouragement, approval, appreciation, of efforts the child makes to be creative. A mother who looking at a child's drawing says, with a disapproving tone, "What's this!" may not only deflate the child who is asking for approval and encouragement, but may in fact discourage the child's efforts to be creative besides hurting the child's self-esteem. There are ways of asking a child what the child has tried to draw and be encouraging rather than disapproving and depreciating. It is well for parent to ask himself or herself: "How would I feel if my mother or my father reacted disapprovingly, or appreciatively and encouragingly?" It is important to not falsify approval, to not approve of just anything the child does. Falsification of approval for things the child does that are not admirable, leads to a child's not trusting the parent's approval. That is a rather serious loss. Parental approval, when valued can have enormous beneficial effects. Parents should not jeopardize this gift they have by approving willy-nilly to anything the child does at any time. But when approval is earned, to give it generously and with love is enormously enhancing of the child's self-esteem, confidence in her/his ability to things well, and gives a strong underpinning to the child's sense of industry. Parents who fail to approve of their children's enormous efforts to be creative are losing out on an immeasurable opportunity to help their children to become industrious individuals in the future.

4.2 EMOTIONAL AND BEHAVIORAL DEVELOPMENT

4.26 CONSCIENCE FORMATION

As we have said before the theories of development that we use throughout this curriculum are the ones with which we are best acquainted. We are using a combination of psychodynamic, psychoanalytic, and psychosocial theories, all of which have the same origin, namely in psychoanalytic theory, and therefore are congenial to each other. We use these because this is where our expertise lies. Other theories of development place different emphasis on different aspects of functioning and also contribute to our understanding of child development and which, we believe, can easily be added to the materials we are presenting in this curriculum. We do wish the teacher and student to know that the theories we are implementing in this curriculum are those employed by a large group of psychiatric and psychological clinicians, that these have developed over a century growing out of what these clinicians have learned and which they believe most pertain to healthy emotional life. These theories have stood up well under criticism and continue to be developed as more research and clinical information accumulates.

A brief review of conscience formation up to the age 6 years goes like this: from near the end of the first year of life to about 2 1/2 years of age, conscience formation most consists of children's internalizing the "Dos and don'ts" their parents convey to them, especially in the course of limit-setting which occurs normally from the latter part of the first year of life through the second and early part of the third year. These are the early months of the child's social training and under good conditions set down a foundation of much significance. In children in whom limit-setting is too harsh, excessive, they will internalize this type of experience and will then become burdened by too harsh and excessive internal dictates that are like the parent's, establish an overly criticizing and harsh foundation upon which conscience will become built. Equally problematic, the child whose behavior during the first 2 1/2 years of life is insufficiently, reasonably contained by parental "Do's and don'ts", would develop an insufficient cluster of internalized parental admonitions which may lead to the child's failing to develop reasonable standards by which to behave.

During the 2 1/2 to 6 years of age period a most magnificent contribution to conscience development occurs by virtue of the child's having to deal with the family romance (see Section 3.23 for a detailing of the family romance). The family romance brings with it feelings of rivalry, of envy, and with these then feelings of hostility and even hate toward the parent of the same sex, all resulting from the child's profound feeling of hurt and rejection by the parent of the other sex for which, however, due to the young child's easily displacing blame, the parent of same sex is held responsible. This is no different than the rivalry which occurs between two adolescent boys in love with a particular girl or two adolescent girls in love with a particular boy. The rationale and the reasons for this development have been detailed in Section 3.23. As a result of the wish to bring harm to the parent of the same sex whom the child also loves deeply, leads to a

child's developing a deeply felt sense of remorse. Psychoanalytic theory proposes that the cardinal thrust to the development of conscience comes at this 2 1/2 to 6 years period from the young child's reaction to his/her wish to destroy the parent the child loves deeply. Feelings of guilt set in, feelings of self-accusation, self-depreciation, prohibition into the structuring of conscience as an organized internal system which now will govern the child's behavior. Whereas in the first step of conscience formation, during the first 2 1/2 years of life, the child learns what he or she can do and cannot do, during the 3 to 6 years period, the child learns what is right from what is wrong, an extremely important increased capability which underlies the development of morality.

Now, the 6 to 10 years of age period is a major time during which the conscience, now organized into an internal "agency", stabilizes, achieving a moderately reliable internal source of standards for behavior pertaining to morality.

As we said in Section 3.26, the model of conscience development we employ holds that conscience can be meaningfully stated to consist of two major components. The first, we consider the conscience proper, which is the determiner of what we come to understand as "Dos and don'ts", as right and wrong, an agency within the mind which governs those aspects of experiencing. It pertains most to the sense of morality. The second component of conscience is that which holds up standards for the child, standards of behavior, which will lead to the child's approving or disapproving of his or her behavior, whereby the child's self-esteem, feeling about himself or herself is in large part determined. This component of conscience holds up to the self that ideal-self which also powerfully co-determines the child's behavior. From the first component of conscience, the conscience proper, failure to live by internalized standards leads to a feeling of guilt. Failure to live by the standards of the ideal-self image, leads to feelings of shame. Both contribute jointly to the quality of the child's self-esteem and feelings of inferiority or comfort with the self.

4.2 EMOTIONAL AND BEHAVIORAL DEVELOPMENT

4.26 CONSCIENCE FORMATION

4.2611 HUMAN DEVELOPMENT: Conscience Formation

The Development of Morality:

During the 6 to 10 years period, the major developments achieved during the 3 to 6 years period in conscience formation now stabilize. The major defensive operation of the era, the age appropriate obsessive-compulsive defenses help the process of organizing, setting in order, the rules now internalized for social inter-actional conduct. As the child adapts to the many demands made on her/him by school, home, and peer relationships, so too the child's internal governance with regard to morality firms up, is further organized and, it is as if as an internal agency it is able to approve or disapprove of the child's behavior, thoughts (fantasies), and feelings.

Because during the 6 to 10 years of age period the basic ingredients of conscience structured up to now stabilize, note that what the child has internalized so far arises predominantly out of the child's experiencing in the family. This means that the character of the morality the child acquires is most determined by the family morality. During the 6 to 10 years period influences from relationships outside of the home, which has a significant beginning during this time (even where children have already by means of preschool and daycare been impacted upon by sources outside of the family), do not attain a level which overrides the importance of family relationships, and therefore are not as impacting on the child's conscience formation as the relationships in the family. This is especially the case where the child's relationships in the family are of good quality. Where children's relationships at home are troubled, or are too hostile, these will not only have determined the nature of the dictates internalized by the child, effected the sense of morality developed by the child, and will variably influence the degree to which the child will attempt to internalize newer relationships, even if they are not yet well developed, in order to supply the self with gratifications of basic emotional needs. In some children, new experiences will not modify the internalization of hostile morality standards. In other children who have internalized much hostility within their conscience, who can be reached emotionally by more benevolent relationships may, by means of internalization and identifications, internalize some more benevolent modification of the dictates that have already been internalized. These children may adopt a degree of morality more beneficial to them and society. All in all, for most children, it is highly advantageous that peer relationships do not yet impact profoundly on children, whereby, they do not jar as they will in adolescence, the family-derived moral dictates internalized. It is important because it molds the child's standards of right and wrong and all the family beliefs to which these are attached, including the philosophy of

the family, the religion of the family, the ethnicity of the family which make the child like the family into which he/she has been born. There is a good chance that if extrafamilial relationships could during this 6 to 10 years period impact on the child more profoundly, the transmission of morality might be in greater jeopardy.

Guilt, the result of criticism from within about things the 6 to 10 year old does, thinks, and feels, will be most determining of the child's degree of well-being, the child's self esteem, and with it the child's moods and dispositions. It is not easy to access children's feelings of guilt, given that children are reluctant to confess to such feelings. Too much guilt however, will make the child feel quite bad, will interfere with the child's good self esteem and even ability to work. Therefore, it must be borne in mind as a source of bad moods, poor efforts in school, lack of energy in work and in the development of skills. Guilt also may inhibit a child's efforts to form relationships with peers and may be a substantial detriment to the child's adaptation.

The Development of Standards for the Self:

The same can be said for the development of standards for the self, specifically with regard to, the type of individual the child wishes to be. We all carry within us an internal construct, an image, a set of ideas, a set of capabilities which we aspire to be like. These, to a greater or lesser degree, pattern what we try to attain and organize some of our goals in life. Again, the primary source of such ideals for oneself arise from the relationships within our families, which have accumulated during the first 6 years of life, and stabilize during the 6 to 10 years of age. Now, however, perhaps more than with regard to the development of morality, 6 to 10 year olds may begin to select heroic figures from outside of the family, individuals admired by them, who can begin to add to the child's idealized self image. Often these are associated with things the person does, such as being a sports figure, (especially in the 9 to 10 year old child), or a teacher, or a doctor, or a fireman or a policeman. It is not likely that these contributions to the self image are likely to displace those established earlier; but they may add a new dimension to the internal image.

The child's self esteem will be determined by the degree to which during this important period of the development of industry, from 6 to 10 years of age, the child succeeds or fails in the efforts he/she makes. This will be the successes and failures the child experiences in school, with peers, and of course also at home. Self esteem being a profound determiner of degree of well-being, is therefore critical as a contributor to the child's total experience.

4.2612 CHILD REARING: Conscience Formation

The Development of Morality:

Given that guilt is a strong underminer of well-being, that it can interfere with a

child's self confidence, with a child's evaluation of her/his performance, with a child's efforts to try to learn, to try to form relationships, it becomes a factor of major concern to parents. This is one of the reasons why helping a child cope with feelings of hostility and hate are so important. If, as the model we employ suggests that wanting to hurt someone we love, hating someone we love produces guilt, then if the parent can help the child cope with the hate feelings the child has, that parent will be able to help the child's decreasing degree of guilt and therewith improve well-being and functioning in all the spheres important for development at this age. So, addressing questions of hostility, allowing a child to feel hostility and helping a child verbalize these feelings of hostility, all for the purpose of helping a child work through these feelings of hostility, is enormously important. It has been important before this age, it is important now, and it will also be important during adolescence. In families where hostility is rejected as a bad feeling which the child should not have, the child is put at an enormous disadvantage to working through feelings of hostility, resolving the sources which generate it, and therewith decreasing guilt. It is unavoidable that children will feel hostility and hate toward peers, in school, and especially in the family toward those the child loves most, the parents and the siblings. The many demands that are made on the child, the disappointments the child experiences, the hurts the child experiences all contribute to the generation of hostility within the child and with it then the potential for increasing guilt. It is important to bear in mind that it is excessive unpleasure, excessive emotional pain, of whatever source, that generates hostility and therewith produces guilt. Viewed from this vantage point, parents will be able to tolerate a child's hostility and hate much better and therewith, will be able to help the child talk about what causes the hostility and hate, and by talking about these feelings help diminish their intensity, help the child clarify to himself or herself which experiences are generating the hostility and therewith, again, cope with these factors better.

It follows from all this that parents who are unduly critical of their children's anger, hostility and hate, rob the child of the opportunity to get help from his/her parents, to decrease not only the experience of hostility and hate but also of eroding guilt. Feelings of hostility and hate must be taken seriously but be dealt with understanding.

It is also well to bear in mind that parents who are hypercritical of their children's behaviors, who are insufficiently satisfied with their children's efforts when these efforts are genuine, intensify feelings of hostility, hate, and guilt.

Parents of the 6 to 10 year old especially can be protective of the child's developing guilt by helping the child learn to tolerate and accept rules and regulations to which the child should comply not only at home but especially in peer relationships where this need now surfaces daily. A visiting peer's stirring up one's child to anger by demanding that certain rules be abided by in play, may be a good opportunity for a parent to benevolently help a child tolerate the displeasure that often comes with having to abide by rules and regulations in the course of play. Helping a child tolerate disappointment, losing, can be protective against the development of hostility and even rage, and with these further guilt.

On Developing Standards for the Self:

Here also, parents can be enormously helpful to their child in a number of ways. Parents should bear in mind that children set standards and goals for themselves which determine what they feel they should do, what they should become, how high to reach for what they want to achieve. Most children do this quite reasonably, setting high goals for themselves and beginning the process of learning how to achieve them by developing a capacity for industry, for effort, for work and achievement. Some children may aim too high. This can often be determined by observing how much frustration a child experiences in attempting to achieve a task. If the frustration is too great there is a chance that the child is aiming too high for his or her current capabilities. Sometimes of course the frustration may come from other sources such as feeling too tired to carry out a particular task at a given moment, or being ill. It is useful to push children in their efforts to perform, in their efforts to do something new, in efforts to achieve well; but one has to gauge whether one is pushing too hard. Again, checking with the child himself/herself, looking for too easy irritability, too intense a feeling of frustration, to help determine whether or not too much pressure is being applied. It is well known, that in some instances applying more pressure than the child can comfortably bear works out; a child can achieve a performance level of remarkable capability. But often such achievements are at the expense of other age-adequate developments, or emotional states of being, perhaps for instance, at the sacrifice of developing good peer relationships, or feeling persistently anxious and stressed.

One can equally harm a 6 to 10 year old child by expecting too little, not helping the child build a substantial self image, or discouraging the child's automatic tendency to do so. "Oh, you can't do this!" may thwart an image the child is structuring within himself/herself to which the child aspires. Needless to say this too can be quite harmful. A satisfactory balance between pushing too hard and not pushing hard enough is required to be helpful to the child. One of the best ways to achieve this, in addition to one's own thoughtful observations of the child's behavior, is to speak to the child about it. What does the child see for himself/herself in terms of achievement, in terms of what he/she wants to do, wants to become. Encouragement to strive somewhat higher, somewhat farther, can be enormously helpful.

Another way in which parents can help their 6 to 10 year old children in developing good standards for themselves, standards of achievement that require their reaching, is to compliment the child for work well done, for tasks nicely achieved, be it a task for school, a task in peer relationships, or a task in the house. Patience in helping a child achieve a given performance, whether it is in doing a school assignment, in pounding a nail into a wall, in fixing the chain on the child's bike himself/herself, all contribute to the 6 to 10 year old child's gradually developing the skills needed to achieve such tasks. These enhance the child's feelings about the self, bring the child closer to that idealized self image, and raise the child's self esteem and improve her or his well being. As we have said before, compliment only desirable efforts, achievements, performance, not just any act. Even 6 year old children will know whether what they have done deserves a compliment or not. And parents must safeguard their ability to support their 6 to 10 year old child's work by doing so at appropriate times and under appropriate conditions.

Perhaps a more difficult way in which parents can help a 6 to 10 year old child is by

learning how to criticize the child for insufficiently attained performance. It may be more important now, at the beginning of his/her formal education when so many new skills need to be learned. Recognizing a child's sensitivities, addressing the criticism in sympathetic tones, even if firmly, with suggestions on how to improve the performance can be invaluable. Furthermore, giving the child an opportunity to respond to the criticism, to discuss the child's performance with the parent, to complain about the parent's expectations, to express anger feelings in reasonable ways in reaction to the criticism, all can be very helpful. To prohibit a child from reacting with anger, frustration, disappointment to parental criticism, is to make the child suppress feelings of anger and hostility which can only bring further problems rather than help. As we have with a number of other sections in this curriculum we conclude with the admonition to talk about things, to give the 6 to 10 year old child an opportunity to have the feelings he or she has, express them in acceptable ways, and talk about these thoughts and these feelings in the spirit of getting over these and feel good in the relationship and about oneself.

***PARENTING FOR EMOTIONAL GROWTH:
A TEXTBOOK***

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TEXTBOOK

UNIT 5

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UNIT 5

PREADOLESCENCE: (10 TO 13 YEARS)

***PARENTING EDUCATION FOR EMOTIONAL GROWTH:
A TEXTBOOK***

UNIT 5

PRE-ADOLESCENCE: FROM 10 TO 13 YEARS OF AGE

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UNIT 5: PRE-ADOLESCENCE (10 to 13 YEARS)

5.1 PHYSICAL DEVELOPMENT: WHAT THE CHILD CAN DO

As in prior units, we address only those physical developments on which emotional (psychological) development directly depends. Of course, emotional well-being and optimal development depend on physical good health and well-being. But specific physical maturations and developments make possible, trigger, and direct emotional (psychological) maturations characteristic for sequential stages of development.

As with prior stages of development, pre-adolescence is introduced by a new maturation of biological processes which undergo change to a new level of functional organization. This more mature functional organization leads to the physical, behavioral, and emotional phenomena which we recognize as typical for pre-adolescent girls and boys. Some theorists, clinicians and educators, believe that on the average girls tend to undergo pre-pubertal and pubertal maturations one to two years earlier than boys. But the same general maturational principles apply and except where critical differences occur, we will speak of pre-adolescent development as it applies to both. Three major lines of physical maturations stand out: the degree of adaptive capability, physical-sexual maturation, and central nervous system maturation.

We emphasize again that physical development is optimized when children feel valued, loved and respected, that emotional stress burdens physical maturation as well as the function of bodily systems, as, for instance, it can affect adversely the functioning of the immune system of the child, and can cause stress disorders like headaches, gastrointestinal symptoms, heightened allergic responsiveness, and more easily subject the child to infectious diseases.

5.111 HUMAN DEVELOPMENT: Degree of Adaptive Capability/ Degree of Helplessness

The ten to twelve or so year old has by now stabilized remarkable capacities that serve adaptation, from well developed motoric functioning (locomotion, manual skills [writing, hammering a nail, sewing], specialized skills as used in sports [e.g., swinging a bat or a racket], in playing a musical instrument, dance, etc.). Interestingly, while these are stabilizing at an early developmental level (especially when it comes to the specialized skills of sports, playing a musical instrument, dance, etc.), the rapid physical growth we see in most ten to thirteen year olds seems to also make many a child go through a period of awkwardness, even clumsiness. Just what causes this is not clear, whether it is the need to gain control over longer legs and arms, or due to anxiety over, or biological factors associated with emerging secondary sex characteristics (see 5.12).

The ten to thirteen year old has become fully self-reliant in all functions that serve self care including bathing, toileting, feeding and even doing work. Similarly physical functions that serve socialization like speech and emotional communication are developed to the degree that the child needs no one to speak or communicate for him/her.

5.112 CHILD REARING: Degree of Adaptive Capability/
Degree of Helplessness

Good nutrition, a good balance of rest and activity, comfortable enough surroundings, good enough relationships, a modest amount of unavoidable, frustration and disappointment, each contributes its share to good physical development. Where these are not attainable, facing deficits honestly, acknowledging their effects on the child, and dealing with them with considerateness for child and parents themselves, will help both child and parents better tolerate these deficits.

Parents should expect the ten to twelve year old to be capable of handling school, homework, preparation for tests, practicing specialized skills -- though help from parents at this stage is commonly still needed --, being home alone, taking care of feeding oneself snacks, toileting, and helping with chores in the apartment/house.

The parent can expect swings in feelings of capability which may not be signs of inadequate underlying physical development but may, rather, be due to feelings of competence over early elementary school year experiences and functioning which yields to feelings of incompetence and anxiety about the tasks of adolescence visible on the horizon. It is likely that the genetic and hormonal stirrings which make this developmental period unique contribute to the swings in feelings of competence and capability (see 5.121).

5.121 HUMAN DEVELOPMENT: Physical-Sexual Maturation

Among the most dramatic changes resulting from maturations during the 10 to 13 years, are those which begin the process of transforming the child into the adult. This transformation occurs over the decade that is adolescence. We now know that the 10 to 13 or so years is that period during which the maturation from the child's body to its adult form is set in motion. The physical body, in its size and mass and its gender-sexual specific characteristics, now begins the process of change that by the beginning of adolescence will visibly reveal the 13 to 14 year old's sexual identity. During the 10 to 13 year old period, we assume that genetic and hormonal factors act on the body (anatomically and physiologically) to bring about this remarkable metamorphosis. Although the changes are slow to reveal themselves, the inner stirrings which bring them about are progressively in motion. Biogenetic, hormonal, physiologic activity all contribute dramatically to inner feelings, mood states and reactions, from irritability and

sadness to excitement and joy, from feeling inadequate and bewildered to feeling strong and hopeful. The metamorphosis of pre-puberty, from being a fourth grader to being a seventh grader, is but the pre-stage to the long travel of adolescence, but it is remarkable, full of doubts, fears, even bewilderment, as well as questions, hopes and excitement.

The skeleto-muscular changes which go hand in hand with the slow emergence of sexual characteristics, bring with them periods of feeling out of control over one's body, of clumsiness, and demands a new mastery of movement as well as inner feelings. We will address these later, suffice it to say now that many a 10 to 13 year old feels awkward, embarrassed and proud by the changes in her/his body and acutely sensitive to and about them.

5.122 CHILD REARING: Physical-Sexual Maturation

We must assume that any developmental period during which such major bodily physical changes occur requires adequate nutrition, rest and activity, and parental supervision and guidance. The many emotional and psychological implications of the changes brought about at this time will be discussed later as will the child rearing concerns they bring about.

5.131 HUMAN DEVELOPMENT: Central Nervous System Maturation

We assume now that every developmental period is triggered by a biopsychological reorganization at a new level of functioning which is effected by our unique biogenetic program. Invariably this includes a maturation in central nervous system functioning. We find evidence for central nervous system maturation in cognitive (intellectual) functioning as well as in those central nervous system functions that operate in conjunction with the dramatic hormonal changes of this period.

From direct observation and clinical experience we learn that children now become capable of understanding reality and the complexity of life in ways they did not before. For instance, though the child has been aware by now that living things die, that from the time grandmother died she never again came to visit during the holidays, but that she is truly dead, cannot physically return to visit, is not certain in the child's mind. It is during pre-puberty that children become able to recognize and be aware of not only the finiteness of physical life of others but, even more difficult to comprehend, of oneself. Prior to age 10, awareness of the finiteness of one's own physical life is generally not known. After 13, it seems inescapable. Some brain development makes this frightening knowledge now possible.

5.132 CHILD REARING: Central Nervous System Maturation

The same requirements exist for adequate nutrition, rest and activity, a growth-promoting environment and relatedness including emotional support for those functions which arise out of central nervous system maturations as for the other physical developments addressed. For instance, parental support of a child's efforts to study, are enormously useful. Answering questions the child asks about all aspects of life except the parents own private lives, enhances learning and interest. We will address this further in Unit 5.2.

5.2 EMOTIONAL AND BEHAVIORAL DEVELOPMENT

5.21 THE CHILD'S ABILITIES TO ADAPT -- PART I

The 10 to 13 year old youngster enters pre-adolescence with a great deal of capacity for adaptation having achieved a relative degree of mastery of the many challenges encountered during the elementary school years both at home and in school. The 10 year old child is well known both by the family and by himself/herself for the characteristic ways in which the child deals with his/her needs, wishes, frustrations, disappointments; the family already knows how the child is going to react to the daily demands of both home and school as well as of unexpected events. We assume a consolidation of characteristic ways the child has developed of dealing with life as it is visible to the eye but also with his/her fantasies and internal conflicts. The characteristics for which the child is now known are produced by the child's dispositions, temperament, and by the psychological defenses the child typically uses to adapt to both internal feelings as well as external events which challenge and/or create difficulty for the self.

Side by side with this already well consolidated characteristic way of dealing with internal and external life, the child more and more becomes burdened by the new stirrings within him/her produced by biogenetic and hormonal activity typical for this age. The stirrings of pre-adolescence bring with them new fantasies, new wishes, new fears, doubts and bewilderment as well as excitement and hope for oncoming puberty and adolescence.

In other words then this transitional developmental period which we identify as pre-adolescence is one in which a well established and consolidated adaptive system becomes challenged not only by new challenges in the environment but especially by new inner stirrings of enormous consequence and meaning to the child, namely, the beginnings of the metamorphosis into eventual adulthood, with the enlarging body and the remarkable changes of sexuality. This unavoidably brings with it a vacillation in adaptation between stability and expectability on the one hand and uncertainty, anxiety and even bewilderment on the other hand.

5.2111 HUMAN DEVELOPMENT: The Child's Abilities to Adapt -- Overview

Many a 10 year old boy and girl is quite comfortable having attained a degree of stability and self confidence which are the product of the 4 or so years (from 6 to 10) during which the child has gained a good degree of mastery over the challenges of elementary school years and the child has consolidated into a well functioning, well-enough adapted individual. The characteristic effort to organize life, organized by the use of psychological adaptive mechanisms have by now served the child well. Most 10

year olds bring some structure into their daily life both at home and in school, having developed a fairly good rhythm of getting up in the morning, preparing to go to school, going to school, functioning in school, returning home, etc. in such a way that the reliability of the routine makes for a fairly stable inner sense of adaptation. We have describe in Unit 4 (4.2521) how a major psychological defense of obsessive-compulsive operations has played a key part in stabilizing adaptation during the 6 to 10 years period.

The 10 year old has pretty well learned to deal with peers one on one and in groups now through the use of activities in school, and especially the use of games with their well defined rules of conduct. Of course many children have already learned much of group activity and socialization through years of preschool and daycare followed by elementary school years experiencing. The socialization brought about by learning how to play in accordance with rules is a major means by which adaptation to the group and socialization is brought about during those years from about 6 to 10. This preliminary socialization is essential for what will be required to adapt to adolescence.

Also, the years from 6 to 10 have brought with them a sufficient repression and suppression (see 4.2521) of the emotional activity stirred by the emergence of sexual life during the 3 to 6 years of life period which has led to a calming in this sphere of experiencing.

All in all then we find a fairly comfortable, quite effective 10 year old in terms of functioning at home and in school, as the 10 year old enters pre-adolescence. The stirrings produced by genetic and hormonal activity, the physical growth, the emergence of secondary sex characteristics, in many a 10 to 13 year old brings about a degree of disequilibrium which calls for new efforts at adaptation. The well organized 10 year old now faces changes which will each step of the way require coping, adaptation, which will challenge the existing capacity for adaptation by making new demands on it. Fears, doubts, and even bewilderment as well as the excitement and pleasures of oncoming puberty (see 5.23 and 5.2311) will again bring psychological defenses into play in order to mitigate (lessen) the intensity of these reactions. It is important to point out that the new challenges to the child come much more from the stirrings that are going on within the child's body and mind rather than from new demands made on the child from either school, home or the beginning peer group. The 10 to 13 year old is not entering a new school, is not leaving home, does not generally sustain other than average-expectable traumatizations; the principle challenge to the pre-pubertal child is that emanating from the changes within the child's body which has enormous psychological, emotional, developmental consequences.

5.2112 CHILD REARING: Adaptive Functioning -- Overview

Caregivers are of course well aware of the dramatic changes that occur in both girls and boys during the 10 to 13 year period. Again, we note that there is a tendency for girls to develop physically earlier than boys at this stage of life. Caregivers recognize that external life events do not change dramatically at this time, under usual conditions, that

external events are only moderately more taxing during this period than they were before. The exception is the child who might be in transition from elementary school to junior high school during this time period. Observant, attuned caregivers become well aware that the internal changes that are occurring at this age have a large impact on the child in a number of ways.

In terms of helping the child adapt to the events of this age period, it is well first of all to support the child in her/his continuing efforts to organize her/his life by means of supporting the child's efforts to structure some routine about doing homework, effecting good self care, carrying out chores assigned at home, by supporting efforts that are routinized, yet allowing for the development of a degree of flexibility making possible the child's continuing efforts to put more effort and energy where greater demands are made from the activities mentioned above.

It is also important for caregivers to recognize that superimposed on the 10 or so year old's already well known ways of coping and adapting, that the new internal stirrings produced by biogenetic and hormonal factors will bring some degree of instability in the child's reactivities, with fluctuations of mood and heightened emotional reactions, effective study habits becoming burdened by periods of daydreaming and preoccupations reflective of internal, private thought activity. Caregivers who are sensitive to the new experiencing which accompanies burgeoning sexual and physical developments will appreciate the interferences with the child's usual, expectable comfortable functioning.

Caregivers who understand the play of these new stirrings will make efforts to help their pre-adolescent cope with these, not only by supporting the child's efforts to function effectively but also by making themselves available to talk about whatever the pre-adolescent brings up. Being skillful as a parent in listening to one's child will at this time, like before, pay high dividends. Prepubertal children have many questions about life, about growing up, about bodily changes, about what other kids are doing in their peer group in school and elsewhere, and those caregivers who have already made a point of letting their children know that talking about what they think and experience is important to them, will here again benefit from such interactional pathways in helping their child go through this developmental period with less anxiety, fears, doubts, and indeed with more hope and the expectation of gratification. It is important for caregivers who have facilitated pathways of verbally communicating with their children to be careful not to become intrusive into, to need to know too much of, the private life of their child. Just as children must allow their parents privacy in certain areas of their life, so too parents need to allow privacy for their children in those areas of life they will not be able to share with their parents. It is important for parents to know that to talk with children about those things the child can talk about may be enormously helpful in helping the child deal also with those things the child cannot bring up with the parents. Sometimes children have ways of talking indirectly about things that really concern them and a good dialogue with the parents can help the child solve very personal problems, answer very personal questions, indirectly. Taking cues from a child who can usually talk with the parents will prevent parents becoming intrusive.

This 10 to 13 year period, being a transitional period during which a major internal development brings with it new challenges to the child is likely to cause anxieties. These

may in turn bring with them some transient symptoms like bad dreams, fear of the dark, the need to excessively organize one's pencils, papers and books, or quite the contrary make an excessive mess in one's room, in the apartment or house, or lead to periods of loss of control in anger, all due to the enormous challenge the child experiences over which she/he has not yet achieved mastery. As a result, some degree of failure in adaptation should not be overly alarming to parents, requires patience, support, tolerance, and helpful suggestions all while keeping a close eye on the degree of anxiety and distress experienced by the child. The beginnings of what will become adolescent (and adult) sexuality, the changes in the body, are experienced by many a child as a mixture of excitement and fear, hope and bewilderment. How the child deals with them will vary according to the child's inner resources as well as external supports. It is only fair to tell parents that a child's inner resources may at this time be more determining of the youngster's capacity to adapt than is the external environment in which the child lives. Obviously, the more supportive, tolerant and caring, guiding and judicious the environment, the better.

5.2 EMOTIONAL AND BEHAVIORAL DEVELOPMENT

5.212 THE CHILD'S ABILITIES TO ADAPT -- Affects

The emotions we experience, what we call affects, reflect what we are feeling at any time. These inform ourselves, children and parents (caregivers) of what we and the other feel. They indicate the quality of inner life we experience. A cheerful 11 year old feels pretty good; a sad 12 year old is hurting somehow; a raging 13 year old is very hurt and threatened, etc. Because affects reveal much of what is going on inside us, reading each other's affective expressions can guide both parent and child in interacting hurtfully and/or caringly and constructively.

Affects reflect not only what we are feeling but also communicate this to others, often expressing better and more truly than words what we feel, need, wish for. Humans rely on the "reading" of affects in ourselves and in others to know "where we stand", how we ourselves feel, and how the other person is reacting to us in our interactions with them. Children hope to be, although they at times dread being, understood by their parents at the level of emotional (affective) experiencing. Parents count on their children understanding what they mean by the quality of the feelings they express when responding or reacting to their children. In fact, the affective coloring of the parents communication is often more determining of the way the child hears what the parent is saying. For instance, a mother who, aggravated, tells her 10 year old for the third time to stop milling around and get to her work in a soft and guarded voice will not be convincing to the 10 year old that she means what she is saying. All in all then, affect, emotional expression, is a most reliable indicator of experiencing which serves interaction exceedingly well and can be most valuable to parents in their care-giving.

5.2121 HUMAN DEVELOPMENT: Affects

10 to 13 year olds are capable of experiencing the full range of affects from exhilaration, joy and happiness to humiliation, mortification and despair. They are fully capable of experiencing love and hate. Adults are wrong when they assume that children don't know what love and hate are.

The degree to which they achieved mastery over the tasks of elementary school, of being away from home 6 hours of the day, of learning, over the challenges of learning to play by rules in groups and one on one, and feel well enough accepted in both, to that degree will 10 to 13 year olds feel good about themselves, their overall affective state and mood is positive. To the degree that their mood is positive, it enhances their inner well-being, self-esteem, esteem of others, and self acceptance as well as acceptance of others. To the degree that they have failed to achieve mastery over these six to 10 years of age

tasks, their basic mood will be negative and their inner feelings poor, self-esteem and esteem of others and self-acceptance and acceptance of others low. Simply then, the more successfully the child has developed so far, the more likely will the child's inner being feel good, the better the child's basic moods, self-esteem, esteem of others, and the better the acceptance of others and themselves. The more troubled these first 10 years of life have been, the less likely the developmental mastery of these 10 years, the more likely the basic moods of hurt and hostility, the lower self-esteem and esteem of others, as well as the lower the acceptance of others and of the self.

As is the case during every developmental transitional period, superimposed on what has been achieved and developed so far, every 10 to 13 year old will be subjected to changes in mood, to swings of affective reactions created by the inner biopsychological changes that lead the child from being a typical 3rd or 4th grader to being at the doorstep of burgeoning adolescence. The awe, the fears, the doubts, the anxieties produced by bodily changes, by becoming bigger and stronger, and more dramatically, becoming bodily sexual, are all likely to upset the equilibrium and adaptation achieved up to years 9-10.

Again, where these early years have been poor, the chances are greater that the 10 to 13 year old's transitional period will create more havoc, more doubts, anxieties and fears and as a result intensify negatively colored affects and moods. In some hurt and abused children, the feeling of becoming bigger, stronger, and the flowering of sexuality will bring feelings of hope, of being able to free oneself from hurtful and abusive adults, and elevate the child's moods. We all know only too well how often these hopes become dashed by further experienced abuses at the hands of other troubled peers or adults by premature sexual activity, pregnancies, being drawn into other adolescent activities too long before the 12 year old is ready to handle these self-protectively, constructively.

In general, feelings of love again, like during the three to six years period, begin to reemerge and create some problems. Whereas feelings of affectionate love and of hurt, resentment and anger continue to stabilize in family and other close relationships, affectionate feelings become amalgamated gradually with emerging erotic love feelings stirred by the bodily processes that produce the metamorphosis of secondary sex characteristics. Such emerging erotic feelings most naturally follow the path forged by affectionate love feelings and find their way into all meaningful relationships, those with parents, siblings, peers, loved teachers, etc. Emotional reactions associated with these sexual bodily feelings and changes bring excitement, fears, anxieties, a common part of this period of transition. They bring with them instability in affects and moods.

Especially anxiety producing are the erotic feelings experienced toward the most valued persons in the child's life, the child's parents and siblings. We will talk more about these in Unit 5.23 (Sexual-Reproductive Life).

Also of large importance are the feelings activated in the 10 to 13 year old by the degree to which they succeed in their work efforts (i.e., school), in their peer-social relationships, and in their sublimational activities, i.e., in sports, arts, in any creative endeavor. Many a talent will emerge at this time, some in fact mobilized, focused, and activated to cope constructively with emerging inner stirrings that cause so much anxiety, fear, and bewilderment. (See Unit 5.213, below).

5.2122 CHILD REARING: Affects

One of the caregiver's greatest avenue to understanding the child, now as well as before and as will be the case later, is to keep in sight, search for, and patiently try to feel, through empathy to "read", what the child is experiencing. Having a pretty good idea of what the child is feeling will serve parenting (caregiving) most advantageously.

Bearing in mind that knowing what we are dealing with always makes us solve problems better, it is advantageous to keep the following in mind. Not only keeping sight of and empathically reading the pre-adolescent's feelings, but (1) respecting them, feelings and the child, and (2) being aware of the inner emotional instability and insecurity caused by the remarkable biopsychological stirrings of this period will better insure growth-promoting parenting. Teasing, ridiculing the preadolescent's awkwardness, shaming requests for dressing and bathroom privacy, ignoring or ridiculing questions pertaining to burgeoning sexuality, injure healthy self-acceptance, self-valuing and esteem -- as well as acceptance and esteem of the parents.

The affects and the moods children experience need to be allowed expression in acceptable ways, will no doubt need to be guided to be expressed in acceptable ways, and should equally be guiding of the parent's behavior toward them. The moods may call for cheering, for calming, for reassurance, for comforting. Empathy, putting oneself in one's child's shoes and asking how one would want to be treated will usually be guiding to growth-promoting parenting. In sum, affects, again, are a great avenue toward understanding one's child.

5.2 EMOTIONAL AND BEHAVIORAL DEVELOPMENT

5.2131 HUMAN DEVELOPMENT: Intelligence -- Cognitive, Play, and Fantasy Activities

Cognitive Activity:

10-13 year olds who have fared well in developing good learning skills in school continue to stabilize and further exercise these skills during the years from 10 to age 13. The stabilization of these skills during these years is facilitating of the capacity for abstract thought which will emerge during early and mid-adolescence, a capacity much needed for advanced, high school and later college level academic work. For children who have fallen behind in developing learning skills during the years prior to 10, these subsequent years from 10 to 13 are crucial in attempting to advance their needed learning skills before the greater demands of high school arrive.

Motor skills, mechanical, sport-related, instrument-playing, etc., usually continue to improve with continuing effort (practice). Well-coordinated youngsters tend to accommodate to their growing limbs without substantial loss of skill. Some less well-coordinated ones may require more effort in accommodating their growing limbs to the tasks attempted.

Especially with regard to thought activity, it is expectable that the inner biological stirrings which are determined by oncoming puberty, make for greater distraction and with it may impede the child's efforts to concentrate while learning in school or doing homework. This is especially due to the stirring up of fantasies activated by the bodily changes and feelings produced by the child's changing biology.

Fantasy Activity:

While fantasy is amply and richly developed already from the 3 to 6 years period on, it seems to get a new burst of activity during the 10 to 13 years period, and will continue well into and through adolescence. Bear in mind that fantasy formation is adaptive, that it allows trial experience in one's mind without risk of danger, that it allows us the expression of forbidden wishes without harm or external reprimand.

Fantasy is experienced especially within the privacy of one's own mind. But it can also be shared and may determine play and social interaction. It is especially that which is experienced privately that is the stuff of daydreams and which intrudes in the child's efforts to concentrate and learn in school or while doing homework. The biologically determined inner stirrings bring with them feelings that fuel wishes and with these, fantasies. In well cared for and well treated children such fantasies generally serve the fulfillment of wishes to be heroic, admired, emotionally desired, successful in school and sports or art, etc. In most children, such wishes may also contain fantasies of victory over pain, over evil-doers, of right over wrong. Traumatized, abused youngsters are

likely to also fantasize retaliations against those that have hurt them, fights to victory being often more detailed in bloodshed, torture and destruction. Sexual feelings will stir sexual fantasies, some idealized; in children in whom much hostility has accumulated due to excessively hurtful experiences, such sexual fantasies may become sadistic toward others and toward the self. Many factors enter into the formation of our fantasies which accounts for their richness and great variety.

One of the problems for the 10 to 13 year old, as well as will be the case for adolescents, is that while these private fantasies help the child contain and master the many inner forces active in the child's body and mind, heightened fantasy activity can intrude into and interfere with the child's efforts to attend to school tasks, to concentrate and to learn.

Fantasy that is shared with others, whether in play or other social interaction (such as sharing jokes, stories, or even in early sexual activity) tend to be put into action in social contexts, not usually during individual efforts to work or practice skills. In these contexts fantasies become more organized, tend to be tamed under optimal conditions, camouflaging wishes for more overt sexual activity during these pre-adolescent years. Of course, 10 to 13 year olds who are abused or taken advantage of may enter into sexual activities precocious for their years with at times seriously detrimental consequences (we will speak more of these issues in Unit 5.23).

Special note should be made of the fact that the 10-13 year old's increased capacity to think and understand life more realistically brings with it not only a mounting interest in matters of sexuality and becoming bigger, becoming an adolescent, but also the gradual recognition of the finiteness of the child's own life. Prior to pre-adolescence the child increasingly came to recognize that things that die do not return to visit, like grandfather, or the dog that got killed by a car. But these thoughts seem to not turn to the self. There is also question as to how truly the irreversibility of death even of others than the self is fully accepted or understood before about 10 years of age. Now, the 10-13 year old seems to gain this anxiety producing understanding and it may indeed become very upsetting to him. The anxiety may reach such proportions following upon the recognition and understanding of the irreversibility of death as well as of one's own eventual death that symptoms may result which may need professional help.

Play Activity:

Solitary play is often fueled by fantasy, before and during this age period as well. Because some of the fantasies will be fueled by sexual and/or hostile wishes, many a child will try to fend off such fantasies by a variety of psychic defense mechanisms (see section 5.2521). In addition solitary sexual fantasies will also lead to masturbation (see Unit 5.23). Of the defense mechanisms implemented, sublimation will lead to the setting up of highly valuable creative activities propelling some youngsters to practice more be it in sport skills, artistic skills, etc. Some will begin or continue already started stamp collections, collections of coins, dolls, butterflies, etc. The channeling of increasingly higher levels of sexual and/or destructive stimulation into such creative activity starting again now (it was quite high during the 3 to 6 years period) and increasing through

adolescence, can be most salutary for the child.

5.2132 CHILD REARING: Intelligence -- Cognitive Play and Fantasy Activity

Cognitive Activity:

Most parents want to insure that their child is developing good learning skills in order to secure for himself/herself the best opportunities for that child's eventual life work opportunities. One can best insure such development by being attentive to the child's report cards, the child's teachers' views of and recommendations for the child. And above all, parents can insure the development of good learning skills by keeping an open channel for communication about school activities with the child and by being aware of the child's homework, its load, and by supporting and encouraging the child's efforts to become disciplined about these. Of course, parents highlighting the value to the child of making major efforts in and of developing discipline about work is among the best ways parents have of helping the child.

If school skills have not developed well to date, the 10 to 13 years period is a must period to gain ground on developing basic learning skills better. Extra help, often more readily accepted by children when it comes from tutors rather than directly from the parents themselves, may well be worth the cost. To be sure, parents should offer help as best they can; our caution that tutors may be more effective comes from the added difficulty children experience when parents become their school teachers given the complex conflicted emotional relatedness that exists in even the best of parent-child relationships. Suggestion for extra help at this time for children who are not succeeding in developing age-appropriate skills for learning is that it will not get easier in adolescence due to two compounding factors: (1) the greater homework load as well as schoolwork load which comes with high school years, and (2) the greater intensity of inner sexual and aggressive pressures, fantasy life and distractions of efforts to concentrate, study, and do work.

Supporting and encouraging a 10 to 13 year old's interests in and efforts to learn, to repair broken household things or a bicycle, or sewing and knitting, or to develop special skills be it in sports or artistic endeavors, is valuable because they enhance a feeling of competence and raise self esteem. In addition they become effective and constructive pathways for the channeling of large sexual and aggressive energies that come with adolescence. Given that sublimation organizes psychic experiencing in probably the most constructive way possible, supporting such efforts on the part of the 10 to 13 year old, now as it will be during adolescence, is most growth-promoting.

Among the many factors that concern parents regarding their children pertaining to facilitating thinking, problem solving, carrying on a conversation, talking about important things in life, etc., we want to emphasize the following. As we stated in Unit 5.2131 (Human Development Aspect of Cognitive Functioning), children are terrified at times, much anxiety is produced in them by the realization that the life of each of us is finite and

that our eventual death is an irreversible phenomenon. Parents should be prepared to talk to their children about this concern like about any other concern.

A 12 year old asked his father: "What is a brain tumor?" which he then followed with a number of further questions. His father soon learned that a 16 year old in his school had died of a brain tumor. From the mental health vantage point, the school administration served its student body well by announcing this death in an assembly and the calling for a moment of silence. This 12 year old was able to let his distress surface when he found the environment receptive to his questions. He was told by his father that a brain tumor is an abnormal growth of body tissues which can cause serious damage and if it goes far enough, can kill a person. "What is cancer?" he asked, he'd heard it was cancer. His father tried to explain. This was followed by what kind of cancer could develop in the brain, which was then followed by how would such be discovered, treated, and while he clearly showed much anxiety and revulsion at how a surgical brain procedure would be carried out (which was given in very simple, as mild as possible details) he was nonetheless able to explore this very frightening subject and seemed relieved at being able to talk about it. Clearly, frightening details, going beyond the child's tolerance for such a discussion, are not desirable. It is clear, however, that caring parents, as well as other caregivers, can address these issues in ways that can be most beneficial to the 10 to 13 year old.

Fantasies:

Fantasies are activated by internal concerns, by experiences and by physiological (biological) inner stirrings. Fantasizing serves not only the expression of wishes and needs but also efforts at mastery, at controlling inner pressures and at problem solving. Therefore, it is constructive, adaptive. But fantasizing can also interfere with learning, by its interference with concentration, study and doing homework. The 10 to 13 year old's fantasy life will unavoidably be energized by bodily stirrings and freshly emerging sexual interests, by the changes that begin the 10 year process of becoming an adult. It is helpful to encourage the 10-13 year old child to put herself/himself back on track when daydreaming (fantasizing) interferes with learning efforts. How this is achieved, however, is critical. Depreciation, ridiculing, hostility because the child is daydreaming and not working, should be avoided because they tend to cause injury while they may be an effort to help. Humor can be very useful, again if it is not depreciating or ridiculing of the child. Firmness to get back to work, drawing attention to the interference of daydreaming can be very helpful.

Children who have been abused, physically and/or sexually, are likely to be more preoccupied with mastering their hurt feelings or their sexual over-excitement, fears and guilt, and the hate these feelings generate within them. The higher the level of hurt, sexual over- excitement, fear guilt and hate, the more will fantasizing take place in an effort to handle these feelings. The more will work efforts be interfered with. The hurt and hate must be dealt with by the parents and professional help may be warranted where efforts to study and learn continue to be interfered with in a significant way during this age period.

Play Activity:

It is well for parents to bear in mind that play activity grows out of very real concerns children have, and that in the 10 to 13 year old boy and girl a substantial sector of play activity is likely to become sexualized or aggressivized, given that these result from the developmental intensification of these two powerful behavior-influencing factors at this age. These of course activate the fantasies which lead to play activity both solitary and in interaction with peers. More will be said of sexual and aggressive activity in Sections 5.23 and 5.24.

Both solitary and interactional activity are enormously important for constructive development, adaptation, the capacity to enjoy experience, develop methods for relaxation, entertainment and pleasure, and a component of one's time and energies needs to be allocated to that sector of experiencing. Psychologically, it is quite clear, that "all work and no play make Johnny a dull boy" has a great deal of merit. From the vantage point of mental health, it is essential that humans be able to not only work but also to play and love. Therefore, benevolent supervision of play activity, especially in interactional activity that is prematurely sexualized or excessively aggressivized, is beneficial. So is the encouragement and guidance in how to interact at a play level with peers for some children who seem to be inhibited in this sphere. Again, more on this in Sections 5.23 and 5.24.

5.2 EMOTIONAL AND BEHAVIORAL DEVELOPMENT

5.22 THE DEVELOPMENT OF SELF AND HUMAN RELATIONSHIPS

In the first six years of life our self, our identity, sense of entity, and the representation of these in our minds, develop in reciprocity with our constructing a sense of and inner representation of the other (be it parent, sibling, or other meaningful person). To the extent that our self is well developed and has, in balance, a positive valuing of this self, to that extent will the awareness of and positive valuing of others develop. In the early years, to the extent that those in our lives are hated and not trusted, to that extent is the self felt to not be trustworthy, to be depreciated and hated. Interestingly, a clear and sound sense of entity, of identity, and of deserving love and respect, of both self and other, is profoundly determined by the quality of child rearing and reciprocal relatedness between child and parents (others).

With the increased separateness from parents and the progressive need for self-reliance brought about by "going out into the world" of the early school years (5 to 10 years), this early reciprocity of influence between the development of our sense of self and of other decreases. Although such reciprocity continues to play a part in our own emotional development, to some degree some aspects of the development of self, such as the development of intelligence and capacities for learning and for work, of adaptive skills, of creativity and sublimation, can evolve to a substantial degree apart from relatedness to others.

We have not yet sufficiently studied and are, therefore, not yet certain to what degree and how regular, many hours daily separations from parental caregiving (primary care, see Unit 1 or 2) brought about by the increasing need of young parents to place their very young children in daycare, will influence the development of those personality factors that depend on direct, preponderant emotional reciprocity with primary caregivers. Report from daycare studies in the U.S., suggest that where the parent-child relationship is of good quality from early on in life, the more likely the child's satisfactory experiencing of daycare without substantial detriment to the child's relatedness and adaptation. Reports from European countries that have long used early years daycare to free mothers for the workforce (outside the home), tell us of both benefits and detriments to personality development. Benefits tend to be along the lines of earlier developments in certain cognitive (school learning) functions, in compliance to group pressures and in peer relationships. Detriments are reported in a weakening of individuality, self-initiation and self-reliance in later development, with a shift to greater dependence on peers and the group, a shift of greater ties to the group and government authority rather than to family (especially in totalitarian systems). In the U.S., studies suggest greater problems in age-expectable attachment to family, increase in hostility and resistance to benevolent demands for compliance with both parents and teachers (classroom). Studies to date suggest that stressors in parent-child relatedness from early on tend to be correlated with more detrimental adaptations than where parent-child relationships are warm, not overly

burdened with stress, and gratifying to both parents and child. But more work is needed to more thoroughly understand the conditions under which earliest years daycare is beneficial and when it may be detrimental.

Addressing the concern of this unit, the period from about 10 to 13 years, the development of self now continues on the parallel tracks of the self developing in interaction with others, family and increasingly now peers, as well as on the individual track of self as a separate entity, as an autonomous being with skills, intelligence, talents, capacity for work, etc.

5.2211 HUMAN DEVELOPMENT: The Development of Self and Relationships

The Self:

10 to 13 year olds universally become aware of biological changes in them which herald the oncoming of adolescence. Awareness of the self's body is especially heightened by the beginning signs of secondary sex characteristics, pubic hair in both girls and boys, budding breasts, enlarging hips and menstruation in girls, enlarging shoulders and chest and leg muscles as well as voice changes in boys. Both boys and girls tend to have a spurt in height as well, often bones growing faster than muscle mass and weight, which in many a pre-teen causes a temporary problem in coordinating longer legs and arms resulting in an apparent clumsiness and "gawkiness". In some pre-teens at least, some clumsiness is more due to embarrassment and bewilderment of sexual bodily changes which, of course, become apparent to others well before the self has assimilated and mastered the emotional stirrings these physical changes bring with them. Many a pre-teen experiences these changes gleefully, with pleasure and excitement, at "growing up". Most 10 to 13 year olds experience both pleasure and anxiety, excitement and alarm at these changes.

The development of adaptive functioning (detailed in Section 5.21, as well as those detailed in 5.24, 5.25, and 5.26) also heighten the awareness of the self and set the stage for the adolescent task of developing a sense of self-identity which will frame the personality of the adult-to-be. The sense of identity is a critical factor making for an increasing consolidation of the sense of self as an individual in a world of relationships, challenges, and enormous needs for adaptation and work. During adolescence, the many possible types of persons the child is capable of becoming will become sorted out and a much more specific personality type and individual will develop. This process is preceded during the pre-teen years by a loosening of adaptive patterns, self concept, and concepts of others which have stabilized during the 6 to 10 years period. We mean this in the sense that each new phase of development brings with it a reorganization of inner experiencing and adaptation, usually at a higher level of organization, and that this occurs during this period of development as well. See Sections 5.21 (Adaptive Functions), 5.23

(Sexual Development), 5.24 (Development of Aggression), 5.25 (Adaptive Functioning, Part 2) and 5.26 (Conscience Formation), for specific component developments that are integral to the changing self.

Relationships:

To Parents:

10 to 13 year olds continue to rely quite heavily on their parents for the gratification of emotional, adaptive, and physical needs. Parents also continue to serve as primary models for identification; the admiration for the parents continuing and wishes to be like the parents, where relationships between child and parents are good enough, continue to influence the child's efforts at coping with the many demands of life. Side by side with this continuing large reliance on the parents, the world of peers including siblings, acquires a new meaning and a new level of interest.

To Siblings:

There is an intensification of relatedness to siblings which may manifest in an increasing sense of comradeship but at the same time may bring with it increased harshness and hostility under the influence of a number of factors. For instance, the painful experience the child may have with her/his parents, or with a peer, may lead by displacement to the discharge of hostility toward a sibling. This may be toward an older or toward a younger sibling; it may be toward a same sex sibling or toward an other-sex sibling. On the other hand, gratifying experiences in relationships with the parents, or with peers, or in a classroom situation, may also by displacement lead to a warming of relatedness toward siblings.

The development of secondary sex characteristics which results from substantial biological stirrings within the self, will lead to an intensification of interest in the sexual characteristics of siblings. The natural condition in a home makes for a special problem: the constant presence of an other-sex sibling in the same house, exposures to varying states of dress, use of the same bathroom, the proximity of sleeping arrangements, make for more frequent exposure of a sexually stimulating kind, in the home more at times than in the external world. As a result, siblings are unavoidably attracted to and interested in each other's sexual developments and experiencing. These lead to conflict within the self due to already existing conflicts over sexuality which have their origins during the three to six years of life period, including among which are the child's own imposing of incest taboos. (More on this issue in Section 5.23).

Sibling rivalry will, of course, continue along the pathway that already exists between siblings and will be co-determined by the quality of experiences at home as well as experiences in the world outside the home. Because the peer group acquires a new level of importance, experiences in peer relationships both positive and negative will also become reflected in the relationships to siblings.

Siblings are in the unique position of being highly emotionally invested as a member

of the family and now increasingly as a member of the peer group. In a sense, siblings "bridge" a relationship between the universe of the home and the universe of the world outside. As a result they become critically important now at a new level of experiencing, even more than before although not yet to the level of importance that they will acquire in adolescence and even adulthood; yet they are important during the 10 to 13 years period in a unique way. That is, the child experiences the sibling as a "bridging" person to relationships, at a time when the peer achieves a new level of importance which brings with it the anxiety and stress created by the pre-teen task of preparing for and entering adolescence. We wish to emphasize that, of course, adolescence is the long period of development during which the child becomes transformed into the adult. This process is now beginning and brings with it the loosening of past internal stabilized patterns of adaptation, creating thereby a degree of instability, greater vulnerability to anxiety and inner stress. The sibling can then serve as a member of the family and a peer and under good conditions of sibling relatedness be enormously facilitating for the self, and under poor conditions of sibling relatedness intensify problems with peers and the world outside the home.

Relationships to Peers:

From 10 to 13 years of age, the development of self and relationships is influenced by the emerging awareness of new attractions to and interests in peers, both of the other sex and of the same sex. Crucial here is the influence of sexual growth which stirs much feeling toward, thought and fantasy about "the other" peer (in contrast to parent) as well as to the changing self. The peer of the other sex generally stirs high pitched feelings of excitement and of fear, even of bewilderment. The peer of the same sex generally is turned to in a new way, to share the excitement, fear and bewilderment these stirrings create.

As has already been said, the importance of the peer rose as the pre-teen experiences those remarkable biologically-induced bodily changes which initiate his/her evolving into an adult sexual being. We may wonder why the peer becomes so important to the self during adolescence, a development which has its beginnings now, during the pre-teen years. It is after all important that the centrality of our relationships to our parents shift to making the peer a central person in our lives. The selection of a mate in the early adult years is necessary for the survival of the species, for procreation as civilization has come to depend on. Changing from making the parents the most important persons in our lives to placing peers at a level of primary importance to us, must be set up by certain conditions; we cannot assume that such a shift would occur spontaneously. A number of factors can be called upon to explain this shift. First, is the fact that the peer has become over time, at the very least from preschool years on, the type of person with whom the child spends much of her/his time. The more the time spent in any situation the more one is likely to interact with that person or persons. And the better the chances for forming relationships with them, both for good and for bad. It is possible that in some instances, a peer relationship can be of such good and rewarding quality over the years that a child may develop a preference for peers rather than for members of his/her own family,

including the parents. It is however not likely, that in good family relationships, a peer will attain at this age the level of emotional importance to the self as the parents.

Psychoanalytic theorists and clinicians hold that some obligatory internal experiencing to which every child is subject, make an important contribution to this shift toward making the peer a more central person in one's life and to shift away from the central importance of the parents to the self. Because this development is primarily influenced by the evolving of the self as a sexual human being, we will discuss this issue in Section 5.23.

Relationships to Teachers, Other Adults, Idealized Figures:

Many a 6 to 10 year old child has already formed a relationship, at the very least within the child's own mind, with a preferred teacher, or a fantasy figure such as Superman or Spiderwoman, and has consolidated an attachment to one or more non-family person or such figure which serves the child in a variety of ways. A teacher may become an anchor for the child during the school hours. Moments of feeling isolated or distressed can be calmed by thinking of a preferred teacher who is in the same building. Experiencing the classroom which that teacher teaches may be a high point for the child which makes the school experience a valued one. Approval by that teacher can be elating, and disapproval painfully deflating. Idealized figures such as Superman or Spiderwoman, or other figures from myths and fiction may serve in the child's fantasies which are generated by the child in an effort to cope with feelings of smallness, low self esteem, or as goal models to aim for which sustain the inner feeling of self. Such figures can in fact be enormously influential in a child's self determinations and serve as models for the self for even a lifetime.

Non-Human Relationships:

Stress and anxiety brought about at this time by the obligatory changes in the self, may lead in many instances to an intensification of a relationship with a pet, a dog, a horse, in which the animal may become the object of intimacies, of worries, and even of affection. It is not uncommon for a pre-teen child who experiences difficulties in relationships with family members, be it more than average anger toward parents and estrangement from siblings, to turn to an animal and to feel the animal as a source of comforting, solace, and even understanding. Of course, many a child with a good relationship with parents and siblings may experience a pet in this kind of way.

5.2212 CHILD REARING: How to Optimize the Development of Self and Relationships

The Self:

Parents who are aware of the child's experiencing of the bodily and psychological changes which occur at this age period, and quite especially those resulting from emerging sex characteristics in their children, are more likely to appreciate their child's pleasures and excitements but also anxieties and bewilderment these changes bring with them. Given that they will know that their children are very sensitive to these changes, that when these changes occur earlier than usual or when they occur later than in other children of their child's peer group, will know that thoughtfulness needs to be exercised in drawing attention to these new developments. That is to say, parents who are accessible for questions, relatively tolerant of the ups and downs of feeling, of the mood swings that begin to be apparent, will obviously be better able to help their children. The child will experience the parent as one to whom the child can turn, can count on. Teasing about these changes may be experienced by some children as mortifying. Of course, the character of the teasing, how much it is loaded with hostility, is going to be highly determining of how the child experiences these.

In the same way, the emergence of clumsiness, the child's heightened self consciousness, will be better accepted by children whose parents do not react negatively to these changes in appearance as well as in behavior. Respect for the child's feelings while enormously important, does not mean that demands on the child to continue to act as a member of the family, to share in responsibilities around the house or for the child's own clothes, school materials, room or part of the room, should in any way be diminished. While the 10 to 13 year old is undergoing important physical and psychological changes, it does not mean that he/she is becoming less capable of meeting the demands made on him/her by family life, school life, etc. The thrust of what we want to say here is that continuing sensitivity, respect for, empathy for the child at a time of substantial inner stirring, can be enormously growth-promoting; and that such respect and considerateness carry with them a continuing expectation that the 10 to 13 year old will be a responsible member of the family.

In this vein as well, parents' continuing support of the child's academic efforts, doing homework, participating in and practicing sports or musical or other-talent activities is of enormous value, given that these extra-curricular activities serve pathways for sublimation and for creativity. All of these, of course, are an opportunity to enhance the child's self-esteem, feeling of increasing competence, the development of goals for oneself which at this time, in many a child, may have life long implications. (See Sections 5.21, 5.23, 5.24, 5.25, and 5.26 for specific aspects of the developing self and the ways in which parents can contribute to their growth-promoting development).

Relationships to Others:

To Parents:

Parents, sensitive to their children, will recognize their continuing importance to the child, especially in the functions they fulfill as a source of affection, concern and appreciation, as individuals who will help in organizing the child's work, in doing homework against the child's own resistance; as promoters of success in efforts, and to be

sure, as those most appreciative of the 10 to 13 year olds successes in all efforts and endeavors. The need for parental approval for what the 10 to 13 year old does, for controls over behaviors that are hurtful to the self and to others, is heavily relied upon by the 10 to 13 year old. In other words, parents are much needed by the child for continuing emotional needs as well as for guidance in adaptive skills, in effort and work, and in guidance for ethical and moral conduct.

Relationships to Siblings:

By now, the challenge to parents of mediating the relationships between their children has a long history. Like before, at times of heightened stress resulting either from development or from life circumstances, sibling relationships are vulnerable to becoming more troublesome and parents are by now well acquainted with the patterns of difficulty that emerge among their children at such stressful times. Given the biological stirrings of the 10 to 13 year old period and the psychological stresses these bring with them, parents should not be surprised if the relationships between their children tend to become more difficult at this time.

It is well to bear in mind that sibling relationships have both positive and negative experiencing components to them. Siblings are often very considerate, thoughtful and generous with each other. They often turn to each other for emotional support, for support in the community outside of the home, and even within the home at times of parent-child strife, many a sibling has attempted to protect another from parental hostility. Equally, sibling relationships can be hurtful, need parental guidance and parental mediation. Also important to know is that sibling relationships not only tend to be more difficult at times of stress for a given child, but that because there are more stresses during childhood than there are in adulthood, contrary to widespread conviction, it is well to anticipate that relationships between siblings will improve as the years pass and that even somewhat difficult early childhood relationships may evolve from late adolescence on and especially during adulthood, into relationships that are valued and occupy an important place in a person's life. It is well to bear this in mind because parents often wonder, at times of heightened difficulty in sibling relationships, whether their children will ever value their relationships to one another.

Especially valuable a contribution can be made by parents in the supervision of interactions between siblings of the other sex. Because of the conditions we described in Section 5.2211 (and we shall further elaborate on in Sections 5.23 and 5.24, sexual interest and feelings between siblings can lead to sexual activities between them which usually bring much guilt and often long standing emotional problems. It is, therefore, protective of their children for parents to thoughtfully and considerately keep an eye on interactions between brothers and sisters. Rationale for such behaviors between siblings will be further detailed in Section 5.23.

Relationships to Peers:

Parents' recognition of the growing importance to the 10 to 13 year old of peer

relationships places a large responsibility on the parents. Many parents are convinced of the importance of peer relationships for their children even from the second year of life on. Our position on this is as follows: The most important relationships in a child's emotional life during the first 6 years of life is to family members, parents especially, but siblings as well. Peer relationships during these early years can be very pleasant; but they become important only when there is an absence of good relatedness to family. Of course, when young children are in daycare, peer relationships become important because the child must learn to live with them from moment to moment. During the 6 to 10 years period peer relationships begin to acquire a greater meaning because first, by virtue of the child's being in school, he/she spends much time with that population. Secondly, a shift away from the parents at this age thrusts the child toward peers (see Unit 4, Section 4.23). Learning to get along with peers is important now in order to form a congenial enough environment in which the child spends many hours and where the child feels accepted. During this 6 to 10 years era, although the shift away from parents begins, the family continues to be by far more important to the child than are peers. But from 10 to 13 years on, the major shift in relatedness which we described in Section 5.21, namely, that life will eventually require the selection of a mate from a group of peers, that this will require heightening the importance of the peer to the self with a concomitant relative diminution of the importance of the parents as relationships at the center of our lives, this shift now gives the peer a new importance. Although this major shift eventually occurs during adolescence, a point we will elaborate in Unit 6, this shift to making peers more central to the self has its beginnings during the 6 to 10 years period with yet another increase in this shift occurring during the 10 to 13 years period when a new interest in peers emerges, one especially governed by the development of sexuality.

Parents, therefore, need to recognize the importance to the child of peer relatedness and to try to facilitate this in reasonable ways. Parents who welcome their children's friends into the home will facilitate the formation of peer relatedness. Parents who are respectful and considerate of their child's peers will become known for that. Children 10 to 13 years of age, and even younger, are highly aware of the reactions of their friends' parents to them. Invariably, 10 to 13 year olds value being welcomed, being respected and treated in a friendly manner. It is possible for a child who is well liked by peers to not be able to invite peers to his home where there is much strife, family problems, and especially a high level of free-floating hostility.

Here again, like with siblings, relationships between peers of the other sex require supervision and guidance. Needless to say, not all relationships between boys and girls become sexual relationships. Many a boy will appreciate the friendship of a girl and vice-a-versa, without it becoming governed by sexual interest and excitement.

Relationships to Teachers and to Other Valued Adults:

Parents know that their children develop special feelings for particular teachers from very early on in school life experience. During the 10 to 13 years period, they may find such a special teacher and find their child to have strong special feelings for him/her. A parent's approval, appreciation of such a teacher in the child's life will facilitate the child's

beneficial experiencing of such a relationship, even facilitating the child's identification with this teacher. By contrast, parents experiencing such an affection for a teacher with rivalrous feelings, or the parents' disapproving of such a teacher may be troublesome for the child and interfere with possibly desirable identifications.

Of course, parents may at times experience some concern when a child is especially courted by a teacher who may have some personal problems, leading to parental anxiety that their child may become enmeshed in a troubled teacher's problems. Such concerns are reasonable and have to be dealt with thoughtfully by the parents. For instance, the parents of a 10 year old boy were at a loss to know what to do when their son was invited by a male teacher to go to a ball game and to spend the night at the teacher's home. The teacher had always been very pleasant, very sensitive and attentive to this boy who was himself a very sensitive and affectionate child. The parents became concerned about the possibility that this good and pleasant teacher might have some sexual identity problem; knowing nothing of him, they were worried that he might be a child-interested homosexual. Concerns as these are unavoidable, even though they may be totally unwarranted. And, of course, sexual transgression of children are known to be carried out, more than is reported, by heterosexual adults as well.

Because children's fantasies at this age are usually essentially kept to themselves or brought into play in relationships with peers, parents may not learn about some of the child's idealized figures which play a part in their child's fantasies. These may become evident to the parents by some of the child's communications, or by the pictures the child may hang on his/her walls, but these may stay somewhat removed from the parents' awareness. Where they do become evident, parents have an opportunity to exert an influence by their approval or disapproval of particular idealized figures. The idealization of sports figures is quite common and may be prominently displayed on some children's walls. It is well for parents to know that such figures tend to serve as meaningful models for their child.

Non-Human Relationships:

Parents know when their children form a special relationship with an animal and recognize that such an animal can achieve much importance to the child. Some supervision in the way a 10 to 13 year old handles an animal may be required in terms of expressions of anger and hostility as well as extensive interest in the animals genitals and the child's attitude toward them.

5.2 EMOTIONAL AND BEHAVIORAL DEVELOPMENT

5.222 SOCIAL-PLAY INTERACTIVE ACTIVITIES

Interactions with peers and adults undergo a higher level organization during the 10 to 13 or so years span. This is part of the maturing and relative decentralization in importance and de-idealization for the self of one's parents which is accompanied by an increased degree of centralizing peer relatedness and the outside world. As we noted in Section 5.22 (Introduction to the Development of Self and Relationships), peer relatedness begins from even the first year of life (siblings) and then in daycare and preschool settings, but is of far lesser importance than the relationships to parents. Peer relatedness then acquires a new meaning during elementary school years due to actual as well as daily experience (being in school, having to adapt to peers one on one and in a group) as well as by psychological-emotional development (see Section 5.23, Sexual-Reproductive Life) which thrusts the child "outwardly" from the family toward the child's outside world, a world most populated by peers. The attraction to peers, which is evident from toddlerhood (second year of life) on, acquires new importance with an increase in social organization, the learning and setting up of rules by which to interact, by which to play (games as well as fantasy play), of social interactive patterns for one on one and one on group relatedness, varying with social contexts (classroom, playfield, parties, etc.). During the 6 to 10 years period, games and social play -- which differ in some respects between boys and girls (see Unit 4, Section 4.22) -- are among the pre-eminent contexts in which children learn to live with one another and to develop societal interactive patterns. The degree of stabilization of these developments brings with it an equivalent degree of comfort and adaptation in outside-the-home social interactions.

This stabilization, however, during the 10 to 13 years period is challenged by the pubertal bodily and psychological-emotional changes which begin to stir and emerge. The unavoidable recognition of bodily changes in self and peers becomes a powerful determiner of feelings, fantasies, and behaviors in social interaction. This results in more complex codes of behavior emerging in interaction between self and peer, one on one. With this too then, there is a beginning loosening of prior interactive regulations which will progressively re-organize and stabilize during the adolescent years to come.

5.2221 HUMAN DEVELOPMENT: Social-Play Interactive Activities

Games:

Much play activity during the 10 to 13 years period occurs in the context of games. These, as we have emphasized, are enormously important for the development of social

interaction by their structuralization, their reliance on rules and regulations, governing the way individuals interact with each other. A major forms of games consist of table games and sports. Table games tend to mostly be carried out one on one, such as checkers, chess, but can also be carried out in a small group, such as in Monopoly, Trivial Pursuit, etc. Similarly, sports games can be carried out in the one on one context or in the one on group (team) context. Individual competitive sports pit the self against either one's own past efforts as well as against one opponent such as in tennis, wrestling, etc. Other individual competitive efforts pit the self against a group such as in swimming, track, etc. The other major context of sports is in team efforts, where the self is an integral part of a team effort, such as in baseball, basketball, etc.

These activities during the 10 to 13 years period apply to both boys and girls. It is important to bear in mind that games are not only organizing of social interaction, of regulating the self's action and competition (aggression), but they are also sublimations, that is, they channel emotional energies into acts of creativity.

Other Sublimational Activities:

In some cases artistic endeavors are either continued or begun at this age in group contexts that make for social interaction, and again, structure conditions for peer interaction. Experiences in groups such as in the performance of music, vocal as well as instrumental, efforts in plastic arts (painting, pottery, sculpting, sewing, etc.) also create conditions for individual interaction with peers. Other artistic activity such as dance and theater tend to occur more during the adolescent years than at this time. There are of course exceptions. Such artistic group endeavors provide opportunities as well for competitive activity which again, is regulated by rules of social interaction. Pathways of sublimation are constructed gradually over the years, beginning usually during elementary school years and continuing during the 10 to 13 years period, opening important pathways for the channeling of vast emotional energies into acts of creativity, a magnificent pathway for adaptation.

Religious Group Activities:

Growing religious identifications accruing by now from prior religious school, church and temple attendance and family practices begin to stabilize during the 10 to 13 years period. This is in substantial part due to the recognition of society that the 10 to 13 year old child's capacity for understanding increases. For instance, increased cognitive functioning (with the emerging capacity for abstraction) brings with it an increased recognition of "facts of life", conceptualizations of God, the universe, the finiteness of one's own life, etc. This increase in capacity for understanding and abstraction brings with it not only much thought and even anxiety, but occasion for social interaction in these domains as well. Awareness of religious grouping affiliation and identity increases during this age and sets the stage for the remarkable intellectual activity, concerns for society, of a philosophical nature, typical of mid and late adolescence.

Sexual Activity in the Context of Interaction will be discussed in Section 5.23.

Antisocial Activity:

Although antisocial activity is more a phenomenon of first and second phase adolescence (see Unit 6), some 10 to 13 year olds small group activities can lead them into socially destructive acts of vandalism, violence, and even beginning drug and alcohol use. Often, children 10 to 13 years who are inclined to challenge authority and society may be the first to smoke cigarettes and drink alcohol, skip classes, etc. Cigarette smoking, is not of course considered an antisocial activity, but tends to be picked up quite later by some healthy adolescents. As with all other activities there are exceptions. Those 10 to 13 year olds most inclined to antisocial activities are most often driven to these by excessive loads of internalized hostile destructiveness accumulated in them by excessively painful deprivations and traumatic child rearing, and/or by rebelliousness against what they experience as too harsh parental authority of many years duration.

5.2222 CHILD REARING: Optimizing Social-Play Interactive Activities

Games:

Many a 10 to 13 year old has learned to play games accepting the rules and regulations set down by the peer group (which they inherit from the adult world) and no longer require parental guidance. Of course, in peer relationships, both with siblings and non-familial peers, parents are often still needed to mediate disagreements, to comfort a hurt loser, to help a gloating victor contain his/her vanity, to mediate their experiences in ways that are more congenial to social interaction and do not stir excessively hurt and hostile feelings among game participants. Complimenting a victor and helping him contain hurtful gloating, can be very helpful. We do not mean that children should be deprived of the pleasure of feeling victory; quite the contrary, feeling victory, feeling success, can enhance a child's well-being and self-esteem and should be supported by parents. It is when children become abusive of others with their victory that parents can help in containing that kind of behavior. It is also well for parents to recognize how painful loss in a game can be and to be sympathetic as well as supportive of a child who feels unduly hurt by a loss. Shaming and ridiculing tend to be hurtful themselves and compound the pain of having lost, and are generally not constructive strategies to use with children. Setting limits on too much complaining, on feeling sorry for oneself too much is better than humiliating and shaming.

Mothers and fathers who give some of their parenting time to coaching a sports team or any group activities in which their children participate, generally make an enormously important contribution to their children's as well as other children's increasing adaptation in social-play interactions. Although children may occasionally have difficulty with "Dad/Mom being the coach", or "Mom/Dad being the instructor", such difficulties tend to

arise from personal, common and normal problems children have such as in sharing their Mom or Dad, or in seeing Dad or Mom as authorities in the nonfamily world, or feeling the parent is intruding in the child's nonfamily world, etc. These need attention as well as discussion between child and parent so as to try to optimize the child's experience of the parent's generous contribution to the child's peer group. Many factors of very different kinds can operate to make a child feel embarrassed by or feel inhibited by a parent being a coach or group instructor. Usually, when these become apparent to the parent, talking with the child about his/her discomfort can be enormously helpful.

As is the case with other sublimational activities, parents attending their 10 to 13 year old children's group activities such as games in organized sports, can be of enormous importance to children. Although children may feel embarrassed when they don't succeed in their athletic efforts, feeling supported by their parents presence can be of large comfort to them. Then, of course, those children who do well in their efforts are much rewarded by being able to do so in front their parents. Many a child has reported, as have adults as well, on the profound disappointment of not having their parents attend a sporting event or a concert where the young 10 to 13 year old has excelled. Memories of such events can be retained for many years after.

Other Sublimational Activities:

The same principles apply to artistic endeavors as to the question of games. Parental support of children's creative efforts, whatever the artistic endeavor, make for much facilitation of such efforts.

It is especially in the domain of artistic endeavors that parents are needed to encourage a 10 to 13 year to practice his/her instrument of music. Parents know only too well the enormous effort that is required to attempt to master a difficult instrument, be it the piano, clarinet or a cello. No instrument is easy to play, and no one masters an instrument without enormous and continuous effort. Given the load of school and home responsibilities young 10 to 13 year old children already carry, it is an arduous task to practice in order to learn to play an instrument. Here, as in other parental efforts to encourage their children's work, a balance of encouragement, reminding, helping, complimenting work well done, are needed. Excessive efforts, too severe restrictions, of a child who resists making the effort necessary to develop such "extracurricular skills" can be costly emotionally (psychologically).

Religious Group Activities:

These activities are usually totally dependent on parental participation, identification, and valuing. Such activities, whatever the religion, whatever the parents own personal convictions, help the child to organize his/her own inner structuring of religious belief. This is equally the case for families that are highly religious as it is for families whose philosophy of religion does not include well structured participation in religious activities and practices.

Children who have the opportunities to speak with their parents, to engage in

discussions about facts of life, concepts of God and religion, the universe, death, are far advantaged over children who cannot discuss such issues with them. The hazards of parents not making themselves available to their children for such discussions with their children, is that they will seek answers elsewhere which will include their peers and where the information they get may not be as constructive as might that coming from the parents themselves.

Here again, as in games and other sublimational activities, parental involvement in group activities pertaining to religious life, can be a source of pleasure, pride, but also occasionally embarrassment to children. The same principles apply for parental involvement in such activities as for those discussed before.

Sexual Activity: Parental handling of sexual activity will be discussed in Section 5.23.

Antisocial Activity:

Children 10 to 13 years of age who engage in acts of vandalism, violence, or who begin to explore the social use with their peers of alcohol and drugs, are in strong need of parental intervention. While all 10 to 13 year olds will engage in some lying, petty stealing (such as of change from parents' drawers), perhaps even a minor degree of vandalism, parents should be alert to such activities and intervene in a guiding and limit setting way. Where youngsters engage in such individual or group activities repeatedly, parents are wise to turn to professional help for intervention given that the conditions underlying such activity usually need professional attention. Mental health professionals have much experience in helping parents and children who become overly involved in antisocial activity. Parents are especially well advised to consult professionals when repeated antisocial activity occurs at this age because it is a much easier task to intervene early than to allow such activity to continue into mid and late adolescence when treatment intervention of antisocial problems is much more complicated, requires much more effort, and may not succeed as well.

5.2 EMOTIONAL AND BEHAVIORAL DEVELOPMENT

5.23 SEXUAL-REPRODUCTIVE LIFE

During the 10 to 13 years, the biological and with it the long psychological-emotional transformation of the child into the adult is set into motion. Genetically preprogrammed sexual maturation, triggered and mediated especially by hormonal activity, creates sexual bodily transformations which become evident in puberty, the biological-physical event which launches adolescence. It cannot surprise us that what becomes visible bodily changes, the emergence of secondary sex characteristics, is the result of hormonal activity of months' and perhaps years' duration. The various factors that cluster into male and female secondary sex characteristics probably evolve after a preparatory period of hormonal and physiological-somatic²² activity. In girls, the growth of pubic hair, the budding of breasts, enlarging of the pelvis, and eventually the beginning of menstruation must be preceded by hormonal and physiological-somatic activity perhaps of some months' duration; these evolve gradually, overlapping in time. Step by step, these changes evolve into what we call puberty. Similarly, in boys, the growth of pubic hair, the enlarging genitalia and torso (including bones and muscle mass), the emergence of facial hair, the change in voice are preceded by hormonal activity probably of months' duration and "pubertal" boy.

Psychologically-emotionally, such biophysical transformation creates quite a stir within the self. It is a two-or-so years process which stirs and may jar the psychic adaptive equilibrium attained by the 9-10 year old, stirring feelings, fantasies, conflicts and anxieties, as well as pleasure and excitement all of which will launch adolescence. It is well to remind the student that the upsurge of sexual interest which is produced by these changes now is the **second** upsurge of sexual life. In Unit 3 we described extensively the **first** upsurge of sexual life which organized into the "family romance". Because of the critical conflict brought about by this family romance, as we described in Unit 3, a massive effort is made by the child to **repress** the child's sexual interests (see Unit 3, Section 3.23, The Beginnings of Sexual-Reproductive Life). As a result of the massive repression much of the child's sexual interest

and preoccupation goes "underground", into that component of psychic life which is repressed, becomes unconscious and is, therefore, not in the child's awareness. This repression which occurs in the 5 year old child, brings some degree of quieting to the 6 to 10 year old child's sexual experiencing, although such repression is never complete under normal conditions, but nonetheless leads to a substantial quieting of sexual interests and preoccupation. Now, with the biological changes which occur during the pre-puberty

²² **Physiological** activity refers to the functioning of bodily systems such as digestive (the internal processing of what we eat) or neurological (how the brain and nerves function), etc. **Somatic** activity refers to activity of bodily tissues and of the body as a whole. Thus a somatic illness is one where bodily tissues are affected by a disease process be it an infection like the flu, or an internal tissue destructive process like cancer.

period there is a gradual re-kindling of sexual interest and preoccupation, of sexual life.

5.2311 HUMAN DEVELOPMENT: Sexual-Reproductive Life

The Second Upsurge of Sexual Life:

There is clear evidence in 10 to 13 year old children's behaviors, in the interests they turn to, the questions they ask, the remarks they make, that there is an enlarging interest in sexual matters. Biology causes the awakening of the 10 to 13 year old's conscious interest in sexual matters. The psyche has to be ready for it, to tolerate it, allow it, and be able to deal with it constructively. Behavioral evidence shows that children of this age do experience a good deal of difficulty in mediating well at all times their sexual interests and preoccupation.

Anxiety about sexual matters manifests itself in a number of ways. Many a girl and boy will begin to be more protective of privacy when they change clothes or use the bathroom. They will no longer be as tolerant of nudity, of themselves or others, and will often react with embarrassment and, where allowed, demand for privacy when they are in the bathroom. Such request for privacy is a reasonable sign of discomfort and anxiety and, of course, is quite appropriate as a means of holding to oneself those changes and the fantasies they normally bring during this developmental period.

Some evidence of anxiety is also visible in the "regressive" behavior sexual interest brings with it. For instance, boys perhaps more than girls are likely to use crude "bathroom" language, begin to use vernacular expressions for sexual matters and at times obscene language. Many bathroom function jokes are heard during this time. Also indicative of regression is a child's toileting functions becoming messier. The child's room may become more messy than it had been in some time. The way the child dresses might be sloppier than has been. This increased disorganization and slovenliness seems dictated by more infantile behavior than had been current.

Of enormous importance emotionally, changes in the body make the child aware perhaps more than ever before that the child is a girl or a boy. The normal fantasies both already well-established boys and girls each now have of wondering at times, respectively, what it would be like to be a girl and what it would be like to be a boy, are now subjected to the test of reality. It is important to know that this psychological activity grows out of biological bisexual factors operating in each young person and is furthermore complemented by the identifications every boy and girl makes with **both** their mother and their father. Even children whose fathers are not in the home find some important father-figure with whom they identify. Whatever hopes a boy may have had, even if kept secret and shared with no one, of wishing that he were a girl will now be confronted by the biological changes which unequivocally tell him he is a male. Similarly, a girl whose identity formation has at times turned her to wishing she were a boy will similarly be confronted by the biological changes that affirm her femaleness.

The 10 to 13 year old child now has to come to terms with his or her specific gender given its clearly emerging physical manifestations. Needless to say, most male and female 10 to 13 year olds derive much pleasure and excitement at these new developments within them which can, indeed, affirm a long awaited ability to demonstrate being male and the proof of being female. Many children have long yearned for these developments.

A common other source of anxiety is that which is created in the child by either being one of the first of the child's peer group to develop secondary sex characteristics or being among the latest in the group to do so. Some children, of course, welcome being the first to develop such proof of their femaleness or their maleness. Others may experience these developments as being ahead of their own readiness for them and they induce in the child much anxiety with a wish to mask these developments, which in part accounts for the slovenly dressing some children evidence.

Yet another way in which the 10 to 13 year old's anxiety may manifest is in negative reactions toward parental love behaviors, be it in terms of hugging and kissing or in overhearing more private sexual events. Evidence of parental love behavior is, however, not always productive of negative reaction given that it is often understood as evidence of closeness between mother and father, which is enormously reassuring to children. Nonetheless many a 10 year old will react with disgust, with rejection of "mushiness", all in reaction to the anxiety sexual experiencing produces in the child.

Still another way in which their anxiety may manifest itself is in children's rejections of affirmations of their sexual interest. For instance, many a boy will deny that he likes a particular girl when his behavior makes it very clear to those around him. Similarly a girl may say that she hates a boy whom all of her girlfriends have ample evidence of her liking. Such denials and turning the feelings into their opposite (reaction formation) can take on a serious note, may last for some time, even until quite later in adulthood.

Sexual Activity:

Masturbation:

Most people, from adolescents to adults, are convinced that masturbation, a normal activity in both boys and girls, occurs for the first time at prepuberty and early adolescence. Most are unaware of the universal masturbatory activity that is amply evident in young children from about two years of age on. The five year old's repression which arises out of the conflict created by the child's "family romance", generally leads to a stopping of masturbation and the forgetting of early masturbatory activity. This is why the emergence of masturbatory activity in puberty or early adolescence is in fact a second emergence of it albeit it is remembered by most people as being the time when masturbation first began and now again, as before, is triggered by increasingly powerful inner sexual forces.

Because of the conflicts contained in the fantasies which stimulate sexual excitement and lead to masturbatory activity, efforts are made by the prepubertal child and adolescent to inhibit, to limit masturbation. Sometimes the inhibition can become as

powerful as the urges to masturbate and lead to a cessation of such activity in both boys and girls. In general, in boys more than girls, the inhibition is not as powerful as the inner propelled urges and while masturbatory activity can be contained, most normal pre-adolescents, boys more than girls, do not succeed in preventing masturbation. This matter becomes even more prominent in early and mid adolescence than during prepuberty.

Sexual Interactions with Peers:

One also can recognize the play of sexual pressures in symbolic form. Sexual jokes are discovered, as is pornography. Many a prepubertal child will share pornographic materials among peers with much joking and excitement.

Actual sex play between prepubertal children is common. It is not universal, but a number of children do engage in sexual explorations, both of the same-sex peer as well as of the other-sex peer. Many children who engage in such activity do so under some pressure both from within themselves as well as from the peer group, yielding both, again, in reaction their own internal stimulation as well as the fear of rejection by peers.

And we cannot close this section without drawing attention to the sublimations that emerge during this period of development, sublimations which emerge in large part as a means of channeling the sexual feelings that begin to be stirred up during the 10 to 13 years period in anticipation of their marked increase during adolescence. The development of these sublimations, artistic, academic, in mechanical skills, sports, structured group activities, serve the child well in creating a safety value for the benign discharge of sexual feelings.

5.2312 CHILD REARING: Sexual-Reproductive Life

The Second Upsurge of Sexual Life:

Parents can be enormously helpful to their children in their coping with the emergence of sexual feelings and interests. They should, however, bear in mind that, while children need parental guidance, they have much difficulty in talking with their own parents about matters of sexuality. Obviously, those children who have had the advantage of talking about all kinds of matters with their parents from early on in life are most likely to continue to be open to a degree with their parents about their sexual interests and what goes on in their world. The major inhibition children encounter in talking with their parents about sexual activity comes from the fact that having repressed their "family romance", (see Unit 3, Section 3.23) and given that the persons in the child's family romance are these same loved parents, there is an underlying problem (i.e., inner conflict and anxiety) to talking to these same parents about the child's sexual interests. Given that the component of the family romance experiencing which has become repressed still operates within the unconscious (pushed out of awareness) part of the

child's psyche, talking about sexual matters to the parents becomes overburdened with anxiety coming from this repressed source. This is one major reason why even most tactful, sensitive, thoughtful parents may find much resistance in their children's talking to them about their sexual concerns, activities, and even worries. This is also why schools can get more information across to children about sexual matters than parents themselves. Again, those parents who have had a talking relationship with their children from early on in life are more likely to succeed in this very sensitive and difficult sphere.

Parents are, of course, quite right to be concerned that their children might get into sexual difficulty, very much to their own detriment. The sexual drive, even though it is only beginning to stir again at this 10 to 13 years period, is powerful and the child does require parental guidance as well as controls in the activities to which it may lead the child. Much caution is required. Sexual activity which the child will unavoidably engage in, is quite reasonable and healthy and can, if too harshly treated, too severely prohibited, bring with it a marked inhibition which the child may have much difficulty shaking off in later life. Given that sexual activity is part of good love relationships in later life, part of a good marriage, part of the preservation of the species, too harsh and irrational attitudes towards sex will often, if not invariably, create problems for the child more than they will help.

The various ways anxiety may become manifest, some of which we described in the section on Human Development (above), should be handled by parents with consideration and sensitivity. Excessive sloppiness, excessive sexual joking, should be dealt with in constructive ways and not ignored. Reactions of disgust to parental signs of affection with each other, or to television programs which show a couple kissing, might be recognized by parents as evidence of the anxiety created in their child by his/her re-emerging sexual feelings and thoughts. Ridiculing children who so react is not helpful; humor can be. So can casual, brief if necessary, discussion about normal showing of love and its rich contribution to a good marriage.

Similarly, attention needs to be given to 10 to 13 year old children who never verbalize a sexual thought or reacts with severe criticism of any peer who makes a sexual joke. Too strict a prohibition or too severe a criticism of any sexual thoughts could be as problematic as too much sloppiness, and rampant sexual language, given that the extremes are problematic and should be mediated by parents. Here, when a child is too severe regarding a sexual joke parents might allow their humor, not teasing, to come into play to convey to the severe child the normalcy and acceptability of sexual interests.

Handling Sexual Play:

Masturbation:

Normal masturbatory activity is a private activity. It becomes part of parents' concerns only when it is carried out in public or in abusive ways. Masturbatory activity during family gatherings is inappropriate and here, parents can intervene to guide their child to carry out masturbatory activity in private. Parents are well advised to allow their children privacy, to not barge into their children's rooms without first knocking or to

disallow private use of the bathroom. Parental intrusion into the private self explorations of children at this age, tend to create more problems than be helpful. Profound embarrassment will often come with such intrusions and intensify children's prohibitions against sexuality to a degree that may be detrimental. All in all, children 10 to 13 years of age on, and even before this age, have needs for privacy, and however economic conditions make it possible should be respected by parents.

Sexual Interactions with Peers:

While children have a right to and deserve privacy in terms of their own bodily explorations and masturbation, such hands off policy does not apply to their discovery of sexual play between their child and a peer. Here, parental guidance, limit setting, and discussions of sexual play between peers being premature can be very helpful.

Parents may find it somewhat difficult to deal with the common occurrence of sexual interests between siblings. Such sexual interests may lead to intense curiosity as well as exhibitionism both of which need guidance by parents. In only too many cases, some actual sexual interaction occurs from this period on most commonly initiated by a prepubertal boy or girl with a younger sibling, or by a mid adolescent with a prepubertal sibling. Given that sex play between siblings can lead to much conflict, shame and guilt, and have even life-long negative consequences, parents are well informed to be alert to the possibility of sexual play between their children. It is not necessary to be harsh about such supervision, and it can become highly protective of children for parents to be aware of such possibilities especially starting from this age on.

Regarding children's interests in sexual jokes and in pornography, again parental guidance is warranted, given that pornographic materials can be highly stimulating to children this age; parents are wise to set reasonable limits on their distribution and availability to children this age. This does not, however, mean that children should never have a look at some nudity or even pornographic materials, but excessive preoccupation with these and too easy access to such materials should be measured and limited.

Sublimations:

Parents are well advised to know that sublimational activities serve as a magnificent channel for the discharge of sexual pressure in highly constructive and productive form. Supporting children's artistic, academic, sports, activities and the like are enormously helpful by giving the children outlets that are constructive and which will help them delay engagement in sexual activities to a more appropriate age.

5.2 EMOTIONAL AND BEHAVIORAL DEVELOPMENT

5.24 AGGRESSIVE BEHAVIOR

The 10 to 13 year olds genetically-hormonal induced bodily changes influence sexual development more dramatically than others. With these, bones and muscle mass grow more or less dramatically too. Of these, the bone growth precedes muscle frame and mass growth. The latter is more a phenomenon of mid-adolescence. This is critical for understanding whether or not there is an increase in aggressive behavior because of the intimate relationship between the heightening of aggression and the growth of the muscular system. Theorists of adolescence tell us that a large increase in both muscle frame and mass as well as aggression is part and parcel of normal adolescent growth, especially in boys. During the 10 to 13 years period, though, this upsurge of aggression which co-emerges with the enlarging muscle mass is only beginning to be set in motion. Only stirrings anticipatory to such development are evident. Observation and clinical experience point to increases in aggression during the 10 to 13 years period to be mostly reactive to stresses and anxieties commonly stirred in the 10 to 13 year old by her/his developments, namely, the sexual bodily changes that culminate in puberty (see Section 5.23), greater demands of school and the shift to middle or junior high school (see Section 5.21), and stresses in relationships at home and in school which accompany the increased shift of relatedness to peers (see Section 5.22).

5.2411 HUMAN DEVELOPMENT: Aggressive Behavior

The Continuing Development of Assertiveness and Hostility:

The demands of school, of peer relationships, and the physical transformations of the 10 to 13 year old and the stirrings caused by them are accompanied by some increase in aggressive behaviors. As we noted in the Introduction above, the physical changes that occur during this period tend to be more influenced by sexual development than by the development of aggression. An increase in aggression due to bodily-related and psychologically-related factors will occur during mid-adolescence; it does not yet occur during the 10 to 13 years period. It is more likely that the largest generator of increased aggression, be it assertiveness or hostility, are stress and anxiety; in other words, it is a reactive type of aggression. Even assertiveness during this age period may be of a reactive type.

There are differences in the expressions of aggression and in the intensity of aggression experienced by boys and girls during the 10 to 13 year period. The stresses and anxiety of this period bring an increase in reactive assertiveness especially evident in

boys in that well known masculine "macho" behavior, aggressive behaviors typical of sports efforts, where self aggrandizing and large muscle mass acts are especially exercised. This assertive aggressive behavior may be part of the boy's increasing "masculine" identity stirred now especially in some boys by the beginning sexual physical changes of their bodies. Recognizing their increasing masculine development, the pleasure of this beginning to emerge adult-form masculinity will bring an increase in such exhibitionistic assertiveness to a greater or lesser degree in different boys.

Such an increase in assertiveness is also evident in girls, especially among those who experience their changes in secondary sex characteristics and their increasing feminization with pleasure. Many a girl who has impatiently waited for emerging signs of her being like her mother or like grown women, will feel a boost of self-esteem with these changes and commonly with it, an enlarging degree of non-hostile, confidence boosting, assertive feeling.

In both boys and girls this reactive assertiveness will be further fueled and enhanced by feelings of hurt and injury which will generate hostility. The predominately well-treated 10 to 13 year old may channel such hostility-imbued assertiveness toward constructive goals, such as "I'll prove to them that I can do better!". However, in those children who have suffered much past injury and hurt, in whom a substantial load of hostile destructiveness has accumulated in their psyche, this reactive assertiveness may become overly invested with hostility and lead to antisocial behaviors. In general in children who have been treated quite well, have good family relationships, manage to do well enough in school, experiences that generate hostility in moderate doses can lead to an increase in healthy reactive assertiveness and increase their self-esteem, and fuel stronger efforts at school work and social interactions.

The Emergence of Antisocial Behavior:

Antisocial behavior which may have antecedents during the 6 to 10 years period in excessive lying, destructive behaviors, persisting rage reactions with destructiveness, are likely to become organized during the 10 to 13 years period at a new level. Whereas such earlier behaviors tended to occur within the family setting, the new shift toward peers and the outside world brings expressions of an overload of hostile destructiveness which has stabilized in the psyche to be enacted upon society and the external environment.

There is furthermore a clearer differentiation now in the ways boys and girls manifest their antisocial acts. We want to emphasize though that antisocial acts are not extensive during the 10 to 13 year period; they become much more of a problem during mid and late adolescence. But they do emerge in some prepubertal children, in some boys thrust by inner hurts and large loads of hostile destructiveness accrued in them at the hands of their parents and environment, and frustrated by numerous past failures in relationships and in school. Such boys may engage in defiance, rejecting, rebellious behaviors, flaunting rules and even safety regulations which may bring harm to property, to others, and to themselves. This is when, for instance, a boy may react to the stirrings within him of increasing masculinity burdened by much hostility by demonstrating to his peers how brave and powerful he is, like the 12 year old who climbed upon a local train

and, disregarding the information he had gathered in the past regarding its dangers, became electrocuted by touching the power line which energized the train. Obviously, such acts happen infrequently, but they do occur and may do so especially during this transitional time from childhood into adolescence.

Similarly, girls maltreated and abused may disregard the many warnings they have heard against dangers they may face. Some maltreated girls who yearn for a promising peer relationship, for the promise of love, may engage in premature and unprotected sexual activity that may lead to much too early pregnancy. Some maltreated and abused girls 10 to 13 years of age, in such acts may also yearn for a baby who they hope will love them, feeling that expectations of love from adults as well as peers is hopeless. Although hidden, the play of accumulated hostile destructiveness is large in such girls, becoming expressed in a rejection of past cautions and warnings as well as in directing hostility toward the self, a major contributor to their derailed behavior.

Other Manifestations of Aggression:

The increases in aggression generated by the stresses of this developmental period will play a part in 10 to 13 year old children's interactions with their family as well as with their peers. It is common, given that siblings are both part of family and are peers, that a heightening of aggression between siblings occurs at this age. Although siblings are a large source of mutual support, of cohesiveness in relationships, as all parents know only too well, they also get much of whatever hostility the 10 to 13 year old feels displaced upon them. Such sibling hostility may be transient and does not need to predict long lasting harsh and hostile relatedness. Nonetheless, parental guidance and supervision are very helpful.

We must also mention that some reactions include regressions as we noted in Section 5.23, in this case, however, it is in the face of increasing strength in aggression. Our children become frightened by the stirrings of their sexual feelings, they also become frightened by stirrings of aggression both by assertiveness as well as by hostile destructiveness. Again, among the defenses children may use in the face of an increase in aggression is the magnificent pathway of sublimation. And with regard to aggression, no sublimational pathway is better than that of sports and constructive physical activity.

5.2412 CHILD REARING: Aggressive Behavior

The Further Development of Nondestructive Aggression and Hostility:

We all recognize that nondestructive aggression (as in assertiveness) and hostility both fuel action, self protection and mastery, are essential ingredients for adaptation, the fulfilling of our goals, the mastery of challenges in the world, and that both are essential for successful life. At the same time, we all know only too well, aggression in the form of hostility can create enormous problems within the self, in human interactions, and in

society. It is essential that parents are aware of this complex contribution aggression makes to our children. It means, here as before and as it also will during adolescence, that parents must foster that aggression which is constructive and promotes good mental health and adaptation as well as achievement, on the one hand, and that they must help their children mediate successfully whatever hostility is generated within them by the numerous possibilities for pain and injury that exist in the young child's life.

With this in mind, it is well for parents to support the modest increases in both their boys and girls in assertiveness while they try to help their children mediate constructively whatever hostility is generated within them by current events. A boy's prideful display of hair on his lip accompanied by some assertive claim of growing prowess and strength is more likely to increase reasonable self-confidence when supported by parents than when ridiculed. On the other hand, such a boy's emergent defiance possibly accompanied by some nasty language could be dealt with by supporting his growing vigor and strength while limiting its expression in unacceptable language or manner. It is important to restrict the hostile component of the behavior without restricting the assertive component of it.

Similarly, a girl's larger claim to doing what she wants to do, expressing in non hostile tones a disagreement with her mother or her father should meet with tolerance, an appreciation of her increasing self confidence and assertiveness, and not be the subject for ridicule. Just like for the boy, hostile displays of defiance can be dealt with by limiting the hostile expression, especially when the language is foul, while the increasing assertiveness and confidence is supported.

It is of course important for parents to recognize that in supporting assertive behavior at this age they are also giving their children permission, both boys and girls, to strengthen in their respective identifications as male and female, an increase in feelings which accompany their emerging secondary sex characteristics and gives specificity to their evolving gender-self.

Antisocial Behavior:

All normal children 10 to 13 years of age will occasionally lie, occasionally cheat be it in games or in snitching a quarter from a parent or a sibling, events which are an opportunity for parents to reaffirm the expectation of honorable conduct with respect for others and what belongs to others. Such events are no cause for alarm.

Where children 10 to 13 become involved in acts that cause problems for other peers, family, home and property, on a recurrent basis and show strong evidence of disregarding reasonable rules and regulations requires parental attention. Behaviors as these, which we all recognize as antisocial, as disregarding of other people in a harsh and offensive manner, cannot be assumed to be part of normal development. In fact, the assumption must be made that some underlying disregard for others and society is at play and that this is usually the product of an overload of hostility toward others and authority accumulated from past experiences. It is well for parents to know that antisocial behavior which is persistent enough will probably require some professional input. Even in circumstances where parents believe they have been devoted, respecting and considerate

of their child, such behavior may indicate some underlying strain in the parent-child relationship or it may originate within the child himself/herself or come from some strong influence from a peer or a peer group. Whatever the origins of the behavior, when it takes the form of antisocial acts which repeat themselves with some regularity, strategies for intervention by parents can be facilitated by professionals who have expertise in preadolescent and adolescent behavior. Parents are well advised to know that such behavior during preadolescence can be seen as an opportunity for constructive intervention which can prevent the stabilizing of antisocial behavior during adolescence, a time when it is intensified and facilitated by normal adolescent developmental processes.

Other Aspects of Aggressive Behavior:

Again given the stresses and anxieties produced by this developmental period, hostile behaviors can be expected to come from even the best of 10 to 13 year olds. Again, parents can be guiding in such behaviors. This will especially be the case when such behaviors occur toward siblings, who is both family and peer and who is most targeted for the displacement of hostility.

One special caution to parents regarding hostility expressed by boys toward girls, or girls toward boys, be it in peer relationships or in relationships between siblings. It is common, perhaps more so in boys than in girls but girls are equally capable of it, for a boy to express hostility toward a girl whom he finds attractive and for whom he has difficulty containing his feelings and wishes. It is not uncommon for a boy to be hostile to a neighbor girl, or his older or younger sister as a means of protecting himself from a strong sexual attraction that he might not be able to restrain. The same can be said for a sister toward a brother or toward some nice enough neighborhood boy. In other words then, hostility in this case serves the child to protect against what he/she may feel to be feelings of sexual attraction experienced by the child as threatening. It is easy enough to identify whether this is the case or not, given that such hostility is usually directed toward a person of the other sex. This will be even clearer, when that type of behavior is experienced toward a girl, sibling or other, with whom the boy had a good relationship in the past. The same applies for the girl.

With regard to the channeling a substantial load of hostility, parents encouraging their child to put some of that energy into some constructive purpose such as practicing some basketball or some gymnastics, or some other motoric activity the child enjoys can be very useful. We do not mean the directing of such excessive energy into activities the child dislikes such as taking the garbage out, or raking the leaves. Obviously such activities are called for on the part of children in a household, but it is not wise to attempt to channel their hostile energies into such activities since proposing such activity may further heighten a feeling of being put down, taken advantage of, etc., and the varied minor distortions an angry child is subject to.

Of course, the best way of supporting a child's channeling higher loads of hostility into sporting activities is to support that child's interest in these and to be there when a child participates in games as well as complimenting success and encouraging effort even when that effort does not always succeed.

5.2 EMOTIONAL AND BEHAVIORAL DEVELOPMENT

5.25 THE CHILD'S ABILITIES TO ADAPT -- PART II

We return now to the major area of developmental concern, the child's growing capacity to adapt, to cope with external and internal challenges of life. In Adaptive Functioning -- Part I, Section 5.21, we took up the child's overall adaptation, his/her affective (emotional) reactivity and the development of cognitive functioning (intelligence). We held off the discussion which follows of other categories of adaptive functioning, because we felt that detailing some of the large demands made on the child by sexual and aggressive maturations would give greater clarity to why these adaptive efforts are made by the child and how parents might best help their children achieve good adaptation.

Now then, we will first discuss the continuing evolving of dependence and self reliance, then psychic defense mechanisms, and thirdly other highly valuable adaptive capacities such as empathy, altruism, and sublimation.

5.2511 HUMAN DEVELOPMENT: Dependence and Self Reliance

The 10 to 13 year old continues to be dependent on parents for **physical** (shelter, clothing, food), **emotional** (affection, emotional availability, comforting, etc.), and **adaptive functional needs** (guidance, limits, homework support, home chores, etc.). However, there clearly is a shift to greater self-reliance in many a 10 to 13 year old in the adaptive functional needs, many such a prepubertal child having already developed patterns of doing work (homework particularly) with no need for help from parents. Physical and emotional needs continue at the high levels as before.

As the 10 year old passes through the prepubertal stage, the increasingly clearer inner sense and image of self produced by the emergent physical verification (secondary sex characteristics) of being male or a female raises the awareness of the self to a new level. Every progressive new awareness of one's self which better defines the self, makes clearer one's complementing dependence on others and reliance on oneself. During the 10 to 13 years era, the emerging physical characteristics and verification of the self as male or as female builds upon, but also loosens, past self concepts and sets the stage for the large adolescent task of organizing and stabilizing one's sense of identity, as psychoanalyst Erikson said. The 10 to 13 years period is a transitional period from child to adolescent and therewith, a period of loosening of internal structures which had stabilized during the 6 to 10 year period occurs.

The more the emergent changes bring with them pleasure, excitement, arrival of long-awaited developments, to this degree will the child feel better, stronger, more self-

reliant. To the degree that these changes bring with them disappointment, fear, lack of readiness for these changes, the less the well being and the feeling of inner-sustainment. In this case, the self, while basically as self-reliant as before, is like at all times of stress, more likely to need to turn to others for support, calming of anxieties, the soothing of uncomfortable and unpleasant feelings, the answering of worrisome questions, the reassurance that things will work out.

The gender related changes of prepuberty which tax the child and make for a greater need to turn to others, now tends to turn the child toward peers more than before. Many children turn to parents for answers to questions pertaining to these changes as well as for support and reassurance in terms of the anxieties these arouse. But because much of the child's fantasy life associated with sexual changes make it difficult for the child to approach the parents, the child more readily turns to the same sex peer who now becomes a preferred source of information and private confidences.

Of course, parents still very substantially are needed for love, approval, guidance, limit setting and protection, food, shelter, etc. Peers become more and more important in social interaction, are needed for one on one and in group interactions, school related contacts and the emerging sexual interests which for the most part -- though there are exceptions -- are not yet verbalized or put into action. Where these are put into action at this age, it is usually in response to seductions by older peers (or adults).

5.2512 CHILD REARING: How to Optimize Dependence and Self Reliance:

The task for parents at this time like at other times, is to be available for the child's needs of the parents, the physical, emotional and adaptive functional needs. It is highly advantageous that parents respond adequately, appropriately, positively to such needs, while at the same time allowing the child to exercise self reliance, as well as to turn appropriately to peers which increases at this time. The child needs the parent's approval of his/her continuing efforts at self reliance as well as the progressive establishing of relationships with the peer group. It is an interesting challenge for the parent to on the one hand support the child's efforts at self reliance while at the same time being available for responding to the child's wide-ranging needs, especially the need for parental support and approval of the many efforts the 10 to 13 year old child makes.

It is well for parents to help the child extend contacts with peers, help select peers who contribute constructively to relatedness, peers of whom the parents can approve. Children do need protection against engaging in relationships with peers who may bring problems with them that could be of substantial consequence to the child. Clearly peers who give evidence of antisocial tendencies and behaviors should be screened by parents. There is no better place to learn about such behaviors than by inviting the child to have friends come to the house, where parents can have one on one contact with the peers selected by their child. Although children will tend to be on "better behavior" when visiting another peer's house, sensitive and interested parents will pick up within the available behaviors whether or not there is evidence of behavior that is troublesome as

compared to being desirable and growth-promoting.

No doubt most challenging for parents will be the prepubertal child's continuing need for guidance and growth-promoting limits.

5.2 EMOTIONAL AND BEHAVIORAL DEVELOPMENT

5.2521 HUMAN DEVELOPMENT: Defense Mechanisms

The student has learned that psychic defense mechanisms differentiate out of the child's capacity to protect himself/herself in the face of what the child experiences as a danger. Whereas a barking dog will frighten a 3 year old, the 10 to 13 year old is more likely to fear threats from a hostile peer bigger than himself/herself or a group of antagonistic peers. In addition though the 10 to 13 year old experiences fears that arise from within herself/himself. The fear of loss of parental love continues but now also fear of rejection by peers is experienced as a danger. Fear of failure in school, or in sports; fear of humiliation abounds. These internal sources of danger lead the child to experience anxiety.

As we said earlier, **anxiety** is the feeling produced by experiencing a sense of helplessness in the face of what the child experiences as a danger. Like at earlier years, it can range widely from modest anxiety to panic. Here too, to protect himself/herself against this wide range of anxiety the child sets up a variety of defense mechanisms. As we discussed in prior Units (e.g., Section 3.2521), defenses are also employed against feelings of depression, that painful affect experienced in reaction to feeling that a terrible event has occurred. As we said before, whereas **in anxiety** the experience is a perception that a catastrophe **is going** to occur: "My peers will reject me"; **in depression**, the experience is that a catastrophe **has** occurred: "I am rejected, I am worthless".

Remember that defense mechanisms are triggered by internally initiated painful feelings and seem to be programmed by the child in ways which cannot be governed by the external environment nor for that matter, by the child himself/herself. But we can predict what kind of defense mechanisms a child may use by virtue of having seen the particular child use specific certain defense mechanisms in the face of earlier specific experiences or situations. For instance, some 10 to 13 year old children will tend to use **obsessive-compulsive** defenses (organizing their behavior in a routinized or even ritualistic manner) in order to master feelings of anxiety arising from the feelings and fantasies stirred up by their developing secondary sex characteristics. A child who has used obsessive-compulsive defenses in the past can be predicted to also use these in the face of this new source of anxiety. Other children will more selectively use **avoidance** (staying away from) and **denial** (acting as if the source of anxiety and the anxiety itself or the painful depression did not exist). Again, children known to use avoidance and denial especially at prior stages of development may very well use these at this new phase in the face of high levels of anxiety.

An especially crucial development makes for an intensification of the use of defense mechanism during the 10 to 13 years period. It is that the stirrings of prepuberty proper, the preparatory phase and the earliest emergence of secondary sex characteristics, tend to loosen the stability of adaptive functioning achieved by the 8 to 10 year old and also challenges his/her developing sense of morality. This is so because self identity is

developing further. One of the problems it brings with it is that the hope of being someone other than who one is further restricted. Most children welcome the long awaited highly distinguishable signs of growing up. But most will also be made anxious by them. Defenses will be used to protect against this anxiety, e.g., **denial** of interest in sex, or its **sublimation** into creative work. In addition, every normal child whose identifications with **both** his/her mother and father may occasionally fantasy being like mother, or like father, will now experience a further definition of the self according to the child's specific gender, male or female. The boy's wish to be like his mother, the girl's wish to be like her father, will be confronted by the emerging changes of bodily sexual characteristics. Of course, this will be especially distressing to the tomboy as well as to a boy with more than average feminine leanings and identifications.

There are other sources of anxiety as well. While the growth associated with prepuberty is gratifying to most children, the increasing strengths of their bodies, in boys the enlarging musculature, may make some abused and/or otherwise traumatized children fear increasingly losing control of their overload of hostility. They may defend against the anxiety it causes by adopting a feeling of being weak, inept, and of underachieving (**reaction formation** [turning a feeling or state of being into its opposite: "I am not strong, I couldn't even hurt a fly!"], and **inhibition** [to stop an action, force or process]).

Some 10 to 13 year olds may feel "not ready" for their bodies to change, a major sign of growing up, and they may **regress**, revert to younger ways of behaving feeling and being. Work may be a source of anxiety as well. Some 10 to 13 year olds who do not do well in school may protect against feelings of failure, shame and depression by devaluing (**denying** the value of) school performance and education, or, more positively, they may try to accommodate and **sublimate** by putting much energy into another endeavor where they feel more competent and capable, e.g., like in sports. All in all, any experience, and there are many individualized ones, which causes high levels of anxiety, depression, shame, guilt, i.e., any form of emotional pain, may lead the child to using defense mechanisms to protect against feeling such pain. Excessive pain is unbearable; if we do not make efforts to decrease the experience of pain, being alive could be too painful. Thus, children as well as adults use defense mechanisms as a means of coping, and most usually as a means of giving one a chance to adapt and cope constructively with life. Of course, defense mechanisms when used too vigorously and too persistently may prevent the individual's making efforts to cope more constructively with situations that can be solved and outgrown.

5.2522 CHILD REARING: Defense Mechanisms

As we have said before, defense mechanisms are instituted by intrapsychic processes (reactions and functions) which the child cannot control, and which do not lend themselves to being influenced by the parents. Parents, however, can be helpful to their children in this area of development as follows.

First, understanding that such defense mechanisms operate within the child as a

means of helping him/her cope with troublesome sexual or destructive fantasies, conflicts, and feelings like hate, anxiety, depression, guilt and shame, can facilitate the parents' understanding of some of their child's behaviors. For instance, in appreciating the need for the defense mechanism of **regression** (to act and behave in a more immature way) will no doubt make a parent more sympathetic to a child's reverting to younger behavior than has been evident in the recent past.

Thus, a 10 to 11 year olds reverting to needing a parent's help with homework can be experienced by the parent not as an actual and long term return by the prepubertal child to a preceding developmental stage, but rather, as a temporary strategy which will provide the child a degree of protection and security that will then make it possible for her/him to return to the level of current experiencing even as the child makes further efforts to overcome the anxiety stirred by her/his new experiences.

Similarly, the parent who understands that mechanisms of defense help the child cope are more likely to find ways of being helpful, supportive and guiding. For instance, the parent who understands the play of **reaction formations** (turning a feeling one experiences into its opposite, such as feeling hate making the child behave as though he/she were feeling love) will keep a vigilant eye out for a child who is just too nice, never gets angry, never displeases the parent, and if by chance does so then suddenly experiences marked anxiety. Helping the child understand that being angry with people we love is something we all feel and that hostility can be contained even when one gets stronger, can be enormously helpful. The parent may then be able to help free his/her child from oppressive inhibitions against first feeling and then coping in acceptable ways with such hostility. Thus, the parent helps prevent the child's internalizing hostility excessively, enhancing also the child's mitigation of it by her/his use of reaction formation and other defenses.

Parents can be helpful to their 10 to 13 year old who may develop secondary sex characteristics earlier than her/his peers or quite later than they. The prepubertal child who develops early may be prone to experience a variety of individualized reactions including anxiety, shame, fear, use of a variety of defense mechanisms including messiness (dressing slovenly), uncleanliness (not bathe for days), and become irritable, easily angry, tearful, etc. So too, with the 13 year old child whose developments have not yet begun. Recognizing that such feelings, behaviors, reactions may be caused by such either too early or too delayed developments tends to make parents more sympathetic, tolerant of such behavior to a point, and intervene more helpfully.

To intervene helpfully means to do so with respect and caution, without undue intrusiveness, without forcing a child to talk about what is troubling her/him. It also means making a series of efforts, not just one or two, and above all, it means being emotionally available to the child and to listen closely and with interest and concern to what the child is saying. Parents who are too busy to listen and pay attention to their children invariably cannot be helpful to them.

5.2 EMOTIONAL AND BEHAVIORAL DEVELOPMENT

5.2531 HUMAN DEVELOPMENT: Other Adaptive Capabilities

The demands made on the self by inner pressures, needs, wishes and transgressive fantasies which cause anxiety, depression, and other painful feelings lead not only to the erecting of coping defenses. These also lead to those remarkable adaptive capabilities that richly contribute to our well being: empathy, altruism, and sublimation. Having begun to emerge in the early years of life, they continue to develop with each stage of development.

Empathy:

Empathy, the ability to perceive and feel what another person is feeling without oneself being subject to the same intensity of feeling, is further heightened by the awareness of one's own inner physical and emotional changes. It is also further heightened by observing physical and behavioral changes in peers who are at the threshold of becoming increasingly more important to the 10 to 13 year old. The emergence of a higher level of importance of the peer group, preparatory to its heightened importance in adolescence, contributes to the need for better tuning-in with peers who will not be capable of the parental level of attending to, paying attention to, and altruistically yielding to the child. Being themselves 10 to 13 year olds, peers are not yet able to altruistically lend themselves to the well being of another -- a requisite for growth-promoting parenting. Of course there are exceptions, including those who may be precociously able to be parental at this age, as well as those who by virtue of their hurtful past experiences will be totally incapable of such empathy or altruism. The shifting, increasing importance of the peer will demand better attunement to that peer for successful, rewarding relatedness. With this, a new demand for increasing one's capacity for empathy occurs in the 10 to 13 year old.

Of course, the experiences the child has had so far will substantially contribute to the 10 to 13 year olds increasing capacity for empathy. So will the child's inborn dispositions. Some 10 year olds will already have been known to be very sensitive to the feelings of others; some others, much less so. Some 10 year olds whose family experiences have been depriving or traumatizing may find this time period and that of adolescence one during which a second chance presents itself to begin to form rewarding, need-fulfilling relationships. Other 10 year olds who were so deprived and traumatized may join a cluster of new friends and in a group do to others what they feel was done to them, that is, become hostile and destructive. Others still, may isolate themselves further at this time.

Altruism:

Much the same can be said for the continuing development of **altruism**, that wish and tendency to be generous to someone at the expense of some moderate deprivation to oneself. We note again, that when altruism becomes excessive, it can rob the self of self concern required for healthy development and a good enough achievement of one's own goals and ambitions. Altruism is needed in relationships with peers. It is preparatory for that required in later mate-hood and eventually in parenthood.

Sublimation:

Similarly, during the 10 to 13 years period, a further organizational level of **sublimation** is achieved, preparatory to the large increase in sublimational activity characteristic of adolescence. The changes in the self, the increasing interest in peers, the heightening of inner pressures (sexual and aggressive), the heightening of feelings painful to the self (anxiety, depression, shame and guilt) are all conducive to the relieving capacity of sublimations. In the face of the need to mediate, to deal with, to rid oneself of these burdensome reactions and feelings, sublimational channels will be further developed and implemented. We all know only too well how artistic, creative activity, sports, are constructive ways "to keep youth out of mischief". It is because such sublimation pathways can harness the energies and interests which might otherwise lead to premature, irresponsible sexual and destructive behavior, that we have come to know how to help young people "keep out of mischief".

5.2532 CHILD REARING: Other Adaptive Capabilities

As we said before, one of the principal ways by which parents can help their children develop empathy, altruism and sublimation is by their own modeling of these. Although this is no guarantee for their development, the 10 to 13 year old whose parents are empathic will have a substantial advantage in this regard. The same can be said for altruism and for sublimation. This is so because identification is a major contributor to the formation of every child's adaptations and character.

Another way in which parents can enhance the development of these capabilities in their children is to be supportive of them when these occur. A father telling his 11 year old how generous he is in helping his younger sibling will give the child a feeling of pride about behaving so, which will then in turn bring pleasure to the child. This applies to both the child's exhibiting a moment of empathy or a moment of altruism.

Parents who do not encourage and complement these behaviors lose the double opportunity to approve of and to enhance the invaluable adaptive capabilities of their children. It is important to bear in mind though that supporting a child's efforts at empathy, altruism and sublimation, should not be an exaggeration of the child's achievements. Such support will enhance the child's efforts at such activities when they are truly demonstrative of such capabilities. It is well to bear in mind that helping the child in his/her capacities for empathy, altruism and sublimation will help the child form

good relationships and increase her/his capacity to work and to learn. It is well to bear in mind that these developments are the ones which will be those the child will have as an adult.

5.2 EMOTIONAL AND BEHAVIORAL DEVELOPMENT

5.26 CONSCIENCE FORMATION

We noted in Unit 3 as well as in Unit 4 that the child's conscience, as a structure of the mind which strongly determines the conduct and behavior of the individual, becomes organized during the 3 to 6 years period, and stabilizes at this new level during the 6 to 10 years. Contributions to conscience formation emerge from the near the end of the first year of life on, which from those early months already impact on and more or less influence and control the child's behavior. These, however, result straight-forwardly from the child's taking into her/his own mind the dictates, the prohibitions and the admonitions of the parents. It seems to be only during the 3 to 6 years period that the child begins to develop a conscience which has an authority that arises from within the child himself/herself. This conscience is organized and constructed at a level where the child's capacity has emerged for evaluating what is right and what is wrong, no longer just what is good and what is bad, a change powerfully determining of morality. This level of right and wrong knowing conscience stabilizes during the six to 10 years period.

We continue with discussing conscience as consisting of two major components.

(1) The **conscience proper**, the determiner of "Dos" and "Don'ts", that is of right and wrong, the **morality** component of conscience which by its disapproval produces feelings of guilt in the child. The clearest example of this component of conscience we propose is that wishing to destroy someone we value and/or love leads to feelings of **guilt**.

(2) The second component of conscience hold the image of the **ideal self**. Its contribution to conscience lies especially in the fact that when the child does or feels something he/she views as not in line with standards which constitute the ideal self, the child experiences feelings of **shame**. In other words, the degree to which the actual self behaves according to the standards contained within the ideal self, to that degree will the individual child or person feel pride and have a high sense of self-esteem; the more the individual behaves in ways that are removed from the standards that constitute the ideal self, the more the individual feels shame, a low sense of self-esteem, and a feeling of inferiority.

These two constituent parts of conscience operate hand in hand with some degree of reciprocity. That is to say, disregarding or violating a parental dictate brings with it not only a reaction of disapproval and some degree of guilt, it can also lead to a sense of behaving below one's standards which brings with it feelings of shame. Most commonly feeling guilt tends to also be associated with feeling shame. On the other hand, feeling shame does not always lead to feeling guilty. There are, however, differences between these two components of conscience; the most prominent, in addition to the different systems that govern each, are differences in their developments. Psychodynamically-oriented infant researchers and child developmentalists tell us that the first reactions of conscience which the child seems capable of and which pertain to the internalization of parental dictates and admonitions, are the reactions of shame. From near the end of the

first year of life when the child begins to internalize parental dictates, until into the fourth year of life, the predominant conscience reaction seems to be one of shame. It is the result then, of not living up to the standards the child is beginning to internalize which are laid down by the parents' dictates: "I like you when you do this", "I don't approve of your behavior when you do that". From about 4 years of age on guilt makes its appearance. A central theory of psychoanalytic conscience formation is that conflict due to ambivalence -- hating someone we love and, therefore, value -- created by the child's family romance (described in Unit 3) seems to be the central intrapsychic (within the mind) dynamic which leads the child to develop an agency within the self which determines what is right and what is wrong which stands in contrast to the earlier feelings of being good or being bad.

It remains an open question, whether the child younger than 4 years is capable of feeling guilt, i.e., "I have done something **wrong**". If we assume that the child experiences ambivalence, can feel he hates someone he loves (is attached to and values), prior to the age of 4 years, then it is possible that the child experiences guilt as well as shame prior to 4 years of age. That is to say, since the child is known to be capable of hating and loving from the middle of the second year of life on, then it is possible that a child is capable of feeling guilt from the latter part of the second year of life on as well as shame. One more note on the development of conscience.

The development of conscience is mostly determined by the child's relationship to his/her primary caregivers, whether there is only one parent or two. Conscience formation is strongly determined by a child's confrontation, especially from early life on in the context of limit setting, of approval and disapproval of conduct, of conflictual interaction (whether in actuality or in fantasy), **with those the child loves**. Prohibitions, punishments, by authorities whom the individual does not hold in high regard, in short for whom he/she does not feel love, does not lead to the internalization of right and wrong, and does not increase a sense of morality. School authorities, law enforcement agencies know only too well how frequently punishment fails even when it is quite harsh. The most powerful factor responsible for its failure, although there are other contributors, is that the person punished does not value, respect, in short "love" the authority administering the punishment.

Next to the parents, valued secondary relationships are next in line as effectors of the development of morality in the individual. Valued teachers, and especially now in the 10 to 13 year old the emerging in importance of the peer group, also have a substantial impact on conscience formation. This means that essentially, peers will begin to have a substantial impact on conscience formation from elementary school years on, although their contribution at this time is weaker than it will be as time goes by. It is especially during adolescence, when the child's internalized representations of the parents in their conscience is tested and revised against the morality -- rules of conduct and values -- of the peer group, that the impact of the peer group will be largest. Individuals vary in the extent to which the morality internalized from the peer group will modify or even dislodge the morality earlier internalized from the parent-child relationship. It is likely that where the relationships between child and parents has been good over time, the influence of the peer group in terms of changing the existing internalized morality will be

least. On the other hand, the more hostile the relationships between parents and child from early childhood on, the more likely the eagerness on the part of the individual to acquire new relationships which will be experienced less painfully, and the greater the impact of these new peer relationships on the modifications of conscience during adolescence.

Conscience formations continues to evolve and develop into adulthood and becomes more organized and stable during the third decade of life. It can, however, continue to be modified during the fourth and fifth decades and, under stress (e.g., conditions of war, torture, etc.) can undergo severe regression and reorganization.

5.2611 HUMAN DEVELOPMENT: Conscience Formation

The Development of Morality:

The 10 to 13 years period brings with it a soft loosening of conscience. The stability of conscience obtained during the early elementary school years, the 6 to 10 years period, is lessened by the increasing importance of the 10 to 13 year of the peer group. Seeing the peer group's different rules of interaction and conduct, of play and rivalries, from those of family life leads to the child's questioning the "Do's" and "Don'ts", what is right and what is wrong. But the play of this new influence on the child's existing conscience varies according to the kind of conscience which has developed so far. This however, does not decrease the 10 to 13 year old's capacity to experience guilt when he/she does something the child feels is wrong.

As noted above, theorists of conscience formation have proposed that the degree to which the child feels unloved, abused and hates, the degree to which hostile destructiveness has been generated within the child up to the time of conscience formation is a large determiner of how harsh the conscience will become or may lead to its mal-development and even non-development. Therefore, in children who are insufficiently well cared for and where a substantial degree of hostility has accumulated (resulting from frequent experiences of excessive unpleasure over the course of the first 10 years of life), the more likely is this child to develop a harsh conscience. Interestingly, given that conscience formation is dependent on feeling love for those one wishes to destroy, children whose relationships with their parents have been especially harsh and hurtful, where the child experiences the parents as rejecting and where a predominantly hostile attachment and relatedness have developed, such children's assessment of right and wrong will be biased or distorted by the excessive hostility they feel. Also, children who form insufficient attachments, who do not value enough those who care for them, will tend to have insufficient consciences, suffer from insufficient guilt in reaction to their hate and wishes to destroy, and will have the predisposition to becoming antisocial, delinquent individuals. All in all, children who are loved, respected and well cared for are likely to develop a substantially healthy conscience. A conscience

can be too weak, and it can be too harsh. The prime determiners of this are the degree to which the child loves and is loved in balance with the degree to which the child feels hated and hates. It is the balance of these two which in experiencing the wish to destroy the parent the child loves produces guilt.

The Development of Standards for the Self:

The fear of loss of love from those we need, value and love, and the fear of being abandoned by them, and the fear of being injured in punishment by them, give the child an inner sense of urgency to develop not only standards for what is right and wrong, but also standards for becoming the type of person the child ideally wishes to become. From this aspect of experiencing, standards for the self established during the first 10 years may lose some of their stability during the 10 to 13 years period, due to the beginning recognition of the wish for approval and acceptance **from peers**. This now still somewhat modestly active factor will be strongly influential to total development during the adolescent years.

This component of conscience gets its major contribution from the child's identifications with the loved and idealized parents. Just as the morality component of conscience can be too harsh or too low, so too the idealized image of the self can be too great and can be too little. Like with the play of love and hate in the structuring of the morality component of conscience, so too will love and hate play a part in the development of standards for the self. Namely, the better the relationship between child and parent, the better the child feels loved and loves, the less the intensity of hate (because less hostile destructiveness has accumulated over the first ten years of life), the closer the child will feel herself/himself to the idealized self, the more will the child's current self-esteem be.

During the 10 to 13 years period, idealization of individuals into heroes and heroines is directly linked up with the idealization of the parents. Although some of this continues during the 10 to 13 years period, an awakening importance of the peer begins to make some peer models for idealization. The highly cheered neighboring high school football star, or the pretty next door teenager, or the highly advertised all-A's achieving cousin, may add to the ideal self image and even modify the existing one.

5.2612 CHILD REARING: Conscience Formation

The Development of Morality:

By their behavior toward their child in approving or disapproving of the child's conduct, especially whether the approval is convincing and whether the disapproval is hostile or is mediated by sound love feelings, the parents will contribute to the child's own internalized approving and disapproving attitudes. The challenge to parents of setting limits in a loving but firm rather than in a hostile manner, in their expression of

feelings of love, of anger and even of hate toward their children heavily influence the way the child will experience herself/himself. In addition, by virtue of the degree to which they stir love or hate within the child for the self, by these they will determine the quality of the child's own conscience formation. During the 10 to 13 years period, the child's experience of hostility and hate toward the parent, never an easy experience for the hard-working parent, can become extraordinarily difficult to withstand. The child is growing now, is no longer small and it is much easier to feel "Oh, you don't mean that" in order to avoid the pain a child's hate causes the parents. Especially worrisome is the parent's wondering: "What she/he will be like in a few years" (i.e., as a teenager). Like earlier in life, how the parent reacts to such declaration of hostile feelings is critical. The parent who feels so injured that he/she reacts with sharp hostility to the child "You'll never amount to anything!", or "I hope your children talk to you that way!", is certain to create further hurt in the child with a further intensification of the hostile feelings and of guilt. The parent who reacts "I know you don't mean that" when this is exactly what the 11 year old means at the time, also creates intense feelings of self criticism in the child. In both cases the intensity of the child's counter-reaction against himself/herself will be intensified. This will add to the child's own substantial load of disapproval and self recrimination.

Like in earlier years, it is important that the parent takes the child's "I hate you" seriously but feels not hurt too harshly, trusting the child's long existing shows of affection. Where the parent is able to empathically (based on understanding the child's feelings) tolerate these, and at an appropriate moment -- not in the heat of battle -- reassure the child that the love the child also feels will win out over his hate is, indeed, certain to help the child resolve his/her feelings of rage and hate. Depreciating the child for expressing such feelings, inducing guilt beyond what the child will generate himself/herself, will only intensify the harshness of the child's own conscience and will bring with it more pain for many years to come. Understanding the child, knowing what the child's behavior means, what is causing it, empathy ("What is my child feeling and why?") in both attempting to understand and determining how to handle the child's behaviors, respect for the child, the use of some firm but non-hostile humor, being realistic, all can contribute positively to optimizing the child's conscience formation.

On Developing Standards for the Self:

Love, respect, firm limits, non-hostile humor in one's parenting are major facilitators in handling the unavoidable difficult (conflicting, hostile) interactions that occur between the growing 10 to 13 year old and his/her parents. It applies to this period of development as well as it has in the past and will in the future. Remember that when humor is hostile, becomes ridiculing and teasing, it then loses its ability of helping the 10 year old deal with painful reality and experience. The same can be said for limit-setting that is too harsh or too timid. Ridiculing, sarcasm, hostile teasing, taunting, bullying, inflexibility, too frequent punishment and abusing a child all make painful reality even more painful. These induce further pain and hostility as well as shame in the child, lowering the child's self-regard and self-esteem. Shaming the child when the child

expresses a feeling of defeat, or of rivalry, or of hate, also contributes to undermining the child's self-evaluation and self-esteem.

Given the high level of emotional investment the child has made over 10 years and continues to make in his/her family relationships, the child is in a vulnerable position for the induction of shame and guilt by harsh, inconsiderate handling of the child, his/her thoughts and feelings. Thoughtfulness, respect for the child superimposed on loving will protect the 10 to 13 year old against undue injury to his/her self-esteem, self-image, at the hands of his/her parents.

PARENTING FOR EMOTIONAL GROWTH:
A TEXTBOOK

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TEXTBOOK

UNIT 6

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UNIT 6

ADOLESCENCE: (13 TO 22 YEARS)

***PARENTING EDUCATION FOR EMOTIONAL GROWTH:
A TEXTBOOK***

UNIT 6

ADOLESCENCE: FROM 13 TO 22 YEARS

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UNIT 6: ADOLESCENCE

6.1 PHYSICAL DEVELOPMENT THAT DETERMINES WHAT THE ADOLESCENT CAN DO

Adolescence is the period when the transformation of the child into the adult occurs. It stretches from about 13 to about 22 years of age. The body obtains nearly the height, breadth, and weight of the adult-to-be. The bones, muscle mass, secondary sex structures, attain the physical form of the adult. Some filling out occurs during early adulthood, but the largest growth of these physical features occurs during adolescence. Not as visible as the remarkable enlargement of the physical structures and of the secondary sex characteristics, is a continuing significant maturation of the brain evidenced especially in new cognitive (intelligence) functioning.

Now as before, physical development is optimized when the adolescent feels valued, loved and respected, is well enough rested and fed and self-care is adequate. As before, emotional stress can affect physical maturation as well as function of bodily systems. These principles apply now, have before, and before and will in the future. We now know that stress can adversely affect the functioning of the immune system, weaken the individual's ability to resist and fight to infectious diseases; and it is also well known to cause a number of physical ailments such as headaches, gastrointestinal symptoms, heighten allergic reactivity, and more.

6.111 HUMAN DEVELOPMENT: Degree of Adaptive Capability/ Degree of Helplessness

Progressively, all the bodily systems underlying adaptive capability mature. This is especially so for the bone structure and musculature which stand out in their enlargement and increasing power. This is so in both male and female. The bone structure especially, which gives frame, height and volume to the body approaches its eventual adult size. The musculature develops jointly although somewhat lagging behind the development of bone structure. Notable in the male are the enlargements and empowering of the chest and shoulder areas as well as the upper leg and calf. Not only do these multiply enormously the adolescent's power, but with it also comes greater functional capability, a contribution made to adaptation by maturation of the brain. Physically, the body now becomes progressively as capable to function in the service of adaptation as the human is capable of. To be sure, this development is progressive with the largest increase in size and mass coming from mid adolescence through late adolescence. The adolescent, even from early adolescence on becomes fully capable of self care including toileting, feeding, and carrying out work required for home as well as for school. Physical functions that

serve socialization are such that the adolescent can communicate and interact self-reliantly.

We want to emphasize that although this large growth and development approaches the adult form already from mid adolescence on, it is not accompanied by a psychological and emotional maturation typical of adulthood. That is, while the adolescent physically approaches becoming an adult, there is still a large degree of emotional and psychological maturation and development which needs to occur in her to attain adult psychological functioning and capacity to adapt. Here, the adolescent himself/herself is often deceived by his/her own physical maturation and development to believe that he/she is capable of adult emotional and psychological adaptation. Although many adolescents are aware of this, many are not.

6.112 CHILD REARING: Degree of Adaptive Capability/ Degree of Helplessness

A good diet, well balanced in proteins and carbohydrates, that is consisting of reasonably lean meats, vegetables and fruit, are essential for growth that occurs during adolescence. Foods that are high in fats, salt and sugar are likely to contribute to adding bodily fat rather than enlarging bones and muscles. Junk foods are now well known to be more detrimental to health and development of the body than they are nutritious. Regulation of eating by parents can be enormously beneficial to the growing adolescent. This is especially secured when eating becomes a family gathering time. Of course, given the demands on both children and adults to work outside the home (in school and in the work place) the possibility for such family eating together occurs only in the morning and in the evening. The many benefits of such family gatherings at mealtime consist not only of regulation of eating habits and the securing that the adolescent is eating a reasonable diet, but it also brings with it, a time of family socializing, time for reportage of daily events and an opportunity for family togetherness. More on that in subsequent sections.

Insuring that the adolescent gets sufficient rest is not a simple matter. On the one hand, the adolescent progressively needs to be relied upon to know how much time he or she needs to put to doing homework, a matter of large consequence as the adolescent reaches 10th, 11th and 12th grades and beyond. On the other hand, going out and coming home very late on a school night, a 16 year old coming home at 12 a.m. for example, needs the attention of the parents for caring guidance and well meaning and firm limit setting.

Similarly physical self care and toileting, may need parental guidance and reminders at appropriate times. To assure health care parental guidance is imperative and often required during early adolescence and should no longer be required during late adolescence. Adolescents are not likely to want to go for a doctor's visit when ill, or may even refuse to go to the hospital in some emergency situations. For instance, a 15 year old girl who woke up during the night with intense abdominal pain resisted her father's

insistence that they go to the hospital. Reasonably coerced to go against her wishes, the doctor's examination in the emergency room picked up an acute appendicitis for which the 15 year old was operated on that same night. Indeed, the surgeon found a highly inflamed appendix which could have created very serious consequences had surgery been significantly delayed. Obviously, not all instances of acute abdominal pains are of this nature, nonetheless the parent of the adolescent will at times need to assume authority under conditions of health emergencies and impose on the resistant teenager the need for medical care.

We now know perhaps better than we did 20 years ago of the enormous advantages of physical exercise for physical health. Although most adolescents get exercise routinely in school, those who are not involved in some sport activity might do well to begin to develop some exercise routine of which there now of course are many, including stretching exercises, weight resistance exercises, endurance exercises as running, bicycling, etc. All of these enhance the healthy development of bony structure and the musculature and render the adolescent more effective in adaptive capability, lessening his/her degree of helplessness.

6.121 HUMAN DEVELOPMENT: Cognitive Functioning

It has long been known that a large increased capability for learning occurs during adolescence. Studies in the development of intelligence, especially those carried out by Jean Piaget, a Swiss psychologist, show that from early adolescence on and especially from mid adolescence on students become capable of abstract reasoning, a critical function in thinking, learning, explanation, and problem solving. By abstract reasoning, we mean the ability to infer a phenomenon from observing another, and also we mean the ability to condense a larger amount of information into a smaller rendition of it drawing from the larger mass of information its essential components. These are, of course, basic steps required for all kinds of problem solving, and for intellectual and theoretical type thinking. In short, these capacities increase intelligence and are essential for advanced learning and training for the many professions in our society. Biologists and physicians assume that this increased intelligence functioning is the result of further maturation of the largest part of the brain known as the frontal lobes. This part of the brain is the one most believed to distinguish human beings from other mammals. To be sure, there is much about this development which we still do not understand. For instance, some intelligence theorists have said that it is in mid to late adolescence that a human being achieves his or her highest potential development of intelligence. That is, they assume that the individual does not become more intelligent beyond this point but does continue to acquire new information, develop new skills, and achieve greater functional intelligence capability. We cannot be certain that the capacity for increasing intelligence does not continue into adulthood.

6.122 CHILD REARING: Cognitive Functioning

The same principles of child rearing apply for facilitating and enhancing the development of brain structured function as for the overall physical development of the adolescent. We want to add that it would be wise to assume that the more one facilitates the adolescent's functioning in thinking, as is of course achieved by learning in school, doing homework and studying, that such functioning may enhance the actual maturation of the brain and the components of the nervous system that serve intelligence functioning. Clearly, this assumption is hypothetical; we cannot yet be certain whether making certain demands on the brain to function actually enhances the development of that part of the brain which carries out this function. We do now know that parts of the central nervous system need to be activated (made to function) in order to develop both in their structure and in their functioning. For instance, physicians know that an infant who is born with crossed eyes, because he or she sees a double picture when looking at something, will suppress vision in one of the eyes in order to obliterate the double image the infant sees. The experience of seeing double is very unpleasant. Quite automatically a very young child will suppress the vision from one eye. One of the serious consequences of this suppression of vision in the one eye is that the eye structure which makes seeing possible will break down, will atrophy (which means diminish in size and function) and that eye will lose the ability to see. Because the eye is not made to function as it is suppose to, the organ loses its ability to function. Whether such a principle can be applied to the development of brain which serves intelligence it has not been ascertained and therefore is only an assumption. It might however be wise to assume that facilitating an adolescent's ability to use his/her ability to think, intelligence functioning, might not only make the adolescent more capable of learning but may in fact help to secure a more optimal development of its intelligence central nervous system apparatus. This of course only requires parental guidance in the adolescent's study habits, in making as pleasant and rewarding as possible the adolescent's efforts to learn, to study, and to do his/her homework.

6.131 HUMAN DEVELOPMENT: Sexual-Reproductive System

Part and parcel of, and highly determining of the bodily changes in the adolescent as a whole, is the remarkable development of secondary sex characteristics. These body structures develop fully over the course especially of mid adolescence into late adolescence. Many an early adolescent may already be quite fully developed with regard to these features of the body. Physically, the 18 year old looks like a man, like a woman. The genetic (preprogrammed within the genes to develop at this time) and hormonal factors responsible for the development of these secondary sex characteristics clearly influence the shape of the bony frame of the female and the male, the muscular distribution as well as the fat deposit distribution which give the human body its male and

female shapes.

There are clear differences in the shape of the male and the female body. With regard to the bones, on average the male frame is taller than the female; with regard to the pelvis, the female pelvis is broader than the male's, we can assume because (1) the female pelvis must have the space to contain an enlarging uterus during pregnancy and (2) the opening at the bottom of the pelvic "cradle" must be large enough to allow the passage of the baby at birth. Fatty tissue distribution also varies between male and female, a larger amount of fat being deposited in the hips of the female as compared to the male. The muscular distribution varies as well, with the male chest and shoulder as well as the legs having larger muscle mass than in those of the female. Hair distribution varies as well with the facial hair becoming progressively heavier in the male than in the female.

The primary sexual organs and the secondary sexual characteristics are well known to differ in male and female. In both male and female a further development of the external genitals occurs, being accompanied in the female by remarkable internal developments with regard to the ovaries, the uterus, and the vagina. The mammary glands (the breasts) of course also undergo growth in the female at a variable rate, beginning in prepuberty in some girls but until early adolescence in others. The full development of these does not occur until mid adolescence and in some adolescent girls not until late adolescence.

Functionally, the reproductive system also now achieves its adult potential. It begins in some girls and boys in prepuberty, attempts to begin in those who did not begin earlier during early adolescence and progressively stabilizes during mid adolescence. In girls, menstruation which has not already occurred in prepuberty, usually occurs in early adolescence, this being indicative of the maturation of the ovaries and their production of egg cells. In the male, the production of sperm, the male cell required for reproduction, becomes produced from early adolescence on. Both these developments in the female and the male generally produce the capability of achieving orgasm, which in the male is essential for the discharge of sperm. It is not clear whether orgasmic capability occurs prior to the time of prepuberty-early adolescence.

6.132 CHILD REARING: Sexual-Reproductive System

Here again a good diet, enough rest, a good program of exercise, and reasonable hygiene are essentials for supporting healthy development. Much anxiety is experienced by the adolescent with regard to the development of the body as a whole, but especially in the area of the development of their physical sex characteristics. A boy whose body during early adolescence does not develop apace with those of his peers may experience much distress, feelings of inferiority, and much worry about his body not being normal in development and function. On the other hand, boys who tend to mature well in advance of their peer group, those whose beards begin to show earlier than others and whose voices change quite earlier than those of the peer group, may also experience some anxiety about their precocious development. In girls, early menstruation and early breast

development may cause many a girl to be self-conscious, not feel ready for these early maturations; and, equally if not more problematic the late maturation of both breasts and menstruation may be experienced as alarming, indicative to the young adolescent of there being something wrong and become a source of shame and even humiliation.

In all these, parents can be enormously helpful in being sympathetic, allowing the child to register, verbalize such feelings of distress or anxiety and where necessary getting a medical opinion regarding developments that are delayed especially, but also developments that occur too precociously. Here, of course, too precociously would mean say a girl 8 or 9 who begins to menstruate and/or develop breasts which would most likely have been attended to by parents during that era. Most commonly, distress, anxiety, and shame seem to occur with delayed maturation of these secondary sex characteristics which may bring a feeling of doubt about oneself, an experience which can be lessened significantly by attentive, sympathetic parents who encourage communication within the family. Here as elsewhere parents who have any questions should not hesitate to consult physicians, remembering that indeed an ounce of prevention is generally worth more than a pound of cure.

6.2 EMOTIONAL AND BEHAVIORAL DEVELOPMENT

As in the rest of this curriculum, the model of adolescence which we use is that proposed by psychiatric-psychoanalytic theorists of development. There is some disagreement among these theorists with regard to when adolescence ends and early adulthood begins. Our plan is to follow the model which proposes that adolescence covers the age period from about 13 years to about 22 years of age. This model proposes that early adulthood overlaps with late adolescence, early adulthood extending from 18 to 22 years of age until about 28 to 32 years of age. We will consider adolescence as consisting of three subphases: early adolescence extending from about 13 years of age to about 15, mid adolescence extending from about 15 to 18 and late adolescence extending from about 18 to 22. Our aim is not to suggest exact years for these subphases; we hold as do many clinical experts that each child has his/her own schedule of maturation. Nor do we believe that these subphases are sharply delineated from one another, be it from early adolescence to mid adolescence or from mid to late adolescence; rather, we consider these to flow into one another, constituting an overall continuous adolescent phase of development. All in all, of course, all development is continuous, one phase flowing into the next rather than being sharply delineated from the next.

Adolescence then, is that phase of human development during which the child progressively, gradually, complexly becomes an adult. It takes about 10 years to traverse this period of development. Vast as the physical and the endocrinological (hormonal) developments and changes are, so too the psychological-emotional maturation and developments are rich, complex, and remarkable.

Indeed, adolescence is now recognized as perhaps the most taxing, the most demanding for all, the adolescent, the parents, as well as society. Consider some of the problems schools encounter with their adolescent population, and regrettably, even law enforcement agencies. Psychodynamic (especially) psychoanalytic developmentalists say that it is especially due to a cluster of inter-related developments emerging from within the prepubertal youngster himself/herself that these difficulties, these demands made on both the adolescent, the parents and society arise. Perhaps foremost is the very challenging pressures within the teenager to establish himself/herself as an entity with an inner sense of being an individual, having a sense of cohesiveness and organization of a self capable of adapting to the demands of life and society. Erik Erikson proposes that a major task of adolescence is the development of "ego (adaptive self) identity".

The development of the self of course has its beginnings in the earliest weeks of life and has evolved, step wise in complexity and in organization to the present. One of the major differences now as compared to earlier in this process of becoming a self is the large changes within the self brought about by the need to decentralize the relationship to the parents in the child's emotional life. The parents who up to now have been the most significant individuals to whom the child has been attached and who have most impacted on the child's emotional life must during adolescence be placed gradually at a less central place in the child's emotional life, to make room for and prepare to place center stage a selected peer with whom the eventual young adult will begin a lifelong relationship,

namely a mate. Preservation of the species requires this. The parents, who will forever retain a highly meaningful relationship to the child, are now viewed by the progressively developing adolescent as less omnipotent, powerful, becoming relatively reduced in size so to speak and the relationship to them less central, i.e., less all-influential, less governing of the self. If this is not gradually achieved by the adolescent, the chances are strong that the placement of a selective peer at the center of one's life in young adulthood will not be possible. Biologists assume that the preservation of the species is best insured by the mixing of genes from young adult members; this combined with sociological and religious incest taboos makes it necessary for each child to lessen the centrality of the parents in one's emotional life and to make place in his/her emotional life for a peer, a mate, the future co-parent of the individual's future children.

A number of factors play a part in bringing about the key changes which occur in the young person during this major developmental period. These bring with them a jarring loose of what to the present has become stabilized within the child, those long established inner developments, patterns of adaptation and behavior. We shall address in the sections that follow, this necessary jarring loose of existing stabilized developments and the changes that occur in the sections which follow.

Foremost among the changes that occur are (1) changes in the self as well as in human relationships, with revisions of concepts of the self associated with the decentralization of the parents as the foremost relationships to progressively heightening centralization of peer relatedness, an achievement which will culminate in early adulthood with the selection of a mate. (2) There are important changes in sexual-reproductive life of large consequences to the development of the self and relationships. (3) With the enormous enlargement of the physical self there are significant changes in aggressive behavior and in the further development of means to optimize and mediate aggression. (4) There are also changes in overall adaptive capability, including especially the increased capability for learning and problem solving, as well as for finding one's place in the social group (society), and in the relative increasing degree of self-reliance and changes in dependence on others. And, (5) there are important changes in the development of conscience formation. Each of these will be taken up and detailed in their respective sections which follow.

6.2 EMOTIONAL AND BEHAVIORAL DEVELOPMENT

6.21 THE ADOLESCENT'S ABILITIES TO ADAPT -- Part I

Much adaptive capability has already developed. Considering this development using the psychosocial model of Erik Erikson, that of adaptive-self identity, here is the developmental ground covered by the child entering adolescence. During the first year of life much effort was put into the development of basic trust, essential for the infant's sense of well-being. Those who fail in the achievement of a sufficient sense of basic trust are burdened with a sense of basic mistrust which can more or less significantly undermine the infant's sense of well-being. Bear in mind that in considering this development we are speaking of establishing a foundation for the development of personality and how the individual child will be able to adapt to his/her inner and outer life, upon which the quality and character of his/her personality development will depend. We may consider this as the foundation upon and out of which the child's adaptive capabilities will be built.

During the second and third years, with a good inner sense of basic trust established, the toddler moves to a new adaptive level, that of developing a solid emerging sense of autonomy. Where this sense of a feeling of autonomy fails a sense of shame will be experienced by the toddler.

Then, during the 3 to 6 years period the well functioning child, the child well supported and appreciated in his or her environment will develop a sense of initiative. A good sense of basic trust, a good sense of autonomy, facilitate the development of a good sense of initiative. Major obstacles to the development of a good sense of initiative come from poor earlier adaptive capabilities as well as from significant problems in adapting to the 3 to 6 years period resulting in an intense sense of guilt. Such a sense of guilt interferes more or less heavily with the child's growing ability to adapt to life outside as well as to emotional life within himself/herself.

During the elementary school years and the pre-pubertal period, from ages 6 to 12 or so, Erikson emphasizes the development of a sense of industry versus a sense of inferiority. During this developmental era, the child's adaptive capability are most forged by the child's experiences in school and at home with regard to a child's growing ability to carry out tasks required in each situation. The feeling that "I can work effectively", "I can do what is required to achieve the goals assigned to me" not only promote the establishment of a sense of industry but, like in the earlier phases, contributes greatly to the overall sense of self esteem and self confidence. The inability to carry out the work required to achieve tasks assigned to the self, the inability to attain goals established by the child or by the adults around him/her, will lead to a sense of not being able to meet the requirements for performance and result in a sense of inferiority. This, of course, undermines the child's self esteem and self confidence.

The youngster on the threshold of adolescence has characteristic ways of coping with stress, with frustrations and disappointments, with anxiety, depression, anger and

hostility, which are familiar to the self as well as those around her/him. Characteristic modes, typical reactions to events, are well known to all. So too, characteristic patterns of working, whether at school, in doing homework, with chores at home, all are well known to the self, to parents, siblings, teachers, and even classmates and neighborhood peers. Equally, ways of coping with internal fantasies and conflicts, more or less known by the child and those in his immediate environment, are quite stable by now especially organized by obsessive-compulsive modes of adaptation typical of the elementary school years era. Now with entry into adolescence, new demands are made on the youngster which challenge these established and well known ways of coping. Erikson proposed that the overall task for adaptation of adolescence is the development of a Sense of Identity versus a Sense of Identity Diffusion. Many challenges which we shall describe in the sections which follow call for revisions in adaptation, not complete by any means, but nonetheless quite substantial. Increasingly during adolescence, the self experiences the need for revisions in ways of coping which increasingly by late adolescence regain stability and cohesiveness. This leads to an increasingly formed sense of self with well delineated features, as a progressively further defined sense of being a male or female, a student motivated toward college or a learner of a trade, one who does effective work (when successful), a music lover, or a book reader, or a basketball player, etc. This self is surrounded by specific people with whom he/she has a typical relationship, with parents, siblings, specific friends, commonly ones with similar interests, hopes and ambitions. Where adaptation does not progress successfully, this stabilizes too with a resulting feeling of inadequacy in one's adaptive functioning (generally or in specific areas such as in school learning), and with a sense of diffusion in one's identity.

In the 3 sections that follow we address key aspects of the adolescent's adaptive system. As we have done in earlier Units, we shall take up other major aspects which pertain to our adaptive system as the state of dependence/self-reliance, the development of defense mechanisms, and other major adaptive capabilities (sublimation, empathy and altruism) after we have discussed major areas of emotional experience which strongly influence adaptive functioning, e.g., the evolving of the self and relationships, the development of the sexual-reproductive self and the development of aggression. To be sure, one could look at those processes that serve adaptation in ways different than we employ. We have worked with the model we have used here for several decades and find that it richly explains what can be most useful for parents and parents-to-be to know. It explains important aspects of experience which spell out not only the steps by which development progresses but also lays out ways in which parents and parents-to-be can understand their growing child and therewith better know how to facilitate, indeed to optimize that development and the child's ability to love, work, and play as a healthy, productive, and constructive member of society.

We emphasize that although the 13 to 22 year old's ability to adapt constructively is now most determined by her/his own inner up-to-the-present developed capabilities, parents can still be enormously helpful to their children during adolescence. The parents' greatest opportunities to help their children become emotional healthy and adapt productively come during their children's early years of life, the earlier their efforts, the more influential they are. But much opportunity presents nonetheless during

adolescence.

6.2111 HUMAN DEVELOPMENT: Sleep-Wake Patterning, Dreams, Night Terrors

Along with the loosening of some adaptive patterns, in many a teenager wake-sleep patterns are subject to some change. Generally the early adolescent seems to need one to two hours less sleep than he or she did in the few years before. This is most evident in the increased resistance to going to bed at the same hour as in the past few years. This becomes even more marked during mid and late adolescence. Then, however, socialization factors and, for some, the increased demands of homework may play a large part in the resistance to going to bed as early as before.

In addition, mild and more troublesome sleep disturbances occur as well. As before, physical and emotional stressors play their part as sleep disturbers. These are essentially the same as those that have created problems for the child in prior years. Among physical disturbers of sleep are illnesses, allergies, excessive noise, too much light. Among the psychological stressors are the numerous concerns about the self, relationships, school, with regard to the child's own performance; parental strife, arguments, even of course, separations and divorces. The last may weigh heavily on the child's mind and be experienced painfully which disrupts sleep both in terms of going to sleep and in waking (often due to disturbing dreams) during the night.

Dreams, that nightly event in every person's sleep, become disturbers primarily when they awaken the adolescent during the night. They may of course also account for the adolescent's "bad mood" in the morning; "getting up on the wrong side of the bed" is usually caused by disturbing dreams. In some instances where dreams are regularly disturbing, the adolescent may be anxious at bedtime and may have difficulty falling asleep, "lest I have bad dreams". The occasional teenager who has night terrors will experience these with equal disturbance as in earlier years. Again, night terrors are distinguished from dreams by virtue of their occurring during deep sleep, in contrast to dreams which occur during light sleep ("rapid eye movement" or REM sleep), and contents of the night terror cannot be remembered whereas those of dreams often can. Also, now as before, night terrors are much more disturbing emotionally than dreams to the adolescent and are more likely than bad dreams to create going to sleep problems, again, due to the fear of having a night terror. In addition to these issues that disturb sleep several specific to adolescents must be added as well.

One of the uniquely specific and typical sleep problems which occurs commonly during early and mid adolescence is the difficulty in falling asleep due to the highly conflicted issue of masturbation. Most adolescents have some conflict about their newly rediscovered masturbation. We say rediscovered because manipulations of the genitals associated with erotic sensations are common during the 3 to 6 years of age (see Section 3.23 and 3.2311). Many a young adolescent who is highly conflicted about masturbation may find the struggle to not masturbate, the self imposed prohibition against

masturbation, to interfere with his/her falling asleep. The large inner pressure to masturbate pushing against the child's own prohibition against it creates a conflicted emotional state which makes falling asleep difficult. The nature of this problem will be further discussed in Sections 6.23 and 6.2311.

A second specific to early adolescence sleep problem comes from the recently developed ability to recognize that one's own life is finite. It is not until about 10 to 12 years of age that children seem to fully and truly understand the fact that each of us eventually dies. It is usually during the prepubertal and the early adolescent years that this new awareness creates enormous anxiety in a number of children. Some young adolescents associate going to sleep with dying, find the experience shocking and terrifying. "What if I don't wake up?" Is this not indeed included in the prayer many children have learned from early life on: "Now I lay me down to sleep....if I die before I wake, pray the Lord my soul to take." Of course, the religious intentions in this good prayer are well meant. Nonetheless the words themselves bespeak what becomes terrifying to many a young teenager and may interfere with the young adolescent's ability to fall asleep.

As we said earlier, in mid and late adolescence many a youngster seems to need less sleep, seeming to have more energy, more interest in wake life, be responsive to more demands of time by external sources, especially the peer group's interests and activities. Here, the increased importance of peer relationships, both same sex friendships as well as sexual interested peers are significant stimulators of excitement in wake life. This, is of course at times contradicted by many a mid to late teenager needing to sleep late on Sundays when evening social activities come to a close for the weekend.

In addition, in many a school committed mid and late adolescent, heavily loaded with homework, will particularly at times when papers are due or during examinations may manage to stay awake well into the night, working in preparation for the next day's assignments. Some teenagers seem to be able to manage with only several hours of sleep quite capably.

6.2112 CHILD REARING: Sleep-Wake Patterning, Dreams, Night Terrors

Parents can be enormously helpful to their young teenagers in helping them maintain a reasonable schedule of activity, getting whatever work needs to be done in reasonable time before the hour to go to bed, in insisting that the young teenager get into bed by a certain hour, having allowed for the time required for toileting and preparation for bed. A young adolescent may resist going to bed for the various reasons indicated in the prior section. In addition to those noted in the prior section, among psychological stressors, residual separation anxieties may also make going to sleep a more difficult undertaking.

Parents can be helpful in securing that physical disturbers, too much noise, too much light, too much traffic in areas where the adolescent sleeps, are sufficiently reduced. Equally in times of illness, as well as in youngsters with allergies, due attention to the discomforts of being ill can be attended to by parents, following prescriptions

recommended by physicians, allowing for some longer period of comforting in order to help the young teenager fall asleep. Now as before, some talking prior to going to sleep about anything that is weighing on the young teenager's mind can be very comforting and sedating. The parent who has talked with the child when he/she was very young and has continued to do so up to now has a better chance of the teenager now talking to that parent. This is a time, however, when even in very good relationships the young adolescent may not want to be comforted by parents before bedtime -- a factor due to the young adolescent's need to feel more self-reliant and individuated from the parents.

A somewhat different strategy is needed in securing the young teenager's getting to sleep satisfactorily and on time as compared to the handling with mid and especially the late adolescent. With the young teenager, following the kind of approach we just stated above, there is also the issue of talking with the young teenager about specific worries and concern the youngster may have. This applies also especially to those young teenagers who are able to express the fear of not waking up from their sleep. Clearly this is a true concern given that the young adolescent has only recently become fully aware of this possibility and it takes time for the child come to terms with this fact and to defend psychologically against conscious awareness of this issue at all waking moments. Ridiculing such fear will not decrease and will not be helpful to the young teenager. Generalizing that we are all subject to this anxiety and to this reality, reassurance can be attained by talking about the fact that we all die at some point but that happily this usually does not happen until very much later in life now a days when people are in their 70's and older on average. Where this sleep disturber persists for weeks professional consultation may be the best way to approach this problem.

The question of helping a young teenager reduce his/her conflicts about masturbation is a much more difficult matter. Young teenagers are very embarrassed, made very anxious at the prospect of talking about masturbation with their parents. Interestingly, the sex education which children receive in school is an avenue to which youngsters are much more receptive to gathering the information about healthy sexual life which they need. In the best usual instance where a child is able to talk about sexual matters it is best for sons to talk to their fathers and daughters to talk to their mothers about such matters. Clearly the adolescent who is able to talk to a parent about the normality of masturbation is advantaged, although, we repeat, commonly it is not easy for young teenagers to talk to their parents about sexual matters. This, by the way, is one good reason why sex education by the parents is best begun during the elementary school years, and even better when brought up by the child, during the 3 to six years period. What we have in mind here, is that commonly 5 year olds will ask where a baby comes from. This is a magnificent opportunity for parents to give the child information that is true, appropriate to the child's age, and as explanatory as possible. During the elementary school years it may be advantageous from time to time to bring up questions of sexuality, sexual behavior, child-birth, etc. At times appropriate to a given subject, such discussion may be introduced by the parents. In early adolescence an attempt to introduce sexual questions may be welcomed by some young teenagers, but equally frequently will be resisted by the teenager due to anxiety in talking with parents about this subject. We repeat that young teenagers seem much more receptive to information given to them

about sexuality as part of their education in school than that then given by parents. Of course, it is with peers that young teenagers most seek to gain information about sexuality and are most likely to discuss matters more freely. That unfortunately may not always be the best source of information since erroneous information is commonly imparted by young adolescents to one another, although, that is not always the case. Some young adolescents, talking together, may be truly very helpful with one another. More on this in Section 2.312. In brief, problems in falling asleep due to conflicts about masturbation are not an area where parents can be very helpful.

With regard to the mid adolescent, the task of the parents to getting the 15 to 17 year old to get to bed on time, to secure an environment conducive to sleep, one where there is little noise, little light, becomes a more difficult task. This is especially so during mid adolescence, when the adolescent is in a conflict with parents over autonomy and where some degree of rebellion against the parents' wishes and dictates are prominent. Nonetheless, it is useful for parents, where needed, to repeat to the mid adolescent that he/she needs enough sleep, to try to help organize his/her work responsibilities in such a way as to be able to get to bed at a decent hour. For instance, getting one's homework done first and then if time remains watching some television is a much better plan than to watch television for one hour first and then get started on one's homework. Of course, exceptions can be made for special TV programs of the adolescent's preference. It is important that parents listen to the adolescent's reasoning, be reasonable themselves, and work to facilitate the adolescent's success in his or her efforts to act responsibly. It is still enormously useful for a parent to help the mid adolescent plan, but to do so with a softer approach, with recognition of the adolescent's growing need for autonomy, self-direction, and self control. It is quite reasonable to demand in as positive a tone as possible, to positively insist, that the adolescent be reasonable, plan adequately, and get to bed at a reasonable time.

Even a mid adolescent may prior to going to bed want to talk about how things were during the day; parents are wise to respond to this opportunity to communicate with their mid teenager given that talking about things, communicating about matters that are of much importance to the teenager are always beneficial to both teenager and parents, that it tends to make the relationship more valued by the adolescent. This kind of interaction is not at all contradictory to the mid adolescent's need for autonomy and his/her shift from the centrality of relatedness from the parents to peers.

As most parents of teenagers quickly find out setting limits for out of the house activities becomes an area of conflict in most families, in most parent-child relationships. Indeed, where there is no push on the part of the mid adolescent to stay out beyond the hours prescribed by and agreed to with the parents, one needs to wonder if too much anxiety is experienced by the adolescent in forming relationship with peers. Let us talk about both. First, most adolescents will tend to want to come home later when out with peers than is prescribed by the parents. It is common that if a sixteen year old is told to be home by 11 or 12 o'clock on Friday night or Saturday night that this time line will be breached by coming home later. It is well to have some benign confrontations on such issues, for the parents to insist that the adolescent comply with going to bed time and therefore coming home by the agreed upon or prescribed time; the degree to which limit

setting and even punishing is used must be determined by the particular adolescent in question. We shall discuss further in Section 6.24.

The adolescent who never challenges the parents' dictate that the youngster be home by 11 or 12 o'clock needs parental attention. Parents need to consider the possibility that their mid adolescent may have more than average anxiety about social interaction; they should try without coercion to get the mid adolescent to talk about what may cause his or her anxiety. Not uncommonly, of course, anxiety is created in mid-adolescents by some of the activities that go on such social occasions including particularly the uses of alcohol and drugs, and/or the exposure to and need to deal with sexual activity for which the mid adolescent youngster may not feel ready.

With regard to the late adolescent, the 18 to 22 year old, parental concern about the adolescent's comings and goings now requires for the parents to retreat from this issue, allowing the 18, 19 year old to determine when is a proper hour to come home, when is a reasonable hour to get to sleep, etc. By this time guidance should no longer be necessary and parents are wise to recognize the limits of their authority over their late adolescent/young adult offspring. Except in problematic situations, such as in late adolescents involved in the use of drugs and alcohol, limit setting by parents is unwarranted and often tends to create more problems than it solves. This does not mean that parents cannot make suggestions to their late adolescents, make recommendations, challenge some of their behaviors, and let their thoughts be known to the late adolescent; quite the contrary these can be very useful. What needs to be understood is that the parents authority no longer has the influence it had earlier and it may cause much resentment in the late adolescent (see also Section 6.2412).

When mid adolescents and late adolescents still living in the home have bad dreams, invitations for them to talk about these dreams can be very useful, although here as in other instances, coercion to talk about dreams is not desirable. Where mid adolescents and late adolescents are able to talk about their dreams, these at times are recognized by that mid or late adolescent as revealing some of the individual's concerns which they may not have been so aware of in their wake hours. Given that dreams are an expression of our worries as well as our wishes, these can be very informing to the dreamer. It is also because dreams do contain in disguised forms the contexts of some of our wishes and worries, that parents should not coerce revealing of these dreams. In both mid adolescence and late adolescence, the presence of night terrors are disconcerting and if they are frequent, professional attention is warranted since these most usually reflect, as we currently understand these, unconscious worries with which the mid or late adolescent is not able to deal satisfactorily.

6.2 EMOTIONAL AND BEHAVIORAL DEVELOPMENT

6.2121 HUMAN DEVELOPMENT: Affects

The full range of affects (emotions) develops, from exhilaration, joy, happiness, romantic love, to deep humiliation, and despair which may now lead to suicidal ideas and acts. These can now be experienced at their most intense potentials. For instance, curiosity about unknown experiences and things may never be more intense; excitement about novel experience may reach a peak which may never again be replicated in adulthood; romantic love will never be more intensely felt nor all-consuming as it was for Romeo and Juliet; Romeo was 17; Juliet, 14/15. Shame and guilt also may be intense and lead to troubling consequences; and rage and hate can reach a point now which may never be exceeded in adulthood.

It is important to know, however, that although the capability now exists to experience the full range of affects and to experience these at their peak intensities, that at the same time such emotional experiencing may not last long and may surprising quickly be replaced by even opposite feelings. For instance a 15 year old may be in a pleasant, friendly mood in the morning, and by 3 p.m. be in despair because he got a poor grade on an exam, or was rebuffed by a girl he thought was open to his indications of interest; or, a 16 year old boy wildly in love with a girl on April 15, may on May 2 be suddenly in love with another girl. So too with many a girl. Shifts in emotional experiencing and in moods is a well known feature of adolescence.

However, this shift in moods is usually superimposed on a more predictable mood state in each adolescent, during each phase, early, mid, or late adolescence. The degree to which the adolescent feels loved and valued in the family, even the mid and late adolescent who is pushing outwardly from the relationships from her/his parents, to that degree will her/his basic prevailing mood, his mood state, be positive, with feelings of love stable, and feelings of rage and hate transient and occasional only. The degrees to which the now adolescent has in earlier years succeeded in adapting, in developing good learning skills in school, in tolerating and accepting well enough the rules by which he or she plays within family and with peers, to these degrees will the basic mood be positive, irritability, anger, hate and rage be moderate, transient and only occasional. It is on this basic, predominating mood, that fluctuations of emotional states occur.

The further development of affects generally is moderate during early adolescence, accelerates especially in mid adolescence and begins to slow down and affects stabilize better in late adolescence. This seems to apply to the entire range of feelings.

Curiosity, interests in unknown experiences, include the whole range of experiences. For instance, it is usually in early adolescence that interest and curiosity mount with regard to sexuality, while this interest continues in mid adolescence and brings with it much excitement. Interest and curiosity now also intensify in many adolescents around specific subjects in school, be it in history, in biology, or in math. In many also religious ideas, social issues now can get some bright and sensitive mid teenagers excited, stirred

up, eloquently debating and stubbornly, angrily arguing.

Romantic love, fully experienced and openly expressed generally is observable in many a mid adolescent. Many early adolescents may feel embarrassed and anxious when they experience a hint of love interest. They may deny interest in a girl or a boy. But gradually during the 13 to 15 years period, they will acclimate to these more intense and complex feelings. Adults are wrong if they assume that teenagers don't know what love is. One of the great psychologists, poets and writers William Shakespeare, was psychologically quite right when he made Romeo 17 and Juliet 14/15, and so in love that to lose one another led them to suicide; they died because they were unable to sustain the prospect of living without the other.

Indeed, associated with the maturation of sexual feelings, gradually feelings of love organize especially around affectionate love in combination with sensual love. Affectionate love for parents continues to be influenced by their status as primary relationships. This is influenced especially by its having been so for a long time, and because the adolescent's continuing dependency on them for all kinds of needs, as well as the current ability on the part of the parents to be supportive, respecting, helpful, and loving to the adolescent. As we shall detail in Section 6.23, during adolescence, whatever residual (usually unconscious) romantic love feelings the adolescent may have for his/her parents will be more fully resolved and free the adolescent to turn to peers with significantly vital love feelings.

Side by side with the enormously important capability for experiencing romantic love feelings, the affectionate love for peers, that of a secondary but nonetheless important relationship, takes the form we speak of as "platonic". Both currents of love feelings, the affectionate love feelings and the sensual love feelings progressively organize during adolescence, especially so during the middle and late phases. This is significantly determined by both the biopsychological maturing of the sexual reproductive system (detailed in Section 6.23) and the quality of relationships (detailed in Section 6.22). While sexual pressure has its powerful influence now, it does not of itself produce sensual love feelings. For sensual love feelings to be possible, in contrast to simply lust, the ability to experience affectionate love must be sufficiently developed.

Feelings of shame and guilt may reach high intensities during adolescence. Shame is especially easily induced in early and mid adolescence for a number of reasons. Foremost, shame is experienced when the adolescent does not do well as he/she hoped for in areas valued by him/her. Such feelings will occur in relation to performance on tests or report cards, in public arenas such as in sports, etc. Shame is also often experienced in early teen years if physical features of development are delayed such as physical height, the development of breasts in girls, the appearance of facial hair in boys, or, in other instances, if excessive weight is uncontrollably accumulated. Guilt is more variable especially during mid adolescence when it may at times be unrealistically intense and at other times be equally unrealistically non-existent. More on this in Section 6.26.

Rage and hate also tend to peak in mid and late adolescence. Like the other emotions felt in mid adolescence, outbursts of hate and rage may be short-lived, as if the mid adolescent's sensitivity buttons have been pushed. However, in the large number of children who have been traumatized over a long period of time, as by abusing or rejecting

mother and/or father, or by depreciating social conditions, their rage and hate may be constant, a most serious detrimental affective (emotional) condition. This is a key factor in the formation of gangs, most commonly organized by and consisting of such mid and late phase adolescents. Just as adults are mistaken if they think teenagers don't know what love is, they are equally wrong if they think teenagers are not capable of intense hate and rage feelings which can lead not only to gang warfare, but also to intense despair and self hate which can lead to suicide.

While it is so that adulthood will forge further developments, mellowing, stabilizing, and with growing adaptive capability raise the threshold of as well as decrease the fluctuations of emotional reactivity, the full complement of human emotions is developed during adolescence. The exception is in that domain of emotions which the adult experiences in the course of becoming and being a parent. New to human experience then is the feeling a woman gets in being pregnant, a male gets toward his pregnant wife, and each gets toward their offspring from infancy through the many years of their offspring's growth and development. The feelings experienced on becoming and being a parent, feelings of parental love and responsibility, require a substantial degree of maturation for their full experiencing, a maturation that comes with young adulthood.

Unfortunately, when pregnancy occurs in the early teen years, the feelings of the male toward his sexual partner who is now pregnant usually do not have the emotional characteristics which come during adult years. That is, the 13 to 18 year old boy, like the girl of his age, is age-appropriately preoccupied with his (her) self-development. This includes (1) the establishing of the self-identity -- and in fact, it is partly in efforts to establish the sexual component of his self identity that the boy pursued, with such vigor, experiencing the sexual act which has now led to the girl he pursued being pregnant --, (2) securing the progressive shift from parents to peers, putting much time and energy into establishing peer acceptance and relatedness, while also (3) ascertaining his ability to become autonomous and age-adequately self-reliant, (4) gradually stabilizing his emotional reactivity, and ups and downs, as well as (5) putting much time and energy into consuming efforts to learn and continue to develop all kinds of work and adaptive skills. The maturation which comes with having sufficiently mastered all these tasks, readies the male human being emotionally for the tasks of family formation. These tasks include the ability to invest emotionally in a mate and in a baby, to feel able to love them as they need, and to be able to tolerate the frustrations and disappointments that may come with a baby who is irritable, cries more and needs much more attention and loving care than was anticipated. The young father must have a sufficient store of emotional energy to feel paternal and give to wife and baby the emotional support they need. The tasks of adolescence make it virtually not feasible to be affectively, emotionally able to stably, continually and reliably-enough give to the peer and the high emotional investment needing baby.

The same, indeed more, is needed of the young mother. In the early and mid adolescent females who are pregnant as well as the young teen mothers, the enormous preoccupations with need for time, the emotional energy and work demands of adolescent developmental tasks, usually rob the very young mother of sufficient ability to experience her baby with the kind of emotional love and caregiving feelings the baby requires. This

includes the powerful need to protect, nurture, care for the baby and to assume responsibility for all the baby's needs, physical, emotional, and adaptive -- developmental, and more, all on a 24 hour basis. The demands for affective, emotional experiencing are great.

6.2122 CHILD REARING: Affects

One of the cardinal factors which makes adolescence difficult for parents in their work of parenting comes from the adolescent's affective reactivities. The fluctuations of emotional reaction are often bewildering to parents, often take them by surprise, and commonly create difficulties for parents in maintaining their reasonable composure and reasonable degree of reactivity. It is well known that adolescents, especially early adolescents due to the instability of their emotional states, the mid adolescent because of the intensity of emotional reactions superimposed on an increasing need for autonomy at times to the point of rebellion, each create their own degrees of difficulty for parents. Although we have emphasized that the shift in emotional state is common in adolescents and that these states may not last too long, this is not always the case. Many an adolescent may experience difficult moods over extended periods of time. Moods of depression and despondency if they last too long must be taken seriously by parents and may require professional consultation. It is not our intention to be alarming; but it is essential for parents to know that such moods may have serious consequences.

We repeat that parents are mistaken if they believe that from mid adolescence on adolescents do not know what love is or do not know what hate and rage are. Of course, not all affective reactions are troublesome. It is equally important that parents share in the pleasures that their adolescents experience as well as make themselves available to their adolescents in times of difficulty. For instance, the adolescent's curiosity about unknown experiences, the anxiety or the excitement these may create, are emotional experiences well deserving of the parents' attention and shared curiosity, concern or excitement. Being there for the adolescent who is having a positive emotional experience will make the adolescent feel more comfortable in turning to the parents when experiences are very painful. The adolescent's curiosity in a subject, his/her excitement about a novel experience, should be considered by the parent as an opportunity to help the adolescent adapt constructively. Where the curiosity and excitement are of a constructive nature, such as the curiosity and excitement about algebra, or biology, or of another culture, these are an opportunity for the parents to support the adolescent's wish to learn. On the other hand, curiosity about the use of alcohol and drugs, when expressed by the adolescent is an opportunity for the parent to inform, to remind the adolescent of the serious negative possible consequences of acting on that curiosity. While curiosity is what leads writers, scientists, philosophers, all into new areas of exploration; there are indeed instances where curiosity "killed the cat", instances where curiosity has led to injury, damage and pain of enormous proportions.

Expressions of interest on the part of a 13 year old boy for a girl or a 13 year old girl

for a boy is an opportunity for parents to gently, sensitively facilitate and guide the early adolescent into negotiating such feelings and dealing constructively with such interests. It is an opportunity for the parents to talk about the unique pleasures of loving and the possible risks and even the enormous pains of disappointment. Early adolescents are sensitive to what the parents say about their early romantic interests in a peer, and teasing and ridiculing may be hurtful and lead the early adolescent to not share his/her novel experiencing with the family. Not uncommonly, such early adolescents may be teased by siblings, younger and older, and will need refereeing from parents. The revealing of romantic love feelings by mid adolescents and late adolescents, while not as acutely sensitive as with the early adolescent, nonetheless requires respect, and constructive attention by the parents. It is well for parents to bear in mind that romantic love is a powerful emotional experiencing which can enrich a relationship even in mid and late adolescence and pave the way for having such feelings in that eventual relationship which will lead to matehood and a lifelong marriage. To be sure, recommendation of caution are warranted; but these can be made in a positive manner, in a manner that makes romantic love feel more safe rather than risky. Good judgment, respect for the object of that romantic love can be encouraged while caution is recommended as well.

Shame is an extremely painful feeling. Parents are well to be attentive to it when they see it in their early adolescent around the questions of their physical development. Again, parents' ability to put himself/herself in the place of the adolescent and consider how that young adolescent feels, that is, the parent's ability to empathize, as always is enormously useful in guiding the parent in how to deal with their painfully shamed youngster. Telling a 14 year old boy who is growing much more slowly than his peers that he is tall enough, or blatantly lying and saying that he is as tall as his peers, cannot help the early adolescent in that it will discredit what the parents tell him. It is far better to sympathetically draw attention to the child's strengths, the skills, capabilities, areas of attractiveness that are truly part of that youngster. Similarly the 14 year old girl whose breast are quite large or quite small, or who has not yet menstruated about which she feels painfully ashamed and worried, also requires sensitivity on the part of both mother and father. Fathers are best to not get into specifics of the girl's physical state while remarking on her strengths, her talents, abilities, skills, true areas of attractiveness and beauty. A mother can here advantageously take opportunity to sympathetically talk with her embarrassed daughter about her feelings. She too can point to the girl's true assets with pleasure and love and recommend patience with the youngster's delayed development. We shall discuss such concerns further in Section 6.2312.

With mid adolescent and the late adolescent, parents are advised to take seriously feelings of shame pertaining to the adolescent's physical state, or shame with regard to performance in school or in the peer group and to address these with sensitivity and genuine concern. Obviously, further shaming will only compound matters and make life much more painful for the adolescent.

The early, mid, or late adolescent who exhibits too much anger, too frequent outbursts of hostility and hate, clearly needs attention, and often the sooner the better. In their efforts to handle their adolescent's hate and rage reactions, it is well for parents to bear in mind that feelings of anger in adolescence as well as at all other ages result from

experiences that have caused them pain or displeasure. So too, feelings of hostility, hate and rage result from experiences that are felt as extremely painful, resulting from events we experience as excessively unpleasurable and therefore, that to undo such feelings of hostility, hate, and rage, it is essential that parents look to the causes for these, namely to look for events, conditions and circumstances which cause excessive displeasure to their adolescent. In other words, while addressing the expressions of hostility, hate, and rage, it is also important to address the underlying causes for, the underlying conditions of excessively unpleasurable experiencing which arouse these very difficult affects in adolescents. More on this in Section 6.24.

Special concern should be experienced by parents of adolescents who direct their hostility especially toward themselves, whether it is evidenced in self hurtful acts, or it is evidenced in long periods of depression and despondency. In such cases professional consultation is always better achieved and lead to less serious consequences when done early rather than late.

Parents will bring credit to themselves when they are able to duly recognize the young person's experiencing of feelings, emotional states and moods can be powerfully felt. Parents gain their adolescents' appreciation and respect as well as recognition of the meaning of the parents' own feelings, when they feel the parents sympathetic with the adolescents' experiencing. Adolescents are quite vulnerable to their parents' reactions and attitudes toward them in spite of the fact that many an adolescent may act as if invulnerable and untouchable by a parent's comments or attitude. In this, it is important for parents to remember that while a 16 year old may be over 6 feet tall that he is still very unsure of himself, as is the well developed very attractive 16 year old girl, and that in spite of their adult like appearance, they are still significantly unsure of themselves, doubting of their abilities (even in the face of good performance in school, in sports or the arts) and that they are far from having a stable self esteem, confidence, and self respect. It is also well to bear in mind that the feelings the adolescent shows can be very informing, often telling the parent things the adolescent may not be aware of or may be unwilling to put into words. It is well to remember that the feelings we show are a window into how we feel inside.

6.2 EMOTIONAL AND BEHAVIORAL DEVELOPMENT

6.2131 HUMAN DEVELOPMENT: Cognitive, Play and Fantasy Activities

Cognitive Activity:

A new era in thinking ability begins in early adolescence, the ability for abstract thought, to infer meaning beyond that which is immediately visible, to condense a large mass of information into its essentials. This remarkable ability is critical for reasoning, for predicting outcome, for complex problem solving, and for theorizing -- whatever the field, be it math, science, philosophy, etc. The development of this ability peaks in mid to late adolescence and the application of this type thinking to work enlarges. In late adolescence, further exercising of it leads to increasingly sophisticated skills in reasoning, problem solving and theorizing. Now the quality of intellectual work becomes college level and with the acquisition of more and more information and technical skills reaches the threshold of professional capability level.

During this era, especially from mid adolescence on, the cognitive abilities in the process of developing lead the mid adolescent in the direction of work congenial to his/her abilities to think which will have lifelong implications. To be sure, input toward becoming a baseball star, an auto mechanic, a teacher, a doctor has input from very early on in life; this is especially so due to identifications with a particular person meaningful to the child and/or interests which spontaneously from early childhood on became part of problem solving and sublimation. We assume that the degree to which the mid adolescent finds herself/himself capable of meeting the demands of the schoolwork typically programmed during high school is significantly determined by the development of good or not so good cognitive capability. The mid adolescent whose struggle to understand, to meet the intellectual academic demands made of him/her will be disheartened about pursuing continuing education along professional lines and will wisely channel his/her interests into trade level thinking performance. Those who excel will no doubt, unless significant emotional problems interfere with it, be propelled and motivated by their inner capabilities to pursue post high school and even post college education. Of course, social and socioeconomic obstacles are known to often create discouragement in even very capable adolescents, to promote a pessimistic outlook for future possibilities, and disrupt the adolescent's continuing efforts to exercise innate intellectual capabilities to his/her advantage.

It is probably never too late to develop new skills in anything. We do not know enough to say otherwise. But the early adolescent who does not keep pace with school expected level of skills development will eventually find meeting the demands of advancing schoolwork more and more difficult. The pre-high school years are critical for the establishment of individual study skills. Still though, such study skills can be developed even during late high school and have been known to develop in young adults who never put significant effort into high school studies; some adults, coming face to

face with the realities of life, have determined to make new efforts and have succeeded in developing significant cognitive study skills during adulthood.

Patterns of study are pre-requisite for good ability to do the homework that will pile up in school. Of course, developmental factors and experiential factors may both interfere with the ability to concentrate on school work especially so in doing homework in which, of course, the effort to concentrate and think has to be self imposed. Among developmental factors that may interfere with the early and mid adolescent's efforts to study are the continuing stirrings of sexual feelings, stirrings difficult to control, difficult to suppress when the need to concentrate and study are at hand. As time passes, the ability to put aside sexual preoccupations improves and concentration and study improve. Experiential factors that may interfere with concentration and study capabilities include any sources of worry, anxiety, be they familial in origin, peer related, or even performance related. Again and again we have found the fear of not being able to perform well to become an interferer with a capable adolescent's ability to concentrate and study. And then, the more the adolescent has difficulty doing work due to insufficient skills development, the more the chances he/she will fantasize (daydream) and further impede efforts to study and learn.

Of course, the development of cognitive skills plays its large part in the development of other skills as well. There comes a point in any locomotor (movement) coordination when intellectual skills play their part. For instance, in all sports be it basketball, football, or tennis, movement coordination can be more or less skillfully negotiated by means of quick thinking and problem solving. Similarly whether it is playing a musical instrument, doing a theatrical performance, a dance routine, these too are enriched by intellectual capability. Similarly the artist who paints or sculpts is using much more than just technical motor skills. At a certain point the development of such skills, motor coordination skills are integrated with intellectual, especially problem solving skills in elevating performance to higher and higher levels. Much of this occurs during mid and late adolescence.

Play Activity:

Adolescence is by far the age period of group play activity. Interestingly, animal behaviorists who study monkeys and apes have virtually defined adolescence in these primates by the fact that this is the era and the developmental phase when peer activity in the form of play is at its highest. In these primates, especially monkeys, the adolescent population can virtually be identified in looking at a mass of monkeys by selecting those that seem to be doing most of the running around, often chasing each other in clearly a playful manner. In a very similar sense, during adolescence in humans, peer relatedness achieves a new level of importance that we shall discuss in Section 6.22. We can assume that play activity in adolescents becomes a vehicle for important social interaction within the peer group. In fact play now becomes a major vehicle for socialization.

Play, interaction with the peer group is rewarding; but it is also taxing, often anxiety producing, frustrating, disappointing, infuriating, and even at times very worrisome. It is very pleasant to be an accepted member of a group, to play successfully, to be approved

for one's participation in play. But it is frustrating to not perform at the level one wishes to perform and to not win in games, it is very hurtful to be ridiculed, it is infuriating to be scapegoated, and it is worrisome to do things in play which may get one into trouble. Here, problems may arise from the mid adolescent and the late adolescent's disappointment in his/her own performance; and the negative reactions may equally come from how the peer group reacts to the adolescent's performance. The adolescent may be ridiculed by peers but may also ridicule himself or herself; she or he may be infuriated by peers but she or he may also infuriate peers and feel rejected.

The general term play as we use it consists of a number of activities. There are games, there are group activities, and most importantly there are specifically social groupings. There is also one-on-group play and one-on-one play.

Games, especially in the form of sports, fulfill the enormously important function not only of bringing a group of similarly interested and similarly skilled individuals together, but especially in further firming up rules and regulations by which individuals in the group interact with each other. Smaller group games, non-skilled specific games such as board games like Monopoly, Trivial Pursuit, etc., are less dependent on specific abilities but nonetheless function by rules and regulations which continue the process of learning to play, interact in socially acceptable ways.

Another crucial aspect of group games as well as one on one such as in chess and checkers, is the question of winning and losing. Due to the relatively age-appropriately not yet stable self esteem of young adolescents, winning and losing is very challenging to the self. Teenagers who have the good fortune of feeling loved, respected, appreciated within their families and are developing emotionally and intellectual well, will have a more stable sense of inner value, inner self respect and have a higher and age-appropriate more stable sense of self esteem. Those who are not as fortunate, adolescents who for years have been traumatized in one way or another, who have been depreciated, who have met with a number of failures in school, in peer relations, and especially those who have suffered rejections within their own families, will have a much less stable, and much lower level of self esteem. The fact is, as we shall describe further in Section 6.26, no adolescent's self esteem is very stable. The level and degree of psychological development during adolescence makes for much -- albeit increasingly less -- uncertainty about the self, perhaps much promise but a long distance to go before inner conviction of efficiency, capability, and strength becomes truly stable. That will not happen until early to mid adulthood. Therefore, tolerating losing is a difficult task for the adolescent, even for the adolescent who is emotionally quite healthy. Losing in a game will present the early, the mid and even the late adolescent with the difficult task of tolerating the degree of loss in self esteem, a degree of loss of self valuing that comes with losing in play. Mental health professionals speak of this as a narcissistic injury, an injury to the adolescent's healthy self-regard and self love. And on the other hand, boosts of healthy narcissism, raises self value and self esteem come with winning as is readily visible in sports, even in adults. In this, then, games in adolescence are enormously important, are a workshop for forging a better sense of self-value and self esteem, and make their very meaningful contribution to total development and emotional health.

Another common group process in adolescence is that built around peers with

common performance, sublimational interests. Musical groupings, theater, dance, are all vehicles for "play", creative activity (sublimation) and for socialization. Here too there is much potential reward but also much that is experienced as taxing for the individual. Feelings of achievement, pleasure, elation as well as anxiety, frustration, disappointments, and even intense anger and despair may accompany these activities. These may all be produced by the adolescent's own performance or the reaction of peers in the group. Here too, rules and regulations are observed, in fact, are part and parcel of the ability to work as a group, as an ensemble, be it an orchestra or instrumental quartet, a theater performance or dance performance.

There are also other types of social groupings such as the group of friends the adolescent becomes a part of; those who are outside of this group may view it as a clique. Such groups are very meaningful to the mid and late adolescent and contain a unique dimension for the adolescent. This group tends to be more intimate, peers at times revealing to each other their most intimate thoughts, feelings, and experiences, whereby they serve the critical function of forging pathways to intimacy in relationships. This is apart from sexual intimacies; rather these pertain to complaints about the family, the exchange of worrisome thoughts of a more personal nature, etc. To be sure, some groupings of this kind tend to be more superficial and have shorter lives; however, some groups of friends from high school may maintain relationships well into adulthood.

Other forms of organized social groupings may be school based, such as the Debating Society, the Spanish Society, etc. Others are organized under the roof of religious institutions such as Catholic Youth, Bnai Brith Youth Groups, Methodist Youth Groups, etc. And then there are also the community organized groups such as the Scouts.

An important social group is that regularly organized in the form social events we all know as "parties". These of course have a unique importance especially from mid adolescence on in providing an environment and opportunity for social interaction between males and females. These group events present opportunities for mutual acquaintance between adolescent girls and boys acting both as determiner and facilitator of what conduct is and is not acceptable. In this it organizes the adolescent's introduction to the universe of male and female social interaction. Of course, such parties are not the only setting in which social interactions between male and female are possible; in fact, school is that foremost domain. Nonetheless, at parties conduct not permissible in school is sought out and both prescribed and prohibited. Conduct toward alcohol, drugs, become organized both in the direction of moderating and restricting their use and, regrettably, for some in the direction of promoting and facilitating their use. Similarly socially condoned or restricted sexual activity occurs in both positive and negative directions. That is to say, it is positive where early adolescents, mid adolescents and late adolescents prescribe for each other sexual behavior which is reasonable for their age, which is cautious and mutually respecting. Negative is the setting where caution, respect and thoughtfulness are put aside for the sake of immediate gratification at times at high cost to the individuals involved. More on this in Section 6.23.

Under the label of play we also include solitary play, namely attention given to a collection say of stamps, rocks, butterflies; the writing of poetry, reading, art work, all sublimations and therefore valuable for the individual adolescent.

Many factors pertain specifically to adolescents. Among these, however, few are more important than the telephone and the question of a car. From early adolescence on the telephone becomes a unique facilitator for peer communication and peer relatedness. The adolescent uses the telephone for quick access to friends, for communicating with a friend under restricted conditions (such as not being able to go out on school nights), and even for important intimacies and communicating under conditions of high anxiety. Take for instance, a mid or late adolescent wanting to ask a girl to a party. Asking face to face is quite more difficult for most adolescent boys than it is to ask without being seen. While the telephone serves us all exceedingly well in different ways, for few is it more useful than for the adolescent.

The importance of transportation is of course quite clear to everyone. For the adolescent living in a suburban community, transportation is even more problematic than it is for inner city dwellers for whom distances are not as long and public transportation accommodations far better. In addition however, the car has a large emotional evaluation for the late adolescent for a multiplicity of reasons. Among them, is the power experienced by the late adolescent in driving so powerful a machine; so too is the degree of freedom and capability it gives the late teenager in getting from one place to another; and it is valued for the feasibility for accommodating a couple on a date. Needless to say, family economics are powerfully determining of the feasibility of making a car accessible to a mid or late adolescent. So too is the degree to which that adolescent can be trusted, is known to be responsible, to use good judgment, as co-determiners of whether or not a family car can be made available to that adolescent. It is well known how important having a car at one's disposal acquires for many an adolescent. This, of course, like the telephone, is not a necessity for adolescent successful living; but it too is experienced as a facilitator for communication with peers and social interaction.

Fantasy Activity:

By far the largest time given to fantasy is solitary time. While fantasies also are carried out with others, most fantasy life is an individual activity. The large developmental tasks of adolescence are fodder for fantasy activity. Daydreams, one of the preferred and most frequent private activities, become a method for testing one's wishes, imagining the narrative or course of an event of major importance that causes anxiety, fear of disappointment and of failure. Such trial mental and usually very emotional run-throughs give the adolescent an opportunity to sharpen his/her eventual actual trials; and they test ways of taking such events on, give opportunity to consider what efforts to make and what their consequences might be, the possibilities of success and failure. Again, we emphasize the positively adaptive function of fantasy in everyone's life, and especially so during adolescence.

As before, the fantasies of adolescents are of all kinds; heroic deeds, masterful performance and conquest, successes of all kinds, pleasures and gratifications, sexual undertakings, etc. In traumatized adolescents acts of violence, retaliation and revenge, are common. In such adolescents, as well as in even moderately conflicted adolescents, sexual fantasies may also be hurtful, torturing of others and even self-hurtful and

humiliating.

As before, although a principal means of problem solving and of testing reality, fantasy (daydreaming especially) may interfere with work, especially with listening attentively enough in class or in concentrating in doing homework. It is in doing homework especially that daydreaming can be disruptive because the adolescent is alone in this effort, with no external reminders to pay attention or inhibit daydreaming.

Fantasies can also become shared with others and become subjects for discussion. This sharing of course can reflect thoughts and concerns at varying levels of intimacy. Intimacies can be shared to a substantial degree with friends and become a source of mutual exploration and exchange of ideas. Such exchanges can also serve to forewarn against action that could cause problems as much as it can serve to encourage undertakings which cause the individual anxiety. For instance, a 16 year old encouraging his 15 year old friend to try to get on the school basketball team might be just the push needed by that 15 year old to pull himself together and gather the courage to try out. Of course, humor, jokes often also allow the expression of fantasies with ideas that cause anxiety and are tested on the peer group for their reaction which may both condone or prohibit acting on such ideas.

One of the most important functions fantasy activity serves in addition to those already stated, is its implementation in creative activity. Dancers, writers, painters, all are facilitated in their work by the play of fantasies in the creative process required for these activities. All in all then fantasy activity is an integral part of adaptation and is amply put to use in the developmental challenges which the individual adolescent faces.

6.2132 CHILD REARING: Cognitive, Play, and Fantasy Activities

Cognitive Activity:

Parents are presented with many challenges in the course of rearing their children; this is no less the case for the parent of the adolescent. With regard to the development of new cognitive capabilities, thinking capabilities, it is important for parents to know that a new stride in thinking capability unfolds during early adolescence and continues variably in individuals through mid and late adolescence. How to facilitate, support, and guide the adolescent in developing these new and increasingly powerful skills? Given that higher education creates more opportunities for adaptation to life, to the job market, to improving one's socioeconomic status through work and providing an income, parents need to think most seriously of the status of their adolescent's cognitive, thinking activities. This is of course best and most exercised in efforts required by schoolwork and in doing homework. Attention to the adolescent's school performance, to the degree of difficulty in doing homework, preparing for tests, in doing school projects, to the quality of report cards, all will inform the parents and give signs to the adolescent of parental support, which will in turn facilitate the adolescent's acceptance of parental guidance. There are many instances when parents have to demand greater effort on the

part of the early, mid and even late adolescent to perform in academic settings.

In addition, communication within the family, exploring the family members' activities of the day at the dinner table, as well as before dinner and before bedtime is an important way by which, through reportage and discussion parents can facilitate the adolescent's communicating better and better. It is wise to discuss, and therewith encourage thinking around issues of importance to adolescence, namely their experiences in school, their experiences with peers, their hopes and their ambitions, etc. Parents can also be enormously helpful in securing an environment in which studying can be done. This means providing sufficient space (even if very small, like part of the kitchen table) for study, with good enough lighting for reading, the elimination of unnecessary noises and sounds that interfere with a specific adolescent's ability to study.

It is especially important for parents who in their own development were not encouraged to work hard in school, to work hard at developing skills in sports, music, etc., to come to terms with the fact that they can increase their own children's potential future chances for life improvement by making serious efforts to learn in school and in constructive out of school activities.

Looking for and encouraging a teenager's innate potentials, talents, can be most rewarding both for the adolescent and the parents. A teenager who is known to be talented in sports, to show talent in music or in art should be supported by the parents, encouraged, and provisions made to facilitate the development of these skills and talents.

It is well for parents to know that it is probably never too late to develop new skills. The earlier these are developed, of course, the more secure their development in adolescence. But even where work skills, learning skills have been insufficiently developed up to this age, it is essential for parents to make major efforts from early adolescence on to encourage and facilitate the development of skills and the ability to persist in work efforts. It is common for parents to have to demand of the adolescent to try harder and to work persistently, often against a good deal of resistance on the part of the adolescent. Insufficiently developed skills makes work much more difficult and thereby increases resistance to making the effort. Parents should not underestimate the frustration children experience when they cannot perform, when they feel incompetent to do what is required for academic performance. Scolding, depreciating, yelling, harsh punishment, tend not to help very much. Support, encouragement, persistence in reasonably-dosed demands are much more likely to succeed. Attention is going to be needed by the parent; adolescents who have difficulty in studying due to having insufficiently developed their skills to do so, will find studying extremely difficult and parental attention will be necessary and may be very rewarding. The parent must consider the fact that a hard pressed early adolescent or mid adolescent may not be truthful about the homework that is required and it is important that parents, in these as more benign cases, be in touch with the school, find out what the work requirement is, and cooperate with school authorities. It can be very helpful for parents to inquire of their adolescent how the homework is going, to explore whether or not the adolescent can work alone successfully, whether there is much daydreaming that interferes with studying, etc. Again, encouragement, supporting good efforts being made and work well done, are much more helpful than yelling, depreciating, scolding the adolescent who is

having difficulty. Consultations with schools can be invaluable in helping parents help their adolescents effectively. The cost of time and energy the parent gives to helping his/her adolescent study better, stay in school, make efforts to develop all kinds of skills, academic and extracurricular, will in the long run pay itself off many times over.

Play Activity:

It is important that parents recognize that play activity in adolescence even more than before becomes a major vehicle for socialization, for developing successful one on one as well as group interaction. It is equally important for parents to realize that play, one on one and in groups is highly rewarding, but that it usually also is very taxing on the adolescent. Group interaction can bring with it much anxiety, the fear of not being accepted by the peers; it can be frustrating, disappointing, infuriating, even depressing. It is well for parents to explore how group activity has gone for the adolescent and to make space and time for the adolescent's reporting, complaining, asking questions, and exploring ways of solving problems in peer relationships.

One of the greatest gifts parents can make to their adolescents, one which can bring many returns, is for parents to attend sport events, musical events, theatrical, dance events in which their adolescent is participating. Complimenting an adolescent for performance that is good, for good efforts that are made to excel, can be enormously beneficial, raise self esteem, reinforce efforts and enhance the possibility of success.

Helping the teenager tolerate loss in games, or win heartily but also considerately and generously, may be a minor task with some adolescents but a large one with others. With adolescents who have difficulty losing, patience, reassurance, the demand for compliance with rules, these all done in a supportive and positive tone are more likely to be successful than is depreciation, ridiculing, scolding and insulting.

One of the largest areas of concern for parents of adolescents, from early adolescence on but especially in mid and late adolescence, is their adolescent's involvement in parties, in their handling of sexual activities and especially in their use of alcohol and drugs. To be able to skillfully explore with a young adolescent and mid adolescent how a party went, what was done there, how the adolescent handled challenges of drugs, alcohol and sex can be done well. Here, those parents who have treated their children in the course of growing up with respect, attention and have supported their efforts to grow, will by far have greater access to their adolescents at this critical time than parents whose relationships with their now adolescents are replete with past problems, hostilities and conflicts. Quite especially, parents who from early on in life have made a point of talking with their children, of listening to what their children say, of answering their questions, will have already developed lines of communications with their now adolescent and will much more readily have access to essential information about their adolescent's behavior than will parents who have not made efforts to talk to and listen to their children from early on in life. We cannot overemphasize the fact that if parents want their adolescents to talk to them about important matters that they begin to talk and listen to their children from earliest childhood on. Parent-child communication begins at the child's beginning of life and is best ensured when it is

exercised over the years.

We have emphasized throughout these materials that a respecting and loving attitude toward one's children is much more likely to succeed than a depreciating and intimidating or hostile attitude in whatever efforts a parent makes in rearing his/her child. We want to emphasize that this includes being able to make reasonable demands and where necessary to impose limits on behavior which is unacceptable, be it that it may be hurtful to the child, to others, or socially unacceptable. Here again, where limits are needed to prevent an adolescent from engaging in sexual activity that is beyond his/her years, or to indulge in alcohol and drugs, firm, strong, but nonetheless positively stated limits are indicated. Telling a 16 year old that he is "sure to amount to nothing if he continues his boozing with his good for nothing friends" is depreciating and insulting; it will lead to anger, resentment, and shame and/or defiance. It may even lead to hate toward the parents. Telling such a 16 year old that the parents are disturbed and concerned by his drinking more than 2 cans of beer at that party; that he does not have the parents' approval to drink more; that he is expected to use better judgment about alcohol, drugs and sex, will probably be felt as unpleasant and as a reprimand. If it is felt as a put-down it will not be because the parents were too hostile; it is more like to be due to the 16 year old pushing for more autonomy and a stronger sense of self and this adolescent's trying to shake off parental autonomy. Here hate toward the parents will not be generated in the adolescent.

Just as it is encouraging for parents to be present at performances in which their adolescent participates, such as in sport activities or in musical or other events, so too is it helpful for parents to be attentive to their adolescents' collections, or writings, or art work, or to inquire about the book he/she is reading (even if it is one the parent has not read) and to applaud these activities and where indicated to help the adolescent secure opportunities for himself/herself in pursuing such interests. For instance, an adolescent with significant talent in art can be encouraged to participate in extracurricular art classes given in many communities. So too, adolescents with significant skills in sports, be it baseball, tennis, football or soccer, should be encouraged and opportunities to do so reasonably facilitated.

Let us add a word here about some of the major virtues of encouraging the development of skills and talents in sports and the arts. Developing a talent adds richly to one's sense of identity and self. Developed enough, such an ability leads to the feeling "I can play tennis", or the cello, or "I am a baseball player", or an artist. By this it adds a degree and sense of inner order and organization. Also, it gives a sense of accomplishment and capability, a sense of "I can do things". Equally important especially during adolescence is that these activities are a highly constructive channel for the utilization of energies not exhausted by school work and the demands of home. Because these are major channels for sublimation, they provide the adolescent with a built-in way to discharge excessive loads of sexual feelings and excitement as well as of occasional overloads of anger and hostility. Therefore, parents are wise and promote good mental health when they encourage, support, and facilitate their children and adolescents participation in such organized group activities.

Parents are understandably often irritated by their adolescent's spending much time on the telephone. It is well for parents to make their claim to the telephone since they

should have rights to its use at least equal to those of their adolescents. However, it is important for parents to recognize that the telephone is a very helpful medium for the adolescent's relationships with peers; in fact the phone is at times more economical of time and is at times even better than face to face communication. For example, the fact that 16 year old John can be on the telephone with his friend Mark for one half hour at 9:30 in the evening from home as compared to having to go to Mark's home to talk with him, can see the advantages to this situation for the adolescent who is not permitted to go out of the house on school nights. So too exchanges of ideas about homework over the telephone can be very helpful to the adolescent. The telephone can also be a quick relief from some of the stresses experienced in the home, be they stresses coming from unpleasantness that has developed between parents themselves or from a vigorous effort at doing homework which was taxing. All in all, the telephone may be one of the least expensive ways of making it possible for adolescents who are not allowed out on school nights to briefly enough communicate with a friend on a matter experienced by the adolescent as being of much importance.

And then, consider the anxiety experienced by a 16 year old boy who wants to ask a girl he likes to a party, or a girl, 16, who wants to let a boy know of her interest in him and smartly chooses to do so by saying she wants to discuss a homework assignment. Having to just look at the other person while making his or her wishes known may be mortifying enough to give up the idea. The telephone allows the caller at least to not be looked at when extremely anxious. The protection of the telephone can make the adolescent more brave in the face of one of the largest sources of anxiety during adolescence: declaring one's (sexual) love interest in a peer.

Parents are well advised to use their judgment in permitting their adolescent use of the family car. The degree to which they can trust their adolescent to be careful, use good judgment, be responsible, should all contribute to the parents' determination as to whether or not the adolescent may have use of the car. Adolescents have survived for centuries without cars and while many adolescents nowadays do have such privileges, it is not a requirement for an adolescent's mental health that a car be made available to him/her. The use of a car should be considered a privilege and be contingent on trust in the adolescent to be a responsible driver.

Fantasy Activity:

For the most part, the adolescent's fantasy life is in the adolescent's private domain. It is not wise for parents to intrusively explore the adolescent's fantasies except where they are outrightly expressed by the adolescent himself/herself. If an adolescent expresses a fantasy openly to a parent, discussion of it with sensitivity, respect, and no pressure or digging, are very wise. If an adolescent reports a dream it is wise to show interest in it, to even encourage the adolescent to consider what it may mean without the parent's attempting to give it meaning dogmatically. In parents' attempting to interpret their children's dreams, they are wise to be tentative, only suggesting a possible meaning. Also, in preparation for an event which may cause an adolescent a good deal of anxiety, parents can be useful in gently enough inquiring about the preparations the adolescent is

making for the event, with an open mind and no preset ideas to explore how an event might best be prepared for and what the adolescent's fantasized reactions to its outcome might be.

It is well for parents to know that many an adolescent will test some of his/her fantasies through the use of humor, of jokes, and that these may be an effort to bribe guidance from the parents' reactions as to what is acceptable and unacceptable. And, as we have done before we would caution parents to take very seriously the expression of the adolescent's wishes with regard to his/her future, what he/she would like to become in terms of work, and to experience these as opportunities to encourage their adolescent's efforts to make for himself/herself a future that is workable and rewarding.

6.2 EMOTIONAL AND BEHAVIORAL DEVELOPMENT

6.22 THE DEVELOPMENT OF SELF AND HUMAN RELATIONSHIPS

It is a remarkable, now well known fact that humans need good relationships from early on in life in order not only to form good relationships later but also to develop a healthy sense of self. We now know this to be the case for all mammals, not just humans, for apes and monkeys, for goats and dogs. Furthermore we know this to also be the case for bird species and wonder if we may not assume this to be so for other animal life as well. It makes much sense that this would be the case given the necessity for one on one relationships with animals of one's own species for the purpose of reproduction and the preservation of that species. All animals need the collaborative effort of their individual members of the species in order to survive and adapt to the world in which we all live. Such collaboration requires the formation of relationships and with it insure the survival of the individual.

In Unit 1 we detailed how the infant comes to know those members of the species to whom she/he is most important, by whom the infant is most valued, and due to built-in, inborn tendencies and capabilities, forms a profoundly important attachment to those members of the species most invested in the infant's survival, namely the infant's own mother and father. We detailed the relevance and importance of this attachment to the development of the infant, this being most represented in the development of Basic Trust versus Basic Mistrust which make it possible for the young infant to develop a sense of being worthy of love and protection side by side with expecting the environment to provide those needs basic to survival and to a sense of well being. Where basic mistrust becomes organized, these of course are lacking.

In Unit 2 we detailed the unfolding of the attachment of the infant to the parents from an inner sense of being one with those to whom the infant is attached, to progressively and gradually developing not only a recognition of separateness, but indeed a valuing of that separateness, of that beginning sense of being an entity unto oneself, who is also closely emotionally engaged in a relationship with those most valued by the child. Here we emphasize the importance of the developing sense of self, of autonomy, which are positively experienced in contrast to a sense of self which is unworthy of being cared for and gives the child a sense of shame. We have emphasized that this healthy Sense of Autonomy versus a Sense of Shame are significantly contributed to by the quality of the earlier established sense of basic trust vs. a sense of basic mistrust.

In Unit 3 we detailed the enormously important development of a complex pattern of interrelating with two highly valued individuals, namely one's mother and one's father. This new context of relating is powerfully influenced by the child's emerging and beginning sexuality. This important development now further organizes the sense of self as a sexual self, namely a sense of feeling like and of being a boy or a girl. This contribution of sexuality and gender formation to the development of self bring with it the complex interrelationship with a parent of the same sex and the parent of the other

sex, we identified in Unit 3 as the child's "family romance". With this, a remarkable enlarging of the child's emotional experiencing brings with it highly positive and at the same time a somewhat troublesome internal conflict. Where the child deals with this new challenge successfully, it brings with it enormously important adaptive as well as interrelational developments. As we detailed in Unit 3 what the child experiences as his/her family romance leads to the development within the child of a Sense of Initiative, a sense of being able to make things happen in a meaningful way versus a Sense of Guilt, a sense of having bad and unacceptable feelings and being not deserving of caregiving, love and respect. Through this age we have emphasized the development of self, of the relationships with one's mother and father, and detailed its complex unfolding and the enormously beneficial internally organized, developments that follow from these.

In Unit 4 we detailed the widening of the child's relationships to now include the formation of relationships outside of the nuclear family, beginning the critical step of becoming a member of society at large, interacting with members of the child's society, both the adult world but especially the world of peers. Of course, children prior to the early elementary school years have already made many contacts with peers, be it in the home with siblings, in daycare or nursery school with classmates. Nonetheless, the less than 6 year old child's need for nurture, organizing identifications with care-giving persons, and developing and consolidating sense of separateness and individuality, make for the child's ascribing to others greater authority and power than he or she will ever after. Indeed, many developmentalists hold the view that "others" are far more determining of the child's personality during the first 6 years of life than they will thereafter.

The interrelations with peers from the elementary school years on acquire a new level of meaning superimposed on the fundamental and basic relationships with the family. Experiencing oneself as developmentally similar, equal in age, capability, and achievement, feeling oneself a peer to others and experiencing others as peers, now acquires new importance. Highly important for the development of self as an entity comes now the developing Sense of Industry, a sense of inner capability to adapt, to work, to learn, and to function at a higher adaptive level than before. Those children who do not succeed well in dealing with the tasks of the elementary school years, develop an inner Sense of Inferiority which brings with it enormously painful experiencing and a lowering of self value and self esteem. Such feelings will be experienced not only in the context of the child's individual functioning but also in the context of the child's relationships with peers and functioning in the peer universe. This basic development of a Sense of Industry versus a Sense of Inferiority is carried into the prepubertal years, during the era we detailed in Unit 5. During the prepubertal years, the peer universe is going to begin to undergo a second critical change due, in substantial part, to the beginning changes in the self produced by the maturation of the sexual-reproductive system, and the modifications it produces in the child's body, beginning the transformation from childhood into adulthood.

Now, during adolescence this second major change in peer relatedness occurs with significant consequences to the developing sense of self and of relationships. It now becomes a task for the adolescent to begin the very long process, nearly a decade long,

whereby the centrality occupied by the child's mother and father now becomes somewhat diminished bringing with it a heightening in importance of the relationships to peers. In large part this is due to the necessity of preparing for adaptation in adulthood, where the peer will achieve sufficient importance to become a mate with whom the individual will share the rest of his or her life and with whom the new generation will be created. Without the shift in importance to the self of the relationship to one's mother and father to a heightening in importance of the relationship with peers, the preservation of the species would be in jeopardy. Again it is for the continuation of the survival of the species that such changes occur in the growing individual. During adolescence large steps are taken toward decreasing the centrality to oneself of the relationships to the parents of childhood and making the peer a high priority relationship which in adulthood will culminate in the selection of a mate and the start of one's own family.

With young adulthood, as the stresses and strains of establishing oneself in peer relatedness and then selecting a mate decrease, a re-stabilization of relatedness to parents at a different level of emotional meaning occurs. The character of relatedness to one's parents of adulthood is powerfully determined now by the quality of the past relatedness which existed. Where good relationships have a long history, the revised relationship to parents is maintained, at a mellowed level of love, respect and mutual pleasure. Relationships with siblings that are positive, progressively stabilized in young adulthood to a new level of constancy, with patterned schedules of communication and visits, and in consequence a heightening of the importance of sibling based family relatedness. Where, on the other hand, relationships to parents have long been painfully troubled, especially where they have been burdened with excessive hostility and rejection, in young adulthood, these will re-stabilize at a level of much reduced importance while often still bringing with them painful feelings of resentment and rejection. The same can be said for relationships to siblings, indeed in some families sibling relationships regrettably becoming non-existent.

6.2211 HUMAN DEVELOPMENT: The Development of Self and Human Relationships

The Self:

Foremost as we have emphasized, the further development of the self continues, now much as before, to be organized reciprocally by the character and qualities of the relationships, the self experiences which occur during the long course of adolescence. Each of us, in healthy emotional life, is deeply bound to specific, powerfully meaningful others. Even in our periods of deepest aloneness, when one is most by oneself, as well as of loneliness, when one most painfully misses another, specific others occupy an important place in our minds, in our emotional life which gives to our sense of self highly specific meaning.

Erikson has defined the major task for developing that inner organized capacity of

experiencing oneself and one's abilities to adapt to life as being the development of a cohesive, increasingly integrated Sense of Self-Identity vs. a bewildering, more or less disorganized Sense of Identity-Diffusion. The process of disengaging, relatively speaking, from the parents in the process of decentralizing them, brings with it a powerful thrust toward further organizing, strengthening, indeed further evolving of oneself as a distinct individual. This process of further individuation includes an increasing sense of self responsibility including new attention to hygiene, to one's dress, to one's taking on the tasks assigned such as in school, at home, in the peer group. It also brings with it the responsibility for one's own actions and reactions. With this increasing sense of self responsibility comes a sense of heightened self reliance. Of large importance for the adolescent is the increasing control over her or his inner feelings including feelings of healthy assertiveness and competitiveness, feelings of hostility and even rage, and, to be sure, over feelings of sexual excitement and the fear of yielding to inner as well as external sexual pressures.

This brings with it a continuation of the sense of industry clearly exercised by the increasingly large demands made on the adolescent from early adolescence, through mid and late adolescence by school, as well as by home and the peer group. Nowhere, of course, is this more essential than in meeting the demands made from school. But this equally applies to the demands from a job position, even if limited in scope, hours and in challenge. So too this applies to those areas of extra curricular interests be it in sports, or in special talents as in the arts. Being able to be a worker, to perform well is especially important to a sense of self reliance, of capability, and is a major contributor to the quality of the adolescent's self esteem.

From early adolescence on, the large anxiety of anticipating the demands made on the self by high school, of gaining governance over one's enlarging bones and muscle mass, of the pressing powerful sexual thrust typical of adolescence, all in all then from a state of uncertainty, a relative sense of not being in control of one's inner life and of self doubt, passing through mid adolescence and the increasing recognition of being able to meet these large demands from all aspects of the individual's life, through late adolescence with its much firmer establishment of self responsibility and self reliance, gradually, progressively, a sense of cohesive individuality establishes itself. Of course where success is modest, where failures are too frequent, such a cohesive sense of self will not be established and lead, rather, to a sense of identity diffusion with its attendant poor self regard, self esteem, and self confidence.

During this era, significantly contributing to a sense of self identity that is cohesive versus one that is not, is the adolescent's progressive integration of the sense of one's sexual self, the young girl's growing acceptance of her newly developing sense of adult-form femaleness and the male's accepting his sense of increasingly adult-form maleness. We are all familiar with how the powerful demands made by sexual feelings on the adolescent can create all kinds of problems including the highly difficult problems created by premature parenthood. The enormous tasks of becoming a self during one's adolescence require the extensive use of emotional energy. Premature parenthood, due to the energies and efforts required by parenthood, creates an exceedingly taxing and doubly burdening set of tasks which commonly make it virtually impossible to achieve fully

healthy adolescence and competent parenthood at the same time. Parenthetically, the problem of premature parenthood creates not only a virtually unfeasible challenge for the adolescent parent but creates an even greater difficult situation for the young child born to the young teenager. More on this in Section 6.23.

Highly contributory to the quality of the sense of self-identity is the success with which the relationships to the parents can be progressively decentralized and how the developing of relationships to peers succeed. From both vantage points, the relationships to parents and to peers, a large contribution to the sense of self comes not only from the degree to which these relationships are negotiated more or less successfully by the adolescent, but also by how much the adolescent feels the parents are able to accept this decentralization, and how much the peer can accept this new importance of himself or herself to another. It is well to bear in mind that one of the most difficult aspects of forming relationships with peers during this era of development arises from the fact that the peer does not come into the self's world with a readiness to unconditionally love, assure respect, offer affection, empathy and an ability to listen which parents bring to their relationship to their child. The peer has to be won over, has to be engaged with consideration for the peer while at the same time expecting consideration from the peer. The child tends to expect parents to love unconditionally, to respect and take care of him or her. Adolescents usually know only too well that this is not the case with peers. The adolescent indeed has to win over the peers' interest, respect, friendship and affection. This is not an easy task for all concerned.

Relationships:

To parents:

Adolescence brings with it an enormous vitality, an enormous upsurge of strength and vigor, with this an upsurge of healthy aggression, and it also brings with it a powerful thrust of sexual interest. As these become experienced toward the parents, it creates substantial difficulty for the adolescent as well as the parents. For instance it would be highly problematic for a 15 year old boy to become sexually interested in his mother. So too would it be highly problematic for a 16 year old girl to become sexually interested in her father. We shall detail this further in Section 6.23. For now suffice it to say that such feelings cannot be permitted to attain their target and that they need to be redirected toward appropriate others. Happily, the appropriate others most usually selected are others from the peer group. The same can be said for healthy aggressive feelings of competitiveness, and to a degree also of anger and hostility. Namely, to prove oneself better than one's mother or one's father brings with it much feeling of danger, of guilt and even shame. These natural and healthy aggressive feelings are seeking expression and here too, directing these toward others safeguards to self against such feelings of guilt and shame. Indeed, set up in relationships to others, healthy assertiveness, healthy competitiveness and even anger and hostility are more easily tolerated in relationships to those others who are peers. All in all then the early adolescent and certainly the mid adolescent recognizes both at a level of awareness (consciously) and even at a level of

which he/she is not aware (unconsciously), the value and reasonableness of pulling away from the parents and turning more and more to selected peers. In order to achieve this, given the normal resistance there is in each of us to grow and move on with life, many an early adolescent but especially a mid adolescent will push his/her parents away at times clumsily, awkwardly, at times with hostility and even hate creating thereby feelings of anger, hostility and rejection in the parents which, of course, sets up a very difficult situation.

Where the relationships to the parents have long been quite positive, these episodes of pushing the parents away will be experienced as less threatening, less dangerous, less foreboding of family disintegration. Episodes of tension, conflict and rejection, often will give way then to episodes of repairing, of reconciling, and allow the progress of pushing the parents away to occur step by step, bit by bit. Where, on the other hand, the relationships to parents have for a long time been overloaded with hostility, whether parents have not sufficiently respected the child and the child not sufficiently come to respect the parents, episodes of pushing the parents away may take the form of intense hostility, depreciation of the parents, even rebellion and violence which has dire consequences for both the adolescent and the parents. Some degree of adolescent rebellion seems to occur in most adolescents. The frequency of such episodes, their intensity, the persistence of this rebellion, is highly variable and more likely to occur where much hostility exists in relationships and insufficient permission is given to the adolescent's need to individuate from the parents.

Relationships to Peers:

To Siblings:

The relationships to siblings continue to be a multifaceted one. A sibling is both a member of the family and a peer. In a sense we are experienced in both spheres of relatedness. This gives siblings an advantage although at times this is experienced as a disadvantage. It is especially experienced as an advantage where the relationship to siblings is positive, has a long history of having been able to get along albeit with episodes of rivalry and hostility, but in the overall the relationship has been good. Age plays its part here in that the early adolescent is not as likely to be turned to by the mid adolescent for council on how to relate to peers in school, to teachers, how to negotiate a difficult interaction during a ball-game in which the mid adolescent participates, etc. The converse however is expectable, namely that the early adolescent may on occasion ask the mid or late adolescent how to negotiate a problematic interaction with a peer or with a teacher; or may simply take example from how the older sibling behaves in certain situations. There is a problematic instance where a mid-adolescent may focus interest and attention on a younger sibling especially an early adolescent, and that is in the domain of sexual curiosity and interest. We shall address this question further in Section 6.23. On the negative side of sibling relatedness is the often found displacement upon siblings of hurt feelings, of hostility, etc., which come from other sources (e.g., parents, a teacher, or hostile peers) with which the older adolescent may have difficulty dealing.

To Non-Sibling Peers:

It is especially here that the tasks that confront the adolescent are large. Peer relatedness is experienced in several contexts. There is the relationship of the adolescent to the peer group; the relationship of the adolescent one on one, predominantly of a non-sexual nature; and one on one of a sexual nature. Of course, there are some instances of group experiencing of a sexual nature as well.

Early in adolescence of most concern is the need to establish a relationship with the peer group with some explorations into one on one predominantly non-sexual relationship. This task brings with a good deal of anxiety in the early adolescent due mostly to the fear of rejection, to the fear of being a less valued member of the group, to fear of being humiliated in performance, etc. The adolescent knows that the peer does not come into the relationship prepared to accept, respect, and value the other. Of course, the early adolescent whose relationships within the family have predominantly been positive will expect the ability of interaction and relatedness; the peer who has experienced much rejection and hostility in the family relationships is more likely to be highly guarded and expect further injury from the peer group. Interestingly though, some early adolescents who come to find greater acceptance by one or more peers than she or he experienced in the family, will find this new world of relatedness a highly promising, exhilarating, and highly valued source of relationships.

Adolescents, discovering that peers both in a group and one on one offer a more rewarding and sympathetic relationship than he or she has known at home, may make very good use of this discovery and bring about a significant modification in the character of his or her relationships even to the point of over-riding conflicted and hostile relationships with family members. Some very creative and positively disposed individuals in early adolescence may bring a true turnabout in their relatedness. Of course, the advantage still will go to the early adolescent whose relationships with the family has a long history of being loving, respecting, overall highly rewarding.

One on one relationships for the early adolescent will be more tentative. There is a degree of difficulty in one on one relationships which can be masked in relationships to the peer group. It is more difficult to hide one's vulnerabilities, one's reactions in a one on one relationship than it is in a one on group relationship. This is so because there is greater opportunity for intimacy in one on one relationships which makes them experienced at a more intense and meaningful level. Again here, past relationships will significantly determine what the early adolescent expects from another peer.

During early adolescence one on one sexual relationships tend to occur mostly at a fantasy or mental level and do not actually become activated. Most commonly it is through the relatedness to the peer group that sexual activity becomes introduced, most commonly with "party games" which tend to be of an introductory nature. Of course, there are instances where such group activity goes beyond the introductory level with sometimes highly problematic consequences.

The mid adolescent also places much importance in the peer group experience, in self to peer group relationships. But now there will be an increase in the importance of

the predominantly non-sexual one on one relationship and there will also be an substantial increase in the organization and the efforts toward generating a one on one sexual relationship. We do not mean that some early adolescents do not get involved in sexual relationships with a peer. Quite the contrary, this is in fact, where problems of premature pregnancy creates its greatest degree of difficulty. On average, which is what we are attempting to present, the early adolescent will not be ready for a sexual one on one relationship; that usually does not begin until mid adolescence. During mid adolescence one on one sexual relatedness achieves a large level of importance and significantly influences the behaviors of mid adolescent girls and boys toward one another. More on this in Section 6.23.

During late adolescence the peer group continues to exert a significant influence on the adolescent. So too, one on one non-sexual relationships continue to be important, to become a vehicle for much exploration and discussion of human interaction, the meaning of life, religion, philosophic ideas, and much more. Such occur also of course in the context of a group. With regard to one on one sexual relationships, these now achieve central importance and increasingly some degree of stability, continuity, may occur in some such relationships. It is especially during late adolescence that the peer should have achieved a high level of importance, the emotional investment in a peer achieving significant meaningfulness, all preparatory for spending the rest of one's life interacting predominantly with a mate and peers of one's own generation, creating one's family and one's society.

Relationships to Non-Familial Adults:

For many a mid and late adolescent one or several teachers may achieve a level of importance which may have an influence for many years to come. Even in adulthood a particular teacher will be remembered as having been especially meaningful in a positive way to the individual. Regretfully, of course, in some instances a teacher may be a source of enormous pain and also be remembered as such for many years to come.

Also, in many a mid adolescent a figure from literature, or from the world of science, or a sports figure may become idealized and provide the mid adolescent with an image, with goals, similar to this idealized figure which may have enormous importance to the organization of the individual's self image and actual life. Many a mid adolescent will identify with a renowned scientist or sports figure and decide to become a scientist or a sports professional. The same of course can be said for an admired neighbor, aunt or uncle, etc.

At a less self organizing but nonetheless of importance to the self, is the idol from the music world or the movies which draws much interest from the peer group and becomes a source of much mutual excitement, preoccupation, and activity.

6.2212 CHILD REARING: The Development of Self and Human Relationships

The Self:

It is most important that parents know the enormous tasks that face the adolescent, and especially those that pertain to the shift from the parents being at the center of the adolescent's life, to making the peer a highly valued individual in order to make the continuation of a full life possible. Parents must be aware of the great difficulty the adolescent experiences in developing the high level of self responsibility, self reliance, self control over internal pressures and feelings and that these may at times be experienced by the adolescent as bewildering and anxiety producing. It is, at least in part, the enormity of the tasks of adolescence that make for the adolescent's frequent mood changes. These result in large part from feelings of inadequacy, feelings of anxiety about being accepted, about being able to acquire the necessary self reliance and self responsibility toward becoming an adult, as well as from the hurt feelings that come from rejections in peer relationships as well as feelings of humiliation at not performing as well as the adolescent wishes. Furthermore, it is important for parents to recognize that achieving the desired goals the adolescent sets for himself/herself usually does not occur in a straight line; rather there are periods of success and there are times of disappointment and failure. Bearing this in mind, parents will be able to be sympathetically supportive of their adolescent's continuing efforts to acquire that increased sense of self responsibility, self reliance, self control required for the development of a cohesive sense of self-identity.

Usually, the early adolescent has acquired skills to do the work required in school, work assigned to be done at home, and meet some of the demands for chores performance within the home. Certainly the mid adolescent should be experiencing an increasing sense of being able to do what she/he needs to do to consolidate the sense of industry of which he/she is capable. Nonetheless many an early adolescent and even some mid adolescents will continue to require the supervision of parents for performing these tasks, for making efforts even in the face of increasing degrees of difficulty (particularly in terms of homework and studying for tests) some even asking for help, others not asking for help but needing it, and it is the parent's responsibility to attempt to determine when such help is needed even if not asked for. As before, perhaps even more so now than before, parents must use good judgment in the way they impose demands for task performance, be it at home or in school, and not be too restrictive or over controlling of the adolescent. This is especially because the thrust to autonomy, the need to become self reliant and capable of doing things on one's own will be thwarted by parental over-control. This is where adolescent rebellions particularly come from. That is, when parents are overly controlling of their mid adolescent, when they are blind to the adolescent's need for autonomy and to govern himself/herself and all that comes with these.

Much delicacy is required on the part of the parent in helping their early adolescents especially in tolerating their changing sexual self identity, tolerate disappointments, delays in development, and in self care. Some mid adolescents too will require parental understanding (empathy) and sympathy in their efforts to gain increasingly greater comfort with their developing sexual self image.

Sensitivity to and alertness to interactions of a sexual nature between the adolescent and his/her siblings can be enormously protective and helpful to the growing adolescent. On the other hand, insensitivity to issues of parent-adolescent sexual interaction, or sibling sexual interaction, may have long lasting harmful consequences that can be quite substantial. More on this in Section 6.23.

In developing relationships with peers early adolescents, mid adolescents and even late adolescents secure a better sense of self as well as strengthen the chances of forming meaningful relationships with peers in later years. All in all parents continue to be major contributors to the adolescent's developing sense of self, empathy (putting oneself in the adolescent's position and trying to ascertain how the adolescent feels), understanding, sympathy, patience can all enormously contribute to the adolescent's stabilizing a healthy sense of self that is cohesive and well organized. Unfortunately, hostility from parents, lack of respect for the adolescent, disregard for the adolescent's well being can still have highly detrimental effects on the adolescent's developing sense of self.

Relationships to Others:

To Parents:

The parent who recognizes that his/her adolescent's efforts to push away from childhood may at times be offensive, clumsy, even at times painful to the parent, is more likely to be able to help his/her teenager behave in more reasonable ways toward the parent, moderate the expressions of rejection and push away with less hostility.

Probably one of the most challenging aspects of parenting with the mid and especially the late adolescent is the setting of limits appropriate to the age, and setting in such a way as to not overly stir adolescent rebellion reactions. In setting limits, stating the intent of the limits on the well being of the adolescent is much more constructive than to insist that the adolescent do what the parents says; "Because I said so", or "Because I'm your father -- mother". To assert authority in setting limits should come only after efforts to set limits without exerting authority fails. Mid-adolescents who flaunt parental guidance in the face of doing injury to themselves, be it in the overuse of alcohol or drugs, or in peer group behavior challenging to the police and the neighborhood, will need a more authoritative and even authoritarian limit setting approach. Indeed punishment may be needed here. In this though the way can become very rough; success is not always insured; further rebellion may be instigated. Where parents truly have difficulty in guiding their adolescents, professional consultation may be very helpful and be more successful when school authorities or the police are not yet brought into the act. Parents who are attentive to what their adolescents are doing and who take over when such taking over is needed will be more protective of their adolescents. It is important to recognize the adolescent's needs for individuality, for developing self reliance, for developing self confidence; but this does not mean that one should allow one's adolescent to do things that are self destructive, destructive to others, or clearly show poor judgment. Here, even in the face of rebellion, parental authority will have to be exercised. More on this in Section 6.24.

Relationships to Peers:

Siblings:

Parents will continue to be needed in helping to settle arguments between siblings, in stopping acts of hostility by one sibling to another, will often still be needed to mediate and to referee at times when the siblings are not able to settle their differences before things get out of hand. In the subsequent sections we shall discuss parents' handling sexual activity between siblings (Section 6.2312) and acts of hostility toward one another (Section 6.2412).

To Non-Familial Peers:

It is very useful for parents to come to know the peers their adolescent becomes involved with. The best way for parents to do this is to make the adolescent's home open to his/her peers. There is no better arena for parents to observe, get to know what kind of friends the adolescent is making than to have them come into the adolescent's own home where they can be seen, heard, experienced as individual human beings. Most adolescents value bringing peers home when that is made possible and is positive. Adolescents can become very fond their peers' parents.

Even though they may not say so, adolescents, especially early adolescents and even some mid adolescents truly welcome their parents input, observations, guidance in relating to their peers. Here, we caution parents to act like parents and not try to act like their adolescent's friend, peer, or buddy. Adolescents need parents, continue to need parental guidance; and most do not accept their parents' attempting to act like adolescents themselves, but in the way the parents dress, the language they adopt, or the things they do. This does not contradict the adolescent's need to decentralize the relationship with their parents; they nonetheless need parents who continue to be parents even if a necessary change in the centrality of their relationship to them has to be achieved.

Relationships to Non-Familial Adults:

It is a mixed matter whether or not adolescents want their own parents to become acquainted with adults whom their adolescent has befriended or really admires. What we mean is that while on the one hand adolescents welcome their parents meeting people they admire, teachers whom they respect highly, at the same time they seem at times embarrassed on such meetings, at times fearing that the parents are going to say something "stupid" to the adult the adolescent admires. This is simply part of the adolescents need to temporarily devalue his/her parents in order to let go of the long admired parents of childhood and feel competent and comfortable enough as an individual person, as a person moving toward becoming an adult.

We close this section with the note that while it is extremely difficult for parents to be decentralized from their mid and late adolescent's life, it is essential for the adolescent

to go on, make a life for himself/herself, make his/her own family and create his/her own society. The relationships to parents continue where these relations have been good over the years. Parents continue then to have large importance to their offspring although clearly that relationship is now structured in a different way. This may be one of the periods for parents which is most difficult for them by virtue of their having to let go of their adolescents as their "children" approach adulthood, and parents recognize the importance of the change in their relationship with their offspring, an experience that is at times very difficult for them, often more for mothers than for fathers. In fact this development is so difficult and takes so much effort that parents need to begin the process of letting their adolescents more or less gradually distance themselves several years before the adolescent is "scheduled" to leave home by virtue of his/her going on to college or to other work.

6.2 EMOTIONAL AND BEHAVIORAL DEVELOPMENT

6.23 SEXUAL-REPRODUCTIVE LIFE

Adolescent experience and adaptation is in large part organized by the progressive evolving of sexual-reproductive development. Everyone knows that sexual development especially occurs during adolescence, that sex is a principle adolescent preoccupation, and that adolescent sexuality is a principle concern of the adult community. The problems created by early adolescent pregnancy and parenthood are a major concern for parents and families, schools, and society.

We assume that the first levels of adolescent's organization are governed by those physical changes that basically modify the child's body into the adult-form body. Hand in hand with skeleto-muscular changes (see Section 6.1), programmed and hormonally influenced secondary sex characteristics account for this basic modification. These include the enlarging and maturing of the genitals, the visible emerging of pubic, facial and underarm hair, breast development in the female, and voice changes in the male. Not visible but very important are the changes in those parts of the reproductive system, namely ovaries in girls and testicles in boys, which make reproduction possible. In girls, ovaries begin to produce egg cells that monthly, cyclically, are released from the ovaries and pass into and through the reproductive system channels. From there when no fertilization (i.e., no sperm penetrates an egg cell) and, therefore, no impregnation occurs, the egg cell and the uterus layers generated to embed the fertilized egg cell are discharged vaginally in menstruation. In males the testicles now begin to produce sperm which accumulate in the seminal vesicles (sacs) and are discharged when these sacs contract during ejaculation. This is when adolescent masturbation, conscious and acknowledged, generally begins.

These many processes bring with them specific sensations, feelings, and reactions by each young adolescent. The changes, feelings and reactions these processes bring about have both universal and individual meaning to the young adolescent. This is so because the feelings stir up fantasies that are co-influenced by past fantasies and experiences as well as by present experiences in the home and in the peer group. These fantasies become organized, acquire a significant degree of stability, and make a large contribution to the young adolescent's sexual experiencing. As these fantasies, sensations, feelings and reactions become typical they have a significant influence over the state of well-being or disturbance in the early adolescent.

All in all, early adolescence arises out of prepuberty (see Unit 5) and constitutes the period when the physical adult-form sexual self develops and adult-form sexual life becomes ready to begin. We must emphasize that the adolescent is still a good 5 to 10 years away from being psychologically ready to begin adult sexual life.

From the sexual-reproduction standpoint, mid adolescence (adolescence proper) is the major period for adapting to the bodily sexual changes in progress. This is when the transition from the centrality of the relatedness to parents progresses to heightening the

meaning of peers to the self; this is when this transition is most set in motion. This is in large part produced by the powerfully driven search for sexual gratification which achieves a stronger and higher level than that of early adolescence. Mid adolescence is a period of sexual introduction, testing, learning, a period of trial and error. It is a major and new encounter with growing up and with what will become adult life.

Late adolescence is a time of consolidation of the physical and emotional developments brought about by adolescence; late adolescence flows into young adulthood. The search for sexual gratification and relatedness to a specific peer becomes more focused and more emotionally organized; this is setting the stage for the future programming of a new family, with a well-selected life mate and partner.

We emphasize again that one of the great problems of present day life is produced by the uneven development of the physical capability of becoming a parent and the long delayed emotional readiness and capability for parenthood. To be sure, for centuries early adolescents became parents. Even today there are societies where 13 and 14 year old girls are expected to begin the procreation of the new generation. In Western culture psychological developmentalists tell us that adult experiencing and functioning generally does not begin until about 8 to 10 years later than early adolescence. In fact, these professionals inform us that adolescent development of itself takes about 8 to 10 years, that it brings with it enormous challenges and tasks of development. One of the major factors which make the readiness for parenthood insufficient during adolescence is that adolescent development itself requires much attention to the self. Because so much psychological energy has to be committed to self development, and that the turning inwardly required by the demands of adolescent development make difficult the capability to fully be other-person oriented, as is required for adequately taking care of a child, all in all, this factor leads to an insufficiency of emotional energy to fully, adequately achieve both tasks at one time. The normally self-preoccupied adolescent is generally not able to be attentive to the needs and demands of a young child, demands that require much energy, attention, selflessness, and responsibility. It is the equivalent of attempting to carry on two full time jobs, one of which, parenting, is a 24 hours a day job. This is why in part at least, in Western culture, early teen pregnancy is associated with a large percentage of child abuse, child neglect, and other problems. It is because the self has not obtained the evolution to being a parent that these problems arise. The healthy emotional investment in the self required by adolescent development, the sufficient disengagement from the adolescent's own parents and the sufficient ability to emotionally invest in a peer, the overall ongoing development from child to adult, make it that the adolescent is not psychologically, not emotionally ready, by at least 5 to 10 years, for what her/his body is now capable of: parenthood.

6.2311 HUMAN DEVELOPMENT: Sexual-Reproductive Life

Early Adolescence (12-15 years):

The prepubertal hormonal changes which induce the genetically preprogrammed anatomical and physiological changes in the youngster develop most dramatically during this period. All bodily components of the reproductive system now begin to attain their adult form, although not yet a fully developed adult form. In girls, the ovaries become functional, and with this the menstruation period becomes more or less cyclically regulated. In boys, the testicles now produce sperm which contained in seminal fluid can be discharge at will. These impact on the young adolescent emotionally powerfully, and determine the contents of wishes, fantasies, and the character of much of their behavior. Hormones influence the state and threshold of sexual arousal, intensify reactivity to sexual stimuli, and lead to involuntary and virtually uncontrollable preoccupation with sexual thoughts, feelings, and activity.

Although these feelings and thoughts bring with them much interest and excitement, they also induce much fear and anxiety. Fear and anxiety are due to (1) the novelty, intensity, constant activation of adolescent sexual excitation; (2) the uncertainty that reaction to this excitation can be contained, modulated and controlled; (3) that one will be rejected and thought of badly by parents, by peers, and the by religious community; (4) that harm will be done to the self by one's own actions (especially by masturbation) or by the action of others. Anxiety is due to the contents of the fantasies associated with sexual excitations, fantasies that are often experienced as unacceptable and as threatening to the self. These fantasies are now activated by external events (such as peer discussions, jokes, sexual behaviors of all kinds, television, movies, books, etc.) and by internal events (that is, current ideas and fantasies which resonate with and arise from past fantasies, memories, and events). Current fantasies may operate at a conscious level (one is aware of these) and, according to what psychoanalysts say, at an unconscious level (one is not aware of these at the time). Psychoanalysts tell us that unconscious fantasies can be powerfully determining of conscious fantasies and behavior. That unconscious experiencing occurs and unconscious fantasies exist is uncovered by the process psychoanalysts use in their work, that is the process of free association²³.

Psychoanalysts tell us that intense anxiety can be caused in young adolescents (1) by any high level emotional reactivity which the young adolescent experiences as unmanageable; (2) by current unconscious fantasies which threaten the self (such as being jealous of an admired peer, or being rejected by a person whose approval one seeks); and (3) by the reactivation of repressed unconscious fantasies²⁴.

²³ Free association consists of allowing oneself to say whatever comes to one's mind, or when working with young children, to observe whatever the child enacts spontaneously with play facilitating toys (puppets, a doll house, board games) as well as with pencil, crayons, and paints.

²⁴ Repressed means to be actively pushed into one's unconscious mind; unconscious means that sector of experiencing which is kept out of awareness; and fantasies means ideas, scenes, produced by one's imagination.

According to studies of both adults and adolescents, psychoanalysts tell us that the major repressed unconscious fantasies which create problems for the adolescent come from the family romance fantasies which are incompletely resolved and given up, and which due to then experienced intense anxiety have become repressed; that is, it is as if these fantasies have been put out of awareness, into cold storage, but they keep pressing for expression into real life (see Unit 3, Section 3.23).

Especially because the 12 to 15 years of age young adolescent is relatively still centrally attached to the parents of his or her childhood that, increasingly powerful sexual excitations now biologically and psychologically stirred in him or her resonate with and reactivate repressed family romance fantasies. Brought out of cold storage, these old fantasies have retained their old meanings and residual vitality and currently reinforced by the new sexual vitality of early adolescence, these fantasies now produce a feeling of danger of experiencing sexual feelings toward her or his own parents which the young adolescent experiences as bad, shameful, and even evil. This is a major reason why currently reactivated fantasies give rise to anxiety. In fact, this anxiety contributes positively toward activating the process of separating further from the parents of childhood and heightens the importance of and the turning toward peer relatedness, lending a hand in initiating the long process of searching for a mate among the peer population.

Thus this earliest period of adolescence, by virtue of the powerful upsurge of the adult-form sexuality is perhaps internally, within the youngsters own mind, the most emotionally challenging to adaptation during the long decade of adolescence.

Sexual Behaviors:

Many an early adolescent will become very conscious of the way she/he dresses. While this is more a preoccupation of the mid and late adolescent, some 14 and 15 year olds will be very attentive to what clothes they put on themselves. Also many become preoccupied with their physical appearance including their hair, their face, and begin to spend more time tending to their appearance. Many a 14 year old will also begin to carry herself or himself in ways that are actually erotic if not seductive. This may occur at certain times only or it may be constant. Actual seductiveness may be facilitated in specific situations, such as at parties, in school, and tend to occur in the presence of specific people. Among these, parents, older siblings, as well as younger siblings may sometimes be such a person.

In general, sexual behaviors and activities with peers tend at this age to be exploratory in character. It is not uncommon at this age for first sexual explorations to occur with same sex peers. The reason for such same sex peer explorations invariably comes from anxiety experienced at carrying out such explorations with a peer of the other sex. In early adolescence, sexual exploratory activity is usually facilitated by group process and most commonly undertaken at parties. Of course, early adolescents more often than may be assumed are induced into sexual activity by individuals older than themselves including, late adolescents and even adults. Unfortunately, such acts are never carried out with the early adolescent's best interest in mind.

Masturbation in both boys and girls becomes common at this age. It is usually spontaneously discovered or learned about from peer interaction. Mental health professionals assert that masturbation is a normal sexual activity which has constructive adaptive functions. That is, masturbation is a benign way of discharging potentially trouble-producing high levels of sexual excitation. High intensities of sexual excitation tend to be disruptive of adolescent behavior, as we shall discuss shortly, and tend to not diminish spontaneously. Young adolescents often make efforts to not become sexually excited. They soon discover how difficult for them this is; in fact, it is only by the use of certain psychic defense mechanisms such as inhibition and denial that sexual excitation can truly be controlled during early and mid adolescence. The average healthy adolescent tends not to use such defense mechanisms to prevent sexual stimulation to extremes and, therefore, from time to time need to dispose of accumulated sexual excitation which becomes disruptive of adaptive behavior and functioning such as being attentive in class or doing homework. This they do by means of masturbation.

It is also important to understand that masturbation is invariably associated with specific fantasies. It is exactly those fantasies which create most conflict around sexuality that become associated with masturbatory activity. This line of thought allows the assumption that masturbation is adaptive in helping the early adolescent further resolve those components of their fantasies which they find most prohibitive, most unwanted, shame inducing, and even evil.

Defensive Behaviors:

It is from the vantage point that sexuality in early adolescence brings with it conflicts, shame and guilt, fear and anxiety, that it is important for parents to understand their early adolescent's struggle with sexuality. The task is so difficult for the early adolescent that a number of psychic defensive operations become used by the early adolescent to protect himself/herself against sexual feelings and fantasies. Some go so far as to attempt the desexualization of themselves. Most commonly in early adolescence this is done by dressing sloppily, by maintaining sloppy physical hygiene which makes them repugnant to themselves and to others.

This is also the point at which diet becomes a factor for many an early adolescent. This can go both in the direction of excessive weight gain to mask the physical changes which become visible or it may go in the opposite direction, namely of excessive weight loss or insufficient food intake out of a fear of facilitating those physical changes, if not indeed, to prevent these physical changes from occurring. These defensive operations may also be brought into action during mid adolescence. Generally speaking, whether in the direction of weight gain or in the direction of weight loss, the effort is to mask or inhibit the development of secondary sex characteristics. It is now well known in our society that eating problems, when they begin in early or mid adolescence, are in part induced by anxiety associated with the development of those sexual characteristics which define our sexual self.

Another manifestation of an adolescent's efforts at self de-sexualization is the adolescent's holding on to preadolescent ways of behaving and acting. Here efforts are

made to remain an elementary school-age person and not move into adolescence. Such young adolescents will tend to be more comfortable with elementary school-age kids and shy away from their own peer group.

Another form of psychic defense against anxiety caused by early adolescence sexual experiencing manifests itself in hyper-sexualization, in over responding to the sexual experiencing. This kind of mechanism is actually the product of anxiety about sexuality but takes on the feature of proving to oneself that one is not afraid of the sexuality by being prematurely sexually active. This is similar to an individual undertaking to do something of which the person is frightened in order to prove one is not; some even do so in an exaggerated way such as in doing stunts on motorcycles, skydiving and the like. To be sure, some activities that originate in overcoming a fear such as motorcycle stunts and skydiving can in and of themselves at some point become highly pleasurable and be truly enjoyed by those who do them. In terms of sexuality, however, some hyper-sexualizations may occur in precocious sexual self presentations such as a 14 year old girl who perhaps unaware but nonetheless by her own efforts gives the appearance of being 18 years old. Other hyper sexualizations are carried out in actual sexual behavior, engaging even in sexual intercourse at a very young age, all as a means of trying to overcome anxiety associated with sexuality. Of course, other factors operate here as well such as hoping for attention, love and affection which the young adolescent may not be getting at home. Commonly though not always, such precocious sexual heightened activity is associated with delinquency, which virtually by definition, refers to an adolescent who has painful and problematic experiences at home, in the family.

The Influence of the Challenge of Sexuality on Other Tasks of Adolescence:

It is quite common for sexual excitation in early and mid adolescents to interfere with their ability to study, sometimes even in school, but quite commonly in the evening while attempting to do homework. Such interference may be costly by being excessively disruptive and may be remedied by the early adolescent himself or herself by several means. Among the most common of these is masturbation. But another very common and very productive way of dealing with the potential interference of heightening sexual excitation is by means of turning one's attention and that sexual energy into activities of quite a different kind. This, may lead some adolescents to channel enormous efforts into studying, into heightening school learning, putting such sexual energies by means of the transformation we know as sublimation, to extremely good use. Others may channel some of their sexual energy into other types of creative endeavors such as sports, music, dance, art, etc. This of course is most feasible in those early adolescents who have already engaged in such creative activities, including good school performance, and thereby are able to solve one of the major problems of adolescence in one or more such most constructive ways.

The large problem created by the sexual burst of excitation typical of early and mid adolescence also positively influences the process of becoming an individual, distancing the self gradually, progressively, away from the parents toward the peer group. Thus the obligatory shift from the central position occupied by one's mother and father in early

childhood to progressively valuing the peer is facilitated by the inner pressure of sexual stimulation and the steps taken to achieve gratification of it. Where the shift from parents to peers is activated too rapidly, it may contribute to adolescent rebellion especially during mid adolescence. Where the shift is encumbered by excessive sexual inhibition, excessive sexual anxiety, excessive guilt and shame over sexual feelings, the process of leaving the parents of childhood may be slowed to the detriment of healthy normal developmental progress.

Mid Adolescence or Adolescence Proper (From About 14 to About 18 Years of Age:

Overall, the processes set in motion during early adolescence now further unfolds, becomes organized and begins to stabilize. There is progressive mastery of sexual inner pressures, reactivities, with a decrease in high levels of anxiety and a beginning accommodation to the experience of peer directed sexuality. There are still vulnerabilities, trials and errors of interaction especially with members of the other sex, but these experiences become relatively integrated into overall adaptation. Seductiveness is better organized, facilitated and part of adolescent experiencing, and has lost the nearly mortifying feeling and initial awkwardness it brought in early adolescence.

With a decrease in fear and anxiety about sexuality, fantasies become more tolerable and an integral part of the adolescent's sexual experiencing. More and more, the fantasies tend to focus on peers or other-than parent adults. Where the process of adolescence is progressing satisfactorily, there is further resolution of those residual unconscious fantasies arising from the old family romance and their power is increasingly reduced. With this the adolescent experiences a greater degree of comfort with his/her sexual fantasies and activities.

With this as well, the relationship shift to peers is well underway. Peer relations tend to continue to focus on the peer group but with it there is an increase in a one on one interest in peers of the other sex. In some mid adolescents one on one experiencing may be powerfully intense, and relatedness to that peer significantly valued, organized, and highly selective. Nonetheless commonly, and at times surprising to many a parent and even to peers, such intense one on one attachment and valuation can be quickly interrupted, brought to a close and be shifted to another person surprisingly rapidly. The specificity, stability of attachment and relatedness which the young adult becomes capable is usually not yet part of the mid adolescent's capabilities.

Sexual Behaviors:

The state of dress is now quite predictably governed by peer group influence. It is impressive how adolescents can agree to wear the same style and kind of clothes. That dress is important to the self concept which organizes anew in adolescence.

Actual seductiveness is not only more comfortable but also becomes more selective. Here however, it creates problems when it is directed toward siblings and toward parents.

Masturbation in mid adolescence tends to be more stable for each individual adolescent. The novelty it was for the early adolescent is no longer, a coming to terms

with it to a greater or lesser degree has evolved and it commonly brings with it somewhat less anxiety, shame and guilt. The frequency of masturbation varies with individual adolescents given the various needs and ways of coping each adolescent develops. Overall, there tends to be a lessened degree of anxiety, shame and guilt about masturbation, although full freedom from anxiety, guilt and shame are not achieved.

Both in peer group contexts such as parties and other social events, sexual behavior is to a significant degree part of the social behavior of each adolescent, the degree of freedom in sexual expression, the degree of comfort with its reasonable expressions, varying with adolescents depending on their individual patterns of and success in coping. Sexual behaviors one on one vary among adolescents as well; however, one can expect a greater degree of comfort with a gradual development of strategies for engagement in sexual contact, which is much influenced by prior experiences, their prior degree of success versus their prior degree of embarrassment, shame, and rejection. Adolescents are exquisitely sensitive to feeling rejected by other sex peers, a factor which plays a major part in governing their venturing into interaction with peers of the other sex.

Defensive Behaviors:

Where de-sexualization has stabilized, this is now a more serious problem especially where de-sexualization is harsh. For instance, stabilized excessive weight gain, or excessive weight loss may now become problematic. To be sure, excessive weight loss is much more alarming, and rightly so, given that it can become significantly self destructive and in 6 to 10 percent of teenagers can lead to death. On the other hand, weight gain is only too common in mid adolescents but is not dangerous; its major problem now arises from the emotional and physiological (habitual body functioning) patterning of weight accumulation, stabilizing excessive eating habits, which although not life threateningly problematic during mid adolescence often become problematic in adulthood when excessive weight creates various life-threatening problems.

Defensive hyper-sexualization is also problematic, especially when it leads to promiscuity, to mid-adolescent pregnancy, and even to sexually transmitted diseases.

Influence on Other Tasks of Self Development:

While sexual preoccupation may still interfere with concentration and study, it tends to be better organized in mid adolescence both by virtue of the accommodation the adolescent has achieved over his/her sexual experiencing, but also by the greater push to concentrate and study required by the remarkable intensification of demands made of the students during high school. Those fortunate adolescents who for years have been developing skills in learning, in sports, in music, in dance, in art, etc., are able to put much sexual energy into the service of these activities, much to the adolescent's advantage. Parents and especially teachers know the remarkable enlargement of learning capability evident during mid adolescence. It is well to know that the transformation of sexual feelings, the channeling of sexual feelings into creative activities brings a remarkable contribution to these.

In terms of the increasing sense of self and the progressive organization of self identity, stabilization of sexual feelings and experiencing make a major contribution to the character of that self as the adolescent comes to know himself/herself. Indeed parents and peers come to know the individual in significant part as a male individual with such and such sexual features, or a female individual with such or such sexual features. Hand in hand with this greater consolidation of the self's identity is the gradual shift to peers which increasingly is gaining emphasis, value, and governs the individual's behavior. That shift is now, and should be well underway. Where indeed such a shift is not sufficiently underway, professional attention may be very helpful and prevent later problems.

Late Adolescence (From About 18 to 22 Year of Age):

Many 18 year olds leave home. This is so especially for those who go on to college. But it also occurs with adolescents who do not, who join the work force and venture into starting life on their own. There is a continuing integration of sexual experiencing and reactivity, strategies for interaction with other sex peers, with further mastery in all aspects of sexual experiencing. Of course, some late adolescents may experience more anxiety than others and not have organized their sexual lives as comfortably and be less well prepared for sexual relatedness than others. Generally, fear and anxiety about sex itself is pretty well mastered, feelings and attitudes about it are no longer significantly disruptive of adaptive functioning. To be sure, some fear and anxiety about engaging in a love relationship with a new peer cannot be surprising. Here the anxiety does not arise from sexuality per se but rather from fears of rejection by the peer in whom this new love-sexual interest has developed.

Sexual fantasies on average do not create problems for late adolescents; the exception among normal fantasies are the occasional fantasy in which transgressions of a variety of kinds experienced as unacceptable to the self are imagined. For instance, fantasies about a good friend's girlfriend/boyfriend will create conflict and be troublesome.

Many late adolescents are now able to form a one on one relationship that can achieve notable stability, continuity over time, and lead to a serious engagement for years. Obviously, many late adolescents marry and begin their own families. On the other hand, many late adolescent-young adults highly motivated to pursue careers may, in large part because of the investment of emotional energies in their work, put off involvement at full depth of commitment but are able to engage in a meaningful if only transitional sexual relationship.

Sexual Behaviors:

The state of dress, characteristic behaviors in interaction, one on one and with peers, tend to be stable for the individual, quite well known to the self and even to those around him/her. Seductiveness is better modulated, better controlled by now, serving the individual where needed in engagement with peers.

Masturbation continues to be implemented as a means for reducing sexual tensions, accumulated sexual excitations, especially so where a reliable sexual relationship is not yet attained. Given the large number of late adolescents who are not yet committed to a single romantic-sexual relationship, masturbation is an established phenomenon of late adolescence.

Defensive Behaviors:

Mental health professionals assert that sexualization of the self is a requirement by late adolescence. That is to say, whatever way one decides to organize one's sexual experiencing, be it, to be highly sexually active or, on the contrary, to be highly ascetic, not involved in sexual interactions, the issue of one's sexual identity has to be defined by late adolescence for a sufficiently healthy progression into adulthood. In this sense, organizing one's sexual experiencing along lines of being sexually active in relationships or celibate (not engaging in sexual relationships), what is essential for progression into adulthood is that one's sexual identity should be organized in a way acceptable to the self. What may prevent healthy progression into adulthood (as a psychological level of development) is where a high level of conflict about one's sexual identity remains. Whether the sexual orientation is heterosexual, oriented in one's sexual choice to a person of the other sex, or homosexual, oriented toward a person of the same sex, psychologically, the acceptance within the self of a sufficiently defined sexual orientation, accepting the self as a specific sexual self, is essential to untroubled progression into adulthood emotionally. Mental health professionals find that where there is a significant delay in the progression from late adolescence into adulthood that such a delay results from (1) the inability to accept a sexual orientation and definition, or (2) from delays in the process of individuating and making the shift from the centralized position of the parents in one's life to making a peer be so centralized. Therefore, where decentralization efforts continue to produce substantial problems, difficulty in adaptation to adulthood may be expected to occur. To a degree, certain long existing efforts to de-sexualization such as those that result in weight gain, may continue without excluding the capacity for sexual relationship which is age-adequate. It is especially on the side of excessive weight loss, namely in the condition known as anorexia, that continuing problems in one's sexual identity and in sexual relatedness may continue. Therefore, even though excessive weight gain and retention, as well as the problem known as bulimia, may continue to represent some internal adaptive difficulty, they do not necessarily exclude the capability for forming good loving sexual relationships.

Hyper-sexualization in late adolescence continues to represent a relative degree of difficulty in mediating sexuality in relationships. At this time such hyperactivity in sexuality may reflect more a difficulty in the ability to form love relationships, rather than to form sexual relationships. That is to say, the problem here may be less in how to deal with one's sexuality than how to form a steadfast, continuing, sufficiently emotionally engaged relationship with another person. So that here, the problem is more in terms of trusting another person sufficiently, being able to commit oneself emotionally to a single individual for a long time, rather than due to excessive anxiety about sexuality.

Influence on Other Tasks of Late Adolescence:

Again, assuming a greater degree of comfort with one's sexuality also leads one to assume that sexuality has become better integrated with other major tasks of late adolescent development and may be expected to no longer interfere substantially with the ability to concentrate for the purpose of study, for the purpose of repairing an automobile engine, nor any other undertaking which requires the individual's attention and focus.

By now as well, creative endeavors, be it in sports, in the arts, are generally contributed to by channeling some of the late adolescence sexual pressures and energies into these areas of experience. It is especially in the arts that the amalgamation of sexual feeling, experiencing and pressure becomes integrated into the overall artistic effort, be it an effort at producing a new work or at performance such as in music, dance, or theater.

In terms of its influence on the process of separating from the parents of one's childhood to a sufficient degree to allow the emotional investment of a peer at a new level, a level which can make future mate-hood possible, during late adolescence this should reach a level of sufficiency so that leaving home is not experienced as excessively painful and engagement in peer relationships is sufficiently facilitated to make these readily possible. We do not mean by this that no anxiety in forming relationships with new peers should be present. There always is some anxiety, of a greater or lesser degree, in meeting people for the first time, and especially in the domain of expressing a love-sexual interest in another person. There it is especially the fear of rejection that creates the anxiety. All in all, during late adolescence, during the period from 18 to about 22, living away from one's parents should be comfortably feasible, progressively so, and living in the world of peers should be comfortable enough to not to be overly preoccupied with it. We do find that late adolescents who have been unable to sufficiently attain this shift in the centrality of relatedness, may experience inordinate difficulties living on their own or in a group setting such as in college, to the degree that the anxiety produced by this insufficient development may interfere with their ability to work, to form relationships, and to play. In such cases, professional help can be most useful in facilitating the necessary progression and development into adulthood.

6.2312 CHILD REARING: Sexual-Reproductive Life

Parents' worries about their adolescents' sexual experiencing is among the major concerns they have about their adolescents. Mothers and fathers equally probably worry more about their adolescent daughter's sexual activities than about anything else regarding adolescent daughters. Whatever factors may be involved here, one of the foremost sources of worry for parents is that their too young daughters may become pregnant. It is because parents know only too well the risks inherent in premature engagement in sexuality and especially in the problems created by teenage pregnancy, with the disruptions of adolescent development and the heavy burdens placed on the

adolescent by a young child, that parents' worry uniformly about this possibility.

It seems to us that a mistake is made by parents who fail to recognize how significantly anxious their adolescent offspring are about sexuality and that it is this, namely anxiety, rather than the great promises of sexual gratification which propel some adolescents into premature sexuality, putting themselves at risk for some of its highly negative consequences. To be sure, the pressure of sexual excitation is very large and adolescents need parental guidance and, quite commonly, limit setting. But it is important to recognize that premature engagement in sexual activity and especially excessive sexual activity often, though not always, are the product of feeling insufficiently valued, in great need of acceptance by peers, all in all due to uncertainty about oneself, to an insufficient feeling of being worthy of trust and love, all of which need parental attention while at the same time parents make efforts at guiding and where needed limit setting. There are exceptions here. For instance, even in very loving families where parents are attentive and responsible, an attractive and precocious adolescent girl who draws the attraction and attention of adolescent boys several years older than herself may be swept into premature sexual activity, even into promiscuity, by her insufficiently developed ability to master her own sexual appetite and the gratification that comes from fervent male attention. In such cases, professional help may prove helpful in preventing problems and premature developmental closure.

Early Adolescence:

Parent must realize how stressful this period of development is for their young teenagers. It may be helpful for parents to think of their early adolescents as human beings whose bodies are developing far ahead of their emotional development. Breasts are developed, menstruation has begun, a loving father has said to his daughter on learning that she has started to menstruate: "Wow Janet, I understand you're a woman today." Indeed, said with affection, with admiration for the magnificence of human life, and in an effort to help the early adolescent accept her evolving sexuality. But, how far from being a woman psychologically, emotionally, is Janet? In other words, it creates an imbalance in the child's experiencing. The body is way ahead of emotional development, and this imbalance brings with it a great deal of uncertainty about the self, anxiety, even embarrassment and at times shame.

The anxieties the early adolescent experiences can be lessened by skillful, sensitive discussions of all aspects of sexual life. An attitude found very useful in speaking with children and teenagers about sexuality is to speak of it as a natural biological phenomenon, a universal biological function that serves the preservation of the species. To speak of sexuality as a biological phenomenon will be helpful when it is also acknowledged that this is a sensitive topic, one that creates anxieties and conflict in the early adolescent. When sexuality is talked about as if there were nothing to be anxious about, or as if there is nothing to feel uncomfortable about in a discussion of sexual matters between a father and his daughter or a mother and her son, this attitude can cause problems. It is simply not true that parents talking with their own children and adolescents about this biological phenomenon brings with it no anxiety.

In terms of this, it is especially important for parents to tolerate the possibility proposed, indeed affirmed, by psychoanalysts that every child experiences a family romance; this would guide the parent to be cautious in her/his approach to the early adolescent about matters of sexuality. (It may be fruitful to review the Section on Sexuality in Unit 3 at this time).

For a father to walk about the house in his underwear creates anxiety and stress in most early adolescent girls due to the experience of seductiveness contained in such behavior, even when the father does not consider his behavior to be seductive. The early adolescent girl, and even boys, will experience that behavior differently than is intended by the father. Similarly, a mother who comes to breakfast in a negligee, which by definition means that it will be sexually revealing, must realize that her early adolescent son and even daughter will be made uncomfortable by the inherently erotic exhibition that comes with wearing a negligee. Sleeping wear, underwear, cannot be equated with bathing suits even when bathing suits are more revealing than the underwear or the sleeping wear. This lies in the fact that these clothing have varying meanings for each of us. Underwear is more suggestive of being undressed than are bathing suits, even bikinis. We have learned this in the mental health clinical situation.

Parents who recognize the anxieties in the early adolescent as coming from the intensity, the constant activation now of sexual excitation, the uncertainty on the part of the early adolescent that she/he will be able to contain and control her/his sexual behavior, that the early adolescent fears parental disapproval for having sexual thoughts, fantasies and wishes, and the fact that harm may come to the self from sexual experiencing, that parent will better be able to appreciate the burdens experienced by the early adolescent. Respect for this anxiety is essential. The best way to mitigate this anxiety is to take occasion to talk about sexual matters, to answer whatever questions the early adolescent may ask, without badgering the adolescent, without forcing the adolescent to listen to a lecture about masturbation. Humor can at times be used constructively. Ridiculing is never constructive. Shaming may be useful only in extreme conditions but is usually not helpful for the early adolescent. Making the adolescent feel guilty about whatever manifestations of their sexual feelings, fantasies, and wishes they have will tend to create problems about sexuality rather than help contain the early adolescent's sexual exploitations. The same can be said for mid and late adolescence.

It is uncommon for early adolescents, or mid adolescents for that matter too, to state to their parents the content of their sexual fantasies. Where by chance the content of such a fantasy is revealed, it is well for the parents to address the content of these fantasies in a benign, and reassuring manner. One of the opportunities that will present itself under such conditions is for parents to be able to reassure their early and even their mid adolescents about the fact that all human beings, each of us, occasionally experiences fantasies we find unacceptable, whether it is that the fantasies are sadistic, or that we experience them to be of a sexually unacceptable character, which becomes a source of fear to the early and mid adolescent that there is something terribly wrong with him/her. Again, a passing comment about the naturalness of some objectionable fantasies may be reassuring to an early adolescent or mid adolescent who may experience a great deal of shame, guilt, and anxiety about his/her own sexual development. Fantasies not

acceptable according to "natural" sexual tendencies, occur to every human being at one time or another, and invariably cause some anxiety, shame, and even guilt. Given the many efforts the early adolescent and the mid adolescent make to cope with their sexual feelings, especially those that continue to be linked to the family romance, it is not surprising that all kinds of methods will be used to bypass, to find other ways of deriving sexual gratification than by using the fantasies that arise directly from the family romance. We cannot understate the importance of the experience of the family romance in early childhood which continues in early and mid adolescence to have some residual influence where the adolescent has not fully enough resolved or given up any hope of family romance gratification. It is especially in the face of remaining fantasies arising from the old family romance, that so much anxiety is experienced in the face of sexual feelings.

In fact, it is because every early adolescent still carries some residual fantasies coming from the earliest childhood wishes, the boy's wish to marry his mother, the girl's wish to marry her father, that some sexual events that occur in families bring with them such a harmful potential. What we have in mind here are the times when a parent engages in sexual activity with his/her own child, be it as a child, as an early adolescent, or for that matter a mid adolescent. It is now well known that on too many occasions incestuous events (sexual activity between family members other than husband and wife) occur which bring with them significant negative consequences. To be sure this is an unpleasant topic to consider. But consider it we must because of the harmful effects it brings to the child, to the adolescent. Mental health professionals tell us that according to their clinical experience and according to the few studies on the subject which currently exist, that the majority of children, including early adolescent, and mid adolescent, who are subjected to incestuous activity will suffer lifelong problems in their own subsequent sexual lives, suffer difficulties in forming loving and trusting relationships, and suffer from vulnerabilities to excessive shame and guilt for many years. Incestuous activity involving parents are the most detrimental. Incestuous activities involving stepparents take second place in harm done to the child or early adolescent. It is well to know that a stepfather to stepdaughter, most commonly the early adolescent stepdaughter, is the most frequent form of incestuous activities reported. This is especially so where the stepfather suffers also from alcoholism. Incestuous activities by familial adults can also be harmful to many an adolescent. Quite possibly the most common form of incestuous activity is that which occurs between siblings. Although the most common, (studies are insufficient to give us firm data on these matters) their detrimental impact is not as large, although in a significant percentage of cases the harmful effects can be highly detrimental to later adaptation and may be lifelong.

This discussion of incestuous activity is difficult for parents as well as for children to consider. Nonetheless, we take it on because this is an area where preventing inappropriate sexual events from happening is a relatively easy matter. Mental health professionals have often found that sexually abusing adults whose subjects are children tend to rely on false assumptions which are believed to make their behavior possible. That is, a father assumes "This will do her no harm", or "She won't know what I am doing to her", or "She won't remember...", etc., using such falsifications makes it possible

for many such parents and step-parents to engage in sexual activities with their children. We feel that when parents know what harm incestuous activity may bring to their children, they are far more likely to abstain from such behavior toward their own children and that they may be more benevolently vigilant in protecting their adolescent children from incestuous activities between siblings.

With regard to incestuous activity between siblings, it is not necessary to be harsh, to be punitive, to be overly alarmed by such activity. Rather, it will be sufficient in most cases to set limits in a constructive way, stating that the limit is set to protect against harmful later consequences, and also seeing to it that even where it is necessary for siblings to share a bedroom, that dress codes are reasonably observed, bathroom use reasonably respected, and that sexual activities are not permitted between siblings.

Handling Sexual Behaviors in the Early Adolescent:

We have already suggested that bathroom use be governed in a reasonable manner, recognizing the early adolescent's need for privacy, and the need to be protected against excesses of undress in the family. In some homes, parents insist, for philosophic or other reasons, that allowing nudity can work to the child's developing a healthy attitude toward self and sex. In such cases it is important to be attentive to the early adolescent's reaction to this state of dress or undress, and to be honest and sensitive about the degree to which nudity can be carried out. Early adolescents will find it overly stimulating, will feel inordinately uncomfortable, and will attempt to accommodate to the family's wishes by using defense mechanisms which may in the long run be troublesome. For example, the early adolescent who deals with his or her own reaction with a feeling: "There must be something wrong with me that I get sexually excited when nobody else in the family seems to" and will then attempt to deny his or her own experiencing with the possible result that this adolescent will from here on question his or her own perceptions of things, his or her own reading of how other people are behaving, and not trust his/her own intuitions, observations, and understandings.

From the vantage point of what kind of dress, what kind of outfit to wear, the early adolescent should be given a substantial choice in what to wear. Clearly if the dress is too sexually explicit, parents have the responsibility of offering guidance by not allowing certain clothing to be worn to school, etc.

An item of much consequence to preadolescent and early adolescent girls is the question of when to begin to wear a bra. Parents are well advised to go along with their preadolescent and early adolescent's wishes in this regard. Arguing that an early adolescent is not ready to wear a bra when the youngster wishes to wear one is not advantageous. The cost of such an item is much less than the emotional consequences which may come to it for some young girls, for example the feeling of not being noticed, the feeling of one's developing sexuality not being meaningful, which may have a determining consequence for the way the adolescent feels later. Similarly of course, mothers can be very helpful to their daughter's handling her menstrual period, by talking about the experience in reasonable, positive ways, as well as about what to wear and how to take good care of herself. Some early adolescents find the use of tampons difficult to

accept because they require intrusion into the vagina, something for which many early adolescent girls are not ready.

Seductiveness on the part of the early adolescent must be handled with sensitivity, thoughtfulness, and respect. That is to say, seductiveness has a place in life, where it can be quite beneficial in engaging another person into a relationship desired by the later adolescent and even the adult. Seductiveness need not be equated with sinfulness; it is an expression of sensuality for which there is an appropriate time and place. Seductiveness on the part of early adolescents toward the parents needs to be gently rebuffed at times with comments such as: "That makes me feel uncomfortable. When you get a bit older I am sure that some very nice girl/boy will appreciate and value that behavior. Your my son/daughter; this is not appropriate behavior between us. Save it for some lucky girl/boy." Obviously these words are only an example of setting an appropriate limit on seductiveness toward parents by early adolescents without being insulting, without rejecting the child's developing sexuality, without being offensive to the youngster. To be sure the early adolescent will react with embarrassment to such admonition by the parent. One of the ways the early adolescent may react is to say that this was not at all what the adolescent was doing, that there is something wrong with the parent for thinking so. Nonetheless, it is important that parents sort out whether the behavior is seductive, and if it is to set a reasonable limit on it. The same can be said for seductive behavior between siblings; similar comments can be made indicating that it is not appropriate with a sibling, but someday it will be appropriate with a boyfriend/girlfriend.

Parents who make their home welcoming for their children's peers are at significant advantage in knowing what kinds of peers their children associate with. Furthermore, it will make it possible for the parents to see at least some of the activities that go on between these peers and how their adolescent tends to behave with peers. Judgment needs to be used to determine what kind of behaviors may be allowed and not allowed, what may be precocious sexual exploration or what may be excessively inhibited interaction. For instance, learning that one's 13 year old son was too shy to kiss a girl in the course of some party game of a benign nature, a parent may wish to gently address this issue, gently explore whether this is due to some benign shyness or whether it is due to an overly critical attitude toward sex with unreasonable depreciation of it arising from anxiety experienced by the early adolescent. Here again, where behavior becomes too explicit, or becomes too vulgar, it is well for parents to gently but firmly set limits and guide their child in this important area of life experience.

With regard to masturbation, the parents' responsibilities are limited to not allowing masturbatory activity to be public. Beyond that, masturbatory activity is the private domain of the early adolescent, and is an area where the parent should not intrude. We are speaking here of solitary masturbation; group masturbation or other precocious sexual group activities requires limits by the parents given that such group activity may push the early adolescent to proceed to premature sexual interaction. Normal, solitary masturbation, is an area where the early adolescent requires privacy. It is well for parents to bear in mind that sexuality creates enormous problems for the young adolescent and that masturbation is the safest and least problem producing means for reducing high levels of sexual excitation which can not be discharged through creative channels. With

regard to discussions about masturbation these can usefully be offered in a sensitive way, but the parent should be ready to retreat from such discussion when the early adolescent indicates an unwillingness to talk about this with the parent. This is exactly why good sex education in schools is needed: because teenagers often are too conflicted and embarrassed to talk with their own parents about sex and masturbation, due to their repressed family romance fantasies which involve these same parents (see Section 6.2311).

Handling Defensive Behaviors:

Efforts at de-sexualizing the self can be reasonable and require no intervention on the part of the parents. Abstaining from dressing especially attractively is not remarkable nor is it indicative of a major problem with sexuality. Too sloppy dress on the other hand, and sloppy body hygiene, do call for some discussion bearing in mind that underlying such too sloppy dress and too sloppy hygiene may be due to a high level of anxiety about sexuality where sensitive discussion may be very helpful. It is well for parents to be attentive to excessive weight gain and especially to excessive weight loss. Excessive weight gain, which often serves to mask the body's sexual features (see Section 6.2311), should be talked about as a medical issue -- it can eventually aggravate life threatening problems. Here parents should not only try to sensitively make sex a less threatening issue for their young teenager; they can also help by encouraging better eating patterns, with foods selection and eating smaller portions of most foods.

It is especially in cases of excessive weight loss that parents cannot reduce their own early adolescent's anxiety about their developing sexuality, their developing body; and this is where professional consultation becomes necessary. It is important for parents to know that excessive weight loss, medically called anorexia, can be harmful to the early adolescent's evolving reproductive system, that it often interferes with regulating the menstrual cycle, that it does bring about imbalances in hormones, and, furthermore, that ultimately it may become a fatal illness, since about 10% of early and mid adolescent anorexics die. It is, therefore, a quite serious illness and needs medical attention. As with any other question parents would have, it is far wiser to consult a physician on questions the parents have pertaining to their early adolescent's health than to wait too long, when it is only too obvious that medical help is needed.

Defensive hyper-sexualization in early adolescents require parental attention. Excessively seductive behavior, excessively seductive dressing require parental guidance. Of course, where the parent- adolescent relationship is quite positive such limit setting will be useful, helpful, and probably effective. Where there are significant problems between the early adolescent and his/her parents, greater difficulty will be encountered in offering guidance and in setting limits and may lead to rebellious behaviors that can become quite problematic. Early adolescents whose hyper-sexualization is not attended to by the parents may lead the early adolescent into all kinds of difficulties, and where the adolescent-parent relationship is poor, may facilitate the way to delinquency, most commonly expressed in girls by precocious and promiscuous sexual overactivity.

Optimizing the Influence of Sexuality on Other Tasks of Adolescent Development:

Where sexual preoccupation interferes with the ability to study, to concentrate, it is well for parents to try to help their early adolescent organize their study habits toward greater effectiveness. This will mean securing a sufficiently isolated study area, with good enough lighting, the reasonable reduction of noises in the apartment or house, and with occasional checking how the studying is going as well as looking at the work once it is done. It is also well to be available to the early adolescent for questions regarding work assignments that create problems and to help the adolescent while at the same time encouraging greater effort in doing the work on her/his own. The parent needs to use judgment in determining when to encourage the youngster to work alone and when to respond to the adolescent's request for help.

It is useful to know that some early adolescents find being alone too difficult and interferes with their efforts to concentrate. Some may find the sound of a radio to provide them with just the degree of not being alone needed to be able to concentrate and study. It is important for parents to sort out whether the use of music is interfering with studying or whether it is facilitating studying. Where total silence creates a feeling of intense loneliness, a softly (i.e., not too loud) playing radio may facilitate the early adolescent's ability to study. Discussions about this with the adolescent are warranted and the adolescent ought to have a voice in deciding whether or not a radio is helpful or interferes with the youngster's efforts. Television, on the other hand, because it uses two sensory modalities, both hearing and seeing, does interfere with concentrating on homework and it is well for parents to not allow the use of television while doing homework.

Asking how the work is going when the young adolescent comes out for a glass a milk and a cracker, checking if the work is done before the early adolescent goes to bed, showing an interest in the adolescent's work efforts, all help the adolescent. Of course, unless it is warranted, over-concern may undermine the youngster's self confidence. Therefore, beware of nagging, of being too intrusive, of not allowing the adolescent sufficient autonomy to decide how to best proceed in doing the work required.

It is important that parents support their children's study and creative endeavors given that excessive sexual energy, sexual pressure can be channeled into these. Activities such as studying and learning but also involvement in sports, art, playing an instrument, etc., which provide the child with a remarkable channel for the discharge of all kinds of emotional energies, is a highly desirable channel for parents to support, encourage, cultivate. Again, this is best achieved by being interested in those activities where the child has particular talents and has learned skills over time. Of course attending school related events, be it parents' visiting night, or school and extracurricular sports events, musical, dance events all are highly supportive of the early adolescent and may be the largest contribution parents can make to their children's interests in these activities.

One of the factors parents are well to know about the emergence of adult-form sexuality in their early adolescents is that it contributes to the important and difficult task of distancing the self from the mother and father of early childhood and shifting the

valuation of relationships more and more to the peer group. This is difficult for parents. It is difficult to feel a lessening degree of importance the parent exerts on the child. Nonetheless, it is important that the parents help their child achieve this so that he/she can go on into the world, make his/her own life possible within the generation to which the early adolescent belongs. It is therefore important that parents allow the adolescent to push away from them from time to time, to turn more and more to peers. This is why allowing the use of the telephone for contact with peers is useful; why allowing the child to spend time with his/her peers after school is useful; why welcoming the early adolescent's peers into the home is important. It is well for parents to ascertain whether that pushing away is too rapid, too harsh, too hostile; rebellions need to be dealt with actively, thoughtfully, gently and firmly, in non-depreciating ways; they are not easy and professional help may and can be very helpful. Similarly where the shift to peers is not beginning, where the 14 and 15 year old tends to not form relationships with peers, tends to never complain about going out with the parents, exploration by the parents is warranted. That is, they should look to why the early adolescent is resisting pushing away from the parents and moving toward peers sufficiently. To be sure, some early adolescents will be slower at activating this shift in relatedness than others. No alarm is required here. It is however well, for parents to think about this, keep their eyes open to the question, and make occasion for talking with their adolescent about this issue when appropriate and feasible.

Handling Mid and Late Adolescent Behaviors:

It is important for parents to accept the fact that more and more during mid adolescence and late adolescence they will have less and less authority over their growing children's behaviors. Still, however, they can be helpful, can guide, can even set limits when necessary. Parents should expect the adolescent to progressively gain mastery over his/her sexual behaviors, feelings about his/her own sexual development, and they can expect a greater degree of adaptive capability. Interestingly, the adolescent will have a low tolerance for overt sexual behavior between the parents. Although adolescents are best protected by knowing that mother and father have a good love relationship which includes sexual activity, they are most uncomfortable in hearing any discussion of parental sexual activity, and many mid and even late adolescents have an adverse reaction to the idea of their parents having a sexual life with each other.

Most mid and late adolescence progressively then stabilized in their patterns of dealing with their sexuality, including their bathroom traffic, their state of dress, their seductiveness with parents and with siblings. Nonetheless, some mid adolescents still venture into behaviors that require parental guidance, as well as parental limits. This is especially so in the area of seductive behaviors and state of dress behaviors. By this age this matter should be clear to the mid-adolescent and where some lapses in reasonable behavior occur, parental limits continue to be enormously helpful. Limits can be set firmly, the same rules being stated as have been repeated before even if these become tiresome and annoying. Parents should recognize that it is not that they have not been understood which is leading to a repetition of unacceptable behavior, but rather that there

is a continuing degree of insufficient mastery over sexual pressures that are activating the mid adolescent's behavior. Of course, where the seductive behavior leads to sexual activity, that is then incestuous activity, parental efforts have to be more vigorous, more persistent, and more continuing vigilance is required. It is critical to sort out the degree to which the mid and late adolescent needs and deserves the privilege of privacy, and where this privacy may facilitate incestuous activity, and, indeed, whether or not this is going on. Adolescents need privacy in much of their activities be it toileting, dressing, homework, and even in social activities. Nonetheless where there are signs of sibling seduction and erotic interaction, privacy is going to have to be monitored and even intruded upon, and it is well that this be clearly established. It is well for parents to bear in mind that sibling sexual interaction may begin well before mid adolescence, or it may begin in mid or even late adolescence and that parental help is usually needed to stop it. When such activity is found, or is believed may be occurring, discussion of the problems such activity often causes can be enormously helpful in resolving such unacceptable behaviors. Discussions that are respectful, explanatory, where strictures are clearly stated, are far more effective than scolding, humiliating, and insulting.

With regard to mid adolescence and late adolescence sexual behaviors with their peers, parental judgment, sensitivity, judiciousness are essential. What is appropriate for a mid-adolescent? It is appropriate for a mid adolescent to engage in kissing, in petting activities, it is more questionable whether sexual intercourse is appropriate for the adolescent 15 to 18 years of age. In Western culture it is not uncommon for mid adolescents to engage in sexual activity to the point of sexual intercourse. To deny that such occurs is only inviting un-preparedness on the part of the mid adolescent, is naive, and robs the parent of being helpful to the mid adolescent. Not every mid adolescent will be ready for intercourse. It is no more reasonable to insist that a person by the age of 18 must have had intercourse as it is to hold the view that no person 16 should have intercourse. Parents will never be able to control whether or not their 16 or 18 year old has intercourse or whether they should or should not do so. It is helpful to allow the topic to surface in discussions when it arises spontaneously, usually most easily in terms of what other adolescents are doing, so that sexual behaviors need not be unduly kept hidden from parents out of fear of disapproval and rejection. These matters are not easy for parents and adolescents to discuss, but humor, talking about other adolescents, commenting to behaviors seen and heard about other adolescents, can be guiding to one's own children.

Allowing sexual activity in the home is of course a matter of individual parental choice. Once parents have a standard to which they want to hold that can be made known to the adolescent in due time. It is well to again emphasize that the balance between allowing age appropriate sexual behaviors to be carried out in the home and disallowing behaviors that are felt to be premature for one's own mid adolescent is left to the parents, but that parents are advantaged when what is permitted happens at home rather than elsewhere. There is a wide range of what is felt to be reasonable by parents and each family must determine its own standards of sexual conduct.

A word on masturbation. Mid and late adolescent masturbation is none of the parents' business; such activity is strictly reserved for the privacy of the adolescent.

Where defensive behaviors remain within reasonable range, be it some degree of reserve, some degree of over-channeling sexual energies into creative activities, these are benign and of no concern for parents. It is where the mid- or late-adolescent's inhibitions against sexual behavior are too great, or the behaviors too loose, that parental attention needs to be paid to these and concern judiciously expressed. Of course, excessive weight loss, again, features as among the most worrisome of the defensive operations against one's sexual development and here professional help is warranted.

Sexual development, pressures and concerns continue to influence other tasks of development. Parental support continues to be helpful with regard to the adolescent's efforts at doing homework, at concentrating and studying. Interest in the adolescent's school-work and other creative activities will help him/her fend off interference from sexual excitement and arousal. Approval of good work, approval of good a grade, of a good report card, of a successfully achieved project, continue to be important to mid and late adolescents. Making the honor roll, being selected for a prize, all deserve applause and benefit the adolescent. Attending performances, be it in sports, in theater, in music, all are enormously supportive, appreciated, and enhance the adolescent's creative efforts.

With regard to the development of self, the movement away from the centralization of the parents and the shift toward peers need to be permitted by parents, at times even under relatively unpleasant conditions. For instance, inviting a 16 year old to come to dinner with the family may at times lead to rejection of such invitations by the mid adolescent. Some parents are offended by such a refusal, not realizing the need for the mid adolescent to disengage from certain family activities which place the parents at the center of that activity. Some parents find it difficult to tolerate the fact that the mid adolescent would prefer to spend the evening with his girlfriend, or her boyfriend, than stay for a gathering with some family members who are visiting from out of town. Such refusals on the part of the mid adolescent, and the late adolescent, are however, part of their effort to push away from the parents, pulling closer toward peers, an activity in which they need parental permission and even approval. Where a 17 year old never refuses to spend an evening with the family, seems insufficiently engaged in relationships with peers, attention to this matter is warranted. Where parents feel they cannot address the issue satisfactorily themselves professional consultation can be very helpful.

6.2 EMOTIONAL AND BEHAVIORAL DEVELOPMENT

6.24 AGGRESSION

We remind the reader that there are several models of aggression. In many ways they are quite similar; however, on some important points they differ. Aggressive behavior is complex, has different forms, and efforts to explain the nature of these different forms of aggression has given birth to the various models we have. Some view the different forms aggression takes to mean that these are actually different phenomena and should not all be identified as aggression; and others view these to be various forms one particular phenomenon takes that is, that aggression has several forms.

The model we use holds that there are 3 major trends in aggression. First, there is aggression that is neither destructive nor hostile, this form being nondestructive aggression and serves autonomy and assertiveness. For instance, to protect her or his sense of self, the adolescent will frequently assert his/her thoughts, explanations of certain events, and insist sometimes even to the point of being angry that his/her explanation is the right one. Putting one's foot down on an issue on the part of the parent is not hostile, but it is also aggressive and constructive, it is assertive. The second major trend in aggression is identified as nonaffective destructiveness, so labeled because there are acts of destructiveness that are not motivated by hostile feelings. For instance, in the animal kingdom, hunting, chasing and capturing a smaller animal is not motivated by anger toward that animal nor even by the pleasure of the chase, but rather it is due to the need to feed oneself. We all need food in order to survive. In the process of getting the food we need and in the process of eating and digesting that food, we are breaking down existing structure (in this case an organism) in order to derive from that structure what we need for the purpose of survival. This type of destructiveness is essentially then not motivated by hostile feelings, but by hunger and the powerful inner push to survive. The third major trend in aggression is that most familiar to all of us and which most immediately comes to mind when we speak of aggression, and that is hostile destructiveness. This trend in aggression covers the range from feelings of hostility to hate and rage. The model of aggression we use holds that hostile destructiveness is always produced by experiences of excessive displeasure. Excessive displeasure, or what is experienced as excessively bad feelings, is experienced when physical or emotional pain goes beyond that point of tolerance we experience as being "too much", like when one feels "this is more than I can take". It is just in this fact that the model we employ is useful and of large importance to each of us but especially so for parents. It is that hostile destructiveness is a trend in aggression, a form of aggression which results from the experiences we each have; we are not born with hostile feelings, they are generated in us by the experiences of excessive pain we have, whether that pain is physical, but especially when that pain is of an emotional kind. This means then that parents can facilitate their child becoming a very hostile person and equally so, they can facilitate their child's becoming a person fairly free from large loads of hostility.

One of the more sticky problems for this model is this. Anger, hostility, hate, and rage are of course on a continuum: all are feelings on the same line of experience, all are feelings of aggression. However, the model we use assumes anger to be part of nondestructive aggression, of reactions in the self to the thwarting of one's autonomy, which intensifies feelings of nondestructive aggression, feelings of assertiveness, and will, if that thwarting of autonomy continues, lead to angry assertiveness. But this thwarting of autonomy will not lead to the stirring of hostile feelings until that thwarting is experienced by the self as going beyond the point of tolerance, to the point of "this is too much". At this point, the aggression experienced becomes hostile destructiveness. Thus, anger is part of the nondestructive aggression trend, whereas hostility is part of the hostile destructive trend. Experience thus determines when the nondestructive aggression trend yields to or becomes the hostile destructive trend. This should not be too surprising given as we said at the outset that aggression is a family of feelings, that there are different forms aggression takes which is what makes it so difficult to explain what it is and why there are a number of models which attempt to explain it. Hostility does differ from anger. It is not only a more intense feeling, most important is that it creates a different set of reactions, and motivates hostile acts, whereas anger does not. And, the more intense both the reactions and the acts which follow from it the more one goes from hostility to hate and then to rage.

Manifestations of aggression, nondestructive aggression and hostile destructiveness, the two trends that concern us most, are significantly determined by the size of the individual. It is doubtful that a 2 year old child can budge a 100 pound weight; it is probable that the average 12 year old can perhaps budge it; and it is certain that the average 17 year old can do so. It is more likely that the average 17 year old boy will have less difficulty doing so than the average 17 year old girl. It is also likely that none of us would fear the hostility or rage experienced by a 2 year old, would probably have some misgivings about what a 12 year old is capable of if enraged, and might well, and maybe wisely be frightened by an enraged 17 year old. Although the 17 year old female's hostility and rage could be alarming, that of the 17 year old male would probably be more frightening. All of these are determined by the physical size, mass and strength of the child or adolescent's physical height and breadth, and muscle mass.

We also noted that maleness and femaleness is, on average, a factor which influences the quality of expressions of aggression. Contributing here is the increased production of hormones associated with sexual development and with the overall bodily development that comes during adolescence. We now know that in the male, higher levels of certain hormones, known as steroids which pertain to sexuality, as well as specifically male hormones like testosterone, are produced in larger quantities in males than in females. These have been found to be involved in the increase in size and the total muscle mass of the individual. In fact it is now well known that athletes have used steroids just for the purpose of increasing muscle mass, weight and strength; and we also know the serious problems this use of abnormal levels of hormones create. We can assume that the heightened productions of these hormones also contribute to the differences in aggression patterns of discharge found in males as compared to females. Differences in the discharge patterns of aggression in females and males have been noted from the third

year of life on. This difference in patterns of aggression discharge is further accentuated by the physical, hormone-induced changes that occur during adolescence.

6.2411 HUMAN DEVELOPMENT: Aggression

The principle bodily systems which determines the character of the expression of aggression is the bone structure and the muscular system which overlays it. The bone structure grows ahead of the muscular mass to a variable degree depending on the individual adolescent. During early adolescence much growth is set in motion in the bone structure. Muscle mass follows by a year, two, and more. Mid adolescence is the period of most rapid muscular growth. While further growth occurs beyond 18 years of age, its rate is usually slower although that is, of course, variable. It is also well known that muscle mass can be built up by physical exercise in both male and female though, in significant part due to steroids and sexual hormones such build up is more facilitated in the male than in the female.

The impact of these bodily changes in size, muscle mass and strength is critical to the experience of aggression, to the experience of nondestructive aggression as well as hostile destructiveness, and varies along the lines already indicated in males as compared to females. We want to emphasize that the differences in male and female with regard to the experience of aggression lies more in the expression, in the discharge pattern of nondestructive aggression and hostile destructiveness. That is to say, females are capable of equal degrees of expressions of autonomy, of assertiveness as well as of hostility, hate and rage as are males. Their modes of expressing these differ, most clearly in the expressions of the assertiveness or the hate tending to be more motorically (by means of the muscular system) expressed in males than in females. The tendency in males is more in the direction of discharging both assertiveness and hostility using the weight and strength of the muscles, in large bodily movements such as in striking with the fist or pushing with one's entire body; whereas in the adolescent girl, the equally intense assertiveness or hostility tends to be expressed in the many other ways humans are capable of other than by means of large muscle mass acts. For instance, a 15 or 17 year old girl who feels much hostility toward a particular other person is more likely to express this hostility verbally, with much facial expression, with much feeling tone, rather than with the threat of physical violence. Needless to say, these statements are simply generalizations and we all know of exceptions to these.

A few more generalizations regarding aggression during adolescence before we look more specifically to early, mid and late adolescence. All experiences that cause intense hurt feelings will generate hostile destructive feelings toward the person or persons who cause this hurt. The degree to which the adolescent has already experienced intense hurts in the family, in school, with peers, will co-determine current reactions of hostile destructiveness, current hurts and narcissistic injury. For instance, the "I'll show them" reaction which increasingly is experienced as the body grows larger and more powerful,

can lead to very productive outcomes. For instance, working harder at making better grades or at hitting a ball can be very productive. Of course, where the "I'll show them" is associated with open feelings of revenge, these may lead to harm and hurtful outcomes for the individual adolescent. Indeed, whether or not the "I'll show them" and similar reactions lead to efforts that are constructive versus to efforts that are destructive is going to be significantly determined by the overall status of feeling loved, respected and cared for in contrast to in large part feeling unloved, rejected, and depreciated.

Given that when we experience high levels of hostile feelings, and hate toward those we value and love cause guilt, such feelings create problems for the individual. Of course, these often cannot be expressed directly as fantasized and wished. A 15 year old boy or an 18 year old boy may feel furious and wish to physically lash out at his father or his mother, but for a number of reasons, including the fear of causing damage, feelings of guilt, fear of retaliation, the fear of being thrown out of the house, etc., will prevent such wishes from being directly expressed. Where hostile feelings toward one's father and mother during adolescence have long been and now continue to be especially provoked with intensity, certain defense mechanism are going to be employed, common among which are displacement (to discharge the hostile feelings toward someone or something other than the person who instigated them) and generalization (to ascribe to all men what is experienced at the hands of the father, or ascribed to all women what is experienced at the hands of the mother, or indeed ascribed to all human beings the tendency to be hurtful, rejecting and hating). Both displacement and generalization can lead to prejudice, as well as to antisocial behavior and delinquency. Where relationships have been very hostile, adults now can become devalued as never before.

Prejudice is most commonly an attitudinal, emotional and verbal expression of defensively modified hate and rage. It has, however, also led to acts of delinquency toward the person or persons who are the object of the prejudice. All of these are rationalized, distortedly justified, and condoned by the self. Where prejudices exist in a family, these are likely to become internalized during the 6 to 10 years period. Where it has not, prejudice can become organized during adolescence. Where it has not become organized during the Elementary School years, it tends to more readily emerge and stabilize in mid adolescence in both males and females. This occurs by means of several major defense mechanisms. First, by identification with the attitudes of a specific valued person or with the attitudes and mores of the selected peer group. These may already become evident during the elementary school years. Where the origin is not family based, in adolescence, such identifications come from sources outside the family and can become organized and stabilize. Second, by displacement; as noted before, due to high levels of guilt at experiencing hate and rage toward the parents who are still valued by the young adolescent, this hate and rage will become intolerable. It will then be moved; from being felt toward the parents the hate is attached to individuals other than these parents. This may happen in those adolescents whose relationship to their parents are extremely painful but who also love and value them. It is to avoid the painful feelings of guilt, the dread of being rejected by these loved and needed parents, that such displacements of hate occurs. Third, through generalization, the hate is attached to types of individuals, to all men, or to an ethnic group or racial group other than one's own.

Antisocial behavior and delinquency arise in part due to the displacement and generalization of hate and rage onto persons and things, feelings of hate and rage being expressed physically toward these. Such behaviors usually become organized in the self from early adolescence on. Where it becomes a stable aspect of personality, it does so especially during mid and late adolescence. In males especially it usually expresses itself in acts of destructiveness and violence against persons and property. In females, it is quite commonly expressed by means of sexual acting out although, females too, may powerfully express their hate by means of acts of violence, often toward other persons.

Antisocial behavior and delinquency can occur on an individual basis, and of course can occur in the context of a group. Where such behavior becomes organized in a group, it may lead to gang formation especially during mid and late adolescence.

During Early Adolescence:

Both nondestructive aggression and hostile destructiveness will be activated by the demands made on the early adolescent in several major contexts: the demands made by the early adolescent himself/herself, by family experiencing, by school and work, and by peer relatedness.

The early adolescent will put much effort into achieving, attempting to master, the many challenges confronting him/her from these various sources, be it attempting to master increasing physical skills, assignments made in school, or attempt to organize stressful experiences in family, meet the demands made on him/her for initiative and leadership in peer relations, each of which require the input of nondestructive aggression in order to achieve mastery. Where the individual's efforts fall short of what she/he hopes for, a greater or lesser degree of hurt will be experienced which, if intense enough, will generate hostile feelings toward the self in the form of shame and guilt. In addition, where much anxiety is experienced in association with bodily changes, if such anxiety becomes intense, it will be experienced as excessively unpleasurable, and will generate hostility toward the self with which the early adolescent will have to cope. It is not uncommon for an early adolescent to be very pained by his/her developing body, by the disappointments transitional development states produce. For instance, with bones developing ahead of the musculature, there is a tendency for boys and girls in preadolescence and in early adolescence to at times appear awkward, clumsy, "skinny", etc. Such experiences can cause youngsters inordinate pain, shame, feelings of inferiority, which if intense enough will generate hostility toward the self which becomes quite burdensome for the early adolescent.

As the demands of school increase especially with entry into high school, healthy nondestructive aggression will be implemented in the service of learning, at struggling to understand, pushing oneself to do the work one needs to do, try and try again, be it in academic performance, in an artistic effort, in an effort at mastering a skill in sports, etc. Where achieving one's goals are too frequently frustrated, do not come up to desired expectations by the self as well as by family, these may generate hostility, again toward the self as well as toward others. It is common that an early adolescent will become very frustrated with himself/herself for not being able to concentrate enough to do his/her

homework.

Families too can contribute to the generation of hostility within the early adolescent by the stresses of family life such as where conflicts exist between the parents, or between the self and the parents. Early adolescents who frequently run into conflict with their parents over doing their homework or home chores will experience a good deal of hostility and will have the burden of dealing with that hostility.

The important shift toward peers also brings with it demands of all kinds on the self. There are demands by the peer group for initiative, for leadership; there will be competition for leadership; there will be at times enormously unpleasant demands for accommodation to the peer group and indeed even compliance to the wishes of the group. Forming relationships with peers is often an unpleasant task, often brings with it a good deal of distress, frustration and disappointment, and then unavoidably anger if not hostility.

During Mid and Late Adolescence:

The demands made on the early adolescent are equally made during mid and late adolescence. The demands made by the self for performance, achievement, success in all aspects of adolescent life be it one's own physical development, one's own efforts to master academic, artistic, sportive, capabilities, these become even more taxing during mid and late adolescence. As self identity becomes better organized, firms up, the efforts put into the structuring of that self identity require healthy aggression especially evident in the constant efforts required by development, by the acquisition of skills and capabilities, by the effort invested toward the development of reasonable self control, all requiring large amounts of healthy nondestructive aggression. So too, the disappointments, frustrations, anxieties, hurts accompanying the organizing and development of the self, when intense, can all generate hostility.

Dealing with family relationships, depending on the degree of stress, the degree of interpersonal conflict with the parents the mid adolescent is pushing away from, these too not only implement healthy aggressive energies but will also be occasions for the generation of hostile feelings where these stresses and conflicts become too painful, too frequent, too intense. The same can be said for peer relationships, especially so in terms of the anxieties, disappointments, frustrations that accompany efforts to form a one on one relationship of a romantic and sexual kind. The hurt experienced by a rejection in such context can be intense and will bring hostility with it which will be directed toward the self as well as toward the person who is doing the rejecting.

All in all, both major trends in aggression will become amply exercised. The efforts the early, mid and late adolescent put into meeting the demands made on them will be fueled by healthy nondestructive aggression, and the freer this aggression is from conflict inducing hostility, the more will such healthy aggression be available to the individual adolescent to make the efforts required for mastery. The more the adolescent encounters disappointment, frustration, narcissistic injury, high levels of anxiety, shame and guilt, the more will hostility be generated in that adolescent, create internal conflict as well as conflict in relationships, often interfering with the ability to work, and create no end of

problems for the adolescent. Excessive loads of hostility during adolescence become an enormous burden for the adolescent and may have dire consequences to the degree to which it interferes with the ability to work successfully, the degree to which it creates conflict and produces prejudice, antisocial and delinquent behaviors.

6.2412 CHILD REARING: Aggression

For many parents, sex in their adolescent features as a major concern. But not far behind, are the problems created for parents by the aggression and aggressive behaviors that they find in their adolescents. In some families, regrettably, concerns about hostility and hate surpass the parents' concerns about sex in their adolescent, creating an inordinately difficult problem for parents.

With regard to helping their adolescents with their aggression, two things especially need to be borne in mind. First, is that the young adolescent, like the parents, has to deal with not only his/her own aggression but with that of the parents as well. Furthermore, the adolescent has to deal with the aggression he/she experiences at the hands of peers as well as even in school. In other words, aggression, especially hostility, with which the adolescent and the parent must deal has multiplicity of arenas which become cumulative, for each of them.

The second thing to bear in mind is that aggression is complex. There is a positive trend and a negative trend in aggression. The positive side, the nondestructive trend, is essential for adaptation, for making efforts to achieve all kinds of skills and goals, and it fuels initiative, autonomy, and assertiveness. This needs to be supported in adolescents, be facilitated, be recognized for the constructive energies it makes available to the self. On the other hand, there is a trend in aggression that is destructive not only of others but of the self as well. Hostility creates a significant burden in the self. It creates the burden of defending against wishes to destroy those the adolescent loves and values, it brings about feelings of guilt, it requires of the adolescent to exert controls over the discharge of such aggression, and according to what mental health professionals tell us, hostility when excessive will lead to efforts on the part of the individual to inhibit it and frequently will bring with it the inhibition of healthy aggression (assertiveness). When adolescents attempt to control hostility that is excessive by inhibiting it, they are unable to selectively inhibit only the hostile aggression, they tend to inhibit all aggression. Furthermore, where the hostility is excessive and the inhibition has to be strong, it may inhibit other aspects of life as well including the establishing of relationships, the ability to study, and the ability to be creative. Therefore, the consequences to the adolescent of excessive hostility are far reaching. As parents it is important to know this. All in all then, there is an aspect of aggression which parents need to support, facilitate and protect; and on the other hand there is aggression, namely hostility, hate and rage, which parents need to help their adolescent contain, control, and where possible decrease.

Protecting the integrity of healthy aggression can be achieved by supporting constructive uses of aggression such as in studying well, in making efforts to develop

skills in sports or in the arts, and by complimenting achievement, encouraging effort where the adolescent becomes frustrated and disappointed in himself/herself, and the like. Helping to decrease the experience of hostility is best secured, first of all, by trying to not induce unnecessary hostility in one's adolescent, that is, to not hurt the adolescent, not insult, depreciate or shame the adolescent. Secondly, one can help decrease the hostility experienced by talking with the adolescent about what is causing the adolescent pain, what is making the adolescent angry, and allowing him/her to express feelings of hostility in reasonable ways and to talk about these as well. Thirdly, by benevolent limit setting in the expression of hostility, parents can help the adolescent better contain and control the hostility he/she feels. And fourth, where parents find that they cannot sufficiently help their adolescents with large loads of hostility, it is well to consider professional consultation and where needed intervention.

We should also emphasize that parents need to be aware of the fact that hostility may not only be directed toward others, toward society, toward things, but that it may be directed toward the self. This is manifested in self-defeating behaviors or in acts hurtful to the self, be it causing physical self-injury or most seriously, in suicidal threats and acts. Needless to say, suicidal threats and acts, acts of self-mutilation, need professional attention. Also important, self-directed hostility can often express itself in depression. Occasional depression is unavoidable in adolescents and although it requires parental attention and sympathy, does not need professional consultation. Where depression is intense and persistent, or occurs with great frequency, professional consultation is indicated and is usually enormously helpful.

A major avenue where parents can be helpful in the prevention or the lessening of experiencing hostility in their adolescents, is in being attuned to, and being attentive to experiences in their adolescents which cause a great deal of unpleasure. This includes whether the unpleasure comes from excessive frustration, excessive disappointment, excessive rejection, whether these are produced by the self or by others, and to talk with their adolescent about these various experiences in sympathetic ways, with the aim to understand, be helpful and be sensitive to adolescent's vulnerabilities. Talking to the adolescent about his/her high expectations, encouraging strong effort but also encouraging reasonableness in goals, can be enormously helpful. So too can drawing attention to the adolescent's assets, strengths, helping the adolescent tolerate his/her shortcomings, lack of perfection, delays in development, all can be helpful. To offer help where needed in improving performance be it academic, be it in sports or in the arts, all can be helpful. Being open to complaints about family problems, about the relationship between the adolescent and the parent, between siblings, and talking about these in honest, tolerant, but also expecting reasonableness, can be enormously helpful in lessening both the production and the accumulation of hostility within the adolescent. The parent who is able to apply the well-known "golden rule", to do to the adolescent as he/she would want to have done unto himself/herself, will fare far better than the parent who never applies this rule to his/her parenting. Although this applies to parenting from the time the child is an infant, nowhere is it more imperative than during adolescence, when the parent faces the adolescent's efforts to push the parents away in order to individuate satisfactorily. Parents who fail to respect their adolescents invite pushing

away that is harsh, hostile, and which may have serious disruptive consequences to the relationship between the youngster and the parent.

With regard to the excesses of hostility in adolescence, such as the emergence in early adolescence of prejudice, of antisocial and delinquent behaviors, parents are well to be attentive to these as early as they become apparent. It is far easier to deal with problems of this kind when they are in the making than when they establish and can consolidate during mid and late adolescence. Because these problems tend to result from excessive hostile feelings toward the parents, help in dealing with them early may require professional consultation and intervention. This is especially so in antisocial and delinquent behavior. Many of us believe this should also be the case with the development of prejudice. Unfortunately, prejudice may go unattended to in families where parents hold significant prejudices themselves. While some degree of preference for one's own ethnic and racial group is understandable, its heightened experiencing, its use as vehicle for discharging hostility can have seriously noxious consequences, as we all know only too well. It is well for parents to tend to expressions of prejudice given the destructive influence it invariably has in society. With regard to prejudice as well as antisocial behavior, it is well for parents to bear in mind that these are behaviors in which how the parents behave makes a meaningful contribution to how the adolescent behaves. Clearly, a father who cheats in business, in social interactions with others, is not going to be successful in demanding that his adolescent son or daughter not cheat with him. Parents who are explicitly and clearly prejudice be it toward ethnic groups, racial groups, religious groups, cannot be surprised if their adolescents begin to express prejudices in areas that do not please the parents. For instance, a parent who is prejudice toward Catholics cannot be shocked if his son becomes prejudiced toward Blacks, Italians, etc.

Parents will find dealing with their adolescents' hostility, hate, and, where it occurs, rage, to be extremely challenging. But it is important that they undertake it, with professional help if necessary, given the serious consequences it may have if unattended on their adolescent's eventual personality consolidation and therewith their adulthood and the rest of their lives. We want to also emphasize, that parents can be enormously helpful even to their mid and late adolescents in helping them contain the expressions of their hostile destructiveness as well as in supporting their constructive aggression, in supporting their efforts to adapt to adolescence, to continue to develop skills and the ability to work, and to reach for their goals.

6.2 EMOTIONAL AND BEHAVIORAL DEVELOPMENT

6.25 THE ADOLESCENT'S ABILITIES TO ADAPT -- Part II

Adaptation, physical adaptation and emotional-psychological adaptation, are the concern of our entire parenting effort. How to help our children learn to adapt constructively, healthily, is what good parenting is all about. The aim of this curriculum can be said to be to help parents rear their children so that they are most capable of adapting constructively to life; to this end, we have in Section 6.21 and will in this section as well, address factors that pertain specifically to adaptation. In Section 6.21 we talked about the overall task of this developmental period which is the establishing within the self of a cohesive sense of self identity rather than one of identity diffusion; we also talked about age-appropriate sleep and wake patterning, the continuing evolving of affects, of the varied emotions of which adolescent becomes capable, and we also talked about the critical evolving of new capacities in thinking, problem solving, understanding and organizing one's approach to learning more and more difficult school materials. As in other units we have put off several other aspects of adaptive functioning until we covered factors in the adolescent's development on which these latter adaptive functions depend. That is, we wanted to elaborate on the major developments of adolescents' sexuality and of their aggression, before we took up the development of dependence and self-reliance, the continued use and emergence of new defense mechanisms aimed at protecting the self against intolerable feelings, and the development of the most elevated of adaptive functions, those of sublimation, empathy and altruism. These yield the best of human functioning for social adaptation, for the formation of relationships, and for the ability to work and play.

In this section, then, we shall address the continuing development of the balance of dependence on the one hand and self-reliance on the other. We shall examine these dual tracks, dependence and self-reliance, as we have in prior units in terms of dependence "On Whom" and "For What", drawing attention to the critical shift which occurs in the dependence-self-reliance equation during adolescence. We shall also address the continuing use of normal psychological defenses set up against the experience of anxiety and other painful affects. And we shall address the major organizing spurts that occur in adolescence in sublimation, empathy, and altruism.

6.2511 HUMAN DEVELOPMENT: Dependence and Self Reliance

Self-reliance increases dramatically during adolescence, especially during mid and late adolescence. As we have emphasized in discussing the developments of sexuality and aggression, during adolescence is when the youngster travels from childhood into adulthood. Adolescence is an approximately 10 year developmental period, during which

all bodily systems and functions gradually evolve into their adult form. With the enormous increase in body size, body strength, motor skills, ability to think more complexly, these all make for a remarkable increase in self-reliance, which powerfully contributes to the sense of self-identity.

Of course, the early adolescent begins the thrust towards self-reliance which by late adolescence in major respects achieve its adult form. As we have noted before, in Western culture, full self-reliance is significantly delayed due to the demands made on young people by society for further training, for further reliance on both parents and learning institutions for the development of skills nowadays required for work in our society. Internally, however, the achievement of self-reliance is in many late adolescents at the threshold of being as fully developed as it will become.

Nonetheless, major dependencies continue. Of course, they continue because, at least in part, for some of our basic needs we human beings are dependent upon others throughout the course of our lives. For instance, those built-in human needs, that human condition, the need for love, the need to love, the need for relationships, these make us dependent on another for gratification of these needs. This need for deeply felt relationships none of us outgrow if one is a healthy adult human being.

Then in addition, major dependencies are structured by mores in our society, which demand further development for the purpose of work. Adolescents are encouraged to grow further, to extend their education and prepare for secure, rewarding jobs in an increasingly more technologically developed society. These make for continuing dependencies in several spheres, for physical needs adolescents still need parental support, for educational needs adolescents also need not only parental support but also the support of a school system.

Continuing to use the dependence/self-reliance model we have used in prior units, that developed by Parens and Saul, let us look at the categories of needs, namely the dependencies For What, the physical needs, the emotional needs, the adaptive functional needs; and looking at each, let us take into account their dependencies On Whom.

For Physical Needs:

With regard to early adolescence, except in unusually difficult circumstances of family breakdown, early adolescents continue to be fully dependent on their parents for shelter, for food and clothing, for healthcare. Here there is little change from the pre-adolescent years of development.

For mid adolescence, although the push to self-reliance and autonomy increases dramatically, societal demands for further education for a large portion of our adolescents, holds them dependent for the purpose of achieving this education. Most mid adolescents, therefore, in Western culture, continue to be fully dependent on their families for shelter, for healthcare, for food and in general for clothes. Those mid adolescents who have part-time jobs may accumulate sufficient funds to occasionally buy themselves some items of clothes and the like. For the most part though we continue to assume dependence on the family for such physical needs.

The late adolescent who goes on to college or for further training in skilled work,

will continue to be reliant on their parents and training institutions for shelter, for healthcare, as well as for food and clothing. Here again, the late adolescent who has some earning capability by virtue of part-time work may contribute toward his/her own support for food and clothing. Of course, the late adolescent who immediately joins the work force may, if fortunate enough establish for himself/herself the ability to self-reliantly provide for his/her own shelter, food and clothing and even healthcare. Of course, economic factors may prove unfavorable for a significant percentage of such late adolescents, interfering then, with their ability to become self-reliant.

Emotional Needs:

First, those lifelong obligatory dependencies normal to all human for emotional gratification remains as powerful now as before. Indeed, these needs govern significantly adolescent behavior as the adolescent progresses in that major undertaking of effecting the shift from the parents occupying a central position in the emotional life of the adolescent to making the peer more central, more the individual from whom basic emotional gratification is going to be sought.

In early adolescence, of course the parents continue to occupy a significantly central position for the gratification of such emotional needs, the need for being loved and loving, the need for emotional support, the need for comforting, for approval, for feeling valued. The mid adolescent is more fully thrust into the shift of turning to a peer or peers for the critical emotional needs of love, at times for sexual gratification, and for approval and valuation. Although the parents continue to play an important part in the mid adolescent for love and valuation, the effort to individuate from the parents brings with it a relative diminution in the degree to which the mid adolescent will expect these basic emotional needs to be met by his/her parents. The late adolescent, still further effects the shift to the peers, spending a good deal of time and emotional energy in the search for a one on one relationship with a peer usually of the other sex for the need to love and the need for love, the need for sexual gratification, for companionship, mutual support, and for friendship of a very special nature.

It is especially in this sphere, in terms of the changes in emotional needs, that a major change occurs during adolescence. The two critical changes in adolescence with regard to dependence/self-reliance, are that the adolescent becomes increasingly more self-reliant than before, and secondly, that the search for the gratification of emotional needs shifts from the dependency on the parents for this gratification to a dependency on the peers. Here again then when problems occur with this shift, when it progresses insufficiently especially during mid and late adolescence, the adolescent will not progress satisfactorily along these two major changes in dependence/self-reliance. A boy will remain a "Mama's boy", a girl "Daddy's girl", or such adolescent may turn to peers making demands on them that are too "parentifying" rather than peer on peer.

Adaptive Functional Needs:

These continue especially due to the demands of our increasingly technological and

knowledge and information loaded society. On the one hand, in factories robots are replacing even skilled laborers; on the other hand, jobs now require more and more knowledge, more and more training than was the case even two decades ago. Preparation for constructive adaptation in today's society requires the learning of new skills, increasing one's knowledge, in many instances extending well beyond even late adolescence. This is especially so for the increasingly large number of individuals who enter the professions. A high school education is now believed to provide the individual with very limited skills, and to be enough for only the most modest adaptation in our world. Indeed, early and mid adolescence are critical years for the consolidating of the basic skills for learning, for acquiring information, for developing student work performance, problem solving and created thinking patterns.

In early adolescence, the need for guidance lies both within the school, of course, but also continuous within the family. Many an early adolescent continues to require support in doing homework, in performing chores needed at home, and can benefit greatly from guidance by means of modeling, by the parents doing effective work themselves, but also by means of discussing ways of addressing tasks more effectively. In addition limits may be needed especially in early adolescence to perform work in due time, under reasonable conditions, and effectively enough.

The early adolescent will be dependent on teachers for information, for learning all kinds of facts, for learning methods to carry out projects (be it homework, preparing for tests, for reports, for projects); they also need teachers for developing methods for further understanding which are built into the different subjects the early adolescent takes, be it English, history, algebra, etc., and to learn increasingly complex methods for problem solving especially built into math, science, and classroom discussions. They will also need help in furthering skills in extra-curricular activities such as sports, music, art, dance, theater. And many will also in addition, outside of school, depend on community and religious organizations, for furthering their knowledge and skills.

We cannot leave out the increasing use to which peers are put by for the early adolescent the purpose of gaining information, which at times regrettably becomes misinformation such as on matters as sex and social conduct; on the development of skills in sports, in music, etc., and even in academic functioning. After all, this is an age when an early adolescent will call another one to discuss matters of homework, often facilitating thereby social interaction in a most constructive way.

The mid adolescent will bring about a shift in his/her reliance on others. There will be a decreased tendency to need the parents for the purpose of getting homework done; although, of course, some mid adolescents who have difficulty in school may never develop satisfactory homework achieving patterns which may or may not yield to continuing parental effort in getting them to do better. The mid adolescent, however, will continue to be fully reliant on teachers for the same kinds of adaptive functional skills as during early adolescence and even before. This will apply both to classroom materials as well as to extra-curricular activities. The mid-adolescent peer will acquire a greater degree of importance in the acquisition of information on how to behave socially, be the recipient and the donor of information about the meaning of life, religious ideas, sex information, the use of alcohol and drugs, and idealism. In these the acquisition of this

information, the opinions stated by peers may supersede those of the parents, sometimes regrettably to the disadvantage of the mid-adolescent.

The shift continues in late adolescence, where teachers will continue to be prime sources of information, of learning of facts and methods for problem solving and understanding, as well as in the domain of continuing to develop skills in sports, arts, etc. To be sure, parents will still be consulted by 18 to 22 year olds regarding important life decisions, seeking guidance on what to do with regard to solving specific personal problems, and with regard to professional choices, etc. But peers acquire yet more importance in being a sounding board for or in being the provider of information on all subjects.

In families where relationships are favorable, siblings will now come to occupy an increasingly important place to the late adolescent as both a peer and a family member. Some siblings who up to late adolescence have had a moderate degree of difficulty with each other may bring about a change in their relationship and become friendlier, turn to each other more frequently for consultations on all kinds of matters, social, academic, future professional, etc.

In sum then, during adolescence the individual becomes more and more self reliant although dependencies on others continue for (1) those obligatory need for others all humans have throughout life, and (2) due to their continuing need even in late adolescence in Western culture for further education and preparation for work.

6.2512 CHILD REARING: Dependence and Self Reliance

In growth promoting parenting it is essential to sort out how to treat the early adolescent, the mid-adolescent, and the late adolescent recognizing that the late adolescent is on the threshold of adulthood. For parents to know how to negotiate, how to deal with their adolescent's increasing self reliance while at the same time continuing to be significantly dependent on the parents for all of the need categories we have defined, is at times not an easy task. The early adolescent is pushing to become independent, may make demands which may at times be annoying to the parent for wanting to reject limits imposed by the parents due to their judgment of what is age appropriate. Yet, even within minutes, the independence demanding early adolescent may need parental help for the performing of the task, for doing homework, for answering a question she or he is struggling with. The temptation to flaunt into the adolescent's face the feeling of being so independent and yet being truly still so dependent is something parents need to protect against. It is not helpful to flaunt the early adolescent's continuing dependency when he or she tries to become self reliant; it may be experienced by the early adolescent as hurtful and undermine his or her feelings of age-appropriate self reliance. The parent will be most helpful who is able to tolerate the shifts in mood, the shifts in feeling self-reliant and of feeling dependent which at times shift fairly rapidly in the early adolescent. Offering affection when the early adolescent indicates a wish for such contact, offering guidance when the adolescent asks

for guidance or shows clear evidence of needing guidance, balanced with allowing the early adolescent distance, self governance of be it the expression of affection, of doing of homework, or home chores, is essential. Parents have to determine whether their early adolescent needs more support from them, or needs less support from them; needs more guidance and limit setting, or needs less guidance and needs less limit setting. For instance, an early adolescent who is timid in taking on certain responsibilities can be encouraged by parents both by suggesting ways of coping, balanced with allowing the adolescent to try to cope on her or his own. The adolescent who is venturing too quickly, too carelessly, too recklessly in the direction of asserting his or her autonomy and self reliance, will need parental limits to protect and secure an adequate and successful degree of self reliance rather than a problem inducing self reliance. It is important to take your early adolescent's cues as to when to let her or him alone, when to offer help, when to insist on help, when to set limits, and indeed when to punish if necessary, preferably to punish by means of privilege withdrawal. Let us briefly emphasize that physical punishments of children, and especially of adolescents, is asking for serious trouble. This is so because physical punishment is invariably experienced by adolescents as highly narcissistically injurious, highly injurious to the feeling of self and self esteem; furthermore it is the easiest way to induce adolescent rebellion.

It is also well for parents to recognize that mid and late adolescents will continue to need their show of affection, of respect, of encouragement, and of approval for work well done. The late adolescent may have greater difficulty asking for these positive reinforcements; it is up to the parents to offer them in reasonable doses under desirable conditions, at appropriate moments. It is well to bear in mind that even adults want approval, affection, respect, and applause for a job well done.

It is also important for parents to be able to tolerate the progressive turn to teachers and especially to peers by their adolescents, increasingly so by the mid and especially the late adolescents, rather than turning solely or even primarily to parents for information and guidance as they did when they were younger. It is not an easy task for parents to let go of their parenting functions with their mid and late adolescents. To be sure they continue to be needed as parents, in fact even by the adult offspring. But it is going to be at times experienced as being put aside, perhaps at times even as "You turn to your friends more than to us". The parent may feel this but it will be very difficult for the adolescent to perceive it. To a degree, however, this is necessary for the adolescent to become an adult. It is especially in the area of being depended upon, that parents have to learn to allow their adolescents to need them less as they learn better and better to cope with life on their own and by turning to peers and other adults.

6.2 EMOTIONAL AND BEHAVIORAL DEVELOPMENT

6.2521 HUMAN DEVELOPMENT: Defense Mechanisms

Throughout development, the tasks of development are arduous. Each developmental stage has its particular large tasks which it imposes on the growing child and which the child must master to be able to develop progressively. As the child encounters new demands made on him/her by both internal maturations, as well as by external sources, parents, families, peers, school, etc., the child frequently feels anxious due to feelings of inadequacy, incompetence, or due to anticipating rejection in relationships, or due to feeling insufficiently attractive, intelligent, skilled; or the growing child has feelings of depression resulting from failures, losses of people and things she or he value highly; all of these bring with them feelings at times experienced as intolerable by the child. It is under conditions like these that we all use psychic defense mechanisms, to protect ourselves against feeling these pains too intensely.

The tasks presented to the self by adolescence are just as large as those that occurred before. Now they come from the large maturation of the body, from sexuality, from heightened capabilities of aggression, from the necessary shift in centralization of peers while decentralizing the importance of the parents, the challenges of school, and to be sure the challenges of being accepted in the peer group, all of which make very large demands on the adolescent and the adolescent's parents, and bring frequent occasions for anxiety, depression, shame, guilt, all feelings the adolescent experiences as unbearable. Many defense mechanisms have been developed, been used, and continue to be used as they are felt needed by the self for the purpose of tolerable adaptation.

We must emphasize that the decision to use a defense mechanism is generally not a conscious one. The adolescent will not say: "I'm feeling a lot of anxiety now, therefore, I'm going to use denial". The implementation of denial will be brought into play by an internal process going on outside of one's awareness. A defense mechanism works, when it makes one not aware of the intense anxiety or other painful feeling one is experiencing. This is why we implement defense mechanisms at an unconscious level and why they then work effectively for us. We all know that most of us cannot make defense mechanisms work consciously. For example, most of us may say: "Well, I'm just not going to let my failing this test bother me." Or, "I'm not going to let Jane's not wanting to go to the Prom with me bother me!" For most of us, it will not work; we will feel that pain.

As we have emphasized before, although defense mechanisms are necessary for us because there are very painful times for each of us, their overuse may become problematic and may in fact lead to the development of emotional symptoms such as phobias (fear of things or of doing things), or denial about things being dangerous (acting as if one does not feel anxiety and therewith not taking due precautions), or avoidance of homework (staying away from homework which causes anxiety, and therewith not giving oneself the opportunity to master the assigned work), in such ways defense mechanisms

by their overuse or their inappropriate use may prevent one from adapting most effectively.

The adolescent has by now learned and will typically use a cluster of defenses including the entire gamut developed to date, avoidance, denial, obsessive compulsive maneuvers (organizing behavior in rigidly routinized or ritualistic ways) repression (putting out of awareness), inhibition (stopping an action, force or process), reaction formation (the turning of a feeling or a state of being into its opposite or into another feeling), etc. But some new ones are now developed as well. These are due to the increasing thought capabilities, problem solving capabilities of which the adolescent is now capable. These newer defenses include intellectualization, de-sexualization and hyper-sexualization that we shall now describe.

Intellectualization as a defense mechanism is to make logical and reasonable something that one has felt or done which the individual truly feels is not so. It takes from the exercise of one's imagination and inventiveness. Another way of explaining intellectualization is to speak of it as rationalization. It is a more or less creative act to make something that one finds unacceptable acceptable by giving it a different meaning than one truly knows it to be. Obviously intellectualization works only when the self accepts this deception. One can also see here a variation of falsifying or even of lying. It is important to recognize that this defense mechanism requires an ability to invent, to reason, to change a perception at will. This defense mechanism is made possible by the heightening of intellectual function of which the mid adolescent especially begins to be capable. Of course some bright early pre-adolescents develop such capabilities as well.

De-sexualization that we described in Section 6.2311, is a defensive operation set in motion to mask or hide the visibility of one's developing sexuality. This operation, like all other defense mechanisms, operates at an unconscious level (out of awareness). Thus, the de-sexualization is due both for the self as well as for others. De-sexualization, excessive weight gain, excessive weight loss, include then not only an inhibition of sexual feelings but also a dramatic change of the body's normal developing shape. Similarly, sloppy dressing, sloppiness in physical hygiene, effect an inhibition of sexuality by means of making oneself look unattractive or smell unattractively.

Hyper-sexualization is often also the result of experiencing a great deal of anxiety in the face of one's sexual feelings. Here what the adolescent is doing is to effect the opposite of what he/she is feeling, namely "I am not afraid of my sexual feelings, see, I can act on them anytime I want". This is turning what an individual is afraid of into being something he/she is not afraid of. Here rather than being a reactive formation, we consider this to be a counter-phobic (against being afraid of) strategy.

We should also add as we shall in the next section that the uniquely magnificent defense of sublimation gets a marked burst of development during adolescence, especially during mid adolescence.

6.2522 CHILD REARING: Psychic Defense Mechanisms

It is important to again emphasize that because defense mechanisms are instituted by processes in the mind of which the individual is not aware, that it is they are unconscious, these defense mechanisms do not lend themselves to being influenced by outside sources, this includes even one's conscious efforts, and especially the efforts of one's parents or other people. In terms of the limited degree to which we can consciously prevent a defense mechanism from being activated, it is only after one has become conscious (aware) that one is using such a defense mechanism that one may be able to have some influence over not using it. This, however, requires a good deal of mental work on our part. Again, parents cannot be helpful to their children in terms of the defense mechanisms they use. They can however be helpful in the following ways.

First and foremost, parents who understand that we all use defense mechanisms to protect ourselves against feelings, thoughts, fantasies which we find unacceptable or too painful, such parents are likely to know that something is troubling their child, be it a young child or an adolescent when they see evidence of one of the defense mechanisms we have mentioned. For instance a parent who finds a mid adolescent denying that he/she is the one who ate that last piece of cake, will be alerted to the fact that there is some anxiety which the adolescent is experiencing with regard to eating, overeating, or taking the last piece of cake that was left.

Similarly the parent who recognizes in his/her adolescent's continuing intellectualization that he/she can do her homework in much less time than the parent believes would be feasible, will know that there is some inner pressure to make short shrift of the homework, be it that the homework is causing too much difficulty for the adolescent or that the adolescent wants to quickly dispose of the homework in order to be able to get on the telephone to talk to a friend or to watch a television program. The parent who will look for some anxiety or some stress experienced by the adolescent will be far advantaged in helping that adolescent than will be the parent who simply assumes that the adolescent is lazy, and just wants to have fun. To be sure adolescents want to have fun; but they also want to feel good about the work they do; unless there is a cultural or a social group bias against it, they want to get decent grades. Here again, the adolescent who intellectualizes that getting good grades is for eggheads, or for nerds, may very well be dealing with painful feelings of inadequacy, of incompetence, of not being intelligent enough but will transform and try to lessen this very painful feeling by depreciating it. The parent who understands this will be able to address the adolescents feelings of inferiority, explore ways of being able to help that adolescent, rather than scold that adolescent, again, for being lazy and just wanting to play.

By the way, parents can of course match their adolescent's in cleverness. For instance when an adolescent uses intellectualization, it is well for the parent to take note of the creativity the adolescent used in developing that intellectualization, but to note how much better it would be if the adolescent put some of his/her intelligence to work in doing homework rather than by inventing bizarre explanations to protect himself/herself against feelings of embarrassment or anxiety. It is well to complement the adolescent's intellectual capacity while encouraging him/her to make greater efforts at overcoming a difficult homework assignment.

Of course de-sexualization and hyper-sexualization will be helped only if their

underlying cause is understood. Therefore, parents who recognize that it is their adolescents' anxieties about their sexuality which is causing them to not bathe, dress sloppily, gain weight excessively can look for an opportune moment to address these anxieties sensitively and thoughtfully. This will take sensitivity, timing, a gradual approach, a supportive attitude, and repetition. Humor can help; teasing often does not. In ways as these the parent will be able to be helpful to the adolescent who is using defense mechanisms that are really fairly troublesome.

There are times though when the parents' best efforts don't work. Professional help may be needed. No where is this more the case than when the desexualization takes the form of excessive loss. Here, scolding about excessive exercising, scolding about making oneself throw up or about taking laxatives to lose weight does not help. Recognizing the inordinate source of anxiety these early and mid adolescents experience and the parents' recognizing their inability to help their child, seeking professional consultation is warranted and much more effective. Of course, setting limits as best as the parent can either against excessive weight loss strategies or against hypersexualization, excessive sexual activity, setting limits can be helpful; where setting limits does not work, professional consultation is needed.

Again, it is enormously important for parents to understand that when one experiences anxiety, or depression, or shame or guilt, that one cannot help having such feelings. Such feelings cannot just be wished away. This is why we need to use defense mechanisms to protect ourselves. This is also why parents who are sensitive to their children's experiencing, and who understand that feelings are involuntary, will no doubt be able to more constructively help their adolescents deal with these feelings than parents who do not understand such facts, who ascribe their youngster's behaviors to laziness, badness or stupidity or weakness.

And, as we have emphasized all along, those parents who are able to talk with their adolescents, early, mid and late adolescents, will be highly advantaged in their ability to help their adolescents overcome some of their anxieties. Listening sympathetically, respectfully, taking occasion to talk to one's adolescent, can be enormously rewarding not only in enhancing the relationship with one's adolescent but also in helping the adolescent reduce his/her anxieties. We must caution, as we have before, that in their efforts to be helpful, by talking and trying to understand what the adolescent is experiencing, that the parent not be unduly intrusive, not press the adolescent to talk about private and difficult feelings. The same holds for the adolescent as for the younger child, that is, parents who are too busy to listen to and talk with their children are losing out on opportunities to be helpful to them. Furthermore if they are too busy to listen to their children they are also probably too busy to pay attention to things which warrant their attention and there again, they will not be able to be helpful to their adolescents.

6.2 EMOTIONAL AND BEHAVIORAL DEVELOPMENT

6.2531 HUMAN DEVELOPMENT: Other Adaptive Capabilities

It is well to bear in mind that the experiences which cause the child and now the adolescent to feel anxiety, sadness and depression, shame and guilt, are feelings which lead them not only to develop defense mechanisms but also that these enhance the development of those magnificent adaptive capabilities so much needed for an enriching of life, for the facilitation of relatedness and optimizing our place in society. These latter adaptive capabilities are empathy, altruism, and sublimation. Of course, these began early in life, but they and are dramatically continued in adolescence due to major spurts in their further evolving, organization, and stabilization. As they progress through early and mid adolescence they may fluctuate; an increase in empathy may occur and soon after be replaced by a blindness of understanding and tolerance of others' feelings side by side with marked narcissistic (self) preoccupation; a heightened sense of altruism may follow the most blatant selfishness and greed; an act of elevated sublimation today, and tomorrow the raw expression of unmodified feelings. It is especially in late adolescents that, influenced by the experiences of early life and the already traversed phases of adolescence, that the quality of each of these functions stabilizes and becomes part of the individual's personality.

Empathy:

Social-mindedness emerges during adolescence, from early adolescence on but especially during mid adolescence coming on the shoulders of the heightened interest in the peer group. With this heightened interest in the peers, social group experiencing becomes especially organized. To be sure such organization already is given significant structure from experience in family life. But this new need to be aware of, become interested in, learn how to cope with and live in the social group, brings with it a new level of social mindedness. We all know the idealizations that occur in adolescence, from early adolescence on but especially during mid and late adolescence, the lofty goals, ambitions, hopes -- even to change the world. As the old parental world needs to be given up, in part this is achieved by devaluing it, by devaluing mother and father and devaluing the things for which they stand. This is the time when all the flaws in the parents become enlarged. Their injustices, their "stupidities", become especially recognized, and indeed, even intensified, enlarged and exaggerated. Against this deflation of the parents, an elevated view of what the world can be comes into view for many an adolescent, and serves many an adolescent to forge a path to some kind of improvement in one or more of the many aspects of life. Looking at this, the ability to feel what others feel, what the peer feels, what the peer and the world at large feels grows further, and the capacity for such reflection on what others may experience achieves a remarkable degree of development and will gradually and progressively stabilize. By mid and certainly by late

adolescence this capacity for putting oneself in another person's shoes is developed nearly to the degree it is likely to achieve in adulthood. Of course, some experiences of adulthood will enlarge the capacity for empathy, high among these being the becoming a parent, and having one's own baby which often draws from many an adult an increased capacity for empathy. By late adolescence however, one knows the degree to which a particular individual will be capable of empathy.

Altruism:

As social-mindedness grows, it facilitates the development of altruism, a feeling of wanting to do for others, for the peer group especially, but then for society at large too. In turning away from the parents, the adolescent takes with him/her the feelings and attitudes toward others and those expected from others that were developed within the relationships to the parents and the family. Concern for parents now turns to concern for others, even when, on the face of many an adolescent's behavior one sees inconsiderateness toward parents -- which is in the service of separating from them by their devaluation; perhaps without that devaluation they could not left.

Sublimation:

This remarkable mechanism which underlies and greatly contributes to creativity gets a remarkable developmental thrust during adolescence. Early adolescence brings the emergence of inclinations toward creative writing, poetry especially in some; it also brings with it emotional expressions through bodily activity, such as in sports, gymnastics, dancing, music-making. These, especially in mid adolescence, acquire large meaning to the adolescent. It is an especially productive defensive operation in that it helps to channel much overload of sexual and aggressive energies into creative pathways. The enlarging body and musculature, the heightened pressure of defending against sexual wishes and fantasies as well as frustrations and hostility, feelings which create a large burden for the self, when well organized and well channeled can fuel sublimation of remarkable potential.

Combined with increases in social-mindedness which so enrich the capacities for empathy and altruism, the intellectual abilities now possible in adolescence also lead to the organization of goals and ambitions for the future which are enriched by creative ideas and can set the stage for a human being's life work. For instance, the idea of becoming a teacher, becoming a doctor, becoming a minister, priest or rabbi, all amalgamate the capacities for empathy, altruism and sublimation.

6.2532 CHILD REARING: Other Adaptive Capabilities

Most parents tend to recognize the value of the ability to be altruistic, the ability to effect sublimation, the ability to empathize in their adolescents. Those parents who do

not value these adaptive capabilities in their adolescents tend to be individuals who had been considerably harmed by their own life experiences, especially in their early childhood. It is by valuing these that parents can be most helpful in enhancing their adolescents' abilities to develop these important functions. By showing approval, complementing empathic behavior, altruistic behavior, where these are reasonably carried out is an essential statement of support of such behaviors. By applauding sublimational achievements, by admiring creative work, effective playing in sports, attending sports events or artistic events in which the adolescent participate all encourage sublimation in the adolescent. For instance, one young man remembers with pleasure how a relative of his but not his parents came to several of his sporting events a number of years back. Another adult still expresses great disappointment that her family did not attend a particular artistic performance in which she featured as an adolescent. Clearly the first adolescent's experience was supportive of his efforts, whereas the second was not.

Another way of course in which parents support their adolescents' sublimation, empathy and altruistic efforts is in modeling these. That is, to the degree that mother and father tend to be capable of empathy, tend to be altruistic, these serve as models to the adolescent and encourage the adolescent through identifications to enlarge these functions within himself or herself. Given the large advantage this brings to the adolescent in becoming a social being, and eventually becoming a parent, clearly supporting adolescent's efforts in developing these functions can be enormously gratifying.

6.2 EMOTIONAL AND BEHAVIORAL DEVELOPMENT

6.26 CONSCIENCE FORMATION

Let us briefly review the formation of conscience up to adolescence. During the first three years of life, the infant's emerging sense of morality is based on feeling that the child is being "good" or "bad". The earliest roots of conscience set in from near the end of the first year of life. These consist of internalization of parental dictates and prohibitions: "Do this"; or "Don't do that" but which, importantly, are often followed with: "Good girl" or "Bad boy". These dictate follow-throughs bring immediate reactions of feeling approved and self-loving or, the converse, feelings of being rejected and of self hating.

During the three to six years period, the major conscience organizing development occurs which, according to psychoanalysts, arise from the experiences of the child's family romance (see Section 3.26). Now the child develops an internal (in his/her own mind) system of standards which begins to direct and control the child's behavior from within. For instance, now, the well enough cared for five year old will feel: "Wanting to hurt my baby sister is bad" which takes on the meaning that it is not "right" to do this, that it is "wrong" to want to do such a hostile thing. Of course, parental influence, dictates and prohibitions still have great power over the child's behaviors and will continue to be internalized. These will now add to what, during this developmental period becomes a strongly influential inner system of control over behavior, feelings, and fantasies.

The crucial emotional experience at this age which leads to the organization of conscience as an internal controlling agency of behavior, is the wish to hurt and/or be rid of the loved parent whom the child experiences as a rival for the romantically (sexually influenced) idealized other parent, generally the parent of the other sex than the child's (see Sections 3.23 through 3.2311). It is the shocking and bewildering wish to and fantasy of getting rid of a beloved, valued and needed parent, which leads the child to experience intense feelings of guilt. This guilt results from the feeling of doing something felt to be terrible, awful, something which is now judged by the child to be "wrong". This is a new ability, a new basic sense of morality; it is not just being good versus being bad; it is doing and being "right" versus doing something and being "wrong". This new ability brings with it a new level of being and of feeling about and within oneself.

Now such intense feelings of guilt and the impending doom (anxiety) such feelings bring with them, leads the four to six year old child to institute within himself/herself this inner system of functions aimed to control feelings of wanting to harm and destroy others, wishes to transgress against others, which powerfully begins to govern the child's behavior in accord with a sense of doing what is right and of not doing what is deemed by the child to be morally wrong. The child's self-esteem now receives a powerful input from this internal source of experiencing.

Side by side with this right and wrong system which produces feelings of feeling loveable as compared to feeling guilty, self hating, and deserving of punishment, a complementary system develops which holds up standards for the self of ideal behavior. This organizes in the child's mind into the ideal kind of person I want to be and holds this up as a standard for the child's behavior. This part of the conscience produces feelings of healthy self-love when the child's behavior comes close to the ideal standard, or painful shame and self-rejection when the child's behavior is far removed from the ideal standard.

This remarkable development of an internal system of morality and standards of conduct is first fully though only youthfully organized during the three to six years period. That is, the functioning is at a very young age, that is, the judgment is that of a three to six year old; but all the basic parts of this twin system are developed and in place.

During the six to ten years period this twin system stabilizes, being further organized by the tendency in children this age to organize experience in obsessive-compulsive ways. Patterning ways of dealing with daily events, with chores in school and at home, in games with others -- governed by rules and regulations -- gives further organization to the child's governing system for acceptable behaviors and ideal conduct. The family relationships continue to dominantly influence conscience development. But now, relationships to the peer world acquires meaning apart from the influence and governance of adult supervision.

In the *Lord of the Flies*, author Golden insightfully portrays how six to twelve year olds' abilities and inclinations to construct systems of social organization can govern the peer group's behaviors. In the *Lord of the Flies*, free from any supervision due to a shipwreck from which a group of only perhaps 25 six to twelve year olds survived, they are isolated on an island, and very soon organize themselves into an effectively functioning, authoritarian society molded by their age-appropriate juvenile sense of morality and standards of self conduct. The group kills a wild pig whose head is then mounted on a stake and becomes the *Lord of the Flies*, a totem that gives authority to the self-appointed elders of the group. These pre-pubertal elders settle their rank of authority by means of a fight between the two most able to assume leadership of the group. Although fear governs the "subjects" of these older few, some degree of democratic rule develops and this small society of six to twelve year olds survives thoroughly satisfactorily, until rescued by their adult world. Like so many capable writers whose works reveal important psychological insights, Golden has grasped the growing although still very youthful sense of morality and standards for ideal-self behavior of which six to twelve year olds become capable. The gradual-ness of this developing process was well illustrated in this insightful novel in that it was the elders of this group who were most equipped to adaptively and morally govern. Of course this was significantly also due to their size and strength; but it also was determined by their abilities to organize, set rules for conduct, standards for behaviors, and judgment of these -- although, all at a juvenile level appropriate for their age, which tends to be harsh and still substantially determined by all or none, good versus bad type of thinking.

During adolescence a gradual loosening of the child's conscience occurs, and a restructuring of it progressively takes place. Several critical inter-related factors

contribute to this loosening, revision, and restructuring of conscience during adolescence: (1) the process of further individuation by bringing about a decreased influence of mother and father, also brings with it a decrease in the importance of what they stand for and what they say. (2) The simultaneous heightened influence of the peer group furthers the sorting out of the parental moral code and code for ideal behavior which has become internalized, leading to revisions of these under the influence of the peer group's code for morality and ideal behavior. (3) The re-emergence of sexual feelings toward the parents, remnants of the old family romance, create a conflict and anxiety against which the adolescent protects himself by in part depreciating these parents, thereby lessening the sexual attachment to them and with it lessening the influence of the parents' morality and code for ideal behavior. And (4) the upsurge of strength and power associated with the enlarging body, while positively increasing the adolescent's self esteem also brings with it fear of the adolescent's own increasingly powerful hostility and hate which then institutes an effort to develop stronger and better internal controls. These then, contribute to a modification of conscience in the direction of strengthening it.

6.2611 HUMAN DEVELOPMENT: Conscience Formation

We shall address the development of morality and of ideal self behaviors simultaneously. During the 13 to 21-22 years period, conscience, consisting both of conscience proper and the standards for the ideal self, undergoes loosening, major revision and re-structuring.

The Part Played by Individuation:

In the service of establishing a cohesive sense of self, a stable self identity, the process of individuation leads the adolescent to push away from the parents of early childhood. He or she must continue to relate to others, even intimately; but must at the same time develop a self with well enough defined boundaries, wishes, fantasies, hopes, goals, etc. This brings with it some review of the family's moral codes and standards for behavior. And in many instances, some more or less extensive revisions are made. Most determining of how large the revisions will be is how much mother and father are valued, how much the adolescent feels respected, loved and approved of by the parents. The less this is so, the easier it is to reject the parents' morality and ideal behavior codes.

In early adolescence, this process will just be getting started. It is especially during mid and late adolescence that these revisions occur, brought about especially by the influence of the peer group on the individual.

The Influence of the Peer Group:

Perhaps the most powerful factor leading to the revisions in question is the shifting

relative decentralization of primacy of the relationships from the parents of childhood to the peer group. Although the peer group progressively becomes all important, it does not achieve the level or quality of emotional investment attached in past years to the parents. The most profound influence of the peer will not occur until adulthood, with the selection of a mate. The emotional attachment to the parents, although progressively devalued during adolescence to a greater or lesser degree is never fully dissolved or reduced to meaninglessness. In part, this is due to the power of the earliest attachments and emotional investments the child makes in the parents which at their core are relatively unchangeable. But in order to become a sufficiently individuated, self-reliant person, the parents need to be devalued lest their hold on the self makes separation from them too painful and too anxiety producing. One of the ways this devaluation is achieved, is by questioning and re-examining the standards of morality and the standards for ideal self behaviors constructed in early life by internalizing those of the parents, these taken into oneself by means of identification with them. The centrality of this identification is only relatively lessened, least so in good past and current family relatedness, making room for new identifications, these especially so with peers, which bring them their own standards of morality and ideal behaviors. Where during the process of decentralization the parents are least rejected, peers will be selected in accord with the adolescent's existing standards of morality and ideal behaviors. Where parents are most rejected, the more harsh, depreciating and disorganized the standards of morality and ideal-self behaviors, and the less the concern for the welfare of self as well as others. Here too, these negative attitudes will influence peer group selection.

The era of most restructuring of conscience are mid and late adolescence. This is, of course, the time period when the parent-decentralizing shift to peers is most active. Full stability of conscience is not achieved until adulthood. Although increasingly stably structured during mid and late adolescence, however, this still is not the end of the evolving of one's conscience. Such development in fact continues, being influenced by the relationships to one's mate and to one's work/professional peers well into mid-adulthood. Interestingly too, the event of becoming a parent, of having one's own children, brings from late adolescent-young adulthood on a new sense of responsibility which influences our moral sense of obligation. This occurs even in individuals who as children were maltreated, abused and rejected; but in such cases, their past hostility and hate toward those most central to them may become displaced onto their mate and their children, their identifications with abusive parents then undermining the inherent sense of obligation we all feel toward our children.

The influence of the peer occurs in two primary forms, one on one and in relation to the peer group. In each context, fearing rejection is a powerful determiner of compliance and of the degree to which the peer group influences the individual adolescent. Although both forms have a steady influence on the self, during mid adolescence, the peer group tends to have a greater impact on the self; during late adolescence, the one on one relationship tends to gradually outweigh the influence of the group.

The adolescent is fully capable of the governing feelings of guilt and shame. Guilt, that reaction within the self which is felt when the adolescent does not comply with the morality aspect of conscience, and shame, which in turn is experienced by the adolescent

when he/she does not comply with the standards for ideal behavior, these feelings are powerfully determining of what we do. During this era of loosening the influence of parent-derived moral standards and of adopting, sometimes only temporarily, peer group standards, causes of guilt and shame will vary from time to time. This is especially so where relationship based parental moral codes are most easily discarded. Where relationships have been good and socially positive, parental moral codes tend to be more stable, and socially negative moral conduct will be most resisted. This will lead to greater stability of what causes guilt and thus better control socially negative moral conduct. Guilt and shame, the negative conscience reactions in each of us, guide, control, and influence what we do.

Moral conduct is complex and, as we mature, is influenced by our own judgment. This at times works well; at times, not; and at other times yet, one is not certain. For instance, the condoning by authority during times of war of the killing of other people, would under different circumstances be experienced by the late adolescent and adult individual as impossible to do. Somewhat similarly, when out with peers, a 15 year old may engage in law breaking acts, be it in damaging property, shoplifting, and such behavior be rationalized, condoned by the group and accepted as morally permissible, if not in fact righteous and deserved. This influence of the peer group on behavior will to a greater or lesser degree influence the individual adolescent with regard to his/her attitude toward schoolwork, in extracurricular activities such as sports, parties, etc; it will also influence the adolescent in sexual behavior, in the use of alcohol and drugs, and in other pro-social as well as antisocial activities. In many instances, this force will also be exercised in one on one adolescent relationships, especially where one adolescent is highly needing of the approval of the other.

The Influence of Extrafamilial Adults:

Selected teachers, idealized adults (from movies, sports figures, scientists, etc.), community leaders as clergy, may variably impact on an adolescent, especially a mid adolescent in such a way as to add a significant frame for idealized behaviors which become incorporated as part of the ideal self. Some mid adolescents, in this way have come to a determination of what ambitions they have, what goals they set for themselves, even pursuing careers on the basis of such newly internalized ideal-self figures.

The Influence of the Upsurge of Sexual Feelings:

Another major contributor to conscience revision comes from the re-emergence during early adolescence of unresolved, not fully enough disposed of sexual feelings and fantasies normally attached to the parents during childhood. The remaining fantasies from the 3 to 6 years of age period which hold such feelings, create a more or less intense internal conflict which in the average normal adolescent is dealt with by a relative depreciation of the parents. This facilitates the disengagement of such sexual feelings from these parents. This is what in the mid or late adolescent girl's reaction to an adult man's passing or continuing expression of sexual interest in her gives meaning to the

expression that "He's a dirty old man!".

These feelings and fantasies will tend to be most activated during early adolescence in association with pubertal bodily changes, hormonally increased sexual stimulation, and the re-emergence of these feelings at that time. This will give a further push to disengagement from the parents and with it a diminution in the power of their prior contribution to the development of conscience in the adolescent. During mid adolescence this process should be well underway if not indeed well achieved, thereby opening further the revision of dictates and rules of conduct earlier internalized in the intense relationship with parents of early childhood.

The Contribution of The Development in Aggression:

And yet another contribution to conscience revision comes from the heightened physical strength and power that comes with the adolescent's growth into the adult-form bodily self. This brings with a very positive increase in self esteem, in feelings of competence and of the self as a strong and powerful individual. But at the same time, feelings of hostility and hate in both adolescent boys and girls are now increasingly experienced as more threatening. This sets in motion another revision of conscience with an eventual refining and strengthening of internal dictates of morality and ideal self behavior. In well cared for adolescents it will lead to prohibitions against the overt expression of hostile feelings, further consolidating socially acceptable problem solving strategies of handling adversity and coping with it better. In rejected adolescents, the depreciated valuation of others (produced by the generalization to all others, or to special others, being experienced as rejecting and causing of pain and problems), diminishes further socialization within the conscience.

The influence of increasing aggressive power will be most felt during the early and mid adolescent periods. Especially as the body achieves its larger muscular potential during mid adolescence, will negative feelings of aggression make the demand for higher and more effective ways of controlling one's discharge of hostility. By late adolescence this process should be well underway if not already mastered.

Thus, quite large psychological, emotional, and experiential factors combine to bring about a progressive restructuring of conscience during adolescence, of both its component morality system and its system of ideal self behaviors.

6.2612 CHILD REARING: Conscience Formation

The influence parents can have during their offspring's adolescence is now limited. Those parents who over the years made effort to rear their children in growth-promoting ways, with love, respect, sufficient emotional availability and attention, will benefit from the relatively stronger positive influence they will have now, as they have before. Parents whose relationships with their children in the course of their development has been poor will have much less leverage in influencing their adolescent's behavior and with it

influencing the revision of conscience which occurs during this developmental period. In other words, given the decreasing influence parents have on the development of conscience of their adolescents, as with those who have talked and listened to their children from infancy on, those who have set limits with their children in protective, guiding, respecting and reasonable ways, those who have been emotionally available, loving and respecting of their children from early on in life, will have a large advantage in continuing to have an input during this era of conscience revision. First, those earlier internalizations coming from identifications with their parents will have greater stability than will those of parents whose relationships with their children have been laden with hostility and hate. Secondly, during these times of fluctuation where parental influence will be decreased and peer influence increased, parents who have a positive relationship with their adolescent will be more readily able to counter the negative influences coming from the peer group which will be impacting, often with pressure, on their adolescent.

This general principle will apply both in terms of the adolescent's thrust to separate from the parents of childhood in the process of individuation, as well as with regard to the adolescent's effort at shifting his/her valuation and interest to the adolescent peer in preparation for an eventual the relationship to a mate in adulthood.

Parents can continue to optimize the development of conscience in their adolescent by supporting the adolescent's efforts to achieve successful separation and individuation. Parents who, due to difficulties of their own, resist the adolescent's efforts to individuate may unwittingly facilitate the development of adolescent rebellion in their child. Another undesirable consequence to not supporting the adolescent's effort to individuate further may be an arrest in that developmental process, with the adolescent's not being able to form age appropriate relationships with peers, cling to the relationship with mother and father and not prepare adequately for adulthood.

But parents can, of course, and should, continue to influence their adolescent's relationships with peers. This is especially in the areas of not only facilitating those activities with peers that are constructive and growth promoting but in setting reasonable limits with behaviors that clearly are suggestive to the parents of not being constructive and healthily adaptive. This is especially the case in instances where early adolescents and mid adolescents become involved in antisocial, delinquent, over-sexualized, abuses of alcohol and drugs, etc., by means of appropriate, respecting but firm limits.

Parents of adolescents are highly advised to not use physical force in the implementation of punishment where punishment is needed to bring about a stopping of behavior disapproved of by the parents. Punishments with adolescents should be restricted to the withdrawal of privileges. Physical punishment tends to offend the adolescent more than it restricts or succeeds in getting the message across to the rebelling adolescent. The upshot of physical punishment invariably tends to facilitate a downhill course in the relationships with the parents, making the parents even less effective in influencing their adolescent's unwanted behaviors.

As always, parents can facilitate the development of moral behavior as well as the development of setting goals for oneself that are desirable, by reasonably complimenting where compliments are deserved for acts of charity, of desirable moral conduct, of making efforts to structure certain goals and achievement. But parents must be sure that

the compliments are deserved and are not offered when unwarranted, unearned, or undeserved. Complimenting, which is enormously helpful to the adolescent's continuing efforts at adaptation and growth, should not be given when unearned or undeserved because of the risk of the adolescent's not valuing complimenting which comes cheaply.

Parents are well to bear in mind that how they themselves behave both in terms of morality and in terms of ideal-self behaviors in their own life activities, become models and probably one of the strongest contributors to the child as well as the adolescent's behaviors. By continuing identification with their parents, the parents' behaviors will be adopted by their adolescents even at a time when such identification with the parents is at a minimum, namely during mid and possibly late adolescence. Whatever the adolescent's efforts to separate from the parents, their behavior will be taken into account and will continue to have some degree of impact on their adolescent's character formation.

The parents input in their adolescents' sexual lives have been discussed in Section 6.2312, and the parents input in their adolescents handling their aggression has been discussed in Section 6.2412, and what was said in the those sections applies here in terms of the input of parental behavior to the adolescent's conscience formation.