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PARENTING FOR EMOTIONAL GROWTH: A CURRICULUM FOR STUDENTS IN GRADES K THRU TWELVE

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***PARENTING FOR EMOTIONAL GROWTH: A CURRICULUM FOR
STUDENTS IN GRADES K THRU TWELVE***

**SAMPLE LESSON PLANS of
UNIT 1: INFANCY (BIRTH TO 12 MONTHS)**

LESSON PLANS FOR KINDERGARTEN - FIRST GRADE

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We owe the model for the structured lesson plans used in our curriculum to Harriet Heath, Ph.D., Sara Scattergood, A.B., and Sandra Meyer, B.A., Ed., who used such a model in their Introductory Curriculum: *Learning About Parenting Through Learning to Care* (1986).

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***PARENTING EDUCATION FOR EMOTIONAL GROWTH:
A CURRICULUM FOR STUDENTS IN GRADES K THRU 12.***

Lesson Plans for Unit 1, for Kindergarten - First Grade

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INFANCY (0 - 12 MONTHS)

PHYSICAL DEVELOPMENT

SLEEP - WAKE STATES PATTERNING

FEEDING

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES K - 1.**

UNIT 1 - 0 to 12 MONTHS

PHYSICAL DEVELOPMENT

Reading for Teacher: Textbook UNIT 1, pp. 6-17.

Objective:

Students will become aware of the general physical status of infants at birth, and during the first year of life.

Materials:

A baby doll and a blanket.

Class Discussion:

The class will pretend that this is a one-day old baby, and will consider the following questions:

Can she see?

Can she hear?

How does she know how to breathe?

Does she know her mother?

What can she eat?

What does she do when she has to go to the bathroom?

Does she have feelings?

Why does she cry?

The class also will think about what a newborn baby cannot do - e.g., walk, talk, distinguish one person from another.

They will discuss also what a baby learns to do during the first year of life. Students who have siblings of this age may describe crawling, walking, playing, the beginning of speech, the recognition of family members, etc.

Students will think about and discuss why an infant needs parents. What do parents give a baby? What does a baby give his/her parents?

Outcome:

The students will have learned that infants come into the world able to perform many essential functions (breathing, eating, defecating, crying), and that the first year is one of rapid development.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES K - 1.**

UNIT 1 - 0 to 12 MONTHS

SLEEP - WAKE STATES AND PATTERNING

Reading for Teacher: Textbook UNIT 1, pp. 18-27.

Objective

Students will learn that infants need both sleep and activity for growth and development.

Discussion

The teacher will ask:

Why do you go to bed at night?

If you stayed up all night, how would you feel?

How many in the class go to bed at eight?

At nine?

When you get up in the morning, do you feel like running and jumping and coming to school?

Teacher's Explanation

You need sleep to help you grow strong; and you grow strong too, when you are awake playing and learning. Babies are so small that they need more sleep than you do. They also need to be awake to look around, and get acquainted with the world.

When you go to bed, you sleep all night long, but babies don't do that. They sleep three or four hours, then wake up, because they are hungry. They cry, wake their parents up, get fed, and go back to sleep again. They do this over and over all day and all night. When they get older they learn to be up most of the day, just going to bed for an afternoon nap. When they become as old as you are, they don't need the nap any longer.

To sleep well, babies should have a quiet place, be warm and dry, and not hungry or frightened. It is helpful to have the same person or persons put the baby to bed, and to have a regular bedtime schedule.

Activities

1. With the doll, demonstrate placing a baby gently in a bed, covering it while talking in a soft voice. Let some of the children do this the right way, and some the wrong way.

2. Ask the children to answer the following questions in unison, with "yes" or "no".

- a. A baby likes to have the radio playing loudly when he is trying to sleep.
- b. A baby likes soft music.
- c. A baby likes to have his diaper changed when it is wet.
- d. A baby likes to be fed before going to sleep.
- e. A baby likes to have bright lights shining his eyes.
- f. A baby likes to be rocked.
- g. A baby likes to have mother or father hold him before putting him down for a nap.
- h. A baby likes you to wake him up when you have time to play with him.
- i. When the baby is wide awake, he likes to have you play with him.
- j. A baby likes his family to talk with him.
- k. A baby likes to have mother or father come if he wakes up frightened, or has a pain.

Outcome

Students will understand about the alternation of sleep and activity periods, and how family members can help to provide good experiences.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES K - 1.**

UNIT 1 - 0 to 12 MONTHS

FEEDING - Part 1

Reading for Teacher: Textbook UNIT 1, pp. 28-36.

Objective

Students will learn about the importance of good feeding experiences for the infant's physical and emotional growth.

Materials

Pictures of animal mother-infant pairs .
A doll baby.

Activity

Discussion:

Why do you eat three meals a day? (Answer should include "to grow", "to get strong", "to be able to do things.")

When you feel hungry, what do you do?

When a baby is first born, how does he/she ask for food?

What does the mother do?

Why doesn't the baby eat meat and vegetables and dessert?

If you were a baby, would you like to have your bottle in the crib by yourself, or would you rather have your mother hold you while you are drinking? Why?

A baby often looks up into mother's face while feeding. Why? (She is getting acquainted with mother. She feels drawn to her mother's face, and this helps her to develop an attachment to her mother.)

Sometimes mothers talk with babies while feeding them. Why do they do that? Do small babies understand? Do babies like to have people talk to them?

Why does a baby need to be burped?

Game: Show the animal pictures. Have the children imitate the infant animals calling for food; also have them imitate the cry of a hungry baby.

Demonstrate with the doll how a mother holds a baby when feeding, to make it comfortable. Let each child practice holding the doll and burping it.

Children close their eyes and imagine that they are a baby who is very hungry and mother waits too long to come. How does that feel?

Children close their eyes and imagine that they are a baby who is just finishing her bottle in mothers' arms, and is being cuddled. How does that feel?

Teacher's Summary

A comfortable feeding experience will help an infant grow; and it does more than that. It helps the infant to know who his mother is, and to realize that he can depend on her. She will bring food when he is hungry, and will give it with love. The infant gradually will learn that father and other family members who may share in feeding him, can be depended upon as well. Good feeding experiences help the child to develop good relationships, and to feel that his world is a good place.

Outcome

The students will have become aware that an infant's sense of well being is tied in with his/her feeding experience.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES K - 1.**

UNIT 1 - 0 to 12 MONTHS

FEEDING - Part 2 (Visit of Mother and/or Father and Infant)

Objective

Increased understanding of how feedings and feelings are connected.

Discussion

The children will be prepared for the visit of a mother and infant later in the session. Things to look for will include:

- Will the mother hold the baby the way we did the doll?
- What will she give him to eat?
- Will she burp him?
- Will she cuddle him?
- Do the mother and baby look at each other?
- How is the baby feeling - how can you tell?

Activity

Mother visits with baby and feeding provisions. Children will ask questions such as:

- Do you like to feed the baby?
- Did he always know how to suck?
- Does he cry when he is hungry?
- Does he cry sometimes when he is not hungry?
- Why does he eat in the middle of the night?
- When will he eat hamburgers and French fries?
- Why does he look at your face while he is having his bottle?
- Does he understand what you are saying to him?

Summary

The teacher will point out how comfortable the baby is in the mother's arms while feeding; he is getting food but also a warm, good feeling. She will mention that gentle handling, frequent enough feedings, talking with the baby, and cuddling him are ways that a mother can give a baby love and food at the same time.

Outcome

Students will have seen what is involved in providing a growth-promoting feeding experience.

INFANCY (0 - 12 MONTHS)

CRYING

AFFECTS

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES K - 1.**

UNIT 1 - 0 to 12 MONTHS

CRYING

Reading for Teacher: Textbook UNIT 1, pp. 37-38.

Objective

To learn why infants cry.

Class Discussion

Students will tell about a recent time they cried about something. How were they feeling? (Something hurt, or they were afraid, or they were angry about not being allowed to do something, etc.

It is a very natural thing to cry when you feel upset, or in pain, or angry, or afraid. Crying tells how you feel, and usually brings your parents or someone else to help you.

Why do little babies cry? (Hunger, pain, wet diaper, being tired, or sick, or angry at being put to bed). Especially during their first two years, crying is their special way of saying "I need help!"

Do you think mothers can tell by the way a baby is crying, what the baby wants? (They often do, but sometimes it is hard to tell. They have to check out everything -- whether it is feeding time, whether the diaper is wet, if the baby has a stomach ache, or is just angry because it is bed time).

What should a mother do about the crying? (She should try to remove the cause, and also comfort the baby. She can comfort him by patting, holding and talking to him. If the baby is angry about being put to bed, for example, mother will tell him that he has to stay in his crib, but she will talk with him a few minutes to comfort him.)

Outcome

Students will understand that crying serves a purpose, and how parents can respond helpfully.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES K - 1.**

UNIT 1 - 0 to 12 MONTHS

AFFECTS - Part 1

Reading for Teacher: Textbook, Unit 1: pp. 39-44.

Objective

Students will become aware that infants have feelings, and can express them.

Activity

Students will tell about their pets.

Can your cat, dog, rabbit talk with you?

How?

Do you know when it is hungry?

Is your pet glad to see you?

What does your pet do when it is lonesome?

Does your pet like to have you touch it? In what way?

Students with infant brothers or sisters will tell about them:

What different kinds of feelings does your brother/sister have?

How can you figure out what he/she means?

Do you think babies ever get angry?

How does the baby feel when you play with him/her?

Can a baby love you when it is first born?

How does the baby learn to love?

Dramatizing

In unison, students will pretend they are an infant nine months old who:

1. Is hungry
2. Is having a bottle
3. Has a pin sticking in him
4. Is being given a Teddy bear by his mother
5. Is being left alone in a room, mother having gone out the door without saying anything
6. Is being swung up in the air by father.

Summary by Teacher

Review of the feelings the students have dramatized.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES K - 1.**

UNIT 1 - 0 to 12 MONTHS

AFFECTS - Part 2

Objective

Students will learn more about the affects experienced by the infant, and how parents can help promote healthy emotional development.

Discussion

The teacher will draw two faces on the blackboard and ask the following questions.



Jimmy



Johnny

How does Jimmy feel? What do you think makes him feel that way? (Possibilities: Full stomach, being warm and dry, mother holding him).

How does Johnny feel? What do you think makes him feel that way? (Possibilities: hungry, cold, pin sticking in him, mother left him alone, etc.)

Mother is in the kitchen, and she hears Johnny cry. What does she do? Student answers could include:

- She goes to see what is the matter.
- She talks to him, pats him.
- She feeds him if he is hungry.
- She checks his diaper, and changes it if wet.
- She hands him a toy he can't reach.
- She feels his forehead to see if he has a temperature.
- She picks him up and holds him.

Jimmy isn't crying, but has just waked up from his nap. What does mother do to make him feel happy? She shows her love **by cuddling and kissing him**. Do you think the baby loves her, too?

She **talks** with him. Even though he doesn't understand everything, she tells him what a special person he is, and she explains what she is going to do. This gradually gives him an idea that talking is a way of feeling close, and makes him want to learn to talk too.

She **plays** with him. She lets the tiny infant grasp her finger; puts a rattle in his hand, moves the mobile back and forth, etc. When he is a little older she can touch parts of her own and his body, naming them. (Here the teacher might demonstrate how this helps an infant learn to speak by pointing to parts of the body, and naming them in whatever foreign language the teacher knows; thus showing how, by repetition, this learning can occur, and at the same time, give the baby a warm interaction with mother.) Peek-a-boo games are always popular with the 6-12 month old infant, and help him deal with the fact that people, especially fathers, leave but return. Even temporary disappearances are difficult for infants to accept.

All members of the family, not just mothers, can engage in cuddling, talking and playing. These attentions give a child a sense of well-being.

Do you think that a baby can be happy all the time?

If he wakes up hungry and cries, and mother is getting his bottle ready, do you think it is all right if he has to wait a few minutes for it?

What can a mother do to help him be patient?

Teacher's Summary

A baby has many kinds of feelings. If he feels good, he sleeps well and eats well, looks around, plays and likes to be cuddled. If he feels in pain or is upset, he will cry a lot. Then the mother has to look at her baby very carefully, to see what the trouble is. Mothers and fathers can almost always help babies to feel better; sometimes they need a doctor to help them. The most important thing is for the baby to know that he can count on his mother/father to care for him.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES K - 1.**

UNIT 1 - 0 to 12 MONTHS

AFFECTS - Part 3 (Visit of Mother and Infant)

Objective

Students will learn how a mother knows what her infant is feeling.

Teacher Presentation

The teacher will review the material discussed previously, emphasizing that if the students imagine how they would feel in the infant's place, they will learn to understand what the infant is feeling.

The teacher will prepare the students for a visit of a mother and infant later in the session.

Visit of Mother and Infant

The teacher will ask the students:

How is the baby feeling now?
How can you tell?

The teacher will then ask the mother the same questions.

The students will observe the baby, and ask such questions as:

Does she cry when you put her down for a nap?
Is she scared to be in a room by herself?
How do you help her get used to being by herself?
How do you know what she wants when she cries?
Do you pick her up every time she cries?
Does she ever get angry at you?
Are you her favorite person? How does she show that?
Does she like her daddy, too?
How do you help her if she has a stomach ache?
Why do you talk with her, if she can't understand you?
How do you play with her?
What makes her laugh?
If you smile at her, does she smile back?
Would she know it, if you had a headache, or didn't feel well?

Summary

The teacher will summarize the ways parents come to understand what their infants are feeling, and how they help them with the feelings they experience.

INFANCY (0 - 12 MONTHS)

ATTACHMENT BEHAVIOR

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES K - 1.**

UNIT 1 - 0 to 12 MONTHS

ATTACHMENT BEHAVIOR - Part 1

Reading for Teacher: Textbook, UNIT 1, pp. 45-64.

Objective

To learn that infants start very early to form human attachments, beginning with their mothers.

Activity

1. Students will tell about watching kittens and puppies with their mothers. What does a kitten do, if placed all the way across the room from its mother? How would you help it stop meowing? Do you think it would be just as happy if you set it down next to a mother dog, or rabbit? Would it let you take the place of its mother?

2. Show the students a picture of a mother hugging a baby. If you were that baby, how would you feel?

Ask: Does a newborn baby know who his mother is? How does the baby come to know that?

Explanation:

When the baby is born, he does not know who his mother is. Soon he discovers that someone picks him up, and that feels good. He hears her footsteps bringing food, and that makes him smile in pleasure. He looks hard at her face while she is feeding him, and when he is about five months old he knows that the person who feeds him, and smiles at him and cuddles him is his mother. When he hears her footsteps now, he gives her a big, bright smile to tell her she is his favorite person.

He has sorted out his father and his brother and sisters too, and likes them, but his mother is special. When strange people try to pick him up, he feels scared, and calls for mother. If mother has to leave him to go to the store, the baby feels upset, because he is afraid she won't come back. Then, when she does come back he feels happy, or perhaps angry at her for going away.

Sometimes he gets very frightened, and clings to her wanting her to hold him tightly.

Discussion

1. Do you think that a mother should make a baby sit in his grandmother's lap, if the baby doesn't know his grandmother? Why or why not?
2. Do you think a mother should tell a baby, if she has to go to the store? Why or why not?
3. If a baby is frightened, what should the mother do?
4. How does a mother help a baby develop love feelings?

Outcome

Students will have become aware how an infant begins to form human relationships, and the part the mother plays in this development.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES K - 1.**

UNIT 1 - 0 to 12 MONTHS

ATTACHMENT BEHAVIOR - Part 2

Objective

To learn how **attachment** develops between infants and their families.

Discussion

Students will tell who their two favorite people are. Why are they your favorites? You and they are "attached" to each other, and this began a long time ago.

Teacher's Explanation

When a baby is first born, he finds himself in a strange world. He doesn't know anybody in it. One person's voice he remembers hearing from the days when he was being carried around in a dark, warm place. The voice belongs to a person who picks him up and cuddles him, feeds him, and keeps him clean and comfortable,. When she hugs him, it makes him feel happy.

At first the baby smiles just when he feels good. (The **non-social smiling response**). Soon he learns that when people are being nice to him, they smile. When he is one or two months of age, he will smile back at anyone who smiles at him. (The **non-specific social smiling response**). As he begins to sort out the faces that are familiar, he begins to show a strong preference for his mother, the lady whose voice he knew from long ago, who now takes care of him. He gives her a special smile when she comes to him, and soon he or she adds father and sisters and brothers, to make a list of favorite people. Sometimes a substitute baby caregiver ("baby sitter") or grandparent is also on his or her list. When the baby is five to seven months old he/she knows his/her family quite well and always gives them a smile that tells them that they are special. (This is the **Specific Smiling Response**). When the baby smiles that way, you know he is becoming attached. Mother, father and other family members are attached to the baby, and show this in many ways - feeding, holding, smiling, talking, rocking -- among others.

Discussion

Children who have siblings under five months of age will describe their smiling, and tell whether they are beginning to develop preferences.

Children with siblings five months of age or older will describe the attachments they are making to family members.

Assignment

Bring a doll or stuffed animal to school next time.

Outcome

Students will have learned that infants start very early to form attachments, beginning with their mothers.

PARENTING FOR EMOTIONAL GROWTH:Lesson Plans for **GRADES K - 1.****UNIT 1 - 0 to 12 MONTHS****ATTACHMENT BEHAVIOR - Part 3**Objective

To review the beginnings of the attachment process; to learn about stranger, separation and reunion responses.

Teacher's Explanation

Highlight material from the previous lesson.

(1) What mothers do to help their infants learn to know, and to become attached to them.

(2) How infants show that they are becoming attached (non-specific smiling, and specific smiling responses).

New Signs and Attachment:

(1) If someone outside the family looks at a six month old infant, he may just stare or look uncomfortable. This tells you that the infant thinks this person is a stranger. The baby may cry and cling to his mother to whom he is attached. To him, almost everyone outside his family is a stranger. We call this normal reaction, **Stranger Anxiety**.

Ask the students to give examples of infants they have observed behaving this way with strangers. Did you think the baby was being unfriendly? What would help the baby feel more comfortable with a stranger? (If mother would hold him, and let the stranger speak quietly to the baby.)

(2) Most six month olds when they see mother leave the room feel uncomfortable. They may become upset or frightened, and cry or scream. A child this age cannot picture the mother's face in her own mind, and when Mother leaves her, the infant feels Mother has disappeared and abandoned her. She has become attached, and feels a terrible loss when Mother goes. This is called **Separation Anxiety**.

Ask the students to give examples of this behavior. How can a mother help a baby with these feelings? (By telling him or her every time that Mother goes out, that she will come back, and take care of him or her.)

(3) When mother returns a baby may act happy and excited; or he may be angry at Mother for going away and cry or push her away. These are called **Re-union Reactions** and they both show that the baby is attached to his mother.

Activity

After the above, students will hold their dolls (or animals). The teacher will show how to position the "infant" comfortably, and to cuddle it. The students will tell how they think the infant is feeling when being cuddled. Then half of the students will pretend to be "strangers", who will take the infant out of the "mothers" arms. The students will tell how they think the infant feels about that. (They may demonstrate by "pretend" crying.) The infant is returned to mother, and all is well. The mothers and fathers then put the infants down, and pretend to leave the room. Other students react to this on the infant's behalf -- and again when the mothers and fathers return and pick up and cuddle the infants.

Outcome

Students will have learned the basic signs of attachment.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES K - 1.**

UNIT 1 - 0 to 12 MONTHS

ATTACHMENT BEHAVIOR - Part 4

Objective

To see attachment behavior demonstrated in a six months old infant.

Preparation

The teacher will talk with the students about what to look for, briefly reviewing the material of the three previous lessons.

Activity:

A mother and infant will visit the class. The children will ask questions, e.g.,

1. Does the baby know that you are his mother? How do you know that?
2. Will he let anyone else feed him?
3. Who is his next favorite person?
4. Does the baby understand what you say?
5. Can you understand what he means?
6. Who takes care of the baby when you go shopping?
7. Do you tell him you are going, or do you slip out when he isn't looking?
8. Does he care if you go out and leave him? How can you tell?
9. Is he glad to see you when you come back? How does he show what he is feeling?
10. Would he like it if I picked him up? I like him, so why wouldn't he like me to hold him?
11. When will he begin to like people outside the family?
12. What things do you do to make the baby feel happy?

Outcome

A confirmation through observation, of the development of attachment.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES K - 1.**

UNIT 1 - 0 to 12 MONTHS

ATTACHMENT BEHAVIOR - Part 5

Objective

Review of previous lessons.

Teachers Explanation

The teacher will review in simple terms, the specific smiling response, separation and reunion reactions and stranger responses, asking for examples of these which the students recall from the visit of the mother and her infant.

Activity

Divide the class into "families" each consisting of mother, father, and six months old infant. Assign to each trio one of the following "make believe" activities.

1. A mother and father doing something that makes a baby feel happy.
2. A mother and father doing something to help a baby who has a cold and feels miserable.
3. A mother and father go out to the movies and leave the baby with a sitter.
4. Mother and father have been to the movies and come home to the baby who is still awake.
5. Father brings home a friend from the office whom the baby has never seen. (The third student in this group will be the friend, instead of the mother.)

With each of these dramatizations the teacher will ask "Why do you think the baby behaved as he/she did?" How did the parents help?" (Or, "How could they have helped?") Is the baby becoming attached to mother and father?

Outcome

Students will understand that attachment is a two-way interaction; and that the behavior of infants in their specific smiling, separation, reunion and stranger responses indicates that they are developing attachment.

INFANCY (0 - 12 MONTHS)

EXPLORATORY ACTIVITIES AND LIMIT SETTING

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES K - 1.**

UNIT 1 - 0 to 12 MONTHS

EXPLORATORY ACTIVITIES -- Part 1

Reading for Teacher: Textbook UNIT 1, pp. 65-77.

Objective

Students will understand that infants have an inborn need to learn, in order to grow and master their world.

Class Discussion

How many in the class know what the word "curious" means?

Are you ever curious?

What are some of the things that make you curious?

(This question may result in far-ranging answers, such as:

Where does the sun go at night?

What does Daddy do all day?

How do babies get born?

What will I get for my birthday?

What makes a watch tick?)

When you are curious, what do you do? (Ask questions. Look at something, e.g., a watch, to see how it is made.)

Do you think babies are curious? If they are, how do you know? (or, How do they show this?

Why do you think babies need to learn?

If you were too small to ask questions, what would you do? (go around as best you can looking at things, even pull them apart to see how they are made and what they are made of.)

Teacher's Explanation

The world is new to a baby. Even tiny babies are very curious about it. Since a little baby can't move very much, she looks a lot. She looks at mother's face while being fed. In her crib she spends much of her time looking around at the toys in the crib, the mobile hanging over it, and the things in the room. Often she doesn't just quietly look. Her arms and legs may in motion; it is as if her whole body is involved in the looking. She is eager to see and touch things; it almost seems as if a little motor inside her has gotten turned on.

You have noticed that babies reach for objects and put them in their mouths. In this way they can learn how things feel, smell and taste, whether they are hard or soft, and if they can be eaten or not.

A baby wants to stand, and is very excited about learning to walk. Then she learns about the world by exploring. By grasping things, staring at them, and pulling them apart, she tries to learn how they work. Since a baby doesn't know how easily things break, and doesn't know that stoves are hot, and cars are dangerous, she has to be taught about these things.

Babies can be helped to learn about their world in a safe way.

Babies need to explore, and mothers and fathers and brothers and sisters can help them. To have energy to explore, they need to feel comfortable -- to be fed and warm, to be healthy, and to be encouraged in their activity.

Outcome

Students will have become aware that although infants cannot ask questions they are curious and learning from the moment of birth, and that their exploratory activity is part of this process.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES K - 1.**

UNIT 1 - 0 to 12 MONTHS

EXPLORATORY ACTIVITIES -- Part 2

Objective

Students will learn how an infant can be helped to explore his world.

Class Discussion

How can parents and brothers and sisters help a baby explore and learn?

1. Can a baby learn in his crib?
2. Can he learn in his playpen?
3. Should he be kept in his playpen all day, except when eating or sleeping? Why or why not?
4. The teacher will place a bottle of pills, a ring, or string of beads, scissors, a doll, and a "busy box on a low table. If a 12 month old were toddling around, which of these things would help him explore? Which shouldn't be within his reach? What can he learn from a doll if he is helped (facial features, and to be gentle with a "baby"). What can he learn from a "busy box?"
5. Do you think it helps a baby to learn if you hold him on your lap, and show him pictures in a book? Why not just give him the book, to look at by himself? What would you do if he gets excited and tears a page out of the book? Does this mean that he doesn't like the book?
6. Why do babies like to play in the kitchen while mother is cooking, or to be outside with father while he is washing the car? Do they learn anything by doing this?
7. How can a brother or sister help a baby learn about the meaning of such words as high and low, climb, fall, and careful?
8. Playing with a baby makes him feel happy! Does it help him learn more, too?

Outcome

Students will be aware that persons their own age, as well as adults, can contribute to an infant's exploratory learning.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES K - 1.**

UNIT 1 - 0 to 12 MONTHS

EXPLORATORY ACTIVITIES -- Part 3 (LIMIT SETTING)

Objective

Students will understand that infants' wonderful thrust to explore their world, to learn about it and to master it, often requires limit setting.

Activity

"A Silly Story" will be read by the teacher. Students will raise their hands whenever they think there is something strange about how Stephen behaves.

"Stephen is twelve months old. His mother has just kissed him good night and has put him in his crib. He tells (Can he talk already?) his mother that she doesn't need to raise the side of the crib because he doesn't want to climb out anyway (Can we be sure that a 12 month old will stick to his word?). In the an morning while his mother is getting breakfast, Stephen pulls open the refrigerator door (Can even a strong 12 month old do this?), just to look inside. He doesn't touch anything (Oh?). Just then mother begins making pancakes at the stove. Stephen loves the smell of pancakes, but he doesn't go near the stove because hot stoves burn one (Any comments?). While his mother is busy, he thinks it would be fun to pull out the toaster plug, but he doesn't do it because he knows he could get shocked. Later in the morning, he and his mother walk to the Deli nearby. Stephen carefully waits until the light turns green before stepping off the sidewalk to cross the street."

Discussion

Do you know any babies like Stephen? Why not? (Real babies want to explore, and at one year of age they can't yet talk in words, and they don't yet know about danger the way Stephen of our story does. In fact it's very unlikely that there is such a Stephen!)

One mother said that her little boy was "all motor and no brakes". What did she mean?

Babies love to explore their world, but they don't know that some things break and others are dangerous, and that they have to consider other people's feelings. They have to be taught. Imagine that you are the mother. How would you teach a baby to stay away from a hot stove? What would you do if he snatched a toy out of his sister's hand? Do you have to explain things more than once to a baby? How would a baby feel if his

mother never said "no" to him? Do you think mother and fathers love their babies when they say "no"?

Outcome

Students will have learned that during infants' vigorous efforts to learn by exploring their world, limits are necessary, and often resisted, but are an important part of the parents' rearing their child in growth promoting ways and with love.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES K - 1.**

UNIT 1 - 0 to 12 MONTHS

EXPLORATORY ACTIVITIES -- Part 4 (LIMIT SETTING)

Objective

To discover how an infant begins to distinguish between allowable and not allowable activity.

Class Discussion

Sometimes a mother or father will say "It's all right for you to do this." Sometimes they will say, "You are not allowed to do that."

Name some things that are fine for you to do, some things that your parents really like to have you do. (Pick up toys, play with younger brother or sister, feed the dog, give Mother and Daddy hugs, etc.)

Name some things that you are **not** allowed to do (e.g., take other children's toys, hurt another child, tease pets, strike matches, play in the street, etc.)

How did you learn that it is not permitted to do these things?

Do you sometimes feel angry when mother or father or teacher says you can't do something you want to do?

What happens then?

Activity (Dramatizations)

1. One child portrays a mother busily getting an imaginary meal. Another child portrays Lucy, 18 months old, who climbs up to the imaginary stove, and reaches for a pot of hot soup. The mother sees this just in time. How might the mother handle this in a way that would not help Lucy? (Making her touch the hot pan and burn her fingers.) How could she handle it in a way that would help her? (Restraining, explaining, firmly telling her that she is not allowed to do that, that Mommy loves her and doesn't want her to get hurt, and then -- if Lucy feels like it -- hugging her.)

2. One child portrays a father reading his newspaper, another the mother putting clothes into the washer, and another two year old Andrew. Mother calls to father to ask if Andrew is with him. Father says "No" and both parents hunt for him. He is not in the house. They rush out, one parent going one way, and one the other. Father finds Andrew

in the middle of the street. How does he handle it? (Scolding, belittling, threatening; or, removing him, telling him he is not allowed to go out of the house without letting Mom or Dad know, explaining that cars can hurt very badly, and that Mom and Dad don't want him to get hurt). How does Andrew feel? Which way of handling it helped Andrew?

3. Father is changing the bulb in a lamp. Mary is watching him, then suddenly starts to touch the socket. Show father handling this in a helpful way. Show him handling it in a way that would not help.

4. Mother and father are watching TV. Robert, fourteen months old, is playing with the dog. He seems to insist on trying to put his fingers in the dog's eyes. What would help him understand that this is not a reasonable thing to do, that dogs have feelings too, like he does? (Explaining, patting the dog gently, and noting that he wags his tail in pleasure). What would be an unhelpful way to teach Robert this? (Hurting Robert in the same way as he was hurting the dog.)

5. Two year old Janet is being visited by her cousin Billy. Every time Billy reaches for a toy, Janet screams and grabs it away from him. The two students who portray the mothers, will talk with their children, first in an unhelpful way, then in a helpful way. (Unhelpful -- snatch toys away, and scold the children angrily ; helpful -- let Janet keep her favorite toy, help her to share the others; explain to Billy that Janet's mother will help her share). (Discuss: Janet isn't used to having to share her toys. She understandably becomes angry when her mother tells her to do this. How can mother help her with these feelings?)

Summary

Babies don't know from the beginning what things are OK to do, and what things are not. They are so curious about the world that, without having yet learned what consequences might follow, they may do things that are dangerous to themselves, or hurt someone else.

In all of the stories acted out today, we found that it was helpful to the child:

1. To be taken away quickly from a dangerous situation.
2. To be taught why he or she could not do what he or she wanted. Mothers and fathers help their very young children by talking with them and explaining things, many times over.
3. It helps the child if the parent lets him or her know that although the child is forbidden to do what he wants, he or she is very much loved. A warm hug after restraining and explaining helps the child deal constructively with angry feelings, and helps him or her accept what the parent is saying.

Outcome

Students will have learned that reasonable limit-setting contributes to the development of a sense of what activities are allowable and why some activities are not.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES K - 1.**

UNIT 1 - 0 to 12 MONTHS

EXPLORATORY ACTIVITIES -- Part 5 (LIMIT SETTING)

Objective

To understand the feelings that children and parents have when limits have to be set, and how to deal with the feelings constructively.

Class Discussion

1. Let's pretend that you have just started watching a good television show, and father says it is time to go to bed. How do you feel? What do you say?
2. Let's pretend that you are in the grocery store with mother. You ask her for a candy bar, but she doesn't buy it for you, because it is too near dinner time. How do you feel? What do you say?
3. Let's pretend that you want it so badly that you grab off the shelf and start eating it. How do you think mother feels when she sees this? How do you feel? What do you say?

Teacher's Explanation

Babies have the same feelings about limits that you do, but for them limits are even harder because they can't put their feelings into words. Remember the story of Janet and Billy that we acted out last time. Two year old Billy was visiting Janet, also two, and wanted to play with her toys. He grabbed them, and Janet screamed and grabbed them back. Janet's mother told her that she could keep her favorite toy, but share the others with Billy. How do you think Janet felt? If mother, instead of letting her keep a toy, scolded her and made her give Billy all the toys she was playing with, how would Janet feel?

Suppose, because she had such strong feelings, Janet hit her mother. How do you think her mother would feel about that?

How do you think Janet felt after hitting her mother? Was she glad she had done it? Did she feel that she had done something bad?

All children sometimes get angry at their parents whenever they are prevented from doing something they really want to do. Then children feel frustrated, and angry at the parents they love. All parents get angry at their children at times, too. Do you think parents and children should tell one another how they feel?

Do you think that Janet at age two would understand it if her mother explained to her about sharing their parents?

If you think so, why do children sometimes do things that are not allowed? (Most commonly it is that they want to do something very badly, and can't control their wish; or, they may be angry with their parents, or they may want to please another child and do what that other child suggests.)

Do you think that parents love their children even when they say "No" to something the children really want to do?

Summary

Babies, children and parents all feel frustrated and angry when prevented from doing something they want badly to do. This is a natural feeling.

The best way to handle angry feelings is to talk about them. Babies understand more than we sometimes think they do, especially when explanations are given (yes, even to a less than one year old!) without hostility and end up with hugs.

Outcome

Students will understand that angry feelings aroused by limit setting are natural, and that they can be talked through and resolved.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES K - 1.**

UNIT 1 - 0 to 12 MONTHS

EXPLORATORY ACTIVITIES -- Part 6:
VISIT WITH MOTHER/FATHER AND INFANT

Objective

The students will learn how a mother fosters explorations of her infant, and sets limits when necessary.

Teacher Preparation

The teacher will remind the students of the age of the infant, and about some of the things they observed in previous visits. Today, the observations will center on the baby's need to explore, and his need to be helped to know what things are all right to do, and what things are not. The students will think of questions to ask the mother.

Visit of mother and Infant

The students will note any changes in the infant's appearance since the previous visit, and ask the mother any general questions they wish. On the subject of exploratory activities, they will ask such as questions as:

- Does your baby like to explore?
- How does he show this?
- When he looks around the room, is that exploring?
- Is he exploring when he puts things in his mouth?
- What does he learn by exploring?
- Do you like having him explore?
- How do you help him learn about things?
- Does his father help him, too?
- Does the baby ever crawl around and get into things that might hurt him?
- Does he pull things off shelves and tables?
- Does he do these things because he is "bad"?
- What do you do to stop him?
- Does he get angry when you stop him? What do you do then?
- If you give him a hug after you have told him "No", does he seem to feel better?

Outcome

The students will have confirmed their information about the value of exploratory activities, and about the need for limits.

INFANCY (0 - 12 MONTHS)

DEVELOPING TRUST

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES K - 1.**

UNIT 1 - 0 to 12 MONTHS

DEVELOPING TRUST - Part 1

Reading for Teacher: Textbook, UNIT 1, pp. 78-89.

Objective

Students will learn how an infant begins to develop trust, first in his parents, and later in others.

Discussion

The students will be asked to tell about their dogs, cats, or other pets.

Does your pet know who feeds it?

Does it show that it expects to be fed? How?

Who in the family plays with the pet?

How does the pet behave toward the people in the family who play and pat it?

Does it behave in the same way with strangers?

Students with infant siblings will describe how the baby acts when hungry. While mother is working to get the bottle ready and says "I'm coming," does the baby seem to feel better? If so, how does he/she show it?

If mother happens to be driving home from the supermarket when the baby gets hungry, does she explain why she can't feed her/him just then? Do you think the baby **knows** that he/she will be fed before getting too hungry?

When the baby feels lonely lying in the crib, how does he/she ask mother to pick him up and cuddle him/her? What does his face look like while he is asking? What does his face look like when mother holds him? Do you think that he **expects** that mother or father or brother or sister will come to his crib, and talk to him and pick him up? When someone in the family picks him up and tells him what a great baby he is, how does he seem to feel? (That he can expect good things from his family, that he is a valued person).

Pretend that you are a baby in a big room in an orphanage, a place where babies can live if their parents can't take care of them. There are as many cribs with babies in them as there are students in this room. You are one of the babies and you feel very lonely. You want someone to hold you and comfort you. You cry. (A baby's way of saying that he/she needs something that feels important to him/her, something like help or

comforting.) The nurse has so many babies to feed and diapers to change that she doesn't come then, even though you cry and cry. Finally you stop crying because she doesn't come. How do you feel? (Discouraged, helpless, not valued; you can't count on anybody, the same way **you** feel if someone doesn't answer a question you ask over and over, and even worse than that.)

The orphanage nurse almost always **does** come around after a while. Why does the baby feel that he can't count on her, and that he is not a valuable person? (When he waits **too** long, he gets anxious and thinks she won't come; when she does come she often doesn't have time to stay with him for awhile to let him know that he is loved and special. He wishes he could have someone special, who would come **soon enough** when he calls.)

What would make the orphanage baby feel better? (To be adopted by a family who would give him love, and be able to take care of him in a personal, sensitive, and reliable way.)

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES K - 1.**

UNIT 1 - 0 to 12 MONTHS

DEVELOPING TRUST - Part 2

Objective

Students will learn how an infant can be helped to develop trust.

Class Discussion

What does the word **trust** mean? (You can count on someone being good to you, doing something you reasonably expect them to do, doing something that is normally expected, keeping his/her promise or word. And you will then know that someone thinks **you** are good, too.)

What do parents do to make their babies trust them? (Feed them lovingly, talk to them warmly and thoughtfully, listen to them, try to understand how they feel, pick them up if they fall down, comfort them when needed, cuddle them when they think the baby may need it, etc.)

How did the babies learn that they could count on their parents to do these things? (Because their parents have done them everyday, soon enough, well enough, and just don't forget.)

Teachers' Explanation

The building of trust starts when infants are very young -- e.g., the baby soon knows that when he cries in hunger, he will hear Mother or Father say that she/he hears the baby, then the baby will hear footsteps coming, and that means Mother (or Father) with milk. It is important that the baby will hear Mother (or Father)'s voice asking what is wrong.

When the baby becomes about six months old, he is learning to count on his parents, and he is attached to them. When they leave him to go to work, or to the store, or out for the evening, this is very hard for him because at this age he cannot remember what they look like, and that if they go out, they surely will come back. (The child is not yet able to remember the image of his parents when they are not there; this capacity develops at about 12-14 months of age.)

Which do you think would be better:

If a mother would explain to her baby that she has to go out, but will come back in time to give him his bottle, or

To slip out the back door and hope the baby won't notice that she is gone?

Dramatize these situations (above), and discuss which approach help the baby to trust his mother.

How can you trust somebody who keeps disappearing all the time?

How can you, as the brother, sister or friend of a baby, help him learn to trust you?

1. Be friendly, approach him gently, not roughly.
2. Take your time, be with him often, and don't feel insulted if he isn't friendly right away.
3. Talk with him.
4. Play peek-a-boo games.
5. Watch his face -- if he looks upset or worried, he is telling you that he has had enough for this time -- but come again!

Outcome

Students will understand how parents and they themselves can help an infant develop trust.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES K - 1.**

UNIT 1 - 0 to 12 MONTHS

DEVELOPING TRUST - Part 3

Objective

Students will learn that trusting one's parents is a first step toward trusting people outside the family.

Teachers' Presentation

When a baby has learned to trust her mother and father and sisters and brothers, and **knows** that they will feed her, keep her warm and dry, play with her and cuddle her, it makes her feel good about herself and about her family. Gradually she feels that other people can be trusted, too, and she becomes friendly with people who visit. While the baby is learning all this, she goes through a time of not being sure, and may cry when a friendly stranger comes up to her. But little by little she will come to feel that the world really is a friendly place, and that the people in it can be trusted.

Trusting others is very important. Think about all the people you trust besides your parents.

- What do you trust the mailman to do?
- What do you trust the bus driver to do?
- What do you trust your teacher to do?
- What do you trust your best friend to do?

Dramatization

Students will close their eyes and pretend that they are having a very bad dream. It is as follows: They wake up one morning and mother says she doesn't feel like making breakfast; daddy doesn't feel like going to work either, so they go out for a walk but don't let you come. You take yourself to the bus stop to go to school, but the bus driver doesn't stop for you. You see your best friend on the other of the street and you call to him, but he doesn't answer. You get to school very tired from the walk, and your teacher isn't there. The classroom is locked.

How does it feel when you can't trust all these important people?

Since this was only a make-believe dream, how does it feel knowing that you can trust all of these people in your life?

Outcome

Students will have become aware of the long-range importance of building trust relationships.

PARENTING FOR EMOTIONAL GROWTH:Lesson Plans for **GRADES K - 1.****UNIT 1 - 0 to 12 MONTHS****DEVELOPING TRUST -- Part 4
VISIT OF MOTHER AND INFANT**Objective

To look for indications that a trusting relationship is developing between the visiting infant and his mother.

Preparation

The teacher will review with the students the major observations of the previous visits, and the subsequent class discussions on "Developing Trust". The students will think of questions to ask the mother on this subject.

Visit of Mother and Infant:

The students will comment on any changes they see in the infant, and will ask whatever general questions they wish. Regarding "Developing Trust", they will ask such questions as:

Do you think that your baby trusts you?

What does he trust you to do?

How does he show his feeling of trust?

What did you do to help him trust you?

When you go out, do you tell him? Why? (Or, why not?)

If it only makes him cry to tell him, wouldn't it be better to just slip out? Why or why not?

His father goes out every day. How can the baby learn to trust him?

If somebody picks the baby up, that he doesn't know very well, does he trust that person?

How can the baby be helped to trust people outside the family?

Outcome

The students will have seen the beginnings of trust development, and how this is fostered by the infant's mother and father.

INFANCY (0 - 12 MONTHS)

THE ORAL PHASE OF DEVELOPMENT

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES K - 1.**

UNIT 1 - 0 to 12 MONTHS

THE ORAL PHASE OF DEVELOPMENT

Reading for Teacher: Textbook UNIT 1, pp. 90-92.

Objective

The students will learn how an infant uses his mouth during the first year of life.

Class Activity

The teacher will lead a game, demonstrating what a five year old person can do:

"With my hands, I can clap." (everyone clap)

"With my legs, I can run." (everyone circle the room, running.)

"With my eyes, I can see." (everyone point to his eyes.)

"With my arms, I can hug." (each person hug a person next to him.)

"With my voice, I can sing." (sing some song the children know.)

"With my mouth, I can eat." (the teacher will pass out jelly beans, or the children can pretend to eat.)

Teachers Explanation

All of these parts of yourself will do what you tell them to do. You have learned a lot since you were born!

A newborn baby cannot do all these things. He can't run with his legs, he can't hug with his arms, he can't sing with his voice. He can cry, and see and hear, and with his mouth he does know how to suck.

His mouth seems to be a most important part of his body during the first year. Because he can suck very well, he doesn't have to be hungry and thirsty. He can signal when he is hungry by sucking, and he can signal when he has had enough by stopping sucking.

By sucking, the baby is able to take in the food that makes him grow. In addition, it feels good to eat. The food makes him feel comfortable inside, and being close to mother while being fed tells him that she loves him. This feels so good to him that sometimes he likes to suck, even when he isn't hungry for food.

Can you think of any other reasons why a baby sucks? If you watch a baby you can see that he likes the feeling he has when sucking. It helps him wait for his bottle to be ready;

it comforts him when he is alone in his crib. For this reason, some babies suck their thumbs, or have pacifiers. (Explain the meaning of the word pacifier.)

Do you think you should take a baby's thumb out of his mouth? Why? (Some people are afraid that this might hurt his teeth, but usually it does not.) Why is it good to let the baby suck his thumb, or a pacifier? (In this way, he is learning to comfort himself, and doesn't always have to cry for his mother to come to comfort him.)

Have you noticed how a baby four months of age or older will put everything into his mouth that he can pick up? Why does he do that? (To explore how the object feels, whether it is hard or soft, large or small, edible or inedible.) Should you take everything away from the baby that he puts into his mouth? (No, he needs to explore in order to learn; take away just small things that he might swallow, or things that might hurt him.)

Class Discussion

Have the children talk about the babies they know. Do they suck their thumbs? Do you think that they suck just when they are hungry? If they cry, and their mothers put pacifiers in their mouths, do they stop crying? If so, why? If not, why not? (Perhaps the baby has a special problem, like a wet diaper that the pacifier won't help!)

Outcome

The students will understand that the oral activity of the first year, helps the infant with his eating, gives him pleasure, is a source of comfort, and fosters learning through exploration of objects he puts in his mouth.

INFANCY (0 - 12 MONTHS)

AGGRESSION

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES K - 1.**

UNIT 1 - 0 to 12 MONTHS

AGGRESSION - Part 1

Reading for Teacher: Textbook UNIT 1, pp. 93-111.

Objective

To help the students understand what causes anger in children and grown-ups.

Teacher's Presentation

Some things that make people angry:

1. It is nine in the evening and five year old Brian just kicked the television set. Why do you think he did that? (Father told him that he couldn't stay up any longer to watch TV)
2. Nancy, age six, just hit her sister Emily, age four. Why? (Emily broke Nancy's doll, or messed up her toys, or snatched her candy.)

A person gets angry when he or she is feeling very upset or very hurt about something. This happens at all ages, even to babies.

What do you think might make a baby angry? (Waiting too long to be fed, waiting too long for a dry diaper, having a stomach ache, mother leaving him alone.)

What do small babies do when very upset and angry? (Scream in rage.)

Do you think a baby is angry if he pulls your hair? (He might be, but sometimes when he grasps hair, he doesn't know how to let go.)

Do you think he is angry if he bites you? (He might be, or he might be suffering from the pain of teething.)

If he is angry because something has been taken away from him, would you give it back? (Not if it is a breakable or dangerous thing; or if it is something of yours, and you might be angry if he broke it; but you would explain why you had to take it, and offer him something else.)

What would you do if you were alone in a room with a baby, and he was crying in a rage? (Try to find his mother; see if you can see why he is upset; help if you can -- e.g., talk with the baby, pat him, give him a pacifier to comfort him.)

Dramatization

One of the students will play the role of a baby crying angrily. She and the teacher will decide away from the hearing of the class, what his problem is (hungry, too hot, too cold, wants mother, etc.). The other students will take turns coming up to him to find out what is upsetting him. When a child guesses correctly, and tries to help, the crying will stop.

Outcome

The students will understand that infants become angry when upset or in much pain and that relieving the distress reduces the anger.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES K - 1.**

UNIT 1 - 0 to 12 MONTHS

AGGRESSION -- Part 2

Objective

To learn how infants can be helped to deal with feelings of anger and hostility.

Review

Why do babies become angry? Why do they get feelings of hostility? What are some of the things that make babies upset?

Class Discussion

What would you do if you were the mother or father of these babies?

1. Eight month old Jason and his mother were out shopping. Mother was delayed in traffic because of a snow storm and Jason became very tired, hungry and angry. He is screaming to let his mother know that.

What should she do? (Try to calm him by talking with him, and by preparing his food quickly when they get home.)

Many people think that small babies don't understand, so why explain things to them? What do you think?

2. Father is alone with eleven month old Robert, who is crying and crying. Father has talked with him, has tried giving him a bottle, has changed his diaper, has handed him a toy, but nothing seems to work. Do you think it would make Robert stop crying if father spanked him? (No, this wouldn't tell father **why** Robert is crying, and would upset Robert even more. It would be better to check him to see if he is teething, or he may be upset because Mother isn't there. Father should keep on trying to comfort Robert.)

3. Annie has learned to crawl, and loves to explore. She was just about to put her finger into an electric plug when her mother quickly pulled her away from it. Annie was very angry and hit her mother. What should her mother do? (Hold Annie's hands, tell her she is not allowed to hit Mother, explain why she can't put her finger in the plug. Annie will be frustrated and upset, and will need to have mother comfort her.)

Do you think Annie was **bad** because she felt angry when mother moved her away from the plug? (No, she had a strong wish to explore, and was upset when prevented from doing so.)

Was she bad because she hit her mother? (No, when one is angry, striking out is a natural thing to do and she doesn't understand yet that hitting is not a good way of getting over anger or feeling hostile.)

Why isn't it a good way? (It hurts her mother, and Annie will feel very upset afterwards, because she hurt the mother she loves (which will make **her** feel she is bad).

Why would her mother comfort Annie when she did something she shouldn't? (It makes her feel loved, and makes her better understand that it was her behavior Mother was objecting to, not her; and this will tend to help her to listen better to what Mother is telling her.)

Outcome

The students will have attained a beginning understanding of the importance of communicating, limit-setting and comforting, in helping infants cope with their angry and hostile feelings.

INFANCY (0 - 12 MONTHS)

DEPENDENCE

DEPENDENCE - ORAL PHASE - PARENT-CHILD VISIT

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES K - 1.**

UNIT 1 - 0 to 12 MONTHS

DEPENDENCE

Reading for Teacher: Textbook UNIT 1, pp. 1112-1117.

Objective

To learn about the dependency needs of infants during the first year of life.

Class Discussion

What does a car need before it can go? (Gas, oil, air in its tires, a person to drive it). It depends on its owner for these things, and when it is given them, it is ready to travel.

What does a baby need before it can grow up? (Food, protection, love, teaching). In their first months of life, they are not able to take care of themselves at all, and depend on their parents for everything.

Do you think babies are the only people who need to depend on someone?

Does your mother depend on anybody? For what?

Does your father depend on anybody? For what?

Do you depend on anybody? For what?

Name all the ways you can think of that babies depend on their parents during their first years. (Answers should include aspects of physical care, affection, limit setting and teaching).

Have you ever seen a baby who wanted to be held all of the time? (No, babies love to be held sometimes, but by the age of six months, they have a strong urge to get off the lap and explore the world they were born into. They depend on their parents for both things: love, comforting and care as well as encouragement to do things themselves.

Outcome

Students will understand that infants need to depend on their parents for physical, emotional and adaptation help, but that they also have a strong need to become gradually independent.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES K - 1.**

UNIT 1 - 0 to 12 MONTHS

**AGGRESSION, THE ORAL STAGE, AND DEPENDENCE --
VISIT WITH MOTHER/FATHER AND INFANT**

Objective

To observe oral activity in the infant; to look for expressions of dependent and aggressive behaviors, and the mother's responses.

Preparation

The teacher will review the major observations of the previous visits, and highlight the class discussions on all 3 issues, Aggression, Dependence, and behaviors suggestive of Oral Phase activity. The students will think of questions to ask the mother.

Visit of Mother and Infant

The students will note any changes they see in the infant, and will ask whatever general questions they wish. Regarding the above subjects they will ask such questions as:

Does your baby seem to put everything in his mouth? If he does, why does he do this?

Do you let him?

What things do you take away from him?

Are you afraid he will eat germs?

Does he suck his thumb? Why does he like to do that?

What things does your baby depend on you for?

Do you like having him depend on you?

Does your baby sometimes get angry?

Does he ever get really angry? Do you think he seems to even feel hostile?

What things make him angry? If he gets really angry, what things do this?

If you take something away from him, do you explain why?

Does he sometimes try to hit you, when you have to take something away?

Do you feel he is being bad if he hits you? What if he hits others?

What do you do if he hits you? What do you do if he hits others?

What helps him calm down when he is upset?

Outcome

The students will have learned through their observations and questions about the oral activity of the infant, his dependence upon his mother or his father, and his ways of expressing angry feelings, and then, about a mother's or father's responses to these difficult feelings to deal with.

INFANCY (0 - 12 MONTHS)

THE BEGINNING OF INTELLIGENCE

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES K - 1.**

UNIT 1 - 0 to 12 MONTHS

THE BEGINNINGS OF INTELLIGENCE

Reading for Teacher: Textbook UNIT 1, pp. 118-126.

Objective

To understand that the inborn urge of an infant to learn is greatly facilitated by a sense of physical well being, and by good emotional interactions with family members.

Review

Material covered in "Exploratory Activities".

Class Discussion

Why don't babies enter kindergarten when they are first born? (They don't know how to walk or talk, they sleep most of the time and they haven't learned enough about their world).

Do all babies want to learn? (Just watch one -- he is busy every moment he is awake, and at times even when feeding, is exploring his own hands and feet, his mother's body, and everything in the room he can reach).

If a baby is sick or hungry or upset will he want to learn? (If he is hurting, he will learn about the pain he feels, but he won't be able to concentrate on learning other things).

If mothers and fathers are babies' first teachers, how can they help them get ready for kindergarten by age 5?

(Talking with them, naming parts of the body, and things in the room.

Showing them how things work -- if the baby pushes a toy off his high chair it will drop; being patient when a child does this repeatedly; explaining things to him.

Playing with them -- hide and seek and peek-a-boo games help develop the babies' solving problems and his memory functions.

Giving them a place to be that makes learning fun -- a room with pleasant colors, mobiles and toys that teach. The room should be warm and comfortable.

From one year on and even before with some babies, showing them picture books and reading stories.

Giving babies praise and a hug when they accomplish something, e.g., saying a new word, learning to eat with a spoon).

Outcome

Students will understand that there are specific ways that family members can help an infant in the development of intelligence.

INFANCY (0 - 12 MONTHS)

DEVELOPMENT OF THE SELF

DEVELOPING HUMAN RELATIONSHIPS

THE SELF AND HUMAN RELATIONSHIPS --
VISIT WITH MOTHER AND/OR FATHER AND THE BABY

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES K - 1.**

UNIT 1 - 0 to 12 MONTHS

DEVELOPMENT OF THE SELF

Reading for Teacher: Textbook UNIT 1, pp. 127-145.

Objective

To understand how an infant develops self-awareness.

Class Discussion

How old do you think you were when you first knew your own name? (About six or so months.)

How old do you think you were when you first knew who your mother was? (This is a gradual process; at birth the sound of the mother's voice is already familiar because it was already heard while in the mother's uterus. By five months, the infant knows quite clearly who mother is; that is, the infant knows what she looks like, feels like, smells like, even acts like, and more.)

Ask several students their parents' first names, their siblings' names, and names of various aunts, uncles and cousins.

We can see that you know very well who you are. Did you ever wonder how you became acquainted with yourself? The story of Jeremy will tell you how this happens.

Story: "Jeremy Discovers Himself"

On a bright day in May, Jeremy was born. Flowers were blooming and birds were singing, but Jeremy was too little to enjoy those things. **Everything** was new to him. He didn't even know what he was himself. He did have feelings -- bad feelings when he became very hungry, and good feelings when a mysterious figure (of course, he didn't know who she was!), whose voice he thought he had heard before, answered his crying, and picked him up pretty nicely really, and fed him.

When Jeremy got to be about two months old, he had started figuring things out. He had discovered that he could expect the mysterious figure to take care of him at all times, and he came to feel that she was really part of himself. Within a couple weeks later, he began to realize that the part of him that was hungry and needing to be cuddled was different from the feeding, very nicely comforting part, (which you and I know was his

mother). Even though he began to realize that, he pictured in his mind that they were really close together, as if they were "one", together in the same eggshell.

You see, he didn't have things straight at all. Gradually, he began to notice that he was called Jeremy, and the other person was called Mother; and that there were other people, too, who talked and played with him, who had other names, like Father, and Tom (brother), and Ann (sister).

By the time Jeremy was ten months old, he had a pretty clear idea that he and mother were separate people. He loved her the most, and would give her a big smile when she came to him, but he also became very fond of the others in the family, too. Jeremy loved to sit on mother or father's lap and be cuddled, but more and more as he grew older, he felt like hopping down and exploring. Now and then, he would explore something that mother didn't get upset about (such as a hot oven) and when she spoke to him in a strict tone of voice, he knew very well that he and she were different people.

Even though Jeremy knew this, he would feel upset when mother would leave him at home with someone else (except when it was Daddy) to take care of him, when she would go out to shop or do other grown-up things. Until he was about sixteen months old, he couldn't picture her in his head when she was gone, and he would feel very afraid that she wouldn't come back. At those moments he didn't like it at all, that he was a separate person from mother. Sometimes he would have a big wish to be a little baby again, and would go back for a while to his baby ways. But most of the time he had a big feeling inside himself that he wanted to grow, and learn, and do things. More and more he had the feeling that it was great to be a boy named Jeremy!

By the time Jeremy was three years old, he had accomplished a lot:

1. He knew who he was.
2. He knew that he and his mother were separate people.
3. He had a strong attachment to his mother.
4. He had a strong attachment to his father and brothers and sisters.
5. He could walk, talk, and use the toilet.
6. He could enjoy times of playing alone with his toys.
7. He was learning to play with other children.

Discussion

How do you think Jeremy's family helped him to know who he was? (They called him by name right from the beginning; they helped him learn to do things by himself they praised him when he accomplished something new.

Outcome

Students will understand that the development of a concept of the self is a gradual process, and that family members can help in this.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES K - 1.**

UNIT 1 - 0 to 12 MONTHS

DEVELOPING HUMAN RELATIONSHIPS

Reading for Teacher: Textbook UNIT 1, pp. 127-145.

Objective

To understand how an infant begins to develop human relationships.

Class Discussion

1. Review what the students remember about:

How Jeremy became acquainted with himself.
How his family helped him know himself.

2. How do you think Jeremy would feel toward his big brother for teaching him to ride his tricycle?

How would he feel toward his mother who picked him up and comforted him when he fell off his tricycle and bumped his head?

How would he feel toward his father when father would carry him around on his shoulders?

No matter how small or how big people are, they become fond of people who treat them with **love** and **consideration**. (Consideration includes attentiveness, understanding, thoughtfulness and respect). Sometimes if mother or father would forbid Jeremy to do something, he would get angry; just the same he always knew that he could count on the love of his family, and that made him feel good about people.

3. When Jeremy is treated with consideration and feels good about people, he will be much more likely to listen to his parents explaining that other people have feelings too, and should be treated considerately, too.

What are some of the things Jeremy needs to learn in order to get along with other toddlers? (Not to grab toys from another child, usually not to hit, to share, to be sympathetic with a child who is upset and how to play together with another child).

Jeremy will need a long time to learn these things, but it won't be very hard for him, because he has been treated well himself.

Let's Pretend You Are

1. Josephine, age 3 years, who did not have as understanding a family as Jeremy's. Whenever she would reach for a toy, her big sister often would slap her and say "Hands off -- that's mine!". If you were Josephine, how would you feel in Nursery School, when Billy would want to play with some of the blocks you were using?

2. Now you are Nancy, age 4 years, who has always been a little afraid to try new things. At the playground, you wanted to climb up the steps to the slide, but held back. Your father came over to you and said quite nicely, "You can do it, Nancy, I'm sure you can." You finally did it, and felt very happy. The next day you saw Ann, standing at the foot of the slide, afraid to go up. What did you say to her?

3. Now you are Ben, age 3, watching mother cleaning out the bird-cage, and feeding the dog. She talks to the bird and the dog as she does this. You see that she likes them. Do you?

4. Now you are a toddler, named Joey, only 16 months old. When your mother leaves you for any reason, you feel very worried, wondering if she will really come back. When mother once in a while is late getting back, she always picks you up and says she is sorry, and explains what kept her away so long. Somehow even though you're angry with her, that makes you feel much better, even when you're not sure you understand quite all the big words in her explanation. Do you think that mother's apologizing in this way, will make it easier for you to apologize when you are older, if you do something that worries someone?

5. Now you are Seth age 2 years. Your mother is very busy, so she keeps you in your play pen a good deal of the time. Sometimes you get lonesome and want her to hold you, but when you reach up your arms hoping to be picked up, she usually gives you another toy instead.

Which makes you feel better, the toy or mother's lap?

6. Now you are Ellen, age 3 years. In your home everybody hugs everybody. Father hugs Mother, Mother hugs Father, they both hug the twins, Susie and Stephen, and everyone hugs you! How does it feel to be hugged? Do you think that getting so many hugs will help you become a friendly person?

Outcome

Students will understand that home relationships are the foundation for the development of relationships outside the home.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES K - 1.**

UNIT 1 - 0 to 12 MONTHS

**DEVELOPMENT OF SELF AND HUMAN RELATIONSHIPS --
VISIT WITH MOTHER AND/OR FATHER AND BABY**

Objective

To find out to what extent the visiting infant seems to be aware that he and his mother are different persons; to learn about the relationships he is developing with the members of his family.

Preparation

The teacher will review the class discussions on the Development of the Self and Human Relationships, and will help the students formulate questions to ask the mother.

Visit of Mother and Infant

The students will comment on any changes they observe in the infant, and will ask whatever general questions they wish. Regarding the above topics, they will ask such questions as:

Do you think your baby knows that he is a different person from you?
If you call his name, will he turn toward you? How old was he when he seemed to know his name?

Does it upset him when you have to leave him for a while?

How many people does he recognize when they come near him? Who are they?
When they talk and play with him, what does he do?
Does your baby ever get lonesome? If so, how does he show it?
What do you do then?

Outcome

The students will have learned at what point in development the visiting infant is, with respect to a sense of self, and in relating to others.

INFANCY (0 - 12 MONTHS)

FINAL VISIT

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES K - 1.**

UNIT 1 - 0 to 12 MONTHS

REVIEW -- FINAL VISIT OF MOTHER/FATHER AND BABY

Objective

To summarize what the students have observed and learned this year regarding the development of the visiting infant, and the mother's care of and interaction with him.

Preparation

The teacher will review with the students the major things to look for, and will recall with them what the infant was like at the time of the first visit.

Visit of Mother and Infant

Thinking about the first visit, and comparing it with today's the mother, teacher and class will consider:

Physical Development: How much the baby has grown; any illness experienced.

Feeding: Changes in food, and eating patterns?

Sleeping: Changes in sleeping schedule?

Attachment: To whom is he attached by now? Whom does he trust?

Affects: How many different kinds of feelings does he express?

Exploratory Activities: How much does he explore? What does he learn by exploring? How does mother protect him from dangerous explorations?

Aggression: What makes him angry? How does he show this? How does mother help?

Development of Self: Does he know that he is different from mother?

Human Relationships: What people has he come to know and like?

Learning: What has he learned? How do family members help?

Outcome

The students will appreciate the amazing development that takes place at all levels during the first year of life.

***PARENTING FOR EMOTIONAL GROWTH: A CURRICULUM FOR
STUDENTS IN GRADES K THRU TWELVE***

**SAMPLE LESSON PLANS of
UNIT 1: INFANCY (BIRTH TO 12 MONTHS)**

LESSON PLANS FOR GRADES 4 AND 5

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***PARENTING EDUCATION FOR EMOTIONAL GROWTH:
A CURRICULUM FOR STUDENTS IN GRADES K THRU 12***

Lesson Plans for UNIT 1, for Grades 4 and 5

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INFANCY (0 - 12 MONTHS)

EDUCATION FOR PARENTING

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES 4 and 5.**

UNIT 1 - 0 to 12 MONTHS

EDUCATION FOR PARENTING - Part 1

Teacher Preparation: Textbook INTRODUCTORY UNIT, Chapter 1.

Objective

Students will learn that parenting is a **serious, complex, and very demanding** job. The job of parenting is **to optimize**, make as good as it can be, **the child's physical and emotional development, and his/her abilities to adapt constructively** to the demands of life.

Students will see that parenting can be a very gratifying job when one has the **necessary preparation** for it, when one has **sufficient understanding** of how to parent in **growth-promoting ways**.

Materials

One egg for each two students, for use in conducting an experiment which has been used effectively in many schools.

Activity

Make a list of all the things you think a parent does.

Class Discussion

1. From students' lists, make a composite list on the blackboard. (Add comforting, teaching, and limit setting, if omitted).
2. It has been said that parenting is a **serious** job. Do you agree? Why? What is the effect on a child's personality of the kind of parenting he receives? Does the effect extend into his adult life? Does it go further than that? (The community, even the world?)
3. Why is parenting considered a **complex** job? (One has to understand general patterns of development, but also understand each child individually; one has to learn the different ways a child communicates as he goes through the different steps of development.)

4. In what ways is parenting a **demanding** job? (Non-stop responsibility, meeting the child's physical needs, developing an understanding of, and the ability to respond to the child's emotional needs, fitting the infants' needs into those of other members of the family.)

5. In what ways is parenting a **gratifying** job? (If done well, seeing the child healthy, with a sense of well-being, and able to succeed in his own world. If done well, then there will be a relationship of love and respect between parent and child.)

Outcome

Students will perceive the long-range effects of parents' work. Students will have an increased respect for the importance of the parents' role.

Homework

Divide the class into pairs of children. Give each pair an egg to "parent" until the next session of the class. The egg must be planned for in the way a parent plans for the care of a baby. E.g., the egg's "parents" decide between them who is to take care of the egg at all times. It must never be left alone. Each pair of egg "parents" will be prepared to report on their experience during the next class session.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES 4 and 5.**

UNIT 1 - 0 to 12 MONTHS

EDUCATION FOR PARENTING - Part 2

Objective

Through the egg experiment, students will become aware of some of the specific ways that parenting is **a serious, complex and demanding job.**

Students will have an enhanced awareness of **how it feels to have responsibility** for the health and well-being of another, especially **of an infant** all ready to be helped to grow into an emotionally healthy individual capable of coping constructively with the difficulties of daily life.

Materials

The previously issued eggs.

Activity

The students will give verbal reports regarding their "parenting" experiences. How did the "parents" share the egg-sitting responsibility? Did they have any scheduling conflicts? Did they feel tied down? Were they worried about the health of the egg? (Breaking it?)

Class Discussion

How is an egg different from an infant?

Egg	Infant
An egg doesn't require physical care.	A baby has to be fed, diapered, its laundry done.
Egg sitting is easier, an egg doesn't cry.	You have to figure out what a baby is trying to say when it cries.
An egg doesn't have feelings.	A baby has many kinds of feelings

An egg isn't changing all the time; you don't have to know as much.

An egg doesn't need comforting and cuddling

It is too bad if an egg breaks, but it is not a tragedy.

You have to learn how babies change from month to month, even week to week.

A baby needs comforting and cuddling.

You have to learn about taking care of a baby's health. Babies are irreplaceable.

Outcome

Students will have an enhanced sensitivity to the needs of infants, and the responsibilities of parents.

Homework

Many parents report that when they had their first babies, they were not prepared for all that important job involved. Talk with a mother and a father. (Your own or some other parents). Find out if the job of parenting was more complicated than they had expected. What was hard about it? Who helped them? What was the best part about being a parent?

Write a one-page report on each interview.

INFANCY (0 - 12 MONTHS)

PHYSICAL DEVELOPMENT

INDIVIDUAL DIFFERENCES

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES 4 and 5.**

UNIT 1 - 0 to 12 MONTHS

PHYSICAL DEVELOPMENT

Reading for Teacher: Textbook UNIT 1, pp. 6-17.

Objective

Students will become informed about the physical status of the human infant at birth, and during the first year of life.

Students will learn that infants have individual **timetables** of development, but that all infants follow the same **sequence** of developmental phases.

Activity

On the blackboard, and also listed in the students' notebooks, the class will write in three columns, information about the physical status of infants at birth, at six months, and at one year of age. Sources of material will be Unit 1, with contributions from the observations of the teacher and class members.

Points of Discussion

What the infant **can** do at **birth**: (breathe, suck, digest, excrete, cry, respond with reflex movements, recognize mother's voice, her smell, how she moves.)

What the infant **cannot** do at birth: (sit up, smile socially, does not have a firm idea of who mother or father is, see well).

How a baby is different from a newborn calf or colt.

What a child of **six months** can do: (recognize family members, can sit up, crawl, use hands and mouth in coordinated manner, has developed vocal signals, babbling, cooing, etc. for communication; has developed the social smiling response, the stranger response, and separation-reunion reactions.)

What a child of **twelve months** can do: (He/she can recognize the meaning of many words, may say a few; is able to understand and respond to emotional communications of parents; demonstrates preferences among people, especially for mother; also may develop preferences among foods, is able to crawl with facility, may walk; is eager to explore the environment; conveys appropriate feelings.)

Although the infant's development proceeds in a **standard sequence**, the **rate** of development may be influenced by various factors. (Nutrition, health care, who takes care of the infant -- mother or day care - emotional climate in the home, his own personality type, whether he is active or quiet).

Homework Assignment

If students have an opportunity to observe mother-infant groups, divide the class into 3 segments (not necessarily equal in number): Those who observe a baby newborn through three months, those who observe a baby four through eight months, and those who know one, age nine through twelve months. If no group is available, interview a mother.

Observe her infant closely for half an hour, taking notes on what he/she can do, and how he/she communicates feelings and needs. Does the mother describe the infant as active or quiet, or both?

Ask the infant's mother about his/her developmental patterns -- vocalizing, moving about, communicating.

Record your observations, giving exact age of the infant.

Outcome

Infants will be recognized as real persons whose development follows an orderly sequence that may be slowed or accelerated to some extent by the emotional climate of his/her environment.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES 4 and 5.**

UNIT 1 - 0 to 12 MONTHS

INDIVIDUAL DIFFERENCES

Reading for Teacher: Textbook UNIT 1, pp. 6-17.

Objective

Students will become aware of the emotional needs of the infant.

They will become aware of the importance of responding to an infant in accordance with his/her individual temperament.

Class Activity

The students will report their observations, the teacher infusing material as indicated concerning child rearing approaches as follows:

What was your child's activity type (average, quiet, excitable)?

How does a mother or father respond helpfully to an excitable child? A quiet child? In playing? When eating? At bed-time?

Would you be worried if a one-year old quiet type child was not talking?

What do we mean by an "emotional dialogue" between mother and infant?
Did you observe interactions that impressed you as emotional dialogues?

How can a parent help an infant develop frustration tolerance - regarding feeding, for example?

How can you tell when a child is experiencing too much frustration?

Did you observe your mothers teaching their infants? Describe.

Why is it important to look directly at an infant when he/she looks at you?

How did the mother you observed comfort her baby?

Did "your" baby pull hair? Was it on purpose? Review reflexes.

Did your baby express real feelings during the time you were observing? Describe. How did you feel at the time? How did the mother respond to the baby?

Homework Assignment

You are a newborn baby. Decide whether you will have an extra active or unusually sleepy type of temperament. As you go through the first year of life, describe how the family responds to you, and how you would like them to respond.

Outcome

Students will be sensitized to the individual emotional needs of infants.

INFANCY (0 - 12 MONTHS)

SLEEP - WAKE STATES AND PATTERNING

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES 4 and 5.**

UNIT 1 - 0 to 12 MONTHS

SLEEP - WAKE STATES AND PATTERNING

Reading for Teacher: Chapter 5, pp. 18-27.

Objective

Students will learn why both rest and activity are necessary for a child's development; that each infant works out his own rest-activity schedule; that parents can learn to understand and "feel with" their infant, and thus help prevent, or deal with sleep disturbers.

Activity

In class discussion, prepare a questionnaire to use in interviewing a mother regarding the sleep-wake pattern of her infant. The questionnaire will be written on the board, and also in the students' notebooks. The following points should be included:

What was the infant's sleeping pattern like when he/she first came home from the hospital?

Which parent got up to feed him/her in the middle of the night? Was that hard to do?

Did the baby usually return to sleep right away after the night feeding? When did he/she first sleep through the night?

How much does the baby sleep now, during a twenty-four hour period?

Does the baby ever awaken crying now? Can you tell from the type of cry, what the problem is? How did you learn to do that? What kinds of things does your baby "tell" you? What do you do if you are quite sure that the baby just wants extra attention?

How do you know whether to give TLC, or a swat on the diaper?

What do you do when you really cannot understand the baby's "message"?

When would you decide to take the baby to a pediatrician?

What do you and your baby do together when he/she is awake?

Teacher Presentation and Class Discussion

The following areas should be covered:

Why long periods of sleeping are necessary for the newborn.

Why wake periods are important and how the parent can make use of these to help the infant get used to his/her world.

What enables the infant to sleep well.

Sleep disturbers, inner and outer.

How a parent can learn to "tune in" with an infant's communications, thus being able to sense usually what sleep disturbers are at work.

Long range values of "tuning in."

Can a baby be spoiled? If so, how?

Do parents ever get angry at their infants?

What is the best way to deal with this?

Homework Assignment

Divide the class into 3 groups, not necessarily the same size. One group will be of children who know an infant 0 - 4 months of age, a second who know an infant 5 - 8 months, and the third of children who know an infant 9 - 12 months of age. Each student will interview a mother with the questionnaire worked out in class.

While there, the students will observe the infant closely, to see if they can identify any feeling tones conveyed by the facial expression of the child.

Students will prepare a written report on their interview.

Outcome

Students will have become aware of the infant's work in establishing a sleep-wake cycle, and how parents can develop empathic understanding of their child's needs.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES 4 and 5.**

UNIT 1 - 0 to 12 MONTHS

SLEEP - WAKE STATES AND PATTERNING - Part 2

Objective

Students will learn how parents help an infant establish a growth-promoting cycle of rest and activity.

Class Activity

Draw three charts on the Board, corresponding to the three age groups of the infants observed. Ask a number of the students to read the reports of their interviews, noting briefly the relevant information on the charts.

Name / Age / Sleep-Wake Patterning / Problems If Any / How Parents Help

Summary Discussion

What enables an infant to sleep well? (Good health, enough love and food, relaxed handling, comfortable and quiet surroundings.)

What may disturb an infant's sleep? (Stomach pain, obstructed breathing from a cold, temperature too hot or cold, noise, tense handling or over stimulation).

What can parents do? (Provide physical comforts, learn to read the infant's messages in facial expression or crying, develop or increase ability for empathy, offer comforting, set limits when needed).

How do parents help a child develop, when he is awake? (Talking with him, holding and comforting him when needed, teaching and playing with him).

Outcome

Students will appreciate the role that empathy plays as parents help an infant develop a healthy sleep-wake pattern.

INFANCY (0 - 12 MONTHS)

FEEDING

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES 4 and 5.**

UNIT 1 - 0 to 12 MONTHS

FEEDING - Part 1

Reading for Teacher: Textbook UNIT 1, pp. 28-36.

Objective

Students will learn that an infant's feeding experience has emotional as well as physical importance for him.

Discussion

1. Who in the class has adopted a puppy or kitten during the past year?

Describe how the pet seemed to feel when it first came to your family.

How did you make it feel at home?

Is the person who feeds it a special favorite of your pet?

2. Eating is important to human beings, too.

Think about some of your favorite things your mother makes. What kind of feelings do you have when eating her chocolate chip cookies or apple pie?

Teacher's Explanation

Good feelings about good food, and about mother who gives it, go back a long way.

Every few hours a newborn baby experiences painful feelings of hunger. His cry brings mother with milk. Mother holds and cuddles him and feeds him. The pain goes away, he feels satisfied and comfortable. While drinking his milk, he gazes up into the face of his rescuer and gradually realizes that it is his mother, and sometimes his father. He registers in his mind that this is a person who feeds and cuddles him, and who responds to his needs. Gradually feelings of attachment and trust begin to build up for these people, and later for others.

When the infant is a few months older, he sometimes will take the spoon from his mother's hand, and try to feed himself. He is beginning to show that even though it is nice to have mother feed him, he has an urge to move toward self-reliance. When he is a

year old, he still likes to be fed by her, but he has a strong need to explore, and may grab a bottle and toddle around the room feeding himself.

Discussion

Do you think it matters to a baby whether he is breast fed or bottle fed? Why or why not? (The important thing for the baby is to be held close and cuddled while feeding). Do you think it is all right to prop the bottle on a pillow instead of holding the baby? Why or why not? (For the child's emotional growth, it is very important that someone be available to feed him.)

Which do you think would be better -- to put the baby on a feeding schedule every four hours, or to feed him when he cries for food? (Babies' capacities differ, so a flexible schedule is better; also feedings should be geared to the baby's age, and to the reasonable schedule of the mother.)

If a baby wakes up hungry, and has to wait a long time to be fed, how does he feel?

To prepare a bottle may take five or ten minutes. How can a mother help a baby wait for this? (Talking to him; her voice will reassure him even if he doesn't understand the words.)

If a baby has a happy time lying in his mother's arms drinking milk, won't he want to remain a little infant forever? (No, infants have a built-in urge to grow up; they do this better and faster if they have good, rather than poor feeding experiences. Adequate gratification prevents the need to cling, and enables the child to move on in his emotional development.)

If he enjoys eating, will he eat too much and get fat? (No, babies who are given TLC (tender loving care) with their feedings need less food than those who get too little cuddling).

Suppose a ten month old baby wants to play in the middle of being fed his spinach. Should his mother allow that, or require him to stick to business? (A reasonable amount of playing during feeding makes the experience enjoyable and strengthens the relationship between mother and child).

If a ten month old insists on trying to feed himself, should mother let him, even if he is messy? (He will benefit by being encouraged to do things independently).

Mothers have a lot to do, and feeding takes a long time. Is it OK to try to make the baby hurry? (It is better to plan one's time to allow for a relaxed feeding experience, and save time in other ways.)

Babies, like everyone else sometimes feel hungry for TLC, rather than food. How do they show this?

Assignment

Interview a mother, and if possible, observe a baby under one year of age. If you do not know an infant of this age, ask your mother about your own feeding experience. Write a report of one or two pages giving the following information:

- Age of infant.
- Breast or bottle fed.
- Baby held or bottle propped.
- On demand, or timed feeding schedule.
- If the baby is held during feedings, does he/she stare at mother's face, especially her eyes? Why?
- Does the baby enjoy his meals?
- Does he/she like the cuddling?
- Does anyone besides the mother do the feeding?
- If so, does he/she accept this?
- Does mother enjoy feeding him/her? Does she look at the baby's face?
- Does mother report any feeding problems?
- Does the baby sometimes act hungry but when offered food, just wants to be held and cuddled?

Outcome

Students will have learned that holding, talking, playing and encouraging participation are growth-promoting bonuses in the feeding experience of infants.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES 4 and 5.**

UNIT 1 - 0 to 12 MONTHS

FEEDING - Part 2

Objective

Students will learn about some of the problems which may complicate the feeding experience of infants.

Class Activity

Three or four students will be asked to read their reports of interviews with mothers.

All students will be asked to tell about any problems reported by the mothers. These will be listed on the blackboard, the teacher adding any not reported by the students. As the problems are listed, the teacher will ask the students about solutions, and with her own additions, will fill in the other side of the chart. She will emphasize that with all problems, parents need to take their cues from the infant, trying to understand what is making him uncomfortable, and using their best judgment in trying to help him.

Problem

What will help

Gas

Holding the bottle so that the milk fills the nipple, and burping the infant in an upright position once or twice during the feeding, will prevent, or release, the gas which comes from swallowing air. An infant on solid food may have gas in the lower bowel. Comfort him, do not urge him to eat more, and wait for the gas to pass.

Infant often irritable, hard to calm.

Handle gently, speak soothingly when presenting food to him.

Infant won't eat enough

He won't let himself starve. Perhaps he has a small eating capacity at this time. Try smaller amounts more often. Forcing food will make him resist eating and will be more detrimental than useful. If the infant is too sleepy, try to keep him awake and feeding; if too active, calm him and try to get him to eat a bit more. Help him gradually to work toward adequate feedings.

Colic	Colic is usually caused by immaturity of the digestive system. This problem usually decreases or stops at about three months. Be sure the food is right for him -- children can be sensitive to certain foods. Be aware that infants feel the tension in the people who hold them. Tensions are contagious! Trying to solve stressful situations is important. Even if the situation may not easily be solved, the feelings can be managed.
Allergies	Many babies have allergies to milk or other foods. A Pediatrician can check this out and be very helpful.

Teachers' Summary

As with problems at any age, prevention is better than cure. To provide an infant with a comfortable, problem-free feeding experience is not simple, but can be achieved by:

1. Providing food that is right for the baby.
2. Trying to schedule enough time, so that both the infant and parent can enjoy doing this together. The more the baby is comfortable, the more the mother is comfortable, the better the feeding experience will be.
3. Observing the infant's facial expression and listening to him, to see if things are going well.
4. If he seems uncomfortable, burping, patting or otherwise comforting him, according to the parents' judgment about what he needs.
5. Remember, children can develop well, even if a mother once in a while makes a mistake.

With any feeding problems that last more than a few days, a pediatrician should be consulted. It is important for the infant's emotional as well as his physical health that the formula be right for him and that the possibilities of allergy or illness be checked out.

Sometimes when an infant has colic there are stresses which the mother and father need to work out with each other, so that they and the infant can relax. A doctor, clinic or counseling service can be helpful in this.

Sometimes a family has budget worries and cannot afford to give the infant the right kind of food. Our government considers it so important for infants to get a healthy start in life that it has set up the WIC (Women, Infants, Children) Program which provides milk, orange juice, cereal and other foods for families having financial problems. All pediatricians and pediatric clinics have information about this. When a family knows that it has the right food for their baby, the feeding experience can be a good one.

Assignment

If you know anyone who grew up in another country, ask how parents there feed their infants. If you do not know anyone from another country, ask your mother what and how her mother fed her, when your mother was an infant.

Outcome

Students will have become aware of the various types of feeding difficulties, and how they can be helped.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES 4 and 5.**

UNIT 1 - 0 to 12 MONTHS

FEEDING - Part 3

Objective

Review

Class Activity

The students will report their findings regarding the different practices in other countries, and with their grandmothers. Similarities in feeling tones will be pointed out by the teacher. (Love is love the world around).

The students will be asked what they have learned about infant feeding during the past two lessons. Answers should include:

Love should be given with food.

Holding is an important part of feeding during the first few months, because being close to mother and looking at her face helps the infant "attach".

The feeding schedule should be adjusted to the infant's temperament. Feeding should be enjoyable - talking and playing help.

Older infants' efforts at independence in feeding should be encouraged.

Children should be encouraged but not forced to eat.

A pediatrician should be consulted if parents suspect illness or allergies, or if there are other problems with which they need help.

Visit of Mother and Child

Students will ask such questions as:

How often do you feed her?

What does she eat?

How do you know when she is ready to eat new things?

When she was first born, how did you feed her? (Breast, bottle, hold, prop, etc.)

How do you feed her now?

How long does it take to feed her?

Do you enjoy giving her food?
Does she like feeding time?
Does she sometimes refuse to eat?
What do you do then?
Has she had any special problems about feeding?
Who else feeds her? Does she accept that?
Do you let her try to feed herself? (If she is old enough to try.)
Does she sometimes try to feed you?
Does she sometimes seem to want just cuddling and not food?
Do you think that feeding her helped her to know that you are her mother?

Summary

A good feeding experience as an infant enhances:

Good physical health

Attachment to mother/father/others who feed, which leads to a sense of well being about oneself, and a sense of trust in the people in the infant's world.

Outcome

An understanding of the emotional implications of the feeding experience.

INFANCY (0 - 12 MONTHS)

DEVELOPMENTAL MARKERS

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES 4 and 5.**

UNIT 1 - 0 to 12 MONTHS

DEVELOPMENTAL MARKERS - VISIT OF MOTHER AND CHILD

Preliminary Planning

Arrange to have a mother with infant visit the class on a monthly basis (father also, when convenient). At the time of the first visit, the infant preferably should be less than three months old.

Objective

Students will review the major signs of healthy emotional development, and of problem indicators.

Activity

First visit of mother and child. On the blackboard the teacher will write the date, the name and age of the infant, and one by one as they are discussed, the Developmental Markers appropriate to the infant's age. This material will emerge as a result of the questions the students ask the mother. The students will enter the observations of the day in a separate section of their notebooks, so that the entries will comprise a journal which will build a developmental picture useful for review at the end of the year. The entries should include both the infant's achievements and any difficulties reported.

The following is a possible format for the journal:

Observations of Jonathan Jones, Born 9/10/87

Oct. 15, 1987: Jonathan's first visit. He is one month, five days old.

Feeding:

Mrs. Jones says that some mothers feed their babies by the clock, but she feeds Jonathan when he cries for his meals. That is usually about every three hours, sometimes oftener, day and night. She holds him in her arms when she feeds him, and talks to him. He looks in her face and seems to feel good, when she does that. While he is drinking his milk, she burps him once or twice to get the air out of his stomach. Once in a while she thinks he gets a stomach-ache; then she holds him over her shoulder and pats him to calm him down. Sometimes that works quickly, other times it takes longer for him to feel comfortable again.

Developmental Markers: At one month, five days, J. is eating well and enjoying looking at his mother's face during feedings. Once in a while he has a stomach-ache, but there is no big problem with this.

Sleeping:

Jonathan sleeps a lot, but wakes up during the night when he is hungry. Mrs. Jones says you can't expect a small baby to sleep all night long, but sometimes at 3:00 a.m. she wishes you could. To help her out, Mr. Jones gives the baby his midnight feeding. Sometimes J. won't go back to sleep after his three o'clock feeding. Then Mrs. Jones tries to find out what is wrong -- whether he has a gas pain or if the room is too cold. If nothing seems to be wrong, she stands by his crib and pats him. She doesn't pick him up at first, because she knows that will only make him wider awake. However, if patting him in the crib doesn't work, she rocks him for a few minutes.

Developmental Markers: J. sleeps during both daytime and night-times but wakes up for feedings every three hours. Once in a while he doesn't go back to sleep right away, but drops off again after his mother makes him comfortable. No special problems reported.

Attachment:

Jonathan doesn't know exactly who is in the family, but he seems to know his mother. He got used to her voice before he was born. When he hears or sees her coming, he stops crying and seems to expect to be comforted.

Developmental Markers: There are beginning signs of attachment in Jonathan's awareness of his mother and his expectation that she will feed and comfort him.

Communication:

Since Jonathan can't talk yet, he communicates with his facial expression, voice and muscles. When he is uncomfortable, his face wrinkles, his arms and legs get tense, he cries loudly, and the family comes running. When he feels well and contented, his muscles are relaxed, he smiles, and he eats and sleeps well. If he is pleasantly excited, he waves his arms and kicks his legs.

Developmental Markers: Jonathan is able to give clear signals about how he is feeling, using his facial expression, his voice and muscle movements.

Recovery from Distress:

Jonathan calms instantly if his distress is from hunger, and he is given a bottle. If he has a stomach ache, it may take a half-hour or even longer to recover.

Developmental Markers: Mrs. Jones believes that Jonathan's recovery time is normal for his age.

Usual Mood:

Relaxed, except when hungry.

Developmental Markers: Jonathan's usual mood indicates a baby whose needs are being met, and who is adjusting to his world.

Physical Problems:

Jonathan was somewhat small at birth (5'2") but is gaining well (now 6 pounds). Except for occasional stomach aches, he has had no physical problems.

Developmental Markers: J. is well, and has made the expected weight gain for his age.

Activities:

Although Jonathan still sleeps much of the time, he more and more has periods when he is awake; and when he is awake, he shows signs of being quite an active little person. His arms and legs are often in motion. He strains to look at the window and at lights, and seems fascinated by them. He gazes at his mother's face while feeding, and at the face of anyone who holds him.

Developmental Markers: Jonathan is increasing his awake periods, and is showing an active interest in his world, gazing at the people in it, and at contrasts of lights and shadows.

Class Discussion

In addition to compiling the above information about the infant's status, the mother may be asked the following questions:

What signals does Jonathan give you to let you know that he is feeling contented?

What signals does he give when something is wrong?

If the baby has some difficulty, how can you tell if it is serious or not? (Duration of the problem, degree of distress the infant is experiencing, overall health picture, appropriateness of behavior to developmental phase).

Have you ever been so puzzled about Jonathan's behavior that you called the doctor? If so, when? (Calling the pediatrician is the thing to do if the problem seems puzzling.)

If a member of this class were baby sitting for Jonathan, and he were to wake up screaming, what would you want the sitter to do? (The baby screams when uncomfortable or frightened; observe his posture to see if he has pain in his stomach, try to comfort, and call us if he cannot accept comforting from you.)

Outcome

Students will have become aware that each age has its developmental markers, and that normal infants do experience some problems with which they must cope.

INFANCY (0 - 12 MONTHS)

CRYING

and

AFFECTS

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES 4 and 5.**

UNIT 1 - 0 to 12 MONTHS

CRYING

Reading for Teacher: UNIT 1, pp. 37-38.

Objective

To learn why infants cry, and how to respond helpfully to their crying.

Class Discussion

Crying is a normal reaction to something that causes distress or pain.

People of all ages cry.

What are some of the things that would make a person of your age cry? (Hurting oneself, being in pain; wanting to do something very much, and being prevented from doing it; something bad happening to someone important to you; seeing a sad movie; being terribly afraid about something; being terribly afraid, and then being suddenly relieved; being angry when you feel someone has treated you unfairly.)

Do you think that only girls should cry when distressed or in pain? Should boys be allowed to cry? Why or why not? What about grown-ups?

Now About Babies

The first thing a baby usually does upon coming into the world is to cry. The mother, the doctor and the nurse are all happy to hear it. Why?

Do you think the baby is delighted, too? What is she feeling? ("I have had a rough trip, and besides it's cold here, and noisy, and the lights are in my eyes!")

A principal way a baby can communicate her distressed feeling, is to cry. This is especially necessary for her in the months before she has learned to talk, although at times of pain or stress she will cry when older, too.

Babies always cry for a reason (**never** "just to exercise their lungs!") What do you think their reasons might be? (Hunger, wet diaper, air bubble in the abdomen, tiredness,

a feeling of being alone, and needing cuddling, a virus. When a bit older, a baby may cry in rage when being put to bed, or in anxiety when mother leaves the room.)

Do you think that family members can tell by the tone of the cry what the problem is? (Often they can, and the more carefully they listen, the more skillful they become at this.)

What should parents do when a baby cries?

1. Try to figure out what the infant is telling you by crying.
2. If she is hungry, cold, wet, tired, etc., remove the cause; if sick, decide whether a doctor needs to be called: if upset over mother's absence, give reassurance. Along with removing the cause, comforting and calming will make the distress go away more quickly.
3. If the infant is crying in anger because of being put to bed, or because she is not being allowed to touch a hot stove, or put her fingers in an electrical outlet, some reasonable, but firm explanation needs to be given, and a little comforting as well.

Prolonged crying can be very irritating to family members.

Therefore, it is important to remember that the infant is crying because of excessive displeasure, and a patient effort to remove the cause is the way to help. Spanking a child to get her to stop crying is a very hurtful to do. Although it may stop the crying, it does so at the price of the child's feeling increased pain, and additionally feeling not respected; it also discourages communication, which is vital to the parent-child relationship. Also, an infant who has to cry herself to sleep experiences the world as unhelpful and dreary. Even when the underlying cause is difficult to remove, (as when an infant has a cold she has to live through) some extra TLC (Tender Loving Care) will help.

Outcome

Students will understand that crying has the purposes of communicating feelings of distress, and of appealing for help. They will know how family members can deal helpfully with crying.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES 4 and 5.**

UNIT 1 - 0 to 12 MONTHS

AFFECTS - Part 1

Reading for Teacher: Textbook UNIT 1, pp. 39-44.

Objective

Students will learn that infants have feelings (affects), can feel from the time of the infant's entry into the world, and that parents can learn to recognize and understand them.

Activity

Pass around a basket with paper slips. The students who draw blanks will be the audience, whose role is to guess the affects portrayed by the actors in the following charades:

1. The two students who draw this number will portray a dog who wants to accompany his master who is about to go off in a car; and the master.
2. The two people with this number will portray a traveler in a foreign country who has a severe headache, and who is trying to find a drug store; the second person is the native who is trying to help him.
3. These two people represent a person with a gun being held to his back, and a mugger.
4. Two people who have just become engaged.
5. A baby, five minutes old.
6. A one year old, who has just had some fascinating rat poison snatched out of his hands.
7. A one year old whose mother has just returned after several hours absence.

Class Discussion

Even though words weren't use did you know what the actors were feeling? What do we mean by "body language?" What signals do we watch for in body language? (change of expression in eyes, shift of muscles, change of posture).

Imagine that you suddenly meet a friend on the street whom you hadn't seen since first grade. How would your facial expression change on first seeing him?

Suppose you were crossing the street and were almost hit by a car? What feelings would your body language express, and how? Do you think that a person can increase his ability to "read" the feelings of another person? If so, how? (Use of observation, imagining that you are having the experience to which the other person is reacting).

Is it important for parents to be able to understand the body language of their infants? Why?

Homework

Think back to your two earliest memories. What feeling tones are in them? Write a page describing them.

Outcome

Students will have learned that affects are "the windows through which we can understand what a human being is feeling."

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES 4 and 5.**

UNIT 1 - 0 to 12 MONTHS

AFFECTS - Part 2

Objective

Students will learn about the range of affects infants have and develop during the first half year of life.

Activity

Students will read aloud the accounts they have written about their earliest memories. The class will identify the feelings that are reported, and consider which of these feelings can be experienced by infants.

Class Discussion

Beginning with the identified affects in the above reports, the teacher will describe the range of affects experienced by infants **at the beginning of life**, and up **until the 6th month**: (calmness, satisfaction after feeding, tenseness agitation, rage, excitement, social smiling response.) The students will consider, by use of imagination, what would make an infant go into a rage, what would calm him/her down, what would give a baby a satisfied feeling after feeding, etc.

Homework

Spend an hour with any infant you know under the age of one year. Note the infant's exact age and make a list of the affects you observe. Choose two and, (1) describe the signals that helped you understand what the infant was feeling; (2) explain what you think caused the infant to experience and express the feeling he/she did; (3) tell how the mother responded to the infants' affect and (4) how the mother's response changed the infant's behavior.

In observing the infants

1. Look at the **facial** expression - **eyes, mouth, cheeks and forehead.**
2. Look at **posture and movements.**
3. Listen to his **sounds.**
4. **Imagine yourself feeling** the way the child seems to feel now.
5. How did the infant's affects make **you** feel?

Outcome

Students will have learned how to observe the feeling tones of an infant.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES 4 and 5.**

UNIT 1 - 0 to 12 MONTHS

AFFECTS - PART 3

Objective

Students will learn about the affects experienced by the infant from 6 to 12 months of age.

Activity

The class will divide up into pairs of students. A chart will be drawn on the blackboard, listing the affects it is possible for an infant to experience in the first six months, and in the adjacent column the number of times this affect is mentioned in the student's reports. As each student who observed an infant of this age reads his homework report, his team-mate will record the affects named, on the chart. Example:

Affects of Infants	Number of Times reported
Calmness	///
Satisfaction after feeding	//////////
Tenseness	///
Rage	///
Excitement	////////
Social Smiling Response	//////////
Other	

Class Discussion

In addition to noting the affects most frequently reported, the class will consider why some other affects rarely appeared in the reports. (Was the observed infant too young? Were the communication signals weak?)

The teacher will present the affects the child experiences during the second half of the first year -- all of the preceding period, plus pleasure, cheerfulness, anxiety, panic, fear, anger, sadness, attachment, and the beginnings of affection for parents, siblings and caregivers. The child of one may also experience grief and depression.

Homework

Write a page on the subject "feelings are contagious." Give some examples from your own experience. If the infant you observed last week expressed strong feeling (e.g., rage) tell how this made you feel.

Outcome

Increased knowledge and awareness of infants' emotional experience.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES 4 and 5.**

UNIT 1 - 0 to 12 MONTHS

AFFECTS - Part 4

Objective

To understand the role of **empathy** (the ability to perceive and feel what another person is feeling, is experiencing).

Activity

Read aloud the "Feelings are Contagious" papers.

Class Discussion

1. Can the fact that feelings are contagious help a mother understand what her infant is feeling?
2. How does this help her help her baby?
3. What would happen to an infant if none of those who care for him could empathize with the infant's experiences?
4. At what age do you think an infant can begin to develop the ability to empathize, also? (The second half of the first year)
5. Have you ever observed a small child showing empathy toward another?
6. What happens when a baby smiles, and the mother smiles back?
7. What happens when a baby smiles and the mother does not smile back?
8. What happens when a baby cries, and the mother comes and picks him/her up?
9. What happens when a baby falls, mother picks him/her up quickly enough and says "Are you O.K.?" What happens if she just scolds him/her for not looking where he/she is going?
10. It has been said that the parents' empathy is a powerful facilitator of the infant's developing a strong loving relationship with her/his parents. Explain.

Homework

Think of an incident you have experienced, or read about, in which one person was helped out of trouble by the empathic response of another person. Write a page or two describing this.

Outcome

Understanding of how personality development depends on the empathic response of parents and caregivers.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES 4 and 5.**

UNIT 1 - 0 to 12 MONTHS

AFFECTS - Part 5 - VISIT OF INFANT WITH MOTHER

Objective

To observe the developmental changes in the infant visitor, with particular focus on the development of affects.

Preparation

The teacher will recall with the students the affects experienced by infants 0 - 6 months old, and 7 - 12 months of age.

The students will look up their notebook material from the first visit, and will make the same headings for today's visit: physical health, feeding, sleeping, attachment, communication, recovery from distress, usual mood; and they will now add **affects**. The exact age of the infant will be entered.

Activity: Visit of infant with mother.

The students will ask the mother for an update on the infant's growth and development in the above-named areas. When coming to the subject of **affects**, the students will observe the infant **in four ways**:

1. Looking at the infant's **facial expression**, eyes, mouth, cheeks and forehead.
2. Looking at the infant's body **posture** and **movements**.
3. Listening to the infant's voice **sounds**.
4. Imagining **themselves** feeling **the way the infant seems to feel**.

As they observe, the students will comment on what they see and will conclude how the baby may be feeling; they will note how the mother responds to the feelings expressed by the infant.

Discussion

The students will discuss with the mother the following points:

1. How many different kinds of feelings does the baby show you?

2. If the infant is 6 months old, or more: What feelings can he express now that he couldn't in the beginning?
3. When you first came home from the hospital, could you understand the baby's messages (expressions, sounds, movements)? How have you learned to do this?
4. Do you think it is true that babies sometimes cry to exercise their lungs? For what reasons do they cry?
5. When your infant cries, what do you do? Do you pick him up if you think he "just wants attention"?
6. What do you do to comfort the baby?
7. When you are giving the baby his bath, or changing his diaper, do you sometimes play with him? How does he show you that this makes him feel good?

Desk Work

The students will record today's observations in their notebooks.

Homework

Imagine you are 12 months old. In two or three pages, describe 24 hours in your life, commenting especially on how you felt about the things that happened to you and the way people reacted to you during that day.

Outcome

Students will have increased appreciation of the feelings expressed by infants, and greater ability to observe and understand feeling tones.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES 4 and 5.**

UNIT 1 - 0 to 12 MONTHS

AFFECTS - Part 6

Objective

Students will learn that infants have an active emotional life.

Activity

Students will read and discuss their imaginary accounts of an infant's day.

Discussion, emerging from their accounts.

1. When you were hungry, you felt overwhelmingly hungry, and helpless. How did you feel when mother appeared with the bottle? Can you imagine how you would have felt, if you had had to wait for an hour?
2. How did you feel when mother left the house? Did it help that she told you that she would return? How would you have felt if she hadn't told you?
3. How did you feel when you wanted to look inside the pretty vase on the coffee table and mother took it away?
4. How did you feel when she spanked you when you put your finger into the light socket? Did it help that she explained why?
5. How did you feel when people kept talking to you, and you couldn't understand the words they were saying? And you couldn't talk to them in words?
6. How did you feel when mother let the doctor put a needle into your arm?
7. What did mother do that made you feel happy? How did you let her know that?
8. How do you show daddy that you are happy when he comes home?
9. Do you think that parents can protect an infant from pain and frustration? If they can, should they? Why or why not? Can frustration contribute to growth? How much frustration is too much?
10. Do you think that the feelings babies have affect the kinds of personalities they develop (e.g., trusting, cheerful, sad, anxious?)

Homework

Observe a baby for half an hour, and study his/her experience of frustration. (If nothing of this is seen during your observation period, interview the mother, and ask for an example.) Write a page, commenting on

1. What triggered the experience of frustration?
2. What feelings do you think the infant was having inside?
3. How did he/she communicate his frustration?
4. How did the mother respond?
5. What change took place in the infant when the mother did respond?

Outcome

Students will become aware that the emotional life of individuals begins early and that emotional events of infancy are intensely experienced.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES 4 and 5.**

UNIT 1 - 0 to 12 MONTHS

AFFECTS - Part 7

Objective

Students will learn that individuals' lifelong personality development and ways of coping with life are importantly influenced by the emotional experiences of early childhood.

Activity

Read and discuss the frustration papers. Were the babies ever frustrated? (Even in the best of life circumstances, infants are and feel frustrated; **it is unavoidable**. And it need **not** be damaging at all.)

Did the mothers ever need to frustrate their babies on purpose? (It is ever necessary to frustrate young children? **No**; life does that well enough on its own!)

What ways did the mothers do to help their infants tolerate and deal with frustration?

When a baby fusses, complains or cries because the baby is frustrated, should you ever spank him/her? Why or why not?

Imagine what kind of a personality an infant would develop if he never were helped with his frustration (angry, defeated). If his parents helped him in an empathic way, what kind of personality would he most likely tend to develop? (Trusting, accepting of reality)

Story: Susie and Bambi

Susie, a six month old kitten was found wandering in the woods alone. When picked up, she scratched and hissed. In her adoptive home, she would eat looking anxiously around. If picked up, she would leap out of the would-be friend's arms. She was never heard to purr.

Bambi, son of the family's pet cat, at six months was a "lap cat." When settled comfortably in the lap of a family member, he would purr loudly. When hungry, he would meow loudly, and lead the way to the kitchen, feeling confident that he would get his snack.

Discussion

1. Why do you think these two cats developed different personalities?

2. There is a saying that experiences of the first year of an infant's life, are unrememberable and unforgettable. What does this mean? When does memory start to develop? If early experiences are stored in the depths of memory, what happens to them (they affect emotional development, and they may become reactivated in a painful way by later experiences).

3. If our feelings go with us from infancy onward, what do you think would be the long range outcome for a child who is harshly treated or neglected during babyhood? (Bad feelings, or feelings of excessive pain mobilize hostility in the child, which then becomes part of the parent-child relationship, and of later relationships).

4. What attitudes in parents will help a child feel good about himself and his world? What affects will these attitudes have on later relationships? (They will lead to the development of love feelings in relationships with parents and others.)

Outcome

Increased empathy with infants; an appreciation of the long-range influence of parental responses to early affects.

INFANCY (0 - 12 MONTHS)

ATTACHMENT BEHAVIOR

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES 4 and 5.**

UNIT 1 - 0 to 12 MONTHS

ATTACHMENT BEHAVIOR - Part 1

Reading for Teacher: Textbook UNIT 1, pp. 45-64.

Objective

To learn what **attachment** means.

Activity

The teacher will read aloud the first chapter of *That Quail, Robert**.

Discussion

What did Dr. and Mrs. Kienzle do that led the quail to attach to them? (They gave food, warmth, something to cuddle; and they talked to the quail.)

How did the quail show that he considered them his parents?

Is it important for little animals and babies to be attached to their parents? Why? (The development of their personalities, and their emotional well-being depend upon it.)

Does a new baby know who its mother is? How does he/she learn that?

Do you think a baby is attached to his/her mother when a newborn? How long do you think it takes before a baby shows attachment to mother?

Do you think an infant "attaches" to father and brothers and sisters at the same time, or later?

Teacher's Explanation

The first 3 stages in the development of attachment:

1. A "**sense**" of belonging to the mother.
2. The **non-specific smiles**, when, at a few weeks to 3 months of age, the infant will smile at anyone who smiles at him/her.

*By Margaret A. Stanger, Fawcett Publications, Inc. pp. 9-19.

3. The **specific smiling response**, which has been developing since the earliest weeks becomes stabilized at about 5 months of age. In this, the infant shows a strong preference for his/her mother, and shortly thereafter to other family members.

Parents show **their attachment to the baby** by feeding, holding, smiling, talking, among other ways.

Assignment

Observe an infant in your own family or a friend's. Write down his/her age, then write answers to these questions:

1. Did your baby smile at his/her mother?
2. Did the baby smile at you? At anyone else in the room?
3. Was there any difference in the way the baby smiled at mother, and the way he/she smiled at others?
4. If so, what do you think that means?
5. What did the mother do that made the baby want to smile?
6. What did she do when the baby smiled at her?
7. Ask the mother at what age the baby seemed to know her, and to show that he/she was attached. Did the baby become attached to father at the same time?

Outcome

Students will have learned that infants start very early to form human attachments, beginning with their mothers.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES 4 and 5.**

UNIT 1 - 0 to 12 MONTHS

ATTACHMENT BEHAVIOR - Part 2

Objective

To review the beginnings of the attachment **process** (human attachment does not occur overnight; it is a process; it takes time).

To learn about **stranger**, **separation**, and **reunion responses**.

And to learn that the **quality of attachment** is very important.

Activity

The students will read the accounts of their observations, and discuss what they saw as **social smiling** (to a living thing) and **specific smiling** (to a specific, particular, living thing -- animal or person) responses. These will be emphasized as **steps in attachment** behavior. The focus will also be on the signs of the mothers' attachment to their infants, to their responses to their infants. If any of the students report stranger responses in their observations these will be picked up and included in the Teachers Explanation (below).

Teacher's Explanation

Stranger Responses: A child of six months may stare or look uncomfortable if someone outside the family looks at or speaks to him/her. The infant may show anxiety, by clinging or crying if the "stranger" tries to pick him/her up. This means that attachment is taking place with mother, and other family members, but that others are experienced as strangers.

Separation Anxiety (includes Separation Reactions): Most six month olds when aware of mother's leaving the room will experience more or less distress. If the reaction is mild, it is a separation reaction. When there is clear evidence of distress it is Separation Anxiety. When the infant experiences anxiety, the infant will appear upset and frightened, and may cry or scream. The separation reactions arise out of the infant's experiencing Mother's absence as **a loss**. The six month old cannot retain in his/her mind the image of the mother who has just disappeared; this makes the infant feel as if abandoned. If the mother will tell the infant each time she leaves that she will return this eventually will help the child tolerate absences and develop confidence that Mother can be counted on to come back.

Reunion Reactions: When the mother returns there may be two types of reunion reactions. First, there is a simple **pleasurable**, excited response to seeing mother again. The second is a response of **distress** or anger, associated with either clinging to mother or ignoring her or even pushing her away. Although this is a distressed or angry reunion reaction it equally tells us that the infant **is attached to the mother**, that is, that the infant emotionally values the mother. The angry reunion, or otherwise negative reaction upon reunion, however, is more complex. It may indicate that the attachment is good but the infant is angry that Mother was lost for a time, or it may indicate an **insecure**, or troubled, **attachment**.

The **quality of attachment** is very important. According to Psychoanalyst John Bowlby and Psychologist Mary Ainsworth, attachment may be **secure** -- which is great!; or it may be **insecure** and make the infant feel anxious. The infant will then try to cope with feeling anxious by **avoiding** and withdrawing from the mother or by a variety of other **negative** reactions. Remember that the early relationships become **the models** for all later relationships.

Assignment

Imagine that you are a six month old baby. You recognize your mother as a special person who takes care of you, keeping you fed, clean and dry, and who makes you feel wonderful when she picks you up and cuddles you. Write a page describing how you feel, when one day she brings in a strange baby sitter, and then disappears for a whole evening. How do you feel when mother returns?

Outcome

Students will have learned the basic signs of attachment.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES 4 and 5.**

UNIT 1 - 0 to 12 MONTHS

ATTACHMENT BEHAVIOR - Part 3

Objective

Consolidation and Review of previous lessons.

Activities

1. The teacher will return to the class the papers on the infants' reaction to a strange baby sitter (assigned in Part 2) and will ask the students with the five or six most informative papers to read them aloud for class discussion. The teacher will discuss ways of helping an infant to accept a baby sitter when necessary.

2. Written review exercise:

How does an infant under eight months of age show that attachment is taking place? (Social and specific smiling responses, separation and stranger reactions, reunion reactions.)

If an infant of eight months screams when his mother leaves the house, what message is he giving? How can his mother help?

Name two reunion reactions an infant may show when his mother returns.

What do we mean by a stranger reaction? What does that show about attachment?

What ways does a mother express her attachment to her infant? What about fathers?

Do brothers and sisters develop attachments to their infant siblings? How can parents help to make these positive attachments?

Outcome:

Students will be able to recognize attachment indicators when they see them displayed by infants.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES 4 and 5.**

UNIT 1 - 0 to 12 MONTHS

ATTACHMENT BEHAVIOR - Part 4

Objective

To understand the long-range importance of a positive or a negative early attachment.

Materials

Films: *Rock-a-Bye Baby* (Color - sound - 16 mm, 29 minutes)
Projector and Screen
(TV Video [VHS] formats of *Rock-a-Bye Baby* may also be available.)

Preliminary Discussion

Do you think that attachment is a two-way process?

What attachment cues do mothers (and other family members) give infants?

What attachment cues do infants give family members?

What do you think would happen to an infant if there were no attachment between him and his mother?

Preparation for the Film

Explain that it is about two monkeys, raised without mothers, and the effect this had on their personalities. Because they were deprived of much needed emotional relationships, they were deprived of basic emotional needs which they experienced as very painful and this generated in them much anxiety and destructive feelings. Since these conditions existed for them for too long a period of time, they became very aggressive animals as they grew up.

Prepare the students for the fact that this is a research program, and that some animals are used in research when we cannot use humans as subjects. While some people feel that this is a cruel thing to do, scientists are expected and trained to treat animal subjects with care, respect, to cause them as little pain as possible. Scientists know better than anyone that Science owes a great debt to the animals that have been used in research projects. The procedure the students will see in the film (with electrodes) is painless, since it is done under anesthesia.

The film also shows how a human infant, deprived for a time of its mother's care, was able to make a good recovery when given a substitute mother.

Presentation of the Film

Discussion

Compare the behavior of the monkeys raised with their mothers, with that of the monkeys raised in isolation.

Why do you think the baby monkeys were rocking themselves?

If the two monkeys had been raised by their mothers, what would their mothers have done for them? (Touch affectionately, talk to them, provide food, protect them, show them how to get along with other monkeys.)

If they had developed an attachment to their mothers, do you think they would have grown up as happier adults?

How do you think the human infant felt without his mother?

What do you think his personality would be like at age twelve, if no one had come along to offer a one-on-one relationship?

What did the substitute mother do that helped this infant?

If a person misses out on a good attachment as an infant, can he make up for it later? (Yes, generally, but it may be much more difficult, and takes much longer to achieve).

Outcome

Students will understand that a strong mutual attachment between an infant and his parents sets the stage for good interpersonal relationships in the later phases of life.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES 4 and 5.**

UNIT 1 - 0 to 12 MONTHS

ATTACHMENT BEHAVIOR - Part 5 - VISIT OF MOTHER AND INFANT

Objective

To observe the developmental changes in the infant visitor, with particular focus on attachment behavior.

Preparation

The students will prepare their notebooks with the headings used in previous visits, and enter today's date and the age of the infant.

The teacher will review with the class the stages and indications of the development of attachment, and this will be added to the list of areas for observations and recording.

Activity: Visit of Mother and Child

The students will ask questions of the mother regarding the infant's development since the time of the previous visit. When it comes to the area of attachment, they may ask such questions as:

- Does the baby know that you are his or her mother? How can you tell?
- Who is his or her next favorite person?
- Does the baby understand what you say?
- Can you understand what he is trying to tell you?
- Who takes care of the baby when you go shopping?
- Do you tell him or her you are going, or do you slip out when he isn't looking?
- Does he or she care if you go out? How can you tell?
- Is he glad to see you when you come back? How does he show what he is feeling?
- Would he like it if I picked him up?
- I like the baby, so why wouldn't he like me to hold him?
- When will he begin to like people outside the family?
- What things do you do to make the baby feel happy?

Outcome

The student will have an opportunity to confirm, **through observations**, the development of attachment.

INFANCY (0 - 12 MONTHS)

EXPLORATORY ACTIVITIES

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES 4 and 5.**

UNIT 1 - 0 to 12 MONTHS

EXPLORATORY ACTIVITIES - Part 1

Reading for Teacher: Textbook UNIT 1, pp. 65-77.

Objective

Students will learn that infants have an inborn need to learn and master their world.

Class Discussion

Suppose you were to wake up tomorrow and find yourself unexpectedly in Swaziland. (Show Swaziland on the world map.) What would you want to know? What questions would you want to ask? (Where am I? How can I understand what these people are saying? What does that man have in his hand? What is the lady cooking over the fire? Where does that road go? Where are my parents?)

How would you set about trying to learn about everything there? (You would observe your surroundings, you would try to make the people understand you, and you would try to understand them. You would watch what people do, and imitate them; you would examine the objects in the house to see what they are used for; you would explore the neighborhood hunting for your parents.)

A newborn infant comes into the world feeling much the same way as you would feel, if you landed suddenly in Swaziland. He has almost everything to learn. Fortunately, he has the equipment he needs.

What does he have? (A strong urge to learn and explore; eyes that gradually become able to focus; a mouth to taste things and feel their shapes, a sense of smell and hands to grasp objects.)

What doesn't he have? (Judgment to know what activities will hurt him, or others.)

What does an infant need to learn? (Who his parents are; what they mean when they talk, how to crawl, how to stand and walk, what things can be eaten and what not, and why one has to stop doing something if parents say "No".)

Did you ever see a six or ten month old infant work? How? (If you put a toy beside him just beyond his reach, and watch him try to get it, you will note the intense quality of his effort. Usually an infant will struggle hard until he gets it. He shows that there is an

inner push to explore and learn. If something prevents him from doing something he started to do, he gets frustrated and angry and probably cries.

What can you expect an infant to learn **in the first six months**? (Write the answers on the board as the students give them.)

1. To know his mother; learned by hearing her voice, and remembering it from his time in utero; learning how she smells and feels, and how she looks and knowing the TLC he can expect from her.
2. To know other family members -- learned by seeing them every day, having them hold him and talk to him.
3. He knows his own bed, his pacifier, the toys he plays with. He knows that some things are bright and some things dark.
4. At about three months he can roll over; soon thereafter he discovers his own hands and feet, and spends considerable time examining them.
5. He learns how certain objects feel by putting them in his mouth.
6. He learns the taste of various foods.
7. He may have begun to understand some words, such as Mama, Daddy, bottle.
8. From about five months on, he knows that he can get his parents to react to him, e.g., they will smile back, if he smiles at them. He has beginning awareness of cause and effect.

What can you expect an infant of **six to twelve months** to learn?

1. To crawl, stand and walk either holding on to furniture or alone.
2. To understand many words that are said, especially when said with feeling (affection, praise, anger, etc.)
3. To know the uses of many objects learned by crawling about, touching, tasting (and maybe breaking them).
4. To know that parents (particularly fathers) and siblings disappear everyday; and he recognizes them when they come back.
5. To know that his own hand can do some important things -- provide a thumb to suck for comfort, reach for objects he wants to examine, and help guide a spoon to his mouth.
6. To initiate peek-a-boo games.

7. He has begun to be aware that he can make things happen -- e.g., he can signal his parents, and they come.

Assignment

Observe an infant for half an hour. Record his/her exact age, and write a one-page report with the following information:

Was your infant exploring and learning during the period observed? What use was he/she making of eyes, ears, mouth, hands and feet? Was the infant relaxed or intense in this activity?

Ask you infant's mother what he/she has learned to do during the past two months.

Outcome

Students will have learned that infants have a strong inborn need to explore and learn, which is activated during the first days of life.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES 4 and 5.**

UNIT 1 - 0 to 12 MONTHS

EXPLORATORY ACTIVITIES - Part 2

Objective

Students will learn how family members can help infants explore their world.

Discussion

What does an infant need in order to learn about his world?

1. Intelligence and curiosity. (He/she comes equipped with these).
2. He/she needs to have his/her basic needs (food, warmth, love) taken care of so he/she can use his/her energy for learning.
3. She/he needs opportunities to explore with her/his eyes, hands and mouth in a safe environment.
4. She/ he needs support in her/his efforts and encouragement when needed, from her/his family and/or caregivers.

And, they can teach infants a lot, such as giving the infant specific information, e.g., names of objects, how things work, what activities are allowed, what not allowed.

They can teach the infant about feelings - e.g., being gentle with pets; about being happy, or sad, and angry, and being comforted when upset.

They can teach about issues of safety.

The child can learn from his parents just by being with them, observing and imitating what they do, as well as by what they tell him.

Exercise

1. Imagine that you are an infant one year old. You have no brothers or sisters. Your father has long working hours and you don't see him very often. Your mother is very busy with her housework. Also, she believes that a child gets spoiled if given too much attention. She is very nice to you when she feeds and cleans you up, but most of the day you are by yourself in your crib or playpen.

Write a paragraph to describe how you feel when left alone, and tell how much you can learn and explore when confined to your crib and playpen.

2. Imagine that you are one year old in another family. Your mother talks to you whenever you are awake. She tells you the names of objects in the room and you have great peek-a-boo games together. You have a nine year old brother who turns up every afternoon after school. He shows you how to play with your toys. When father comes home from work, he lets you see the world from his shoulders, and when he has to go to the gas station, he takes you with him.

Write a paragraph to describe how you feel in this family, and what you learn from them.

Read the papers aloud and discuss them.

Assignment

Interview your mother, asking her when you learned to say your first words, and when you learned to walk.

Were you an active explorer?

Did your exploring ever get you in trouble?

What did your family do to help you learn about your world? To protect you from dangerous exploration?

Take notes on your interview and be prepared to report in class.

Outcome

Students will have learned that infants need the help of family members in their exploration and learning.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES 4 and 5.**

UNIT 1 - 0 to 12 MONTHS

EXPLORATORY ACTIVITIES - Part 3

Objective

Students will learn that **limit-setting** is an important aspect of parents' work.

Class Discussion

From their interviews with their mothers, ask the students to report on their answers to the questions:

Did your exploring ever get you into trouble?

How did your family protect you from dangerous explorations?

(Answers will include baby-proofing rooms, teaching the meaning of "no", restraining, explaining, even occasional swats on the diaper.)

Teacher's Explanation

These activities in parents are called **limit-setting**. They are very important because:

1. Infants do not have ability to judge which situations are dangerous or what actions are destructive.
2. The way infants develop this ability is by understanding and responding to the limits their parents set.

Exercise

In five minutes, write down all the situations you can think of, when infants need to have limits set.

Have the students read their answers, which should include:

1. When the infants might hurt themselves, e.g., by sticking their fingers in an electric plug.
2. When they might break family treasures, e.g., by pulling things off a table.

3. When they might hurt another person, or an animal, e.g., putting their fingers in a dog's eyes.

Discussion

Do you think that limit setting is the same as punishment? (No, **limit-setting** is acting on the child's behalf, where the child is not able to act appropriately himself, or to control himself. That act may have to do with protecting the child from hurting the self or others; it may be helping the child learn social rules and appropriate and reasonable behaviors.

Punishment is given when a person knows he shouldn't do something, but for some reason does it anyway. Then parents, acting as an outside conscience, inflict some discomfort or loss of privilege, as a result. An infant is too young to know what he is allowed to do, and not allowed to do, so punishment for him would be **inappropriate**. He does need a great deal of limit-setting, which means teaching him desirable behavior over and over again until he understands.

Imagine that you are a toddler, and are reaching for a hot tea kettle, which is sending out a beautiful cloud of steam. Just as you nearly have it, your mother snatches it away, and spanks you on your diapered behind. How do you feel about this? (Angry, frustrated, as if your mother doesn't love you.)

How can parents help an infant accept limits? (Explaining why, even when the infant is very young, hugging the child to show that the parent loves him, even when the answer is "no". This will be considered in detail in the next lesson.)

Assignment

Make a list of 5 things an infant is not allowed to do.

Make a list of 5 things you are not allowed to do.

Make a list of 5 things adults are not allowed to do.

Write a paragraph explaining why limits help people.

Outcome

Students will understand that limit setting helps a child develop judgment about allowable and non-allowable activity, and that it is part of parent's work to set limits.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES 4 and 5.**

UNIT 1 - 0 to 12 MONTHS

EXPLORATORY ACTIVITIES - Part 4

Objective

To understand that limit-setting is necessary **at every phase** of the life cycle.

Class Activity

From their homework assignments, students will make a composite list on the blackboard, of activities that infants, children and adults are not allowed to do. Consider the following questions:

If no limits were set on infants, what would happen to them?

If 4th, 5th, or 6th graders had no limits to go by, what would happen to them?

Who sets limits for adults? (The rules they grew up by, their employers, the laws of the country, their religious beliefs).

How do limits help people? (Have the students read their answers from their assignment.)

Sometimes people of all ages fight against limits. Why?

Give some examples of limits you would consider unreasonable.

Give some examples of limits you would consider reasonable.

Outcome

Students will view limits with increased respect.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES 4 and 5.**

UNIT 1 - 0 to 12 MONTHS

EXPLORATORY ACTIVITIES - Part 5

Objective

To understand the feelings that children and parents have when limits are set, and how to deal with these feelings **constructively**.

Class Discussion

1. Imagine that you have been hoping to watch a good TV. program, but your mother says you have to go to bed, because tomorrow is another school day. How do you feel?

2. You have a friend you like a lot who is taking drugs. Because your parents know about it, they don't want you to be with him/her in your free time, and will not permit you to invite your friend to your birthday party. How do you feel? How would you feel if your parents **didn't** limit you, knowing that drugs are dangerous for you?

Teacher's Explanation

Babies have the same feelings about limits that you do, but for them limits are even harder, because infants can't put their feelings into words. Picture this situation:

Two year old Billy was visiting Janet, also age two, and wanted to play with her toys. He grabbed them, and Janet screamed and grabbed them back. Janet's mother told her that she should share with Billy, and when Janet wouldn't, her mother took a toy from her, and handed it to Billy. How do you think Janet felt?

Janet couldn't talk well enough to tell her mother how she felt, so she screamed and hit her mother. How do you think her mother felt about that?

Do you think Janet felt upset because she hit her mother? Why or why not?

Do you think her mother should punish her by hitting her back? Why or why not?

All parents and all children sometimes get angry at one another. Do you think they should tell one another how they feel (after the children are old enough to talk)?

Do you think that Janet would understand it if her mother explained to her about sharing and not hitting?

Is there any way that her mother could have helped Janet share? (Mother could tell Janet that she understands how she feels, and ask Janet to decide which of her toys she could let Billy play with for a little while; mother would allow Janet to hold on to her favorite toy.)

Do you think that children really want to please their parents? If you think so, why do children sometimes do things that are not allowed? (They forget, they do what other children suggest, they feel pressured to do something that seems irresistible, sometimes they want to see if they can get away with doing something their parents don't want them to do; and sometimes, when upset and angry, they may be trying to see if their parents really care about them).

Summary

Babies, children and parents all feel frustrated and angry when prevented from doing something they really want to do. This is a natural feeling. What helps limit setting, however, is that children although angry about limits, down deep understand that their parents are protecting them.

The best way to handle angry feelings is to talk about them. Babies understand more than most people think they do, especially when explanations end up with hugs.

Outcome

Students will understand that angry feelings aroused by limit setting are natural and that they can be talked through and resolved. They will also understand that limit setting is a valuable and protecting parenting activity.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES 4 and 5.**

UNIT 1 - 0 to 12 MONTHS

EXPLORATORY ACTIVITIES - Part 6 - VISIT OF MOTHER AND INFANT

Objective

Review lesson.

Preparation for Visit of Mother and Infant

1. The students will review the outline of observations in their notebooks, and add the heading "Exploratory Activities".

2. Discuss:

What do babies know when they come into the world? (Mother's voice and smell, how to suck, breathe, eliminate.)

What do they need to learn? (To get acquainted with their family, and to interact with them; to understand speech, to talk, to crawl, to walk, to play with toys, to eat with utensils, and to know the names of objects; they also need to learn that some activities are not appropriate, and that their parents will protect them from hurting themselves or others, or harming property, by setting limits for them.)

3. Review with the students what infants at different age levels can be expected to know. (See Exploratory Activities - Part 1).

4. Students will think of questions to ask the mother.

Visit

Bearing in mind the age of the infant, the students will note what the infant looks at; the way he differentiates between mother and other people; his ability to play with toys; the way he explores the room.

The student will record in their notebooks the age of the infant on this date, what he has learned, how his mother helps him learn, and how she set limits for him.

If the infant is **six months of age or less**, the students will ask such questions as:

What has he learned since he was born?
Do you talk with him a lot?

Do you think he understands what you say to him?
 Does he know how to signal to get your attention?
 Does he know everyone in the family?
 Does he have favorite toys?
 How does he go about exploring?

If the infant is **between six and twelve months** of age, the following questions may be added:

Does he play peek-a-boo games?
 Has he learned to crawl and stand?
 Can he walk holding on to furniture, or alone?
 How does he explore?
 How does he use his hands and mouth?
 Does he try to talk with you in baby language?

If the infant is between **twelve and twenty-four months**, the following may be added:

Can he talk yet? How much?
 When you cook, do you let him watch you?
 Does he ever get into the cupboard and pull things out?
 Does he try to eat things he shouldn't -- like the food in the dog's dish? What do you do then?
 Do you tell him the names of things he looks at in the room?
 Do you look at picture books with him?
 What kind of games do you play with him?
 How did you teach him to go up and down stairs? Has he had any falls from climbing?
 Does he get angry when you say "no"?
 What do you do if that happens?
 Do you explain to him why you said "no"?
 Do you ever give him a swat on the bottom, or a slap on the hand?
 If you do this, what do you do afterwards?
 Do you think he has learned to keep away from hot stoves?
 Does his father teach him things, too?

Desk Work

Record today's observations in notebooks.

Outcome

Students will have become more aware that an infant has many things to learn, has a strong inner drive to learn, and that his pressure to explore needs to be modulated by parent-imposed kind, thoughtful, and clear limits.

INFANCY (0 - 12 MONTHS)

DEVELOPING TRUST

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES 4 and 5.**

UNIT 1 - 0 to 12 MONTHS

DEVELOPING TRUST - Part 1

Reading for Teacher: Textbook UNIT 1, pp. 78-89.

Objective

Students will learn that the development of trust is necessary for healthy emotional growth.

Discussion

1. Students will be asked to talk about their pets.
If you call your dog or cat, does it come to you? Why? (He expects something good to happen.)
If you pick up your dog's leash, how does he act? Why? (He trusts you to take him for a walk).
2. Students will tell about their infant brothers and sisters.
If the baby cries, and someone in the family picks him/her up, what happens? Why?
If a strange person would pick up him/her, what would happen? (He/she might cry louder, because he/she hasn't learned to trust people outside the family yet).
3. Students will volunteer their own definitions of the word "trust". The definitions should contain the idea that trusting a person means that you know you can expect good things from him or her.
4. Why is trust so important? (If you couldn't trust anyone, you would always be worried that bad things would happen to you.)

Teacher's Explanation

Learning to trust begins in the earliest days of life. The infant, waking up hungry, soon learns that his cry will bring his mother with milk. When this happens over and over again, he learns that he can count on her. If it is necessary to delay the feeding (e.g., if they are enroute home from the Supermarket) she will talk with him to help him wait. Even if the feeding is late, he knows that it will come before long. When mother, father and other members of the family pick up the baby, play with him, and tell him how great he is, this helps him develop trust in them because he feels loved and valued. He comes to expect that they will always be available to help and comfort him. As the infant grows older, these feelings of trust extend to persons outside the family as well.

Writing Assignment (to do in class)

Imagine that you are a baby in an orphanage. You are three months old, and all you have ever seen is the row of fifteen cribs in this big room. You are feeling very lonely. You want someone to hold you and cuddle you. You cry. The nurse has so many babies to feed and diapers to change that she doesn't come then, even though you cry and cry. Finally you stop crying because she doesn't come. Try to feel what this child feels, and answer the following questions.

1. You wanted to be held, and you cried and cried for the nurse, and she didn't come. What made you stop crying?
2. The nurse always does come by some time to feed you. Were you sure of that, or did you feel anxious that she might not come?
3. Why do you think she just feeds and changes you and then leaves, without playing with you?
4. How do you feel about having one nurse in the morning, one in the afternoon and one at night? Is it confusing?
5. Do you feel you can really count on anybody?
6. How would things be different for you if you had a mother and father?

Read and Discuss the Students' Answers.

Answers should include the anxiety and anger infants experience by overly long delays in having their needs met; that with several people caring for an infant, it is difficult for him to develop trust in one special person; that the best of nurses cannot spend the time and give the TLC which a mother and father can.

Outcome

Students will have gained an appreciation of the importance of trust, and of how its development starts.

Homework Assignment

1. If you have a brother or sister under two years of age, make a list of the people the baby trusts, and explain how he or she shows this feeling of trust.
2. Others in the class will make a list of 10 people inside or outside your family, whom you trust. After each name write a sentence explaining why you trust him or her.

PARENTING FOR EMOTIONAL GROWTH:Lesson Plans for **GRADES 4 and 5.****UNIT 1 - 0 to 12 MONTHS****DEVELOPING TRUST - Part 2**Objective

To gain an understanding of the building blocks of trust.

Activity

1. Several students will read about their lists of people whom they trust. Reliability, affection and honesty should be among the qualities emerging from the lists. As specific qualities are mentioned, the teacher will write them on the board, recording duplications by marks. For example:

She gives me presents:	//
She always comes when she says she will:	///
He delivers the mail right on time:	//
She likes me a lot:	////
He never says mean things behind my back:	///

Discuss the feelings we would have, if parents could not be trusted to take care of us, if teachers stayed away from school half of the time, and if friends were warm one day and cold the next.

2. The students with infant siblings will read their papers.

How did the babies come to trust their parents? (The parents have always come to their rescue and parents and siblings have made them feel valued.)

When a baby becomes about six months old, he knows that he can count on his parents, and he is attached to them. When they leave to go to work, or to the store, or out for the evening, this is very hard for him because he hasn't learned yet that if they go out, they surely will come back.

Which plan do you think would be better:

If a mother would explain to her baby that she has to go out, but will come back in time to give him his bottle, or

To slip out the back door and hope the baby won't notice that she is gone?

Dramatize these two situations, and discuss which approach will help the baby to trust his mother.

How can you, as the brother, sister or friend of a baby help him learn to trust you? (Be friendly, but approach him gently and slowly, not roughly; take your time, be with him often, and don't expect him to be friendly right away; talk with him; play peek-a-boo games; watch his face -- if he looks upset or worried, he is telling you that he has had enough for this time.)

How can an infant be helped to trust people outside the family? (By trusting his parents first; by observing their friendliness toward persons outside the family.)

Outcome

Students will understand how parents, and they themselves, can help an infant develop trust.

INFANCY (0 - 12 MONTHS)

THE ORAL PHASE OF DEVELOPMENT

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES 4 and 5.**

UNIT 1 - 0 to 12 MONTHS

THE ORAL PHASE OF DEVELOPMENT

Reading for Teacher: Textbook UNIT 1. pp. 90-92.

Objective

To learn about the purpose of oral activity in infants, and how this can be optimized.

Teacher Presentation

People aren't born with their personalities all developed. Personalities develop in stages which are called "phases" of development, like chapters in a book. (According to one theory of development, you, for instance are in what is called the **Latency phase**, in between being a small child and being a teenager.)

According to this theory, the Psychosexual theory, during the first year or so of an infant's life he is in the **Oral phase**. (Have students define the word "Oral.") In this phase, the infant's mouth is a vitally important part of his body. Why do you think this is? (Of course, eating is as crucial for survival as is breathing and the elimination of food waste products. It is not as imperative that the infant immediately develop the use of his arms, legs, speech etc.; and, much of his earliest activity when awake is to eat.)

Because eating is necessary for his survival, nature provides newborns with a well developed ability to suck. This ability not only gives him the food that he needs, but brings his mother close to him, and that helps to build his first important human relationship.

Sucking enables the baby to take in the food that he needs, and it has other purposes, too. Can you think what they might be? (Engagement, self-comforting, exploration of objects.)

Even when an infant has finished his meal and is no longer hungry, he may want to suck some more. He puts his thumb into his mouth, or looks for his pacifier. With either thumb or pacifier he seems very contented.

Do you think a baby should be allowed to suck his thumb? Why or why not? (This is one of the first steps he can take toward independence -- he comforts himself instead of crying for assistance; on the other hand, some people worry that thumb-sucking may harm the teeth; actually, it rarely does, because the child normally outgrows the need for thumb sucking before the teeth are damaged.)

You have observed that infants want to put any objects they can get hold of, into their mouths. Why do they do this. (They learn about objects in this way, whether they are hard or soft, large or small, edible or inedible).

The teacher will ask the students to close their eyes, while she puts an object in a hand of each one, a wrapped hard candy. The students will unwrap the candy and put it in their mouths. They will then discuss what they have learned about what is in their mouths: it is hard, it is round, it is sweet, it has a flavor, it melts when sucked.

Since a lot can be learned by putting objects in the mouth, should infants be allowed to do this? (Yes, this is a most important way of learning during the first year.) What about germs? (Infants have immunity against ordinary germs.) When would you take something away from an infant? (If it is too dirty, if too small and likely to cause choking, if too fragile, or if it is a household treasure.)

The mouth being a most important organ during the early months, would it make an infant happy if you fed him constantly? If you give an infant a bottle when he is hungry for a hug, he may accept the bottle, but it will not gratify him the way a hug would.

Exercise (write in class)

1. Describe how a year-old baby uses his mouth.
2. What can parents do to help a baby have a good Oral Phase?

Read and Discuss the Papers

Outcome

Students will have understood the characteristics of the Oral Phase and what parents can do to promote the infant's development.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES 4 and 5.**

UNIT 1 - 0 to 12 MONTHS

**THE ORAL PHASE AND DEVELOPING TRUST -
VISIT OF MOTHER AND INFANT**

Objective

To observe the indications of **trust** displayed by the infant toward his mother; and to note the way he uses his **mouth** for exploring and for self-comforting and how the mother facilitates these.

Preparation for Visit

1. The students will review the outline of areas to be observed, and will add "Developing Trust", and "Oral Phase" as new headings.

2. The teacher will review the material previously learned about "Attachment" as groundwork for "Developing Trust", and the material from "Exploratory Activities" relevant to the "Oral Phase."

3. The students will think of questions to ask the mother.

Visit of Mother and Infant

The students will observe the infant's development in the areas of their outline, and will ask questions on today's topics such as:

Do you think your baby trusts you?

How do you help him learn to trust you?

What good does it do to explain things to him at this age?

If he really trusts you, why does he cry when he is hungry, instead of just waiting for his bottle?

How can you help him learn to trust other trustworthy people besides yourself?

Why does he put things into his mouth that he can't eat? Do you let him? Don't you worry about germs?

Does he suck his thumb or fingers?

Do you think it is all right for him to do this?
What would happen if you kept pulling his thumb out of his mouth?

To a baby, is a pacifier as good as a thumb?

Desk Work

The students will enter their observations in their notebooks.

Outcome

Students will have confirmed by observation whether or not the baby is developing a trusting relationship toward his or her mother, how the mother helps the child build trust. The student will also observe some of the characteristics of the oral stage of development.

INFANCY (0 - 12 MONTHS)

AGGRESSION

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES 4 and 5.**

UNIT 1 - 0 to 12 MONTHS

AGGRESSION - PART 1

Reading for Teacher: Textbook UNIT 1, pp. 93-111.

Objectives

- (1) A beginning understanding of the four types of aggression;
- (2) Learning the connection between the experience of excessive displeasure and the development of anger and hostility.

Class Discussion

The students will be asked to define what they think the word "aggression" means. They will give examples of aggression they have seen on the playground, or in the classroom, or on television, or have read about in books.

What kinds of feelings are in the aggression you have been describing? (Hostility, anger, revenge).

Can you think of any other feelings that are in aggression? E.g., What about a small child who is stretched out on the floor pulling the cat's tail? Is that aggression? What feeling does the child have in doing that? (Pleasure in teasing and hurting.)

What about the feeling you have when you are chewing on a chicken drumstick? Is that aggression? (Yes, but it is not hostile aggressiveness; the food is destroyed to provide the nourishment you need to survive.)

In summary, there are **three** kinds of **destructive aggression**:

1. The kind that isn't hostile - chewing your food.
2. The kind that takes pleasure in teasing or hurting.
3. The kind that comes when something very painful happens to a person, and makes him feel angry and hostile toward the person responsible.

There is also a kind of aggression that is **not** destructive. Can you think of an example of that? (Sports, "tackling" a homework assignment, etc.) The feelings you have in this

kind of aggression are confidence, energy, self-respect). We will deal more with that type, called assertiveness, in a later lesson.

Today we shall think about **hostile destructiveness** (or **hostility**), the third kind we spoke of, which begins with what we call excessive unpleasure. **Excessive unpleasure** means having something happen that upsets you very badly. When you are very hurt, it makes you angry; and if it is a very, very painful thing that is happening to you, you become hostile to the person who, you feel, is responsible.

Do people ever become angry or hostile for no reason? (No, there is always a present or past reason. One cannot always see the reason, but there is one. E.g. A student may have been knocked down on the playground by a bigger boy, and then go home and trip up his little brother.) The reason a person is angry or hostile is **always** because he has experienced excessive unpleasure.

Why is it important to know this about anger and hostility? (You can then understand that the aggressive person is not just being nasty, but has a reason for his action; you can be more sympathetic with his feelings; you can try to deal with him in a reasonable way; when you are angry yourself you can learn to talk about the reasons, and that will help solve the problem.)

Do babies and old people have feelings of anger and hostility? (These feelings begin in infancy, and continue throughout life, because there is no time of life free from experiences of excessive unpleasure. Therefore, it is important for everyone to learn to cope with these feelings, and for parents to know how to help their children deal with them.

Outcome

The students will have an enhanced understanding that angry and hostile feelings grow out of experiences of excessive unpleasure.

Assignment

Imagine that you are an infant eight months old. Write a page describing what experiences of excessive unpleasure you have been having. How have they made you feel? What did your family do to help?

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES 4 and 5.**

UNIT 1 - 0 to 12 MONTHS

AGGRESSION - PART 2

Objective

To help the students understand more about the connection between excessive unpleasure and hostility.

Class Activity

The students will read and discuss their papers about the unpleasure experiences of an eight month old child.

Summary and Discussion

Babies develop angry feelings for real reasons. They can be helped to recover from these feelings. How would you help the babies in these examples?

1. Jason's mother was caught in a snowstorm while out shopping, and returned home late. Jason age 8 months has been missing his mother, and when she comes in, he starts crying in an angry way. What should she do? (Pick him up, tell him where she was, soothe him, allow him to express his feelings in acceptable ways.)

Many people think that small babies don't understand, so why explain things to them. What do you think?

2. Father is alone with 11 month old Robert, who has been crying for fifteen minutes. Father has tried giving him a bottle, has changed his diaper, and has handed him a toy, but nothing has worked. Do you think it would make Robert stop crying if father would spank him? (No, this wouldn't tell father **why** Robert is crying and would upset Robert more. It would be better to check to see if Robert has a fever, to hold him and talk to him, reassuring him that mother will be home soon.)

3. Annie age 12 months, has learned to toddle, and loves to explore. She was just about to explore the air conditioner plug in the electrical outlet when her mother quickly pulled her away from it. Annie was very angry, and hit her mother. What should her mother do? (Hold Annie's hands firmly, tell her she is not allowed to hit, explain why she can't put her finger in the plug. Annie will be frustrated and upset, and will need to have mother comfort her.)

Do you think that Annie was **bad** because she **felt** angry when mother pulled her away from the plug? (No, she had a strong wish to explore, and was upset when prevented from doing so; and she did not like being brusquely pulled away, even by her mother.)

Was she bad because she hit her mother? (No, she doesn't understand yet that hitting is not a good way of expressing anger.)

Why isn't it a good way? (It hurts her mother, and Annie will feel very upset afterwards, because even though she is angry at her mother, she loves her. When we hurt people we love, we feel that we are bad.)

Why would her mother comfort Annie when she did something she shouldn't? (It makes Annie feel loved, helps her to listen to what mother is telling her, and helps her accept it and learn it better.)

Assignment

Write a paragraph about each of these ten month old babies:

1. Maria sometimes gets angry if her mother leaves her with a baby sitter, or prevents her from playing with the detergent in the kitchen cabinet. Her parents have always tried to relieve her upset feelings, by explaining why they set a limit if one is necessary, and by comforting her.

When Maria gets to be ten years old, how do you think she will deal with things that make her angry? Why?

2. Frannie's parents are too busy and too tired to talk with her. When she is upset and angry, they tell her to stop crying. If she doesn't, they say "If you don't stop, I'll give you something to cry about, and then they spank her. How do you think this makes Frannie feel?

When Frannie is ten, if things don't improve how do you think she will deal with situations that make her angry?

Outcome

Students will understand the connection between excessive displeasure and hostility; and that communicating, limit-setting and comforting help infants cope with their angry and hostile feelings.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES 4 and 5.**

UNIT 1 - 0 to 12 MONTHS

AGGRESSION - Part 3

Objective

Students will learn that the patterns for dealing with aggression learned in infancy have great bearing on later development.

Review of Principles Previously Discussed

When a person is angry, there is always a reason. A person becomes angry when something has made him very upset.

People of all ages, including babies, experience anger.

To feel anger is natural; however, people have to learn to deal with these feelings in a constructive way, one that is not destructive, and does not hurt others. (Regrettably, sometimes defending oneself causes hurt to others.) Young children, sometimes when angry, will hurt themselves, rather than striking out at mother.

Talking, reassuring, setting reasonable limits and comforting, are the best ways to help infants deal with anger.

Class Activity

Read and discuss the students' papers about Maria and Frannie.

For Further Discussion

Maria and Frannie asked their mothers if they could go downtown together to see a parade. Their mothers both said no. Both girls felt it unfair that at ten, they weren't considered grown up enough to do this.

Remembering the relationship Maria had with her mother in infancy, do you think that she could talk with her mother now about how she felt? Why or why not? How do you think that Maria and her mother might work this problem out? (Because Maria and her mother learned to communicate from Maria's infancy on, they can communicate now.)

Do you think that Frannie could talk with her mother about how she felt? Why or why not? (She was always told to stop crying from the time she was an infant, and not

encouraged to share her feelings, so good communication didn't develop between her parents and her.)

If Frannie couldn't talk with her parents, what might she do with her angry feelings? (She might sneak off downtown, or she might pick a quarrel with a friend, or she might "accidentally" break one of her mother's dishes.)

If you were to see a teenager painting graffiti on a building in your neighborhood, or break a window, what would you think? (He is angry with the people around him, he doesn't know how to handle his angry feelings, he doesn't have anyone to help him deal with them constructively. He is taking his feelings out on the building and on us because we have to look at it.)

If you see a baby screaming in rage, what would you do? (Talk to him, pat him, give him a pacifier, bring his parents to him.)

Why is it important that infants not have too many, too painful experiences? (It causes them to feel that the world is against them, that pain is what living is all about, and builds hostility into their personalities.)

Can an infant who has had many painful experiences and easily becomes angry, be helped to change? (Yes, with a great deal of TLC, and understanding, and the sooner the better!)

Outcome

Students will understand that the way anger and rage are responded to in infancy leads to good, or poor, patterns of anger and rage resolution as the child develops.

Assignment

In the first lesson on Aggression, we said that there is one form, called **Assertiveness** that is not destructive or hostile. This kind results in feelings of confidence, energy and self-respect. Describe two examples of assertiveness that you have heard about, seen, or experienced yourself.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES 4 and 5.**

UNIT 1 - 0 to 12 MONTHS

AGGRESSION - Part 4

Objective

To learn the value of assertive behavior in the attainment of our goals.

Class Activity

The student will read their examples of assertive behavior.

Summary and Discussion

The words Aggressiveness and Assertiveness are often used in the same way. However, we think of Assertiveness (in reasonable degree) as the side of Aggressiveness that is generally constructive, and helps us attain our goals.

Assertiveness helps us learn; it goes along with curiosity, exploring and perseverance.

Being assertive proclaims that you know you have rights as a human being, and feel entitled to them; and that you respect yourself. For example, if you are standing in line waiting to buy movie tickets, and someone pushes in front of you, he is being inconsiderately aggressive. If you tell him that he is taking your place, and point out the end of the line, you are being assertive. If you become angry and hit him, your assertiveness is going over the line into hostility.

Does everyone have rights? What rights do you have? (To be taken care of, to have food and a home, to have a doctor when sick, to have an education, to be loved).

Do you have to assert your right to these things? (Most children don't because their families are there for them. If a child doesn't have a family to care for him, the law asserts his rights for him, and sees to it that he is given protection and a home.)

In everyday life there are times when a person has to assert his rights -- to protect his own property, for instance. It is not always an easy thing to do to assert one's rights.

One day Jim's bicycle disappeared, and later he saw his schoolmate Walter, a much bigger boy, riding around on one which looked exactly like his. What should Jim do? There are several possibilities:

1. Let Walter have it, because he is bigger and may beat Jim up if he claims it.

2. Tell Walter that if he returns his bike, Jim will not report him.
3. Tell Walter that the bike has a hidden identification mark on it, and that unless Walter returns it at once, he will be reported to the police.
4. Jim could go to the police right away without talking with Walter.
5. Jim could bring his father over to talk with Walter's father.

What do you think would be the best thing to do? Would the approach you choose be assertive, or hostile?

Earlier in the lesson we said that a reasonable amount of assertiveness is a good thing.

Is it possible to be too assertive? What would such a person be like? (He would always be thinking of his own rights, and not considerate enough the rights of others; he would always have a "Me first" attitude.)

Adults have rights and children have rights -- what about infants? (They have the same rights -- to be loved and cared for, respected and understood, fed, taught and kept well.)

What are some of the ways that infants assert their rights? (Body language, facial expressions, crying) Examples:

Mother hands six month old Larry over to a visitor who wants to hold him. He responds by turning away from the visitor and holding his arms out to his mother. He is experiencing anxiety about being held by a stranger, and asserting his right to his mother's lap.

Fourth month old Jeannie is on the floor a few feet away from a set of teething rings. She wants them, but can't quite reach them. She stretches and wiggles, and rolls over, and stretches again, until finally she gets them. She is asserting herself in accomplishing her goal. This kind of assertiveness will help her later to become a good student.

Twelve months old Ellen needs help in controlling her assertiveness. Having just learned to walk, she is all excited, in constant motion, "all motor and no brakes". Her parents are trying to calm her, to slow her down a bit, while allowing her to do a good deal of exploring.

One of the ways infants build up a sense of self-respect is by being encouraged to be reasonably assertive.

Outcome

The students will understand that a reasonable self-assertiveness enhances learning and self-respect.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES 4 and 5.**

UNIT 1 - 0 to 12 MONTHS

AGGRESSION - Part 5 - VISIT OF MOTHER AND INFANT

Objective

To see and hear about how the mother responds to and deals with **the various aspects** (types) of aggression, **hostile destructive** and **nondestructive** (assertiveness) displayed by her infant.

Preparation for Visit

1. The students will review the outline of the areas to be observed, and will add the heading "Aggression".
2. The teachers will review with the class the material regarding the types of aggression and the cause of hostile destructiveness (aggression), as displayed by an infant.
3. The students will think of questions to ask the mother.

Visit of Mother and Infant

The students will check out the general areas of the development of the infant, and with respect to **aggression** will ask such questions as:

Do you think your baby has any really painful ("unpleasure") experiences? Like what?

How does he react to **unpleasure**? When it's **mild**? When it's seems to be **too much** for him?

Can you tell by his expressions (feeling tone, gestures, actions) when he is really angry? What do you do to help him?

Taking his age into account, suppose he is angry at you because, according to what he or she is feeling, she or he has been

- (a) waiting "too long" for feeding;
 - (b) being put down to bed;
 - (c) for not letting him or her play with something dangerous, and (s)he hits you;
- in each instance, what do you do?

Are there some times when he is not angry, but is emphatically **asserting** his rights (as when a relative picks him up and the baby pulls away and holds out his arms to mother, or when he throws his toys into his toy box)? What do you do then?

Do you encourage him to assert his rights (when it is appropriate for him or her to do so)? **Why** do you do that? And, **how** do you do that?

Desk Work

The students will record today's observations in their notebooks.

Outcome

Students will have confirmed that a mother can know that when her infant experiences excessive unpleasure, he or she will express anger, and how the mother can then be helpful in helping the child express it reasonably. The student will also see that mothers can and at times have to help their infants show appropriate assertive (nondestructive aggressive) behavior.

INFANCY (0 - 12 MONTHS)

DEPENDENCE

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES 4 and 5.**

UNIT 1 - 0 to 12 MONTHS

DEPENDENCE

Reading for Teacher: Textbook UNIT 1, pp. 112-117.

Objective

To learn about the dependency needs of infants during their first year of life.

Class Discussion

Write on the board the words "independent" and "dependent". Ask the students to define them. Is there anyone in the world who is completely independent?

How about the President of the United States? On whom is he dependent? For what?

Do your parents depend on anyone? For what?

What about yourself? On whom are you dependent? For what?

Babies during the first year of life are the most dependent of all human beings. They depend on their parents for physical care, emotional care, and for help in learning to cope well, what we are calling "adaptational help" (like parents teaching, limiting setting, socializing, etc. all in order to help their children grow well).

On the blackboard make three columns with the above headings, with a student scribe for each. The class will make suggestions about the dependency needs in each category.

Discuss: Do you think parents should try to meet all of the infant's dependency needs?

If a mother holds the baby whenever he wants to be held, will he ever want to get off her lap? Won't he want to always be a little baby, and not grow up? (No, from the age of six months on, infants display a strong urge to explore their world, and to do things independently. They depend on their parents for both things: love and cuddling, and also encouragement to do things themselves.)

Outcome

Students will understand that infants need to depend on their parents for physical, emotional and adaptational help, but that they also have a strong need to become gradually independent.

INFANCY (0 - 12 MONTHS)

THE BEGINNINGS OF INTELLIGENCE

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES 4 and 5.**

UNIT 1 - 0 to 12 MONTHS

THE BEGINNINGS OF INTELLIGENCE -- PART 1

Reading for Teacher: Textbook UNIT 1, pp. 118-126.

Objective

To learn that the development of intelligence proceeds in an orderly manner from birth.

Class Discussion

Would you say that a newborn baby has intelligence? (He has the equipment -- a brain and five senses, to use in developing intelligence.)

On the blackboard make a list, provided by the students, of what a newborn knows, and can do, in comparison with what a two-year old knows and can do.

Newborn	Two Year
How to breathe, how to suck	Can walk, run, jump and climb.
Can see, although not very well	Can see, and knows the names of many of the things he sees.
Can hear, and recognize the voice of his mother.	Can hear, and recognizes the voices of family members and friends, and the sounds of animals, cars, airplanes, etc.
Can smell, and by using this ability, can recognize his mother.	Can recognize the meaning of many words.
Can cry, and in this way bring help.	Can use a good many words, and phrases. Understands that it is OK to do some things, but not others. Is toilet trained, or on the way to it.

Has learned to love family members, and probably a few other persons.

Is interested in other children, and is beginning to learn to play together, but may not yet be able to share toys.

These are amazing accomplishments in two years time. How do you think the infant does it?

With his eyes, scanning his environment.

With his ears, listening to sounds, and sorting them out.

With his hands, reaching and touching.

With his mouth, pulling in objects to feel their hardness, softness and taste.

With his urge to learn, putting objects in boxes, reaching for things from tables, pulling drawers open, climbing up on chairs, etc.

With his feelings, finding out what he does that brings approval and what brings disapproval.

Teacher's Explanation

The infant uses this equipment of his in an orderly sequence. (This material may be written on the board, and be copied by the students.)

1. As a newborn, he can be observed looking steadily into his mother's face when feeding. Through his gazing, and through his recognition of the way she smells and the way she moves, he gradually learns an important first lesson -- who his mother is.
2. By **three** months of age, his activity begins to be **intentional**. He explores his own body, and those to whom he is becoming attached.
3. From the **third** to the **fifth** month, the momentum of his explorations increases.
4. By **six** months, he shows pressure to explore, is more organized about it, explores for longer periods at a time, and has a greater concentration span.
5. From **six** to **twelve** months, there is an upsurge in the development of skills. For example, he learns to identify parts of his body; he learns if he pushes something it will move; if he hits another child, he will get a reaction to it; if he hugs his mother he will get hugged in return. He begins to grasp the idea of **causality**, that is, of cause and effect. When he learns this, he has begun to understand about **intentionality** -- which means to do something because you want to do it, that is, with intention.
6. From **twelve** to **twenty-four months**, the child becomes competent physically to the degree that he can walk, run, jump and climb, feed himself, and participate in dressing

himself. He understands most of what is said to him, and is adding daily to the words and phrases in his vocabulary; he constantly practices his motor skills by putting things together and taking them apart.

He knows his relatives, and relates in a selective way to them, in contrast to his way of relating to strangers.

He has learned, or is in the process of learning and accepting the discipline of toilet training.

He has learned many cause and effect relationship, including which behaviors are acceptable and which are not.

Assignment

Interview the mother of a child two years old or younger. Write a page, giving the following information:

First name and exact age of child.

What things has the child learned to do?

Does the mother think he or she was especially quick in learning some things?

Does she think that he or she was especially slow in learning some things?

What does the mother do to help the infant learn?

Do other relatives or friends help with this?

If you do not know a family with this age child, ask your mother to recall your learning experiences between birth and two.

Outcome

The students will appreciate the great amount of learning that takes place during the first two years of life, and will understand some of its sequences.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES 4 and 5.**

UNIT 1 - 0 to 12 MONTHS

THE BEGINNINGS OF INTELLIGENCE -- PART 2

Objective

An introduction to some key concepts about the development of **intelligence** developed by Psychologist Jean Piaget.

Teacher's Explanation

Here again is someone you will want to know: **Jean Piaget**, Psychologist Born, 1896, in Neuchatel, Switzerland, he died 1980. Showed an early interest in science: at age 10, he wrote an article about an albino sparrow. At age 15, his publication on mollusks made him known to international specialists. At age 22, he obtained his Doctor's degree in Science: then he turned his interest to psychology.

At age 24, his research on why some children fail school tests on reasoning, led to his being offered a position as Director of the Institute Jean J. Rousseau in Geneva, Switzerland. He became a professor of psychology and before he died he had written thirty books, mostly about children and how they learn. The first book was *The Language and Thought of the Child*, and the last was *The Early Growth of Logic in the Child*.

Piaget called the development of intelligence of the first two years the **Sensori-Motor** stage, because it takes place mainly through the senses, and movement, as we learned last time. The child in his explorations gradually connects newer experiences with older ones, and learns in this way.

Piaget, along with most other child development specialists, believed that the development of intelligence and learning goes hand in hand with emotional development, because intelligence and feelings interact, and this interaction helps or hinders a person's progress.

Piaget also did research on how we develop our memory. We shall learn about that in the next session.

Class Activity

Several students will read their papers resulting from their interviews with mothers. Reported incidents of children's learning will be seen as examples of Piaget's concept of sensori-motor learning, and the learning sequence of the previous lesson. Examples of parents helping and encouraging their infant's learning such as smiling responsively when the infant smiles will be connected with Piaget's concept of the interaction of emotional

and intellectual development.

The teacher will emphasize how the child's physical activities and explorations give evidence of his burgeoning intelligence; and also will draw attention to the child's beginning recognition of causality, and of his gradual discovery of the world in which he lives.

Assignment

Write answers to the following questions:

1. Do you agree with Piaget that mental and emotional development interact, proceed together, and influence each other? Why or why not?
2. Describe a healthy emotional environment that will encourage an infant to learn.
3. Through no fault of her own, Frannie (the girl we discussed in the lessons on Aggression, parts 2 and 3) has not had the kind of healthy emotional environment that would encourage learning. Just now she is having a very difficult time with math. What can be done to make it easier for her to learn, now that she is ten?

Outcome

Students will have learned the concept of Piaget (and other child development specialists) that emotional and intellectual development proceed together.

INFANCY (0 - 12 MONTHS)

THE DEVELOPMENT OF MEMORY

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES 4 and 5.**

UNIT 1 - 0 to 12 MONTHS

THE DEVELOPMENT OF MEMORY -- PART 1

Objective

To learn how and when **memory** develops.

Class Activity

Call on several students to read their responses to the questions regarding the interaction of emotional and mental influences in the development of the self. Discuss.

Teacher's Presentation of Material on Memory Development

A person's brain is believed to function somewhat like a computer. It is programmed to record memories, which it does from birth.

There are two kinds of memories, conscious and unconscious ones. **Conscious memories** are useful as building blocks which enable us to learn more and more. Because you learned your ABC's in kindergarten, you were able to learn to read in first and second grades, and because you learned to read you are now learning about science and literature and many other things.

Many of our memories are stored away out of sight; that is, we are not aware of them. We know about them only because of the influence they have on our feelings. We call these **unconscious memories**. Although they are unconscious, they are nonetheless very important to us. An example of the influence of unconscious memories would be a friendly, trusting feeling a person would have toward other people, because out of his awareness (unconsciously), he remembers being treated in a loving, reliable way by his parents. Another, a negative example might be a feeling of fear about getting into disagreements with a friend because one fears this might lead to arguments. A person might have such fears because of unconscious memories of many painful, hurtful fights between his parents that led to their having a troubled marriage.

Do you think that you ever forget what you have learned? At big test time, you may think so, but there is a good chance that you really don't. You may not be able to remember at a given time, but most of your experiences, especially the important events in your life are on file in that part of your memory that is unconscious. Have you ever forgotten a person's name, and tried and tried to remember it, and finally did? That

memory was somewhere in your brain, perhaps in your unconscious memory storage place, your unconscious mind. There is much for scientists to learn still about this.

Memory is a remarkable, great "function" of our brain; it is a necessary tool for living in our world. Actually, this function of remembering, memory, Piaget told us develops. In your notebooks, record the definitions (from the blackboard) of the two stages memory development goes through, which can be described as two types of memories:

Recognitive memory, the first type to appear Piaget said, is used when one recognizes a person or an object now in our field of vision. Recognitive memory may also pertain to an event one has seen a number of times, or experienced before. The French gave this a neat name: it is "deja-vu", which means, "already seen".

Evocative memory, is what we use when one is able to draw up in one's mind the image of something one has seen before, without having to actually see it at that moment. This very important ability, to be able to evoke the image of something that is not in the child's field of vision, when it stabilizes leads to the ability Piaget called **object permanence**. As the words imply, the image of this object now has a permanent representation in the brain (mind); one no longer needs to see it every time to remember what it looks like. When we speak of the stable memory of a person, **person permanence** is often used.

In thinking about the following persons, objects or situations, call out which kind of memory you are using.

1. Think of your mother's face. Can you picture it without seeing it? (Evocative)
2. Think of the Governor of our State. Can you picture him in your mind?
Would you recognize his picture in the newspaper? (Recognitive and/or Evocative)
3. Can you picture in your mind the third house you pass on the way to school?
If not, will you recognize it when you pass it next time? (Recognitive and/or Evocative)
4. Can you picture in your mind what you did last Saturday afternoon?
(Evocative)

At your age, you have learned to use both types of memory very well. How did you accomplish this?

Although we believe that events and persons begin to be recorded in memory from birth, we find observable evidence of this when an infant is 5 or 6 months old and greets his mother with a very warm smile, a smile that is specifically for her. The infant is using **recognitive** memory because he recognizes how she looks, feels and smells. Gradually this ability to recognize, extends to father and others in the family. The 5 month old child is not able yet to picture his mother in his mind when he does not see mother, and this can be frightening to a baby, who feels that when mother is out of sight she is gone forever.

The development of **object permanence** and with it **evocative memory**, as well as the all-important **person permanence** start building up together from about 11 months on and in the normal child, become reliable by 18 months. The child becomes able to picture his mother's promised return. Also, he now can search for lost objects because he can remember what they look like.

An important feature of evocative memory applies to causal relationships. The child recalls, for instance, that when he touched a hot stove, he burned his finger, so he keeps away from it now. If he pushes a person, he learns that the person may fall, and also that the person doesn't like to be pushed; he begins to link his action—pushing—with the reaction it brought.

Desk Exercise

Search your own memory. Write about an incident when as a small child, your cognitive or evocative memory came to your rescue.

Outcome

Students will have learned the sequence of memory development, and its role in learning.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES 4 and 5.**

UNIT 1 - 0 to 12 MONTHS

THE DEVELOPMENT OF MEMORY -- PART 2
VISIT OF MOTHER AND CHILD
(Focus on Learning and Memory Development)

Objective

To inquire how the visiting infant is using his senses and his brain for learning; and how mother encourages his learning; to find out to what extent memory development has taken place.

Preparation for Visit

1. The students will review the outline of developmental areas to observe, and will add Intelligence and Memory Development to the list.
2. The teacher will review the material regarding the sequence of learning presented in The Beginning of Intelligence lesson Part 1, and then review the material in The Development of Memory, on recognitive and evocative memory.
3. The students will think of questions to ask the mother.

Visit of Mother and Child

The students will ask such questions as:

1. Has the baby learned to say some words? If so, what does he say?
2. How old was he when learned to crawl?
3. Does he try to feed himself?
4. (If the child is old enough), does he know the parts of his body? (E.g., will he point to his nose and eyes, when asked to do this?) How did you teach him this? How do you teach him about things he can't see -- like the meaning of the word "hot"?
5. Does he understand and respond to the word "No"?
6. Does he recognize members of the family, or friends, who do not live with him, but visit often?

7. If he loses his bottle, do you think he can picture it in his mind? Does he search for it?

8. Does he like to play peek-a-boo? Do you think it teaches him anything?

Desk Work

The students will enter the day's observations in their notebooks.

Outcome

The students will have become aware of the process and extent of development of their visitor's intelligence and memory, and how the mother facilitates this.

INFANCY (0 - 12 MONTHS)

DEVELOPMENT OF THE SELF

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES 4 and 5.**

UNIT 1 - 0 to 12 MONTHS

**DEVELOPMENT OF THE SELF
AND HUMAN RELATIONSHIPS -- PART 1**

Reading for the Teacher: Textbook UNIT 1, pp. 127-145.

Objective

To understand how the child develops awareness of himself or herself as a person. And to acquaint the student with the crucial understanding that **the development of the self is intimately tied up with the development of key human relationships.**

Class Activity

The teacher will read the following sentences, asking the students to fill in the blanks, in writing:

My name is _____ .

My parents' names are _____ .

We live on _____ Street, Avenue, or Road.

I attend _____ school, where I am in the _____ grade.

My favorite hobby is _____ .

Did anyone have any trouble filling in the blanks? The reason you didn't, is that you know perfectly well who you are, and many other things about yourself as well. Did you ever wonder how you got acquainted with yourself in the first place?

Babies have been born for thousands and thousands of years. Their parents, who loved them understood a great deal about them, as your parents do. However, it is only recently that child development specialists have tried to figure out how an infant himself sees the world, and how he comes to know who he is.

One of these specialists you should meet is **Dr. Margaret Mahler**, a Hungarian-American who lived and worked in New York City until she died in 1987. In the clinic where she worked, she observed hundreds of babies with their mothers, and she developed a theory about how infants become aware of themselves. This she called the Separation-Individuation Theory of Development. In a sentence, this means that the

infant, who starts out believing that he and his mother are one, goes through several stages, ending up with the realization that they are separate persons, who are attached by a strong emotional tie (bond).

Dr. Margaret Mahler's **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	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 him elf (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
Subphase

The child fairly easily separated from mother during the practicing subphase now hovers around her because he is now more clearly aware that they are 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.

Assignment

Using the above outline as a guide, imagine that you are an infant. Describe how it feels to you to be going through these phases.

Outcome

Students will have been introduced to Dr. Margaret Mahler's Separation-Individuation Theory of the Development of the Self and Human Relationships, with the important emphasis on how the self develops hand in hand with the formation of crucial human relationships.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES 4 and 5.**

UNIT 1 - 0 to 12 MONTHS

**DEVELOPMENT OF THE SELF
AND HUMAN RELATIONSHIPS -- PART 2**

Objective

Increased understanding of the development of the self, of the child as a person.

Review

Mahler's Separation-Individuation Phases: several students will read their descriptions of an infant developing a sense of self.

Teacher's Presentation

In addition to **Dr. Margaret Mahler**, there are other modern day child development specialists you should know.

1. **Dr. Rene Spitz** from Switzerland also studied infants and small children. He is the person who observed that during the Symbiotic Phase of Dr. Mahler's theory (1-6 months) an infant, beginning to sense that there is an outside world, smiles at anyone who comes to him. Progressively, the infant begins to show a special **attachment** to his mother, by giving her a **specific smile** (a bigger, brighter one than for anyone else), telling her in this way that she is one of or his most favorite persons. Another way we see his attachment, Dr. Spitz pointed out, is by the **separation anxiety** he shows when his mother goes out, and by his enthusiastic or, interestingly, by an angry **reunion response** when she returns. This growing attachment to his mother helps the infant develop a sense of himself as an individual. The attachment makes separations difficult before he develops assurance that his mother always will return; he exhibits anxiety also when encountering strangers, that is, he experiences **stranger anxiety**, because they are not the face he expects to see when he looks at someone, the face of the one(s) to whom he is attached. In summary, it is through the attachment to his mother that it gradually becomes clear to the infant that he and she are separate people, although he now begins to see that he and mother are tied in a very close and loving relationship. Thus, true selfhood, individuality and autonomy, grows out of the very close early oneness (symbiosis) with the mother.

2. Like Dr. Spitz, **Dr. John Bowlby**, another child development specialist but this time from England, in the 1950s found very much the same enormously important fact: that the child's **attachment** to his mother is a core factor in the child's developing a sense of himself or herself while at the same time forging a powerful emotional relationship with

those who strongly emotionally invest in the infant. Although Drs. Spitz and Bowlby differ in the explanations they give as to how, that is, by what inborn mechanisms and experiences this attachment occurs, the many points on which they agree with each other and Dr. Mahler establishes this fact as one of the most important to know when one is a parent. Because attachment begins from the time an infant is born, it is well to know this **before** a baby is born. In a similar way, an equally deep attachment to the child's father develops, side by side with the relationship to his mother. This also happens as the infant comes to value his siblings. All of these relationships make a large contribution to the development of the self.

3. Another person who has added richly to our knowledge of child development is **Dr. Erik Erikson**, a German-American who described the importance of the development of **basic trust**, (which we learned about in an earlier lesson), when an infant learns to really be confident that first his mother, then others in the family are persons he can really count on to take care of him in a loving and respecting way. This helps him feel secure, and a sense of self-trust begins to take place. Then he feels encouraged to do things and learn things, and make relationships with other people, as an individual human being.

Discussion

Whether an infant is born in Austria, Switzerland, Germany, China or the USA, he has a lot of work to do: to get to know who he is, to become attached to his mother, father and others, to develop trust, to learn about the outside world, and how to do everything one needs to do to get along in it.

What are some of the ways that an infant's family can help him with these big assignments? (Read and respond to the infant's cues and communications. Call him by his own name often. Make him feel loved, by hugging and comforting. Make him feel respected by attention to his needs. Explain when they have to go out -- don't slip out on him. Play with him. Help him do things himself. Praise him when he accomplishes something he has worked to achieve. Prevent him from hurting himself or others by setting reasonable limits.)

Do you think how an infant is treated by his family will make a difference in how he gets along later in Nursery School or Kindergarten? Discuss why or why not.

Outcome

Students will have become familiar with a few of the concepts of Mahler, Spitz, Bowlby, and Erikson pertaining to the basis for and the core experiential factor in the development the sense of self and of human relationships.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES 4 and 5.**

UNIT 1 - 0 to 12 MONTHS

**DEVELOPMENT OF THE SELF
AND HUMAN RELATIONSHIPS -- PART 3
VISIT OF MOTHER WITH INFANT**

Objective

To observe evidence of the mother's awareness (or lack of it) of **dependency** needs and of the development of a sense of **self** and of **human relationships** in her infant.

Preparation for the Visit

1. The students will review the observation outline, and add today's headings.
2. The teacher will review with the students the lesson on **Dependence**; also the basic Mahler concepts of the **Separation-Individuation Process** (including the **Pre-symbiotic** and **Symbiotic** phases, and the **Differentiation** and **Practicing** subphases (also the **Rapprochement** and **Toward Self and Object Constancy** subphases, if the infant is of appropriate age). Bowlby's concept of **attachment** along with Spitz's concepts of the **Specific Smiling Response, Separation Anxiety, Reunion Responses** and **Stranger Anxiety** as well as the Erikson concept of **Basic Trust** will also be reviewed briefly. (Emphasize that although this is much to know in preparation for the visit, knowing these concepts will be very informing for the possible future work of parenting.)
3. The students will think of questions to ask the mother.

Visit of Mother and Infant

The students will ask such questions as:

- Does your baby like to be picked up and held?
- Do you usually pick him up when he wants you to?
- How much can he do for himself?
- For what does he need you?
- Why would he ever want to grow up when it is so nice to be a baby in your lap?
- Do you think your baby realizes that he is a separate person from you? If so, at what age did this seem to dawn on him?
- Does he show any signs of wanting to do things himself -- like taking the spoon from you when you are feeding him?
- Does he show an excited interest in everything around him? (Ask if the infant is 9 months of age or older.)
- How old was he when he started to smile especially for you?

- Did he seem very upset when you would leave him to go out shopping?
- How did he act when you came back?
- Does he show attachment to his father and others in the family?
- Does he let strangers pick him up? (If he is older than 9 months he might be able to do so without undue anxiety if Mother or Father is there.)
- Do you feel that by now, he has sorted out who he is, who you and others in the family are, and who strangers are?
- How are you helping him to know who he is?
- How do you help him know that you approve of him?
- Do you think he realizes that he is very special to you? How can you tell?

Desk Work

The students will enter today's observations in their notebooks.

Outcome

The students will have confirmed their knowledge of the reasonableness of the infant's dependence on caregivers, the gradual development of a sense of self, and the major part that parent(s) play in this. If these materials are well learned, the student will have acquired some of the most critical information for someday being a growth-promoting parent.

INFANCY (0 - 12 MONTHS)

REVIEW VISIT

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES 4 and 5.**

UNIT 1 - 0 to 12 MONTHS

REVIEW -- FINAL VISIT OF MOTHER AND CHILD

Objective

The students will compare the developmental status of the infant during the first visit with his current level of development.

Preparation for Visit

The teacher will go over briefly the most significant items of the developmental outline.

The class will choose one member to be prepared to read from his/her notebook the observations that were recorded after the first visit.

Visit of Mother and Child

The student chosen will read his/her observations of the first visit of the mother and baby, with other members of the class filling in with other observations not reported.

The class, teacher and the mother will discuss how the baby has developed during the months of the visits. Comments will include:

Physical Development: Height, Weight, Illnesses, present state of health.

Feeding: How changed, weaning (if relevant), appetite, efforts to self-feed.

Sleeping: How have the sleeping patterns changed over these months?

Development of Attachment: To whom, how shown, signs of trust developing?

Expression of Feelings (Affects): How expressed, how mother responds.

Exploratory Activities: What are they? Is the infant active or quiet? Are limits often necessary?

Aggression: What triggers this? How is it handled? How assertive is the infant?

Development of Self: Does the infant seem to be aware that he and mother are separate persons? How do the parents help him to become aware of himself?

Development of Intelligence: What has he learned? How developed is his cognitive memory? How do the parents and other family members help him?

Discussion

(To be concluded during or after child and mother visit.) In what ways has the mother been encouraging her child's growth?

Outcome

The class will have attained a picture of the overall development of the infant during the period of the visits, and the mother's role in furthering his development.

***PARENTING FOR EMOTIONAL GROWTH: A CURRICULUM FOR STUDENTS IN GRADES K THRU
TWELVE***

UNIT 1: INFANCY (BIRTH TO 12 MONTHS)

LABORATORY MANUAL
For LESSON PLANS FOR GRADES 9 THRU 12

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***PARENTING FOR EMOTIONAL GROWTH:
A CURRICULUM FOR STUDENTS IN GRADES K THRU 12***

LABORATORY MANUAL for GRADES 9 THRU 12 -- UNIT 1: INFANCY (0 - 12 MONTHS)

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INFANCY (0 - 12 MONTHS)

GUIDELINES FOR THE USE OF THE MANUAL

PARENTING FOR EMOTIONAL GROWTH
Lesson Plans for **GRADES 9 THRU 12**

UNIT 1 - 0 to 12

GUIDELINES FOR THE USE OF THE LABORATORY MANUAL

The manual is designed to enable you, through semi-monthly visits to observe an infant creatively. You will become attuned to his/her many ways of communicating with his/her parents, as you monitor his/her development over a period of eight or nine months. You will observe also how her/his mother communicates with her/him, and the ways Mother promotes her/his physical, mental and emotional growth.

Organizing Your Visits

1. Among your friends or relatives find a family which there is an infant three months of age or younger.
2. Explain your school project to the mother, and ask her permission to observe the infant, and to interview her about him, twice a month for an hour. Try to plan a time for your visits when the infant is likely to be awake.
3. Once a time is set, be sure to keep your appointments regularly. However, if you have a contagious cold, or if you have some problem which makes it impossible for you to come, be sure to call to cancel and re-schedule your appointment.
4. Before each visit, read the material in the Laboratory Manual, and in your own class notes, on the subjects of the day. This will help you organize your questions and observations.

How To Observe

When observing "your" infant, note the following:

1. The infant's face - what do you think he is feeling, and trying to express?
2. The infant's body movements - are they tense or relaxed or happily excited?
3. The infant's vocalizations - can you tell from them what he is feeling, and trying to communicate?
4. What does your own empathic response tell you about how the infant is feeling?
5. How does the mother respond to the infant's communications?
6. What does she do to try to help him in his development?

(**Note:** We are very much indebted to mothers who allow us to observe their infants, and who are willing to talk with us about them. It is possible that once in a while you might not agree with a mother's approach to child rearing. It is important never to criticize what she is doing. Different approaches to child rearing will be sorted out in class discussions.)

7. Each time you visit, you will focus on one to three special aspects of development, except for the last two sessions which will be used to review the infant's progress in all areas.

Your visiting schedule for the year will be as follows:

ASPECT OF DEVELOPMENT	VISITS # WHEN OBSERVED		
Helplessness	1,	7,	15
Sleep-Wake States & Patterning	2,	8,	15
Feeding	3,	11,	15
Crying	4,	9,	15
Affects	4,	9,	15
Attachment	5,	10,	15
Exploratory Activities & the Beginnings of Autonomy	6,	12,	15
Developmental Markers	6,	11,	16
Basic Trust	5,	10,	16
Oral Phase Development	3,	11,	16
Aggression	6,	12,	16
Dependence	7,	13,	16
Development of Self	7,	13,	16
Intelligence	8,	13,	16

Session 14 will be used as a make-up, if needed, for any visit that may have been canceled.

Sessions 15 and 16 will be review visits.

Note: Although each visit has a special focus, you are encouraged to observe and discuss with the mother any additional aspects of the infant's behaviors that interest you.

Recording

1. During the visit you will record on the manual chart sheets your observations of both the Human Development, and the Child Rearing Aspects of the subject(s) of the day. You may not be able to observe everything listed on the sheets. For any item that you had no opportunity to observe, enter N.O. (Not Observed). However, if the mother answers the question for you, enter her response rather than N.O. You will note that space on the chart is limited, so use few, but meaningful words.

2. As soon as possible after the visit write a summary of at least a page recording the most important observations of the day and adding any personal impressions you have from the visit.

INFANCY (0 - 12 MONTHS)

**PHYSICAL DEVELOPMENT
DEGREE OF ADAPTIVE CAPABILITY / HELPLESSNESS**

PARENTING FOR EMOTIONAL GROWTH: UNIT 1 - 0 to 12 MONTHS

LABORATORY MANUAL

For LESSON PLANS for GRADES 9 THRU 12

HUMAN DEVELOPMENT AND CHILD REARING ASPECTS OF

PHYSICAL DEVELOPMENT:

Degree of Helplessness, Activity Level, Sensori-Motor Functions, Social Responses and Reflexes

An infant is born with important givens: the genes he inherited, his state of health and physical vigor at birth, and his more or less active, irritable or calm temperament. In addition to these factors, two other influences have a great deal to do with the child's whole future development: (1) The **physical care** he is given -- adequate food, warmth, rest and medical attention (2) The **emotional care** he receives in the form of loving relationships with his family, and being respected, valued, taught and guided by them.

Because infants vary greatly in their temperaments, even infants within the same family, parents need to understand each individual child, and to adapt their approach to meet his special needs. It may take some time for a newborn infant and his parents to become accustomed to one another.

In observing the **degree of helplessness** of your infant, you will expect to see considerable change between your first and last visits. Note carefully how strong the child's desire to do things himself seems to be, and in what ways his mother encourages him to do things on his own (such as crawling to reach a toy.)

In observing **activity level** and **type**, you may find the infant showing pretty much the same temperament throughout the year or he may show noticeable change. A quiet newborn may become increasingly active, or an active infant may become calmer as time goes on. Also, an infant's irritability and tolerance of frustration may change as time passes. Some of these changes may be in response to his mother's help, which you will want to note.

In assessing the infant's **sensori-motor functions** you will observe what movements he makes, and in consultations with the mother, record how well he can see and hear. In later visits you can note how he uses his other sense -- his taste preference, his sense of touch and smell, and how his muscles, coordination and goal-directed movements are developing. You will record the important milestones of when he rolled over, sat, crawled, stood up and walked. In all of these developments you will note how the mother and other members of the family, if present, help the child.

Very early the infant begins to **socialize** in his way, by cooing and babbling. You will record when you observe this, and note whether it happens spontaneously, or in response to something the mother does. Observe whether the infant makes eye contact with his mother, and you. Notice when and at whom the infant smiles. How does he express fear? For later visits, note when he started saying words and short sentences, and how his mother helps.

A newborn infant also comes into the world with some well-developed reflexes. You will see a **startle** reflex, if there is a sudden noise near him; he has a **grasp** reflex which you will see if you put one of your fingers into the baby's palm; when picked up, the infant demonstrates a **clinging** response that very much seems at first to be a reflex. These reflexes, except for the clinging response, gradually fade out in the child's second and third years.

FIRST VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on Helplessness, Activity Level and Type, Sensori-Motor Functions, Social Responses, Reflexes

HUMAN DEVELOPMENT ASPECT

Helplessness:

Which of his/her physical and emotional needs
can the baby provide for himself/herself?
For which does the baby need the help of the
parent or caretaker?

Activity Level and Type:

Record whether the infant is physically very active,
moderately active or calm.
Note signs of irritability, if you see them.
Note signs of the infant's ability to
tolerate frustration, if you see them.

FIRST VISIT (Continued)

Observations on Helplessness, Activity Level and Type, Sensori-Motor Functions, Social Responses, Reflexes
HUMAN DEVELOPMENT ASPECT

Sensori-Motor Functions:

How much does the infant see?
How well does he/she hear?
Does the infant show a liking for certain sights
or sounds? A dislike for others?

What movements did the infant make?

For later visits, record at what age the infant
rolled over_____; crawled_____; sat_____; stood up_____; walked_____.

Social Responses:

Does the infant coo and babble?
Does the infant make eye contact?
How does he use his sense of touch?
Describe his smiling response (specific or
non-specific).

How does he express feelings of fear?

For later visits:

At what age did he begin to say words?
Short sentences?

Reflexes:

Describe the reflexes you observed.
(grasping, clinging)

FIRST VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on Helplessness, Activity Level and Type, Sensori-Motor Functions, Social Responses, Reflexes

CHILD REARING ASPECTS

Helplessness:

How and when does the mother respond to the child's signals of distress?
How does she help him/her cope with frustration e.g., to wait a few minutes for a feeding?

For later visits: How does the mother help the child learn to do things him/herself - e.g., reach for and pick up a toy?

Activity Level and Type:

Do you think the child's level of activity needs calming, stimulation, or is fine as it is?
How does the mother calm the child if his high level of activity interferes with feeding or sleep?
How does she stimulate the child if he/she falls asleep when feeding?
How does she calm the child, if he/she is irritable?

For the last visit: If the child's level of activity and level of irritability have changed, what did the mother do to help bring this about.

FIRST VISIT (Continued)

Observations on Helplessness, Activity Level and Type, Sensori-Motor Functions, Social Responses, Reflexes
CHILD REARING ASPECTS

Sensori-Motor Functions:

What does the mother do to encourage the child to look at things, to listen to sounds?

What does she do to encourage the child's vocalizing and communicating?

What does she do to help him with the ability to use his muscles and move about?

Does the mother seem to be "tuned in" with the child's readiness to learn new skills?

Social Responses:

What did the mother do when

The child smiled at her?

The child stared at her?

The child cried?

The child screamed?

Did the mother seem to understand what the child was communicating to her?

How did the mother help the child to become a sociable person?

Reflexes:

How does the mother respond to the child's grasp reflex when he/she grasps her hair?

How does she respond to the infants need to cling to her?

SUMMARY OF VISIT

SEVENTH VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on Helplessness, Activity Level and Type, Sensori-Motor Functions, Social Responses, Reflexes

HUMAN DEVELOPMENT ASPECT

Helplessness:

Which of his/her physical and emotional needs
can the baby provide for himself/herself?
For which does the baby need the help of the
parent or caretaker?

Activity Level and Type:

Record whether the infant is physically very active,
moderately active or calm.
Note signs of irritability, if you see them.
Note signs of the infant's ability to
tolerate frustration, if you see them.

SEVENTH VISIT (Continued)

Observations on Helplessness, Activity Level and Type, Sensori-Motor Functions, Social Responses, Reflexes
HUMAN DEVELOPMENT ASPECT

Sensori-Motor Functions:

How much does the infant see?

How well does he/she hear?

Does the infant show a liking for certain sights
or sounds? A dislike for others?

What movements did the infant make?

For later visits, record at what age the infant

rolled over _____; crawled _____; sat _____; stood up _____; walked _____.

Social Responses:

Does the infant coo and babble?

Does the infant make eye contact?

How does he use his sense of touch?

Describe his smiling response (specific or
non-specific).

How does he express feelings of fear?

For later visits:

At what age did he begin to say words?

Short sentences?

Reflexes:

Describe the reflexes you observed.

(grasping, clinging)

SEVENTH VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on Helplessness, Activity Level and Type, Sensori-Motor Functions, Social Responses, Reflexes

CHILD REARING ASPECTS

Helplessness:

How and when does the mother respond to the child's signals of distress?
How does she help him/her cope with frustration e.g., to wait a few minutes for a feeding?

For later visits: How does the mother help the child learn to do things him/herself - e.g., reach for and pick up a toy?

Activity Level and Type:

Do you think the child's level of activity needs calming, stimulation, or is fine as it is?
How does the mother calm the child if his high level of activity interferes with feeding or sleep?
How does she stimulate the child if he/she falls asleep when feeding?
How does she calm the child, if he/she is irritable?

For the last visit: If the child's level of activity and level of irritability have changed, what did the mother do to help bring this about.

SEVENTH VISIT (Continued)

Observations on Helplessness, Activity Level and Type, Sensori-Motor Functions, Social Responses, Reflexes
CHILD REARING ASPECTS

Sensori-Motor Functions:

What does the mother do to encourage the child to look at things, to listen to sounds?

What does she do to encourage the child's vocalizing and communicating?

What does she do to help him with the ability to use his muscles and move about?

Does the mother seem to be "tuned in" with the child's readiness to learn new skills?

Social Responses:

What did the mother do when

The child smiled at her?

The child stared at her?

The child cried?

The child screamed?

Did the mother seem to understand what the child was communicating to her?

How did the mother help the child to become a sociable person?

Reflexes:

How does the mother respond to the child's grasp reflex when he/she grasps her hair?

How does she respond to the infants need to cling to her?

SUMMARY OF VISIT

FIFTEENTH VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on Helplessness, Activity Level and Type, Sensori-Motor Functions, Social Responses, Reflexes

HUMAN DEVELOPMENT ASPECT

Helplessness:

Which of his/her physical and emotional needs
can the baby provide for himself/herself?
For which does the baby need the help of the
parent or caretaker?

Activity Level and Type:

Record whether the infant is physically very active,
moderately active or calm.
Note signs of irritability, if you see them.
Note signs of the infant's ability to
tolerate frustration, if you see them.

FIFTEENTH VISIT (Continued)

Observations on Helplessness, Activity Level and Type, Sensori-Motor Functions, Social Responses, Reflexes
HUMAN DEVELOPMENT ASPECT

Sensori-Motor Functions:

How much does the infant see?

How well does he/she hear?

Does the infant show a liking for certain sights
or sounds? A dislike for others?

What movements did the infant make?

For later visits, record at what age the infant
rolled over _____; crawled _____; sat _____; stood up _____; walked _____.

Social Responses:

Does the infant coo and babble?

Does the infant make eye contact?

How does he use his sense of touch?

Describe his smiling response (specific or
non-specific).

How does he express feelings of fear?

For later visits:

At what age did he begin to say words?

Short sentences?

Reflexes:

Describe the reflexes you observed.

(grasping, clinging)

FIFTEENTH VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on Helplessness, Activity Level and Type, Sensori-Motor Functions, Social Responses, Reflexes

CHILD REARING ASPECTS

Helplessness:

How and when does the mother respond to the child's signals of distress?
How does she help him/her cope with frustration e.g., to wait a few minutes for a feeding?

For later visits: How does the mother help the child learn to do things him/herself - e.g., reach for and pick up a toy?

Activity Level and Type:

Do you think the child's level of activity needs calming, stimulation, or is fine as it is?
How does the mother calm the child if his high level of activity interferes with feeding or sleep?
How does she stimulate the child if he/she falls asleep when feeding?
How does she calm the child, if he/she is irritable?

For the last visit: If the child's level of activity and level of irritability have changed, what did the mother do to help bring this about.

FIFTEENTH VISIT (Continued)

Observations on Helplessness, Activity Level and Type, Sensori-Motor Functions, Social Responses, Reflexes
CHILD REARING ASPECTS

Sensori-Motor Functions:

What does the mother do to encourage the child to look at things, to listen to sounds?

What does she do to encourage the child's vocalizing and communicating?

What does she do to help him with the ability to use his muscles and move about?

Does the mother seem to be "tuned in" with the child's readiness to learn new skills?

Social Responses:

What did the mother do when

The child smiled at her?

The child stared at her?

The child cried?

The child screamed?

Did the mother seem to understand what the child was communicating to her?

How did the mother help the child to become a sociable person?

Reflexes:

How does the mother respond to the child's grasp reflex when he/she grasps her hair?

How does she respond to the infants need to cling to her?

SUMMARY OF VISIT

INFANCY (0 TO 12 MONTHS)

SLEEP - WAKE STATES & PATTERNING

FEEDING

PARENTING FOR EMOTIONAL GROWTH: UNIT 1 - 0 to 12***LABORATORY MANUAL*****For LESSON PLANS for GRADES 9 THRU 12****HUMAN DEVELOPMENT AND CHILD REARING ASPECTS OF****SLEEP - WAKE STATES AND PATTERNING**

A major task for the infant in his first year is to develop a healthful balance of sleep, and awake alertness. Both states are needed for his physical and emotional growth.

A newborn does not come into the world knowing that night is for sleeping, and daytime is for activity. Even if he did, he would need to borrow many daytime hours for sleeping during his first year. In your visits you will find the infant needing less sleep by the end of the year, although he will still need much more than a three or four year old.

As you observe your infant, you will find that he is in one or more of these states: 1. Asleep, or 2. Drowsy, preparing to fall asleep, or getting ready to wake up, or 3. Awake, alert and crying, or 4. Awake, alert and calm.

In your summary after the visit, describe which states you saw in your infant. If you saw him in a drowsy state, tell whether he made the change from waking to sleep, or from sleep to waking easily, or did he seem irritable and upset at this time? If irritable, why do you think he felt that way?

If you saw the infant when asleep, did he sleep calmly and comfortably, or was he restless? If restless, could you tell what caused it? Did he suck his fingers while sleeping? If so, why do you think he did this? Did he appear to be dreaming? What made you think so?

If you saw your infant awake and screaming could you tell what he was feeling and recording in his mind? What did his mother think? When the infant was awake and calm what was he doing?

Describe the ways the mother helped her infant to get his needed sleep. Sometimes an infant resists being put to bed, even when tired. If you did not see this happening, ask her how she deals with this.

Describe how the mother comforts the infant when he awakens crying. Does she ever think that she shouldn't go in to him when he does this? If so, when? What does she do when she goes in?

Add to your summary anything of special interest that you saw in your visit.

SECOND VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on Sleep-Wake Cycles and Patterning

HUMAN DEVELOPMENT ASPECT

Number of hours asleep:

Between 6 a.m. and noon

Between noon and 6: p.m.

Between 6 p.m. and midnight

Between midnight and 6 a.m.

Total sleeping hours in a 24 hour period.

Characteristics of Sleep Patterning:

Is the infant usually a quiet or restless sleeper?

Does he/she fall asleep quickly when put to bed?

How many times does he/she usually waken in the night?

Does the infant ever wake up crying and frightened?

SECOND VISIT (Continued)

Observations on Sleep-Wake Cycles and Patterning

HUMAN DEVELOPMENT ASPECT

Does the infant every wake up
crying and seemingly frightened?

Does he/she ever wake up crying
because of stomach pain?

Does he/she have any other
sleeping problems?

Will the infant accept comforting
from both mother and father?

When the infant wakes up in the
morning or from a nap, is he/she
usually irritable the first few
minutes or cheerful?

SECOND VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on Sleep-Wake Cycles and Patterning

CHILD REARING ASPECT

Does the child have regular or irregular bedtime hours?

How does the mother prepare him/her for bedtime?

Does he/she sleep with the television or radio playing? If so, does that seem to disturb him/her?

How does she help him/her to get acquainted with the baby sitter?

If the child wakes and cries in the night, how does the mother know if the problem is serious?

SECOND VISIT (Continued)

Observations on Sleep-Wake Cycles and Patterning

CHILD REARING ASPECT

If it is serious (for example, if the child has a bad cold and cannot breathe well) what does she do?

If the crying is not from a serious cause, what does she do?

Does father sometimes put the child to bed?

Does he sometimes comfort the child in the night?

For a later visit: As the child gets older, does he sometimes resist being put to bed? How do the parents handle this?

SUMMARY OF VISIT

EIGHTH VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on Sleep-Wake Cycles and Patterning

HUMAN DEVELOPMENT ASPECT

Number of hours asleep:

Between 6 a.m. and noon

Between noon and 6: p.m.

Between 6 p.m. and midnight

Between midnight and 6 a.m.

Total sleeping hours in a 24 hour period.

Characteristics of Sleep Patterning:

Is the infant usually a quiet or restless sleeper?

Does he/she fall asleep quickly when put to bed?

How many times does he/she usually waken in the night?

Does the infant ever wake up crying and frightened?

EIGHTH VISIT (Continued)

Observations on Sleep-Wake Cycles and Patterning

HUMAN DEVELOPMENT ASPECT

Does the infant every wake up
crying and seemingly frightened?

Does he/she ever wake up crying
because of stomach pain?

Does he/she have any other
sleeping problems?

Will the infant accept comforting
from both mother and father?

When the infant wakes up in the
morning or from a nap, is he/she
usually irritable the first few
minutes or cheerful?

EIGHTH VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on Sleep-Wake Cycles and Patterning

CHILD REARING ASPECT

Does the child have regular or irregular bedtime hours?

How does the mother prepare him/her for bedtime?

Does he/she sleep with the television or radio playing? If so, does that seem to disturb him/her?

How does she help him/her to get acquainted with the baby sitter?

If the child wakes and cries in the night, how does the mother know if the problem is serious?

EIGHTH VISIT Continued)

Observations on Sleep-Wake Cycles and Patterning

CHILD REARING ASPECT

If it is serious (for example, if the child has a bad cold and cannot breathe well) what does she do?

If the crying is not from a serious cause, what does she do?

Does father sometimes put the child to bed?

Does he sometimes comfort the child in the night?

For a later visit: As the child gets older, does he sometimes resist being put to bed? How do the parents handle this?

SUMMARY OF VISIT

FIFTEENTH VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on Sleep-Wake Cycles and Patterning

HUMAN DEVELOPMENT ASPECT

Number of hours asleep:

Between 6 a.m. and noon

Between noon and 6: p.m.

Between 6 p.m. and midnight

Between midnight and 6 a.m.

Total sleeping hours in a 24 hour period.

Characteristics of Sleep Patterning:

Is the infant usually a quiet or restless sleeper?

Does he/she fall asleep quickly when put to bed?

How many times does he/she usually waken in the night?

Does the infant ever wake up crying and frightened?

FIFTEENTH VISIT (Continued)

Observations on Sleep-Wake Cycles and Patterning

HUMAN DEVELOPMENT ASPECT

Does the infant every wake up
crying and seemingly frightened?

Does he/she ever wake up crying
because of stomach pain?

Does he/she have any other
sleeping problems?

Will the infant accept comforting
from both mother and father?

When the infant wakes up in the
morning or from a nap, is he/she
usually irritable the first few
minutes or cheerful?

FIFTEENTH VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on Sleep-Wake Cycles and Patterning

CHILD REARING ASPECT

Does the child have regular or irregular bedtime hours?

How does the mother prepare him/her for bedtime?

Does he/she sleep with the television or radio playing? If so, does that seem to disturb him/her?

How does she help him/her to get acquainted with the baby sitter?

If the child wakes and cries in the night, how does the mother know if the problem is serious?

FIFTEENTH VISIT Continued)

Observations on Sleep-Wake Cycles and Patterning

CHILD REARING ASPECT

If it is serious (for example, if the child has a bad cold and cannot breathe well) what does she do?

If the crying is not from a serious cause, what does she do?

Does father sometimes put the child to bed?

Does he sometimes comfort the child in the night?

For a later visit: As the child gets older, does he sometimes resist being put to bed? How do the parents handle this?

SUMMARY OF VISIT

PARENTING FOR EMOTIONAL GROWTH: UNIT 1 - 0 to 12

LABORATORY MANUAL

For LESSON PLANS for GRADES 9 THRU 12

HUMAN DEVELOPMENT AND CHILD REARING ASPECT OF FEEDING

The newborn infant rouses from sleep with a painful feeling inside him. His cry brings someone to him bringing relief in the form of milk. Milk fills his stomach and makes him feel comfortable again, but there is more to it than just relief of hunger. The milk is given while the infant is cradled in this person's arms. She talks to him and he gazes up at her. This happens over and over and gradually he comes to know that the person who is giving the milk and the cuddling is a very special person, his mother.

Whether mother gives him milk from her breast or from a bottle doesn't really matter, as long as she hold the baby while he is being fed, so that he experiences the feeling of being valued and loved. Naturally, there may be times when mother is just too busy to hold him during a feeding, and may prop his bottle on pillows. Once in a while in an emergency this may have to be done. As a regular thing, however, it should be borne in mind that the infant is **being fed emotionally** by being held, and propping the bottle deprives him of that important part of the feeding experience. Babies do not become spoiled by being held, nor will they eat too much and get fat. If they receive enough TLC (tender loving care), they will not become greedy for milk!

Some parents put their infants on a three or four hour feeding schedule, while others feed their infants when they signal by crying that they are hungry. Since babies are different in the amount they can drink at a time they will be most comfortable if they are fed on demand. A very tiny baby, for example, will be painfully hungry if required to wait four hours between feedings.

All infants are born with rooting and sucking reflexes, and know what to do with milk when it is offered. If the infant sucks well and enjoys doing it, and if the mother enjoys feeding him, both will have a rewarding experience. Sometimes, however, there are problems. Some babies have painful colic during their first months because their digestive systems are immature. Sometimes a

mother is tense because of some worries she has; she will then hold the baby in a tense way, and he then cannot relax. Sometimes a baby may have an allergy -- even to milk. As he gets older, he may dislike certain foods, and if he is forced to eat them, tension may develop between him and his mother; a child may dawdle over his meals, frustrating his mother, who wants to get at her other work.

All of these problems can be worked out. Often they can be solved if the parents put themselves in their child's place, and understand what he is feeling. Then they can make reasonable expectations of the child. Other problems may require the help of a pediatrician or other child development specialist.

Weaning can be a stressful time but the child and parents will get through it well, if it is done gradually. Even after the child can use a cup at the table, he should be allowed to have a bedtime bottle for as long as he seems to need it. This is not just a bottle, it is a reminder of mother, a very special comforter when he has to go off to bed alone.

When you visit your mother and child, observe how they respond to each other during the feeding time. In your summary, describe how the mother goes about the feeding, how she helps the infant wait while she is preparing it, whether she talks with him during the feedings, and whether he gazes at her as he feeds. Describe any problems in feeding, note if this is upsetting to the mother and what she is doing to help the child with this.

Bear in mind that the mother may not do the feedings in just the way we have described. For example, she may feel that he has to prop the bottle often, but she may find other times of the day to hold and cuddle the infant, giving him his TLC in another way.

THIRD VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on Feeding

HUMAN DEVELOPMENT ASPECT

Does the infant appear relaxed and comfortable, or tense during feeding?

Describe the infant's behavior when he is held by his mother during a feeding.

Where does he look while being fed?

Does he appear to feel close to his mother emotionally while being fed?

What food is he given?

Is his appetite good?

Does he ever resist in mother's efforts to feed him? If so, when?

Has he had colic? If so, what signals did he give his mother?

THIRD VISIT (Continued)

Observations on Feeding

HUMAN DEVELOPMENT ASPECT

For later visits:

Does he have any food allergies?

Does he dislike any foods?

Does he "allow" father or other
members of the family to feed him?

Is he making efforts to feed himself?

Is he playful when eating?

Does he ever try to feed his mother,
a pet or toy?

THIRD VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on Feeding

CHILD REARING ASPECT

Does the mother hold the infant while feeding?

How often is the infant fed?

If she bottle feeds, does she sometimes prop the bottle?

Does she talk with the infant during the feeding?

Does she burp the baby?

Is the mother satisfied with her decision to bottle feed, or to breast feed?

Does the father sometimes feed the child?

Does the child look comfortable or tense during the feeding?

THIRD VISIT (Continued)

Observations on Feeding

CHILD REARING ASPECT

For later visits:

Has weaning been started? If so was it started gradually, or all at once?

Any problems in weaning?

If so, how were they handled?

Have there been any other feeding problems?

If so, how were they handled?

Does mother seem to enjoy feeding the child

Does the child interrupt feeding to play?

What does mother do then?

SUMMARY OF VISIT

ELEVENTH VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on Feeding

HUMAN DEVELOPMENT ASPECT

Does the infant appear relaxed and comfortable, or tense during feeding?

Describe the infant's behavior when he is held by his mother during a feeding.

Where does he look while being fed?

Does he appear to feel close to his mother emotionally while being fed?

What food is he given?

Is his appetite good?

Does he ever resist in mother's efforts to feed him? If so, when?

Has he had colic? If so, what signals did he give his mother?

ELEVENTH VISIT (Continued)

Observations on Feeding

HUMAN DEVELOPMENT ASPECT

For later visits:

Does he have any food allergies?

Does he dislike any foods?

Does he "allow" father or other
members of the family to feed him?

Is he making efforts to feed himself?

Is he playful when eating?

Does he ever try to feed his mother,
a pet or toy?

ELEVENTH VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on Feeding

CHILD REARING ASPECT

Does the mother hold the infant while feeding?

How often is the infant fed?

If she bottle feeds, does she sometimes prop the bottle?

Does she talk with the infant during the feeding?

Does she burp the baby?

Is the mother satisfied with her decision to bottle feed, or to breast feed?

Does the father sometimes feed the child?

Does the child look comfortable or tense during the feeding?

ELEVENTH VISIT (Continued)

Observations on Feeding

CHILD REARING ASPECT

For later visits:

Has weaning been started? If so was it started gradually, or all at once?

Any problems in weaning?

If so, how were they handled?

Have there been any other feeding problems?

If so, how were they handled?

Does mother seem to enjoy feeding the child

Does the child interrupt feeding to play?

What does mother do then?

SUMMARY OF VISIT

FIFTEENTH VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on Feeding

HUMAN DEVELOPMENT ASPECT

Does the infant appear relaxed and comfortable, or tense during feeding?

Describe the infant's behavior when he is held by his mother during a feeding.

Where does he look while being fed?

Does he appear to feel close to his mother emotionally while being fed?

What food is he given?

Is his appetite good?

Does he ever resist in mother's efforts to feed him? If so, when?

Has he had colic? If so, what signals did he give his mother?

FIFTEENTH VISIT (Continued)

Observations on Feeding

HUMAN DEVELOPMENT ASPECT

For later visits:

Does he have any food allergies?

Does he dislike any foods?

Does he "allow" father or other
members of the family to feed him?

Is he making efforts to feed himself?

Is he playful when eating?

Does he ever try to feed his mother,
a pet or toy?

FIFTEENTH VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on Feeding

CHILD REARING ASPECT

Does the mother hold the infant while feeding?

How often is the infant fed?

If she bottle feeds, does she sometimes prop the bottle?

Does she talk with the infant during the feeding?

Does she burp the baby?

Is the mother satisfied with her decision to bottle feed, or to breast feed?

Does the father sometimes feed the child?

Does the child look comfortable or tense during the feeding?

FIFTEENTH VISIT (Continued)

Observations on Feeding

CHILD REARING ASPECT

For later visits:

Has weaning been started? If so was it started gradually, or all at once?

Any problems in weaning?

If so, how were they handled?

Have there been any other feeding problems?

If so, how were they handled?

Does mother seem to enjoy feeding the child

Does the child interrupt feeding to play?

What does mother do then?

SUMMARY OF VISIT

INFANCY (0 - 12 MONTHS)

CRYING

PARENTING FOR EMOTIONAL GROWTH: UNIT 1 - 0 to 12***LABORATORY MANUAL*****For LESSON PLANS for GRADES 9 THRU 12****HUMAN DEVELOPMENT AND CHILD REARING ASPECT OF
CRYING**

An infant's cry is always a communication. His message may be that he is hungry, uncomfortable, in pain, angry, sad, or anxious. He never cries for the pleasure of hearing his own voice, or to exercise his lungs. His cry is an appeal for help.

Sensitive parents listen to the tone of an infant's cry, scan his facial expression, and usually can tell why the child is in distress. Then they can help him, or if it is not possible to remove the pain, they can offer comfort to make it bearable.

If your infant is crying at the time of your visit, look at his/her face, and listen to the tone of the crying. See if you can tell whether the cry is of hunger, pain, anger, or something else. Check your own impression with the mother's.

In case the infant is not crying at the time of this visit, fill out the forms from the information the mother gives you. You may add your own observations of the infant's crying at a later visit.

FOURTH VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on CRYING

HUMAN DEVELOPMENT ASPECT

On the average, how often does the baby cry during the day?

How often during the night?

In addition to hunger, what other things cause him/her to cry?

How can you tell what the baby is crying about?

Does the baby usually quiet when you come to him/her?

When father comes?

Has the baby ever had an illness which made him/her cry a lot?

FOURTH VISIT (Continued)

Observations on CRYING

HUMAN DEVELOPMENT ASPECT

Do you think the baby always cries for a reason?

Have you ever been separated from the baby
for more than a day?

Who took care of him/her?

Did he/she cry a great deal then?

Was there ever a situation when the baby cried
and you could not discover what was wrong?

FOURTH VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on CRYING

CHILD REARING ASPECT

What do you do to help the baby wait while you are getting the food ready?

Do you think she sometimes cries because she/he wants to be held and cuddled? What do you do then?

What do you do to help if stomach pain is causing the crying?

What do you do if the crying is caused by pain you can't help, such as teething pain?

FOURTH VISIT (Continued)

Observations on CRYING

CHILD REARING ASPECT

For Later Visits:

What do you do if the baby gets into a rage when you put him/her to bed?

How do you help if he/she wakes crying from a frightening dream?

What do you do if he/she is crying because you are about to leave him for a while?

What do you do if the baby cries when one of your friends or relatives picks him up?

SUMMARY OF VISIT

NINTH VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on CRYING

HUMAN DEVELOPMENT ASPECT

On the average, how often does the baby cry during the day?

How often during the night?

In addition to hunger, what other things cause him/her to cry?

How can you tell what the baby is crying about?

Does the baby usually quiet when you come to him/her?

When father comes?

Has the baby ever had an illness which made him/her cry a lot?

NINTH VISIT (Continued)

Observations on CRYING

HUMAN DEVELOPMENT ASPECT

Do you think the baby always cries for a reason?

Have you ever been separated from the baby
for more than a day?

Who took care of him/her?

Did he/she cry a great deal then?

Was there ever a situation when the baby cried
and you could not discover what was wrong?

NINTH VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on CRYING

CHILD REARING ASPECT

What do you do to help the baby wait while you are getting the food ready?

Do you think she sometimes cries because she/he wants to be held and cuddled? What do you do then?

What do you do to help if stomach pain is causing the crying?

What do you do if the crying is caused by pain you can't help, such as teething pain?

NINTH VISIT (Continued)

Observations on CRYING

CHILD REARING ASPECT

For Later Visits:

What do you do if the baby gets into a rage when you put him/her to bed?

How do you help if he/she wakes crying from a frightening dream?

What do you do if he/she is crying because you are about to leave him for a while?

What do you do if the baby cries when one of your friends or relatives picks him up?

SUMMARY OF VISIT

FIFTEENTH VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on CRYING

HUMAN DEVELOPMENT ASPECT

On the average, how often does the baby cry during the day?

How often during the night?

In addition to hunger, what other things cause him/her to cry?

How can you tell what the baby is crying about?

Does the baby usually quiet when you come to him/her?

When father comes?

Has the baby ever had an illness which made him/her cry a lot?

FIFTEENTH VISIT (Continued)

Observations on CRYING

HUMAN DEVELOPMENT ASPECT

Do you think the baby always cries for a reason?

Have you ever been separated from the baby
for more than a day?

Who took care of him/her?

Did he/she cry a great deal then?

Was there ever a situation when the baby cried
and you could not discover what was wrong?

FIFTEENTH VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on CRYING

CHILD REARING ASPECT

What do you do to help the baby wait while you are getting the food ready?

Do you think she sometimes cries because she/he wants to be held and cuddled? What do you do then?

What do you do to help if stomach pain is causing the crying?

What do you do if the crying is caused by pain you can't help, such as teething pain?

FIFTEENTH VISIT (Continued)

Observations on CRYING

CHILD REARING ASPECT

For Later Visits:

What do you do if the baby gets into a rage when you put him/her to bed?

How do you help if he/she wakes crying from a frightening dream?

What do you do if he/she is crying because you are about to leave him for a while?

What do you do if the baby cries when one of your friends or relatives picks him up?

SUMMARY OF VISIT

INFANCY (0 - 12 MONTHS)

AFFECTS

PARENTING FOR EMOTIONAL GROWTH: UNIT 1 - 0 to 12***LABORATORY MANUAL*****For LESSON PLANS for GRADES 9 THRU 12****HUMAN DEVELOPMENT AND CHILD REARING ASPECT OF
AFFECTS**

Test the theory in your observation that "affects are contagious" by:

1. Observing the mother's reaction to the affects that infant is expressing. Do you find that the mother will reflect her child's feeling tone and that the child will reflect the feeling tone of the mother?
2. Observing the feelings aroused in yourself when the infant shows distress, or when she laughs. If you find yourself responding to the infant's mood, that is your empathy at work.
3. Look closely at the ways the parent's reaction to the infant's affect, influences the child's feeling. For example, notice what happens when the infant smiles, and the mother smiles back. Notice what happens when the infant smiles at mother and she does not smile back. Notice how the baby responds when mother expresses affection. Does the mother think that if she is feeling tired or sad, her mood influences the baby in any way? If the baby bumps her head and the mother screams, what does the baby do? If the mother calmly kisses the bump and says "You're OK", how does the baby react?

Ask the mother if the infant has experienced a highly painful affect when she was sharply frightened anxious, in a panic enraged, or depressed? If so, describe it. How long did the effects of this painful experience seem to last? What did mother and father do to comfort the child, and help her recover from this traumatic event?

After your last visit, summarize: (1) How your infant has developed over the year in the number and quality of the affects she expresses, and (2) How she has developed in being "tuned in" with her mother's feelings.

OBSERVATION OF AFFECTS:

AFFECTION

1st Observation: (Visit 4) NAME OF CHILD _____ AGE (in months) _____

Describe what you see. What does it tell you about the infant is experiencing inside? What seems to have caused it? What part did the mother play in this?

2nd Observation: (Visit 9) AGE (in months) _____ (Answer above questions)

3rd Observation: (Visit 15) AGE (in months) _____ (Answer above question)

OBSERVATION OF AFFECTS:

AGITATION

1st Observation: (Visit 4) NAME OF CHILD _____ AGE (in months) _____

Describe what you see. What does it tell you about the infant is experiencing inside? What seems to have caused it? What seems to have stopped it?

2nd Observation: (Visit 9) AGE (in months) _____ (Answer above questions)

3rd Observation: (Visit 15) AGE (in months) _____ (Answer above question)

OBSERVATION OF AFFECTS:

ANXIETY

1st Observation: (Visit 4) NAME OF CHILD _____ AGE (in months) _____

Describe what you see. What does it tell you about the infant is experiencing inside? What seems to have caused it? What part the mother do? What seemed to stop the anxiety?

2nd Observation: (Visit 9) AGE (in months) _____ (Answer above questions)

3rd Observation: (Visit 15) AGE (in months) _____ (Answer above question)

OBSERVATION OF AFFECTS:

CALMNESS

1st Observation: (Visit 4) NAME OF CHILD _____ AGE (in months) _____

Describe what you see. What does it tell you about the infant is experiencing inside? What seems to have caused it? What seemed to be the mother's mood at the time?

2nd Observation: (Visit 9) AGE (in months) _____ (Answer above questions)

3rd Observation: (Visit 15) AGE (in months) _____ (Answer above question)

OBSERVATION OF AFFECTS:

CRYING

1st Observation: (Visit 4) NAME OF CHILD _____ AGE (in months) _____

Describe what you see. What does it tell you about the infant is experiencing inside? What seems to have caused it? What seemed to have stopped it?

2nd Observation: (Visit 9) AGE (in months) _____ (Answer above questions)

3rd Observation: (Visit 15) AGE (in months) _____ (Answer above question)

OBSERVATION OF AFFECTS:

DEPRESSION

1st Observation: (Visit 4) NAME OF CHILD _____ AGE (in months) _____

Describe what you see. What does it tell you about the infant is experiencing inside? What seems to have caused it? How did the mother try to help? Did this succeed? What seemed to be the mother's mood at the time?

2nd Observation: (Visit 9) AGE (in months) _____ (Answer above questions)

3rd Observation: (Visit 15) AGE (in months) _____ (Answer above question)

OBSERVATION OF AFFECTS:

EXCITEMENT

1st Observation: (Visit 4) NAME OF CHILD _____ AGE (in months) _____

Describe what you see. What does it tell you about the infant is experiencing inside? What seems to have caused it? How did the mother respond to the infant's excitement?

2nd Observation: (Visit 9) AGE (in months) _____ (Answer above questions)

3rd Observation: (Visit 15) AGE (in months) _____ (Answer above question)

OBSERVATION OF AFFECTS:

FEAR

1st Observation: (Visit 4) NAME OF CHILD _____ AGE (in months) _____

Describe what you see. What does it tell you about the infant is experiencing inside? What seems to have caused it? What seemed to have stopped it?

2nd Observation: (Visit 9) AGE (in months) _____ (Answer above questions)

3rd Observation: (Visit 15) AGE (in months) _____ (Answer above question)

OBSERVATION OF AFFECTS:

GRIEF

1st Observation: (Visit 4) NAME OF CHILD _____ AGE (in months) _____

Describe what you see. What does it tell you about the infant is experiencing inside? What seems to have caused it? Who tried to help the child, and how? Was the effort successful?

2nd Observation: (Visit 9) AGE (in months) _____ (Answer above questions)

3rd Observation: (Visit 15) AGE (in months) _____ (Answer above question)

OBSERVATION OF AFFECTS: **PANIC**

1st Observation: (Visit 4) NAME OF CHILD _____ AGE (in months) _____

Describe what you see. What does it tell you about the infant is experiencing inside? What seems to have caused it? What seemed to have stopped it?

2nd Observation: (Visit 9) AGE (in months) _____ (Answer above questions)

3rd Observation: (Visit 15) AGE (in months) _____ (Answer above question)

OBSERVATION OF AFFECTS:

PLEASURE

1st Observation: (Visit 4) NAME OF CHILD _____ AGE (in months) _____

Describe what you see. What does it tell you about the infant is experiencing inside? What seems to have caused it? Did the mother seem to share in the infant's pleasure?

2nd Observation: (Visit 9) AGE (in months) _____ (Answer above questions)

3rd Observation: (Visit 15) AGE (in months) _____ (Answer above question)

OBSERVATION OF AFFECTS:

SADNESS

1st Observation: (Visit 4) NAME OF CHILD _____ AGE (in months) _____

Describe what you see. What does it tell you about the infant is experiencing inside? What seems to have caused it? What was the mother's mood at this time? How did Mother try to help? Was she successful?

2nd Observation: (Visit 9) AGE (in months) _____ (Answer above questions)

3rd Observation: (Visit 15) AGE (in months) _____ (Answer above question)

OBSERVATION OF AFFECTS:

SCREAMING

1st Observation: (Visit 4) NAME OF CHILD _____ AGE (in months) _____

Describe what you see. What does it tell you about the infant is experiencing inside? What seems to have caused it? What did the mother do? What seemed to have stopped it?

2nd Observation: (Visit 9) AGE (in months) _____ (Answer above questions)

3rd Observation: (Visit 15) AGE (in months) _____ (Answer above question)

OBSERVATION OF AFFECTS:

TENSION

1st Observation: (Visit 4) NAME OF CHILD _____ AGE (in months) _____

Describe what you see. What does it tell you about the infant is experiencing inside? What seems to have caused it? What seemed to have stopped it?

2nd Observation: (Visit 9) AGE (in months) _____ (Answer above questions)

3rd Observation: (Visit 15) AGE (in months) _____ (Answer above question)

SUMMARY OF VISITS

VISIT 4:

VISIT 9:

VISIT 15:

INFANCY (0 - 12 MONTHS)

ATTACHMENT

PARENTING FOR EMOTIONAL GROWTH: UNIT 1 - 0 to 12***LABORATORY MANUAL*****For LESSON PLANS for GRADES 9 THRU 12****HUMAN DEVELOPMENT AND CHILD REARING ASPECT OF
ATTACHMENT**

Attachment is the earliest form of emotional relationship experienced by the child. It is not too much to say that developing attachment is one of the most important tasks of his life, because attachment is the forerunner of the love relationships he will develop during infancy, and during his whole life. If he learns to attach well to his mother and other family members, he will form strong bonds of love. These, in turn, will help him value himself, and value these relationships. His strong love feelings will enable him to cope with the angers and frustrations that arise at times between himself and his family; the love feelings also will make him more receptive to learning from them what he needs to know to adapt to his world

A smile may seem like a commonplace thing, but it is a smile that starts this tremendous development in motion. When you visit your infant, observe the quality of his or her smile. Does it seem to be directed specifically at the mother? How does the infant's smile make you feel? At the end of each visit when you are observing attachment, note on the summery page how strongly you think the attachment has developed between the infant and mother and any other family members present.

FIFTH VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on ATTACHMENT

HUMAN DEVELOPMENT AND CHILD REARING ASPECTS

Attachment behavior tells us about the state and level of developing human relationships. Because that development is essential for healthy personality development and adaptation, it is important for parents to know what the earliest attachment behaviors are and to be able to recognize and evaluate them. Note the attachment behaviors listed below, during your visits to your infant, you will not see all responses in all visits. If you do not see a response, ask the mother what she has seen and record her observations.

Age: _____ (in days, weeks or months + days, such as, "1 mo. 12 dd.").

1. Smiling Responses:

a. **Nonsocial smiling response** (a smile that shows pleasure, or well-being but does not seem to be a smile showing attachment to a special person.)

Describe the response (including a comment about how strong, and how pleasurable it seems to be):

What caused it?

The mother's reaction: (A parent can make a response to the infant's smile, such as smiling back, which will enhance the attachment tendency in an infant.) Describe what the mother does.

Observations on ATTACHMENT

FIFTH VISIT (Continued)
HUMAN DEVELOPMENT AND CHILD REARING ASPECTS

b. **Social smiling responses:** (Smiles that seem to be directed to a specific person.) Describe the response (including how strong and how pleasurable it seems to be):

What caused it?

What did the mother do? Did her response encourage the infant's smiling?

What does this response mean concerning the infant's development?

2. **Stranger Responses:** Did the infant have a stranger response to you? If so, describe the response (including how strong and how uncomfortable it seems to be):

What caused it?

What did the mother do? (At some stages, reassurance and comforting are needed; at others, the child needs encouragement to learn to accept new people.)

What does this response mean concerning the infant's development?

FIFTH VISIT (Continued)
HUMAN DEVELOPMENT AND CHILD REARING ASPECTS

Observations on ATTACHMENT

3. **Separation responses:** Whether you saw an example of this, or interviewed the mother, Describe the response (including how strong and how uncomfortable it seems to be):

What caused it?

How does the mother handle this? Does she prepare the infant for separations, or slip out? What does she think is most helpful to the child?

What does this response mean concerning the infant's development?

4. **Reunion responses:** (These may express **pleasure** seeing mother again, **anger** at her for leaving, or apparent **indifference**.)
a. **Pleasurable reunion responses:** Describe:

What caused it?

How does the mother respond to the infant, when the infant shows pleasure?

FIFTH VISIT (Continued)

Observations on ATTACHMENT

HUMAN DEVELOPMENT AND CHILD REARING ASPECTS

b. **Angry reunion responses:** Describe the response (including the mixture of feelings being expressed):

What caused it?

What stopped it?

How did the mother respond to this?

c. **Indifferent reunion responses:** Describe the response:

What caused it?

What stopped it?

How did the mother handle it?

What do these reunion reactions and the mother's responses mean to the infant's development during his first year, and later?

FIFTH VISIT (Continued)

Observations on ATTACHMENT

HUMAN DEVELOPMENT AND CHILD REARING ASPECTS

5. Clinging reaction:

Describe the response (including how strong and how uncomfortable it seems to be):

What caused it?

Did mother accept the clinging and comfort the child? Or, did she refuse to pick him up? Or, if holding him, did she put the child down? How did she seem to feel about the clinging?

What stopped the clinging?

What does this response mean concerning the infant's development?

SUMMARY OF VISIT

TENTH VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on ATTACHMENT

HUMAN DEVELOPMENT AND CHILD REARING ASPECTS

Attachment behavior tells us about the state and level of developing human relationships. Because that development is essential for healthy personality development and adaptation, it is important for parents to know what the earliest attachment behaviors are and to be able to recognize and evaluate them. Note the attachment behaviors listed below, during your visits to your infant, you will not see all responses in all visits. If you do not see a response, ask the mother what she has seen and record her observations.

Age: _____ (in days, weeks or months + days, such as, "1 mo. 12 dd.").

1. Smiling Responses:

a. **Nonsocial smiling response** (a smile that shows pleasure, or well-being but does not seem to be a smile showing attachment to a special person.)

Describe the response (including a comment about how strong, and how pleasurable it seems to be):

What caused it?

The mother's reaction: (A parent can make a response to the infant's smile, such as smiling back, which will enhance the attachment tendency in an infant.) Describe what the mother does.

TENTH VISIT (Continued)
HUMAN DEVELOPMENT AND CHILD REARING ASPECTS

Observations on ATTACHMENT

b. **Social smiling responses:** (Smiles that seem to be directed to a specific person.) Describe the response (including how strong and how pleasurable it seems to be):

What caused it?

What did the mother do? Did her response encourage the infant's smiling?

What does this response mean concerning the infant's development?

2. **Stranger Responses:** Did the infant have a stranger response to you? If so, describe the response (including how strong and how uncomfortable it seems to be):

What caused it?

What did the mother do? (At some stages, reassurance and comforting are needed; at others, the child needs encouragement to learn to accept new people.)

What does this response mean concerning the infant's development?

TENTH VISIT (Continued)

Observations on ATTACHMENT

HUMAN DEVELOPMENT AND CHILD REARING ASPECTS

3. **Separation responses:** Whether you saw an example of this, or interviewed the mother, Describe the response (including how strong and how uncomfortable it seems to be):

What caused it?

How does the mother handle this? Does she prepare the infant for separations, or slip out? What does she think is most helpful to the child?

What does this response mean concerning the infant's development?

4. **Reunion responses:** (These may express **pleasure** seeing mother again, **anger** at her for leaving, or apparent **indifference**.)
a. **Pleasurable reunion responses:** Describe:

What caused it?

How does the mother respond to the infant, when the infant shows pleasure?

TENTH VISIT (Continued)

Observations on ATTACHMENT

HUMAN DEVELOPMENT AND CHILD REARING ASPECTS

b. **Angry reunion responses:** Describe the response (including the mixture of feelings being expressed):

What caused it?

What stopped it?

How did the mother respond to this?

c. **Indifferent reunion responses:** Describe the response:

What caused it?

What stopped it?

How did the mother handle it?

What do these reunion reactions and the mother's responses mean to the infant's development during his first year, and later?

TENTH VISIT (Continued)

Observations on ATTACHMENT

HUMAN DEVELOPMENT AND CHILD REARING ASPECTS

5. Clinging reaction:

Describe the response (including how strong and how uncomfortable it seems to be):

What caused it?

Did mother accept the clinging and comfort the child? Or, did she refuse to pick him up? Or, if holding him, did she put the child down? How did she seem to feel about the clinging?

What stopped the clinging?

What does this response mean concerning the infant's development?

SUMMARY OF VISIT

FIFTEENTH VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on ATTACHMENT**HUMAN DEVELOPMENT AND CHILD REARING ASPECTS**

Attachment behavior tells us about the state and level of developing human relationships. Because that development is essential for healthy personality development and adaptation, it is important for parents to know what the earliest attachment behaviors are and to be able to recognize and evaluate them. Note the attachment behaviors listed below, during your visits to your infant, you will not see all responses in all visits. If you do not see a response, ask the mother what she has seen and record her observations.

Age: _____ (in days, weeks or months + days, such as, "1 mo. 12 dd.").

1. Smiling Responses:

a. **Nonsocial smiling response** (a smile that shows pleasure, or well-being but does not seem to be a smile showing attachment to a special person.)

Describe the response (including a comment about how strong, and how pleasurable it seems to be):

What caused it?

The mother's reaction: (A parent can make a response to the infant's smile, such as smiling back, which will enhance the attachment tendency in an infant.) Describe what the mother does.

FIFTEENTH VISIT (Continued)

Observations on ATTACHMENT

HUMAN DEVELOPMENT AND CHILD REARING ASPECTS

b. **Social smiling responses:** (Smiles that seem to be directed to a specific person.) Describe the response (including how strong and how pleasurable it seems to be):

What caused it?

What did the mother do? Did her response encourage the infant's smiling?

What does this response mean concerning the infant's development?

2. **Stranger Responses:** Did the infant have a stranger response to you? If so, describe the response (including how strong and how uncomfortable it seems to be):

What caused it?

What did the mother do? (At some stages, reassurance and comforting are needed; at others, the child needs encouragement to learn to accept new people.)

What does this response mean concerning the infant's development?

FIFTEENTH VISIT (Continued)

Observations on ATTACHMENT

HUMAN DEVELOPMENT AND CHILD REARING ASPECTS

3. **Separation responses:** Whether you saw an example of this, or interviewed the mother, Describe the response (including how strong and how uncomfortable it seems to be):

What caused it?

How does the mother handle this? Does she prepare the infant for separations, or slip out? What does she think is most helpful to the child?

What does this response mean concerning the infant's development?

4. **Reunion responses:** (These may express **pleasure** seeing mother again, **anger** at her for leaving, or apparent **indifference**.)
a. **Pleasurable reunion responses:** Describe:

What caused it?

How does the mother respond to the infant, when the infant shows pleasure?

FIFTEENTH VISIT (Continued)

Observations on ATTACHMENT

HUMAN DEVELOPMENT AND CHILD REARING ASPECTS

b. **Angry reunion responses:** Describe the response (including the mixture of feelings being expressed):

What caused it?

What stopped it?

How did the mother respond to this?

c. **Indifferent reunion responses:** Describe the response:

What caused it?

What stopped it?

How did the mother handle it?

What do these reunion reactions and the mother's responses mean to the infant's development during his first year, and later?

FIFTEENTH VISIT (Continued)

Observations on ATTACHMENT

HUMAN DEVELOPMENT AND CHILD REARING ASPECTS

5. Clinging reaction:

Describe the response (including how strong and how uncomfortable it seems to be):

What caused it?

Did mother accept the clinging and comfort the child? Or, did she refuse to pick him up? Or, if holding him, did she put the child down? How did she seem to feel about the clinging?

What stopped the clinging?

What does this response mean concerning the infant's development?

SUMMARY OF VISIT

INFANCY (0 - 12 MONTHS)

EXPLORATORY ACTIVITIES AND
THE BEGINNINGS OF AUTONOMY

PARENTING FOR EMOTIONAL GROWTH: UNIT 1 - 0 to 12***LABORATORY MANUAL*****For LESSON PLANS for GRADES 9 THRU 12****HUMAN DEVELOPMENT AND CHILD REARING ASPECT OF****EXPLORATORY ACTIVITIES AND THE BEGINNINGS OF AUTONOMY**

Although the infant begins to explore from her earliest days, by gazing about, by listening, sucking, and touching, her movements are random and not purposeful at first. However, there is inside her an urge to move, to hold up her head, to roll over, to sit up, to pull herself up to a standing position, to crawl, and then on one important day about a year later, to start walking by herself.

When an infant can go from one spot to another by crawling, we can see that her movements have become purposeful. With great energy, perhaps even surprising energy, she tries to reach a toy, or to get to some object across the room, or to pull herself up on a couch.

When you observe locomotion and exploration during your three visits on this subject note when the child accomplishes the abilities listed above, and how strongly purposeful she seems to be in her explorations.

A child of under one year does not need to be taught to explore, some may make good use of encouragement, but she may need to be restrained when she is headed for danger or breakage. Note what the mother of the child does to help her explore her surroundings. How does she help her learn about the parts of her own body and the mother's? Does she play "name games" with her? Does Mother show her how things work?

What does Mother do when it is necessary to set limits to protect her or someone else, or the family property? The setting of limits can be very frustrating when a child has a strong urge to reach for an electrical outlet, for instance. This restraint may make a child

angry at the mother who is trying to protect her from hurt. Note how the mother handles this kind of uncomfortable situation. (If you have no chance to see this in action, ask the mother how she deals with it.)

Does the mother appear to enjoy her child's exploratory activity? Does she sometimes wish she was not so energetic about it?

SIXTH VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on EXPLORATORY ACTIVITIES & THE BEGINNINGS OF AUTONOMY

HUMAN DEVELOPMENT AND CHILD REARING ASPECTS

At what age did your child first roll over? (If these were answered in the prior visit, skip to point where new things need to be recorded.)

At what age did she first try to sit up?

At what age did she accomplish this?

At what age did she first try to crawl?

At what age did she accomplish this?

At what age did she first try to stand up?

SIXTH VISIT (Continued)

Observations on EXPLORATORY ACTIVITIES & THE BEGINNINGS OF AUTONOMY
HUMAN DEVELOPMENT AND CHILD REARING ASPECTS

At what age did she accomplish this?

At what age did she first walk holding on to furniture?

At what age did she take her first steps alone?

Are her movements vigorous or slow? Describe.

Does she often move with a sense of pressure and urgency?

What was her mood when she first pulled herself to a standing position?

What was her mood when she took her first step?

SIXTH VISIT (Continued)

Observations on EXPLORATORY ACTIVITIES & THE BEGINNINGS OF AUTONOMY
HUMAN DEVELOPMENT AND CHILD REARING ASPECTS

How does she respond when her mother encourages her exploring?

Before she could move around very much, how did she explore her world?

When she could not yet crawl, was she still when she was exploring? Were her arms and legs quiet at those times?

Did she show any special response to being shown a toy or having a light turned on?

Later, did she gaze at her own hand? If so, how old was she?

Did she appear to be listening when footsteps came near?

SIXTH VISIT (Continued)

Observations on EXPLORATORY ACTIVITIES & THE BEGINNINGS OF AUTONOMY
HUMAN DEVELOPMENT AND CHILD REARING ASPECTS

Did she respond differently to the arrival of different people? Describe.

As she grew older, did she use her mouth to explore? If so, how?

Does she touch her mother's face to explore her? Describe.

When she began to crawl and walk how did she explore?

SIXTH VISIT (Continued)

Observations on EXPLORATORY ACTIVITIES & THE BEGINNINGS OF AUTONOMY
HUMAN DEVELOPMENT AND CHILD REARING ASPECTS

Does she show good judgment about what is safe and what is not? How can you tell?

Has she gotten into trouble by climbing, or pulling things off tables? Or by pulling hair, or hurting the cat?

When she has falls or bumps, does that discourage her from exploring? (If you have seen it, describe.)

SUMMARY OF VISIT

TWELFTH VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on EXPLORATORY ACTIVITIES & THE BEGINNINGS OF AUTONOMY

HUMAN DEVELOPMENT AND CHILD REARING ASPECTS

At what age did your child first roll over? (If these were answered in the prior visit, skip to point where new things need to be recorded.)

At what age did she first try to sit up?

At what age did she accomplish this?

At what age did she first try to crawl?

At what age did she accomplish this?

At what age did she first try to stand up?

TWELFTH VISIT (Continued)

Observations on EXPLORATORY ACTIVITIES & THE BEGINNINGS OF AUTONOMY
HUMAN DEVELOPMENT AND CHILD REARING ASPECTS

At what age did she accomplish this?

At what age did she first walk holding on to furniture?

At what age did she take her first steps alone?

Are her movements vigorous or slow? Describe.

Does she often move with a sense of pressure and urgency?

What was her mood when she first pulled herself to a standing position?

What was her mood when she took her first step?

TWELFTH VISIT (Continued)

Observations on EXPLORATORY ACTIVITIES & THE BEGINNINGS OF AUTONOMY
HUMAN DEVELOPMENT AND CHILD REARING ASPECTS

How does she respond when her mother encourages her exploring?

Before she could move around very much, how did she explore her world?

When she could not yet crawl, was she still when she was exploring? Were her arms and legs quiet at those times?

Did she show any special response to being shown a toy or having a light turned on?

Later, did she gaze at her own hand? If so, how old was she?

Did she appear to be listening when footsteps came near?

TWELFTH VISIT (Continued)

Observations on EXPLORATORY ACTIVITIES & THE BEGINNINGS OF AUTONOMY
HUMAN DEVELOPMENT AND CHILD REARING ASPECTS

Did she respond differently to the arrival of different people? Describe.

As she grew older, did she use her mouth to explore? If so, how?

Does she touch her mother's face to explore her? Describe.

When she began to crawl and walk how did she explore?

TWELFTH VISIT (Continued)

Observations on EXPLORATORY ACTIVITIES & THE BEGINNINGS OF AUTONOMY
HUMAN DEVELOPMENT AND CHILD REARING ASPECTS

Does she show good judgment about what is safe and what is not? How can you tell?

Has she gotten into trouble by climbing, or pulling things off tables? Or by pulling hair, or hurting the cat?

When she has falls or bumps, does that discourage her from exploring? (If you have seen it, describe.)

SUMMARY OF VISIT

FIFTEENTH VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on EXPLORATORY ACTIVITIES & THE BEGINNINGS OF AUTONOMY

HUMAN DEVELOPMENT AND CHILD REARING ASPECTS

At what age did your child first roll over? (If these were answered in the prior visit, skip to point where new things need to be recorded.)

At what age did she first try to sit up?

At what age did she accomplish this?

At what age did she first try to crawl?

At what age did she accomplish this?

At what age did she first try to stand up?

FIFTEENTH VISIT (Continued)

Observations on EXPLORATORY ACTIVITIES & THE BEGINNINGS OF AUTONOMY
HUMAN DEVELOPMENT AND CHILD REARING ASPECTS

At what age did she accomplish this?

At what age did she first walk holding on to furniture?

At what age did she take her first steps alone?

Are her movements vigorous or slow? Describe.

Does she often move with a sense of pressure and urgency?

What was her mood when she first pulled herself to a standing position?

What was her mood when she took her first step?

FIFTEENTH VISIT (Continued)

Observations on EXPLORATORY ACTIVITIES & THE BEGINNINGS OF AUTONOMY
HUMAN DEVELOPMENT AND CHILD REARING ASPECTS

How does she respond when her mother encourages her exploring?

Before she could move around very much, how did she explore her world?

When she could not yet crawl, was she still when she was exploring? Were her arms and legs quiet at those times?

Did she show any special response to being shown a toy or having a light turned on?

Later, did she gaze at her own hand? If so, how old was she?

Did she appear to be listening when footsteps came near?

FIFTEENTH VISIT (Continued)

Observations on EXPLORATORY ACTIVITIES & THE BEGINNINGS OF AUTONOMY
HUMAN DEVELOPMENT AND CHILD REARING ASPECTS

Did she respond differently to the arrival of different people? Describe.

As she grew older, did she use her mouth to explore? If so, how?

Does she touch her mother's face to explore her? Describe.

When she began to crawl and walk how did she explore?

FIFTEENTH VISIT (Continued)

Observations on EXPLORATORY ACTIVITIES & THE BEGINNINGS OF AUTONOMY
HUMAN DEVELOPMENT AND CHILD REARING ASPECTS

Does she show good judgment about what is safe and what is not? How can you tell?

Has she gotten into trouble by climbing, or pulling things off tables? Or by pulling hair, or hurting the cat?

When she has falls or bumps, does that discourage her from exploring? (If you have seen it, describe.)

SUMMARY OF VISIT

What do you think a small person has learned by age one year, through her explorations?

INFANCY (0 - 12 MONTHS)

EMOTIONAL DEVELOPMENTAL MARKERS

***PARENTING FOR EMOTIONAL GROWTH: UNIT 1 - 0 to 12
LABORATORY MANUAL***

For LESSON PLANS for GRADES 9 THRU 12

EMOTIONAL DEVELOPMENTAL MARKERS

SIXTH VISIT (ASK TEACHER FOR INSTRUCTIONS.)

FIRST NAME _____ AGE (in months) _____ DATE _____

FUNCTION

ACHIEVEMENTS

PROBLEMS

Eating

Sleeping

Attachment

Communication

Usual Mood

Recovery from Distress

Physical Health

Activities

***PARENTING FOR EMOTIONAL GROWTH: UNIT 1 - 0 to 12
LABORATORY MANUAL***

For LESSON PLANS for GRADES 9 THRU 12

EMOTIONAL DEVELOPMENTAL MARKERS

ELEVENTH VISIT (ASK TEACHER FOR INSTRUCTIONS.)

FIRST NAME _____ AGE (in months) _____ DATE _____

FUNCTION

ACHIEVEMENTS

PROBLEMS

Eating

Sleeping

Attachment

Communication

Usual Mood

Recovery from Distress

Physical Health

Activities

***PARENTING FOR EMOTIONAL GROWTH: UNIT 1 - 0 to 12
LABORATORY MANUAL***

For LESSON PLANS for GRADES 9 THRU 12

EMOTIONAL DEVELOPMENTAL MARKERS

SIXTEENTH VISIT (ASK TEACHER FOR INSTRUCTIONS.)

FIRST NAME _____ AGE (in months) _____ DATE _____

FUNCTION

ACHIEVEMENTS

PROBLEMS

Eating

Sleeping

Attachment

Communication

Usual Mood

Recovery from Distress

Physical Health

Activities

INFANCY (0 - 12 MONTHS)

BASIC TRUST VERSUS BASIC MISTRUST

PARENTING FOR EMOTIONAL GROWTH: UNIT 1 - 0 to 12***LABORATORY MANUAL*****For LESSON PLANS for GRADES 9 THRU 12****HUMAN DEVELOPMENT AND CHILD REARING ASPECT OF
BASIC TRUST VERSUS BASIC MISTRUST**

Infants are not born with a sense of trust. This is something which normally develops gradually during the first year of life through reliable and affectionate interaction with an infant's mother and others. Trust is an absolutely necessary achievement, because it provides the building blocks for all good human relationships, for a sense of healthy self-esteem, for motivation for learning and for the development of a conscience. If an infant, or an older person has a healthy sense of trust, he/she can view the world as a place that can be friendly and where many people can be trusted..

There are two major ways we can tell that a sense of trust is developing:

1. An infant in the earliest months shows pleasure when mother comes, even though he/she may not know clearly who mother is; an infant over six months of age, will give a specific personal smile to mother, and he/she will indicate that he/she has a confident expectation of good things from her.
2. By his/her comfortable, contented mood, the infant will show that he/she feels lovable and valued by mother and others in the family. He/she will respond with affection to their affection.

On the other hand, an infant who has a depressed appearance, is unusually "fussy", cries too often, has a poor appetite, or sleeps restlessly, may be having a problem in building trust. This can happen if the mother or caregiver does not respond reliably to his signals to help, keeps him waiting too long for feedings, goes away without telling him, so that he never knows when she will disappear; also if the mother does not talk, or play with, or hold and cuddle him very much, he may have difficulties in developing self-esteem and affectionate relationships with his family.

As you observe your mother-infant pair, notice the quality of the relationship between them. How do they seem to feel when together? How successful is the mother in "reading" the infant's signals? Does she seem to respond appropriately, or inappropriately to them? Is she reliable about meeting the infant's needs, without too long delays? Note how she tries to help him cope with frustration. **During your second and third visits on "Trust"**, do you find that the infant's frustration tolerance increased? What about his feeling of "confident expectation", and his sense of self-esteem?

In the event that your infant seems to be having problems in the development of trust, describe in the summary what they are, and speculate what the reasons might be.

FIFTH VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on BASIC TRUST

HUMAN DEVELOPMENT ASPECT

How did the infant respond when mother approached him/her?

Was the infant's reaction to her different from his/her reaction to you. If so, how?

If the infant smiled at mother, did it seem to be a general smile of pleasure, or was it a personal smile special for her?

If personal for her, at what age did the infant begin to smile this way?

If you have the chance to see the infant with Father, does he/she smile this way when he/she sees father?

FIFTH VISIT (Continued)

Observations on BASIC TRUST

HUMAN DEVELOPMENT ASPECT

Does the infant smile at any other people in a specific, personal way? If so, at whom?

Does he/she show affection? Often, sometimes, seldom?

To whom?

And how?

How did the infant seem to feel when held by mother during feeding? Describe.

On waking up?

When upset?

Does the infant become upset when mother leaves him/her? Describe.

FIFTH VISIT (Continued)

Observations on BASIC TRUST

HUMAN DEVELOPMENT ASPECT

How does he/she respond when mother returns?

Does the infant become very frustrated while waiting for the food to be prepared?

Does the mother report that his/her frustration tolerance is increasing?

If the infant has a stomach-ache or other pain which mother cannot take away, how does he/she respond to mother's efforts to comfort him/her?

(If the child is between 6-12 months of age) how does the child respond if mother has to frustrate him/her by taking something dangerous out of his/her hand?

FIFTH VISIT (Continued)

Observations on BASIC TRUST

HUMAN DEVELOPMENT ASPECT

What ways does the child use to signal that he wants to be held and cuddled?

In observing the expression of the child's face, do you have the impression that he/she confidently expects that mother will meet his/her needs? Describe.

Does he seem to feel that he is a valued person? Say what signs and behaviors make you think so?

Did you observe any problems in the infant's development of trust? If so, describe.

FIFTH VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on BASIC TRUST

CHILD REARING ASPECT

How can the mother tell what her infant wants from her?

During your visit, did the infant signal some need? If so, what was it, and how did the mother respond?

What was the infant's response to what she did?

If the infant was upset for any reason during your visit, was the mother successful in comforting him/her? If so, how did she do it? If not, what might have been the reason?

What does the mother do to show the child that he/she is lovable, and very important to her?

FIFTH VISIT (Continued)

Observations on BASIC TRUST

CHILD REARING ASPECT

Does the mother pick up and cuddle the infant when he/she seems to be asking for that?

Does she worry about spoiling?

Does she enjoy doing this?

Does the mother explain to the infant what she is going to do, e.g., leave the house for a while? If not, why not?

If she does so, does she think the infant understands her words? Her reassuring tone of voice?

Does mother report that the infant is showing a preference for her, compared with other people? If so how?

FIFTH VISIT (Continued)

Observations on BASIC TRUST

CHILD REARING ASPECT

Do you have the impression that mother tries to be reliable about such things as feeding the infant at the regular time? Give evidence.

If it is necessary for other people to take care of the infant part of the time how does the mother help the infant accept this?

How does she help him cope with frustration, e.g., when she sets limits?

Does the mother have the feeling that the infant trusts her? Does she think he/she trusts others?

Does mother report any special problems - such as anxiety, or prolonged crying, or sleepiness?

SUMMARY OF VISIT

TENTH VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on BASIC TRUST

HUMAN DEVELOPMENT ASPECT

How did the infant respond when mother approached him/her?

Was the infant's reaction to her different from his/her reaction to you. If so, how?

If the infant smiled at mother, did it seem to be a general smile of pleasure, or was it a personal smile special for her?

If personal for her, at what age did the infant begin to smile this way?

If you have the chance to see the infant with Father, does he/she smile this way when he/she sees father?

TENTH VISIT (Continued)

Observations on BASIC TRUST

HUMAN DEVELOPMENT ASPECT

Does the infant smile at any other people in a specific, personal way? If so, at whom?

Does he/she show affection? Often, sometimes, seldom?

To whom?

And how?

How did the infant seem to feel when held by mother during feeding? Describe.

On waking up?

When upset?

Does the infant become upset when mother leaves him/her? Describe.

TENTH VISIT (Continued)

Observations on BASIC TRUST

HUMAN DEVELOPMENT ASPECT

How does he/she respond when mother returns?

Does the infant become very frustrated while waiting for the food to be prepared?

Does the mother report that his/her frustration tolerance is increasing?

If the infant has a stomach-ache or other pain which mother cannot take away, how does he/she respond to mother's efforts to comfort him/her?

(If the child is between 6-12 months of age) how does the child respond if mother has to frustrate him/her by taking something dangerous out of his/her hand?

TENTH VISIT (Continued)

Observations on BASIC TRUST

HUMAN DEVELOPMENT ASPECT

What ways does the child use to signal that he wants to be held and cuddled?

In observing the expression of the child's face, do you have the impression that he/she confidently expects that mother will meet his/her needs? Describe.

Does he seem to feel that he is a valued person? Say what signs and behaviors make you think so?

Did you observe any problems in the infant's development of trust? If so, describe.

TENTH VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on BASIC TRUST

CHILD REARING ASPECT

How can the mother tell what her infant wants from her?

During your visit, did the infant signal some need? If so, what was it, and how did the mother respond?

What was the infant's response to what she did?

If the infant was upset for any reason during your visit, was the mother successful in comforting him/her? If so, how did she do it? If not, what might have been the reason?

What does the mother do to show the child that he/she is lovable, and very important to her?

TENTH VISIT (Continued)

Observations on BASIC TRUST

CHILD REARING ASPECT

Does the mother pick up and cuddle the infant when he/she seems to be asking for that?

Does she worry about spoiling?

Does she enjoy doing this?

Does the mother explain to the infant what she is going to do, e.g., leave the house for a while? If not, why not?

If she does so, does she think the infant understands her words? Her reassuring tone of voice?

Does mother report that the infant is showing a preference for her, compared with other people? If so how?

TENTH VISIT (Continued)

Observations on BASIC TRUST

CHILD REARING ASPECT

Do you have the impression that mother tries to be reliable about such things as feeding the infant at the regular time? Give evidence.

If it is necessary for other people to take care of the infant part of the time how does the mother help the infant accept this?

How does she help him cope with frustration, e.g., when she sets limits?

Does the mother have the feeling that the infant trusts her? Does she think he/she trusts others?

Does mother report any special problems - such as anxiety, or prolonged crying, or sleepiness?

SUMMARY OF VISIT

SIXTEENTH VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on BASIC TRUST

HUMAN DEVELOPMENT ASPECT

How did the infant respond when mother approached him/her?

Was the infant's reaction to her different from his/her reaction to you. If so, how?

If the infant smiled at mother, did it seem to be a general smile of pleasure, or was it a personal smile special for her?

If personal for her, at what age did the infant begin to smile this way?

If you have the chance to see the infant with Father, does he/she smile this way when he/she sees father?

SIXTEENTH VISIT (Continued)

Observations on BASIC TRUST

HUMAN DEVELOPMENT ASPECT

Does the infant smile at any other people in a specific, personal way? If so, at whom?

Does he/she show affection? Often, sometimes, seldom?

To whom?

And how?

How did the infant seem to feel when held by mother during feeding? Describe.

On waking up?

When upset?

Does the infant become upset when mother leaves him/her? Describe.

SIXTEENTH VISIT (Continued)

Observations on BASIC TRUST

HUMAN DEVELOPMENT ASPECT

How does he/she respond when mother returns?

Does the infant become very frustrated while waiting for the food to be prepared?

Does the mother report that his/her frustration tolerance is increasing?

If the infant has a stomach-ache or other pain which mother cannot take away, how does he/she respond to mother's efforts to comfort him/her?

(If the child is between 6-12 months of age) how does the child respond if mother has to frustrate him/her by taking something dangerous out of his/her hand?

SIXTEENTH VISIT (Continued)

Observations on BASIC TRUST

HUMAN DEVELOPMENT ASPECT

What ways does the child use to signal that he wants to be held and cuddled?

In observing the expression of the child's face, do you have the impression that he/she confidently expects that mother will meet his/her needs? Describe.

Does he seem to feel that he is a valued person? Say what signs and behaviors make you think so?

Did you observe any problems in the infant's development of trust? If so, describe.

SIXTEENTH VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on BASIC TRUST

CHILD REARING ASPECT

How can the mother tell what her infant wants from her?

During your visit, did the infant signal some need? If so, what was it, and how did the mother respond?

What was the infant's response to what she did?

If the infant was upset for any reason during your visit, was the mother successful in comforting him/her? If so, how did she do it? If not, what might have been the reason?

What does the mother do to show the child that he/she is lovable, and very important to her?

SIXTEENTH VISIT (Continued)

Observations on BASIC TRUST

CHILD REARING ASPECT

Does the mother pick up and cuddle the infant when he/she seems to be asking for that?

Does she worry about spoiling?

Does she enjoy doing this?

Does the mother explain to the infant what she is going to do, e.g., leave the house for a while? If not, why not?

If she does so, does she think the infant understands her words? Her reassuring tone of voice?

Does mother report that the infant is showing a preference for her, compared with other people? If so how?

SIXTEENTH VISIT (Continued)

Observations on BASIC TRUST

CHILD REARING ASPECT

Do you have the impression that mother tries to be reliable about such things as feeding the infant at the regular time? Give evidence.

If it is necessary for other people to take care of the infant part of the time how does the mother help the infant accept this?

How does she help him cope with frustration, e.g., when she sets limits?

Does the mother have the feeling that the infant trusts her? Does she think he/she trusts others?

Does mother report any special problems - such as anxiety, or prolonged crying, or sleepiness?

SUMMARY OF VISIT

INFANCY

THE ORAL PHASE (OF SEXUAL - REPRODUCTIVE LIFE)

PARENTING FOR EMOTIONAL GROWTH: UNIT 1 - 0 to 12

LABORATORY MANUAL

For LESSON PLANS for GRADES 9 THRU 12

**HUMAN DEVELOPMENT AND CHILD REARING ASPECTS OF
THE ORAL PHASE (OF SEXUAL - REPRODUCTIVE LIFE)**

During the first year of an infant's life and well into the second year, the mouth is of special importance.

Through it the infant **communicates** his needs to his mother.

It is an efficient **food intake and sucking** apparatus that frees him from the pain of hunger.

The child soon learns that sucking an object such as his thumb or a pacifier will give him **pleasure** and **comfort**.

By putting objects into his mouth, he can **explore** how large or small, hard or soft they are.

He gradually learns to **express** affection by giving kisses. He sometimes expresses anger with his mouth by biting.

Sometimes he bites to ease the pain of teething.

In your summary of observation, note all the ways your infant has used his mouth during your visit. Note how his mother responds to the ways he uses his mouth. E.g., does she allow him to comfort himself through using a pacifier, and to explore by putting objects in his mouth? Or do these practices worry her and lead her to restrain him often? Would you say that your infant enjoys using his mouth (except when having teething pain?)

THIRD VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on THE ORAL PHASE

HUMAN DEVELOPMENT ASPECT

Does the baby enjoy eating?

How does he show that?

Has he ever had any problems in sucking, or in digesting his food? If so, describe.

Does he like to suck, even after his stomach is full? If so, why?

Does he sometimes suck his thumb? If so, what does mother think about that?

Does he have a pacifier?

When he feels upset, does he use his thumb or a pacifier to comfort himself? Describe.

Does he put things into his mouth to explore them? What things?

Has he ever gotten into trouble by swallowing something harmful?

THIRD VISIT (Continued)

Observations on THE ORAL PHASE

HUMAN DEVELOPMENT ASPECT

Is he beginning to use his mouth to communicate by making word-like sounds, babbling, or trying to say words?

Does he try to kiss mother and other family members? Who?

At what age did he get his first tooth?

Does his mouth appear to give him pain when he is teething? How does Mother know?

How does he seem to try to ease the pain of teething?

Does he sometimes bite? If so, what things?

If weaning has been started, how has he reacted to that?

Is he completely weaned from his daytime bottles or breast-feeding?

Does he still have a nighttime bottle?

THIRD VISIT (Continued)

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on THE ORAL PHASE

CHILD REARING ASPECT

How does mother handle feedings:

Does she prop the bottle, or hold the baby?

Does she talk with him while he is feeding?

Is feeding a pleasant time for both?

If he has had any problems with eating, how has she handled them?

Does mother allow the baby to suck his thumb? Does she worry that this will make his teeth crooked?

Does she allow him to use a pacifier?

What does she think it does for him?

What does she do when he picks up objects off the floor and puts them in his mouth?

THIRD VISIT (Continued)

Observations on THE ORAL PHASE

CHILD REARING ASPECT

Does she worry about germs?

When he uses his mouth to signal for help, does she respond as promptly as she can? Describe.

When he uses his mouth to try to say words, what does she do? Describe.

When he cries because his mouth hurts from teething, what does she do?

When he bites her, what does she do? Does she know why he bites her? (Most commonly because of teething pain.)

Has she taught him to express affection by kissing? Does she kiss him to express how much she loves him?

If weaning has been started, how does mother describe the experience?

Does she give the baby a night bottle? Why or why not?

SUMMARY OF VISIT

ELEVENTH VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on THE ORAL PHASE

HUMAN DEVELOPMENT ASPECT

Does the baby enjoy eating?

How does he show that?

Has he ever had any problems in sucking, or in digesting his food? If so, describe.

Does he like to suck, even after his stomach is full? If so, why?

Does he sometimes suck his thumb? If so, what does mother think about that?

Does he have a pacifier?

When he feels upset, does he use his thumb or a pacifier to comfort himself? Describe.

Does he put things into his mouth to explore them? What things?

Has he ever gotten into trouble by swallowing something harmful?

ELEVENTH VISIT (Continued)

Observations on THE ORAL PHASE

HUMAN DEVELOPMENT ASPECT

Is he beginning to use his mouth to communicate by making word-like sounds, babbling, or trying to say words?

Does he try to kiss mother and other family members? Who?

At what age did he get his first tooth?

Does his mouth appear to give him pain when he is teething? How does Mother know?

How does he seem to try to ease the pain of teething?

Does he sometimes bite? If so, what things?

If weaning has been started, how has he reacted to that?

Is he completely weaned from his daytime bottles or breast-feeding?

Does he still have a nighttime bottle?

ELEVENTH VISIT (Continued)

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on THE ORAL PHASE

CHILD REARING ASPECT

How does mother handle feedings:

Does she prop the bottle, or hold the baby?

Does she talk with him while he is feeding?

Is feeding a pleasant time for both?

If he has had any problems with eating, how has she handled them?

Does mother allow the baby to suck his thumb? Does she worry that this will make his teeth crooked?

Does she allow him to use a pacifier?

What does she think it does for him?

What does she do when he picks up objects off the floor and puts them in his mouth?

ELEVENTH VISIT (Continued)

Observations on THE ORAL PHASE

CHILD REARING ASPECT

Does she worry about germs?

When he uses his mouth to signal for help, does she respond as promptly as she can? Describe.

When he uses his mouth to try to say words, what does she do? Describe.

When he cries because his mouth hurts from teething, what does she do?

When he bites her, what does she do? Does she know why he bites her? (Most commonly because of teething pain.)

Has she taught him to express affection by kissing? Does she kiss him to express how much she loves him?

If weaning has been started, how does mother describe the experience?

Does she give the baby a night bottle? Why or why not?

SUMMARY OF VISIT

SIXTEENTH VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on THE ORAL PHASE

HUMAN DEVELOPMENT ASPECT

Does the baby enjoy eating?

How does he show that?

Has he ever had any problems in sucking, or in digesting his food? If so, describe.

Does he like to suck, even after his stomach is full? If so, why?

Does he sometimes suck his thumb? If so, what does mother think about that?

Does he have a pacifier?

When he feels upset, does he use his thumb or a pacifier to comfort himself? Describe.

Does he put things into his mouth to explore them? What things?

Has he ever gotten into trouble by swallowing something harmful?

SIXTEENTH VISIT (Continued)

Observations on THE ORAL PHASE

HUMAN DEVELOPMENT ASPECT

Is he beginning to use his mouth to communicate by making word-like sounds, babbling, or trying to say words?

Does he try to kiss mother and other family members? Who?

At what age did he get his first tooth?

Does his mouth appear to give him pain when he is teething? How does Mother know?

How does he seem to try to ease the pain of teething?

Does he sometimes bite? If so, what things?

If weaning has been started, how has he reacted to that?

Is he completely weaned from his daytime bottles or breast-feeding?

Does he still have a nighttime bottle?

SIXTEENTH VISIT (Continued)

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on THE ORAL PHASE

CHILD REARING ASPECT

How does mother handle feedings:

Does she prop the bottle, or hold the baby?

Does she talk with him while he is feeding?

Is feeding a pleasant time for both?

If he has had any problems with eating, how has she handled them?

Does mother allow the baby to suck his thumb? Does she worry that this will make his teeth crooked?

Does she allow him to use a pacifier?

What does she think it does for him?

What does she do when he picks up objects off the floor and puts them in his mouth?

SIXTEENTH VISIT (Continued)

Observations on THE ORAL PHASE

CHILD REARING ASPECT

Does she worry about germs?

When he uses his mouth to signal for help, does she respond as promptly as she can? Describe.

When he uses his mouth to try to say words, what does she do? Describe.

When he cries because his mouth hurts from teething, what does she do?

When he bites her, what does she do? Does she know why he bites her? (Most commonly because of teething pain.)

Has she taught him to express affection by kissing? Does she kiss him to express how much she loves him?

If weaning has been started, how does mother describe the experience?

Does she give the baby a night bottle? Why or why not?

SUMMARY OF VISIT

INFANCY (0 - 12 MONTHS)

AGGRESSION

PARENTING FOR EMOTIONAL GROWTH: UNIT 1 - 0 to 12

LABORATORY MANUAL

For LESSON PLANS for GRADES 9 THRU 12

HUMAN DEVELOPMENT AND CHILD REARING ASPECTS OF AGGRESSION

In your visits to observe aggression, you will see considerable development between your first and last visits. As we discussed in class, these are the types of aggression to look for:

Destructive aggression

1. **Non-hostile** kind -- e.g., chewing, pulling things apart to see what is inside.
2. **Hostile destructiveness** with obvious **pleasure** -- e.g., enjoying breaking things or teasing or outright hurting people or animals. (This may not be seen until the end of the first year of life.)
3. **Hostile destructiveness** with clear **unpleasure** experiencing -- such as when the infant is feeling overly hurt. He screams in protest of physical or emotional pain, and is calling for comfort and help.

Non-destructive aggression (or assertiveness) -- This positive form of aggression is seen when a child energetically lets what he wants be known, explores his environment, shows eagerness to learn, and pushes and reaches out to do things or relate to others.

When you see episodes of any of the above forms of aggression, try to detect what caused the aggressive response, tell how the infant expressed his feelings, what the mother did to help him and what the outcome was. Bearing in mind that anger from moderate unpleasure can grow into hostility unless it is responded to helpfully, do you see any worrisome signs of this? Or, on the other hand, does the mother seem successful in removing the pain, calming the child, and reestablishing an affectionate relationship (even when

she has to set a limit?) Note also the child's level of nondestructive or assertive behavior -- would you describe him as placid and unassertive, of medium nondestructive aggressive energy level, or very energetic nondestructive aggressive level child? Describe what the mother and other family members do to help the child become assertive in a reasonable way.

From what you see now, do you think your child is angered too often, is having a problem in coping with unpleasure, and stays angry too long? Do you think he is too morose? Does he have rage reactions? Is he developing the ability to experience anger and not be overwhelmed by it? Is his mother helping him to express anger reasonably, and to develop confidence that she is there to help. If you see rage reactions, how is the mother handling these? (Be sympathetic; it is very difficult to deal with.)

Is he beginning to assert himself as a self-respecting little person?

Use the observation summary sheet to write an evaluation of your child's level of aggression.

SIXTH VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on AGGRESSION

HUMAN DEVELOPMENT ASPECT

Does the mother think that the baby has any "**unpleasure**" experiences? (It is unavoidable even in the best of life conditions.)
What have been some of the **mildly** unpleasurable experiences?

Has the baby experienced **intensely** unpleasurable experiences? If so, what are they?

Can the mother tell from the baby's cry when he is really angry? How does she describe it?

Did you see the baby, in this visit, or in an earlier one, when he was really angry? If yes, describe (facial and vocal expressions, gestures, acts, etc.)

Could **you** feel the baby's anger?

Did he cry as if something very miserable was happening to him? Describe.

SIXTH VISIT (Continued)

Observations on AGGRESSION

HUMAN DEVELOPMENT ASPECT

Ask mother how old the infant was when he first cried "in a rage". What caused this?

At his present age, what experiences make him angry? (Whatever they are, there is always some degree of pain, physical or emotional.)

What does he do when the pain stops?

Does he recover quickly or stay angry for a long time?

How does he react when his mother restrains him from taking another child's toy or grabbing a cup of coffee?

Does he ever seem to want to hurt his mother, or other person, when angry? If so, how does he show this?

When he is recovering from anger, does he want to be comforted? If so, how does he show that?

Did you observe any examples of teasing behavior in which the baby seemed to enjoy hurting someone or breaking something? If so, describe.

SIXTH VISIT (Continued)

Observations on AGGRESSION

HUMAN DEVELOPMENT ASPECT

Did you observe any examples of **non-hostile destructive** activity (e.g., chewing, pulling something apart to examine it)? If so, describe.

How does your infant assert his wishes?

When hungry?

When having pain?

When he wants to be held?

When he wanted to explore, did he do it with energy and persistence? (He was being "aggressive" but not destructive.)
If he/she did so, describe what you saw.

If the infant seemed lacking in aggression energy (maybe appearing "lazy"), describe that.

SIXTH VISIT (Continued)

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on AGGRESSION

CHILD REARING ASPECT

Does Mother think that when the baby gets angry, there is always a reason? If not, how does she explain it?

How does Mother try to prevent unnecessary "unpleasure" experiences from happening to her infant?

If the baby goes into a rage because Mother is unavoidably late for a feeding, how does she help him get over it?

Did you observe an episode when Mother tried to remove the baby's pain? If so, describe.

What does she do if the baby tries to hit her when angry?

Does she think he is "bad" when he does this?

What does she do if she feels irritated by the baby's behavior? Does she let him know how she feels?

SIXTH VISIT (Continued)

Observations on AGGRESSION

CHILD REARING ASPECT

Does mother comfort the baby when he is angry, but holds out his arms to be held? If she does not, what does she do?

If she does this, does she believe that comforting prevents the anger from intensifying and becoming hostility?

Does it ever seem to her that he is crying for no reason?

What does she do if she can't get him to stop crying?

Does she feel that threatening to spank would make him stop?

When mother has to frustrate the baby to prevent him from getting into danger, or grabbing an object he may not have, how does she handle it?

How does she help him to control himself when in a rage?

SIXTH VISIT (Continued)

Observations on AGGRESSION

CHILD REARING ASPECT

Does she think it helps to explain reasons to him, even if he doesn't understand all the words she says? If so, why?

Does mother seem to enjoy seeing him assert his rights? Describe what you see.

Does she respond to his signals reasonably promptly when he is asserting them? Describe.

What ways does she find to encourage him to be assertive and to achieve things on his own?

How do other members of the family help him with both feelings of anger and hostility and feelings of asserting himself?

SUMMARY OF VISIT

TWELFTH VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on AGGRESSION

HUMAN DEVELOPMENT ASPECT

Does the mother think that the baby has any "**unpleasure**" experiences? (It is unavoidable even in the best of life conditions.)
What have been some of the **mildly** unpleasurable experiences?

Has the baby experienced **intensely** unpleasurable experiences? If so, what are they?

Can the mother tell from the baby's cry when he is really angry? How does she describe it?

Did you see the baby, in this visit, or in an earlier one, when he was really angry? If yes, describe (facial and vocal expressions, gestures, acts, etc.)

Could **you** feel the baby's anger?

Did he cry as if something very miserable was happening to him? Describe.

TWELFTH VISIT (Continued)

Observations on AGGRESSION

HUMAN DEVELOPMENT ASPECT

Ask mother how old the infant was when he first cried "in a rage". What caused this?

At his present age, what experiences make him angry? (Whatever they are, there is always some degree of pain, physical or emotional.)

What does he do when the pain stops?

Does he recover quickly or stay angry for a long time?

How does he react when his mother restrains him from taking another child's toy or grabbing a cup of coffee?

Does he ever seem to want to hurt his mother, or other person, when angry? If so, how does he show this?

When he is recovering from anger, does he want to be comforted? If so, how does he show that?

Did you observe any examples of teasing behavior in which the baby seemed to enjoy hurting someone or breaking something? If so, describe.

TWELFTH VISIT (Continued)

Observations on AGGRESSION

HUMAN DEVELOPMENT ASPECT

Did you observe any examples of **non-hostile destructive** activity (e.g., chewing, pulling something apart to examine it)? If so, describe.

How does your infant assert his wishes?

When hungry?

When having pain?

When he wants to be held?

When he wanted to explore, did he do it with energy and persistence? (He was being "aggressive" but not destructive.)
If he/she did so, describe what you saw.

If the infant seemed lacking in aggression energy (maybe appearing "lazy"), describe that.

TWELFTH VISIT (Continued)

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on AGGRESSION

CHILD REARING ASPECT

Does Mother think that when the baby gets angry, there is always a reason? If not, how does she explain it?

How does Mother try to prevent unnecessary "unpleasure" experiences from happening to her infant?

If the baby goes into a rage because Mother is unavoidably late for a feeding, how does she help him get over it?

Did you observe an episode when Mother tried to remove the baby's pain? If so, describe.

What does she do if the baby tries to hit her when angry?

Does she think he is "bad" when he does this?

What does she do if she feels irritated by the baby's behavior? Does she let him know how she feels?

TWELFTH VISIT (Continued)

Observations on AGGRESSION

CHILD REARING ASPECT

Does mother comfort the baby when he is angry, but holds out his arms to be held? If she does not, what does she do?

If she does this, does she believe that comforting prevents the anger from intensifying and becoming hostility?

Does it ever seem to her that he is crying for no reason?

What does she do if she can't get him to stop crying?

Does she feel that threatening to spank would make him stop?

When mother has to frustrate the baby to prevent him from getting into danger, or grabbing an object he may not have, how does she handle it?

How does she help him to control himself when in a rage?

TWELFTH VISIT (Continued)

Observations on AGGRESSION

CHILD REARING ASPECT

Does she think it helps to explain reasons to him, even if he doesn't understand all the words she says? If so, why?

Does mother seem to enjoy seeing him assert his rights? Describe what you see.

Does she respond to his signals reasonably promptly when he is asserting them? Describe.

What ways does she find to encourage him to be assertive and to achieve things on his own?

How do other members of the family help him with both feelings of anger and hostility and feelings of asserting himself?

SUMMARY OF VISIT

SIXTEENTH VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on AGGRESSION

HUMAN DEVELOPMENT ASPECT

Does the mother think that the baby has any "**unpleasure**" experiences? (It is unavoidable even in the best of life conditions.)
What have been some of the **mildly** unpleasurable experiences?

Has the baby experienced **intensely** unpleasurable experiences? If so, what are they?

Can the mother tell from the baby's cry when he is really angry? How does she describe it?

Did you see the baby, in this visit, or in an earlier one, when he was really angry? If yes, describe (facial and vocal expressions, gestures, acts, etc.)

Could **you** feel the baby's anger?

Did he cry as if something very miserable was happening to him? Describe.

SIXTEENTH VISIT (Continued)

Observations on AGGRESSION

HUMAN DEVELOPMENT ASPECT

Ask mother how old the infant was when he first cried "in a rage". What caused this?

At his present age, what experiences make him angry? (Whatever they are, there is always some degree of pain, physical or emotional.)

What does he do when the pain stops?

Does he recover quickly or stay angry for a long time?

How does he react when his mother restrains him from taking another child's toy or grabbing a cup of coffee?

Does he ever seem to want to hurt his mother, or other person, when angry? If so, how does he show this?

When he is recovering from anger, does he want to be comforted? If so, how does he show that?

Did you observe any examples of teasing behavior in which the baby seemed to enjoy hurting someone or breaking something? If so, describe.

SIXTEENTH VISIT (Continued)

Observations on AGGRESSION

HUMAN DEVELOPMENT ASPECT

Did you observe any examples of **non-hostile destructive** activity (e.g., chewing, pulling something apart to examine it)? If so, describe.

How does your infant assert his wishes?

When hungry?

When having pain?

When he wants to be held?

When he wanted to explore, did he do it with energy and persistence? (He was being "aggressive" but not destructive.)
If he/she did so, describe what you saw.

If the infant seemed lacking in aggression energy (maybe appearing "lazy"), describe that.

SIXTEENTH VISIT (Continued)

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on AGGRESSION

CHILD REARING ASPECT

Does Mother think that when the baby gets angry, there is always a reason? If not, how does she explain it?

How does Mother try to prevent unnecessary "unpleasure" experiences from happening to her infant?

If the baby goes into a rage because Mother is unavoidably late for a feeding, how does she help him get over it?

Did you observe an episode when Mother tried to remove the baby's pain? If so, describe.

What does she do if the baby tries to hit her when angry?

Does she think he is "bad" when he does this?

What does she do if she feels irritated by the baby's behavior? Does she let him know how she feels?

SIXTEENTH VISIT (Continued)

Observations on AGGRESSION

CHILD REARING ASPECT

Does mother comfort the baby when he is angry, but holds out his arms to be held? If she does not, what does she do?

If she does this, does she believe that comforting prevents the anger from intensifying and becoming hostility?

Does it ever seem to her that he is crying for no reason?

What does she do if she can't get him to stop crying?

Does she feel that threatening to spank would make him stop?

When mother has to frustrate the baby to prevent him from getting into danger, or grabbing an object he may not have, how does she handle it?

How does she help him to control himself when in a rage?

SIXTEENTH VISIT (Continued)

Observations on AGGRESSION

CHILD REARING ASPECT

Does she think it helps to explain reasons to him, even if he doesn't understand all the words she says? If so, why?

Does mother seem to enjoy seeing him assert his rights? Describe what you see.

Does she respond to his signals reasonably promptly when he is asserting them? Describe.

What ways does she find to encourage him to be assertive and to achieve things on his own?

How do other members of the family help him with both feelings of anger and hostility and feelings of asserting himself?

SUMMARY OF VISIT

INFANCY (0 - 12 MONTHS)

DEPENDENCE AND SELF-RELIANCE

PARENTING FOR EMOTIONAL GROWTH: UNIT 1 - 0 to 12
LABORATORY MANUAL

For LESSON PLANS for GRADES 9 THRU 12

HUMAN DEVELOPMENT AND CHILD REARING ASPECTS OF
DEPENDENCE AND SELF-RELIANCE

Human beings have dependency needs all their lives long. These needs are at their highest point during the first year of life. When they are adequately gratified, the child is able gradually to replace some of these needs with self-reliant, autonomous, independent actions. This process continues until in adulthood, the normal person can take care of him/herself self-reliantly, in most ways. In one respect, however, a person never outgrows a need to be dependent. There will always remain a need for supportive, loving relationships with the people close to him, first his parents and siblings, then other relatives, friends, and eventually with his/her own mate.

As we discussed in class, there are three basic areas where the infant has very strong dependency needs:

1. For physical care
2. For emotional nurture
3. For help in developing adaptation skills

When observing your infant, note what she/he can and cannot do for himself. How has her/his dependency level changed, if at all, from her/his first days of life? How does she/he react when mother responds to her/his signals for help or comforting? How does she/he react if Mother for some reason has to delay responding to the baby?

Does the mother seem to enjoy this almost-total dependence on her? Does she look forward to the time when the infant will be more independent? Does she seem tuned in with her infant's needs and signals?

In your summary, include your opinion of how well you think the child's dependency needs are being met, and to what extent you see signs of gradual movements toward self-reliance, autonomy, independence.

SEVENTH VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on DEPENDENCE

HUMAN DEVELOPMENT ASPECT

When the baby was born, was he one hundred percent dependent on his parents? (Did he depend on her for feeding? Digesting his food? Breathing? Keeping warm? Etc.)

Has this changed at all? If so, what can he do for himself now that he couldn't at birth?

How does he show that he depends on Mother and/or Father emotionally?

Does he signal very often that he wants to be held and cuddled?

How does he react when you do this?

SEVENTH VISIT (Continued)

Observations on DEPENDENCE

HUMAN DEVELOPMENT ASPECT

How does he react when he wants to be picked up and Mother or Father is too busy to do it then?

Have Mother and Father started to teach him things? If so, what?

Has he begun to show signs of wanting to do things for himself? Describe.

In what ways does he depend on other members of the family?

SEVENTH VISIT (Continued)

Observations on DEPENDENCE

HUMAN DEVELOPMENT ASPECT

When the baby signals that he wants to do something himself for example feed himself with a spoon, what does mother do?

Have you observed mother playing with the baby? If so, how do you think this meets some of his dependency needs?

Have you observed mother teaching something to the baby? If so, describe what she taught, and how the baby responded.

SEVENTH VISIT (Continued)

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on DEPENDENCE

CHILD REARING ASPECT

Does the mother seem to enjoy responding to all the dependency needs of the baby? To some, yes, and to some, no? Describe.

Does she sometimes find the 24 hour-a-day dependence on her exhausting?

What does mother do when the baby signals that he wants to be held?

What does she think holding does for a baby?

Does she ever worry that holding him often will spoil him, or make him too dependent on her?

SUMMARY OF VISIT

THIRTEENTH VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on DEPENDENCE

HUMAN DEVELOPMENT ASPECT

When the baby was born, was he one hundred percent dependent on his parents? (Did he depend on her for feeding? Digesting his food? Breathing? Keeping warm? Etc.)

Has this changed at all? If so, what can he do for himself now that he couldn't at birth?

How does he show that he depends on Mother and/or Father emotionally?

Does he signal very often that he wants to be held and cuddled?

How does he react when you do this?

THIRTEENTH VISIT (Continued)

Observations on DEPENDENCE

HUMAN DEVELOPMENT ASPECT

How does he react when he wants to be picked up and Mother or Father is too busy to do it then?

Have Mother and Father started to teach him things? If so, what?

Has he begun to show signs of wanting to do things for himself?

In what ways does he depend on other members of the family?

THIRTEENTH VISIT (Continued)

Observations on DEPENDENCE

HUMAN DEVELOPMENT ASPECT

When the baby signals that he wants to do something himself for example feed himself with a spoon, what does mother do?

Have you observed mother playing with the baby? If so, how do you think this meets some of his dependency needs?

Have you observed mother teaching something to the baby? If so, describe what she taught, and how the baby responded.

THIRTEENTH VISIT (Continued)

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on DEPENDENCE

CHILD REARING ASPECT

Does the mother seem to enjoy responding to all the dependency needs of the baby? To some, yes, and to some, no? Describe.

Does she sometimes find the 24 hour-a-day dependence on her exhausting?

What does mother do when the baby signals that he wants to be held?

What does she think holding does for a baby?

Does she ever worry that holding him often will spoil him, or make him too dependent on her?

SUMMARY OF VISIT

SIXTEENTH VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on DEPENDENCE

HUMAN DEVELOPMENT ASPECT

When the baby was born, was he one hundred percent dependent on his parents? (Did he depend on her for feeding? Digesting his food? Breathing? Keeping warm? Etc.)

Has this changed at all? If so, what can he do for himself now that he couldn't at birth?

How does he show that he depends on Mother and/or Father emotionally?

Does he signal very often that he wants to be held and cuddled?

How does he react when you do this?

SIXTEENTH VISIT (Continued)

Observations on DEPENDENCE

HUMAN DEVELOPMENT ASPECT

How does he react when he wants to be picked up and Mother or Father is too busy to do it then?

Have Mother and Father started to teach him things? If so, what?

Has he begun to show signs of wanting to do things for himself?

In what ways does he depend on other members of the family?

SIXTEENTH VISIT (Continued)

Observations on DEPENDENCE

HUMAN DEVELOPMENT ASPECT

When the baby signals that he wants to do something himself for example feed himself with a spoon, what does mother do?

Have you observed mother playing with the baby? If so, how do you think this meets some of his dependency needs?

Have you observed mother teaching something to the baby? If so, describe what she taught, and how the baby responded.

SIXTEENTH VISIT (Continued)

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on DEPENDENCE

CHILD REARING ASPECT

Does the mother seem to enjoy responding to all the dependency needs of the baby? To some, yes, and to some, no? Describe.

Does she sometimes find the 24 hour-a-day dependence on her exhausting?

What does mother do when the baby signals that he wants to be held?

What does she think holding does for a baby?

Does she ever worry that holding him often will spoil him, or make him too dependent on her?

SUMMARY OF VISIT

INFANCY (0 - 12 MONTHS)

THE DEVELOPMENT OF INTELLIGENCE

PARENTING FOR EMOTIONAL GROWTH: UNIT 1 - 0 to 12***LABORATORY MANUAL*****For LESSON PLANS for GRADES 9 THRU 12****HUMAN DEVELOPMENT AND CHILD REARING ASPECTS OF
BEGINNINGS OF THE DEVELOPMENT OF INTELLIGENCE**

One thing modern child development specialists have proved beyond a doubt: An infant is not, as formerly thought, "a blank page" on which parents can write instructions on how to grow up.

As a matter of fact, infants already are learning even while in the mother's uterus. Before birth, it is now believed, they learn to recognize their mother's voice. At birth they arrive with their senses alert, ready to take in, in a gradual way, information about their families and the world around them.

By the time they are two, with the help of their parents, they have become intelligent little people with a surprising amount of knowledge, a number of skills, and with well-developed memories. Even during the first twelve months they will have learned probably more new information than in any other twelve month period of their lives.

When you observe your mother and child, remember Piaget's finding that learning during this first year occurs primarily through the infant's senses and muscular systems; and Piaget's further conviction that successful learning is tied in with good emotional development. Observe whether the mother is being supportive of the child's emotional development as she teaches the child, and observe the quality of the child's mood as he responds to what the mother is teaching. In your summary, note whether the child seems to be as far along in mental development as you would expect for his age. If he is a bit slow, why do you think this is? If he is advanced, why? (Remember, children do mature at different rates; their inborn dispositions determine the rate of maturation, but parental handling can facilitate or retard any child's developmental rate.)

SEVENTH VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on BEGINNINGS OF INTELLIGENCE (including MEMORY)

HUMAN DEVELOPMENT ASPECT

How old was the child when Mother/Father first had the feeling that he was "taking in" some information about his environment?

What was he doing to make the parent think that?

How does he use his eyes for learning at the age he is now?

Can you and the infant's mother tell when he is listening and trying to understand? Can you and Mother describe how you/she can tell? What is his expression like then?

How does he use his hands to explore?

SEVENTH VISIT (Continued)

Observations on BEGINNINGS OF INTELLIGENCE (including MEMORY) **HUMAN DEVELOPMENT ASPECT**

Does he use his mouth to explore? Describe.

Have you seen him exploring his own hands and feet? Describe.

Have you seen him exploring his mother's body? Describe.

Have you seen him examining a toy? How does he do this?

If he sees a toy and wants to reach it, can he organize his movement to go after it?

SEVENTH VISIT (Continued)

Observations on BEGINNINGS OF INTELLIGENCE (including MEMORY) **HUMAN DEVELOPMENT ASPECT**

Have you seen any goal-directed activity on his part? (**Intending** to do something, and doing it.) If so describe.

Do you see any evidence of his learning **cause and effect** relationships? (E.g., push a toy off the bed, and watch it fall.)

Does he recognize members of his family who do not live with him, but visit often?

If he loves his bottle, do you think he can picture it in his mind? Does he reach for it?

Does he like to play peek-a-boo?

Does that teach him anything, as well as being fun? If you think it does, what do you think it is?

SEVENTH VISIT (Continued)

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on BEGINNINGS OF INTELLIGENCE (including MEMORY)

CHILD REARING ASPECT

Does Mother or Father encourage the child to explore? If so, how?

How does she/he protect the child from getting into dangerous explorations? Describe.

How does she/he handle it when his learning results in messes (e.g. he learns if he turns his cup upside down, the milk will spill?)

How does she/he know when the infant **intends** to do something (like spilling his milk) and when his "experiments" result in something unexpected and undesirable?

Does the baby try to feed himself? Does Mother or Father encourage this?

SEVENTH VISIT (Continued)

Observations on BEGINNINGS OF INTELLIGENCE (including MEMORY)

CHILD REARING ASPECT

Does the child know parts of his body? (E.g., will he point to his nose and eyes when asked to do so? If so, how did mother teach him this?

How does she teach him about things he can't see -- like the meaning of the word "hot"?

How does she help him develop his evocative memory?

What does father teach the baby? How?

What and how do the siblings (if any) teach him?

SUMMARY OF VISIT

THIRTEENTH VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on BEGINNINGS OF INTELLIGENCE (including MEMORY)

HUMAN DEVELOPMENT ASPECT

How old was the child when Mother/Father first had the feeling that he was "taking in" some information about his environment?

What was he doing to make the parent think that?

How does he use his eyes for learning at the age he is now?

Can you and the infant's mother tell when he is listening and trying to understand? Can you and Mother describe how you/she can tell? What is his expression like then?

How does he use his hands to explore?

THIRTEENTH VISIT (Continued)

Observations on BEGINNINGS OF INTELLIGENCE (including MEMORY)

HUMAN DEVELOPMENT ASPECT

Does he use his mouth to explore? Describe.

Have you seen him exploring his own hands and feet? Describe.

Have you seen him exploring his mother's body? Describe.

Have you seen him examining a toy? How does he do this?

If he sees a toy and wants to reach it, can he organize his movement to go after it?

THIRTEENTH VISIT (Continued)

Observations on BEGINNINGS OF INTELLIGENCE (including MEMORY)

HUMAN DEVELOPMENT ASPECT

Have you seen any goal-directed activity on his part? (**Intending** to do something, and doing it.) If so describe.

Do you see any evidence of his learning **cause and effect** relationships? (E.g., push a toy off the bed, and watch it fall.) Describe.

Does he recognize members of his family who do not live with him, but visit often?

If he loves his bottle, do you think he can picture it in his mind? Does he reach for it?

Does he like to play peek-a-boo?

Does that teach him anything, as well as being fun? If you think it does, what do you think it is?

THIRTEENTH VISIT (Continued)

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on BEGINNINGS OF INTELLIGENCE (including MEMORY)

CHILD REARING ASPECT

Does Mother or Father encourage their child to explore? If so, how?

How does she/he protect him from getting into dangerous explorations? Describe.

How does she/he handle it when his learning results in messes (e.g. he learns if he turns his cup upside down, the milk will spill?)

How does she/he know when the infant **intends** to do something (like spilling his milk) and when his "experiments" result in something unexpected and undesirable?

Does the baby try to feed himself? Does Mother encourage this? Does Father?

THIRTEENTH VISIT (Continued)

Observations on BEGINNINGS OF INTELLIGENCE (including MEMORY)

CHILD REARING ASPECT

Does the child know parts of his body? (E.g., will he point to his nose and eyes when asked to do so? If so, how did mother teach him this?

How does Mother or Father teach him about things he can't see -- like the meaning of the word "hot"?

How does she help him develop his evocative memory?

What does father teach the baby? How?

What and how do the siblings (if any) teach him?

SUMMARY OF VISIT

SIXTEENTH VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on BEGINNINGS OF INTELLIGENCE (including MEMORY)

HUMAN DEVELOPMENT ASPECT

How old was the child when Mother/Father first had the feeling that he was "taking in" some information about his environment?

What was he doing to make the parent think that?

How does he use his eyes for learning at the age he is now?

Can you and the infant's mother tell when he is listening and trying to understand? Can you and Mother describe how you/she can tell? What is his expression like then?

How does he use his hands to explore?

SIXTEENTH VISIT (Continued)

Observations on BEGINNINGS OF INTELLIGENCE (including MEMORY)

HUMAN DEVELOPMENT ASPECT

Does he use his mouth to explore? Describe.

Have you seen him exploring his own hands and feet? Describe.

Have you seen him exploring his mother's body? Describe.

Have you seen him examining a toy? How does he do this?

If he sees a toy and wants to reach it, can he organize his movement to go after it?

SIXTEENTH VISIT (Continued)

Observations on BEGINNINGS OF INTELLIGENCE (including MEMORY)

HUMAN DEVELOPMENT ASPECT

Have you seen any goal-directed activity on his part? (**Intending** to do something, and doing it.) If so describe.

Do you see any evidence of his learning **cause and effect** relationships? (E.g., push a toy off the bed, and watch it fall.)

Does he recognize members of his family who do not live with him, but visit often?

If he loves his bottle, do you think he can picture it in his mind? Does he reach for it?

Does he like to play peek-a-boo?

Does that teach him anything, as well as being fun? If you think it does, what is it?

SIXTEENTH VISIT (Continued)

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on BEGINNINGS OF INTELLIGENCE (including MEMORY)

CHILD REARING ASPECT

Does Mother encourage her child to explore? If so, how?

How does she protect him from getting into dangerous explorations? Describe.

How does she handle it when his learning results in messes (e.g. he learns if he turns his cup upside down, the milk will spill?)

How does she know when the infant **intends** to do something (like spilling his milk) and when his "experiments" result in something unexpected and undesirable?

Does the baby try to feed himself? Does mother encourage this?

SIXTEENTH VISIT (Continued)

Observations on BEGINNINGS OF INTELLIGENCE (including MEMORY)

CHILD REARING ASPECT

Does the child know parts of his body? (E.g., will he point to his nose and eyes when asked to do so? If so, how did mother teach him this?

How does she teach him about things he can't see -- like the meaning of the word "hot"?

How does she help him develop his evocative memory?

What does father teach the baby? How?

What and how do the siblings (if any) teach him?

SUMMARY OF VISIT

INFANCY (0 - 12 MONTHS)

THE DEVELOPMENT OF SELF AND HUMAN RELATIONSHIPS

PARENTING FOR EMOTIONAL GROWTH: UNIT 1 - 0 to 12***LABORATORY MANUAL*****For LESSON PLANS for GRADES 9 THRU 12****HUMAN DEVELOPMENT AND CHILD REARING ASPECTS OF****INTRODUCTION TO THE DEVELOPMENT OF SELF
AND HUMAN RELATIONSHIPS**

Given normal average expectable inborn givens, reasonably safe, comfortable enough and responsible living conditions, the child's emotional relationships to his mother and father (and other primary caregiver such as a live-in grandmother, for instance) are the most important factors that determine his present as well as his future well being. These relationships determine the quality of the child's trust, sense of autonomy, sense of initiative, sense of industry, and his stable self-identity and individuality. The better the child's first year, from the first days of life on, the greater the probability that the development of the self will be of good quality.

There is a direct cause and effect relationship. If the parents interact with their infant during the first years in a loving, respectful and helpful way, the child will respond to them and later to others, in the way he has learned from them. If a child is not fortunate enough to have this kind of relationship with his parents, he is more likely than the well cared for child to be headed for later problems as he tries to relate to peers and others. He may well require some special help to get his relationships with himself and with others, on the right track.

As you observe your mother-infant pair, note especially the quality of the interaction between them. Does it seem to be comfortable and emotionally warm? Do you see confirmation that the infant is in what Dr. Mahler called the Symbiotic Phase, when he has such a close attachment to his mother that he seems to feel as if they were one? How can you tell that he is attached to her in a special way?

Do you see signs that he is beginning to pull away in order to do things on his own? If so, describe his experiments in "separating.

EIGHTH VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on DEVELOPMENT OF SELF AND HUMAN RELATIONSHIPS

HUMAN DEVELOPMENT ASPECT

At what age did the baby first smile?

Did the first smile seem to be "for" anyone?

Was it a "feeling good" type of smile? (If you can't be sure, say that.)

When did he first beam a smile **especially** for **Mother**?

And for **Father**?

And for **siblings** (if he has any)?

At what age did he begin to show **stranger** responses?

Were these intense, moderate, or almost not visible? Describe.

Were some more intense for certain **people**? Detail.

Were some more intense when in certain **places**? Detail.

EIGHTH VISIT (Continued)

Observations on DEVELOPMENT OF SELF AND HUMAN RELATIONSHIPS

HUMAN DEVELOPMENT ASPECT

When having stranger responses, how did he react to being **re-united** with his mother?

At what age did he show a reaction to being **separated** from mother?

Describe his reaction to **separation**. (Ask the mother and/or observe it when, on your request, Mother leaves **for one minute**.)

Describe his (**reunion**) reaction when mother returns.

At the time of observation, is he still upset when separation from Mother or Father occurs? Describe.

Have you seen the child pull away from his mother, or try to slide off her lap, or crawl away as if to test how it feels to be separated from her?

EIGHTH VISIT (Continued)

Observations on DEVELOPMENT OF SELF AND HUMAN RELATIONSHIPS

HUMAN DEVELOPMENT ASPECT

Have you seen him come back to her for a "**re-fueling**" hug? Describe.

Have you seen him touch his mother's nose, eyes, and hair as if exploring? If you have, what do you think this means?

If he is old enough to crawl or toddle, does he appear to enjoy exploring? Describe.

At this point, can you tell whether he is aware that he is a different person from his mother? If so, how?

Have you seen the child interacting with other members of his family? If so, is there any difference in the way he relates to them, as compared with his mother?

To whom does he turn for comforting?

EIGHTH VISIT (Continued)

Observations on DEVELOPMENT OF SELF AND HUMAN RELATIONSHIPS

HUMAN DEVELOPMENT ASPECT

To whom does he turn for **playing**?

Does he seem to feel **valued** by his mother? How does he show this?

By his father? How does he show this?

How does he show it when he is feeling **comfortable** in the interaction with his mother?

With others?

How does he show it if there are **uncomfortable** moments in the interaction with her?

With others?

Do you think by now he is experiencing a **Secondary Relationship** with you? If so, describe.

EIGHTH VISIT (Continued)

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on DEVELOPMENT OF SELF AND HUMAN RELATIONSHIPS

CHILD REARING ASPECT

Describe Mother's response when her child smiles at her.

How does she respond when he has a "stranger reaction?"

How does she help him learn to get used to and accept new people?

How does she prepare him when she has to leave him for a time?

Has she ever had to be separated from him for more than a day? If so, how did she handle his reaction to the separation?

How does the mother feel about her child's moving off her lap, and showing signs of wanting to do things on his own?

How does she respond when he needs to come back for **emotional** re-fueling?

EIGHTH VISIT (Continued)

Observations on DEVELOPMENT OF SELF AND HUMAN RELATIONSHIPS

CHILD REARING ASPECT

Does Mother encourage her child to interact with Father? (This can be very important.) Describe.

And with others in the family?

Does **Father** hold, diaper, play with and talk with the baby? Describe.

What does **Mother** do to help the baby feel that he is a **very valued** person?

What does **Father** do?

Have parents begun teaching him how people and pets like to be touched and treated? How are they doing this?

Are they teaching him how **not** to treat people and pets? How?

Are they affectionate with him, and does he seem to be affectionate with them?

SUMMARY OF VISIT

THIRTEENTH VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on DEVELOPMENT OF SELF AND HUMAN RELATIONSHIPS

HUMAN DEVELOPMENT ASPECT

At what age did the baby first smile?

Did the first smile seem to be "for" anyone?

Was it a "feeling good" type of smile? (If you can't be sure, say that.)

When did he first beam a smile **especially** for **Mother**?

And for **Father**?

And for **siblings** (if he has any)?

At what age did he begin to show **stranger** responses?

Were these intense, moderate, or almost not visible? Describe.

Were some more intense for certain **people**? Detail.

Were some more intense when in certain **places**? Detail.

THIRTEENTH VISIT (Continued)

Observations on DEVELOPMENT OF SELF AND HUMAN RELATIONSHIPS

HUMAN DEVELOPMENT ASPECT

When having stranger responses, how did he react to being **re-united** with his mother?

At what age did he show a reaction to being **separated** from mother?

Describe his reaction to **separation**. (Ask the mother and/or observe it when, on your request, Mother leaves **for one minute**.)

Describe his (**reunion**) reaction when mother returns.

At the time of observation, is he still upset when separation from Mother or Father occurs? Describe.

Have you seen the child pull away from his mother, or try to slide off her lap, or crawl away as if to test how it feels to be separated from her?

THIRTEENTH VISIT (Continued)

Observations on DEVELOPMENT OF SELF AND HUMAN RELATIONSHIPS

HUMAN DEVELOPMENT ASPECT

Have you seen him come back to her for a "**re-fueling**" hug? Describe.

Have you seen him touch his mother's nose, eyes, and hair as if exploring? If you have, what do you think this means?

If he is old enough to crawl or toddle, does he appear to enjoy exploring? Describe.

At this point, can you tell whether he is aware that he is a different person from his mother? If so, how?

Have you seen the child interacting with other members of his family? If so, is there any difference in the way he relates to them, as compared with his mother?

To whom does he turn for comforting?

THIRTEENTH VISIT (Continued)

Observations on DEVELOPMENT OF SELF AND HUMAN RELATIONSHIPS

HUMAN DEVELOPMENT ASPECT

To whom does he turn for **playing**?

Does he seem to feel **valued** by his mother? How does he show this?

By his father? How does he show this?

How does he show it when he is feeling **comfortable** in the interaction with his mother?

With others?

How does he show it if there are **uncomfortable** moments in the interaction with her?

With others?

Do you think by now he is experiencing a **Secondary Relationship** with you? If so, describe.

THIRTEENTH VISIT (Continued)

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on DEVELOPMENT OF SELF AND HUMAN RELATIONSHIPS

CHILD REARING ASPECT

Describe Mother's response when her child smiles at her.

How does she respond when he has a "stranger reaction?"

How does she help him learn to get used to and accept new people?

How does she prepare him when she has to leave him for a time?

Has she ever had to be separated from him for more than a day? If so, how did she handle his reaction to the separation?

How does the mother feel about her child's moving off her lap, and showing signs of wanting to do things on his own?

How does she respond when he needs to come back for **emotional** re-fueling?

THIRTEENTH VISIT (Continued)

Observations on DEVELOPMENT OF SELF AND HUMAN RELATIONSHIPS

CHILD REARING ASPECT

Does Mother encourage her child to interact with Father? (This can be very important.) Describe.

And with others in the family?

Does **Father** hold, diaper, play with and talk with the baby? Describe.

What does **Mother** do to help the baby feel that he is a **very valued** person?

What does **Father** do?

Have parents begun teaching him how people and pets like to be touched and treated? How are they doing this?

Are they teaching him how **not** to treat people and pets? How?

Are they affectionate with him, and does he seem to be affectionate with them?

SUMMARY OF VISIT

SIXTEENTH VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on DEVELOPMENT OF SELF AND HUMAN RELATIONSHIPS

HUMAN DEVELOPMENT ASPECT

At what age did the baby first smile?

Did the first smile seem to be "for" anyone?

Was it a "feeling good" type of smile? (If you can't be sure, say that.)

When did he first beam a smile **especially** for **Mother**?

And for **Father**?

And for **siblings** (if he has any)?

At what age did he begin to show **stranger** responses?

Were these intense, moderate, or almost not visible? Describe.

Were some more intense for certain **people**? Detail.

Were some more intense when in certain **places**? Detail.

SIXTEENTH VISIT (Continued)

Observations on DEVELOPMENT OF SELF AND HUMAN RELATIONSHIPS

HUMAN DEVELOPMENT ASPECT

When having stranger responses, how did he react to being **re-united** with his mother?

At what age did he show a reaction to being **separated** from mother?

Describe his reaction to **separation**. (Ask the mother and/or observe it when, on your request, Mother leaves **for one minute**.)

Describe his (**reunion**) reaction when mother returns.

At the time of observation, is he still upset when separation from Mother or Father occurs? Describe.

Have you seen the child pull away from his mother, or try to slide off her lap, or crawl away as if to test how it feels to be separated from her?

SIXTEENTH VISIT (Continued)

Observations on DEVELOPMENT OF SELF AND HUMAN RELATIONSHIPS

HUMAN DEVELOPMENT ASPECT

Have you seen him come back to her for a "**re-fueling**" hug? Describe.

Have you seen him touch his mother's nose, eyes, and hair as if exploring? If you have, what do you think this means?

If he is old enough to crawl or toddle, does he appear to enjoy exploring? Describe.

At this point, can you tell whether he is aware that he is a different person from his mother? If so, how?

Have you seen the child interacting with other members of his family? If so, is there any difference in the way he relates to them, as compared with his mother?

To whom does he turn for comforting?

SIXTEENTH VISIT (Continued)

Observations on DEVELOPMENT OF SELF AND HUMAN RELATIONSHIPS

HUMAN DEVELOPMENT ASPECT

To whom does he turn for **playing**?

Does he seem to feel **valued** by his mother? How does he show this?

By his father? How does he show this?

How does he show it when he is feeling **comfortable** in the interaction with his mother?

With others?

How does he show it if there are **uncomfortable** moments in the interaction with her?

With others?

Do you think by now he is experiencing a **Secondary Relationship** with you? If so, describe.

SIXTEENTH VISIT (Continued)

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on DEVELOPMENT OF SELF AND HUMAN RELATIONSHIPS

CHILD REARING ASPECT

Describe Mother's response when her child smiles at her.

How does she respond when he has a "stranger reaction?"

How does she help him learn to get used to and accept new people?

How does she prepare him when she has to leave him for a time?

Has she ever had to be separated from him for more than a day? If so, how did she handle his reaction to the separation?

How does the mother feel about her child's moving off her lap, and showing signs of wanting to do things on his own?

How does she respond when he needs to come back for **emotional** re-fueling?

SIXTEENTH VISIT (Continued)

Observations on DEVELOPMENT OF SELF AND HUMAN RELATIONSHIPS

CHILD REARING ASPECT

Does Mother encourage her child to interact with Father? (This can be very important.) Describe.

And with others in the family?

Does **Father** hold, diaper, play with and talk with the baby? Describe.

What does **Mother** do to help the baby feel that he is a **very valued** person?

What does **Father** do?

Have parents begun teaching him how people and pets like to be touched and treated? How are they doing this?

Are they teaching him how **not** to treat people and pets? How?

Are they affectionate with him, and does he seem to be affectionate with them?

SUMMARY OF VISIT

***PARENTING FOR EMOTIONAL GROWTH: A CURRICULUM FOR
STUDENTS IN GRADES K THRU TWELVE***

**SAMPLE LESSON PLANS of
UNIT 2: THE TODDLER YEARS (1 to 3 YEARS)**

LESSON PLANS FOR GRADES 2 AND 3

Henri Parens, M.D., Director,
Elizabeth Scattergood, M.A.
Andrina Duff, M.S.S.
William Singletary, M.D.

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.

We owe the model for the structured lesson plans used in our curriculum to Harriet Heath, Ph.D., Sara Scattergood, A.B., and Sandra Meyer, B.A., Ed., who used such a model in their Introductory Curriculum: *Learning About Parenting Through Learning to Care* (1986).

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***PARENTING EDUCATION FOR EMOTIONAL GROWTH:
A CURRICULUM FOR STUDENTS IN GRADES K THRU 12.***

Lesson Plans for Unit 2, for **Grade 2-3**

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THE TODDLER YEARS: (YEARS 1 to 3)

PHYSICAL DEVELOPMENT: ADAPTIVE CAPABILITIES / HELPLESSNESS

CENTRAL NERVOUS SYSTEM AND SENSORI-MOTOR SYSTEM

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 2-3**

UNIT 2 -- THE TODDLER YEARS (1 to 3)

PHYSICAL DEVELOPMENT: ADAPTIVE CAPABILITIES / HELPLESSNESS
-- Part 1 (HUMAN DEVELOPMENT)

Reading for the Teacher: Textbook UNIT 2, pp. 6-11.

Objective

To help the students become aware of the enormous physical development that underlies the emotional development and adaptation which takes place during the first three years of life.

Class Discussion

Who knows a baby who was **just born**, or who is **under three months** of age? Students who do will tell the baby's name, age, and what the baby **can do**. (Answers may include they **can**

breath and suck,
eliminate ("go") in his diapers,
see and hear,
signal that he needs something by crying.

In what ways are these babies **helpless**? (They **cannot** get food for themselves, or walk, or ask for what they want in words, or go to the toilet.)

Who knows a baby who has had **his first birthday**? What has he **learned to do**? (He **can**

crawl, grasp a cup and spoon and try to feed himself;
say a few words, he can signal to his mother when he is hungry or needs help.
He can understand many things that are said to him;
he is curious, and explores by looking, reaching and crawling; he can hold toys in his hands, and explore them by putting them in his mouth.

He is very attached to his mother, father, brothers and sisters, and responds to others as strangers.)

In what ways are babies of this age still **helpless**? They **cannot** walk very well or run;
they do not yet have enough words to explain what they need;

they do not know what is dangerous and what is safe;
they still need to be bathed, clothed, diapered and helped with feeding.)

Who knows a baby who is **two years old**? What **can** a person of that age **do**? (He **can** walk, run, climb up and down stairs, pull things off shelves, talk in words and small sentences, feed himself, may or may not be able to use the toilet, can play with toys, can understand that he is allowed to do some things and not others, and can respond to the word "No". He can also say "No". He understands that boys and girls are different, and he knows which he is. He has a strong attachment to his family, and has made friendly relationships with a few people outside the family.)

In what ways is the **two year old** still **helpless**? (He **cannot** dress himself without help, needs help going to bed, using the toilet; in learning things, such as speaking in sentences, putting puzzles together, riding a tricycle; in understanding what activities are allowed and which ones are not allowed.)

Who knows a **three year old**? How is he different from a two year old? (He **can** speak in sentences, and sing some songs; he probably has accomplished toilet training; he is learning to play with other children; he is more able to separate from his mother, and go to nursery school with less distress than when he was younger; he can do things with his small muscles (hand manipulations such as putting together the pieces of a puzzles) and large muscles (arms, legs, and whole body movements such in riding a tricycle). He can dress himself with help; he is developing a sense of humor; he knows about sexual differences, and is curious about babies; he understands more about activities that are and are not allowed, and why; he has strong feelings of love and anger and even hate, and can express these.)

In what ways is the **three year old** still **helpless**? (He **needs** his parents to **help** him explore the world, to teach him how to do things, (e.g., to know which shoe goes on which foot, to protect him from dangerous activity, to help him learn how to get along with other people.)

Summary

The teacher will contrast the helplessness of the newborn, with the accomplishments of the three year old.

Outcome

The students will have a beginning understanding of the accomplishments in a child's development of the first three years.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 2-3**

UNIT 2 -- THE TODDLER YEARS (1 to 3)

PHYSICAL DEVELOPMENT: ADAPTIVE CAPABILITIES / HELPLESSNESS
-- Part 2 (CHILD REARING)

Objective

To review the material in the previous lesson; to consider ways that parents can promote physical development that underlies emotional development and adaptation in the first three years of life.

Class Activity: True-False Test

The teacher will first give a brief review of the physical development of infants during their first three years, then read out the following questions to which the students will respond, true or false.

A baby knows how to suck when he is first born. (True)

A newborn baby eats just three meals a day. (False)

When a baby, age three months, is lying in his crib, he is exploring with his eyes.
(True)

If you put your finger in a newborn's hand, he will grasp it and hold on tightly. (True)

A twelve month old child recognizes his mother, and no one else. (False)

A twelve month old child can crawl or walk, and likes to explore. (True)

A twelve month old knows what he is allowed to do, and what he is not. (False)

A child just turned two is curious about everything, and often gets into things he shouldn't. (True)

A two year old knows whether he is a boy or a girl. (True)

A two year old does not understand the meaning of the word "No". (False)

A child just turned three can read a book. (False, though with major exceptions.)

A three year old can talk in sentences. (True)

A three year old can understand why he is not allowed to do some things, like playing in the street. (Usually true.)

Further Class Activity:

The class will be divided into two groups. One half will respond to the question "What can parents do to help a baby grow and learn during his first three years?" (Answers, which the teacher may write on the board, should include among other things:

Give him the right kind of food, love and comfort him, show him how to use toys, talk with him, tell him the names of things, let him explore but show him what is dangerous, etc.)

The other group will respond to the question "What would not help a baby grow and learn?" (Answers may include not giving him the right kind of food, not letting him sleep enough, not letting him explore or not in safety, not teaching him, not encouraging him, not loving and respecting him, and comforting him when needed.

The teacher will summarize this material.

Outcome

The students will understand that the infant's physical development can be promoted by seeing that his health needs are met, by encouraging him to explore in safety and learn, and by giving him comfort, respect and love.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 2-3**

UNIT 2 -- THE TODDLER YEARS (1 to 3)

**PHYSICAL DEVELOPMENT: CENTRAL NERVOUS SYSTEM AND
SENSORI-MOTOR SYSTEM -- Part 1 (HUMAN DEVELOPMENT)**

Reading for Teacher: Textbook UNIT 2, pp. 11-15.

Objective

To attain a beginning understanding of the role the brain plays in the development of the sensori-motor system in the second and third years.

Class activity:

Brain Game: The teacher will speak of various people or animals that, of course, have brain, and of objects which do not. When she mentions an entity with brains, the students will raise their hands; when she mentions an object without brains, the students will slap their desks. The teacher might speak fairly rapidly so as to create some confusion and fun. E.g.,

Bears have brains
Bottles have brains
Babies have brains
Dolls have brains
Birds have brains
Cars have brains
Chairs have brains
You have brains

Discussion

What does your brain do for you?

If you didn't have a brain, would you know where you are?

Would you remember who your mother is, if you didn't have a brain?

Would you know that you would have lunch at noon?

Would you be able to skip rope or play softball?

Would you be able to feel how you feel today?

Would you be able to tell your friend "No, I don't want to hit Suzy, and don't you do it either!"

Teacher's Explanation

Luckily, we do have brains, right from the time our lives begin, and the brain grows and develops and helps us do more and more things as we grow older.

Between the ages of one and two, a baby's brain, and its roads (the nerves) on which its incoming and outgoing messages travel, are very busy.

These are some of the things the brain and its ability to receive and carry out messages do:

1. The brain helps the baby understand that he and his mother are separate persons. He gradually becomes able to picture his mother in his mind when she is out of sight.
2. The baby begins to develop his memory and can predict some things -- for example, that his mother will come back.
3. His brain helps him do things because he intends to do them -- like picking up blocks.
4. His brain teaches his hand muscles how to let go of things, such as his sister's hair. Last year he could grab, but he **couldn't** let go (due to the grasp reflex); now he can.
5. He is just beginning to be able to "make believe", to imagine and pretend.
6. His brain helps him to learn how to do things, such as pulling toys, and building with blocks.
7. His brain helps him to learn to walk and run.
8. His brain helps him to learn to talk.
9. His brain helps him to know and become attached to members of his family.

All during this year, he is practicing on these things, and by the age of two, he can do many of them quite well. Between two and three he has become even more skillful:

1. He can handle his spoon and fork, and eat the foods the family is having.
2. He had begun to know when he should use the toilet.

3. He can throw a ball, ride a tricycle, and put easy puzzles together.
4. He can talk in sentences, and can express love, anger and hostility in words.
5. He can use make-believe in his play. In fact his imagination is full of ideas!
6. He is learning how to play with other children.
7. He will understand that some activities he is allowed to do, and some he is not allowed to do.
8. He or she will have become aware that he or she is a male or a female and that some other people are female or male.

Outcome

Students will appreciate the activity of the brain during the second and third years of life, and the large scope of development during these years.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 2-3**

UNIT 2 -- THE TODDLER YEARS (1 to 3)

**PHYSICAL DEVELOPMENT: CENTRAL NERVOUS SYSTEM AND
SENSORI-MOTOR SYSTEM -- Part 2 (CHILD REARING)**

Objective

To learn how families can **support and optimize** the sensori-motor and cognitive development of their infants and with this, that **encouraging** the child's functioning is believed by some brain scientists to **facilitate** the brain's physical and functional growth.

Class Discussion

The students will be asked what they remember about what an infant learns, and how he develops between the ages of one and three. If some students have siblings in that age range, the students will be encouraged to give examples from their observations.

The teacher will summarize the discussion, and review the material presented during the previous class session.

Since an infant has so much learning to do, how can his parents and brothers and sisters help him? (Teach him, encourage him.)

Does it matter if family members help, and encourage a toddler's learning things, including beginning to develop skills? (Emphasize that some brain scientists believe that supporting and encouraging infants to learn things and to do things may well improve their brains' development.)

Does every baby learn as fast as every other baby? (No; each infant has his or her own schedule of maturation.)

Is a slower baby stupid? (No, some babies will talk sooner than others, some will walk sooner than others, but usually most catch up with one another by the age of six. If a baby is much slower than that, he may need special help.)

Dramatizations (The aim of this exercise is to emphasize that supporting, facilitating, and encouraging a child's efforts to learn is **optimizing not only of developing coping skills, but of actual brain development**. Caution: care and sensitivity in this type of exercise are warranted, if not wise.)

Two students will be asked to go to the blackboard, and draw a tree. For one student, the class members will clap, and say encouraging things. When the other student draws,

the class will look out the window and say nothing. The two "artists" then will tell how they are feeling about being encouraged or ignored.

Two students will sit on the floor pretending to be on the point of becoming toddlers. Each will struggle to his/her feet and try to take a few steps. One will be applauded, the other ignored. Each will tell how he/she feels.

One student will pretend to be a three year old who pulls a book off the teacher's desk. Another student will pretend to be a mother or father who scolds him harshly for this. A third student will pretend to be a mother or father who tells the child to not do this, that books are very valuable, and besides they belong to the teacher. Mother or father then helps the toddler by sitting down with him, showing him how to turn the pages without tearing them, asking him to tell her what he sees in the pictures, then showing him how to put the book back where it belongs.

Ask the first student taking the part of the toddler how he feels when the mother/father scolds harshly; and asks the other student how he feels when the second/father mother intervenes as she or he does.

Teacher's Explanation

Babies and toddlers are like us. They like to learn to do things and are happy when family members get excited about what they can do. Maybe even more important is that some brain scientists now believe that **encouraging** and **optimizing** the child's learning experiences may improve the good development of the child's brain.

If they would be ignored, and would feel that nobody cared, they would become discouraged. A discouraged person doesn't learn as rapidly as a person who when deserving of it is praised and appreciated, especially when he learns something new.

Outcome

The students will appreciate the role families can play in their infants' brains development.

THE TODDLER YEARS: (YEARS 1 to 3)

SLEEP - WAKE STATES PATTERNING

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 2-3**

UNIT 2 -- THE TODDLER YEARS (1 to 3)

SLEEP - WAKE STATES AND PATTERNING
-- Part 1 (HUMAN DEVELOPMENT)

Reading for Teacher: Textbook UNIT 2, pp. 16-26.

Objectives

1. To understand some of the major features of sleep at this age;
2. To understand that it is important to develop good sleep patterns; then,
3. To understand what factors may interfere with a baby's ability to sleep well, in order to find adequate ways to secure as best we can a baby's getting the proper rest needed for good growth and health.

Teacher's Presentation and Class Discussion

Today we shall talk about sleep.

You have been spending almost half of your life sleeping. Have you ever thought about why? ("Parents make us go to bed", "to help us grow", "to give us energy", "so we will keep healthy".)

Because our bodies need good rest, it is important to develop good sleeping patterns. By this we mean to eventually develop a "ritual" of going to sleep on one's own, to set things up to be able to fall asleep in reasonable time, and to get going to bed at a reasonable hour to insure that one gets enough of the rest needed.

Did you ever stay up until twelve o'clock? How did you feel? When did you go to bed last night? How do you feel today?

Did anyone in the class have a scary dream last night, or the night before? Describe it. How did you feel when you woke up?

Babies are like us. They need to have long enough to sleep, and it is better for them to have no scary dreams, although that cannot always be avoided, as we shall talk about in a little while.

Ask the children in the class who have toddler siblings to tell about their sleeping. Do they have naps, morning and afternoon? (One year olds may need both, two year olds may need only one.)

When are they put to bed at night? Does a baby need more sleep than you do? Why or why not?

Sometimes it is hard for babies to have a good sleep. Can you think what might give them a hard time? (**External physical factors:** T.V. too loud, people talking, bright lights, sick, too hot, too cold, hungry.)

In addition to all these things, there are some other factors which may disturb the baby.

1. When things aren't going well in the family, a child of any age will feel it, especially so from six months of age on. For example, if there are quarrels going on, they will make a baby afraid and tense. These too are "external" factors, they come from outside the child, but they are **familial external factors** or **relationship-based external disturbers**.

2. There are also factors that come from inside the child himself or herself. For instance,

a. A toddler still needs her mother very much, of course, and she will be anxious when her mother is away. Did you ever think of going to sleep as meaning that you have to separate from your family for a while? Well, sometimes a child is afraid to go to sleep, exactly because it means **being separated** from mother.

b. It is very normal for a child sometimes to be **angry** with mother or father. Sometimes if a child has been angry -- for example at mother for having left her to go shopping --, these angry feelings may cause the child to have **bad dreams** (nightmares), or even **night terrors**.

A night terror is different than a bad dream:

A **bad dream**, or nightmare, like dreams that are not scary, occurs during **light** sleep, when we are pretty close to becoming awake. So when a 1 to 3 year old has a bad dream it is fairly easy to wake them up and calm them down.

A **night terror** occurs when we are in **deep** sleep, out of which it is usually very difficult to wake the child, which means it is really difficult to calm the young child. You'll learn more about this in middle school.

Ask the students if they have known of any toddlers who have had trouble sleeping when left with a baby-sitter.

Why might this be? (Due to separation anxiety, and not uncommonly also due to being angry with the parents for having gone out; this anger will intensify separation anxiety.)

Everybody has dreams, even, we believe, dogs and cats. Have you seen them moving in their sleep, as if chasing or running away from something? Little children begin dreaming at a few months of age. Usually the dreams aren't frightening, but if the baby has some reason to be anxious, she can have dreams that are frightening.

c. Every little 2 to 3 year old girl has a time when she feels closer to her father than her mother, and when she often feels "mad" at her mother. Every little 2 to 3 year old boy has a time when he feels closer to his mother, and "mad" at his father. These feelings may upset children because of course they love the parents they are mad at, and worrying about this can give them bad dreams.

Next time, we shall think about how to help a toddler who has some trouble sleeping.

Outcome

The students will understand what some of the features of sleep are, and what major factors can interfere with much needed sleep.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 2-3**

UNIT 2 -- THE TODDLER YEARS (1 to 3)

SLEEP - WAKE STATES AND PATTERNING
-- Part 2 (CHILD REARING)

Objective

To learn how to help a child develop a good method for going to sleep as well as good sleep patterns and how to deal with sleep disturbers.

Class Discussion

Review briefly

- (1) Why good sleep is important,
- (2) that developing the ability to put oneself to sleep and do so in routine kind of way are important, and
- (3) what the major sleep disturbers are.

How can you tell when a child is having a problem sleeping? (She may protest being put to bed, may lie awake, may cry, may waken in the night calling, may have bad dreams or night terrors).

What would you do about Mary, who is 2 years old? When her mother tells her it's time to go to bed, she screams "No! No!", and kicks and cries when carried to the bedroom. (Consider whether she is being put to bed **too** early for her age and for her energy level. If so, try half an hour or even one hour later. If this does not change her reaction, look to see if she seems **anxious** (i.e., worried, afraid) about going to sleep. This could be due to fears, including fears of **bad dreams** and/or it could be due to leaving her parents (**separating**) in order to go to bed. In either case, ask her if something is worrying her about going to bed; **give her a chance to tell you**. Then, reassure her that Mom and Dad will be near, and that she will be all right. You would insist gently and firmly (firmly does **not** mean with **hostility**) that she go to bed and to sleep. Often, a calming bedtime story is very helpful; but first, she must calm down.)

What would you do about Jimmy, age 14 months? He has always been a good sleeper, but one night he wakes up every half-hour and cries. (Since this is something new, you would check him to see if there is some physical disturber going on, such as his being too hot or cold, or, is he sick? If he seems to be sick, he seems to you to be more hot than usual (he may have a fever) and you can't tell what is wrong, you would call the doctor. Until the doctor helps you out, you will need to try to comfort him. This is one time when a Mom or Dad, or both, not getting a good night's sleep is unavoidable. Don't blame the baby or yourself.)

What would you do about Richard who wakes up in the middle of the night frightened by a bad dream? (Wait a moment to see if he stops making upset sounds and falls back to sleep. If he cannot, go in and do the least thing needed to help him get back to sleep. Pat him gently, reassure him, stay with him until he drops off to sleep; don't pick him up, since that would waken him more. If he is fully awake, ask him to briefly tell you what the dream was about, then reassure him and tell him you can talk more about it in the morning.)

What if he was having a night terror? (In a night terror, as compared to a bad dream, the toddler will really sound terrified. He will scream. It may last only a few seconds, in which case you need do nothing for now. You can ask about it in the morning. But if his screaming continues, you **must** go into his room. Remember that he is in deep sleep. To calm him, you will need to wake him up. Only then can you reassure him.)

In summary whatever problem a child is having going to sleep or waking from sleep, try to find out what is causing it. If the TV is too loud, turn it down; if the baby is cold, give her another blanket; if she seems frightened, reassure her that you are there and won't let anything hurt her.

Can you think of some things that would not be helpful to a toddler with a sleeping problem? (Threaten to send her to bed if she does something she shouldn't; let the baby cry "to exercise her lungs"; spank her to make her stop crying; closing the door so you won't hear her cry; telling her to keep quiet without trying to find out her reason for crying.)

Most children can develop good sleeping patterns, if the parents

1. Set a bedtime that is reasonable for the child's age.
2. Stick to it regularly, except for special occasions.
3. Let the child know a few minutes in advance when bedtime is coming.
4. Have a bedtime routine -- washing, brushing teeth, a story and a kiss.
5. A soft night light in the child's room or hall is helpful. Young children do not need absolute darkness to sleep. In fact it may be easier for them to do so with a soft light on.
6. Reassure the child that parents are nearby.
7. Let the child know that she is expected to go to sleep; requests for more books and more drinks of water would be limited to one.
8. If the child awakens and cries, try to reassure her without picking her up, since that would only waken her more. In the case of a night terror, when the child cannot be

reassured in this way, it will be necessary to awaken her and help her put herself back to sleep.

9. Some three year olds may need to get up in the middle of the night to go to the bathroom, and may need help.

10. If the child needs a "comforter" (stuffed animal, bottle, blanket, etc.) this should be allowed.

Outcome

The students will have learned how to help a child organize a good sleep pattern, and how to respond to problems that arise.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 2-3**

UNIT 2 -- THE TODDLER YEARS (1 to 3)

**PHYSICAL DEVELOPMENT: ADAPTIVE ABILITIES / HELPLESSNESS
AND SLEEP - WAKE STATES AND PATTERNING**
-- Part 3 (VISIT OF MOTHER/FATHER AND CHILD)

Preparation for Visit

The mother will be informed that the visit will be focused on the physical and sensorimotor development of the child and on the baby's sleep issues. The teacher and mother will consider the best way to prepare the child for the visit.

The students will be instructed how to observe the toddler -- the ways he tries to do things himself (be self-reliant), the ways he is still somewhat helpless, his movements, his facial expressions, how he thinks, how he communicates his feelings. The teacher will review with the students the concepts pertaining to physical development, to rates of maturation and abilities to cope and to sleep issues learned in the preceding sessions.

Visit

The mother may be asked these questions among others:

- What can your toddler do that he could not do six months ago?
- Do you think if he loses a ball behind the couch that he remembers what it looks like?
- Do you think that he understands that he is a separate person from you?
- Do you think he knows that if you go to the store and leave him, that you will come back?
- How does he let you know when he wants something?
- How do you teach him to talk?
- Can you tell by looking at him what he is feeling?
- Does he sometimes act as if he wants to be very independent?
- Does he sometimes act as if he wants to be a little baby?
- Does he know that he can make things happen -- e.g., if he pushes the switch, the light will come on?
- Does he mind going to bed when it is time?
- Does he ever have bad dreams? What do you do then?

Following the Visit

The students will compare their observations, and discuss their impressions of the interview.

THE TODDLER YEARS: (YEARS 1 to 3)

FEEDING

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 2-3**

UNIT 2 -- THE TODDLER YEARS (1 to 3)

FEEDING -- Part 1 (HUMAN DEVELOPMENT)

Reading for Teacher: Textbook UNIT 2, pp. 27-30.

Objective

To become aware of the importance of developing healthful feeding habits and patterns during the toddler years.

Class Discussion

What kinds of food do parents give a one year old child? (Milk, juice, applesauce, junior baby foods, table foods softened.)

Have you ever seen a one year old child try to feed himself?

What do his face, and the high chair, and the floor look like after about a minute?

Why does his mother let him feed himself when he makes such a mess? (She knows he is trying to be self-reliant (independent) and do things himself, and she wants to encourage her or him in this.)

By the time a child is three, he can eat regular table food. He has had a lot of experience in feeding himself; his muscles are better coordinated now; he can handle a fork and spoon well, but will need some help in cutting his meat.

Even though he likes to be independent in feeding himself, he may want to do something you may think is very babyish: he may want to have a bottle when he goes to bed. Do you think this is a good idea? Why, or why not? (His wanting a bottle is usually not because he is hungry, but because it comforts him when he has to be alone away from mother. If he seems to insist on it, or seems troubled to not get it, it is a good idea to let him have it. Young children do not ask for a night-bottle unless they need self-comforting.)

Ask the children to name their favorite foods; also the foods they really dislike. Do you think that toddlers have likes and dislikes in food? How do they show it if they really dislike a food? (They turn their heads away, say "No", or they may throw up if forced to eat it.) If a child dislikes a food that is really good for him, should he be forced to eat it for his own good? (No, offer a substitute.)

What kinds of food help a child grow up to be a healthy adult? (Milk, fruits, vegetables, meat, bread, cereals).

What kinds of foods are **not** good for people? (Foods containing **too** much sugar, **too** much salt and **too** much fat.)

Name some foods that contain a lot of sugar. (Candy, frosted cakes, cookies, sodas, ice cream.)

Why is too much sugar bad for your health? (It makes you gain weight, can cause your teeth to decay faster, can hurt inside parts of your body.)

Does that mean that you never can have any candy or any cake or any ice cream! (No, a treat once in a while won't hurt, but don't overdo it.)

Name some foods that contain a lot of salt. (Salted peanuts, pretzels, salty crackers, potato chips.)

Why is salt bad for your health? (As you get older it may cause you to have high blood pressure.)

Name some things that contain a lot of fat. (Butter, French fries, mayonnaise, doughnuts, fried foods.)

Why is too much fat bad for your health? (It may cause you to gain too much weight, and clog up your arteries and lead to heart trouble when you are older.)

Why should we worry about these things when children are only two or three years old? (Children develop a taste for large amounts of fat or sugar or salt; they come to feel that they need these; then they may continue these patterns over many years into when they are older. For example, if their parents put a lot of salt on their food when the children are young, they will become used to this taste and may dislike less salted foods because these taste "different from the way Mom (or Dad) usually feed me". If children are given healthful foods which they can learn to enjoy just as much as those that are overly salted, overly sweet, or overly fat -- overly sweet foods may be an exception --, they soon will have eating habits that will give them healthy bodies now when they are young, and also when they are older.)

Outcome

Students will have learned the main categories of healthful and unhealthful foods; also that the eating patterns of the toddler years will have an effect on later health.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 2-3**

UNIT 2 -- THE TODDLER YEARS (1 to 3)

FEEDING -- Part 2 (CHILD REARING)

Objective

To learn how to help toddlers develop health-promoting eating habits and patterns; and to learn constructive ways of dealing with some feeding problems of toddlers.

Class Activity

The teacher will print on the blackboard: A GOOD BREAKFAST FOR ANDREW, AGE TWO.

The students will be asked for suggestions which, where appropriate, will be put on the board and discussed. They would include juice or fruit, cereal, milk, toast.

Then, A POOR BREAKFAST FOR ANDREW might include such things as a soda, doughnut, and fried bacon and eggs. The students will be asked why this breakfast is poor (too much sugar and fat, and not enough good things.) An egg now and then would be good if boiled or poached, or scrambled without much fat.

A GOOD LUNCH FOR ANDREW could include such things as milk, a tuna fish sandwich and a banana.

A POOR LUNCH FOR ANDREW might include a soda, fried hamburger, french fries and a candy bar.

A GOOD DINNER FOR ANDREW could include baked chicken or broiled hamburger, string beans, potatoes, an apple or a scoop of ice cream, and milk.

A POOR DINNER FOR ANDREW could include fried meat, potato salad, macaroni salad, bread with lots of butter and cake.

The teacher will help the students think about why some of these menus are good and others poor, stressing that if young children are given healthful food, they will develop a taste for healthful foods; if they are given foods with too much sugar, salt and fat, they will develop not only a preference for these but even a craving for them. Unfortunately some of these good tasting things really cause damage to people's bodies.

Ask the opinion of the students on the following matters:

1. Should a child be forced to sit and finish a meal, if he doesn't want to? (No, if a reasonable length of time has passed and the child indicates that he has eaten enough, making the child sit longer sets up a battle between parent and child and makes the child feel that mealtimes are unpleasant times. Unless they are sick, young children will eat when they are hungry. They just will not let themselves not eat as much as they need for good health.)

2. Should a parent tell a child that if he doesn't finish his lunch, he won't get any supper? (No, a two or three year old cannot picture how he is going to feel five hours later. Besides, a reasonable mother will know it would be unwise to enforce this when the time comes. Food is a necessity for life and should not be used for punishment.)

3. Should you bribe a child, e.g., "If you eat your carrots, you will get some candy after lunch." (Not a good idea. It is better to help a child understand that good food will make him feel strong and well, and grow up to be a healthy person. Bribing makes a child do things just for the reward; also, using candy as a reward leads to a fondness for something which in too large amounts will be harmful to him.)

The teacher will summarize ways that parents can help a toddler to develop habits that will help to keep him healthy now, as a teenager and adult.

1. Parents should model good eating patterns.
2. Give him well-balanced meals.
3. Avoid too much sugar, salt and fat.
4. Respect the child's likes and dislikes.
5. Make mealtime meaningful by talking about things that matter to the child and the rest of the family.
6. Introduce new foods gradually.
7. Avoid battles at meal times, of all kinds, and don't force feed or threaten punishment.
8. Limit sweets to occasional treats, and offer such things as nuts and fruits for snacks.
9. Respect the child's need for a nighttime bottle.

Outcome

The students will understand how a toddler can be helped to develop healthful eating patterns.

THE TODDLER YEARS: (YEARS 1 to 3)

AFFECTS

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 2-3**

UNIT 2 -- THE TODDLER YEARS (1 to 3)

AFFECTS -- Part 1 (HUMAN DEVELOPMENT)

Reading for Teacher: Textbook UNIT 2, pp. 31-39.

Objective

To learn what **affects** (feelings and the moods to which they give rise) toddlers are able to experience, including especially the now developing ability to **love** and to **hate**.

Teacher Presentation

All babies come into the world equipped with **feelings**, in addition to hands, feet, eyes, ears and internal organs. Think of some things a newborn can feel. (Hunger, fullness, heat, cold, all in all, they can feel **physical pain**. Newborns can also feel what scientists think are the earliest feelings of what someday soon **will become hostility**. For instance, when a newborn has to wait too long to be fed, he or she will eventually go into a **rage!** So newborns can show feelings of pain.

Very important is that they seem to **not yet be able** to feel or to show that they feel **joy** or **happiness** (feelings of pleasure)! Emphasize: they do feel pain; they show it! They seem not to feel pleasure; they do not show such; they show feeling **calm**. Bear in mind that feelings are **emotional expressions of experiencing** things (events) that are either physical or emotional or both.

From about a few weeks on infants begin to show new feelings. These feelings now begin to organize themselves into rather constant states. This is what **moods** are made of, steady feelings. Feelings that are predominantly good put the infant in a "good mood". Feelings that are predominantly of hurt, or pain, put the infant in a "bad mood".

The most important of the feelings that show themselves from a few weeks of age on, have to do with beginning attachment to mother and father or other caregiver, with **smiling responses** which show **pleasure**. As the attachment grows steadily, they also begin to show increasingly reliable feelings of **affection** (pleasure feelings) and separation, stranger **anxieties**, as well as **anger** (all displeasure or negative feelings).

It is **during the second year**, from about 1 and 1/2 years of age on, that **affectionate feelings of attachment gradually become feelings of LOVE**.

If a less than one year old has **many unpleasant experiences** he becomes more and more hostile, and has the automatic feeling, that comes from inside him, of wanting to

hurt the person who is making him feel all this pain. If this continues to happen too often, by the time the child is 1 and 1/2 years old he will begin to feel not just anger and hostility, but **HATE** toward his too neglectful or hurtful parent or other caregiver.

These, of course, are very serious feelings to have! Fortunately, small children are very forgiving, and the hate feelings will go away if the parent realizes the child feels very hurt, and the parent tries to make up for the hurt by now beginning to give him large doses of tender loving care (TLC).

Besides these two most important feelings, love and hate, there are two other important feelings which young children show. One is **sadness**. This is a mood of feeling "down" which comes over children sometimes, between the ages of one and two. It comes when a child becomes aware that he is a separate person from his mother, and although he likes being able to run around on his own, there are times when he feels very little and alone. This is when we see some sadness.

Shame is a feeling that comes when a child believes he is not living up to what his parents expect. 1 to 3 year olds often feel this when they are scolded by those who take care of them. It makes the child feel he is "no good", that he is not a valued person. If he feels that others don't respect him, he can't respect himself, and he can't accomplish what he wants to do. Shame is a very painful feeling.

Class Discussion

Why is love a good feeling to have? (It makes a person feel good, makes him feel valued and wanted, and able to do things; it makes him feel that he is good, that other people are good, and that the world is a friendly place.)

Why is hate not a good feeling to have? (It makes a person feel that he is not good; it feels bad inside to want to hurt someone you value and need; and, you feel not valued, not wanted.)

Class Activity

The class will divide into pairs of students. Each pair will consist of a mother or father, and a two and a half year old child. Each pair will act out one of the feelings (affects) displayed by this age child which the class is to guess. The student playing the parent will **say something** to demonstrate the giving of **love**, or the arousing of **hate**, or **shame**, or something that might stimulate **sadness**. The student playing the role of the child will respond facially and/or in words to what the parent says. Classmates will guess the feelings being dramatized.

Outcome

The students will understand what affects develop during the toddler years, and why they are important.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 2-3**

UNIT 2 -- THE TODDLER YEARS (1 to 3)

AFFECTS -- Part 2 (CHILD REARING)

Objective

To learn how by having an **empathic** approach to a child, a parent can contribute to the **positive** development of the child's feelings and moods.

Teacher Presentation

Have you ever heard the expression, "You should just try being in my shoes for a while"? What does that mean? (If you were to wear the other person's shoes, you would understand his problem, what he feels like.)

Luckily, we don't have to put on other people's shoes to understand them. All we have to do is **to be empathic**.

To be empathic, or **to have empathy**, toward someone means that you are letting yourself try to feel what that person is feeling, to understand what he is feeling by sort of feeling with him, by looking at him, trying to see the world as he sees it at any given moment. **If you have empathy** with a small child, you usually find that **you can better understand** what he or she could be experiencing, as a result you will better be able to help him or her grow and develop and better help with any problems she or he may be having.

Empathy Training Exercise

To be able to be empathic, or to have empathy, do the following:

1. Look at the child's face, **expressions, gestures, posture**.
 - a. What do these look like and make you feel. If you looked like that what might you be feeling?
 - b. **If you don't know**, put on the same expression, make the same gesture, take the same posture: what would **you** feel that would make you act so?

2. Listen to the **sounds** the 1 to 3 year old, or any age person, is making.
 - a. What do these sound like to you? How do they make you feel?
 - b. **If you don't know**, make the same sounds yourself. What would **you** feel like to make such sounds?

Empathy is like having a pair of magic glasses. When you put them on, you can understand much better why a child is behaving as he or she is. Let's think about Josephine, for example.

Josephine, age 2 years and 2 months, was playing with her toys when her mother told her that it was nap time. Josephine gathered her toys in her arms, turned her back to her mother, and refused to come. Knowing Josephine by now, her mother began to take the toys from Josephine, repeating that it was nap time. Josephine burst out with "I **hate** you, Mommy!"

If you were Josephine's mother and were **not** wearing your empathy glasses, what would you do about this behavior? (You might scold or spank her, or tell her she's a terrible girl, or tell her that she wasn't feeling the way she said she was feeling).

With your empathy glasses, what would you do? Remember you are trying to look at the situation the way Josephine seems to be feeling it. (You could say that you understand how she feels about your telling her she has to stop her play, and that at this moment she does hate Mommy. Mothers and children do get mad at each other at times, and sometimes even very nice little girls hate their mothers, but we love each other a lot, too. After the nap, you can play with your toys again.)

You remember last time we talked about the feeling of mild **sadness** a child gets sometimes when he feels separate from his mother and very small and alone. Pretend you and your 14 year old sister are baby sitters with your little neighbor, one year old Alan, whose parents have gone to the movies. Your sister is doing her homework with a friend on the telephone, and you notice that Alan is just sitting in his crib, wide-awake, but looking sad. Usually he smiles at you when you come into the room, but tonight he doesn't do this.

Without feeling empathic what might you do? (Leave him alone, go watch TV).

With empathy, what might you do? (Tell him you think he feels sad that Mom and Dad are out; you know what that feels like. But reassure him that Mom and Dad will be back, really. Stay with him a while, so he won't be so lonely; patting him gently on the head or the upper part of his back as he lays down could comfort him very nicely and make it a lot easier for him to fall asleep.)

Last time we also talked about the feeling of **shame** that children experience when they feel that aren't doing what is expected.

What would you do about Barbara, almost 3 years old, if you were her mother and were not feeling empathy with her? She drew a picture of Mommy, and ran to show it to her. Barbara being only almost 3, doesn't know how to draw well and the picture really looked pretty odd. What would her mother say that would make Barbara feel ashamed? ("That sure isn't a picture of me!" Or, "What's that? That's a terrible picture. You're not good at drawing!" etc.)

If her mother was feeling empathic with her, what would she say? (She could thank Barbara for drawing a picture of her, and encourage her to draw others.)

Using your empathy glasses, how would you help a newborn develop feelings of attachment and love? (Take good care of him, respect him as a person, understand his occasional feelings of rage, and give him a lot of love.)

Can a person your age develop empathy with other people? (Absolutely! You most likely have been using empathy without realizing it. You can increase it by trying to understand why people do the things they do, and by accepting and liking people who are different -- beginning with babies.

Outcome

The students will have developed an understanding of how their own capacity for empathy can help in eliciting positive feelings in children.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 2-3**

UNIT 2 -- THE TODDLER YEARS (1 to 3)

AFFECTS -- Part 3 (VISIT OF MOTHER/FATHER AND CHILD)

Preparation for Visit

The mother will be informed that the discussion will center on the toddler's **feeding** experiences, and on his **feelings and moods**.

The teacher will review with the students the material learned in previous lessons about the importance of a positive feeding experience and about the affects (feelings and moods) young children have.

The students will consider how to observe the affects the toddler may reveal during the visit (facial expressions, body movements, vocalizations [sound and words]).

Visit

The mother may be asked the following questions among others:

- Does your toddler enjoy his food?
- Are there some foods he dislikes? Do you think he should eat them anyway?
- What do you do if he doesn't want to?
- Can you tell how your toddler is feeling right now? How?
- How does he show his love feelings?
- What people does he love the most?
- Does he have different feelings for his family than he has for neighbors?
- Does he sometimes act as if he hates you? What brings that on?
- What do you think he is feeling inside when that happens?
- What do you do then?
- Does he ever act as if he feels ashamed? If so, what seems to make him feel that way?
- What do you do about it?
- Does he ever sit still, looking sad and lonesome?
- What do you think is on his mind when he does that?
- What do you do then?
- Do you talk with him about how he feels?
- Do you think he feels it when you don't feel well? If so, what feelings does he show then?

Following the Visit

The students will talk about what they learned about the toddler's feeding situation. They will also discuss what they thought the toddler was feeling when he first came into the room, how he felt later when he became accustomed to the room and the students, what feelings he expressed for his mother, and what feelings she showed toward him.

Issues raised by the interview with the mother will be reviewed and discussed.

THE TODDLER YEARS: (YEARS 1 to 3)

INTELLIGENCE

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 2-3**

UNIT 2 -- THE TODDLER YEARS (1 to 3)

INTELLIGENCE
SENSORI-MOTOR AND COGNITIVE ACTIVITY
-- Part 1 (HUMAN DEVELOPMENT)

Reading for Teacher: Textbook UNIT 2, pp. 40-45.

Objective

To familiarize the students with some ideas of how infants learn.

Teacher Presentation

If you were to meet me one day in the supermarket, what would you say? ("Hello, Ms."). Your speaking to me would show that you recognize me. **Recognizing** is one of the key factors in learning, especially in how a baby learns. When just tiny, an infant recognizes his mother's step, her voice, her face, and the way she comforts, cuddles and handles him. Gradually he recognizes the other people in his family, and relatives and friends.

But for the first twelve months or so of his life he has a problem. He is happy to recognize his favorite people when he sees them, but if they go out of his sight he feels anxious because he then thinks they have totally disappeared. Unlike you, **he can't yet picture in his mind** how they look when they are not there, and he doesn't know that they will return, and that gives him a panicky feeling. From about one year of age on, he begins to be **able to remember** what his mother and other relatives look like, even when they are **not** right there, and gradually he then begins to understand that if they go away they will come back. This ability to remember what a person looks like when you can't actually see them is called **Person Permanence**. When you play peek-a-boo with a baby, you are helping him develop person permanence because every time you hide your face, you uncover it again for him, and he sees you both appearing and disappearing.

When the infant is about fourteen months of age, if a ball rolls behind the couch, he can now remember what it looks like, and he can search for it. With this, he seems to be able to realize that it hasn't just disappeared that it isn't just gone away forever. This is called **Object Permanence**.

Class Discussion

In the first few months before a baby can understand what you say, and before he has developed person permanence, does it do any good to tell him that you are going

shopping, and will come back? (Yes, even though he may not understand your words, he will get some reassurance from your tone and manner).

Wouldn't it be better just to slip out, and hope that he wouldn't notice? (Absolutely not, because he needs to develop trust in you. Over a period of time, he will realize that if you say you will come back, you will! But if you slip out, and you've suddenly just disappeared, like magic, he will feel that he doesn't know what he can count on).

How could you help a child with his job of developing object permanence? (Playing with toys, naming things for him).

Other Ways of Learning

If you have observed a child between one and three, you will have noticed how busy he always is. He works as hard as his parents! His mind has developed to the point that he can intend to do something, and get right at it. He sees a pile of blocks. When very little, he will put one block in his mouth, explore it that way and then drop it. Later, (ages 1-3) when he sees the pile of blocks, he intends to build a tall pile, and does so. This helps him learn about sizes and shapes, and about building things and about things falling down.

He also learns that when he can make things happen. This is because he has come to learn that when he does certain things, it can cause something to happen. This is called **causality**. For instance, if he turns the switch on the lamp, the light will turn on; if he pushes his glass of milk over, he will have caused a mess.

During the period of 1 to 3, especially from the end of the second year on, a child learns about **make-believe**. He can be a barking dog one minute, and a doctor giving a shot the next. This ability to do make believe helps him to understand how other people feel.

One of the most important human abilities is **speech**, to communicate using words. Babies start developing speech ability in the first months of life. They listen with interest, imitate sounds and speech rhythms in "conversation" with their mothers, and gradually begin to understand what their parents say. By one year, most babies have begun to say a few words, and by three, most children can both talk and **ask questions**. Being able to put their curiosity into words helps them learn rapidly.

Review the concepts discussed today, and ask the students to give examples of these behaviors (from observation or their own imagination):

1. Recognition
2. Person Permanence
3. Object Permanence

4. Ability to intend to do something, which is **intentionality**.
5. Understanding that doing some things causes other things to happen, which is **causality**.
6. Ability to use make-believe.
7. Learning to talk.

Outcome

The students will have learned about some of the basic tools infants use in their learning.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 2-3**

UNIT 2 -- THE TODDLER YEARS (1 to 3)

INTELLIGENCE
SENSORI-MOTOR AND COGNITIVE ACTIVITY
-- Part 2 (CHILD REARING)

Objective

To review the tools of infants' learning, and to understand how families can **optimize** their development.

Review

What do we mean by the word "recognize"? Who is the first person a baby recognizes? How does he show this?

What do we mean by the word "permanent"? What is "person permanence"? Why is it important? (Babies need to know that their parents are always there for them, whether they can see them or not. This will help them feel that forming relationships is a worthwhile thing because relationships last and make one feel valued, useful, and loved.)

What is "object permanence"? What would happen if a person never could develop object permanence? (He would never be able to find anything he lost, because he wouldn't remember what the object looked like. Even more important, he would not remember all the things he is learning in school and so would never get to really be a person who knows a lot of things.)

Give an example of a two year old "intending" to do something. (Intentionality) (e.g., Pull on his own socks).

Give an example of a three year old showing us that he knows how to make something happen. (Causality) (e.g., Turning on the faucet to make water run.)

Why does make-believe help a child learn? Suppose he is pretending to be a doctor, how can he learn from that? (He will learn what the doctor does by asking questions and by recalling his own visits to the doctor; he will experience the feeling of what it might be like to be a doctor.)

How does learning to talk help him learn other things? (It gives him words with which he can tell others what he wants, ask questions, and explain his ideas).

Class Discussion

If an infant were well fed, bathed, tucked into bed with a good-night kiss, but most of the day left in his play pen with a few toys, would his mind develop? (Yes, but at a slowed down rate. He would use his eyes to explore the room; he would explore his toys by putting them in his mouth, and later by manipulating them to see how they work; he would listen to others talking, and would gradually understand what they are saying; he would try to imitate words that were said to him while he was being fed and bathed.

But he would not have opportunities to enlarge his field of exploration; things he could see, he would not be able to get his hands and mouth on which would limit his "learning" about these things.

But, maybe even the most important is this: he would not develop as well the ability to let others teach him, a very important thing to learn to do. When parents interact with their young children in their learning, and especially when they make it a **pleasant** experience, such as a mother or father reading a child a book, or helping the child build a tower, the experience of **learning itself becomes more fun!** And later, **teacher will be thought of as helpful people rather than people who are not interested in you.**

Even though there is something inside every child that pushes him to learn, help is a good idea! And most parents and brothers and sisters give babies a whole lot of help. What are some of the ways they do that?

1. With **recognizing**: An infant soon will recognize his parents and brothers and sisters because he sees them every day, and is talked to and cuddled by them. Grandparents and other relatives should be introduced to him gradually. He will come to recognize them sooner if they don't frighten him by grabbing him out of his crib, hugging him too hard, or talking with him too loudly.
2. With **person permanence**: The most important help in this is to be trustworthy about comings and goings. No tricks! Tell him that you are leaving and remind him when returning that you said you would come back, and here you are. Peek-a-boo games, and reminding the infant of the names of relatives and friends he doesn't see very often, also help.
3. With **object permanence**: It helps to play games that involve losing and finding things; to repeat the names of things; to show pictures in books, and encourage him to name what he sees.
4. With **intentionality**: Encourage him when he shows a wish to do something himself (feed himself, pull up his jacket zipper).
5. With **causality**: show him how things work, e.g., a jack-in-the-box, light switches, elevator buttons, toilet flushing. Encourage him to operate things, when it is safe for him to do so.

6. With **make-believe**: Join in make-believe games with him. When he chooses to be something else, e.g., a cow, talk with him about what cows eat, where they sleep, and what they give us, how they communicate with each other.

7. With **language**: Talk often with the baby. Real words are better than baby talk. Family conversations at meals help not only the infant but the whole family; children learn a great deal from hearing people talk with one another. Explain the meanings of words; read stories; encourage the child to express himself, don't make fun of his mistakes, but praise his efforts.

Outcome

The students will understand that the development of a child's intelligence can be supported and aided by members of his family.

THE TODDLER YEARS: (YEARS 1 to 3)

SELF AND HUMAN RELATIONSHIPS

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 2--3**

UNIT 2 - THE TODDLER YEARS (1 to 3)

SELF AND HUMAN RELATIONSHIPS
CONTINUATION OF SEPARATION - INDIVIDUATION
-- Part 1 (HUMAN DEVELOPMENT)

Reading for Teacher: Textbook UNIT 2, pp. 46-82

Objective

To help the students gain an understanding of how an infant develops the awareness that he is a person separate from his mother.

Class Discussion

The teacher will write the word "Individual" on the board, and ask if anyone knows what it means. Clarify this, and then add the words "Individuation -- becoming an individual."

Do you think a six month old infant knows that he is an individual? What does he feel about himself? (That he is part of his mother.)

Is this a good feeling? If it is a good feeling, why doesn't he just stay that way? (Nature gives us all an urge to grow up.)

How does that six month old baby learn that he is an individual, separate from his mother?

1. He starts by sometimes turning from her when he is on her lap, and looking at things that interest him in the room. Then he begins to crawl and take little trips on his own, away from his mother's chair.

2. Then, between the ages of about seven to eighteen months, he acts as if he has a motor inside him. He wants to explore everything. He learns to walk, and is delighted about the power this gives him to move around. He gets so interested in what he is doing, that sometimes he forgets all about his mother for a few minutes at a time. Then he may remember, turn to look at her and toddle back to her for a hug and after that, go back to his play. He is learning that it is fun to do things on his own. During this time, he is doing things as a separate individual, but he doesn't realize yet that he is one.

Does anyone in the class know a baby that is between 6 and 18 months of age? (Ask any students who do, to tell the infant's age, and describe what they have observed about his/her behavior.)

3. One day, when the infant is about 18 months of age, he makes a worrisome discovery. He realizes that he is not part of his mother, and this makes him feel small and helpless and scared. Just the same, that "motor" is still on inside, pushing him to explore, learn and grow up. So for a few months, he and his mother have a hard time together. One minute he will be anxious, and will want to be a small baby cuddled on his mother's lap; the next minute he will want to be a big boy and do what he wants to do. Sometimes mother has to stop him when what he wants to do is dangerous and this makes him angry. It makes him all the more unhappy to be angry at his mother, toward whom he now feels love.

Gradually he learns to talk and it helps to put into words what he is feeling and what he wants to do. Two of the words he uses a great deal are "No" and "Mine". These words tell his family that he is beginning to realize that he is a person who has rights. It also gives the idea that he is feeling that if he can't have his mother in the way he used to, he will try to make up for it by accumulating as many things as he can. You may have heard a mother tell about the battles of wills she and her two year old are having. That isn't much fun because a parent does have to set limits at times, but it is good to know that a child who asserts himself is being normal.

Does anyone in the class know a child between 1 1/2 and 2 1/2 years of age? If so, describe the child's behavior as you have observed it.

4. By the age of three years, things are much better. The child has a much clearer idea that he is a person who can do things, that he is a separate person from his mother, but that she and his father love him. When they are away, he can picture in his mind what they look like, and he has confidence that they will come back. When he loses a toy he can remember what it looks like, and can hunt for it. He can talk better and ask questions, and there are fewer battles of wills.

Does anyone know a child who is three years old? Tell us what he is like.

This whole development between the ages of six months and three years, is called the **Separation-Individuation Phase**. This tells us that the child has been growing aware gradually that he is **separate** from his mother and that he is an **individual**.

Outcome

The students will understand how the child's relationship with his mother and with himself changes during the Separation-Individuation Phase.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 2-3**

UNIT 2 - THE TODDLER YEARS (1 to 3)

SELF AND HUMAN RELATIONSHIPS
CONTINUATION OF SEPARATION - INDIVIDUATION
-- Part 2 (CHILD REARING)

Objective

The students will gain a further understanding of the Separation-Individuation Phase, and will learn how the child's development at this period can be optimized.

Review

The meaning of the words "individual", and "Separation-Individuation"; also the material from the previous lesson regarding the development of this phase.

Class Discussion

An infant has a big growing up job between the ages of six months and three years, and needs all the help he can get.

If you were the big sister or brother of Peggy, age six months, how would you help her when, in a very small way, she begins to separate from her mother by crawling away? (Encourage her crawling, but protect her; when she has forgotten where her mother is, turn her toward her; never sneak out on her.)

When Peggy becomes a year old, and that inside "motor" of hers is driving her all over the place, how would you help her? (Remember that she doesn't think the way you do; she thinks everything is to be explored, whether it is dangerous, like a hot stove, or breakable, like mother's best vase. It would only discourage Peggy to be told "No" and pulled away all the time. With the stove she has to be told "No" and pulled away, but breakable things should be kept out of her reach so that she can explore with enjoyment. When she is exploring, it helps her if names and uses of things are explained to her. Even though she spends a great deal of time exploring there will be many moments when she needs to toddle back to mother for a hug. If mother is not right there, a big brother or sister can do this very well. We call this time out for a hug "re-fueling"; like putting gas in a car, it gives Peggy energy to go back to her activities.)

What would you do to help Peggy when she becomes eighteen months of age, and is beginning to realize that she is a separate person from mother? Sometimes she wants to be a little baby, and other times she wants to be a big girl. It is like a tug-of-war game, only it isn't any fun. It upsets her, because often she doesn't know which she wants.

(Ways to help Peggy could include understanding what she is feeling, not getting annoyed with her when she changes her mind every minute; cuddling her when she seems to need cuddling, and letting her be independent when she seems to want to do things herself; giving her praise and encouragement when she learns to do something; teaching her how things work, and helping her learn to talk; being affectionate with her, so she can realize that even if she isn't part of mother, mother and all of her family love her; letting her have a special comforter of her choice -- blanket or pacifier -- if she needs it; helping her understand the ideas of "mine" and "yours".)

How can you help Peggy when she is three, and has become used to the idea that she is a separate person from her mother? (Help her feel good about herself by showing affection, and praising her accomplishments; help her increase her range of friends, by introducing other people gradually and by showing her how to play and talk with them; playing games with her, such as Hide and Seek, to help her remember what is out of sight; and make-believe games in which she takes the part of mother or father, or friends or pets.)

True - False Test

1. When Peggy was born, she didn't know that she was an individual.
2. By the time she was six months old she had a clear idea that she was a separate person from her mother.
3. When Peggy would get down off her mother's lap and crawl away at seven months of age, that showed that she was angry at her mother.
4. Even when she was crawling away from her mother across the room, she did not know that she was a separate individual.
5. Peggy at twelve months was full of energy, and wanted to explore her world.
6. At that age, Peggy did not have good judgment about what things she could touch and play with, and what things she shouldn't touch.
7. Spanking is the best way to teach a child not to touch breakable things.
8. Even if a child doesn't understand everything you say when you try to explain things, explaining is a good idea.
9. A child's explorations should be encouraged.
10. Small children break things on purpose.
11. Between eighteen months and three years of age, a child gradually realizes that he/she is a separate person from mother.

12. The child has very mixed feelings about that.

13. When the child is in one of his moods when he wants to cling to mother, it is a good idea to shame him out of it and tell him to grow up .

14. Children should not be allowed to take a dirty old blanket, or a pacifier to bed with them.

15. By the time they are three, most children realize that they are individuals and that even if they are separated from mother, they can be close to her.

16. By age three, most children can remember what lost objects look like.

17. By age three, most children are clear about who they are, and who their family members are.

Outcome

The students will have an understanding of the needs of the child in the Separation-Individuation Phase, and how their needs may be met.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 2-3**

UNIT 2 - THE TODDLER YEARS (1 to 3)

SELF AND HUMAN RELATIONSHIPS
CONTINUATION OF SEPARATION - INDIVIDUATION
INCLUDING THE DEVELOPMENT OF INTELLIGENCE
-- Part 3 (VISIT OF MOTHER AND CHILD)

Preparation for Visit

The mother will have been informed that the students will focus primarily on the toddler's development of memory, language, fantasy, and on his efforts to become an individual person.

The teacher will review with the class the "learning tools", and the separation-individuation subphases learned in the previous lessons.

There will be discussion of what to look for, and what questions they may wish to ask the mother.

Visit

The questions asked of the mother may include the following, among others:

- How old was your toddler when he showed clearly that he recognized you?
- Now does he recognize persons outside the family?
- Is he old enough to picture in his mind what a toy looks like that he wants to find?
- Does he seem to know that he can make things happen -- for instance, if he pushes the switch the light will come on? Does he enjoy making things happen?
- Is he old enough to play make-believe? Who plays with him?
- Is your toddler a great explorer?
- What does he learn in his explorations?
- Does he sometimes have to be rescued from dangerous situations?
- How does he react when you have to pull him away?

(If the toddler is 16 to 24 months of age)

- Does your toddler sometimes act as if he wants to be a tiny baby one minute, and a big, independent boy the next -- and a tiny baby again the next?
- What do you do when he behaves like that?

- Does he say "No" a great deal?
- How about the word "Mine"?

Is he sometimes quite fierce about wanting his own way?
What do you do about that?

Do you think that your toddler realizes that he is a separate person from you?
Does he understand who is in his family, and who is not?

When you go out, do you tell him, and let him know that you will come back? Do you think he believes this?

How does he show what he is feeling?

In other aspects of his life, is there anything special to report?

Following the Visit

The students will discuss their observations, and the main points that emerged from the mother's report.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 2-3**

UNIT 2 - THE TODDLER YEARS (1 to 3)

SELF AND HUMAN RELATIONSHIPS
THE EARLIEST RELATIONSHIPS -- Part 1 (HUMAN DEVELOPMENT)

Reading for Teacher: Textbook UNIT 2, pp. 46-82.

Objective

To introduce the concepts of **Primary** and **Secondary** Relationships.

Class Discussion

The teacher will explain the meanings of

Primary: First, and also most important.

Secondary: Second, important but not as important.

Can you think of some things which are of Primary importance to you? (Answers may include parents, home, siblings, safety, food and shelter, good health, education.)

Can you think of some things that are of Secondary importance to you? (Answers probably will include friends, schoolhouse, really nice clothing, sports, good television programs; other possibilities could be going to the store, taking a shower, talking with a neighbor.

In a family, the **Primary Relationships** are the ones most important to us. Who would they be? They are those people who mean the most to us: mother, father, brothers and sisters, someone who takes care of us a lot.

Outside the family, we have mostly **Secondary Relationships**. We can like our Secondary Relationships very much but they aren't as close to us as those in our own family. A nice neighbor you like, your favorite friends, aunts, uncles, cousins, teachers you like.

Sometimes, however, things can change. If a grandmother who lived a thousand miles away was a Secondary Relationship, and then moved in with the family, she probably soon would become a Primary Relationship.

Class Activity to Heighten Empathy

1. Imagine that you are a tiny baby, and you are just beginning to realize that you have a family.

Who is (or are) the person(s) you get acquainted with, and attached to, first?

What does (do) that (these) person(s) do with and for you?

How do you feel toward that person (these persons)?

Who is or are your next favorite person(s)?

Why?

What does or do that (those) person(s) do with you?

You have a sister, age 4, and a brother, age 8. What do they do with you?

These are all Primary Relationships.

They are very important because: they make you feel loved and you value them very much.

They help you when you need help, teach you things, they play with you.

They tell you what you can do, and what you are not allowed to do.

Sometimes you feel very angry with those with whom you have a Primary Relationship because they won't let you do what you want. Then they try to help you deal with your angry feelings in a good way.

When you become a little older, you get to know people outside the family. They are nice, too, even though not as important to you as the people in your family. With them you form a Secondary Relationship because you don't put into your feelings for them as much love as you do with, for instance, your mother and father. They too may teach you new things, and do things with you that are exciting and fun; but you don't feel as close to them as you do to your Mom and Dad.

2. Now pretend that you are three years old. When I name a person, answer together whether that person provides a Primary or Secondary Relationship with you.

Father

Aunt Jenny from Florida

The Mailman

Sister Susie

The Daycare Teachers

Mother

The Next Door Neighbor

Your brother Tom

Fido the Dog

Outcome

The students will understand that a child has primary relationships that are of greatest importance to his development, and secondary relationships which expand and enrich his experience.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 2-3**

UNIT 2 - THE TODDLER YEARS (1 to 3)

SELF AND HUMAN RELATIONSHIPS
THE EARLIEST RELATIONSHIPS -- Part 2 (CHILD REARING)

Objective

To help the students appreciate how a child can be helped to develop strong primary and secondary relationships.

Class Discussion

Who are your Primary Relationships?

As a Primary Relationship for you, what is your mother's job?

What does your father do in his Primary Relationship with you?

Does anyone in the class have a Primary Relationship with a grandmother or grandfather or aunt or uncle?

In what ways do those with whom you have a Primary Relationship help you?

How many of you have an older sister or brother? Do you have a Primary Relationship with them?

What do you and they do with one another?

How many of you have a younger sister or brother?

Do you think you help them in their work of growing up? How?

Do you ever get angry at one of the persons with whom you have a Primary Relationships?

If so, how do you work it out?

Do you "make up" afterwards?

Points to emphasize in summarizing Primary Relationships:

1. Primary Relationships are important to toddlers, as their personalities develop. Toddlers can be helped in this development by being loved, talked to, read to, played

with reasonably and in having limits set when needed. Brothers and sisters can be very important Primary Relationships to a child, by doing these things too.

2. Although love is the greatest part of a Primary Relationship, all human beings get tangled up in hate feelings once in a while. The most important thing about a Primary Relationship is that it doesn't end because hate feelings get stirred up at times by very painful experiences with them. Parents are still parents and brothers and sisters are still brothers and sister; but it is important to talk about and work out the hate feelings, so that the love feelings that are covered over by hate feelings can come up to the surface again and be felt.

Now About Secondary Relationships

Think again about your small brother or sister. You see that he/she has been developing good Primary Relationships within the family, and you want to help him/her develop some good Secondary Relationships, too. What are some of the ways you could do this?

1. When your friends visit you, invite them to talk and play with the toddler too for few minutes.
2. Take the toddler with you when your mother sends you to do some chore where the toddler won't be in your way or could get hurt.
3. Help him know what to say when someone greets him.
4. Introduce him gently to new people.
5. If he is playing with another toddler at home, help him learn how to play well and do things together.
6. Be sympathetic when it is hard for him to share toys, but gradually help him do it.

Points to emphasize re: Secondary Relationships

Secondary relationships add to a child's knowledge of his world, add to its excitement, and give him confidence in the friendliness of people. Older brothers and sisters can help a great deal with a child's development by gradually getting him acquainted with people outside the family and teaching him how to play and talk with them.

Class Activity

1. Continuous Story about Primary Relationships:

The teacher will first read the following sentences:

My name is Janet. I am three years old. I live with my mother and my father and my brother Bob and my sister Trisha.

The teacher will have written a group of unfinished sentences on the board.

Beginning with "Bob is", she will point to a student who will complete that sentence. He or she then immediately after having answered will point to another student to complete the sentence beginning "Trisha is". That student in turn then will point to another student to complete the next and so on.

Bob is
 Trisha is
 This morning my father
 Sometimes Bob takes me
 If Trisha teases me, I
 But then
 I like it when mother
 When I am sick
 Trisha sometimes lets me
 Daddy says I am
 Bob is teaching me to

2. Continuous Story about Secondary Relationships

Teacher will read:

My name is David. I am eight years old. I have a brother Harry who is 5, and a sister Helen who is 1 year old. There are five people in my family.

The students will finish the sentences:

My Primary Relationships are
 Harry's Primary Relationships are
 Helen's Primary Relationships are
 Harry has two friends, they live just across the street
 I helped him get to know
 I did this by taking him with me to
 Sometimes he bothers me when my friends visit me at the house and he wants to play with them, then I
 Then other times, I
 Helen mostly wants to be with
 Sometimes when friends visit me, she
 I try to help her by
 When the baby-sitter comes, she
 Her favorite person outside the family is

Outcome

The students will understand that they can, and how to contribute to the toddler's building of Primary and Secondary Relationships.

THE TODDLER YEARS: (YEARS 1 to 3)

SEXUAL (REPRODUCTIVE) LIFE

THE ORAL PHASE

THE ANAL PHASE

THE BEGINNINGS OF THE FIRST GENITAL PHASE

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 2-3**

UNIT 2 - THE TODDLER YEARS (1 to 3)

SEXUAL (REPRODUCTIVE) LIFE
THE ORAL PHASE -- Part 1 (HUMAN DEVELOPMENT)

Reading for Teacher: Textbook UNIT 2, pp. 83-106

Objective

The students will learn about the important **adaptive** uses the child makes of his mouth during the first year of life.

Class Discussion

Imagine that you are one day old. Try to think how you might feel. You hear noises but you don't know what they are. You see, but things are in some way not so clear; you can't walk; you can't even roll over. There are times when you feel wet and uncomfortable; there are other times when you feel hungry and uncomfortable.

Does a new baby have any pleasure at all? If so, what? (Being picked up and held lovingly; being given a bottle or mother's breast to suck. That makes the hunger go away, and makes the infant feel loved, and then he has a comfortable, satisfied feeling.)

The infant quickly finds that his mouth gives him great pleasure; not only because the sucking feels good, and takes away his hunger, but also because he connects feeding with being cared and valued. Later, he finds that he can do other things with his mouth. What are they? (He puts objects into his mouth and learns that they are hard or soft, and big or little; when he gets teeth he bites with his mouth, mostly to eat. But soon, sometimes he uses his teeth-mouth when he is angry and sometimes just because he is teething and biting on something seems to make the pain less intense. Later on, he uses his mouth to say words, and then sentences, and then he asks questions.

Also, a small child uses his mouth to comfort himself when he is upset. How does he do that? (By sucking his thumb or a pacifier). Why does that comfort him? (It feels good, and it also is a substitute for his mother comforting him, when she can't be there to do so herself or when the infant wants to do something on his own.)

New Word to Learn

Oral - refers to the mouth. A baby from birth until about eighteen months of age is said to be in the **Oral Phase** of a specific line (or component) of development (which the

students will in a later grade learn is **psychosexual** development). This is when his mouth is the favorite part of his body. It gives him pleasure and helps him learn.

Outcome

The students will understand the concept and the importance of the Oral Phase of Development.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 2-3**

UNIT 2 - THE TODDLER YEARS (1 to 3)

SEXUAL (REPRODUCTIVE) LIFE
THE ORAL PHASE -- Part 2 (CHILD REARING)

Reading for Teacher: Textbook UNIT 2, pp. 153-156.

Objective

To review the characteristics of the Oral Phase, and to consider ways of securing its healthy development in the young child.

Review

Ask the students to tell what they remember about the Oral Phase -- when it occurs, what its characteristics are, and why it is important.

Class Discussion

1. Since babies seem to enjoy using their mouths so much, why don't they over-eat and get fat? (Nature gives a feeling of fullness when a child has eaten enough; sometimes he will over-eat if he feels he is not getting enough warm holding and care.)

2. Why do babies suck their thumbs or pacifier? (This seems to feel good to them; and there is strong indication that it comforts them if they feel upset.) If it does this, why doesn't the child keep on sucking his thumb until he is ten years old? (After the child can talk, he usually can find comfort by talking with his parents. He also can explore and play and has more ways to comfort himself; he doesn't need the thumb or pacifier anymore.)

3. If a baby uses his mouth to bite, what should you do? (If he is teething and bites for that reason, give him something to chew on because pressure on the gums seems to relieve the pain; if he bites because he is angry, hold his hands and tell him firmly that it is OK for him to feel angry but he is not allowed to bite. Biting him back would not help at all.) Why not? (He will experience the parent as attacking him and it will then make him even more upset. At this stage, a baby needs to be **taught, not punished**. You also would be doing what you are telling the child not to do.)

4. Suppose a one-year-old refuses to eat green beans. What would you do? (Encourage him to try them by showing that you like them, but if he continues to show a dislike for them, **do not force** him to eat them.)

5. Will a baby be healthy if he doesn't eat everything on his plate? (A small child will eat enough -- just notice his energy! However, he should be offered a good variety of foods, so he will get used to different foods.)

6. Should you allow babies to put objects that they cannot eat into their mouths? (Yes) Why or why not? (They learn that way, about what things are hard or soft, big or little.) When or when not? (They should not be allowed to put in their mouths **small** objects that they might swallow; or easily breakable things; or anything that might make them sick.)

Outcome

The students will have an increased understanding of the Oral Phase, and of how its healthy development can be supported.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 2-3**

UNIT 2 - THE TODDLER YEARS (1 to 3)

SEXUAL (REPRODUCTIVE) LIFE
THE ANAL PHASE -- Part 1 (HUMAN DEVELOPMENT)

Reading for Teacher: Textbook UNIT 2, pp. 85-89.

Objective

The students will learn that the toilet training experience has significant emotional influences on the development of the child's personality.

Class Discussion

Does anyone in the class have a little brother or sister who is being trained to use the toilet? How old is he/she? When did your mother begin the training? How does Mother do it? Does he/she go along with it readily, or fight it? What does your mother say when the toddler is successful in getting to the toilet on time? Does he/she act proud and pleased when successful?

Why is toilet training important? (For **health** reasons, care in one's toilet habits is part of good health protection because the body's waste products carry germs. Then, for **social** reasons, because young children need to be toilet trained before they are able to go to preschool and besides, no one would want to wear diapers all his life! And besides the child gets a good feeling of **accomplishment** when he graduates out of diapers and no longer wets the bed.)

Do you think getting trained is easy for a child? (No, unless the muscles in that part of the body are developed enough, he won't be able to hold his bowel movement or urine long enough to get to the toilet. Most children's muscles aren't developed and strong enough for this until they are about two years old. Some mothers start training earlier, but it is harder for children to cooperate if they do.

There is another reason why toilet training is not an easy thing for the child. It feels pleasant to him to move his bowels and to urinate whenever he feels like it. Little children don't object to the odor of bowel movements the way people your or my age do. When they are expected to interrupt their play to tell mother to take them to the bathroom, they often don't want to do it. On the other hand, they do want to feel they are bigger and can do what the other members of the family do, to be like them, and furthermore, all of us want to please our mother, and get her approval and her love. So toddlers struggle with their **mixed feelings** about this for quite a while. As we know, the

desire to be bigger (grow up) and pleasing Mother wins, and later the child finds that he or she likes to feel clean.

Very important too, accomplishing this gives the toddler the feeling that he or she is a person who **can do and control** things; and that makes her or him feel ready to learn other things as well. The self-control the toddler develops gives him or her a feeling of **confidence**.

Just as the many uses of a child's mouth took up a great deal of his attention during the first year of his life, the need for toilet training puts his attention on his body's "bottom" during the toddler years. That is why the special name for this part of the child's development is called the **Anal phase**.

Outcome

The students will have begun to learn about the importance for the toddler's personality (and emotional) development of toilet training, its most favorable timing, and its various meanings for the child.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 2-3**

UNIT 2 - THE TODDLER YEARS (1 to 3)

SEXUAL (REPRODUCTIVE) LIFE
THE ANAL PHASE -- Part 2 (CHILD REARING)

Reading for Teacher: Textbook UNIT 2, pp. 95-98.

Objective

The students will learn how a child may be helped to have a **growth-promoting** toilet training experience.

Review

The teacher will review the material discussed during the previous session regarding the **timing** of toilet training, the mixed, or better put, the **conflicted** feelings the child feels about it, and the values it has for him.

Discussion

Ellie's mother believes that the sooner a child is trained the better. She says that she can guess when Ellie needs to "go", so from the time Ellie was four months old, her mother would strap her into the potty chair. Of course Ellie at that age didn't understand what was going on, and sometimes mother didn't guess quite right, so Ellie would sit there as long as half an hour. Then she would have a b.m. (bowel movement) as mother expected. What do you think of this way of toilet training? How do you think it felt to Ellie?

Johnny and Jimmy are both age 3. They are doing pretty well with their training, but their mothers have different ideas about accidents. Johnny's mother gets very upset if he wets his pants, calls him a dirty boy, and says she is very disappointed in him. Jimmy's mother says that an accident can happen to anyone and she knows he is trying hard to remember about going to the toilet. She lets Jimmy help her put his clothes in the washer. How do you think Johnny feels about his training? How do you think Jimmy feels about this?

Summary

There are several ways parents can help their children to have a healthy growth-promoting experience in toilet training:

Wait to start until their muscles are developed and strong enough, and until they can understand what they are expected to do.

Realize that it is hard for them to give up on their need to learn to control and master their own bodies, a goal they have at this age: to be in charge of what the toddler's own body does.

On the other hand, remember that when parents treat their toddlers lovingly and thoughtfully, toddlers want above all at the same time to please their parents.

Don't expect them to get trained in a few weeks; don't hurry them too much.

Praise them when they succeed.

Be understanding when they have accidents; we all have some kind of accident at times.

Help them feel that this is a great accomplishment, on the way to growing up.

Outcome

The students will have become aware that there are **reasonable** ways to toilet train and to **emotionally** support the toddler's toilet training efforts that can help to make it a **growth-promoting** experience.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 2-3**

UNIT 2 - THE TODDLER YEARS (1 to 3)

SEXUAL (REPRODUCTIVE) LIFE
THE BEGINNINGS OF THE FIRST GENITAL PHASE --
Part 1 (HUMAN DEVELOPMENT)

Reading for Teacher: Textbook UNIT 2, pp. 89-93.

Objective:

The students will become aware that toddlers begin to have feelings and concerns about their "private body parts" (their genitals) and that with this, the feeling of being a girl or a boy begins to matter to the child during these years.

Class Discussion

When you learn that a new baby has arrived in the home of the family next door or down the street, what might be the first question you ask? (Is it a boy or girl?)

Everybody is interested in that, and for a very good reason. The world is made up of two kinds of people, male and female. It needs to be this way so that there will be fathers and mothers who will have babies and these babies will grow up to be fathers and mothers who will have babies and so the human race will go on and on and on. When people become old enough, get married, and a new baby is born, everyone in the family usually feels happy and welcomes the little boy or little girl, who is very tiny now, but some day will be a parent, too.

Can anyone remember when you first realized that you were a boy or a girl? Did someone tell you? Did you notice yourself that your body was like one of your parents, and different from the other? Did you ask questions about this? Did you prefer "boys" toys or "girls" toys, or did you like to play with both types?

Do you remember a time when you were quite little, that you were fascinated by babies, and wanted to have one of your own? (This is more likely to happen with girls than with boys.)

Do you remember when and how you learned where babies come from?

Do you remember a time when you were very young that you thought it would be nice to marry one of your parents when you grow up? Most children have this idea and then decide that instead of that they will marry someone who is "like" Mommy or "like" Daddy.

Do you think it is normal for toddlers to be interested in sex differences and in babies? (It is very normal. Children have a healthy curiosity about all parts of their bodies, including what we call the genital area -- the part that will make babies when they are older. If toddlers have parents who love and respect each other, and who answer their questions honestly, they will grow up having respect for themselves, and a good preparation for their own future as parents.)

Outcome

The students will have recalled, from their own experience, that gender issues are important and that they emerge much earlier in life than we used to think.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 2-3**

UNIT 2 - THE TODDLER YEARS (1 to 3)

SEXUAL (REPRODUCTIVE) LIFE
THE BEGINNINGS OF THE FIRST GENITAL PHASE --
Part 2 (CHILD REARING)

Reading for Teacher: Textbook UNIT 2, pp. 104-106.

Objective

The students will begin to learn how to handle a toddler's worries and questions on gender issues, in a growth-promoting way.

Class Discussion

Annette is three years old; although she looks very girlish with round cheeks and long curls, she ignores her doll house, and wants to play with her brother's trucks and racing cars. If you were her mother, would let her do this, or insist that she play with the doll-house and dolls? (It would be advisable to let her follow her own interest; just because she likes trucks doesn't mean that she is or will grow up to be un-feminine. She may have a special flair for mechanics!)

Aaron, age 3, is very interested in the neighbor's new baby. When Joey's mother visited with him, Aaron wanted to hold him. Aaron was allowed to do this, and was very gentle with Joey. Does this mean that Aaron is or will grow up to be a sissy? (No, very manly boys are gentle at times. And they want to be like their parents are with them. This helps boys to be good fathers when they grow up.)

Melissa's mother is going to have a baby in three month. Grandmother thinks that Melissa, who is three, is too young to be told about babies, and that she should be told that mother will go to the hospital and buy a baby there. Melissa's mother thinks she should tell her that the baby is inside her, in a very special and wonderful part of her body, and that she will go the hospital so that the doctor can help the baby come safely out. Which do you think would be the better explanation? Why?

Steve thinks his mother is the most wonderful person in the world. Although he loves his father, he sometimes feels a bit jealous when his father kisses his mother. One day he said "When I grow up I'm going to marry Mommy". His big brother Bruce laughed at him and, not always nice to Steve, said "Dummy! You're just a little boy and can't marry anybody! Besides, boys don't marry their own mothers -- what a stupid idea!" How do you think that made Steven feel? What would have been a more helpful thing to say to

Steven? (Mommy is Daddy's wife, but some day you'll find someone nice like Mommy for your very own.

Ben and Betsy are two year old twins. Their mother puts them in the tub together. Recently Betsy has been looking at Ben and then at herself and saying in a worried tone "No penis." How would you explain this to the twins? (Betsy doesn't have a penis; she is a girl. Every girl has a vagina, not a penis, like Mommy, and when she grows up she can be a mommy, too; and Ben will grow up too and he can be a daddy.)

Summary by Teacher

To help toddlers to grow up respecting their bodies, and being glad to be whichever gender they are, several things are important:

Parents should value boys and girls equally—children are very hurt when one or the other is preferred.

Parents should answer their children's questions honestly, as simply as is reasonable, and openly.

Parents should understand that it is natural for a child to be interested in all his body parts, especially so their "private parts" (or "genitals") and in babies.

Parents should not make a child feel ashamed of this interest.

Parents should be aware that they are role models for their children; if there is love and respect between the parents, the children will want that kind of relationship with their husbands and wives later.

Outcome

The students will have learned that children's interest in gender issues should be dealt with in a sympathetic respectful way, by giving factual and honest answers in simple, understandable language.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 2-3**

UNIT 2 - THE TODDLER YEARS (1 to 3)

SEXUAL (REPRODUCTIVE) LIFE
THE ORAL, ANAL, AND BEGINNING FIRST GENITAL PHASES --
Part 3 (VISIT OF MOTHER AND CHILD)

Preparation for Visit

The mother will be informed that the discussion will focus on the toddler's earlier use of his mouth as a body part used not only for eating, biting, and kissing, but also for exploring everything he could put into it; then, on his toilet training experiences; and also on his awareness of and concerns about physical gender differences. The mother may visit **without** him, if she feels that he may be embarrassed about having these issues talked in public.

The teacher will review the characteristics and importance of these three periods, and the students will consider questions they will ask the mother.

Visit

The mother may be asked the following questions among others:

Does your toddler still explore things by putting them in his mouth? When did he begin to slow down in this?

Does he enjoy eating? Does he eat too much or too little? Does he have special likes and dislikes?

Does he suck his thumb? If so, when does he do it? Why do you think he does it? Do you think it is all right for him to do it?

How did you help him when he was teething and his mouth hurt?

Have you started toilet training your toddler? If not, when do you think his training should start? If he has started, when did he begin? Did he give you same signal that he was ready to start? How far along is he now? Does he seem to want to cooperate? Has he sometimes fought against training?

When he makes it to the toilet on time, do you praise him? Does he get upset when he has accidents? Do you mind it very much if he sometimes wets the bed?

Do you think he realizes that he is a boy and not a girl?

Has he asked questions about why his body is different from yours? What has he said? (If the visiting toddler is a girl, ask comparable questions.)

Has he or she asked where babies come from? What did you tell him or her?

Does he or she show interest in babies he or she sees? Has she or he ever said that she or he wants to be a mommy or daddy when she or he grows up?

Following the Visit

The students will discuss the information given by the mother.

THE TODDLER YEARS: (YEARS 1 to 3)

AGGRESSION

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 2-3**

UNIT 2 - THE TODDLER YEARS (1 to 3)

AGGRESSION -- Part 1 (HUMAN DEVELOPMENT)

Reading for Teacher: Textbook UNIT 2, pp. 107-135.

Objective

The students will be introduced to the concepts that some **kinds of aggression** are useful and needed for healthy adaptation and coping with life, which we speak of as **non-destructive aggression** and other kinds that are hostile and destructive, which we speak of as **hostile aggression**, and require of the child that he learn to control it reasonably.

Class Discussion

Does anyone in the class know what the words "aggressive" and "aggression" mean? (If not, the teacher will define them. Then the students may be asked to make up sentences using the words.)

Often these words are used to describe an action done by a person who is angry, who wants to hurt someone, or destroy something. That is one kind of aggression. Every person, even a toddler, has that kind of aggressive feelings at times, and these feelings need to be controlled, so that no real harm will result.

But there is a good kind of aggression, too. It is a kind of energy that makes you want to do your homework so you will pass into the third grade; the kind that makes you want to be on a ball team and play well so your team will win; it is the kind that makes a toddler try over and over again to walk even when he falls down, or build a tower of blocks no matter how many tries it takes. This is a kind of aggression that helps us accomplish things, and that should be encouraged.

Class Activity

The teacher will read aloud the following sentences about constructive and destructive aggression. After each sentence the class should call out that that example of aggression should be "controlled" or "encouraged". Where there are disagreements, the teacher will clarify the issue.

Timmy, age 2, insists on feeding himself, even though his face looks all messy when he finishes. (Encouraged.)

Nolita, age 3, was angry because her mother put her to bed for a nap, and she smeared her mother's lipstick on the wall. (Controlled.)

Harry, also 3, was scolded by his dad for flushing his socks down the toilet. Harry was angry and upset about being scolded, and ran over and kicked the dog. (Controlled.)

Lisa, age 2 1/2, has learned to pull up zippers, and wants to put on her own snow suit even though her mother could do it more quickly. (Encouraged.)

When the preschool children line up to go on a walk, Esther, age 3, wants to be first, and sometimes pushes in front of another child. (Controlled.)

Joey, age 1 1/2, wants to explore his world. One day when walking with his mother, he pulled away from his mother, and started to run into the street. (Controlled.)

Teacher Explanation

In Joey's case, it was a good kind of aggression that made him want to explore. That is how he will learn. Just the same, his aggression there had to be controlled for his own safety.

A small child cannot be expected to know what kinds of aggression are good for him, and which are not. In the next lesson, we shall learn how parents can help their children develop the good kind of aggression, and control the destructive kind.

Outcome

The students will have learned about the basic types of aggression, **non-destructive aggression** and **hostility** (hostile destructive aggression).

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 2-3**

UNIT 2 - THE TODDLER YEARS (1 to 3)

AGGRESSION -- Part 2 (CHILD REARING)

Objective

The students will learn how **non-destructive aggression** may be supported, and how a child may be helped to control feelings of **hostile destructive aggression**.

Review

The teacher will review the concepts learned last time about non-destructive and destructive aggression.

Class Discussion

Billy, age 3, is a very independent little boy. He insists on dressing himself. It seems to take him forever, and he ends up usually with his T-shirt on backward, his pant's zipper stuck, and his shoes on the wrong feet. If you were his mother, how would you handle this to be most helpful to him? (You would start the dressing procedure in plenty of time, so that Billy doesn't have to hurry you would be patient, even if it takes him a long time; you would encourage him; you would not rush in and do anything for him, unless he asks you to; you would not laugh at him for putting his shoes on the wrong feet, but suggest that his feet would be more comfortable if he switched the shoes. You would give him approval for his efforts, because you would understand that this is how he learns new skills.)

Tanya, age 3, is a girl with a temper. When she is frustrated she yells loudly, and may even have a tantrum. One day she insisted on going out to her sandbox when it was raining. When her mother pointed this out, Tanya ran for her raincoat. When mother still said "No", Tanya hit her mother. Mother held her hands and told her firmly she is not to do that. Tanya then lay on the floor and kicked and screamed. How would you help Tanya? (You would try to help her calm down; when she is calmer let her know that you understand she is very upset and angry: explain again why she couldn't go out, and why she is not allowed to hit; comfort her. You would not shame her and make her feel that she is a bad person and that you don't love her.)

Summary

Everybody has aggressive feelings -- the useful kind that help us learn should be encouraged; the kind that come to us because we get frustrated, angry and upset need to be controlled. Parents can help by being understanding, and by establishing reasonable

and clear limits. Toddlers should be told that it is all right to feel angry, but it is not all right to hurt anybody or break things; they should be reassured that parents will help them control themselves.

Outcome

The students will have learned some specific ways to encourage constructive aggression in a toddler, and how to help him control destructive aggression.

THE TODDLER YEARS: (YEARS 1 to 3)

THE CHILD'S ABILITIES TO ADAPT -- PART II

DEPENDENCE AND SELF RELIANCE

DEVELOPING INTERNAL CONTROLS

MECHANISMS OF DEFENSE

REGRESSION

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 2-3**

UNIT 2 - THE TODDLER YEARS (1 to 3)

THE CHILD'S ABILITIES TO ADAPT -- PART II
DEPENDENCE AND SELF RELIANCE --
Part 1 (HUMAN DEVELOPMENT)

Reading for Teacher: Textbook UNIT 2, pp. 136-139.

Objective:

Students will learn that infants are born with great dependency needs, and that these change in type and degree as the personality develops.

Class Discussion

Did anyone ever say to you, "I depend on you?" Tell us about it. What does "depend on" mean?

Did anyone ever say that you are a "dependable" person? What does that mean?

If you say that Susie, who is one week old, is a very "dependent" person, what does that mean?

In what ways is a baby her age dependent?

Do you think that people your age are dependent? **On whom? For what?** (Physical needs, help in developing all kinds of skills, and for emotional needs -- love and encouragement).

Do you think that grown-ups are dependent? If so, how? (E.g., mother depends on father to move heavy things like the stove; many fathers depend on mother to cook dinner; grown-ups too, like children, depend on others for love.)

Returning to Susie: By the time she is a toddler, she is still very dependent, but not quite as much so as when she was a week old. Imagine Susie at age two years. How is she still dependent? Think of (1) Physical care; (2) Development of skills and (3) Love. In what ways has she become a little bit independent? (She can talk a little and make her wishes known, can feed herself, can walk, is learning to dress herself.)

Imagine this: Susie is now three years old. A magician comes to her and tells her that she can choose to be three years old all her life, and have her mother and father always

take care of her. Or, she can choose to grow up, and become independent in the way other people do. Which would you choose if you were in Susie's place? Why?

Even though everyone normally becomes more independent as they grow older, they always remain dependent in one important way. How? (For love from the people who mean the most to them). Is it good to be dependent in that way? (Yes; if we didn't need anyone, and no one needed us, we would be very lonely).

Summary

A toddler still needs to be dependent for the gratification of most of his **physical** needs. He still needs very much help in **learning skills** and **how to get along** in his world; and he always will need to be dependent on the important people in his life for **love**.

Outcome

The students will understand the concept of dependence, its importance and the ways it changes as the personality matures.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 2-3**

UNIT 2 - THE TODDLER YEARS (1 to 3)

THE CHILD'S ABILITIES TO ADAPT -- PART II
DEPENDENCE AND SELF RELIANCE --
Part 2 (CHILD REARING)

Objective

The students will learn about growth-promoting ways to respond to the toddler's dependence and independence needs.

Review

Review the concept of dependence, and its three types: For physical care, for help with development of skills and adaptation, and for love and emotional support.

Class Activity

The class will have a true-false exercise concerning Donald, age 1 year, who lives with his mother and father, and 10 year old sister, Helen.

The teacher will read out the following statements, and the class will respond in unison "True" and "False", as the case may be. Any disagreements will be discussed:

One year old Donald depends on his parents to take him to the doctor when he is sick.

Donald can dress himself.

He can feed himself in a messy kind of way.

He can clean himself up.

He depends on his family to teach him new words.

He depends on his family to steer him away from electric outlets and hot stoves.

He depends on Helen to play games with him.

If he has a toy at bedtime, he doesn't need a good-night kiss.

It doesn't matter to Donald, whether his mother or a baby-sitter takes care of him.

When Donald gets to be **three years old**:

He can ride his tricycle.

He doesn't need to depend on his parents when crossing the street.

He can talk and ask for what he wants.

He can use the bathroom by himself.

He depends on his mother to cook his food.

He likes stories, and can read them himself.

He depends on his father for rough-house fun.

When he wants to learn to do something, like tying his shoes, he depends on his father or mother or Helen to show him how.

When they encourage him, it helps him to learn.

He learns faster, if they make him feel ashamed of his mistakes.

Donald knows right from wrong, without anybody's help.

He depends on his parents to make him feel that he is a good kid.

No matter how old he becomes, he will always need love.

Now that Helen is twelve, she is his favorite baby-sitter when his parents are away.

Summary

It is necessary for a toddler to have his dependency needs met for (1) physical care -- to be fed, kept warm and clean, to be given medical care when needed; (2) to be taught things he needs to know and (3) to be given love and encouragement.

Outcome

The students will appreciate the dependency needs of toddlers and will have some ideas as to how they can respond helpfully to them.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 2-3**

UNIT 2 - THE TODDLER YEARS (1 to 3)

THE CHILD'S ABILITIES TO ADAPT -- PART II
THE CHILD'S EARLIEST RELATIONSHIPS AND
DEPENDENCE AND SELF RELIANCE --
Part 3 (VISIT WITH MOTHER AND CHILD)

Preparation for Visit

The mother will be informed that the session will focus on the toddler's **relationships**, and on **dependence and self-reliance** (independence) issues.

The teacher will review the concepts of **Primary** and **Secondary** Relationships and a child's need to be dependent regarding his **physical needs, development of skills** and for **emotional interaction and nurture**.

The students will be asked to observe the quality of the toddler's relationship with themselves (the students in the class), as compared with his relationship with his mother. They will observe also the dependent and independent behavior he demonstrates. They will think about the questions they will want to ask the mother.

Visit

The students' questions to the mother may include these questions among others:

- Who are your toddler's favorite people?
- How does he show them that they are special?
- Does he ever get angry at his favorites?
- What happens then?
- Are there some people he likes, but are not in his family?
- What do they do that makes him like them?
- How does he behave differently with a neighbor he sees often, compared with a stranger who speaks to him in the supermarket?
- Is your toddler as dependent on you as he was six months ago?
- How is he different?
- Does he seem to want to learn to do things by himself?
- What do you let him do by himself?
- Are there times when he seems to want to go backwards and be a baby again? What do you do then?
- How does he show you that he is dependent on you for love and approval?
- How do you give him love and approval?
- How does his father do it?

In other ways is there anything special to report since the visit last month?

Following the Visit

The students will discuss their observations, and the major points brought out by the interview.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 2-3**

UNIT 2 - THE TODDLER YEARS (1 to 3)

THE CHILD'S ABILITIES TO ADAPT -- PART II
DEVELOPING INTERNAL CONTROLS -- Part 1 (HUMAN DEVELOPMENT)

Reading for Teacher: Textbook UNIT 2, pp. 140-144.

Objective

The students will learn that toddlers have strong feelings to deal with, and need to build skills to control themselves from within (develop internal controls).

Teacher Presentation

A toddler has all kinds of feelings, just as you do. Can you think of some feelings they might have? Do you think that because they are very small people that they have very small feelings? (No, it is the other way around). They have very big feelings, especially when they are upset. This is because they are so little, and feel helpless dealing with giants; and because the giants so often say "No" when little people may want to do something. A problem is that a toddler doesn't know how to control his temper, and when he gets angry and wants to hurt someone or break something, his feelings scare him. He feels he is no good, and perhaps his parents will go away and never come back.

Class Activity - "Pretend" Game

Pretend that you are eighteen months old. You have learned to run across the room without losing your balance, and sitting down with a thump. How do you feel about your new skill?

You have discovered that when you pull the plug out of the wall, a light will go off. It is fun to make that happen. Mother doesn't like it, and when you pull the plug she says "No, keep away from the plug!" She takes you back to your toys, but in a few minutes you really want to make that light go off again. When you run over to the plug, your mother follows you, and gives you three spanks on your diaper. How do you feel then?

You go back to your toys, but after a while you feel more strongly than ever that you have to pull out that plug again. Before you even get there, your mother says "No" in a very angry voice, picks you up with no hug, and puts you in your play pen. How do you feel then? (Very angry - not just a little bit mad, but so angry that you want to hit or bite mommy, make her disappear. At eighteen months of age, you haven't developed self-control yet, and when you are angry you are 100% angry; but this feeling really scares you. You feel that you are a terrible person and that no one would want you; besides, if

you could make mommy disappear you wouldn't have her any more. Even though you are very angry at her, you love her very much, and want to keep her).

What can be done to help a toddler who acts as if he has a motor inside that can't stop, and who becomes furiously angry when he is prevented from doing what he wants to do?

1. He gradually can be taught what things he is allowed to do, and what things are dangerous or harmful in some way. He gradually will learn to slow down his motor when he is headed for trouble.

2. His parents can help him learn to control his temper so that he won't hurt himself or someone else, or destroy things. How to help him control himself we will learn next time.

Outcome

The students will have learned about the intensity of feelings experienced by toddlers, and that they can be helped to establish controls.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 2-3**

UNIT 2 - THE TODDLER YEARS (1 to 3)

THE CHILD'S ABILITIES TO ADAPT -- PART II
DEVELOPING INTERNAL CONTROLS -- Part 2 (CHILD REARING)

Objective

The students will learn how a toddler can be helped to develop inner controls.

Review

The teacher will review the situation a toddler faces when he has inner pressure to explore and experiment but insufficient judgment to tell him when things are dangerous or not allowed, and not enough inner controls to help him deal with his anger when his activity is frustrated.

Class Discussion

What would you do to help Andrew? He is two and a half, and is full of curiosity. He learns a lot this way, but he also gets into trouble. Just in one day, he turned on the gas on the kitchen stove so he could see the flame come, he flushed one of his shoes down the toilet so he could see it disappear, he ate some food from the dog's dish to see if he would like it, and he pulled his mother's favorite African violet out of its dish, because he wanted to see what was inside the pot. In addition to having an idea a minute so that it is very hard for his mother to keep up with him, Andrew has a terrific temper. When he is headed for something and stopped because it would be dangerous or destructive, he screams and kicks and sometimes tries to hit or bite his mother or father. Then he seems to be upset, and he cries inconsolably.

What would you do if you were Andrew's parents?

To help him learn controls, Andrew's parents would talk with him about his feelings.

They would talk with him in an understanding way.

They would let him know that it is OK to feel angry, but that he has to get hold of himself, and not hurt anyone or break anything.

They can reassure him that even though he is sometimes very angry at them he is still their little boy, and always will be.

They can tell him that they will help him control his temper, so that he won't hurt himself or anyone else.

They can explain that sometimes it is very necessary for them to say "No", even when Andrew wants to do something very much. This is to help him keep out of trouble.

Parents can help Andrew by controlling their own tempers, and by talking things out, when something makes them angry. This will give Andrew a pattern to go by.

Things that would not help Andrew:

If parents lose their own tempers.

If parents say "No" without any explanation.

If parents spank too hard.

If parents make him feel that he is a terrible child, when he does lose his temper.

If parents threaten to leave him, or give him away.

Outcome

The students will have learned some specific ways to help a child develop his own controls.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 2-3**

UNIT 2 - THE TODDLER YEARS (1 to 3)

THE CHILD'S ABILITIES TO ADAPT -- PART II
(DEVELOPING INTERNAL CONTROLS -- Part 3)
AGGRESSION & DEVELOPING INTERNAL CONTROLS:
MOTHER-CHILD VISIT

Preparation for Visit

The mother will be informed that the session will focus on issues of her toddler's developing **aggression** and developing **inner controls**. If she feels it advisable, she may come to the session without the child.

The teacher will review with the class the concepts of **nondestructive** and **hostile destructive** aggression, and about the development of inner controls.

If the toddler accompanies his mother, the students will be asked to observe signs of nondestructive aggression (assertiveness) and if any, signs of hostile aggression exhibited by the child; the mother's responses also will be noted.

The students will think about questions to pose to the mother.

Visit

The questions asked of the mother may include these among others:

Would you call your toddler an assertive little person? If so, how does he show this? If he is not, do you do things to help him become more assertive?

Does he ever do things that worry you because he is too aggressive -- for instance, is he ever too rough in playing with the cat or dog, or with other children? What do you do then?

Has he ever had tantrums? If so, what seems to cause them? What do you do when that happens?

Has he ever said that he hates you, when you have to stop him from doing something he wants to do? How do you deal with that?

If he wants to be hugged after he has been angry, do you hug him?

Do you talk much with him when he is frustrated and angry?

How do you help him learn to control himself?

Can you tell to look at him what is going on in his feelings?

Is there anything new to report about him since the visit last month?

Following the Visit

The students will share their observations and impressions of the interview.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 2-3**

UNIT 2 - THE TODDLER YEARS (1 to 3)

THE CHILD'S ABILITIES TO ADAPT -- PART II
MECHANISMS OF DEFENSE -- Part 1 (HUMAN DEVELOPMENT)

Reading for Teacher: UNIT 2, pp. 145-155.

Objective

The students will learn that there are several special ways (defense mechanisms) that people use in coping with their angry feelings and thoughts as well as other troublesome feelings and thoughts, and the students will be able to recognize the simpler ones.

Teacher Presentation

If someone said to you "It's easy to be seven years old. There's nothing to it! Your parents see that you have food to eat and clothes to wear; at school your teacher helps you, and the rest of the time you just have fun!" Is that true -- are things that easy for a person of seven? (Hopefully all seven year olds have one or both parents to take care of them, a teacher to help them learn, and fun playing, but there are some hard things about being seven, too. The students may suggest such things as having to do chores at home, learning arithmetic, going to the dentist, being teased or left out of a game, etc.)

The same is true of a toddler. She has a great time being loved and played with, and she is full of energy to explore her world. However, there are times when she gets upset and furious at the very people she loves the most -- her parents. This happens, for example when her parents prevent her from doing something that might be dangerous, or when they interfere with her explorations by telling her that it is bedtime. When the toddler gets angry at the parents she loves, her feelings get very upset, and she may react in the ways little Juanita did.

Juanita is three years old. Usually she gets along well with her parents, who tell her often that she is the nicest little girl in the world. They give her hugs, Dad gives her rides on his shoulders, and Mom reads her stories at night. Sometimes, though, she gets into trouble with these loved parents.

The other day, for example, she forgot that mother said she should roll her ball on the floor, and she threw it into the air. It hit the table and knocked off a cup and broke it. Just then Juanita remembered about rolling the ball and she felt upset because she was afraid her mother would scold her. When mother heard the crash and turned around to see what had happened, Juanita said "I didn't do it, the cup jumped off the table. Here Juanita is **denying** that she did something because she is afraid.

A little later, Juanita's cousins, Jimmy age two, and Susan age four, came to visit. Right away Jimmy grabbed Juanita's ball, and that made Juanita annoyed, even though she was playing with something else at the time. She snatched the ball from Jimmy, but just then Juanita's mother took her by the arm and made her give the ball back to Jimmy. Juanita felt furious at Mother for doing this, but she remembered that she wasn't allowed to hit her. She had to do something with her upset feelings, so she rushed over to Susan and pulled her hair. Juanita did this even though it was mother she was angry at, not Susan. This is **displacement**.

Juanita's brother Harvey, age eight, has a temper when things don't go well for him. His favorite thing to do then is to slam the door hard. Juanita has seen him do this often. One evening when she was very busy with her Lincoln Logs, and Mother said it was bedtime, Juanita at first paid no attention. A few minutes later Mother came to her and started to put the logs back into the box, before Juanita had finished what she was building. Juanita was very angry, and ran out of the room, slamming the door just the way her big brother did. This is an example of **identification with the aggressor**, which is to act like someone who frightens us and/or hurts us.

Have you ever seen a little child deny that he has done something? Take out his anger on someone else? Imitate what an older person does when angry? Discuss examples.

Summary

It is very normal for a child to have angry feelings when upset or frustrated. Some ways are better than others in dealing with these feelings. The ways we talked about today are not the best ones. Next time, we shall learn how Juanita's parents can help her cope with angry feelings in better ways.

Outcome

The students will have learned that the behaviors described are efforts on the child's part to cope with frustration and anger.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 2-3**

UNIT 2 - THE TODDLER YEARS (1 to 3)

THE CHILD'S ABILITIES TO ADAPT -- PART II
MECHANISMS OF DEFENSE -- Part 2 (CHILD REARING)

Objective

The students will learn how parents can help a child to cope with anger and frustration in constructive ways.

Review

The teacher will re-tell the story of Juanita.

Discussion

What would you do about the broken cup situation, if you were Juanita's mother?

1. Understand that she denied doing it because she was afraid of being punished, and let her know that you understand this.
2. Tell her that she should tell mother when something like this happens; then they can talk about it and Juanita will not be punished.
3. Remind her why there is the rule about not throwing the ball into the air.
4. Ask Juanita to help sweep up the pieces.

What would you do about the hair-pulling situation?

1. Tell Juanita that you understand that she is feeling very angry at you, but she is not allowed to take her anger out on Susan.
2. Tell her that you understand that it is hard for her to see Jimmy playing with her ball, but that she has to wait until Jimmy finishes playing with it.
3. Tell Juanita that you would not let another child snatch something away from her.
4. Ask Juanita to tell Susan that she is sorry for pulling her hair.
5. Suggest that when they feel better, Juanita and Susan can take food to the basement for the puppies.

What would you do about the door slamming?

Both Juanita and Harvey need to have it emphasized that talking about angry feelings is the best way to cope with them. Then they and their parents can understand one another.

Other ways to help:

1. If it is possible for a parent to change a situation that makes a child angry, it is a good thing to do. For example, if a toddler gets upset about being put to bed at 7:30, the parent may try delaying bedtime a half hour or so, to see if that helps.

2. Sometimes a parent can't change a situation that makes a toddler angry. For example, a three year old may never cross the street alone, no matter how pretty the flowers are on the other side. But parents sometimes can help her turn her energies into something creative like drawing a picture or building a sand castle, or feeding the puppies, and in this way the anger the child feels about being frustrated can be put to constructive use.

Outcome

The students will have learned that trying to understand the reasons for the child's anger, getting her to talk about it, changing it when possible into creative efforts, and trying to ease frustrating situations, will help the child deal constructively with anger.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 2-3**

UNIT 2 - THE TODDLER YEARS (1 to 3)

THE CHILD'S ABILITIES TO ADAPT -- PART II
REGRESSION -- Part 1 (HUMAN DEVELOPMENT)

Reading for Teacher: UNIT 2, pp. 156-158.

Objective

To learn the part Regression plays in a child's development.

Class Discussion

What does this sentence mean? "Albert is progressing well in learning to talk."

Progress means to move forward in development.

Regress means to move backward in development.

Did you ever hear a mother say "It seems to me that our toddler takes two steps forward and one step backward, in growing up." What does that mean?

In what ways might a toddler do this? (In his toilet training, he might have a dry bed for several nights, then wet the bed again; he might make a great effort to walk, then stop trying for a few days after bumping his head on the corner of a table; if something difficult happened, like a cold and earache, he might suck his thumb more than before.)

Teacher Presentation

Regression, going backward, is a normal part of growing up. A toddler has a great many things to learn at once, and just has to stop now and then, and go back to a level that is comfortable for him. Then after a rest, he gets re-fueled with energy and confidence and can tackle the next problem.

There are several things that might make a child want to go backwards temporarily:

1. He might be sick, and feeling miserable, would want to be a baby again.
2. He might have been trying to do something that is harder than anything he has tried before, such as learning to walk.

3. At times when it dawns on him that he is a separate person from his mother, the idea scares him, and he shows this by going back to babyish, clinging behavior.

4. At times he gets angry at his parents, especially when they frustrate him when he is getting into some forbidden exploration. His angry feelings toward his parents upset him, and he may decide temporarily that it would be better to just stay a baby and not explore.

All of these reasons for regressing are normal, and they are temporary. After a child goes back a little and stops for a rest, and some love and encouragement, he is ready to start off again.

Once in a great while, a child may get really stuck in a regression. In that case, his parents should talk with a doctor about the problem.

Outcome

The students will have learned what regression is, and that a certain amount of regression is a normal occurrence in childhood.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 2-3**

UNIT 2 - THE TODDLER YEARS (1 to 3)

THE CHILD'S ABILITIES TO ADAPT -- PART II
REGRESSION -- Part 2 (CHILD REARING)

Objective

To learn how to deal with regression helpfully.

Class Discussion

Emily is a year and a half old. She proudly learned to drink out of a cup when she was only one, and for the past few weeks she has not even asked for a bedtime bottle. All of a sudden she started crying for her bottle again when she goes to bed. What would you do if you were her mother or father?

1. Would you tell her that she is a big girl now, and doesn't need a bottle?
2. Would you tell her that Mommy and Daddy don't have bottles when they go to bed?
3. Would you tell her that the trash man took the bottles away?
4. Would you tell her that it is ok to want to be little sometimes, and give her a bottle?
5. Would you tell her to stop that crying and go to sleep?
6. Would you give her a toy to play with, to get her mind off the bottle?

Number 4 is the best thing to do, because it shows Emily that you understand, and sympathize with her need to feel little again. Unless there is something special going on, she will give up the bottle when she is ready. The regression will be temporary.

In trying to help a child who is going through a time of regression, it is important to imagine what she may be feeling. Why is she crying? Is it a need to be a baby again, temporarily? Is she angry at her parents and is going backwards because these feelings upset her? If you can understand the reason, it will help you know how to talk with the child and comfort her.

Outcome

The students will appreciate the importance of looking for the reasons behind temporary regressions.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 2-3**

UNIT 2 - THE TODDLER YEARS (1 to 3)

**MECHANISMS OF DEFENSE -- REGRESSION
(VISIT WITH MOTHER AND CHILD)**

Preparation for Visit

The mother will be informed that the session will focus on the ways (**defense mechanisms**) a toddler copes with his own feelings, **feelings which the child himself experiences as unacceptable** or might get him into trouble, such as when he is very angry or very upset, and also we will focus on that thing that happens in all normal children as they develop, that is, **regression**. If the mother or father feels that it is inappropriate to bring the child for this discussion, the parent may come without the child.

The teacher will review the information about defense mechanisms and regression learned in previous lessons. The students will plan the questions they will ask the mother.

Visit

These questions among others may be asked of the mother.

Can you tell us about a time when your toddler became very angry?

What caused his anger?

What did he say or do?

Did he take his anger out on anyone else?

Do you think being angry upset him?

What did you do to help him get over it?

Does he sometimes slow down in his growing up, or even go backwards? For example, in wanting a bottle again?

Why do you think this happens?

What do you do about it?

Does he seem more independent at home than he does here with us? If so, why do you think that happens?

Does he go backwards in any way when he is sick?

Whenever he has slowed down or gone backwards, has he always moved ahead again?

Is there anything special to report about him, since the visit last month?

After the Visit

The students will share their impressions of the interview.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 2-3**

UNIT 2 - THE TODDLER YEARS (1 to 3)

CONSCIENCE FORMATION -- Part 1 (HUMAN DEVELOPMENT)

Reading for Teacher: UNIT 2, pp. 159-167.

Objective

The students will learn about the importance of conscience development and when and how it begins.

Class Discussion

How many students in this class have a **conscience**?

Is a conscience something you can see, like your hands and feet?

It is something you were born with?

What does your conscience do for you?

Does it tell you only when you should **not** do something -- or does it tell you sometimes that you **should** do something? (e.g., Offering to go to the store for mother, when you would prefer to watch television.)

Where does a person's conscience come from? (Most importantly, our consciences grow at home from our experience with our parents; later, these experiences are added to by what we learn at school, in our religion, and by the laws of our country.)

Teacher Presentation

Even little babies one year old show signs of developing a conscience. There are several things that help this as the baby grows:

1. Naturally, a toddler hears a great many "do's" and "don'ts" all day long: "Don't touch the hot stove,"; "Don't pull your sister's hair"; "Do hand me that knife you took off the table"; "Do hold still, so I can put on your snowsuit." Little by little he understands what these "Do's" and "Don'ts" mean, and that the parents he loves give approval for obeying the "do's and don'ts". This understanding helps to build his conscience. We say he **internalizes** these things - makes them part of himself.

2. In addition to the lessons of the "Do's" and "Don'ts", a little child is a bright observer. He notices what his father and mother do, and since they are the most important people to him, he wants to do what they do. If they think it is good to do something, or bad to do something, he thinks that way, too. We say he **identifies** with his parents.

3. Interestingly, a child's toilet training helps the development of his conscience. Because he loves his parents, he is willing to believe them that controlling himself by going to the toilet is the right thing to do. More than that, he gradually accepts the idea that it is better to be clean than dirty, and he becomes willing to interrupt his play to go to the toilet, first because he wants to please his parents, and later because his conscience urges him to do this.

4. What is even stranger than the help toilet training gives the development of a conscience is this: A child's getting really angry at his parents helps build his conscience, too! This is an example of how it happens: Two year old Tanya was attracted to a pot of bright red poinsettias; she pulled it off the window sill and started to take the plant out by the roots because she wanted to see what was inside. Her mother reached over, took the plant from her, scolded her, and gave her a couple of spanks. Tanya was furious at being interrupted in her exploration, and at being punished. She hit her mother, who grabbed Tanya's hands until she calmed down. By then Tanya was feeling guilty that she had hating feelings toward her mother, whom she loves so very much. Being able to feel guilty is a sign that her conscience is developing. Guilt feelings are signals our consciences give that we are on the wrong track!

However, it is important that parents protect a child from feeling too guilty, too often. This can happen if they are too strict with her. If a toddler develops the feeling that she is a bad person, she will not develop the self-respect she should have.

Class Discussion

What would you do to help Stanley, age 3 to use his conscience in the way he plays with the family cat? He goes over to it when it is asleep and pulls its tail. When it jumps, he laughs. Could you help him understand that cats have feelings? Could you help him see how other people -- his mother, yourself, -- treat cats? Could you help him understand that if he learns to be gentle, he and the cat can be friends, and have fun together?

Outcome

The students will appreciate the importance of conscience formation, and the roles of internalization, identification, toilet training and family conflict in conscience development.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 2-3**

UNIT 2 - THE TODDLER YEARS (1 to 3)

CONSCIENCE FORMATION -- Part 2 (CHILD REARING)

Objective

To learn how conscience development can be furthered and supported by the child's parents.

Teacher Presentation and Class Discussion

The teacher will review the four contributors to conscience building presented last time, and the students will think about how each contributor can be supported.

1. The daily experience a toddler has living with his parents, and their "do's" and "don'ts". How would you talk with a toddler so that he would be willing to learn what he should and shouldn't do? (Be reasonable, be clear, repeat things as often as necessary.) What kind of talk would make it hard for him to learn and accept his parents' rules? (Talk that has too many don'ts, talk that makes the child feel ashamed and unworthy, talk that frightens him, saying "Don't," without explanations.)

2. A small child observes what his parents do, and wants to be like them. If parents remember this, how can they use the toddlers desire to imitate, identify with them, to help the child build his conscience? (They can try to keep their own consciences in good working order; they can take time to talk with their child about things they think are good to do or not do, and why they think so.)

3. The toilet training experience helps build a child's conscience because through this he learns to give up a baby's pleasure in being messy, in order to please his parents who want him to be clean. How can parents help in this? (They can be patient and encouraging, and give him approval when he tries, and praise when he accomplishes this. It would not help him to scold or shame him when he has accidents.)

4. Even when a child gets angry with his parents, it can be useful in conscience-building. How? (When he feels hate for someone he loves, he develops a feeling of guilt. Feeling guilt makes a child want to repair the relationship.) How can a parent help? (Although the parent probably will have to stick with the "No" that made the child angry, the parent can let the child know that he/she understands that the child feels angry, and that this is upsetting. Parent and child can talk about it, and make up. It would not help to tell the child that he is bad because he has angry feelings. It is natural to have them at times, but he has to learn to deal with them in reasonable ways.)

While a child is building a conscience, he sometimes slides back. For instance a child of three might be able to remember that Mommy doesn't like him to mark on the walls with crayons, when she is in the room. When he is in his room alone supposedly having a nap, he may forget this and decorate the bedroom walls. What would you do about this? (Remember that back sliding (regression) is normal; be patient and explain again that marking walls is not allowed; help him by letting him use the crayons only when an older person is present; some children may do this not because they forget but because they are angry. In that case, try to find out why, and help the child with that problem.

Outcome

The students will understand how parents' clear and reasonable explanations and limits, their own behavior standards, and their understanding of the child's experiences in toilet training and anger can help in the building of his conscience.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 2-3**

UNIT 2 - THE TODDLER YEARS (1 to 3)

**CONSCIENCE FORMATION -- Part 3 (HUMAN DEVELOPMENT)
THE DEVELOPMENT OF SELF-IMAGE, IDEAL SELF AND SELF ESTEEM**

Reading for Teacher: UNIT 2, pp. 177-182.

Objective

To understand how the sense of self and the feeling of self-esteem develop.

Class Discussion

Did anyone in the class ever get a new puppy?

What did you name it?

How did the puppy learn its name? (When you called it by name, you usually petted it or gave it something to eat at the same time; you showed it that you like it, and were glad it was in your family.)

In a similar way a little infant gradually learns his or her name. For the first few months he still doesn't realize that he is a separate person from his mother, as you remember from our lesson earlier about becoming an individual. You remember that when he does learn this he has mixed feelings about wanting to be a baby or wanting to be grown-up, but he finally accepts growing up.

It is very important that as the toddler becomes aware that he is a self, that he like himself! A person who didn't like himself would be a pretty unhappy person!

Why is it important for a person to like and respect himself? (He will enjoy life more; if he likes himself, he will like other people; if he likes himself, he will believe that he can accomplish things.)

How does a toddler develop feelings of liking himself - to have what we call self-esteem? It depends on several things.

It helps if he was born healthy and with good energy.

It helps if he has parents who respect themselves, because he will model himself after them in many ways. It helps if his parents not only love him, but like him as a person, including respecting the ways he is different from them.

It helps if the child is encouraged in his eagerness to learn. Then he can accomplish skills that will give him satisfaction, and will make him feel good about himself.

Do you think it is possible for a person to like himself too much, and be "snooty"? (Usually people who are "snooty" do not have good self-esteem. They act as if they are better than other people because they aren't sure that they are likable. A person whose family values him, and who likes himself is a person who likes and gets along with other people.

In the next session we shall think about how parents can help a toddler to develop a sense of self, and to like himself.

Outcome

The students will understand why self-esteem is important, and will have a general idea of how this develops.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 2-3**

UNIT 2 - THE TODDLER YEARS (1 to 3)

CONSCIENCE FORMATION -- Part 4 (CHILD REARING)
THE DEVELOPMENT OF SELF-IMAGE, IDEAL SELF AND SELF ESTEEM

Objective

To learn how parents can help their children develop a sense of self, and self-esteem.

Review

The teacher will review the concepts learned last time about the emergence of self-awareness, and the importance of self-esteem.

Discussion

Bobby is 18 months old. He knows very well that he is Bobby. How do you think his parents taught him that? (Using his name when they talk to him, playing games such as "Where's Bobby - there he is", telling him often that Bobby is their great little boy, etc.)

Do you think a child will be spoiled if his parents keep telling him how great he is? (Spoiling does not come from loving and praising a child. It comes from allowing a child to have his way about doing things that are unwise or harmful, such as snatching another child's toy; spoiling can be avoided by setting reasonable, realistic limits for the child, and requiring his cooperation. Letting a child know that you love and appreciate him will help him to like himself, and that helps him to like other people.)

Children are expected to respect their parents. Should parents also respect their children? (Yes, this is one of the important ways to help a child build self-esteem.)

How does a parent show respect to a child? (By being considerate of the child's feelings, even if it is necessary to disappoint him in something he wants to do; by giving him choices when possible -- e.g., to wear his red socks or blue socks; by never shaming, but correcting in a respectful way - e.g., "That was a bad thing to do" rather than "You are a bad boy.")

What happens to respect when parents and children get angry at one another? (All parents and children get angry at one another sometimes, but parents can help by not letting their tempers get out of control and by showing the child how he can express his anger in a reasonable way. If they do that, they won't lose their self-respect. Parents should be ready to make up, and should be willing to apologize to the child if they have made a mistake e.g., scolding a child for losing his mittens, and then finding them on the

floor of the coat closet, or for being short-tempered on occasions when the parent is feeling over-stressed. These behaviors help the child's self-esteem, and also give the child good models to go by.)

Parents can help a child develop self-esteem by encouraging him in his learning. Can you think of ways they could do that with a 2 year old? (They could teach him words to say, songs to sing, how to ride a tricycle, to play hide and seek, to name objects in picture books, and praise him when he learns something new. This encouragement gives the child the feeling that he is a person who can do things, and that builds his self-esteem.)

Outcome

The students will have learned the roles that respect, appreciation and encouragement play in building a child's self-esteem; and that shaming harms, and reasonable limit setting helps this development.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 2-3**

UNIT 2 - THE TODDLER YEARS (1 to 3)

CONSCIENCE FORMATION -- Part 5 (VISIT WITH MOTHER AND CHILD)
THE DEVELOPMENT OF CONSCIENCE, SELF-IMAGE, AND SELF ESTEEM

Preparation for Visit

The mother will have been informed that the session will focus on **conscience** development and on **self-awareness** and **self-esteem**.

The teacher will review with the class the concepts learned regarding conscience formation, and the self. The students will be asked to look for any signs in the child that conscience is developing, and any indications of self-awareness and self-esteem. They will consider the questions they will ask the mother.

These questions among others may be asked:

Do you have to say "No" very often to your toddler?

When he understands that he is not allowed to do something, will he cooperate?

Suppose you are not in the room -- will he remember what you said, or will he go ahead and do what is forbidden? If he does go ahead, does he seem to feel guilty about it?

Do you ever hear him saying "No" to himself, or see him spanking a doll?

When you have to say "No", do you explain why he can't do something?

How do you teach him that other people and pets have feelings?

How old was your toddler when he would turn toward you when you spoke his name?

Do you think that he realizes that he is a person, and a special one?

What do you do to show him that you are glad he is in the family?

When you say "No", does that make him feel that he isn't special anymore?

When he learns something new, like riding a tricycle, or putting a puzzle together, does that make him feel good about himself?

Do you think he will be "spoiled" if you praise him often?

Is there anything special to report about him since the visit last month?

Following the Visit

The students will share their observations and impressions of the interview.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 2-3**

UNIT 2 - THE TODDLER YEARS (1 to 3)

REVIEW LESSON

Objective

To summarize and coordinate the information learned and the observations made by the class concerning a child's development during the second and third years of life.

Class Discussion

Picture in your minds what our toddler was like when we first saw him in the fall and what he is like now.

How has his appearance changed?

Can he use his muscles in more ways? How?

How much could he talk then? And now?

Was he very "babyish" with his mother then?

Do you think he realized that he was a separate person from her?
Do you think he realizes that now?

Are there ways that he acts more independent now? How?
How have his parents helped him?

When you first knew him, did he have any relationships outside his family?
Does he now?

Was he toilet trained then? What about now?

Does he seem to realize that he is a little boy? How does he show that he knows that?

Do you think he has learned that there are things he is allowed to do and other things he is not allowed to do?

Can you think of any ways that he has learned to control his behavior?

How has his mother helped him do that? Do you think he feels comfortable being himself? How have his mother and father helped him to feel that he is a valuable person?

Thinking back over the year what did you like best about the visits of the toddler and his mother?

Of all the things you learned this year about children ages 1 - 3 were there any surprises? What were they?

Outcome

The students will have learned the basic developments of a child's personality during the toddler years.

***PARENTING FOR EMOTIONAL GROWTH: A CURRICULUM FOR
STUDENTS IN GRADES K THRU TWELVE***

**SAMPLE LESSON PLANS of
UNIT 2: THE TODDLER YEARS (1 to 3 YEARS)**

LESSON PLANS FOR GRADE 6

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***PARENTING EDUCATION FOR EMOTIONAL GROWTH:
A CURRICULUM FOR STUDENTS IN GRADES K THRU 12.***

Lesson Plans for Unit 2, for **Grade 6**

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THE TODDLER YEARS: (YEARS 1 to 3)

PHYSICAL DEVELOPMENT: ADAPTIVE CAPABILITIES

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 6**

UNIT 2 - THE TODDLER YEARS (1 to 3)

PHYSICAL DEVELOPMENT:
ADAPTIVE CAPABILITIES / DEGREE OF HELPLESSNESS --
Part 1 (HUMAN DEVELOPMENT)

Reading for Teacher: Textbook UNIT 2, pp. 6-15.

Objective

To help the students become aware of the enormous development from relative helplessness to great adaptation during the first 3 years of life.

Class Discussion

Does anyone in the class know a newborn infant, or one under two months of age? (If not, ask the students to use their imagination; if someone does, ask the student to tell the infant's name and age, and give his/her observations about how helpless the infant is. Comparison may be made with newly hatched chickens, which can run around immediately, or with a newborn colt which can stand and walk, and knows just where to go for its dinner.

On the blackboard, write the following headings, and ask the class to give suggestions for filling in the information regarding each age. The students may enter this information in their notebooks as the discussion proceeds.

THE NEWBORN

Ways He Is Helpless	Adaptive Capability
He cannot move his body from one place to another.	He can breathe
He cannot see clearly.	He can suck to get his food.
He cannot feed himself.	He can eliminate.
He cannot talk.	He can move his arms and legs, and grasp things with his fingers.
He cannot use the toilet.	He can cry to make his needs known.
He cannot dress himself.	He can hear.
He doesn't know who is in his family.	He can see in a blurred way at birth, and more clearly every day.

His mother's voice and smell are familiar to him.

THE ONE YEAR OLD

Ways He Is Helpless	Adaptive Capability
<p>He cannot walk steadily, if at all. He cannot speak in sentences, and explain his needs. His movements are awkward; he cannot manipulate toys well. He cannot dress himself. He cannot bathe himself. He needs help with feeding. He needs help in accepting substitute care for mother (e.g., if in daycare).</p>	<p>He can crawl. He can say a few words. He can grasp a spoon and try to feed himself. He can signal to his mother by crying when he needs help. He can hold toys, and explore them with mouth. He can explore his world by looking, reaching and crawling. He knows his family, is attached to them and treats other as strangers.</p>

THE TWO YEAR OLD

Ways He Is Helpless	Adaptive Capability
<p>He needs help in dressing and bathing. He needs help in going to bed. He needs help in using the toilet. He needs help in knowing what activities are allowed, and what not (e.g., running into the street). He needs help in accepting substitute care for mother.</p>	<p>He can walk well, and can run. He can climb up and down stairs. He can talk in words and small sentences. He can play with toys. He can understand that he is allowed to do some things, and not others. He can respond to the word "NO". He has the ability to say "NO", because he has a sense of self. He knows whether he is a boy or girl.</p>

THE THREE YEAR OLD

Ways He Is Helpless	Adaptive Capability
He still needs help with dressing and bathing, and going to bed.	He can dress himself, with some help. He can feed himself.
He needs help in learning to do things with his muscles -- e.g., riding a tricycle, climbing a tree, doing puzzles.	He can speak in sentences and sing songs. He is developing a sense of humor. He can do things with his small muscles, and his large muscles.
He may still need help with toilet training.	He is learning to play with other children.
He needs help in putting his thoughts into words.	He knows about sexual differences. He understands about activities that are, and are not allowed.
He needs help in knowing what he may and may not do.	He has strong feelings of love and anger, and can express both.
He needs help in learning how to play with peers.	He is less likely to experience marked distress about separation from mother, than at an earlier age.

Another way of looking at Dependence and Self-Reliance

The teacher will use a diagram such as a scale on the blackboard, the numbers showing the degree (use percentage or any other easy to grasp concept of degree) of **self-reliance** of the **newborn** progressively up to the self-reliance of the **grown-up**. The class will discuss and chart what they think might be the age-appropriate degree of self-reliance at birth, one year, two years, three years, twelve years (their own age) and adult.

(next page)

DEVELOPMENT OF SELF-RELIANCE

Adult.

Age 12 Years.

Age 3 Years.

Age 2 Years.

Age 1 Year.

Newborn.

0	10	20	30	40	50	60	70	80	90	100
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Assignment

In the next class session, we shall talk about **why** an infant undergoes such development between birth and three years. Is it something inside him that pushes him? Is it what his parents do?

Before next time spend half an hour observing an awake baby of any age under three. Be prepared to tell the class about your observations. Consider these questions: (1) Did the baby seem to be learning anything? (2) If so, how did he go at it? (3) Did he seem really to want to do whatever he was doing? (4) Did his mother take some part in this, or was she busy with something else?

Outcome

The students will have increased appreciation of the adaptability and learning that infants demonstrate in their first three years.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 6**

UNIT 2 - THE TODDLER YEARS (1 to 3)

PHYSICAL DEVELOPMENT:
ADAPTIVE CAPABILITIES / DEGREE OF HELPLESSNESS --
Part 2 (CHILD REARING)

Objective

The students will become aware that the infant's physical development which provides the foundation for his emotional growth, depends upon both his own inner thrust toward growth, and the nurturing and stimulation he receives from his parents.

Class Discussion

Ask the students to report on their observations of infants less than 1 year old, giving the name and age of the baby, and telling:

1. What the baby was doing (hopefully other than sleeping) while he was being observed.
2. How did he go about these activities?
3. Did he really seem to want to do what he was doing? How would you describe his mood?
4. If his mother was with him, what did she do, did she interact with the infant?

When any students describe **strong** attempts of an infant to grasp rings, or pull himself up, or crawl, the teacher will point to these efforts as indicative of **an inner urge** the child has to grow and accomplish things. Helpful participation of the mother will be highlighted too, as conveying **emotional availability** and **affectionate encouragement** to the child, as well as helping him develop physically and learn.

The students who have observed the two and three year olds will report, and respond to the above questions also.

Further questions to consider

1. Do you think that good emotional and adaptive development -- growing up to be a well-adjusted person who copes with life well and feels good much of the time -- depends in any way upon good physical development? (Yes, if you couldn't talk, or use your muscles, or use your brain, it would be very hard to become a happy, well-adjusted person.)

2. Why do you think some babies develop the ability to crawl and walk and develop responsiveness more quickly than others? (Although babies follow the same patterns of development, they are different in their ways of learning and in their speed of development. Some babies at eight months of age, for example, are very active, learning best by crawling all over, and getting into everything; others are quiet and learn best by looking and listening. Some children talk before they walk, some walk before they talk. Some babies have calm temperaments, some are easily excitable; some have a low activity level, others a high activity level.)

3. Have you heard your parents say whether you were an active type or quiet type when you were a baby? (The students may relate stories about their own experiences as infants.)

4. Is one type better than another? (No, all healthy children learn what they need to learn. However, if a child is **too** active, he will need help in slowing and calming down, and if he is **too** quiet, he will need encouragement in learning to be more active).

5. What can parents do to help a child who is "all motor and no brakes"? (Spend time with him in quiet play, help him to enjoy using his eyes and ears, read stories to him, gently restrain him if he becomes too excited, offer quieter forms of play. Give approval for his accomplishments both in the use of his large muscles, and for the development of skill in quiet activities (e.g., puzzles, blocks) so that he knows he is loved and appreciated whatever temperament he has).

6. What can a parent do if a child is too quiet? (Help him learn to master activity requiring use of muscles e.g., climbing on playground equipment. Help him, but don't push too hard. Give approval for achievement in this type of play and also for the development of skill in quiet activities).

7. What do you think is the most helpful attitude parents can take toward the explorations of an 18 month old child? (Make the environment "baby proof", encourage the exploration, but remove the child warmly but firmly if he does anything to endanger himself, or anything in the house.)

8. Any 1 to 3 year old toddler becomes angry and frustrated when his parents remove him from a fascinating but dangerous object. How can they help him with his feeling? (When removing him, be firm, do not scold, but explain why (yes, in words); acknowledge his feelings of anger, give a hug when he calms down. In **exceptional** instances, if a toddler persists in approaching a dangerous object, a mild swat on the diapered bottom may be necessary, to convey to him firm disapproval.)

Outcome

The students will have seen that infants have an inner thrust toward growth; and they will have learned how parents can promote the physical development of their children,

and the emotional growth which the physical under girds, by being emotionally available, by offering encouragement, help, and when needed, guidance and restraint.

Assignment

If your parents have a baby book about you, look up what is written there about your growth and activities between the ages of one and three. Whether there is a baby book or not, ask your parents to tell you what you were like then, whether you were active or quiet and about your explorations. Write a page describing yourself at that age.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 6**

UNIT 2 - THE TODDLER YEARS (1 to 3)

PHYSICAL DEVELOPMENT:
ADAPTIVE CAPABILITIES / DEGREE OF HELPLESSNESS --
Part 3 (VISIT OF MOTHER AND CHILD)

Preparation for Visit

The mother will be informed that the particular focus of the visit will be on the child's adaptive capabilities.

The teacher will review with the students the material they learned in earlier lessons about a child's degree of helplessness, and adaptive capabilities at various ages. The students will be asked to set aside a section in their notebooks for a journal in which they will record their impressions of the child after each visit. These entries will be dated, and will include the child's exact age. Entries will include the most important things the mother says about the child, and the students' own observations. The students will be prepared for the likelihood that the child will have a stranger reaction to them at first, and will be instructed about the most helpful way to relate to the child.

Visit

The mother may be asked the following questions or others, adapted to the child's age:

What has your toddler learned to do in the past six months?

Does he get pleasure out of trying to do new things?

Does he work hard when he is trying to learn something new?

Does he sometimes get frustrated?

Does he insist on feeding himself?

Does he act as if he has a motor inside him that's pushing, making him do things?

In what ways does he turn to you or his father for help?

Is he changeable -- one minute wanting to be independent, and the next wanting to be held and cuddled?

Following the Visit

The students will discuss their observations and impressions, and record these in their journals.

THE TODDLER YEARS: (YEARS 1 to 3)

WAKE - SLEEP PATTERNING

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 6**

UNIT 2 - THE TODDLER YEARS (1 to 3)

WAKE - SLEEP PATTERNING -- Part 1 (HUMAN DEVELOPMENT)

Reading for Teacher: Textbook UNIT 2, pp. 16-26.

Objective

To understand the importance of good sleep patterns, and to learn about the causes of sleep disturbances which occur during the second and third years.

Class Discussion

The teacher will write the sentence on the blackboard "I have a sense of well-being." The students will be asked to tell what they think that means.

In summary, these things help us to have a sense of well-being:

1. Good physical health.
2. Good feelings about our families and friends.
3. Good things happening during the day -- learning, accomplishing something, sports, being with friends and having fun.
4. Sleeping well at night.

Concentrating on the last point -- why is sleeping well at night important?

If you couldn't get to sleep some night because of an upset in the family, or if you were allowed to sit up until midnight to watch a World Series game, but then had to get up at seven the next morning to go to school, how would you feel? How do you feel when you have a good night's sleep?

Did anyone in the class have a scary dream last night, or the night before? If the student is willing to do so without coercion, describe. How did you feel when you woke up?

Sound sleep, and enough sleep help us all to feel our best. The same is true of babies. A one year old baby may need a nap in the morning, and also one in the afternoon. By the time she is two and a half, she may need only one nap, but still will need a long night's sleep.

Can you think of some things that might disturb the sleep of a young child? (Too bright lights, loud TV or voices, too much or too little heat, illness, hunger or thirst.)

In addition to these disturbances, there are other things that may interfere with the baby's rest:

1. Young children sense it when things aren't going well in the family. If there are arguments or outright fights going on in the home, it will make a child worry about what might happen and this will most likely make the child tense and/or "nervous" (i.e., anxious). This will almost certainly interfere with the child's ability to relax and fall asleep.

2. There is a normal anxiety a child feels when she is beginning to realize that she is a separate person from her mother. The baby is still very dependent upon her mother, and may dread going to sleep because that separates her from her mother.

3. It is normal for a child at times to feel anger toward her mother -- for example, when mother sets an unwelcome but necessary limit, or when mother goes out and leaves the child in someone else's care. Sometimes the child is upset by her own anger toward those she values (for whom she is now beginning to feel love), and that makes it difficult for her to go to sleep, or gives her disturbing dreams or even night-terrors. (A night terror is a frightening experience that occurs in deep sleep, from which it is difficult to wake the child. [We shall learn more about this in later grades.])

4. A 2 1/2 year old normally is beginning to develop sexual feelings. She/he is beginning to develop a special preference for the parent of the opposite sex, and some more negative feelings for the parent of the same sex, who at the same time is very much loved. These conflicting feelings often and normally lead to anxiety and may then lead to some sleep disturbances.

In the next lesson, we shall discuss how toddlers can be helped to develop good sleep patterns.

Assignment

Suppose you are the parent of a two year old boy named Jeremy. Jeremy has a problem. Every time you try to put him to bed, he cries. He may cry for 15 minutes or even longer.

Write a paragraph to say how you would handle this. You may consult with your mother and father if you wish.

Outcome

Students will appreciate the value of good sleep patterns, and the many possible reasons for sleep disturbances.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 6**

UNIT 2 - THE TODDLER YEARS (1 to 3)

WAKE - SLEEP PATTERNING -- Part 2 (CHILD REARING)

Objective

To learn how to help a child develop good sleep patterns and how to deal with sleep disturbances.

Class Discussion

The teacher will review, through questions to the students, why good sleeping patterns are important to an infant's development, and what conditions may interfere with restful sleep. The teacher should point out that these situations are **as stressful for the parent as for the child.**

The students then will be asked to read their papers regarding Jeremy, with the class discussing the methods proposed for helping him with his problem.

In summarizing, the teacher will emphasize that the helpful approach to any sleeping problem is to

- (1) Look for what might be the **cause**;
- (2) If something in the **environment** could be causing the discomfort, correct it;
- (3) If the child is **sick**, do what is necessary to try to make the child feel less pain -- (give appropriate medicine, comfort the child -- remember that TLC [tender loving care] is still and will always be one of the best medicines discovered --, call the doctor if needed);
- (4) If the child is **anxious** ("nervous"), comfort and reassure, but
- (5) Let the child know she **is expected to go to sleep.**

Sometimes it is very hard to know why the child is crying, and what to do. Some parents think that after all, perhaps the baby is crying to exercise her lungs. Do you agree with that idea?

Sometimes a parent thinks that if she spans the baby, he will stop crying. Will he? (Sometimes he will.) How does it make the baby feel? (Something like: "Mother doesn't understand what I'm trying to tell her, and now I don't dare try any more; she hurts me and makes me very angry." The young child stops crying alright, but it will be out of fear of getting hurt even more or because the young child gives up on the parent being a source of help -- which usually has dire consequences for the parent-child relationship.)

Sometimes a parent may just want to close the door, so she won't have to listen to the crying any longer. How would that make the baby feel? ("I'm left all alone, and mother isn't helping me; that hurts me and makes me very angry.")

It is at times not easy to deal with a crying baby. But at all times, try to find out what the difficulty is, and then do what needs to be done **in a constructive manner**: be **considerate, respecting** of the baby, and apply **the golden rule** -- treat him or her the way you would want to be treated if you were the baby.

Most children can develop good sleeping patterns, if the parents

1. **Set a bedtime** that is reasonable for the child's age.
2. Stick to it **regularly**, except for special occasions.
3. Let the child know a few minutes **in advance** that it is almost bedtime, tell him the exact number of minutes, 15, 10, or 5, whatever.
4. Have a **bedtime routine** -- washing, brushing teeth, a story, a kiss.
5. A soft **night light** in the child's room or hall is helpful.
6. **Reassure** the child that parents are nearby. If you are going out, let the child know this and reassure that the caregiver (baby sitter) will be there and Mommy and Daddy will be home by about (as close to the time that you believe you will be home).
7. Tell the child that she **is expected to go to sleep**. Only one drink is allowed after she goes to bed.
8. If the child awakens and cries, try to reassure her doing **the least reasonably** possible, such as without picking her up, since that would waken her more. That is, do as little as is needed that will waken the child more. Talking gently, quieting, and patting gently are often the best; picking up may stir up the whole body.
 In the case of a **night terror**, when she cannot be reassured in this way, it will be necessary to waken her fairly fully to interrupt the state of terror and then, briefly help the child back to sleep. (More on this in later grade.)
9. It is important **never** to make going to bed a **punishment**. The child needs to develop the feeling that going to bed will help him grow, and feel well and strong. If going to bed is used as a punishment, the child may develop negative attitudes about it.
10. If the child **needs a transitional object** (a "comforter" such as a favorite stuffed animal, bottle, piece of blanket, etc.) this should absolutely **be allowed**.

Outcome

The students will have learned how to help a child organize a good sleep pattern, and have some idea of how to respond in a growth-promoting way to problems that arise.

THE TODDLER YEARS: (YEARS 1 to 3)

FEEDING

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 6**

UNIT 2 - THE TODDLER YEARS (1 to 3)

FEEDING

Part 1 (HUMAN DEVELOPMENT)

Reading for Teacher: Textbook UNIT 2, pp. 27-30.

Objective

To become aware of the importance of developing healthful feeding patterns during the toddler years.

Class Discussion

The toddler in his or her general push toward autonomy (to do things himself or herself) and self-reliance likes to take part in his or her feeding process. How does a one year old try to do this? (He will grab a spoon and try to feed himself.) What can a three year old do? (He can handle a spoon and fork quite well, and feels good about feeding himself.)

Do toddlers have likes and dislikes in foods? (Usually.) How do they show these? (They usually will protest. If they are forced to eat something they dislike, they may even throw up.)

If a child hates some food (which means that its taste is repulsive to the child) that is good for him, is it necessary for him to eat it? (No, besides, the child may throw it up anyway. An equally nutritious substitute food can be offered, which he probably will accept. Bribing a child with sweets may make the child eat the hated food, but it also will make him/her rely on such bargaining methods which can cause problems later, not the least of which is that eating can be felt to be most unpleasant.)

A child who may show his growing autonomy and self-reliance by feeding himself, and by expressing his likes and dislikes, may at the same time do something very babyish -- he may insist on having a bottle at night, even though he may long ago have given up daytime bottles. Is this because he needs night feedings the way he did when younger? (No. A child of two and a half or three who does this is using the bottle more as a comforter than for food. It is a way of saying "I can accept going to bed and being separated from mother and father, with the comforting help of this bottle which reminds me of being with her or him." If we recognize this, we can see that **having the comforter-night-bottle can be a very helpful tool toward gaining age-appropriate autonomy and self-reliance.** The same can be said for the child's **thumb-sucking** or using a **pacifier.**)

It has been said that in addition to being well-cared for and loved, the condition of a person's body at age 40 depends upon, or at least is very much influenced by, his eating habits as a toddler. How can this be? (If he learned to eat well-balanced nutritious meals then, he still will, and probably will be a healthy person. If he ate mostly "junk food" then, he may get into the habit of doing that, and without enough nutritious food he may be more vulnerable to tiredness and illnesses, his general health may be in jeopardy. He will not have the needed amount of proteins, vitamins and minerals to build a healthy body, to grow up to be a healthy older person.)

What kinds of foods are health-building? (Meats (not fried) vegetables, salads, fruits, whole wheat bread, cereal, milk).

What kinds of foods are not health-building? (The "too-much" types -- foods that have too much fat, too much sugar and too much salt.)

Why are these bad for you? (**Too much fat** may, when an adult, lead to heart trouble and much more serious illness [such as strokes -- caused by a vascular accident in the brain]. **Too much sugar** can cause dental problems, and can even lead to diabetes in those who are vulnerable to it. **Too much salt** can later in life cause problems with high blood pressure. Also, if one **over-eats** one can become overweight. When overweight, one does not feel one's best, and one is more likely to develop heart and blood pressure problems later.)

Does this mean that a person should never eat ice cream? (No; sweets once in a while are a treat and will not harm a person; eating **too much** rich ice cream is not a good idea.)

Suppose a person has grown up eating foods that are too fat, too salty or too sweet. Can he ever re-educate his pattern of eating? (Yes, it isn't easy but it can be done. It pays to work on this because a person's health will be better and he/she will look and feel better if he has a healthful diet.)

It is best, however, to start a good diet in infancy. Infants learn certain patterns of eating, and generally they grow up maintaining these patterns. For example, if an infant frequently is handed salty French fries to eat, his body will become used to that extra fat and salt, and he will tend to overload on these things as he grows older.

Assignment

Write a paragraph in answer to these questions.

1. When the mother of two year old Andrew puts a plate of food in his high chair tray, he plays with it, but doesn't eat very much. He would dawdle for an hour over it, if his mother would let him. What would you do about this?

2. Helen, age 2 1/2 has parents both of whom work outside the home. They go out to eat three times a week, usually to a fast food restaurant. Helen likes this, and always

wants the same things to eat: a cheeseburger, french fries with extra salt, a cola and a chocolate sundae. People in the restaurant sometimes say to Helen's parents "What a cute chubby little girl you have!" If her parents were concerned about this, and wanted to change Helen's diet in the fast food place, what could they do? How could they go about helping Helen to accept any changes that would make her diet better?

3. When do you think a toddler should give up his night bottle?

Outcome

Students will understand that for better or for worse, eating habits of infancy set the stage for later patterns of eating and for later states of health.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 6**

UNIT 2 - THE TODDLER YEARS (1 to 3)

FEEDING

Part 2 (CHILD REARING)

Objective

To learn constructive ways to deal with some feeding problems of toddlers; to learn how to help toddlers develop health promoting eating patterns.

Class Activity

Some students who wrote about the first question of the assignment (re: Andrew, the dawdler) will read aloud their answers, and the class will discuss their agreement or disagreement with the proposed solutions.

The teacher will summarize the following ideas:

1. You might try putting less food on Andrew's plate.
2. You should give him a reasonable time to eat it, perhaps half an hour, then if he doesn't want any more, simply remove his plate and take him out of his seat.
3. You should try to make eating time pleasant. A game may help, e.g., "A bite for Daddy, a bite for Mommy, a bite for the dog, a bite for the goldfish".
4. Since the child may dawdle in order to have more time with you, you may suggest a game you will do together after he finishes eating.
5. Scolding, threatening to give him no supper, or force feeding are quite certain to cause the child problems.
6. You need not worry about the toddler starving himself; if he eats only part of his meal, that is usually enough. Unless a child is sick, the child will eat what he needs to grow well.

Some students who wrote about the second question of the assignment (re: Helen, the fast-food lover) will read aloud their answers. After the students discuss these, the teacher may summarize as follows:

Assuming that the parents have a fast-food habit, and will continue to go there, they could reduce Helen's salt, fat, and sugar overloading in gradual ways:

1. They could leave the cheese off the hamburger and later replace the hamburger with chicken, removing the fatty skin;
2. Instead of ordering French fries for Helen, they could give her a sample from their order, with no salt added.

3. Instead of cola, she could have orange juice or milk.
4. Her parents could start using the salad bar, and make it interesting to Helen by allowing her to choose some favorite things there.
5. The chocolate sundae gradually could be replaced by ice cream with fruit on top.
6. If the family continues to have three meals a week in this restaurant, the meals at home should have plenty of vegetables.

Some of the students who wrote about the issue of the night bottle will read their answers. The teacher will emphasize that the toddler asks for this because he needs it as a **comforter**, and that he will give it up himself when he feels secure enough to go to bed without it. Some night, he will toss it aside.

Class Discussion

Review ways that parents can help a toddler to develop habits that will help to keep him healthy as an older child, teenager, and adult.

1. Model good eating habits yourselves.
2. Give him well-balanced meals.
3. Avoid too much salt, fat, and sugar.
4. Respect his likes and dislikes.
5. Make mealtime pleasant with talking together about the child's and parents' activities.
6. Introduce new foods gradually.
7. Be patient with dawdling, but don't allow too much.
8. Avoid mealtime battles -- do not force feed, or threaten punishment for not eating enough; encourage -- do not plead! -- the toddler to eat and if that does not work, quit!
9. Limit sweets to occasional treats.
10. Respect the child's need for a night-time bottle (or his thumb or pacifier).

Outcome

The students will understand how a toddler can be helped to develop healthful eating patterns.

THE TODDLER YEARS: (YEARS 1 to 3)

AFFECTS

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 6**

UNIT 2 - THE TODDLER YEARS (1 to 3)

AFFECTS

Part 1 (HUMAN DEVELOPMENT)

Reading for Teacher: Textbook UNIT 2, pp. 31-39.

Objective

To learn what **affects** (feelings and moods) appear during the toddler years, and when and how they develop.

Class Discussion

The teacher will write the word "Affects" on the board, and ask the class what it means. Since they will know the word as a verb, this understanding can be used to explain its meaning as a noun. (E.g., If your parents decide to move to a strange town, this affects you, and you would have **feelings** about it. When used **as a noun**, the word **affect(s)** refers to feelings and moods.)

As you know, all human beings come into the world having feelings (affects). In the beginning infants don't at all understand their feelings, but they have the capacity to express these, it is "built in" or "inborn". Soon, during their first year, infants develop these in ways that are focused on the important people in their lives, and in ways that eventually, during the toddler years, will show love and hate, sadness and happiness, shame and self-confidence. If that were not so, we would all be robots, and that would make a very dull, not-rewarding, and uninteresting world. Furthermore, happily, the expression of affects shows the parent what the infant is feeling, and helps the parent know what can most constructively be done to help the child grow well.

Two of the most important feelings are **love** and **hate**; other affects that become prominent in the toddler years are **sadness**, **shame**, and the beginnings of **guilt**.

1. Why is **love** important? (If a person feels loved, it makes him feel secure, it makes him feel close to his parents and family and friends, it makes him feel self-confident, valued, and able to do things; as he learns to love the people in his family, it makes his connection with them even stronger, and helps him learn how to make good relationships with other people.)

Does a less than 1 year old infant know how to love? (No, when he smiles and kicks with pleasure when he sees his mother, her presence makes him happy, and he is developing an attachment to her. Those feelings are the building blocks of love.

Attachment to the important people in the child's life grows increasingly stronger during the first 18 months, and **from about 18 months of age on this feeling develops into love.**)

2. When do babies develop feelings of **hate**? (Before they develop feelings of hate, they show anger (hostility) and the desire to hurt someone as early as nine months of age. **Hate**, the wish to destroy someone who is hurting the child in one way or another, also, like love, becomes possible **from the middle of the second year on.**)

What do feelings of hate **toward those to whom the child is attached** usually do to a child if he doesn't work them out? (Hate makes a child afraid that his wish to destroy those to whom he is attached might come true. This invariably upsets him because, except where the hate has become too intense due to much abuse or neglect, he also loves the person he is hating, and this creates a severe conflict of feelings in his mind. Also, hate makes the child fearful of punishment; it makes him feel that he is bad, of no value, it makes it hard for him to form good relationships.)

Learning how appropriately to express love feelings and hate feelings is very important in a child's development. Although the hate feelings can become harmful to the child, they are unavoidable at times, and he can be helped to cope with them in reasonable ways. It is with his primary relationships -- mother, father, sibling -- that this development is worked out. His good supply of love feelings helps to lessen, to mitigate or even neutralize, his hate feelings toward those valued persons. The feelings he develops toward them will become the basic model for his later relationships.

We will talk next time about how to help a child deal with his feelings of hate, and how to respond to his expressions of love.

3. **Sadness** is a mild form of feeling pain which may be seen at times in infants even during their first year. During the second year, this affect often becomes stronger and may last for hours and sometimes longer. A number of things can make a toddler feel sad. It comes commonly to a toddler when nothing is really wrong, that is when the child increasingly becomes aware of his separateness from his mother, which at times now makes him feel alone and very small. This is a normal experience and feeling. And since some sadness is part of everyone's life, the child **needs to learn to tolerate it**, with the sympathetic support of his parents.

4. **Shame** is a very painful feeling, which generally develops from the middle of the second year on. This feeling is aroused when the child feels that he is disappointing to himself or those he now loves. He feels he is not living up to his loved parents' or his own growing self expectations; it makes him feel he is an unlovable and unworthy person. Shame undermines his sense of self-respect, his sense of being of value, of being able to do things and to get along in his world. It can eventually lead to depression, a difficult mood to tolerate.

5. **Guilt** does not appear until near the end of the second year. This results from the child's experience of wanting to hurt or destroy someone he loves. All children have these distressing feelings at times, but from early childhood on, must begin to learn how to deal in a constructive way with the angry feelings they have which cause the guilt.

Assignment

Write a paragraph telling what you would do in each of the following situations:

1. Martin is a newborn. If you were his mother or father, what would you do to help him grow into being a person with strong love feelings?

2. Josephine, age 2 1/2, was playing with her toys when her mother told her that it was nap time. Josephine gathered her toys in her arms, turned her back to mother, and refused to come. Her mother began to take the toys from Josephine, repeating that it was nap time. Josephine burst out with "I hate you, Mommy!" What would you do, and why?

3. You are a baby-sitter with 18 month old Alan, whose parents have gone to the movies. Alan knows you, and you often have had a good time rough-housing together. Tonight, he is just sitting on the floor, looking very solemn, and isn't warming up to you as much as usual. What would you do, and why?

4. Barbara, age 3, has just made a drawing of Mommy, and has taken it to show her. Mommy says, "That's an ugly drawing. Can't you do better than that? Your brother could make good pictures when he was your age." How would this make Barbara feel about herself? About Mother? If she showed you one of her drawings, how would you respond?

Outcome

The students will have become acquainted with the important affects which children develop during the first three years, and their significance.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 6**

UNIT 2 - THE TODDLER YEARS (1 to 3)

AFFECTS

Part 2 (CHILD REARING)

Objective

To learn how **positive affects** in the toddler can be enhanced, and **negative affects** responded to **in growth-promoting ways**.

Teacher Presentation

The teacher will write on the board:

Affects are windows into the child's emotional state. **Empathy** is the ability on the part of a parent or caregiver which enables him/her to look into and through the window and, by the use of her own feelings, to understand what the child may feeling and perhaps why.

Every person, no matter how old or how young wants to be understood, even when he makes mistakes. An understanding attitude toward a person tells him that he is respected, and that his parent knows that he had a reason for doing whatever he did. A person who is treated with consideration, and feels understood is more able to deal with problems than one who is not.

Put yourself in the place of Jonathan, age 12, who shows up at home after school muddy from head to foot. He comes in for a big scolding from his mother, who takes one look, and tells him he is a dirty, filthy boy who doesn't care that he is wearing out his good school clothes, nor about the extra work he is causing her. If you were Jonathan how would you feel about yourself? (Possibly ashamed, certainly hurt and angry.) About your mother? (Resentful.)

Suppose instead of the quick scolding she asked "What in the world happened to you?" Then you could tell her that you were playing baseball, and were lucky enough to hit the ball so hard that two players scored; but to get to second base yourself in time, you had to slide in the mud. What do you think your mother would say then? (Hopefully, that "Well you sure managed to get your clothes good and dirty! You think it was worth it?" To which you could say: "Mom, you should've seen that ball go!") How would you feel about yourself? (A baseball success; but sorry about the dirty clothes). How would you feel about your mother? (She understands how important it was for me to get to second base; she knows how a kid feels.)

Suppose you got dirty for a not-so-pleasant reason. You and a classmate got into a fight, and before you knew it, you were both rolling in the mud. How would you want your mother to react to that reason for having dirty clothes? Would it be understanding of her to ask you questions about why you got into the fight, if you had other options besides the physical battle, and how you settle the fight? Suppose she told you that you were to wash the clothes that you muddied; do you think a parent can be understanding, and still give punishment?

Class Assignment

The class will read and discuss the papers they wrote about Martin, the newborn, about Josephine, who "hated" her mother, Alan who was experiencing sadness, and Barbara who was suffering shame.

In the course of these discussions the following points should be reviewed and emphasized:

1. **Love** is the affect which enables a person to make meaningful relationships, and which contributes to the child's self-esteem, self-confidence, and overall adaptation. The child can develop love by being given love and respect.

2. **Hate** is the affect which **more than any other** puts enormous stress on oneself and on relationships, and undermines self-esteem and adaptation. Hate is the result of experiences of **too much pain of any kind**, be it physical but especially **when the pain is emotional**. However, it is normal for well-adjusted persons to have occasional feelings of hate toward family members and others. It is extremely important to help the child learn to talk about his feelings and work them out in constructive ways.

3. **Sadness** is the affect (mood) which at this age normally comes primarily from a sense of separation from mother, and a feeling of being alone, small and helpless. Encouraging the child to talk, and offering comfort and understanding will help.

4. **Shame** is a very painful feeling which occurs when the child feels disappointed in himself; it makes him feel he is bad and unworthy of love. Children should **not** be shamed when they make mistakes or misbehave. Only in the rarest of times is shame justified in handling young children. Such times might be when a parent has exhausted all reasonable means of trying to get a child to comply with limits and reasonable punishment has failed. We should say that shaming is not an effective way of getting compliance from young children. Only occasionally does it work to advantage. (Constructive limit setting and reasonable punishment will be dealt with in some detail in the lessons in Developing Internal Controls).

5. Developing the ability for **empathy** (to perceive and to a degree resonate with how another person is feeling) enables a person to understand and help a child. This ability -- with which we are all born -- **may be further developed** by:

(a) Being aware of the fact that **feelings are contagious; how you find yourself responding to a child's feelings will give you a clue as to what he is feeling.**

(b) Doing this **empathy training exercise**. Study, look at the child closely,
 (1) Look at the expression on the child's face,
 (2) listen to his voice, and,
 (3) imagine how you would feel if you looked and sounded as he does.
 (4) If you feel that you still cannot read the child's feelings, don't be shy: try to make the same facial expression, make the same sounds yourself, and imagine what could make you feel this way, what feeling you might then have. You may feel uncomfortable doing this at first, just remember that it may really pay off not only in your understanding young children, but even yourself and others.

(c) Realizing that people, toddlers included, have reasons for doing what they do.

(d) Trying to understand the reasons which account for the behavior the child is exhibiting.

(e) Putting your understanding in words to the child.

(f) Doing what then seems necessary -- comforting or setting limits, for example.

6. Toddlers tend to express both love and hate feelings directly. While love feelings are welcomed, some parents feel that a child should not express hate feelings. However, expressing these feelings is not only normal, but a child's doing so enables the parents to talk with him about them and to help him deal with his feelings in growth-promoting ways. A child should never be made to feel that he is bad because he feels hate for someone; he should be given help in coping with this, and by developing reasonable controls over the physical and sometimes verbal (such as insulting) expressions of such feelings. (More on this when we talk about handling hostile aggressive feelings.)

7. If children are not allowed to talk about hate feelings, they may hide (suppress) them, with the danger that these feelings may pile up and burst out under stress, and sometimes in explosive ways; or, children in pushing down their hate feelings may push down their love feelings, too, and become emotionally handicapped.

8. Helping children learn to talk about and work out their negative feelings helps restore their sense of well-being. Good feelings lead to the development of esteem for oneself and others, and to the growth of love feelings in relationships.

Outcome

The students will understand how to increase their empathic ability, and how using empathic understanding can serve the emotional development of toddlers.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 6**

UNIT 2 - THE TODDLER YEARS (1 to 3)

FEEDING AND AFFECTS
Part 3 (VISIT OF MOTHER AND CHILD)

Review

Prior to the visit, the teacher will review the basic principles of successful feeding, and of helping a child deal constructively with the affects he experiences. The mother will have been informed that the session will focus primarily on these two areas.

Visit

The students will ask the mother questions, which may include the following as well as others:

What kinds of foods does your toddler eat?

Does he like to try new things?

What do you do if he refuses to eat something you think he should have?

Do you think it is important for him to eat everything in his plate?

How does your toddler show feelings of love? To whom?

How does he show feelings of anger?

What makes him angry? Do you ever get the feeling that for the moment he actually hates you? How do you handle this with him?

Do you see any signs that he feels guilty because of his feelings of hate? Does he seem to want to "make up" afterward? What do you do then?

Have you noticed sometimes that your toddler is in a low key, sad mood? What seems to bring that on? What do you do about it?

Does he ever seem ashamed of himself, or give you the idea that he considers himself bad? What gives him that feeling? What do you do about it?

In other areas of his development, besides feeding and affects, is there anything special to report since the previous visit?

Following the Visit

The students will discuss the major points emerging from the visit, including their own observations of the affects shown by the toddler, and enter them into their journals, with the date, and exact age of the toddler.

THE TODDLER YEARS: (YEARS 1 to 3)

SENSORI-MOTOR AND COGNITIVE DEVELOPMENT

AND

THE DEVELOPMENT OF INTELLIGENCE

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 6**

UNIT 2 - THE TODDLER YEARS (1 to 3)

**SENSORI-MOTOR AND CENTRAL NERVOUS SYSTEM --
AND DEVELOPMENT OF INTELLIGENCE**
Part 1 (HUMAN DEVELOPMENT)

Reading for the Teacher: Textbook UNIT 2, pp. 11-15.

Objective

To learn about the major responsibilities of the brain and sensori-motor system, and the scope of their development during the first three years.

Class Discussion

The teacher will explain that the words "sensori-motor" refer to the action of the senses (smell, hearing, touch, vision) and the muscles. E.g., The eye sees the ball, the arm reaches for it, and both actions pertain to learning. It all is planned and directed in the brain.

The teacher will write on the board the heading: "Responsibilities of the Brain and Sensori-motor System", and she/he will list the various functions as they are discussed.

Learning Function	Activity
Picturing (Representation)	<p>1. Think about peeling an apple. Can you picture the apple in your mind? Is yours red or yellow? Can you imagine how you would go about peeling it?</p> <p>Our brain has developed the ability to picture something you can't see. It also enables your muscles to pick up a knife, and peel an apple.</p>
Memory	<p>2. Think about what you had for breakfast this morning. Your brain has developed the ability to remember things that have happened.</p>
Prediction and Intention	<p>3. Think about what you plan to do in your summer vacation. The brain is able to imagine things that you want to do in the future.</p>

Eye and Hand Coordination & Large Muscle Coordination	4. Think about playing a game of basketball. The brain enables you to understand the rules of the game, and enables the nerves and muscles of your legs to run, and your eyes, arms and hands to coordinate so you can shoot the ball into the basket.
Fantasy	5. Imagine what you would do, if you could do anything you wanted to do today. Your brain enables you to have splendid daydreams, and also some very worrisome thoughts.

You do all of these things so easily that you may not remember when you couldn't do them. When you were born you were a very young person with possibilities, but your brain and sensori-motor system were very immature. It was only very gradually that you became able to picture something in your mind, that you couldn't actually see it (it was not in your field of vision). In the first few months, when your mother left the room, you couldn't remember what she looked like!

Although every child has his own timetable of development, the average child can:

Recognize a person or object he has known before, at approximately 5 - 6 months.

Picture in his mind, or **imagine** a person or object he can't see, at approximately 16 to 18 months.

Show eye-hand coordination clumsily (as in feeding himself, or in picking up a ball), at one year.

Show large muscle coordination in crawling at 6 months to a year.

Show large muscle coordination in walking and, climbing, between the first, and second years and running between the second and third years.

Show some ability to predict (Mommy will come home!) between two and three years.

Show some ability for make-believe (pretend) between two and three years.

Outcome

The students will have learned that the brain and sensori-motor system develop a complex set of functions already during the first three years of life.

Assignment

Write the sensori-motor functions and their sequence and times of development in your notebooks, and study them for the next class.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 6**

UNIT 2 - THE TODDLER YEARS (1 to 3)

**SENSORI-MOTOR AND CENTRAL NERVOUS SYSTEM --
AND DEVELOPMENT OF INTELLIGENCE**
Part 2 (CHILD REARING)

Objective

To learn how families can support cognitive development through encouragement of sensori-motor activity in their toddlers.

Class Discussion

Ask the students to recall and define the sensori-motor functions, and to give examples from their observations of toddlers they know.

Students will be asked to think of ways that parents or brothers and sisters of an infant or toddler can help his sensori-motor development. Suggestions may include:

1. **Talking** with the child.

Does talking with an infant who can't understand you really help? (Even when he doesn't understand you, your talking with him makes him happy, helps him to focus his attention, will help him recognize who you are. As he grows older, your talking with him gradually will help him learn to use words, and to communicate with you. By talking with him, you can teach him gradually to learn the various sensori-motor skills we have discussed.)

2. **Playing** with the child.

It gives the child a good feeling to be played with and is a way to help the child develop muscular coordination, among other things. How could it do that? (Rolling a ball across the floor for a child to try to catch, helping a toddler climb on and use a tricycle, or a playground slide are ways of helping him exercise his large muscles; playing with small objects, blocks or puzzles will help develop his small muscles, and his eye-hand coordination. Playing make-believe will delight and foster the ability for fantasy in a toddler.

For a younger child, playing peek-a-boo and hide-and-seek will help him develop the ability to remember people and objects that disappear temporarily, (another important aspect of mental development.)

3. **Encourage** the child to go at his own pace.

When talking or playing with the child, it is very helpful to encourage him, and to praise him for his achievements. On the other hand, pushing him to do something he is not ready for (using a slide if he is afraid of it) will make him anxious and discourage him. A child who undertakes new experiences at a slower pace than others will "get there" at a later point. There is a great variation in the normal range of development, and it is helpful to be tuned in with and respecting of the temperament of the child you are helping.

Outcome

The students will appreciate that family members by simple interactions, with infants and toddlers, can support their sensori-motor activity and cognitive development.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 6**

UNIT 2 - THE TODDLER YEARS (1 to 3)

COGNITIVE DEVELOPMENT AND DEVELOPMENT OF INTELLIGENCE --
Part 1 (HUMAN DEVELOPMENT)

Reading for Teacher: Textbook UNIT 2 pp. 11-15, and pp. 40-43.

Objective

To familiarize the students with the steps in the learning processes of infants.

Teacher Presentation

When you see a newborn baby, do you sometimes wonder how that tiny person is ever going to learn all the things she needs to know, in order to get along in this big world? She does learn, and it keeps her very busy!

Observers of infants note that there is a great upsurge of exploratory activity that occurs from the middle of the first year, and continues on into the next, and later years. It is through exploring with her **eyes, ears, nose, mouth** and **muscles** that an infant learns.

Her early activity seems aimless, but gradually it becomes organized. Instead of exploring a block by just putting it in her mouth, the 1 year old will put several together to build something. Gradually her concentration span becomes longer, she pays attention better, she develops persistence, and some degree of frustration tolerance. All of these things help in learning.

Several tools are very important in the development of intelligence, learning and adapting to the world. (Here the teacher may want to make the following chart on the blackboard, and suggest that the students copy it in their notebooks. Some of the tasks listed were introduced in the earlier lesson on the Physical Aspects of Sensori-motor Development.

(next page)

Learning Tool	Meaning	When It Develops
Recognitive Memory	Ability to recognize a person or thing the child already knows.	Well established from 5 or 6 months on.
Evocative Memory Person Permanence Object Permanence	Ability to picture in one's mind a person or object that is out of sight.	Person Permanence about 12 Months on; Object Permanence about 14 months on.
Intentionality	Having a conscious purpose to do something.	Begins at about 6 months; established during second and third years.
Causality	Recognizing that a certain action will have a certain effect.	Begins at about 6 months; established during the second and third years.
Fantasy	Being able to imagine an event or a scene of action.	Eighteen months; will be established by the third year.
Language	Speaking in words, phrases, then sentences and questions.	First to fourth year.

As the definitions are being given, ask the students to give examples of infant behaviors that would illustrate the words.

Assignment

- A. Study the meanings of the words learned today.
- B. Fill in the blanks in the following sentences.
 1. _____ memory develops earlier than _____ memory.
 2. _____ memory means that you can picture in your mind a person or thing you can't see.
 3. A normal six month old baby has _____ memory.

4. When you are asked in school to name the capital of New York State, you are exercising your _____ memory.

5. If a two year old picks up his toy hammer in one hand and a peg board in the other, he is showing _____.

6. When he turns on a light switch, he shows that he understands about _____.

7. When he runs around on all fours, making barking-like sounds, he is showing _____.

Outcome

The students will understand that learning and adaptation follow an orderly pattern and are aided by specific cognitive-learning "tools".

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 6**

UNIT 2 - THE TODDLER YEARS (1 to 3)

COGNITIVE DEVELOPMENT AND DEVELOPMENT OF INTELLIGENCE --
Part 2 (CHILD REARING)

Objective

To review the steps of infants' learning, and to understand how they can be helped in this process.

Review

Ask the students to exchange their assignment papers, and check each other's answers to the definitions of the steps of learning. Clarify any questions that may arise.

Class Discussions

How can parents help an infant to develop his sensori-motor skills? (Giving encouragement, not expecting too much.)

Robert and Richard are two year old twins. Both are healthy, attractive toddlers. Robert will try anything, and is especially advanced in his large motor skills. He climbs up on the playground slide, and the faster he can come down the better he likes it. Richard is not so well coordinated, and he is very cautious, even about climbing on to his tricycle. If you were their mother or father, how would you support Robert's large muscle development? (Show pleasure in his accomplishments, protect him from dangerous adventures.) How would you support Richard's? (Encourage him to try new things, but stay with him when he is anxious, and show pleasure in his accomplishment.) Would it help to tell Richard that Robert can climb on the slide, so he should be able to? (No, even if they are twins, they are very different children. Making comparisons between children, or shaming them into trying something hurts, makes children angry and may do more harm than good.)

By the time they are three years old, Richard has become quite expert in putting puzzles together. Robert's eye-hand coordination is not this far along. He gets impatient when he can't find the pieces and dumps the puzzle on the floor. How could the family support Richard's small muscle development? (Encouragement, praise, playing with him.) Robert's? (Understanding of the difficulty he is having, encouragement to try again, praise when he does.)

Anita is 18 months old. She is beginning to develop the ability to picture in her mind people or objects she can't see. How could her family help her develop this ability? (Play hide and seek, and peek-a-boo.)

Joey is three years old. How can his family help him develop the ability to predict what will happen? (Help him make connections -- daddy will come home at supper time, bedtime will come after the story.)

How can he develop the ability to decide (intend) to do something? (He can be asked to make simple decisions -- which cereal for breakfast, which story for bedtime.)

How can three year old Helen's family help her develop the ability to play "make-believe"? (Spend time with her, pretending to be a dog, cat, lamb, pig, etc., encouraging her to make their sounds; help her pretend to be a mommy with her doll, a fireman with her fire truck. Make-believe is best, when shared with someone, and when it is not frightening.)

Encouragement and approval, playing with children, and enjoying their accomplishments are the ways to support their sensori-motor activity and development. Can you think of anything that would slow down the child's development? (Expecting too much. You couldn't be expected to pass eight grade examinations in sixth grade. We shouldn't expect a 6 month old child to let go of your hair if he pulls it, because he cannot unfold his fist; nor should we expect a one-year-old to feed himself without making a mess.)

Summary

1. **Recognitive Memory**

An infant soon will recognize his parents and siblings because of seeing them every day, and by being cared for with affection, and thoughtfulness and talked to by them. Grandparents and other relatives and friends should be introduced gradually. The infant will come to recognize them sooner, if they don't push themselves upon him, or frighten him by grabbing him out of his crib.

2. **Evocative Memory**

The development of person permanence will be aided if family members are trustworthy about coming and going. No vanishing acts! Tell the infant you are leaving, and after returning remind him that you said you would come back. Peek-a-boo games, and reminding the infant of the names of relatives and friends he doesn't see often, also will help.

The development of object permanence can be aided by playing games that involve losing and finding things. Showing pictures in books, and repeating the names of things also will help.

3. **Intentionality** can be aided by encouraging the infant when he shows a wish to do something himself (e.g., pull on his socks). Allow him plenty of time, and praise him for his accomplishments.

4. **Causality** - Show him how things work, a Jack-in-the-box, light switches, elevator buttons, toilet flushing. Encourage him to operate things that are appropriate and safe, and praise him for accomplishment.

5. **Fantasy** (make-believe) - Join him in make-believe games. When he chooses to pretend to be something else - e.g., a cow, talk with him about what cows eat, where they sleep, what they give us, etc.

6. **Language** - Talk often with the infant. Real words are better than baby-talk. Family conversations at meals help children learn a great deal by hearing people talk with one another. Explain meanings of words; read stories; encourage the child to express himself. Give him plenty of time; don't make fun of his mistakes, but praise his efforts.

Outcome

The students will understand how families and other concerned people can help and support a child's cognitive (key part of intelligence) development.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 6**

UNIT 2 - THE TODDLER YEARS (1 to 3)

**THE DEVELOPMENT OF INTELLIGENCE, AND
WAKE - SLEEP PATTERNING**
Part 3 (VISIT OF MOTHER AND CHILD)

Preparation for Visit

The mother will be informed that the visit will focus on her toddler's development in the areas of memory, make-believe, eye-hand coordination, and on his sleeping patterns.

The teacher will review with the students the previously learned aspects of sensori-motor function, and about sleep-wake cycles.

The students will be asked to observe the child for indications of his development in the sensori-motor area.

Visit

The mother may be asked the following questions among others:

Does your toddler recognize a neighbor or friend he sees once or twice a week?

If he loses his ball behind the couch, do you think he remembers what it looks like, as he hunts for it?

Is he a good climber?

Is it hard or easy for him to build a tower of blocks?

Is he old enough to play make-believe games? Does he like them?

Does he understand that if he presses the light switch the light will come on?

Does he sleep well at night? Does he have a regular bedtime?

Is he willing to go to bed?

If he protests, what do you do?

Does he ever have bad dreams and wake up crying?

What do you do then?

Does he still want a bottle at night?

Following the Visit

The students will discuss their observations, and impressions of the interview and enter these in their notebooks.

THE TODDLER YEARS: (YEARS 1 to 3)

THE DEVELOPMENT OF SELF AND HUMAN RELATIONSHIPS

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 6**

UNIT 2 - THE TODDLER YEARS (1 to 3)

CONTINUATION OF SEPARATION-INDIVIDUATION --
Part 1 (HUMAN DEVELOPMENT)

Reading for Teacher: Textbook UNIT 2, pp. 46-69.

Objective

To introduce the students to the **Separation-Individuation Phase**, and its **Subphases**.

Teacher Presentation

Today we shall talk about new ideas and big words. Take notes, because next time we shall have a Spelling and Definition Bee, and you will need to get ready for it.

Dr. Margaret Mahler studied young children very closely and developed a model for how the young child forms his first relationships and develops the sense that he is an individual. As you probably know by now, she called this the Separation-Individuation **theory**. The Separation-Individuation **phase** in Dr. Margaret Mahler's model of this special area of child development is that part of this development when the infant gradually comes to realize that he and his mother are not as if one unified entity, but that rather, he and Mother are two separate persons. This gradually leads to his developing a sense, a feeling of being an individual. This is a very important development that begins in a very small way at about six months and is quite well developed by the age of three years.

If you think of the **Separation-Individuation Phase** as being like a book, it has four chapters, called **Subphases**.

1. The first is the **Differentiation Subphase**. In this, we see the six or seven month old child who up to now has been happy to be held and cuddled by mother, beginning to move away a little bit. For instance, when she holds him, he may at times turn away from her, not angrily, just to look at something else; when he learns to crawl, he won't always crawl toward her, but often will head for other parts of the room. In fact, his first crawling is usually away from mother. He is not yet aware that he is a separate person from her, but this is a first step toward that.

2. The second, the **Practicing Subphase** happens from about the seventh month until about one and one half years of age. At this time the child acts as if he has a motor inside him. With great energy and with great pleasure he explores his world. Being able to crawl and walk helps his efforts. His explorations are his way of learning, and should be

encouraged. Since he is eager to look at and touch everything, he sometimes gets into forbidden situations such as grabbing at a cup of hot coffee. This leads to frustration for the child when his parents, in trying to protect him say "No"! Not understanding this, the child feels a conflict between the strong need to explore and his parent's forbidding. A child will respond angrily, not knowing that he is really being protected.

This is all the harder for the child because he finds himself being angry with the parent he loves. This mix of feelings which is called **ambivalence**, creates a conflict of feelings within the child.

People of every age experience ambivalence -- which means having angry and even hate feelings toward a person one loves. You love your parents, but there are moments when you are really mad at them (especially when you feel old enough to do something and they say you are not). Your parents dearly love you, but sometimes they are angry at you and feel that you are giving them a hard time. In a healthy family there are many more love feelings than anger and hate feelings. It is important to know that **ambivalence is normal**, and to help children when they are little to learn to cope with the angry feelings they have.

As the child gets further into the Practicing Subphase he, without realizing it, is separating more and more from his mother, and is doing things as an individual. He may get so interested in a toy that he forgets his mother for several minutes at a time. Then he may toddle back to her and touch her, or just look at her and get her smile. We call that kind of checking with her, **emotional re-fueling**. As with a car, with some gasoline added it can go again; and with a Practicing Subphase child "emotional re-fueling" by mother's smile or hug makes him ready to toddle off to his activities again.

3. However, there is some trouble on the way. Next comes the **Rapprochement Subphase**.

Rapprochement is a French word that means "to come close together again." This subphase happens from 16 or 18 months of age until about 24 months of age. It is often a difficult time for both mother and child. The toddler who was so delighted exploring the world suddenly seems to have been hit over the head with the realization that he really isn't part of mother at all, and that he is a very little, fairly helpless being. At one moment he may run to mother and want to climb on her lap and be a baby again; then that autonomy inside motor of his starts up, and he wants to be self-reliant and autonomous, do things himself, and be a separate person. He climbs off her lap, only to get those panicky feelings again, and begs to be picked up. But again he gets the urge to get down and be on his own. Sometimes these conflicting feelings are so upsetting that he cries or fusses as all this is going on. Often his mother is at her wits' end to know how to comfort him, but it already helps a lot if she understands what is going on behind this seemingly conflict-laden behavior.

There are several ways a Rapprochement child is different from a Practicing Subphase child. Because he is older, he is more capable in his movements, and can use some

speech quite more than before. Whereas he could freely explore away from his mother during the Practicing Subphase, now his increased awareness of his separateness from mother results in feelings of anxiety, and the old panicky feelings when mother leaves him, and the old stranger anxiety which had started back at 6 or 8 months of age and may have subsided around 12 months, show up again more or less intensely. He clings to a comforter, such as an old blanket or a pacifier. This seems to help him endure separation from mother. In a way, the comforter temporarily can stand in for her.

Also, the whereas the Practicing Subphase child is joyous and even elated, the Rapprochement Subphase child may become fairly moody. The realization of not being one with mother and of being small and vulnerable brings a feeling of low-keyedness, a soft type of **sadness**.

The child's behavior in the Rapprochement Subphase is different in yet another way. It is a time when "No" is the word he uses most constantly, quite more than before. He is so driven to say "No" that it may come out of his mouth when he doesn't mean it. (E.g., "Would you like some ice cream?" "No, uh - yes!") This saying "No" helps him to feel like a person who can control things; it helps him to feel separate, an individual with a will of his own. In fact, it helps him consolidate his feeling of being a self. Of course these "No's" sometimes lead to a battle of wills with mother, and bring about those conflicted feelings of ambivalence.

Another form of rapprochement behavior we see in his insistence that everything is "Mine". This word refers not only to his own toys, but to anyone else's, or anything else he wants. We believe that he experiences this seeming "greediness" because he feels that he has lost his special kind of closeness to his mother, and is displacing his claim that mother is "mine" onto things and is trying to make up for this "loss" by grabbing at other things. As you see, a child has a hard time during the rapprochement period, and his mother does, too. Just the same, it is an important time because it helps move the child along with the needed job of becoming a person separate from his mother, an individual person.

4. The last Subphase of Separation-Individuation is called **On The Way To Self and Object Constancy**.

Constancy means something that is settled and reliable. **Self-Constancy** means that the infant knows who he is, and that he is a separate person from his mother. **Object Constancy** means that he is clear about who his mother and father and other family members and friends are. This realistic view of his relationships doesn't happen all at once, and may not be complete by three years of age, so we call the subphase **On The Way To Self and Object Constancy**.

During this period, the child works through the panic of the Rapprochement subphase, accepts the idea of separateness, and talks quite a bit about "Me". He develops a still close, loving but more mature relationship with mother, father and other members of his family. We see him identifying (wanting to be like) with them, imitating what they do,

wanting to be like them, and at times making believe that he is Mommy or Daddy. This ability to identify with other people is a very important accomplishment.

Assignment

Study the words we have discussed, and their meanings, for the Spelling and Meaning Bee next time. These are the words to know: Separation-Individuation Phase, Differentiation Subphase, Practicing Subphase, Ambivalence, Emotional Re-Fueling, Rapprochement Subphase, Self Constancy, Object Constancy and Identify.

Outcome

The students will have a conception of some of the steps involved in developing a sense of self as well as of having a relationship with another which are especially made possible by the achievement of self and object constancy.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 6**

UNIT 2 - THE TODDLER YEARS (1 to 3)

CONTINUATION OF SEPARATION-INDIVIDUATION --
Part 2 (CHILD REARING)

Objective

The students will gain further understanding of what happens during the Separation-Individuation Phase, and will learn how the child's development at this period can be enhanced.

Class Activity: Spelling and Meaning Bee

The class will divide into two teams. The teacher will call out the words in the assignment. When a word is called, a student on one team will spell it. Anyone on the opposing team may raise a hand and challenge the spelling. If the speller is wrong and the challenger right, the challenger gets a point for this team. If the speller is right he gets a point for his team.

A person on the opposing team must define the word, and the definition may be challenged as above. The teacher will clarify meanings, and serve as a referee as needed. The team earning the most points will elect two scribes to go to the blackboard as recorders for the following discussion:

Class Discussion

The class will go over the **Separation-Individuation Subphases**, offering suggestions about ways family members can help a child, and about responses that will not help. One scribe will write on the board the suggestions made for the Helpful Things List, and the other scribe will write the suggestions for the Unhelpful Things List.

In the **Differentiation Subphase** the Helpful list might include allowing her to crawl when it is safe, showing pleasure in her ability to crawl, and pointing out interesting things in the room. Unhelpful things would be snatching her up while she is crawling off by herself (unless she is headed for danger); forcing her to look at another thing when she wants to look at something else she finds interesting; making her anxious by handing her to someone to hold whom she doesn't know.

In the **Practicing subphase**, helpful activities would include baby-proofing the house so that hurts and breakages won't happen easily; showing and explaining what the child finds while exploring; encouraging her crawling, walking and climbing, while protecting her from danger; offering "emotional re-fueling" when needed; understanding it when she

shows ambivalence. Unhelpful activity could include having too many breakables within reach, and scolding, frightening or threatening the child when she toddles off limits; rejecting the child because she protests mother's limit-setting.

In the **Rapprochement Subphase** the helpful list could include having patience, understanding what is happening, comforting the child; encouraging autonomy and self-reliance, but also allowing the child to feel like a baby, not shaming her need to be held, or when she is needs to the use her "comforter". The unhelpful list could include scolding the child, shaming her at times when she needs to be held and feel like a baby; spanking also won't help.

The **On the Way to Self and Object Constancy**. The Helpful List would include encouraging the child to identify what is herself and what is part of others for instance, playing the game of "This is your nose, this is my nose." Playing make-believe with her; teaching her to do some of the simple things Mother and Daddy do. Unhelpful activities could include forcing the child to give up her comforter before she is ready; not preparing her for necessary absences of family members; making fun of her efforts to do things grown ups do.

A Final Question to Consider: Why is it important to help a child in the Separation-Individuation Phase? (A child who gets through this phase successfully, with few problems, will be better ready for the next steps. She will know who she is, will realize that she is loved and valued, and will have a fair amount of confidence that even though she is little and separate from mother, she can do things herself and if she needs help she can turn to her mother. She will know that even though she is separated from mother, mother is still there for her. She will have been encouraged in her efforts to learn, and now will be ready to learn new things; she will know that she can control some things, but she can cooperate when her parents say "No". When she gets angry, she can cope with it, and get back on a loving footing with her parents. She will have taken some very big steps toward becoming self-reliant.

Outcome

The students will have an understanding of the needs of the child in the Separation-Individuation phase, and of how their needs may be most successfully met.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 6**

UNIT 2 - THE TODDLER YEARS (1 to 3)

INTELLIGENCE (Continued), AND SEPARATION-INDIVIDUATION --
Part 3 (VISIT OF MOTHER AND CHILD)

Preparation for Visit

The mother will have been informed that the students will focus particularly on the toddler's development of memory, language, fantasy, and on his efforts to become an individual person.

The teacher will review with the class the learning "tools", and the separation-individuation subphases learned in previous lessons. The students will be asked to observe and to decide which subphase the toddler is in at present.

Visit

The questions asked of the mother may include the following, among others:

- How old was your toddler when he showed clearly that he recognizes you?
- Now does he recognize persons outside the family?
- Is he old enough to picture in his mind what a toy looks like that he wants to find?
- Does he seem to know that he can make things happen -- for instance, if he pushes the switch the light will come on? Does he enjoy making things happen?
- Is he old enough to play make-believe? Who plays with him?
- How much does she talk? How do you help him?
- Is your toddler a great explorer? What does he learn in his explorations?
- Does he sometimes have to be rescued from dangerous situations?
- How does he react when you have to pull him away?
- (If the toddler is 16 to 24 months of age) does your toddler sometimes act as if he wants to be a tiny baby one minute, and a big, independent boy the next -- and a tiny baby again the next?
- What do you do when he behaves like that? Does he say "No" a great deal?
- How about the word "Mine"?
- Does he take something from someone else and say it's "Mine"?
- Is he sometimes quite fierce about wanting his own way?
- What do you do about that?
- Do you think that your toddler realizes that he is a separate person from you? Does he understand who is in his family, and who is not?
- When you go out, do you tell him, and let him know that you will come back? Do you think he believes this? How does he show what he is feeling?
- In other aspects of his life, is there anything special to report?

Following the Visit

The students will discuss their observations, and the main points that emerged from the mother's report, and enter these in their journals.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 6**

UNIT 2 - THE TODDLER YEARS (1 to 3)

THE EARLIEST RELATIONSHIPS --
Part 1 (HUMAN DEVELOPMENT)

Reading for Teacher: Textbook UNIT 2, pp. 70-82.

Objective

To introduce the concepts of **Primary** and **Secondary Relationships**.

Class Activity

The teacher will write the following questions on the board and then ask the students to write a story entitled "How I got acquainted with my family."

Imagine that you are an infant between the ages of 0 and 3 years. Give yourself an imaginary name. Your family members are mother, father, sister Eleanor age 4, and brother Ted, age 12. The questions on the board will give you ideas about what to put in the story.

1. As a newborn, imagine how you first became aware of the members of your family.
2. Who was most important to you at first?
3. What did that person do with and for you?
4. Who was the next most important person? What did that person do?
5. What did your brother and sister do with you?
6. When you were 18 months old, how did your father play with you?
7. Did your family ever do things with you that you didn't like?
8. When you were two years old, you were put into daycare. How did you feel about that?
9. How is daycare different from being at home?

Following the writing, students may volunteer to read their stories to the class. All stories will be turned in at the end of the session.

The discussion stemming from the stories should include the following concepts:

1. Infants, as well as people your age and mine, have **two kinds** of relationships:
 - (a) **Primary**, our closest, emotionally most important ones; losing such a relationship leads to a serious emotional (and actual) loss that requires coping with much pain; and
 - (b) **Secondary**, relationships we value, but are not the closest, emotionally most important ones. Loss of such a relationship causes sadness but, other than for exceptions, does not disturb our emotional state of well-being.

2. For the first few months of life, the infant's most important primary relationships are with Mother and, if Father is much involved with the infant from the beginning, with Father. It is very common for infants, during year one, to attach more closely with Mother than with Father. Nonetheless, it is with these persons that the infant forms his first attachments and identifications. Later as a toddler, it is in these relationships that he works out the separation-individuation phase of his development. Consider if the father is well involved with the child at the beginning. There may be a difference in the degree and quality of attachment to the mother as compared to the father.

3. Brothers and sisters also become very important to the infant, especially, again, if they spend time caring for and playing with him.

4. All the family members who live in the home become Primary Relationship persons. Grandparents, if they live elsewhere and are not frequent visitors, friends, and daycare teachers become important but are less emotionally invested persons with whom the infant (at least at first with regard to Grandparents) develops Secondary Relationships.

5. All relationships have a mixture of loving and hating feelings. In a healthy home - - where there is much love, a good dose of mutual respect, and growth-promoting child rearing -- love is much stronger than hate.

6. It is with the Primary Relationships a child has that he learns to express his **love** feelings, **and** to deal with his **hate** feelings in reasonable ways.

7. His Primary Relationships as an infant become the model for all of his later Primary Relationships, and also influence the quality of his later Secondary Relationships.

8. It may be necessary, but it is difficult for a child under 3 years to leave persons with whom he has primary relationships at home, and be put into daycare. Even though the caregivers may be kind and helpful, the small child has strong attachments to his

family and is anxious and upset about leaving them. He **can** adjust well to daycare, but he will need help in doing this.

Assignment

1. Reviewing what you know about the Rapprochement Subphase of Separation-Individuation, write a page describing why a child would need special help if he enters daycare at about 20 months of age. Or,

2. Interview a mother who has a child, age 1 1/2 to 3 in daycare. Ask her how she helped her child to adjust to this, and write a page about it.

Outcome

The students will understand that the relationships within the home are of primary significance to a child's well-being and early development.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 6**

UNIT 2 - THE TODDLER YEARS (1 to 3)

THE EARLIEST RELATIONSHIPS --
Part 2 (CHILD REARING)

Objective

The students will increase their understanding and awareness of the importance of the child's earliest human relationships, and will consider some ways of optimizing their healthy (positive) development.

Class Discussion

Review the concepts of Primary and Secondary Relationships. As part of this discussion the students might consider this question: When might a grandmother be a Primary Relationship for a child, and a mother not? Or an uncle might be, and a father not? (If the child's parents have died, or are out of the home, and he is being brought up by his grandmother or uncle. It is important to understand that even if the relationship with the parent is hurtful and even hateful, a child who lives with that parent will become attached to that hurtful/hateful parent.)

Class Activity

The students will read their assignment papers to the class.

For those who wrote about the Rapprochement Subphase child in daycare, the following points should be emphasized:

1. This age child already is experiencing much anxiety because of his mixed feelings about wanting to remain close to, even part of his mother, but also wanting to be an individual person.
2. In the early part of this phase, the child's ability to securely remember and visualize his mother and father when they are absent is not yet stable, so it is frightening to be left at daycare and have them go away.
3. His family are his Primary Relationships and he hasn't developed many Secondary Relationships so daycare is a unknown experience for him.
4. Entry into daycare should be done gradually, with Mother or Father staying for part of each day, if at all possible, until the child develops Secondary Relationships with the Daycare staff, and can accept reassurance that his parents will return for him.

The above points will be relevant also to the reports of the students who interviewed mothers. They may have additional observations and suggestions.

Class Discussion -- Summary

If we think of relationships as gifts, what gifts do a child's Primary Relationship give him?

(The care of his physical needs.
Love, and the awareness of being valued.
Attachment, and help with individuation.
A model for conscience building.
A model for getting along with people.
A resource for learning about his world.)

How many of you have a Primary Relationship with a toddler? What do you do with you small brother or sister?

What gifts do his Secondary Relationships give a child?

(A picture of the world outside his home.
Encouragement to be an individual person.
Friendship, excitement, fun, opportunities to learn new things.)

How many of you have a Secondary Relationship with a toddler? Tell us what you do with your toddler friend.

Outcome

The students will have an increased understanding of how those who relate to a child in either a Primary or Secondary way contribute to his development.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 6**

UNIT 2 - THE TODDLER YEARS (1 to 3)

DEPENDENCE --
Part 1 (HUMAN DEVELOPMENT)

Reading for Teacher: Textbook UNIT 2, pp. 137-139.

Objective

The student will learn about the three forms of dependence, and how they change as the child develops.

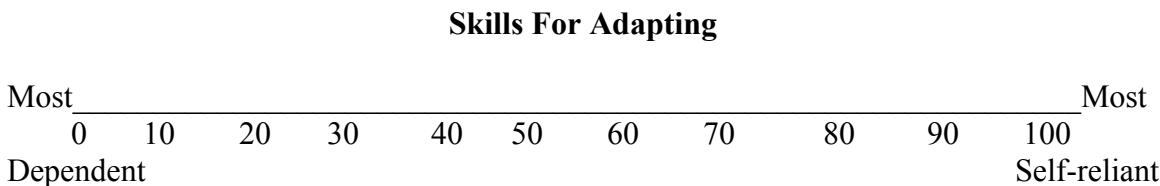
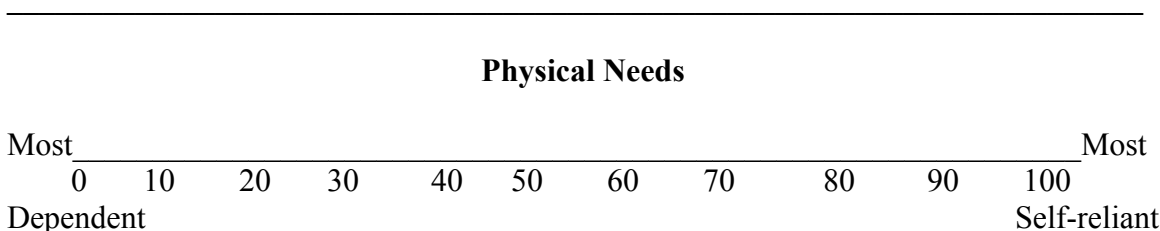
Class Discussion

Ask the students to write in their notebooks what they understand the word "dependent" to mean. Have volunteers read their definitions; ask students to make up sentences using the word "dependent".

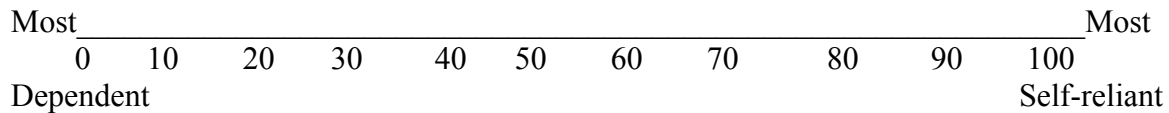
We all know that a baby is a very dependent person. How about people your age? Are you dependent? **On whom? For what?** Do you think people my age are dependent? If so, how?

Teacher Presentation

Draw three long lines on the blackboard:



Emotional Needs



Explain that these are three ways all human beings are dependent. The amount of the dependence changes as we grow older. Discuss and mark on the lines where the students believe (1) a newborn's score should be; (2) a three year old's; (3) a ten year old's; (4) an Olympic Gold Medal winner's and (5) a grandmother's.

However old we are, we never become totally self-reliant (independent), and it would not be a very good idea if we could. Why not? (If we didn't need anybody, and nobody needed us, it would be a lonely world. Dependent feelings and love feelings are tied up together). However, moving toward self-reliance or independence in taking care of ourselves physically and in learning the things we need to know to get along well in the world is very important. Luckily, every infant and every toddler has inside himself a strong urge to grow-up and be self-reliant, so we don't have to worry about their getting stuck at the dependent end of the scale.

Assignment

1. Observe a toddler for half an hour. Write down the ways: (1) that he behaves with self-reliance during that time and (2) the ways he expresses his need to be dependent. Include in your notes the age of the toddler.

2. If you cannot observe a toddler, imagine that you are two years old. Write a paragraph telling in what ways you need to be dependent upon your parents, and in what ways you have learned to be self-reliant.

Outcome

Students will understand that dependence is a universal human condition, which changes in degree and in quality (i.e., "for what" and "on whom") as a person matures.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 6**

UNIT 2 - THE TODDLER YEARS (1 to 3)

DEPENDENCE --
Part 2 (CHILD REARING)

Objective

To learn about **growth-promoting** responses to the toddler's **age-appropriate** dependence and self-reliance needs.

Class Discussion

Ask several students to read their papers about toddler dependency and their thrust for self-reliance or independence. Discuss among other issues these points:

Did anyone observe an instance where your toddler wanted to be dependent one minute and self-reliant the next? Describe. Of what did that remind you? (Rapprochement subphase conflict).

During the time of your observation, (or in your imaginary experience) did you see dependency expressed for **physical** needs? Dependency expressed for help with **coping skills**? Dependency expressed for **comforting or love**?

How did the mothers you saw respond to their children's dependency needs?

Did you see any fathers responding to their toddler's needs to be dependent? To be self-reliant? If so, what did the fathers do?

Do you believe that a toddler would like to be a baby forever? How can you tell?

Do you think it is better to let a toddler be dependent when he wants (really, needs) to be, or is it better just to tell him to grow up? (Only occasionally, except with very timid toddlers, is it helpful to the child to insist that he try to handle things on his own. Of course, children vary in their inner feeling that they can do things themselves; for instance normal toddlers who are timid or shy, may need to be encouraged to do things on their own. Generally though, toddlers want to do things themselves.)

In what ways can you help him with his dependence (e.g., **Physically**, by helping him do what he really cannot, like tying his shoes; with **Adaptation skills**, by not expecting too much too soon; by showing him how to do things but letting him do them at his own pace; **Emotionally**, by comforting, giving him love, and when necessary helping him by setting limits.)

In what ways can you support his wish to be self-reliant? (Answer his questions, show him how to do things, be patient, praise him for accomplishment; accept his need to return to dependent behavior sometimes).

Outcome

Students will have an enhanced sensitivity to a toddler's need for both dependence and self-reliant, and some ideas of how to respond helpfully and constructively to these needs.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 6**

UNIT 2 - THE TODDLER YEARS (1 to 3)

THE EARLIEST RELATIONSHIPS AND DEPENDENCE --
Part 3 (VISIT OF MOTHER AND CHILD)

Preparation for Visit

The mother will be informed that the session will focus on the toddler's relationships, and on dependence (self-reliance) issues.

The teacher will review the concepts of Primary and Secondary Relationships, and a child's need to be dependent regarding his physical needs, development of skills and for emotional nurture.

The students will be asked to observe the quality of the toddler's relationship with his mother, as compared with his relationship with themselves. They will observe also the dependent and independent behavior he demonstrates.

Visit

The students' questions to the mother may include these questions among others:

- Who are your toddler's favorite people?
- How does he show them that they are special?
- Does he ever get angry at his favorites?
- What happens then?
- Are there some people he likes, who are not on his list of family favorites?
- What do they do that makes him like them?
- How does he behave differently with a neighbor he sees often, compared with a stranger who speaks to him in the supermarket?
- Is your toddler as dependent on you as he was six months ago? How is he different?
- Does he seem to want to learn to do things by himself?
- What do you let him do by himself?
- Are there times when he seems to want to go backwards and be a baby again?
- What do you do then?
- How does he show you that he is dependent on you for love and approval?
- How do you give him love and approval?
- How does his father do it?
- In other aspects of his life is there anything special to report?

Following the Visit

The students will discuss their observations, and the major points brought out by the interview, and will enter these in their journals.

THE TODDLER YEARS: (YEARS 1 to 3)

PSYCHOSEXUAL DEVELOPMENT:

THE ORAL PHASE,

THE ANAL PHASE, AND

THE FIRST GENITAL PHASE

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 6**

UNIT 2 - THE TODDLER YEARS (1 to 3)

PSYCHOSEXUAL DEVELOPMENT -- ORAL PHASE --
Part 1 (HUMAN DEVELOPMENT)

Reading for the Teacher: Textbook UNIT 2, pp. 83-106.

Objective

To introduce the students to the six phases of **psychosexual** development, that specific line of our development which pertains to our sexuality and our developing identity as a male or a female. We shall focus here on the characteristics of the first of these sequential phases, the **Oral Phase**.

Teacher Presentation

Who can define what a caterpillar is? What happens to it? What about a tadpole?

A caterpillar is one phase of the life of a butterfly.

A tadpole is one phase of the life of a frog.

People also develop in stages or in "phases"; they don't change their appearance as much as a caterpillar or tadpole, but their phases are important, nevertheless. Here are our phases:

1. From birth to around 18 months of age is the **Oral Phase**. The word Oral refers to the mouth, and during these months a baby's mouth is the body organ around which much important special experiencing occurs and becomes organized. He feeds, feels, experiences much pleasure or frustration through his mouth.

2. Next comes the **Anal Phase**, roughly from 18 months to 3 years. This is the period when the young child is concentrating on toilet training, and derives from this pleasure and a sense of accomplishment or frustration and feelings of failure.

3. The third is the **First Genital Phase** that includes the Oedipal Phase (what we call the "family romance" in Unit 3). It goes from about 3 to 6 years, when the child is very much concerned with sexual differences and feelings, and with questions about genitals and about babies.

4. Then comes the **Latency Phase**, ages 6 to 10 or 11 years, when children concentrate on learning now not only at home but especially in school, on building skills, on learning to do homework, on sports, and on relationships with peers, and more.

5. The fifth is the **Pre-Adolescence Phase**, ages 10 or 11 to 12 or 13, when the young person, while continuing to focus much energy and attention on ever developing skills in schoolwork and elsewhere, is beginning to feel those unique bodily changes that come with getting ready for Adolescence.

6. **Adolescence**: From about 12 or 13 years until 20 or 21, is the period of remarkable transition from childhood to adulthood. Physically, the child gradually is becoming a man or woman. Sexuality now becomes a major concern and organizes one's experiencing of oneself as an individual person with a clear idea of his or her gender-self which influences significantly the character of one's very important relationships to others. This is the time when a young person gradually becomes more independent from his or her family: during the latter part of this phase, he or she may go away to school (college), or take a job; the process of searching for a mate -- which usually will come to pass during young adulthood -- begins during adolescence.

7. **Adulthood**: This is the period when normally the person becomes self-supporting, and usually marries and becomes a parent. Although "grown-up", a person continues to learn new skills and make new, meaningful relationships some of which may -- and generally do -- last throughout life.

Class Discussion

Returning to the Oral Phase: Why is the mouth one of the body organs an infant uses and enjoys most? (He likes to eat to quiet his hunger; it is especially when he eats that he is held and cuddled, it feels good to suck; he explores objects by putting them in his mouth. When he begins to get his teeth, his mouth is important for a much less pleasant reason -- it hurts! Sometime after he gets teeth, he uses his mouth to bite when he gets angry. All during these first months he uses his mouth to comfort himself when upset. He does this by sucking his thumb, a pacifier or a bottle. By the end of his first year he is discovering another use for his mouth -- making words to communicate with his family.

In summary, the mouth is the body organ by which an infant experiences both pleasant and unpleasant feelings in the early part of his life; it is also one of the main ways he learns about his world.

Assignment

Write your opinions about the following questions. You may consult your own or another mother if you wish.

1. How can you tell by watching an infant feed, that he is having great pleasure in using his mouth?

2. Do you think a toddler should be allowed to suck his thumb or a pacifier? Why or why not?

3. If a toddler refuses to eat a special vegetable or meat, should he be made to eat it? Why or why not?

4. If babies enjoy using their mouths so much, why don't they all over eat and get fat?

Outcome

The students will have had a brief overview of the phases of development, and will have learned about the significance of the Oral Phase of development.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 6**

UNIT 2 - THE TODDLER YEARS (1 to 3)

PSYCHOSEXUAL DEVELOPMENT -- ORAL PHASE --
Part 2 (CHILD REARING)

Objective

To review the developmental phases; to consider ways of supporting healthy development during the Oral Phase.

Class Activity

The teacher will write on the board in mixed-up order the following words: Latency, Anal, First Genital, Oedipal, Oral, Pre-Adolescent, Adulthood, Adolescent. The students will be asked to write the words in their notebooks, in the order that they occur in a child's development, and to write a sentence about the main pre-occupations or concerns children tend to have in each phase. When finished various class members will be called on to read their answers.

Class Discussion

The teacher will review the important aspects of the **Oral Phase** (focus on the mouth to gratify hunger, as resource for learning and exploration, and for its association with pleasurable feelings, cuddling and love, its painful attention-getting by emerging teeth).

The class will then discuss the four questions of their assignments:

Re: Pleasure in the use of the mouth -- the calm, contented, or excited expression on the child's face confirms this.

Re: The thumb or pacifier -- sucking is not only a pleasure to the child; it also comforts him when in distress. Normally thumb-sucking does not injure the mouth (make teeth protrude). Usually a child will give up using his thumb or pacifier when he no longer needs it.

Re: Forced feeding -- this turns meals into a battleground. Children should be offered and encouraged to eat a good variety of food, but not forced. Over time, they usually will balance their diet. Children, like adults, are entitled to dislike some foods. The cautions learned previously concerning limiting salt, sugar and fat should be noted again.

Re: Babies over-eating -- although the mouth is one of the infants' chief organs of pleasure, they have a built-in mechanism, which will prevent them from over-eating, **unless** they are not getting enough TLC (tender loving care) and love. If that is the case, they may over-eat in an effort to make themselves feel better. When children get enough affection, they usually eat just what they need.

Outcome

The students will have reinforced their knowledge about the phases of development, and will have learned some ways of dealing constructively with the oral phase of development.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 6**

UNIT 2 - THE TODDLER YEARS (1 to 3)

PSYCHOSEXUAL DEVELOPMENT -- ANAL PHASE --
Part 1 (HUMAN DEVELOPMENT)

Reading for Teacher: Textbook UNIT 2, pp. 83-106

Objective

The students will learn that the toilet training experience has psychological as well as physical influences in the development of the child's sense of self and personality.

Class Discussion

Review briefly the facts of digestion -- the breaking down of food into forms which nourish the body's cells, the non-nourishing part being disposed of by the body in bowel movements. Impurities and excess fluid taken out of the food by digestion and metabolism are also disposed of in the form of urine which is collected in the bladder.

Why is it important to have these disposal systems working well? (For one's health; one would become very sick if the "plumbing" didn't work).

Nature sees to it that the organs that serve us by ridding the body of undesirable food and drink waste products (the "plumbing" we said) does work right from birth. But the system needs regulating. That regulating, or **toilet training**, is a central concern of a child's life for a number of months, at the end of the oral phase. The child's elimination concerns and preoccupation is what led developmentalists to call this new phase the **Anal Phase** because the child's attention is now especially focused on the anus, the part of his body which controls the outlet for solid wastes, and is involved in toilet training.

Why is it important that a child learn to regulate his bowels and bladder? (For **hygienic** reasons -- germs that normally are found in bowel movements would be spread if children were not kept clean; for **social reasons** -- one would not want to wear diapers forever; and for **psychological** reasons -- successful toilet training helps a child learn to control urges that arise within him or her, to accept to comply with reasonable demands made on him, and also gives the child a sense of capability and accomplishment, and of having won his parents' approval).

When should toilet training begin? Some parents believe that a baby should be started when just a few months old. Is this a good idea? (No, the infant's ability to activate the anal sphincter muscle is not sufficiently developed for so young a child to control his or her bowel movements. If he or she is very young, it is a matter of the mother guessing

when he or she needs to go, and she then puts the infant on the potty chair. The child does not accomplish anything herself, and it is not a cooperative learning procedure between mother and child nor one in which the child takes initiative or gains all the psychological benefits mentioned above).

Although children vary, the time between 2 1/2 and 3 years of age is usually a very favorable starting time. His ability to make these muscles act when he wishes is now mature enough so he can control them by making an effort. Also he can talk by then and let his mother know when he needs to use the toilet.

Even having the advantage of waiting this long to start, a child has mixed feelings about being toilet trained. He is at the stage where he is realizing that he is really becoming a "self". Now, when that burgeoning self feels that to comply with what is expected of him is giving up some feeling of being a self, makes him feel that he is giving over control of his body to Mother, which happens commonly at this age, the child may then not want to do what mother wants. This is often not understood by parents which then makes them feel that their child is simply stubborn and ornery, if not worse!

In addition, the child sometimes considers her bowel movements part of her body, and may then fear giving them up. On the other hand, she very much wants to have the approval of her parents, and when she is praised for using the toilet, she feels that she is doing what they do, and that she has accomplished an important task. Her feeling of being a "self" will be increased by her accomplishment. This, in turn, will make her want to learn other skills as well. She also will have learned that there have to be some rules in life, and that one can live with them.

However, if the mother-child relationship is not as comfortable as it should be, the child may not be willing to cooperate with his mother's demand that he control his bowels and bladder, and use the toilet. He may feel that she is imposing her will on him, that he has no rights. If he is scolded, he feels he is a failure, and if he gets too frustrated and angry, he may fight back by painting the wall with his bowel movements. He may develop a resistance to being clean which can continue when he is older.

Summary

Within the usual positive mother- (or father-)child relationship, the Anal Phase of a child's life brings important developments: he attains bowel and bladder control, derives pleasure in his parents' approval, is affirmed in his sense of self, sees himself as a person who can accomplish something difficult, and finds that he can accept rules. He learns to negotiate -- to give up something (his freedom to move his bowels and urinate at will) for something he values more (his parents' approval and love).

Outcome

The students will begin to acquire an appreciation of the influences and values of the toilet training experience.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 6**

UNIT 2 - THE TODDLER YEARS (1 to 3)

PSYCHOSEXUAL DEVELOPMENT -- ANAL PHASE --
Part 2 (CHILD REARING)

Objective

The students will learn how a child may be helped to have a positive toilet training experience.

Class Exercise

Mrs. A. believes that babies should start toilet training as soon as possible. "The sooner they begin, the sooner they'll be trained", she says. As soon as Jenny could sit up, at about 12 months, Mrs. A. strapped her onto the potty chair several times every day for about 15 minutes each time.

Mrs. B. believes that children give their mothers signals when they are ready to start training. She wondered how long she would have to wait for Brian's signal, but one day when he was two, he showed her that he wanted to use the toilet, like big people.

Write a paragraph, telling whether you agree with Mrs. A or Mrs. B. and why? Which child would finish training with a sense of accomplishment? Which child might resent being trained. Why?

Mrs. C. is a very busy mother, who suffers from headaches almost every day. It really upsets her when three year old Kevin wets the bed at night, or has an accident in his pants while playing. At these times, she tells him that he is giving her a headache, that he is a dirty boy and should be ashamed of himself.

Write a few sentences to explain how Kevin feels, and how the scolding affects his progress in becoming trained.

Mrs. D. doesn't take bedwetting or other toilet training accidents very seriously. She says that she knows Barbara is trying, but accidents can happen to anyone. She lets Barbara help her take the sheets or soiled underwear to the washing machine, and holds her up to turn the machine on.

Write a few sentences to explain how Barbara feels about accidents, and how you think her mother's attitude affects her training.

We learned in the previous lesson that a successful experience in toilet training can increase a child's positive "sense of self". Write a sentence suggesting how a parent can help a child feel that he has accomplished something important, that he has taken a step toward being a responsible and self-reliant person.

Class Discussion and Summary

The class will discuss their answers to the above questions. In summary the following points should be emphasized:

Toilet training, when begun before the child is physically and emotionally ready for it, can be a tiring, uncomfortable procedure. The baby is not mature enough to be able to cooperate with the mother, and the learning and development that can come with cooperative toilet training just does not take place. The pot is only another diaper so far as the child is concerned. But she does get the idea that mother makes her uncomfortable several times a day. A mother who can wait until her child's ability to control his muscles is strong enough to permit the child to get to the toilet on time, will have more success. By this time the boy or girl wants to please Mother, wants to use the toilet the way Mother and Father do and accomplishing this leads to an increased sense of self-respect, autonomy, and capability.

These benefits will not happen so well, if the child is made to feel ashamed when he has accidents. Accidents should be met with understanding, and accomplishments with praise. To accept being toilet trained, the child does give up his freedom to "go" when and where he feels the urge. This he is willing to do in exchange for his parent's approval and love. The accomplishment he feels in having mastered toilet training will make him feel competent and want to learn other things as well.

Outcome

The students will have learned that patience, understanding and approval help a child to accomplish toilet training, increasingly affirm his "sense of self", develop a feeling of competence, a feeling of pleasure in being able to "do things himself" and these in turn stimulate his desire for further learning.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 6**

UNIT 2 - THE TODDLER YEARS (1 to 3)

PSYCHOSEXUAL DEVELOPMENT -- THE FIRST GENITAL PHASE --
Part 1 (HUMAN DEVELOPMENT)

Reading for Teacher: Textbook UNIT 2, pp. 83-106.

Objective

To learn about the earliest manifestations of the human child's awareness of sexual issues like questions about where babies come from, concerns about their own genitals and even those of others.

Class Discussion

Gender differences are a very important part of our lives, and even very small children experience this. At what age do you think a child begins to wonder about being a boy or being a girl? (If a child bathes with a sibling of the opposite sex, he or she may notice differences at one and a half or two. When a little boy can talk, he may well ask why he has a penis and his sister may ask why she doesn't.)

Is this concern normal? (Even if a child, boy and girl, doesn't ask questions, it is known by many developmentalists to be a subject of strong interest, and it is a normal one.)

Do children worry about being different from each other? (Sometimes they do -- a girl may feel that she used to have a penis, and lost it because she was bad; a boy may worry that he will lose his if he is naughty.)

Do toddlers have feelings in their genital areas? (Yes, it feels good to them when their diapers are changed and children will touch themselves because of the pleasant feeling it gives them. This is normal behavior, but a child should be helped to develop a sense of privacy about his or her genitals and one way is to gently tell the child that one does not do this in the presence of other people.)

How soon do children show an interest in babies? (This appears at about the age of two. Although both boys and girls are interested, with many girls it seems to be a strong fascination. However, it is also normal at this age if a boy is fascinated with babies, and a girl with trucks!)

When do children start asking where babies come from? (Many will ask this at about two and a half or three.)

How is the best way to answer this question? (In the simplest way possible -- e.g., by telling the truth! For example: "The baby grows inside the mommy in mommy's "baby sac" or uterus, from the seed the daddy gave her.")

Isn't it better to say that the baby was brought in the doctor's bag, or by the stork? (A child soon discovers the facts from others and may then wonder what else the parents lied to her about. The development of trust in parents is re-enforced by the parents' telling the child the truth.)

Sometimes a 3 year old boy will say he is going to marry his mommy, and a little girl will say that she will marry her father. Is that normal? (Yes; this early "family romance" helps to prepare the child emotionally for finding a mate when he or she becomes a young adult.)

Outcome

The students will have become aware of the early interest children have in learning about, experiencing, and beginning to establish their sexual identities.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 6**

UNIT 2 - THE TODDLER YEARS (1 to 3)

PSYCHOSEXUAL DEVELOPMENT -- THE FIRST GENITAL PHASE --
Part 2 (CHILD REARING)

Objective

The students will consider how the interest of toddlers in their sexual identities can be dealt with in sensitive and growth-promoting ways.

Class Discussion

A mother found her three year old little boy, and his little girl cousin playing "doctor" with each other, and examining each other's genitals. What should she do? (She would be helpful if she would tell them that of course they are interested in how each other is made, but they are not old enough for such activity, to stop it, and offer to answer their questions. It would not help to shame them, and it probably would make them feel that their very normal interest and preoccupation made them bad children.)

Some children grow up thinking that everything about sex should be secret, and not talked about. Why do they develop this feeling? (In part, but in part only, many children get the feeling at home that their parents are uncomfortable talking about and dealing with sexual feelings and thoughts and that the parents do not know how to help their children well on this issue. Another factor that makes children feel they have to keep their sexual thoughts secret -- and they do have a right to privacy -- comes from their fantasies about sex, a complex issue for all children. And these fantasies start much earlier in life than most parents think.)

Do you think answering children's questions, will make them too interested in sexual matters? (No, if they get answers that are sufficient and they are given guidance, they will more likely turn to other interests until they reach adolescence.)

Since the world is organized into males and females, how would you help a three year old girl feel glad that she is a girl, and a three year old boy feel glad that he is a boy? (Ask the students for their own thoughts on this. Then, help them see that in the home mommy is important and daddy is important, one not more than the other; express appreciation for what the child can do, as a boy, or girl; encourage the child in his or her interests; love him or her as he or she is. A child should never be made to feel that he or she "made a mistake" in being born a boy or girl.)

Outcome

The students will understand that the toddler's normal preoccupation with and interest in sexual matters should be treated thoughtfully, and with respect.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 6**

UNIT 2 - THE TODDLER YEARS (1 to 3)

PSYCHOSEXUAL DEVELOPMENT --
ORAL, ANAL, AND FIRST GENITAL PHASES --
Part 3 (VISIT OF MOTHER AND CHILD)

Preparation for Visit

The mother will be informed that the discussion will focus on the toddler's earlier use of his mouth as one of his favorite organs, and on the toilet training experience. Since the child might be made uncomfortable by these discussions, it will be suggested that the mother come alone to the visit.

The teacher will review the characteristics and importance of the Oral and Anal phases.

Visit

The mother may be asked the following questions among others:

Does your toddler still explore things by putting them in his mouth? Why did he stop?

Does he enjoy eating? Does he eat too much or too little? Does he have special likes and dislikes?

Does he suck his thumb? If so, when does he do it? Why do you think he does it? Do you think it is all right for him to do it?

How did you help him when he was teething and his mouth hurt?

Have you started toilet training your toddler? If not, when do you think his training should start?

If he has started, when did he begin? Did he give you some signals that he was ready to start? How far along is he now?

How did you go about teaching him to use the toilet? Does he seem to want to cooperate? Has he sometimes fought against toilet training? When he makes it to the toilet in time, do you praise him? Does he seem happy about that? Does he get upset when he has accidents? Do you mind it very much if he sometimes wets the bed?

Do you think he realizes that he is a boy and not a girl?

He has asked questions about why his body is different from yours?

Has he asked where babies come from?

What did you tell him?

Does he show interest in babies he sees?

Has he ever said that he wants to be a daddy when he grows up?

In other aspects of his life, is there anything special to report?

Following the Visit

The students will discuss and record the information given by the mother.

THE TODDLER YEARS: (YEARS 1 to 3)

AGGRESSION

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 6**

UNIT 2 - THE TODDLER YEARS (1 to 3)

AGGRESSION --
Part 1 (HUMAN DEVELOPMENT)

Reading for Teacher: UNIT 2, pp. 128-150.

Objective

The students will learn about the several aspects of aggression; how certain aspects are serviceable, and should be encouraged, while for other aspects the child needs to learn reasonable controls.

Story: The Four Aggressions of Natalie Normal.

Natalie is an attractive healthy toddler eighteen months old. She has just finished **eating** a good lunch of a peanut butter sandwich, a banana and milk. She goes to her toys, and starts building a tower with her blocks. It keeps falling down, but she **keeps trying** and finally it stays up. She claps her hands, and runs over to hug her mother in her delight. Then she goes **exploring**. While her mother is washing dishes, she investigates the pots and pans in the cupboard near her mother. When mother goes to answer the telephone, Natalie pulls a chair over to the counter, climbs up on it, opens the door of a high cupboard, reaches for the can of sugar which falls off the shelf. The floor is a white, crackling mess when mother flies into the kitchen upon hearing the crash. Mother is very annoyed, swiftly lifts Natalie down from the counter, telling her firmly that she must never climb up there again. Natalie, **frustrated** in her exploration and **angry** at mother, runs over to the cat and **pulls its tail**. When mother tells Natalie that she must not hurt the cat, she becomes furious. She lies on the floor, kicks and screams. She looks like an entirely different child from the one who, a half-hour earlier, had built the blocks and had hugged her mother in delight. Mother helps her regain control of herself in the tantrum.

On another day, Natalie Normal became angry for another reason. She was feeling all mixed up about whether she wanted to stay very little, and be a part of mother always, or whether it would be better to grow bigger and be a person who could do things on her own. She crawled up in her mother's lap and was beginning to feel cozy there when her mother gave her a hug and held her close; but that reminded Natalie that she wanted to grow up, so feeling annoyed, she pushed mother away and slid off her lap. Just then father said "Come on, Nat, let's put these toys back in the toy chest." Then Natalie felt it would be better to be a baby in her mother's lap, and she felt annoyed at father for wanting her to do grown-up things. Soon she learned to say that important word "No". If someone wanted her to come to get her boots on, and she would say "No", it made her

feel like a big independent person, for a moment at least. Sometimes she and her parents would have a real battle of wills. Natalie never won, of course, except that little by little they did make her feel that she was a person whose feelings were important. Her parents always reassured her that even if she couldn't have her way about something, **her feelings are important**. Another word she began to use a great deal was "Mine". This word sometimes got her in trouble too, when she wanted things that weren't hers.

Most of the time Natalie loved her parents dearly, but when they frustrated her explorations **too** much, or took things away **too** often, she would get so angry that she would blurt out "Me **hate** Mommy". Then her mother would say that mommies and children sometimes do get very mad at each other, and that saying this is OK, but hitting and biting are not. Then after a while the love feelings would come back again, with hugs to prove it.

Class Discussion

The class will be helped to identify **the different forms of aggression**, as the teacher re-reads it slowly.

1. **Non-hostile destructiveness** (or non-hostile destructive aggression): the "destroying" of the food that is eaten. This we do not because we are angry with food, but because we need it to feed ourselves in a healthy manner.
2. **Non-destructive aggression**, or assertiveness, seen in the persistent effort and accomplishment in building the block tower; and in the exploring of the cupboards. There was no intent to be destructive when reaching for the sugar. This is the type of aggression which Natalie needs to develop to become a self-confident, goal-achieving person.
3. **Taunting and teasing** (which is a form of hostile destructiveness) - when Natalie pulled the cat's tail she had angry and aggressive feelings toward her mother for frustrating her, and she "took it out" on the cat.
4. **Hostile destructiveness** (or hostile destructive aggression) - when the anger built up higher than she could bear after her mother took her away from the cat. She then had a tantrum.

Hostile-destructive aggression comes from battles of wills and also from the Rapprochement conflict: wanting to stay little, wanting to be big, and feeling angry when parents aren't fitting into the mood of the moment. It is troublesome that "battle of wills" in which the use of "No" and "Mine" help the child to feel that she is a person with rights and a sense of self, also bring with them feelings of hostile destructiveness in her relationships with her loved parents.

Summary

The teacher will review these types of aggression, emphasizing the usefulness of non-destructive aggression as the fuel for goal achievement, and the problems hostile destructive aggression can cause us in relationships and in ourselves.

Assignment

Think about these two questions and write a paragraph about each.

1. Many years ago there was a widespread saying "Children should be seen but not heard". What does this mean? What is your opinion of this as a child-rearing rule?
2. In some countries of the world, boys are encouraged in non-destructive aggression (assertiveness), while girls are brought up to be quiet and dependent upon the males in the family. What is your opinion about this?

Outcome

The students will have learned that non-destructive aggression is an important part of normal development; that hostile destructive aggression is experienced by every child, and that he will need parent's help in dealing with it constructively.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 6**

UNIT 2 - THE TODDLER YEARS (1 to 3)

AGGRESSION --
Part 2 (HUMAN DEVELOPMENT)

Objective

The students will learn about the development of shame and ambivalence, and about the importance of the role of the parents in providing the stable relationships with whom problems of aggression can be worked out.

Review

The various types of aggression will be reviewed, with discussion of the following questions:

1. Are there some types of aggression that are desirable? (Non-destructive aggression that gives energy to tackle problems, and fuels assertiveness that gives self-confidence).

2. If a toddler were kept in a playpen all the time, what would happen? (His need to explore would be frustrated, he would build up anger and hostile feelings or else inhibit these and become a passive, inhibited child.)

3. Why won't a toddler listen when his mother says "Stay away from that electric plug?" (He has an irresistible powerfully pressured need to explore.)

4. If a child is prevented from exploring, what feelings does he have? (Frustration and anger.)

5. If he is prevented very often, and in an angry way, what feelings does he have? (Feelings of hate toward the person who is frustrating him).

6. Why does saying "No" make him feel good? (It gives him a feeling of power to assert his sense of self, and his rights.)

7. It is unavoidable that the person with whom the child first gets angry is his mother or father. When a mother leaves her child, even temporarily, this activates separation anxiety in him. This makes him so uncomfortable that it arouses anger in him toward her. At other times, when she has to set limits on him to prevent hurts, and a battle of wills results, the child will experience feelings of hate toward the mother he loves. Then why is it fortunate that a child's first hate feelings unavoidably are directed toward mother and father? (No one else would be as tolerant of the child's hostile feelings as the

parents who love him. They will accept these feelings, and help him to deal with them in a reasonable way.)

Teacher Presentation

As we learned in the lesson on Separation-Individuation, it is not possible for a person to love another person 100% of the time. Angry, hating feelings get mixed in with the love feelings which are there most of the time. This mixture of feelings is called ambivalence. Although normal, ambivalence is very uncomfortable. If a child is having hating feelings toward his mother, it makes him feel anxious and ashamed. He feels that he is a bad person, and that he might be abandoned at any moment. For this reason, it is important for parents to accept a child's feelings, but to help him deal with them constructively, so that they will be manageable.

Assignment Reports

Volunteers will read their responses to the questions regarding children being seen but not heard, and about gender differences in the encouragement of assertiveness. The importance of healthy appropriate development in assertiveness will be underscored.

Outcome

The students will have attained an understanding of the values, complications and problems of aggression.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 6**

UNIT 2 - THE TODDLER YEARS (1 to 3)

AGGRESSION --
Part 3 (CHILD REARING)

Objective

To help the students understand how a child may be helped to control and work out feelings of hostile-destructive aggression.

Teacher Presentation

Review of material about aggression:

1. Children are born with enormous energy which we see as the non-destructive aggression enabling them to explore and learn, to develop self-mastery, and later to achieve their goals..
2. It is often hard for a toddler to stop an activity in which he is interested because he is driven to it by a powerful thrust of nondestructive aggression over which he does not yet have internal control.
3. This type of aggression is different from hostile destructive aggression. That is built up when a child is too frustrated in what he wants to do, too deprived in his emotional needs, too hurt by shaming or abuse, or suffering physical pain, such as an earaches.
4. If he is frustrated too often and in a harsh way, he may develop feelings of hate toward the frustrating or abusing person.
5. Too intense hate feelings make a child feel anxious, ashamed and unlovable.
6. A child can accept, or at least better tolerate necessary frustration and emotional or physical pain if he is dealt with warmly (even if firmly) and with respect.

Tantrums - a special problem:

Tantrums are a very difficult problem for both the child and the parent. They are fairly common during the second and third years of life. A child when much **too frustrated** in something he wants to do, may experience feelings of **overwhelming helplessness** and **overwhelming rage**.

Has anyone in the class seen a child having a tantrum? What seemed to set it off? How did the child behave? What did the parent do? Did the child listen? What brought the tantrum to an end? Did the parent and child talk then?

Tantrums have a pattern (or structure). In all tantrums the child's hostile feelings have built up to the level of rage. The rage builds up then gradually, comes to a peak and then fades out gradually. While it is building up to its main peak, there may be small peaks and "valleys", when a child stops screaming for a time, and then begins again more or less loudly than before. If the tantrum cannot be stopped just as it is about to start, there is little use in reasoning with the child once the rage is building up to the main peak. The parent can protect him from hurting himself or others or breaking things, and can reassure him that she is protecting him, and will talk with him when he calms down a bit. After the main peak has been reached, the parent can then listen closely for its leveling off. Once this leveling off occurs, the parent can now talk to the child and the child will be able to hear what the parent is saying. As the rage slowly quiets, the child appears exhausted. Then again, the parent can talk with the child. The child at first will resist the parent's efforts to help him calm and control himself, but gradually his need for love and comforting will outweigh his rage. When offering comfort, the parent can begin to talk with the child about the frustration and the hurt feelings that set off the tantrums, and help him understand why the limit or prohibition was necessary.

Tantrums are very painful and unhappy episodes for both child and parent. However, a parent should never seek to avoid a tantrum by yielding to blackmail. ("Ice cream now or I'll have a tantrum!") This would put the toddler in charge of his mother and would be as dangerous as letting him drive the family car.

Who remembers the story of Natalie Normal whom we discussed last time? Bearing in mind what we have just learned about tantrums, how would you help her with hers, if you were her mother or father?

Ten Commandments for Dealing with Aggression

(Write in Notebooks)

1. Ask yourself what is going on in the child's feelings.
2. Set limits when necessary, firmly.
3. Set limits in a respectful way.
4. Set limits in a clear way.
5. Set limits giving an explanation. ("Because I said so" is not an explanation).
6. Do not set limits if the issue is not important.
7. Comfort the child if he asks for it, even if there has been a battle of wills.

8. Accept it if the child says he hates you; it is your chance to help him learn to deal reasonably with feelings that come at times to everyone.

9. If a child has a temper tantrum, protect him from hurting himself or others, or breaking things; when the tantrum subsides, help him gain control of himself, comfort him, and talk about what happened, and why the limit you set was necessary.

Remember that helping him when he is a toddler to deal constructively with aggression issues will enhance his ability to make good relationships as he grows older.

Outcome

The students will understand some of the ways that they can relate helpfully to problems of aggression.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 6**

UNIT 2 - THE TODDLER YEARS (1 to 3)

AGGRESSION --
Part 4 (CHILD REARING)

Objective

To review the values of nondestructive aggression (assertiveness) and to learn how a child may be helped to become appropriately assertive.

Class Discussion

Have any of you been demonstrating nondestructive aggressive behavior so far today?

Did any of you tell your mother which kind of cereal you wanted for breakfast? (That is being assertive.)

When you had the cereal you wanted, did you eat it? (That is non-hostile aggression.)

Did you decide what you would wear today? (Assertiveness)

Did anyone run a race with a friend on the way to school? (Assertiveness)

Did anyone get into a game with others on the playground? (Nondestructive aggression-assertiveness)

Did anyone read a book or do an assignment during your library period? (Exploratory learning - nondestructive aggressiveness.)

Did anyone have a friendly argument in which both sides said what they thought? (Assertiveness)

Did anyone get mad at someone this morning but managed to talk it out and settle the problem? (Hostile aggression worked out in a non-destructive way.)

Did anyone ask a classmate to go somewhere with him after school? (Assertiveness)

These are all nondestructive aggressive activities which:

Help you explore your world.

Help you assert your needs in a reasonable way.

Help you develop self-mastery.

Help you learn.

Help you get along in your environment, and with other people.

Can you imagine what a person would be like who was afraid to express any kind of aggression? (Such a person would not be able to get into a game because he couldn't let himself compete; he would never give his opinion; he would let other people take advantage of him; he wouldn't learn well because his mind would be on his worries, and because he wouldn't have good self-esteem; he wouldn't have many friends because he wouldn't ever take the first step in being friendly.)

Fortunately, very few people have problems this big! As we said in our first session on aggression, infants come into the world with a great deal of energy which is a strong driving force inside them to explore, to learn, to master skills, to assert themselves and to make relationships with other people. As we know, the child also has an urge to be aggressive in a hostile destructive way when he is too much frustrated or hurt or in pain. Sometimes parents, worrying about the hostile destructive behavior in their children, may become too strict with that, and this attitude may discourage the expression of the good kind of aggression at the same time. If this happens, the toddler will become anxious about trying new things, such as riding a tricycle, will not often verbalize what he wants or needs, may become fearful when with people outside his family, and will seem overly dependent. At times, he may surprise his family, by developing a big temper outbursts.

How can a toddler be encouraged to become appropriately assertive? Think about making "Ten Commandments" to help a child in this way. Suggestions from the class may include:

1. Listen to him when he tries to tell you something.
2. If you don't understand what he is saying, ask him to repeat it, so you can answer him properly.
3. Give him choices about what to wear, and ask him to tell you what he likes.
4. Respect his wishes, whenever possible. If he doesn't like one vegetable, offer him another.
5. When you have to deny him something he wants, let him know that you understand how he feels.
6. Encourage, but don't push him to do new things (e.g., stepping out into the ocean waves.)
7. Praise him and show your pleasure when he accomplishes something new; never shame him when he fails.
8. Teach him how to meet and greet new people, and how to play with other children.

9. When he does express anger help him to deal with it reasonably, but don't make him feel that he is a bad child for having these feelings.

10. Let him always know that you value him as a person.

Outcome

The students will have an appreciation of the importance of nondestructive aggression, and will have learned how to support this in a child.

THE TODDLER YEARS: (YEARS 1 to 3)

ADAPTIVE ABILITIES -- PART II:

DEVELOPING INTERNAL CONTROLS

MECHANISMS OF DEFENSE

REGRESSION

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 6**

UNIT 2 - THE TODDLER YEARS (1 to 3)

ADAPTIVE ABILITIES -- PART II
DEVELOPING INTERNAL CONTROLS --
Part 1 (HUMAN DEVELOPMENT)

Reading for Teacher: UNIT 2, pp. 140-144.

Objective

The students will learn that toddlers have strong feelings to deal with, for which they need to build internal controls.

Class Activity

Think back to when you were eighteen months old. You probably can't remember yourself at that age, but you can use your imagination. Write how you feel about these situations:

1. You have just become steady on your feet and can run around without suddenly sitting down with a thump when you don't mean to. You can crawl all the way upstairs. How does it feel to be able to do these things?
2. There are things sticking into the wall, and when you pull them, the light goes out. That is fun, but your mother says "No", and pulls you away from there. When you go back, she pulls you away again, and when you persist a few more times, she spansks you on your diaper. How do you feel then?
3. There are many exciting things on the kitchen counter. If you stretch, you can just see over the edge. One day you saw a box there that you could reach and you pulled it toward you. It was a carton of eggs, and they splashed all over the floor. What did your mother do? How did you feel?
4. Mother and father often hold you and play with you, and you feel happy and safe when you are with them. Then sometimes at night, just when you want them to play with you, some strange person comes in and mother and father disappear. How do you feel?
5. You are sitting on the floor putting rings on a post, and you look up at mother who is cooking something on the stove. The thought comes to you that you and she aren't part of each other -- that she is cooking and you are playing, and she isn't with you all the time. How do you feel?

6. Your mother has to go to the hairdresser, and she takes you to her friend's house and leaves you there. How do you feel?

The students will read their responses to these situations. The ensuing discussion should bring out the following points:

1. Although infants and toddlers are small people, they do not have small feelings.
2. They feel a tremendous sense of pressure to explore and do things. They also have a sense of helplessness in relation to the big people they live with; therefore, when big people stop them from doing what they have an urge to do, they become very angry.
3. Because they haven't learned to have controls yet, their anger feelings are huge. They feel like hitting, biting, or even cutting mother and daddy up into small pieces.
4. The trouble is, they love their parents more than anybody else, so having these feelings upsets them very much, and may frighten them.
5. It makes them feel that they are no good, and that perhaps their parents will abandon them.
6. For these reasons, a little child needs help, especially from his parents, in dealing with his anger in a way that won't hurt anyone, and in a way that will help him respect himself. They also need help in coping with the sadness that comes from feeling separate from mother, and with the anxiety that fear of abandonment brings.

Assignment

1. Two year old Marian has what her mother calls an irritable disposition. Anytime it is necessary to say "No" to her, she becomes furious. She will scream and throw something, or bite her own hand.

Write a paragraph describing how you would go about trying to help Marian to develop the ability to control her temper, if you were her parent.

Write a paragraph describing an approach that would not be helpful to her.

2. Harry, age eighteen months, has to go to Aunt Evelyn's home for the weekend because his parents are going to a wedding in another city. He knows Aunt Evelyn, but not very well. How would you help Harry with his feelings of anxiety about this?

Outcome

The students will understand that toddlers have to struggle with strong feelings, and need help in developing controls.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 6**

UNIT 2 - THE TODDLER YEARS (1 to 3)

ADAPTIVE ABILITIES -- PART II
DEVELOPING INTERNAL CONTROLS --
Part 2 (CHILD REARING)

Objective

The students will learn how parents can help a child develop her own inner controls.

Review

The teacher will review the situation a small child faces when she feels pressured from inside herself to do something which may be harmful, and is stopped from doing it. She feels frustration and anger, and because the anger is so big, and she has no controls built up to handle it, she may have a tantrum or break something, or hurt someone. Then she feels that she is no good, and that she may lose her parents' love. She may even become frightened by her own intense feelings of hostility and rage. For these reasons, she needs help in developing controls.

Class Activity

The students will read their responses to the situation of Marian who has a problem in controlling her temper. The discussion should bring out the following points:

To help Marian learn controls, the parents would talk with her about her feelings.

They would talk with her in a respecting way.

They would let her know that they understand that she is very angry, and that she is angry at them.

They would tell her that it is O.K. to feel angry, but that she has to get hold of herself, and not hurt, herself or anyone else, or break anything.

She can be encouraged to say when she is angry, at whom and why.

They can reassure her that even though she sometimes is very angry at them, and sometimes hates them, she is still their little girl, and always will be.

They can tell her that they will help her control her temper.

They will explain that sometimes it is necessary for them to say "NO" when she wants to do something very much. They say "NO" because they want Marian to not get hurt, nor to hurt anyone else.

Her parents can help Marian by controlling their own tempers when something makes them angry.

If she develops a real temper tantrum, they will protect her from hurting herself or anyone else; then when the tantrum subsides will help her get hold of herself, comfort her, and talk about what caused the problem.

The following would **not** help Marian control her temper:

If parents lose theirs, so that she does not have a good model.

If parents say "NO" without any explanation.

If parents spank too soon, not giving limit-setting a change to work; or if they spank too hard.

If parents make her feel that she is a terrible child when she does lose her temper.

If parents threaten to leave her, or to give her away because she's "bad".

The students will read their responses to the situation of Harry, who has big feelings of anxiety because he is being left with his aunt for the weekend. The following ideas should come out of the papers and discussion.

Harry should be prepared in advance for this visit. He could be taken to visit his Aunt Evelyn, be shown where he will have his meals and sleep; while he is visiting, Aunt Evelyn could play a game with him while his mother makes coffee in the kitchen, (or does something else nearby).

When it is time to go for the weekend, he should be allowed to take his favorite toys with him, above all his "security" blanket or bottle. He can "help" mother pack up his things.

Harry's parents should plan to stay with him there for an hour or so until Harry again gets used to Aunt Evelyn and his surroundings. He should be reminded that his parents love him, and will come back for him after he sleeps at Aunt Evelyn's house for two nights. Parents should not slip away, but say good-bye with a hug and kiss, and Aunt Evelyn can hold him while he waves good-bye.

After his parents have gone, Aunt Evelyn should expect some crying or lowkeyedness. It will help if she will offer to play with him, but not push him to do this, if he refuses. She should reassure him frequently that Mommy and Daddy will come back for him after he goes to bed and wakes up and goes to bed and wakes up again. If possible she should use the bed-going routine and the same stories to which he is accustomed.

When his parents return, Harry may greet them with enthusiasm, or on the contrary, he may express anger at their having left him, by turning away from them, or running and hiding. In either case it is important for them to respond to him with enthusiasm and affection.

As Harry grows older and has other experiences of parents leaving and returning, he will learn to control his anxiety. Much later in his latency years, he will enjoy going away from his parents for the weekend!

Outcome

The students will understand some specific ways to help a child develop inner controls.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 6**

UNIT 2 - THE TODDLER YEARS (1 to 3)

AGGRESSION
AND

ADAPTIVE ABILITIES -- PART II: DEVELOPING INTERNAL CONTROLS --
Part 3 (VISIT OF MOTHER AND CHILD)

Preparation for Visit

The mother will be informed that the session will focus on issues of handling her child's aggression, and on his development of inner controls. Since this discussion might be uncomfortable for the toddler, it will be suggested that the mother come without him to this visit.

The teacher will review with the class the concepts of:

Nondestructive aggression which is needed for good adaptation, asserting one's rights and wishes, and for attaining one's goals, and

Hostile-destructive aggression (or hostile destructiveness), which is often used for self-defense, but which can also cause much pain and distress to those the child relates to and others, and be detrimental to the child in a number of ways.

Inner Controls, how they are developed and how a child can be helped in this development.

Visit

The questions asked of the mother may include these among others:

Would you call your toddler a reasonably assertive little person? If so, how does he show this? Does he explore a great deal, and like to do new things? Does he seem able to stand up for his rights, e.g., letting you know when he wants his bottle or special toy?

If you think he is not quite assertive enough, are there ways you help him become more assertive?

Does he ever do things that worry you because he is "too aggressive", for instance, in being too rough when playing with the cat or dog or other children? Does he ever hurt them when playing with them?

How do you help him control himself better when he needs it?

Has he ever had tantrums? If so, what seems to set them off? When was the most recent one? Would he listen to you at the beginning of the tantrum? What was his behavior like then? How long did it take until the tantrum reached its worst point, and began to lessen? Could you talk with him then? What did you say to him? Did he want to be comforted? How did the whole thing end?

Has he ever said that he hates you when you have to restrain him from doing something he wants to do? How do you deal with that?

As his mother, can you sense what feelings your toddler is having. Do you talk with him about his feelings when he is frustrated or hurt or angry?

How do you help him feel that you love him, even when you have to set a limit?

In other aspects of his life, is there anything special to report?

Following the Visit

The students will share their impressions of the interview, and enter these in their journals.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 6**

UNIT 2 - THE TODDLER YEARS (1 to 3)

ADAPTIVE ABILITIES -- PART II
MECHANISMS OF DEFENSE --
Part 1 (HUMAN DEVELOPMENT)

Reading for Teacher: Unit 2, pp. 145-155.

Objective

To learn about the mechanisms of defense and their role in personality development.

Teacher Presentation

For the next few lessons, we shall be learning some words and some ideas which come to us from the science of Psychiatry. Who can define what Psychiatry is? (It is the science which tells us how the mind and the emotions work, and how to help a person who becomes emotionally troubled or mentally ill.)

First of all, doctors who are psychiatrists learn about how healthy emotional development takes place. They learn about all the things which you have been studying about so far. In the past two lessons we learned that a toddler can have intense feelings, happy ones and angry ones which may make him feel like hurting someone (including himself) or going into a rage. Gradually, with the help of his family he develops some controls, so that when he is very angry he can talk about it and work out the problem constructively.

However, developing inner controls takes a long time. A child can't do the whole job between the ages of one and three. While he is learning to handle strong feelings in a constructive way, he uses some aids known as "defense mechanisms".

All our lives long, we all use these mechanisms once in a while, when we feel in conflict with someone important to us, and don't know what to do about it. The more mature we become, the better our internal control system develops, the less often we will turn to these mechanisms we shall learn about today.

Write these words and their meanings in your notebooks:

1. **Denial** - You can imagine how a two and a half year old feels who has seen a cat he wants to pet across the street, and who has dashed into the street only be pulled back and scolded by his father. The toddler feels furious, like kicking his father, and at the same time he is frightened by his own rage at his beloved father. So. he may say to himself "I

don't hate my daddy - I love him." Of course at this age, he doesn't realize that it is a normal thing sometimes to have angry feelings, even hate, toward someone we love.

The mechanism of denial relieves his feelings for the moment, because it covers over (makes him unaware of) his hate feelings.

Questions to Discuss

Can you think of a situation when a person your age, or an adult, may use the defense of denial? For example, you have a friend who always wants to be on "center stage". She interrupts you when you try to get into the conversation and sometimes she even puts you down a little in front of others. Yet she is nice to you at other times. She has quite a large allowance and will treat you now and then to an after school snack. When somebody asked you if it didn't make you mad, the way she puts you down, you said, "No. I don't mind; she's my friend." That is using denial.

A mother of two children, ages 7 and 9, works as a secretary in an office. At least once a week her supervision comes to her ten minutes before closing time, and insists that she type a report. This keeps her in the office nearly an hour longer. When the bookkeeper asked her "Why don't you ask the supervisor to bring you this typing earlier in the day? You never seem angry that he does this to you. It's outrageous to keep you late like this, with children at home." The mother says "Oh, I don't mind. This is how I make my living." Although she may indeed need to accept the typing to hold her job, she is using denial to cover up her angry feelings about it and as a result does not ask her supervisor to please get her his reports earlier in the day.

Do you think denial is a good or poor defense? (We may need it sometimes until we can organize better ones. For instance, if the mother exploded, she might lose her job and denial prevents that. However, denial doesn't get at the real problem or give a real solution. The anger is still there and unless it is faced and a solution found to prevent its recurrence, it can build up into an explosion later.)

2. **Projection** is what you might call an inside-out defense. Projection is being used when a small child (or a grown up) takes care of his anger by externalizing it and ascribing it to another person, as if saying "I'm not angry at her -- she's the one who is angry at me." By using projection the child (or grown-up) doesn't have to be afraid of his own anger, but instead is afraid of his own anger which he experiences as coming from the other person, even when it truly isn't there.

Discussion

Can you think of an example when a person may use projection as a defense? (For example, A boy having been late often to after-school baseball practice, was not chosen as a regular player on the Little League team. He handles his angry feelings by telling his parents that he didn't make the team because the coach doesn't like him and is always angry at him.

A toddler was angry at his mother for taking a sharp knife out of his hands. He banged his head on the floor in a rage, and then cried "The floor hit me."

What is your opinion of projection as a defense? (Again, it may relieve feelings temporarily, but it doesn't solve the real problem. Also, if used too much, projection can lead to a person's feeling that the world is against him. Carried to an extreme, this kind of person may become overly suspicious of others, expecting them to harm him. The more constructively a person learns to deal with his angry feelings, the less he needs to use the defense of projection).

3. **Displacement** is a rather commonly used mechanism of defense. A small child or adult becomes angry at someone he feels he can't afford to be mad at, so he takes his feelings out on someone else. For example, a father's boss criticizes his work, the father feels unfairly. Father feels he can't tell the boss off, but his feelings are still there. When he comes home he criticizes mother for over-cooking the meat loaf. She may argue with him about it, and if she has had a tough day, being afraid to get into a full-scale fight with him she may get snappy at the kids. And if there is a dog in the family, he had better watch out for them!

Can you think of an example of a person of any age using displacement? (e.g., The captain of the high school soccer team makes fun of a classmate who makes good grades but is not athletic. The boy feels very hurt, but says nothing to the team captain. However, when he goes home the insulted boy vents his anger on his younger brother, who is minding his own business doing his homework.)

What does displacement do for a person? What are its drawbacks? (It can temporarily protect a small child from feeling overwhelmed by his anger toward someone he values or fears. If used too much or too long, it can lead a person to become a bully or prejudiced -- putting blame on other people when it doesn't belong there. Often people who displace too much choose people of a different race or religion or nationality to blame for their troubles. That hurts the persons who are unfairly blamed, and it also hurts the ones who blame because the problems inside which produce their hurt feelings are still there.

4. **Inhibition** is another defense that we sometimes see used by small children as well as by older ones. Can anyone explain what the word "inhibited" means? (If a child is afraid he will do something wrong, or is afraid of his hostile feelings, he may stop himself from expressing them or even feeling them. Sometimes a child will use so much energy to inhibit bad feelings that he inhibits good feelings at the same time. Such a child will be too quiet and too passive. Imagine a situation in which a father might say "Cars are powerful, and sometimes have accidents, so I won't drive mine at all." Instead of trying to drive the car in a careful way, he is depriving himself of the use of the car that he needs.)

Can you think of some pros and cons of inhibition as a defense? (It can keep a person from dashing headlong into trouble, and from feeling overwhelmed by his own angry feelings; however, if used too much it prevents him from knowing his own feelings, and from experiencing deep relationships with others.

Can you think of an example of inhibited behavior? (e.g., A child who doesn't feel comfortable if he wins a game of Checkers is inhibiting a normal feeling of reasonable pleasure in winning perhaps because he fears his opponent will not like him.

Assignment

Study the words you learned today. As you watch television or read a story, observe whether any of the characters use any of these defenses. If so, be prepared to report to the class about them next time.

Outcome

The students will have become familiar with the defenses of denial, projection, displacement and inhibition, and with their uses and limitations.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 6**

UNIT 2 - THE TODDLER YEARS (1 to 3)

ADAPTIVE ABILITIES -- PART II
MECHANISMS OF DEFENSE --
Part 2 (HUMAN DEVELOPMENT)

Objective

Review of the defenses of Denial, Displacement, Projection and Inhibition; introduction to the defenses of Splitting, Reaction Formation and Identification.

Class Discussion

Review the defenses learned last time. The students who have found examples in their reading or television programs will report to the class.

Teacher Presentation

Splitting: Ask the class to think about whether there is any human being who is one hundred percent good, or one hundred percent bad. If you were to ask the person you admire most if he/she is one hundred percent good, the person probably would laugh and say "Certainly not!" It simply isn't possible to be an absolutely perfect human being. And on the other hand, if you think of the meanest person you know or have read about, you will find something good about him -- maybe just that he loves his dog!

A successful American businessman, John D. Rockefeller, wrote a verse that expresses this thought:

"There is so much bad in the best of us
There is so much good in the most of us
It hardly behooves any of us
To talk about the rest of us!"

When a toddler becomes very angry at the mother or father he loves, these feelings upset him. He suddenly fears that his hating feelings may destroy his loved parent. So he imagines that he has two mothers (or fathers) -- one mother who is completely good and one mother who is completely bad. We call this **splitting**. The child uses this defense to protect what he experiences as his totally good mother from the anger he feels toward the mother he now feels is totally bad. He is angry at her because he feels she has hurt him painfully in some way. Also, there are times when the child feels that **he** is totally bad, and for that reason he may be punished or abandoned. At other times the child feels that he is totally good, the king of the universe.

Discussion

Splitting may temporarily relieve a child's intense anxiety (worry) resulting from sharp hate feelings toward someone he loves and needs. But do you see any problems in viewing one's parents as totally good or totally bad? (If they are seen as totally good the child will be disappointed when they, being human, will sometimes make mistakes or lose their tempers; if the child thinks of himself as totally good, he will be upset when he finds himself making mistakes; if he views himself as bad, he will not be able to develop the healthy self-respect everyone needs, and if he views others as bad, he will not be able to develop trust in them and form good human relationships.)

In stories and in television programs there are often "Goodies" and "Badies", "Heroes" and "Villains". To make an exciting story they are presented that way. But in real life, we have a mixed picture. Think of a cowboy and Indian story. The cowboy thinks the Indian is bad, and the Indian thinks the cowboy is bad. If they don't get killed while shooting at each other, what do you think they do when they get home at night? They probably take care of their families like other people.

The job any human being has, is to become realistic about the fact that all of us have good and bad, loving and hostile feelings, to learn to live with the mixtures and to accept them in others. We also have to learn to develop and strengthen the loving feelings, and to control the hostile feelings, expressing them in non-destructive ways.

Reaction Formation is a defense which we can see very clearly in a situation such as this one: A three year old who has been an only child gets a baby brother. The baby becomes the center of attention, even from mother and father. The little girl feels that she wasn't good enough, or else her parents wouldn't have gotten another baby. She feels left out and angry at them, and at the newcomer. She would like to get rid of the baby, but instead of doing that she tells herself, "I don't hate the baby -- I love him." She kisses and pats him, and offers him her toys, and everyone comments on how nice she is to her baby brother.

Discussion

What is your opinion of this kind of defense against hostile feelings? (It prevents a person from doing something harmful, it benefits the intended victim; the person using reaction formation gets praise and encouragement from others, so some of his bad feelings are replaced by pleasant ones. Reaction formation can be a very beneficial defense. However, when carried too far, the drawback to reaction formation is that a person may not face up to the hate feelings that lie down deep, talk them out, and work them out in a permanent way.)

Identification: What do these expressions mean? "Monkey see, monkey do." "He's just a chip off the old block." It is natural for both animals and human beings to admire and imitate what their parents do, to want to be like them and, thus to identify with their

parents' feelings and attitudes. If a toddler has parents who are loving and caring, who set limits reasonably, who have good ways of dealing with their own anger, the child will develop these same ways of relating to others, and of handling angry feelings. On the other hand, if a child has a parent who can't control his own temper, and who is harsh and critical, the child, although not admiring but rather wanting to feel powerful as the parent appears to him, is likely to develop those patterns, too, unless someone helps him to do otherwise. This negative kind of identification is called identification with the aggressor.

Discussion

What is your opinion of the expression "Don't do as I do, do as I say?" How well would that work as a child-rearing motto? Suppose a father told his twelve year old son that he should steer clear of drugs, but used them himself. What would the boy think? What would he do? Suppose he didn't like the idea of using drugs, would he have to identify with his father? (No, but he would have to cope with very mixed feelings, both wanting to be like his father, and not wanting to be like him; in this instance it would be easier for the boy if he had a friend whom he admired who was not a drug-user, with whom he could identify.)

Assignment

Review the meanings of Denial, Projection, Displacement and Inhibition.

Study the meanings of Splitting, Reaction Formation and Identification.

In your observation or reading, find an example of two of the Mechanisms of Defense.

Outcome

The students will have a basic understanding of Splitting, Reaction Formation, and Identification.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 6**

UNIT 2 - THE TODDLER YEARS (1 to 3)

ADAPTIVE ABILITIES -- PART II
MECHANISMS OF DEFENSE --
Part 3 (HUMAN DEVELOPMENT)

Objective

To become familiar with the defenses of Neutralization and Sublimation.

Class Discussion

Ask the students to report on the examples they have found illustrating the previously learned defenses.

Teacher Presentation

The **Neutralization** of hostile destructiveness. Did you ever hear the say "Fire is a great servant, but a poor master?" What does this mean? Like fire, anger and hostility have in them a great deal of energy, and may be put to good use to protect oneself, one's family, one's rights. But when hostility becomes excessive it becomes destructive; when hostility controls us, it is a poor master. One of the many jobs a toddler has is to **re-direct** this great energy he has, and make it available for constructive kinds of aggressive activity that will help him in his growing up, in adaptation to life, and in reaching his goals.

What kind of aggressive activity would help him grow up? (Learning how to do things with his body and with his mind. A child needs the help of his parents to be able to reduce hostile feelings and to replace them with energetic activities that further his physical and mental growth. When this can be done, his hostile feelings turn from destructive to constructive use).

Sublimation is somewhat similar to neutralization. If a child has a conflict inside himself or with his parents, he may be able to change it into something better. For example, a three year old may want to run into a garden. Mother says "No", because she doesn't want her flowers trampled. The child, instead of getting furious at mother for restricting him makes a game of tag with mother outside the garden, and they both have a good time.

Another child of three is trying to deal with feelings about getting a new sister she didn't ask for. She sublimates her hostility by taking tender care of her doll, bathing and feeding it the way mother does the baby. Identification is in this action also. A child a

year or two older might **draw a picture** of a baby or a mother taking loving care of her baby, or of a baby crying or being spanked.

Class Discussion

We all use most of the Mechanisms of Defense at various times. Thinking over all the mechanisms of defense you have learned about, which ones would you think would help a child most in coping with his hostile feelings?

(Identification, with good models, Neutralization, and Sublimation)

Which ones would be the least successful? (Displacement, Projection, Splitting)

Outcome

The students will understand the importance of Neutralization, and Sublimation.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 6**

UNIT 2 - THE TODDLER YEARS (1 to 3)

ADAPTIVE ABILITIES -- PART II
MECHANISMS OF DEFENSE --
Part 4 (CHILD REARING)

Objective

The students will learn of ways that parents can help their toddlers deal with feelings of anger and anxiety in constructive ways.

Teacher Presentation

Important things to remember:

1. A child normally has many moments of feeling comfortable, happy, and loved, and he has enjoyment in doing and learning; but a child normally also has times when he feels the stresses of anxiety and hostility.
2. All people, toddlers, older children and grown ups use some defense mechanisms when they are stressed by anxiety and hostility.
3. Some defense mechanisms may be useful temporarily, but may not be helpful in the long run: They are inhibition, splitting, projection, identification with the aggressor, denial, displacement, and at times reaction formation.
4. Some defense mechanisms are genuinely helpful -- identification, (with positive behaviors), neutralization, sublimation, and some reaction formations.
5. There are three steps to helping a child who is using an unhelpful defense mechanism:
 - (a) Try to figure out what is stressing him.
 - (b) Talk with him about what is going on; help him control his hostility or anxiety, and find a good way of dealing with it.
 - (c) If possible, remove the thing that is causing the stress. If it can't be removed (e.g., the event of a new baby in the home) express understanding of the child's feelings, guide and put limits on his behavior toward the baby, comfort and reassure him of his own value to the parents, help him to talk about his feelings and to find ways to neutralize or sublimate his hostile feelings.

Class Discussion

Visiting her 12 month old cousin Steven one weekend, 18 month old Jane snatched a toy from him. Jane's mother took the toy away from her, explaining that Steven was playing with it and she would have to wait until he was finished. Jane's mother gave the toy back to Steven. Jane then marched across the room and hit her three year old sister Susan.

What mechanism of defense was Jane using? (Displacement). If you were her mother, how would you help her with it? (Express understanding that she is angry, at her mother, but tell her that she can't take it out on Susan; assure her that the caregiver wouldn't let anyone take a toy away from Jane; tell Jane it would be nice if she could tell Susan she's "Sorry", do not press this too hard, but tell her that when she gets older she'll learn how to apologize, and then help Jane get interested in another toy (neutralization).

Three year old Johnny knocked a cup off the table and broke it. When mother, hearing the crash came into the room, Johnny began to cry and said "I didn't break it -- it fell off the table." What mechanism of defense is he using? (Denial)

How could mother help him? (She could express understanding that he was afraid she would scold him; she could say that she knows that Johnny did knock the cup off, but that he may not have meant to break it. She could reassure him that it is OK to tell mother when something like this happens. Mother will ask him to be careful, but will not punish him.)

For some reason Julie, age 3, is unusually quiet. In her Nursery School she does what she is told, but she doesn't show feelings the way the other children do. She never gets into trouble with them, never grabs at their toys, and on the other hand she never hugs another child. What mechanism of defense is she showing? (Inhibition)

How would you help her if you were her mother or father? (Talk about feelings -- all kinds; let her know that everybody has good and happy feelings, and sad and mad feelings. Let her know that feelings are ok. Show affection to her, and encourage her to show affection. If she looks angry, speak of it, and in an accepting way, help her to put her feelings into words.)

Outcome

The students will have learned that identifying the cause of the stress, talking about the feeling the child is experiencing, helping the child find a constructive way of dealing with the feeling, and where possible removing the cause of the stress will reduce the need for the defense mechanism.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 6**

UNIT 2 - THE TODDLER YEARS (1 to 3)

ADAPTIVE ABILITIES -- PART II
REGRESSION --
Part 1 (HUMAN DEVELOPMENT)

Reading for Teacher: UNIT 2, pp. 156-158.

Objective:

To learn the part Regression plays in a child's development.

Class Discussion

Ask if anyone in the class can define the word **regression**. Did you ever hear a parent say about a toddler "It seems as if he goes two steps forward in growing up, and one step back?" What does this mean?

In what ways might a toddler do this? (In toilet training, he might have a dry bed for several nights, then wet the bed again; he might make a great effort to walk, then stop trying for a few days after bumping his head on the corner of a table. (If something difficult happened, such as a cold and earache, he might suck his thumb more than before.)

Teacher Presentation

Regression is a normal part of growing up. A toddler has a great many things to learn at once, and sometimes he just has to stop temporarily, go back to a level that is comfortable for him until he can get re-fueled with energy and confidence to tackle the next problem.

There are several things that might make a child regress:

1. Trying to do something that is harder than anything he has tried before, such as controlling his bowel movements.
2. Facing up to the conflict he feels about wanting to grow up as compared with wanting to be a baby and a part of mother. He sometimes shows this conflict by going back to clinging, babyish behavior.
3. Facing up to feelings of hostility when a parent too much frustrates his exploring efforts. He may decide temporarily that it would be better to just stay a baby and not explore.

All of these reasons for regressing are normal and temporary. After a child goes back (regresses) a little, and stops for rest and "re-fueling", his inner motor gets going again, and he is ready to start off on new adventures.

However, in some instances regression is more serious. For example, this could happen if: (1) A child has an inborn over-sensitivity to anxiety; and (2) A child's parents for reasons arising out of severe hurtful life experiences can't give him the love and encouragement he needs to move ahead.

In these cases a child may need special help from a doctor if he regresses and gets stuck in his development.

Assignment

Review your notes about the Mechanisms of Defense and Regression, for a test next time.

Outcome

The students will have learned why regression occurs during the toddler years.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 6**

UNIT 2 - THE TODDLER YEARS (1 to 3)

ADAPTIVE ABILITIES -- PART II
REGRESSION --
Part 2 (CHILD REARING)

Objectives

To learn how to deal with regression helpfully. To review the Mechanisms of Defense.

Class Discussion

Emily is 20 months old. She proudly learned to drink out of a cup when she was under a year of age, and for the past two months has not asked for a bedtime bottle. All of a sudden she has started crying for her bottle again when she is put to bed. How would you approach this problem?

1. Would you tell her that she is a big girl now, and doesn't need a bottle?
2. Would you tell her that mommy and daddy don't have bottles when they go to bed?
3. Would you tell her that the trash man took her bottles away and there are no more in the stores?
4. Would you tell her that it is O.K. to want to be little sometimes, and give her a bottle?
5. Would you tell her she'd better stop crying and go to sleep or she is going to get a spanking?
6. Would you give her a toy to play with to get her mind off the bottle?

Number 4 is the best approach in that it acknowledges that Emily needs to feel little again. Unless there is something unusual about Emily, she will give up the bottle when she is ready. The regression will be temporary.

In dealing with regression, it is important to try to understand what signals the child is giving. What distress is causing the crying? Is it a need to be an infant temporarily? Is she angry at her parents, and is going backwards because these feelings upset her? If you can understand the reason, it will help you communicate with the child in a helpful way.

Class Activity

The students will spend ten minutes reviewing the material regarding the Mechanisms of Defense, and Regression, in their notebooks. Then they will have the following test:

1. Write definitions of any four of the following: Denial, Projection, Displacement, Inhibition, Splitting, Reaction Formation, Identification, Neutralization, Sublimation, Regression.

2. Adam is two years old, and is an only child. Imagine a situation in which Adam is using one of the above defenses (any one you choose). Tell **why** he needs to use this defense, and how his behavior shows that he is using it.

Outcome

The students will know the names, causes and uses of the Mechanisms of Defense, and how to respond helpfully to a child who is experiencing an episode of regression.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 6**

UNIT 2 - THE TODDLER YEARS (1 to 3)

ADAPTIVE ABILITIES -- PART II

**MECHANISMS OF DEFENSE
AND**

REGRESSION --

Part 3 (VISIT WITH MOTHER AND CHILD)

Preparation for Visit

The mother will be informed that the session will focus on the ways a toddler copes with his own feelings when angry or upset, and about normal regression. Since this discussion might be uncomfortable for the child, it will be suggested that the mother come alone for the visit.

The teacher will review the defense mechanisms most commonly used by toddlers -- denial, displacement, reaction formation, identification, neutralization and regression.

Visit

These questions among others may be asked of the mother.

Can you tell us about a time when your toddler became very angry?

Did he take his anger out on anyone else?

Do you think being angry upsets him?

What did you do to help him get over it?

Can you sometimes re-direct his anger into a game? Does that help to change his feeling?

Does he sometimes slow down in his growing up, or even go backwards? For example, in wanting a bottle again? Why do you think this happens? What do you do about it?

After a time like that, does he always moved ahead again?

Is there anything special to report about his development in any area since the previous visit?

In other aspects of his life, is there anything special to report?

After the Visit

The students will share their observations and impressions of the interview and enter them in their journals.

THE TODDLER YEARS: (YEARS 1 to 3)

THE BEGINNINGS OF CONSCIENCE FORMATION

THE DEVELOPMENT OF SELF IMAGE, IDEAL SELF, AND SELF ESTEEM

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 6**

UNIT 2 - THE TODDLER YEARS (1 to 3)

THE BEGINNINGS OF CONSCIENCE FORMATION --
Part 1 (HUMAN DEVELOPMENT)

Reading for Teacher: UNIT 2, pp. 159-167.

Objective

The students will learn about the importance of conscience development and when and how it begins.

Class Discussion

Ask the students to define what they understand the word **conscience** to mean.

If someone says he has a guilty conscience, what does he mean by that?

Does your conscience tell you only what **not** to do? Or does it sometimes tell you that you **should** do something that you would rather not do? (e.g., Offering to help mother get dinner ready or clean up afterward, when you would prefer to watch television.)

If nobody in this school had a conscience in good working order, what would life here be like?

Since quite clearly it is important for us each of to have a well working conscience, how do we get one? (Most importantly, our experiences at home with our parents; later input is added by our experience at school, by the religious training we have, and by the laws of the land.)

Teacher Presentation

The beginnings of conscience formation can be seen normally at the end of the first year of life. There are four things that over time contribute to this development.

1. Gradually, step by step, the toddler internalizes (makes part of himself) the do's and don'ts which are part of everyday life with his family. This internalizing is especially helped by the reasonable limit setting which is done by mother and by father, (by mother especially, with young children.)

2. Side by side with these internalizations the child learns how to behave, what to do and what not to do through identification with his mother and father. From having felt a

part of his mother, then separating and becoming a "self", imitating what mother does, and what father does, the child builds into himself their attitudes and beliefs about what is right and what is wrong.

3. Another experience that helps the development of conscience, is toilet training. In this the child gradually accepts the demands made on him to go to the toilet when he would rather play, to be clean when he would just as soon not be and to discipline himself in this way, in order to please his mother and father. After a time he finds he has accepted this and now, like his parents, values being clean.

4. A fourth thing that helps conscience development is the experience of feeling hostility and hate toward a parent the child loves and values when this parent sets a limit that painfully frustrates the child's wish to do something. When the child feels rage at a parent and wants to hurt him or her, he feels guilty because of his wish to hurt the person he loves. Being able to feel shame and guilt is a sign that the conscience is developing.

Shame is felt when we feel we are not living up to our own expectations, to our ideal image of our self. This children begin to feel from about 18 or so months of age on. Guilt is felt when we want to hurt or feel hate toward someone we love. Such feelings of guilt begin from about 18 months of age on, but will especially emerge from about 2 years of age on when quite normally children experience a substantial amount of hostility even toward parents they love dearly.

The ability to feel shame and guilt is important but it is important also not to stimulate too much guilt or shame in a child, because he may then develop a too severe conscience leading to feelings of unworthiness and low self esteem.

Assignment

Write a paragraph describing how you would help Mary, age 2, to develop sensitivity to the feelings of the family cat. Mary toddles over to it when it is asleep, and pulls its tail. When the cat jumps, she laughs. How could you help her to increase her understanding and to identify with her parents' attitudes toward the cat?

Outcome

The students will appreciate the importance of conscience functions, and will have learned about the roles that internalization, identification, toilet training and conflict with parents play in conscience development.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 6**

UNIT 2 - THE TODDLER YEARS (1 to 3)

THE BEGINNINGS OF CONSCIENCE FORMATION --
Part 2 (CHILD REARING)

Objective

To learn how conscience development can be fostered and supported by a child's parents.

Class Activity

The students will share their writings with the class.

Re: Mary and the cat, the discussion should include the following points:

Mary needs to be told not once, but several times that the cat has feelings, and that pulling its tail hurts the cat and is not acceptable.

Mother and father can show how they stroke the cat gently, and how the cat shows its pleasure by purring.

They would tell her that she is the cat's friend, too.

They would **not** tell Mary that she is a cruel, hateful child. (This would stimulate too much shame and guilt, and make her feel like a bad, unworthy person.)

If Mary takes too long to learn gentleness, parents could put the cat in another room, and tell Mary that she can play with it again when she is ready to be gentle.

Class Discussion

Some parents believe in being strict with their children. Others believe in being easy.

1. Can a parent be too strict? If you think so, how do you think being too strict would affect the child? (The child will be anxious about making mistakes, will feel too ashamed and guilty when he does make one, will fear punishment, will resent the punishment if he feels it is too harsh, will become too hostile himself, and will develop too strict a conscience himself as he grows older.)

2. Can a parent be too easy? How might that affect a child? (Yes, he would have a hard time knowing what he should and shouldn't do; he might get into trouble because his conscience hasn't developed well enough to guide him well.)

What would happen if a child identifies with his mother, but his mother changes her mind all the time, and what is right today is wrong tomorrow? (The child doesn't get a clear idea of what is allowed, and what is not allowed.)

3. All children need the help of their parents' consciences while their own are developing. This help is most usefully given in the form of kind, firm, clear limits, and when needed, moderate punishments. Punishments should not hurt the child physically or emotionally, but should serve to emphasize the importance of the rule which has been broken, and to make the child feel responsible for his behavior. Moderate punishments could include scolding, taking away a privilege, giving a swat on his padded bottom, depriving him of a treat (a story or a dessert.)

As in everything else, parents need to be clear in their explanations of what is allowed and what is not, firm and reasonable in their limits, understanding of the child's mistakes and always ready to talk with the child.

Outcome

The students will understand how parents can help conscience development in the child through understanding, clear explanations, reasonable limit setting and readiness to talk with the child, being consistent in their own behavior, and being reasonable and moderate in punishment.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 6**

UNIT 2 - THE TODDLER YEARS (1 to 3)

THE DEVELOPMENT OF SELF-IMAGE, IDEAL SELF, AND SELF ESTEEM --
Part 1 (HUMAN DEVELOPMENT)

Reading for Teacher: UNIT 2, pp. 159-167.

Objective

To understand how the sense of self, and the feeling of self-esteem develop.

Class Discussion

If someone says about thirteen year old Eric that **he has a healthy sense of self**, what does that mean?

It means that at home he realizes he is important to his family.

It means that he can get along with people, so he has friends who like him; he knows how to give and take in relationships.

It means that he has learned to do some things well (baseball or algebra or music, etc.) and he can feel good about these accomplishments.

It means that even though he knows people who may be more clever, or more handsome or richer, he is really glad to be himself.

It means that he has a mental picture of the ideal person he wants to become.)

Is it possible to have an **unhealthy** sense of self? (If one feels unrealistically superior to others, or unrealistically inferior, one's sense of self is out of balance.)

When does a sense of self start? (An infant is born with a capacity for this, which has the technical name of Primary Narcissism [inborn self-valuing]. During the first year, the child begins to realize that her parents value her -- they feed her when she is hungry, change her when wet, comfort her when upset and tell her constantly what a "great baby" she is.

When she goes through the struggle of the Rapprochement period, when she gradually is accepting that she is to be a separate person from her mother, the development of a sense of self accelerates. Among other ways, this can be seen in her frequent use of the words "me" and "mine".

The healthiness of this development depends upon a number of things:

1. The amount of inborn self-valuing (Primary Narcissism) which is maintained and affirmed by the way her parents care for her.
2. Normal physical health and intelligence.
3. What her parent models are like -- because she will identify with and imitate her parents.
4. How her parents relate to her; if they love and value her, she will see herself as worthy of being valued and loved. Children who are not so valued have a difficult time seeing themselves as being worthy of love, and they will have low self-esteem.
5. The degree to which the child succeeds in what she does, and can find satisfaction in her accomplishments. If his efforts are encouraged she will accomplish skills more easily; if she is too criticized and discouraged in her effort she will have a sense of failure and poor self-esteem.)

Assignment

Observe a child under three, for half an hour and write answers to the following questions. At the top of the page, write the child's name and his/her exact age.

1. Does the child know his/her own name, and respond when called by it?
2. What did he/she do when mother or father approached him/her?
3. How would you describe the feeling tone between parents and child?
4. What things had the child learned to do? Did he/she show pleasure in these accomplishments?
5. What signs did you see that the child was developing a sense of self? That he/she had a sense of good self-esteem?

Alternative assignment for students who are not able to observe a child:

Imagine the situation of Emily, age 18 months, who is growing up in an orphanage. Write a page describing what problems there would be for her in developing a sense of self. If you were a staff member there, what would you do to try to help her with this?

Outcome

The students will have become familiar with the components and process of the development of a good sense of self and of good self-esteem.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 6**

UNIT 2 - THE TODDLER YEARS (1 to 3)

THE DEVELOPMENT OF SELF-IMAGE, IDEAL SELF, AND SELF ESTEEM --
Part 2 (CHILD REARING)

Objective

To learn how parents can help their children develop a good sense of self, and self-esteem.

Class Activity

The students will read aloud and discuss the papers they have written. The discussion should include these points, among others:

1. A child is helped if the parents understand his need to be valued and appreciated as well as loved.

2. Will a child be spoiled if his parents keep telling him how great he is? (Spoiling does not come from loving and praising a child. It comes from allowing a child to have his way about doing things that are unwise or harmful, such as snatching another child's toy, or hitting mother; or in praising things he does that are not praiseworthy, or telling him that he has got to be tough, and fight anyone who "bothers" him; or in letting him have unhealthful things because he demands them (e.g., too much candy). Spoiling can be avoided by setting reasonable, realistic limits for the child, and requiring his cooperation.)

3. Children are expected to respect their parents. Should parents also respect their children? (Yes, this is one of the important ways to help a child develop self-esteem.) How does a parent show respect to a child? (By being considerate of the child's feelings, even if it is necessary to disappoint him in something he wants to do; giving him choices when possible; never aiming to shame him, but correcting in a respecting way, e.g., "You are not allowed to do that", rather than "You are a bad boy.")

4. All parents and children get angry at one another at times, but parents can help by being self-controlled, and by showing the child how he can express his anger in a reasonable way. Parents should be ready to "make up", and should be willing to apologize to the child if they have made a mistake (e.g., accused the child of breaking a dish, when it was really the cat!) These behaviors help preserve the child's self-esteem, and also give the child good models for the development of his own ideal self.

5. Parents can help a child develop self-esteem by encouraging him in his learning, e.g., when he struggles to walk, to operate his toys, to ride his tricycle, etc. This encouragement gives the child the feeling that he is a person who can do things on his own, and that builds his self-esteem.

Outcome

The students will have learned the roles that respect, appreciation and encouragement play in building a child's self-esteem; and how intentionally shaming harms and reasonable limit setting helps this development.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 6**

UNIT 2 - THE TODDLER YEARS (1 to 3)

**CONSCIENCE FORMATION
AND
THE DEVELOPMENT OF SELF-IMAGE, IDEAL SELF, AND SELF ESTEEM --
Part 3 (VISIT OF MOTHER AND CHILD)**

Preparation for Visit

The teacher will review with the class the concepts learned regarding conscience formation and the development of the self-image and self-esteem.

The students will be asked to look for indications that conscience formation is under way, and to estimate to what extent the toddler has a sense of self, and the quality of his self-feeling..

The mother will have been informed that the session will focus on these aspects of development.

Visit

These questions -- among others may be asked of the mother:

Do you have to say "No" very often to your toddler?

When he understands that he is not allowed to do something, will he cooperate?

Suppose you are not in the room -- will he remember what you said, or will he go ahead and do what is forbidden?

Do you ever see him saying "No" to himself, or spanking a doll?

When you have to say "No", do you explain why he can't do something?

How do you teach him that other people and animals have feelings?

How old was he when he would turn toward you when you called his name?

Do you think your toddler realizes that he is a person, and a special one?

What do you do to show him that you are glad he is in the family?

When you say "No" does that make him feel that he isn't special anymore?

When he learned some new skill -- walking or riding his tricycle, did that seem to make him feel good about himself?

Do you think that he will be "spoiled" if you praise him when he does things well?

In other aspects of his life is there anything special to report?

Following the Visit

Ask the students to record their observations and impressions in their journals.

Assignment

Read over your journal entries of all the visits this year.

Write a two-page summary of how the toddler has developed this year in the following ways:

1. Physical Development - Motor development, health status and problems.
2. Mental Development - Speech development, skills learned, exploration.
3. Emotional development - Sense of self, relationship to parents, relationship to other people, feelings, toilet training, aggression, development of conscience.
4. In what ways did the mother and father help the child's development?

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 6**

UNIT 2 - THE TODDLER YEARS (1 to 3)

REVIEW

Objective

To summarize and coordinate the theoretical concepts learned and the observations made concerning a child's development during the second and third years of life.

Class Activity

The class will nominate and elect one person to read the part of his/her homework assignment which pertains to the visiting toddler's **physical** development over the year; another person will be elected to read about the toddler's **mental** (intelligence) development; a third about his **emotional** development, and a fourth about the parents' contributions to development.

After each person reads (and before the next reader), other class members will add from their writings any points which the writer may have missed. The teacher will add needed linkages (e.g., reasonable limit setting -- development of controls.)

Following the discussion, the students will be asked to evaluate to what extent having the visits of the mother and child have (1) made learning the theoretical material about child development easier; (2) made the learning more interesting. Is there anything else they would like to see built into the course? (e.g., movies, reading materials, field trips to daycare centers).

Outcome

The students will have attained basic knowledge about a child's task of development and the mother's contributions to it during the toddler years.

***PARENTING FOR EMOTIONAL GROWTH: A CURRICULUM FOR
STUDENTS IN GRADES K THRU TWELVE***

**SAMPLE LESSON PLANS of
UNIT 2: THE TODDLER YEARS (1 to 3 YEARS)**

LESSON PLANS FOR GRADES 10 & UP

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***PARENTING EDUCATION FOR EMOTIONAL GROWTH:
A CURRICULUM FOR STUDENTS IN GRADES K THRU 12.***

Lesson Plans for Unit 2, for Grade 10 & UP

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THE TODDLER YEARS: (YEARS 1 to 3)

PHYSICAL DEVELOPMENT: ADAPTIVE CAPABILITIES

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 10**

UNIT 2 - THE TODDLER YEARS (1 to 3)

PHYSICAL DEVELOPMENT:
ADAPTIVE CAPABILITIES / DEGREE OF HELPLESSNESS --
Part 1 (HUMAN DEVELOPMENT)

Reading for Teacher: Textbook UNIT 2, pp. 6-15.

Preparation for Student: Each student will search, find, and commit himself/herself during this year (or semester) to make a series of 1/2 hour observation sessions of a toddler 1 to 3 years old. The student will have to get permission from the toddler's parents to observe this toddler at home or in daycare. The toddler's family should be informed that these observations, which will take place once per week or once per 2-weeks, are required by a course he/she is taking in school. A "baby-sitting" job would serve very well. The more toddlers are observed, the more will the student be informed.

Objective

To help the students become aware of the enormous development from **relative helplessness** to developing **adaptive abilities** resulting in a growing **degree of self-reliance** during the first 3 years of life.

Class Discussion

Ask the student to tell their observation-toddler's name and age, and give his/her observations about how helpless or self-reliant the toddler is. Think of how helpless and self-reliant that child probably was as a newborn. Comparison may be made with newly hatched chickens, which can run around immediately, or with a newborn colt which within minutes can stand and walk.

Put up the following headings on the blackboard--stage of development under which a column for each "degree of helplessness" and "degree of self-reliance"--and ask the class for suggestions to fill in the information regarding each developmental stage.

THE NEWBORN

Ways He Is Helpless	What He Can Do (Self-Reliance)
(Such as:)	
He cannot move his body from one place to another.	He can breathe
He cannot see clearly.	He can suck to get his food.
He cannot feed himself.	He can eliminate.
He cannot talk.	He can move his arms and legs, and grasp things with his fingers.
He cannot use the toilet.	He can cry to make his needs known.
He cannot dress himself.	He can hear and distinguish some sounds.
He doesn't know the members of his family.	He can see lines and color contrasts at birth, and sees better and better every day.
(What else?)	His mother's voice and smell are familiar to him.

THE ONE YEAR OLD

Ways He Is Helpless	What He Can Do (Self-Reliance)
(Such as:)	
He cannot walk steadily, if at all.	He can crawl.
He cannot speak in sentences, and explain his needs.	He can say a few words.
His movements are awkward; he cannot manipulate toys well.	He can grasp a spoon and try to feed himself.
He cannot dress himself.	He can signal to his mother by crying when he needs help.
He cannot bathe himself.	He can hold toys, and explore them with mouth.
He needs help with feeding.	He can explore his world by looking, reaching and crawling.
He needs help in accepting substitute care for mother (e.g., if in daycare).	He knows his family, is attached to them and treats other as strangers.
He cannot control his urine and B.M.'s.	
(What else?)	

 THE TWO YEAR OLD

Ways He Is Helpless	What He Can Do (Self-Reliance)
(Such as:) He needs help in dressing and bathing. He needs help in going to bed. He needs help in using the toilet. He needs help in knowing what activities are allowed, and what not (e.g., running into the street). He needs help in accepting substitute care for mother.	He can walk well, and can run. He can climb up and down stairs. He can talk in words and small sentences. He can play with toys. He can understand that he is allowed to do some things, and not others. He can respond to the word "NO". He has the ability to say "NO", because he has a sense of self. He knows whether he is a boy or girl.
(What else?)	

 THE THREE YEAR OLD

Ways He Is Helpless	What He Can Do (Self-Reliance)
(Such as:) He still needs help with dressing and bathing, and going to bed. He needs help in learning to do things with his muscles -- e.g., riding a tricycle, climbing a tree, doing puzzles. He may still need help with toilet training. He needs help in putting his thoughts into words. He needs help in knowing what he may and may not do. He needs help in learning how to play with peers.	He can dress himself, with some help. He can feed himself. He can speak in sentences and sing songs. He is developing a sense of humor. He can do things with his small muscles, and his large muscles. He is learning to play with other children. He knows about sexual differences. He understands about activities that are, and are not allowed. He has strong feelings of love and anger, and can express both. He is less likely to experience marked distress about separation from mother, than at an earlier age.
(What else?)	

Another way of looking at Dependence and Self-Reliance

The teacher will use a diagram such as a scale on the blackboard, the numbers showing the degree (use percentage or any other easy to grasp concept of degree) of **self-reliance** of the **newborn** progressively up to the self-reliance of the **grown-up**. The class will discuss and chart what they think might be the age-appropriate degree of self-reliance at birth, one year, two years, three years, twelve years, their own age, and adult.

DEVELOPMENT OF SELF-RELIANCE

Adult:

Age 16-17 years:

Age 12 years:

Age 3 years:

Age 2 years:

Age 1 year:

Newborn:

0 10 20 30 40 50 60 70 80 90 100

Assignment

In the next class session, we shall talk about **why** an infant undergoes such development between birth and three years. Is it some built-in programmer in his or her genes? Is it what his or her parents do?

Before next the next class spend half an hour observing an awake baby of less than 1 year of age and another 1/2 hour observing one older than 12 months but under three years of age. Be prepared to tell the class about your observations. Consider these questions: (1) Did the baby seem to be **learning** something? (2) If so, how did he go at it? (3) Did he seem really to want to do whatever he was doing? (4) Observe an instance when Mother took some part in this, and an instance when the baby did so on his or her own?

Outcome

The students will have an increased appreciation of the shifting inverse degrees of dependence and self-reliance, of growing adaptive abilities and learning that infants demonstrate in their first three years.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 10**

UNIT 2 - THE TODDLER YEARS (1 to 3)

PHYSICAL DEVELOPMENT:
ADAPTIVE CAPABILITIES / DEGREE OF HELPLESSNESS --
Part 2 (CHILD REARING)

Objective

The students will become aware that the infant's physical development which provides the foundation for his emotional growth, depends upon both his own inner thrust toward growth which is programmed by his genetic make-up **in interaction with** the nurturance, emotional engagement, positive presentation of opportunities to learn to cope, and the facilitation of it he gets from his parents.

Class Discussion

Ask the students to report on their observations of infants less than 1 year old, giving the name and age of the baby, and telling:

1. What the baby was doing (hopefully other than sleeping) while he was being observed.
2. How did he go about these activities?
3. Did he really seem to want to do what he was doing? Describe his mood during this activity?
4. If his mother was with him, what did she do? Did she interact with the infant? Did she facilitate the infant's learning to do whatever it was, or did she do it rather than help the infant learn to do it?

When any students describe **strong** attempts of an infant to grasp rings, or pull himself up, or crawl, the teacher will point to these efforts as indicative of **an inner urge** the child has to grow and do things on his own. Helpful participation of the mother will be highlighted too, as conveying **emotional availability** and **affectionate encouragement** to the child, efforts to **optimize** the infant's inner push to develop, as well as facilitating his first efforts to learn. (We shall talk more about helping children to learn in later lessons.)

The students will also report on their observations of their two and three year olds, and respond to the above questions also.

Further Questions to Consider

1. Do you think that good emotional and adaptive development -- growing up to be a well-adjusted person who copes with life well and feels good much of the time -- depends in any way upon good physical development? (Yes, without good enough development and functioning of all organs and systems (digestive, neurological, etc.) and good enough physical health, it is much more difficult to become a happy, well-adjusted person.)

2. Why do you think some babies develop the ability to crawl and walk and develop responsiveness more quickly than others? (Although all babies follow the same patterns of development, their genetic make-up makes them different in their ways of learning and in their speed of development. Some babies at eight months of age, for example, are very active, learning best by crawling all over, and getting into everything; others are quiet and learn best by looking and listening. Some children talk before they walk, some walk before they talk. Some babies have calm temperaments, some are easily excitable; some have a low activity level, others a high activity level. In addition to the genetic make-up factor, the way parents help their infants grow makes a large contribution as well. Much of what we shall learn in this class will focus on how parents can **optimize** the child's developments.)

3. Have you heard your parents say whether you were an active type or quiet type when you were a baby? How about your siblings? (The students may give information about their own or their siblings' experiences as infants.)

4. Is one type better than another? (No, all healthy children with good inborn learning abilities learn well. [Of course, healthy children are born with greater or lesser abilities to learn which makes them brighter than or not as bright as others.] However, if a child is **too** active, he will need help in slowing and calming down, and if he is **too** quiet, he will need encouragement in becoming more active).

5. What can parents do to help a child who is "all motor and no brakes"? (Spend time with him in quiet play, help him to enjoy using his eyes and ears, read stories to him, restrain him with loving firmness if he becomes overly excited and overactive, offer quieter forms of play. Give approval for his accomplishments both in the use of his large muscles, and for the development of skills in quiet activities (e.g., puzzles, blocks). With this, he will make efforts to learn to contain himself and will know he is loved and valued whatever his temperament may be.) It is important for parents to know that very young children who are hyperactive are likely to be so because of a central nervous system (brain) hyper-stimulation **over which the child has very little if any control**. If such hyperactivity is intense and continues, beyond three years especially, consultation with a pediatrician or child psychiatrist would be very helpful (because the young child may need medication to help him contain his/her hyperactivity more successfully). This topic will come up again in later lessons about aggression.

6. What can a parent do if a child is too quiet? (Often, such a child is born with a visible degree of shyness. He is quite normal, just shy. Help him learn to master

activities requiring the use of large muscle masses, e.g., climbing on playground equipment. Help him, but **don't push too hard**. Give approval for achievement in this type of play and also for the development of skill in quiet activities).

7. What do you think is the most helpful attitude parents can take toward the more or less vigorous explorations of an 18 month old child? (Make the environment "baby safe" or "baby proof" the home; encourage the exploration because this is where school learning begins; set limits only when necessary, but do so **lovingly but firmly** if he does anything to endanger himself, or anything valued in the house. We shall talk about this more when we talk about limit setting in the lessons on handling aggression)

8. Any 1 to 3 year old toddler becomes angry and frustrated when his parents remove him from a fascinating but dangerous object. How can they help him with his feeling? (When removing him, be firm, scold gently, and **explain why** (yes, in words); acknowledge his feelings of anger, give a hug when he calms down. In **exceptional** instances, if a toddler persists in approaching a dangerous object, **one** mild swat on the diapered bottom may be necessary, to convey to him firm disapproval. More about this when we talk about limit setting in lessons on handling aggression)

Outcome

The students will have seen that infants have a inner thrust toward growth; and they will have learned how parents can optimize the physical development of their children, and the emotional growth which the physical development under-girds, by being emotionally available, by offering encouragement, help, and when needed, guidance and restraint.

Assignment

If your parents have a baby book about you or a sibling, look up what is written there about your or his/her growth and activities between the ages of one and three. Whether there is a baby book or not, ask your parents to tell you what you were (or your sibling was) like then, whether you were (or he/she was) active or quiet and about your explorations. Write a page describing yourself or your sibling at that age.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 10**

UNIT 2 - THE TODDLER YEARS (1 to 3)

PHYSICAL DEVELOPMENT:
ADAPTIVE CAPABILITIES / DEGREE OF HELPLESSNESS --
Part 3 (VISIT OF MOTHER AND CHILD)

Preparation for Visit

The mother will be informed that the particular focus of the visit will be on the child's adaptive capabilities.

Teacher should emphasize to students that **parents are very sensitive about their parenting; they tolerate criticism about it with great difficulty.** Bear in mind that the parent whose parenting you are observing most likely had no formal education about parenting and may not have the information about parenting you are getting. Parents tolerate criticism about their parenting with great difficulty because they value their children greatly and are deeply hurt when it is suggested that they are parenting badly the children they treasure. It is imperative to be aware of this parenting sensitivity and to always be aware of how difficult it is to rear children, probably among the most difficult "thing" to take care of well.

Teacher will review with the students the material they learned in earlier lessons about a child's degree of helplessness, and adaptive capabilities at various ages. The students will be required to record in their Lab Manuals their impressions of the child after each visit. These entries will be dated and include the child's age in years, months, and days. Entries will include the most important things the mother says about the child, and the students' own observations. The students will be prepared for the likelihood that the child will have a stranger reaction to them at first, and will be instructed about the most helpful way to relate to the child.

Visit

The mother may be asked the following questions and others, adapted to the child's age:

What has your toddler learned to do in the past six months?

Does he get pleasure out of trying to do new things?

Does he work hard when he is trying to learn something new?

Does he sometimes get frustrated?

Does he insist on feeding himself?

Does he act as if he has a motor inside him that's pushing, making him do things?

In what ways does he turn to you or his father for help?

Is he changeable -- one minute wanting to be independent, and the next wanting to be held and cuddled?

Following the Visit

The students will discuss their observations and impressions, and record these in their Lab Manuals.

THE TODDLER YEARS: (YEARS 1 to 3)

THE TODDLER'S ABILITIES TO ADAPT -- PART I

WAKE - SLEEP PATTERNING

FEEDING

AFFECTS

SENSORI-MOTOR INTELLIGENCE, EXPLORATORY ACTIVITY,
LANGUAGE, AND FANTASY

THE TODDLER YEARS: (YEARS 1 to 3)

WAKE - SLEEP PATTERNING

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 10**

UNIT 2 - THE TODDLER YEARS (1 to 3)

WAKE - SLEEP PATTERNING -- Part 1 (HUMAN DEVELOPMENT)

Reading for Teacher: Textbook UNIT 2, pp. 16-26.

Objective

To understand the importance of good sleep patterns, and to learn about the causes of sleep disturbances which occur during the second and third years.

Class Discussion

What do the students believe would facilitate a child's developing a "a sense of well-being." What does and would facilitate a sense of well-being in them?

In the mental health field we believe the following things help us to have a sense of well-being:

1. Good physical health.
2. Good feelings about our families.
3. Feeling good about happenings during the day, especially learning well, accomplishing something that was demanding, succeeding in sports or other sublimations as writing, music, etc., being with and things going well with friends.
4. Getting enough sleep at night and especially sleeping well.

Concentrating on the last point -- why is sleeping well at night so important?

If you couldn't get to sleep some night because of a conflict in the family, or if you were allowed to sit up until midnight to watch a basket-ball or foot-ball game, but then had to get up at six forty-five the next morning to go to school, how would you feel? How do you feel when you have a good night's sleep?

Did anyone have a frightening or disturbing dream last night, or recently? If a student is willing to do so without coercion, describe. How did you feel when you woke up? We all know what it feels like, because **we all have such dreams** at one time or another.

Sound sleep, and enough sleep help us all to feel our best. The same is true of babies and of one to three year olds.

Can you think of some things that might disturb the sleep of a young child? (Too bright lights, loud TV or voices, too much or too little heat, illness, hunger or thirst.)

In addition to these disturbances, there are other things which may interfere with the baby's rest:

1. Young children feel, sense, and know when things aren't going well in the family. If there are arguments or outright fights going on in the home, it will make a child worry about what might happen and this will quite naturally make the child tense and anxious ("nervous"). This will almost certainly interfere with the child's ability to relax, feel comfortable, and fall asleep. When anxious, a young child will fall asleep if sufficiently exhausted or he may do so self-protectively, defensively, to "get away" from worrying.

2. The normal 16 to 24 year old child will feel anxiety when she begins to realize that she is a separate person from her mother. The baby is still very dependent upon her mother, and may dread going to sleep because that separates her from her mother. We shall study this issue in later lessons about the development of "the self and human relationships."

3. A 2 1/2 year old normally is beginning to develop sexual feelings. She/he is beginning to develop a special preference for the parent of the opposite sex, and some more negative feelings for the parent of the same sex, who at the same time is very much loved. These conflicting feelings often and normally lead to anxiety and may then lead to some sleep disturbances. We shall talk about this in later lessons on normal "sexual (reproductive) development."

4. It is normal for a child 1 to 3 years old at times to feel anger toward her mother -- for example, not only resulting from inner conflicts like the one in item 3, but especially when mother sets an unwelcome but necessary limit, or when mother goes out and leaves the young child in someone else's care. Sometimes the child is upset by her own anger toward those she values (for whom she is now beginning to feel love), and that makes it difficult for her to go to sleep, or causes her to have disturbing dreams or even night-terrors.

What is a night-terror?

Teacher's Instruction

Adults sleep varyingly from 7 to 9 hours a night. Some sleep less, some even more. Commonly, we sleep longer on weekends than on week days. Children tend to need more sleep than adults, adolescents seem to be able to manage not badly with quite a wider range of fewer to more hours per night. Some adolescents are known to routinely sleep as few as 5 to 6 hours on weekdays and as much as 12 hours on weekends. Children 1 to 3 who sleep well tend to sleep from 10 to 12 hours at night and will need a nap in the early afternoon; some 1 year olds may need a nap in mid-morning too.

It is important to understand not only what a night-terror is as compared to a dream or nightmare, and also why it is that when a parent is awakened during the night by her or

his crying infant the parent will at times feel nearly nauseous and angry at being awakened! In order to understand these facts, it is useful to know that we sleep in cycles, not in a straight line, if you will. We sleep in cycles that go from (after we falling asleep) light sleep into deep sleep, and back into light sleep and again into deep sleep, and so forth. Each light-to-deep-back-to-light sleep cycle takes about 90 minutes.

Light sleep is that from which we can most easily be awakened without feeling significant ill effects, except if one has not slept long enough yet, such as say being awakened at 3 or 4 in the morning. Two other important things occur during light sleep: (1) our level of consciousness is quite closer to that of our wake state than it is during deep sleep, so that during light sleep, certain psychological functions can go on even though we are sleep-resting. (2) It is exactly because of this fact, that some psychological functioning can go on, that **it is during light sleep that we dream**. Not only do we dream, but that we **can remember** what we dreamt. Because sleep researchers found that during dreaming our bodies move, and especially so our eyes, they have labeled this sleep **REM sleep**, REM standing for rapid eye movements. When people dream then, even if they have "bad" dreams or nightmares, these occur during light sleep.

Deep sleep differs from light sleep in several critical ways. Sleep researchers tell us that in **deep sleep**, (1) our level of consciousness is much suppressed and so is our psychological functioning, though it seems to never be completely eliminated while we are alive. In addition, (2) our bodily chemistry and functions, that is, our physiological functioning, is in a different state than it is during light sleep in such a way that if we are wakened while in deep sleep, say by a crying infant, we may not only feel not fully awake, but worse, even feel nauseous, and because we are not as alert we may bump into a night table or such, all in all maybe even feeling a bit "sick". It is during deep sleep that night-terrors occur. Because the infant **is** in deep sleep while experiencing the night-terror, he or she will not be aware that Mother or Father is there, trying to comfort. To feel Mother or Father's presence and to interrupt the night-terror, the toddler often must be wakened up. While the night-terror will run its course and stop, observation of children who have night-terrors, shows clear evidence of its disturbing effects not only during the event but also the following morning and often before bedtime--when the child resists going to sleep because he dreads the feelings of the terror event. Again, even though the child is in deep sleep and consciousness is deeply suppressed, enough psychological functioning occurs that the child "feels" and later remembers the feelings of the experience of terror.

In the next lesson, we shall discuss how toddlers can be helped to develop good sleep patterns, and how to handle bad dreams and night-terrors.

Assignment

Jane began to have nightmares when she was 18 1/2 months old. This led to her having trouble going to sleep. How would you handle (1) her having a nightmare? (2) Her resisting going to bed?

Suppose you are the parent of 16 month old Suzy. Suzy has been difficult from birth on; it is difficult for her to calm and to fall asleep, especially when she is upset beforehand. She just seems to not want to go to sleep then. It may take 20 to 30 minutes to get her to sleep. Write a paragraph to say how you would handle this.

You may consult with your mother and father if you wish.

Outcome

Students will learn of the value of helping young children develop good sleep patterns; they will also learn the many possible factors that may cause sleep disturbances.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 10**

UNIT 2 - THE TODDLER YEARS (1 to 3)

WAKE - SLEEP PATTERNING -- Part 2 (CHILD REARING)

Objective

To learn how to help a 1 to 3 year old child develop good sleep patterns and how to deal with sleep disturbances in growth-promoting ways.

Class Discussion

It is important for students to know that routines for going to bed, as with so many things we do, help the child to develop patterns of pre-bed preparation, falling asleep, and sleep itself. So do waking up routines, including toileting, dressing, having breakfast, and getting ready for work, i.e., school. All this patterning has to begin during the 1 to 3 years period. It is important then to learn how to handle constructively whatever conditions may interfere with developing good going to be routines and with restful sleep itself. The teacher should point out that conditions that interfere with these are **as stressful for the parent as for the child.**

The students then will be asked to discuss their papers regarding Suzy and Jane, focusing on the methods proposed for handling these children's problems.

Suzy's problem has been known by her parents since she was born. They know by now that her difficulty in going to sleep when upset is in large part caused by her difficulty in calming when comforted. They know that they have to be patient, that she is not doing this to give them a hard time but rather because she is really distressed. They have learned by now that there are no short-cuts to calming Suzy; they just have to give to it the time it requires or create more problems for their baby. So Mother and Father took turns in comforting her, in gently patting her back, repeating softly to her that she really needs to calm down and go to sleep, that Mommy and Daddy need some private time to talk and do things parents need to do. It is important for her parents to realize that the better the patterns of comforting and going to sleep Suzy develops, the better for Suzy and for them. The sooner they undertake this work with her, the sooner will Suzy master her difficulties and all benefit in a number of ways. (Consider the number of ways: her well-being, their well-being, her feelings of accomplishment, the parents feelings of having done a good job and of having helped one of the people they love most, etc.)

18 1/2 month old Jane's bad dreams were making her afraid to go to sleep. When her parents came to understand this, they became more sympathetic with Jane when she fussed about going to bed and their anger toward her lessened significantly. In addition, then, when the parents were made aware of what might be going on in Jane's emotional

life, namely that she was angry with the mother she loves, for very normal reasons (which we shall talk about in later lessons), and that this created a conflict within her, Mother especially mellowed toward her. It was then easier to be sympathetic to her fear, to reassure her, but to stand firmly in her having to go to bed at the assigned time.

In summarizing, the teacher will emphasize that to achieve a successful outcome, one's approach to any sleeping problem must include a search for its cause and an openness to finding solutions that are respectful and considerate of the child. We emphasize this because sleep problems in the child can be very troubling and angering to parents.

Reasonable steps are required:

- (1) Look for what might be the **cause**;
- (2) If something in the **environment** could be causing the discomfort, correct it;
- (3) If the child is **sick**, do what is necessary to try to make the child feel less pain -- (give appropriate medicine, comfort the child--remember that TLC [tender loving care] is still and will always be one of the best medicines discovered--, call the doctor if needed);
- (4) If, like Suzy, the child has inborn difficulties in calming, being comforted, which are needed to fall asleep and sleep well, more time will have to be given to this task.

There will be no short-cuts.

(4) If, like Jane, the child is **anxious** ("nervous"), try to learn what is causing the anxiety, comfort and reassure, but

- (5) Let the child know that he/she **is expected to go to sleep**.

Sometimes it is very hard to know why the child is crying, and what to do. Some parents think that after all, perhaps the baby is crying to exercise her lungs. Do you agree with that idea?

Sometimes a parent thinks that if she spansks the baby, he will stop crying. Will he? (Sometimes he will.) How does it make the baby feel? (Something like: "Mother doesn't understand what I'm feeling and trying to tell her", and eventually the child may come to feel "I better stop crying cause she'll hurt me. That sure makes me angry!" The young child stops crying alright, but with it, the young child may give up on the parent being a source of help--which has dire consequences for the parent-child relationship.)

Sometimes a parent may just want to close the door, so she won't have to listen to the crying any more. How might that make the baby feel? ("I'm left all alone, and mother isn't helping me; that hurts me and makes me very angry.")

It is at times not easy to deal with a crying baby. But at all times, try to find out what the difficulty is, and then do what needs to be done **in a constructive manner**: be **considerate, respecting** of the baby, and apply **the parenting golden rule**--treat him or her the way you would want to be treated if you were the baby.

Most children can develop good sleeping patterns, when the parents

1. **Set a bedtime** that is reasonable for the child's age.

2. Stick to it **regularly**, except for special occasions.
3. Let the child know a few minutes **in advance** that it is almost bedtime, tell him the exact number of minutes, 15, 10, or 5, whatever.
4. Have a **bedtime routine** -- washing, brushing teeth, a story, a kiss.
5. A soft **night light** in the child's room or hall, is helpful and need not be avoided.
6. **Reassure** the child that parents are nearby. If you are going out, let the child know this and reassure that the caregiver (baby sitter) will be there and Mommy and Daddy will be home by about (as close to the time that you believe you will be home).
7. Tell the child that she **is expected to go to sleep**. Only one drink is allowed after she goes to bed.
8. If the child awakens and cries, try to reassure her doing **the least reasonably** possible, such as without picking her up, since that would waken her more. That is, do as little as is needed to get the child back to sleep; the more you do, the more the child is likely to waken more. Talking gently, quietly, and patting gently are often the best; picking up may stir up the whole body.
9. It is important **never** to make going to bed a **punishment**. The child needs to develop the feeling that going to bed will help him grow, and feel well and strong. If going to bed is used as a punishment, the child may develop negative attitudes about it.
10. If the 1 to 3 year old child **needs a transitional object** (a "comforter" such as a favorite stuffed animal, bottle, piece of blanket, etc.) this should **absolutely be allowed**. The exception to this might be the bottle; encouraging the child to give it up is not growth-disturbing.

Outcome

The students will have learned how to help a child organize a good sleep pattern, and have some idea of how to respond in a growth-promoting way to sleep problems that arise.

THE TODDLER YEARS: (YEARS 1 to 3)

FEEDING

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 10**

UNIT 2 - THE TODDLER YEARS (1 to 3)

FEEDING

Part 1 (HUMAN DEVELOPMENT)

Reading for Teacher: Textbook UNIT 2, pp. 27-30.

Objective

Like most other functions, how we eat, what type of diet we eat, these too become patterned. Our objective is to help the student become aware of the importance of developing healthful feeding patterns from early life on, here during the toddler years.

Class Discussion

The toddler in his or her general push toward autonomy (to do things himself or herself) and self-reliance feels the need to take part in his or her feeding process. How do you think a one year old might try to do this? (He will grab a spoon and try to feed himself.) What can a three year old do? (He can handle a spoon and fork quite well, and feels good about feeding himself.)

Do toddlers have likes and dislikes in foods? (Yes, generally.) How do they show these? (They usually will protest by leaving that food uneaten, by turning away or grimacing when that food is offered by the parent. If a child is forced to eat something he really dislike, something which causes the child to feel disgust, the child may even throw up.)

If a child hates some food (which means that its taste is repulsive to the child) that is good for him, is it necessary for him to eat it? (No, besides, the child may throw it up anyway. An equally nutritious substitute food can be offered, which he probably will accept. Bribing a child with sweets may make the child eat the hated food, but it also will make him/her rely on such bargaining methods which can cause problems later, not the least of which is that eating can be felt to be most unpleasant.)

A child who may show his growing autonomy and self-reliance by feeding himself, and by expressing his likes and dislikes, may at the same time do something that appears to most people to be very infantile, regressive: he may insist on having a bottle at night, even though he may long ago have given up daytime bottles. Is this because he needs night feedings the way he did when younger? (No. A child of two and a half or three who does this is using the bottle primarily as a comforter, not as a source of food. It is a way of saying "I can accept going to bed and being separated from mother and father, with the comforting help of this bottle which reminds me of being with her or him." If

we recognize this, we can see that **rather than being regressive, having the comforter-night-bottle is a very helpful tool toward gaining age-appropriate autonomy and self-reliance.** The same can be said for the child's **thumb-sucking** or using a **pacifier.**)

Teacher's Presentation

This is worthy of emphasis. It is important for parents to understand what pacifiers, thumb-sucking and night-bottles are about. Most parents are convinced that thumb-sucking, pacifiers, and milk bottles are used by infants to gratify their dependency needs. They feel it means the child feels like a baby. Generally, even during the second year of life, most parents feel it's ok for a child to use these, except perhaps the milk bottles. When an infant continues to use these into the third year though, many parents become alarmed--some parents do already when the infant is only in the second year of life--, they feel their child wants to keep being a baby, and that using these devices will interfere with his or her wish to grow. True, of course, we all think of infants when we think of these things. It is infants who use them. And it is so that they do gratify some of their "dependency" needs in using these devices. However, the reason for the young child's using these is generally misunderstood and as a result, handled poorly.

When the night bottle, thumb-sucking, or a pacifier is used by a child under three, it is **in the service of comforting the self without having to appeal to Mother or Father** to do so. It is **an act of self-reliance, of autonomy,** "I can comfort myself; I am big, and I don't need to trouble Mom or Dad". Therefore, contrary to common belief, rather than being a regressive or infantile act, it is just the reverse, it is an act that supports solving problems constructively on one's own. It facilitates autonomy and self-reliance. Pacifiers and night bottles usually are given up by or soon after age 3 years. When thumb-sucking persists beyond age three--which does happen from time to time in some quite healthy young children--it tends to be because other methods of self-comforting have not been selected and/or the thumb-sucking pattern simply has strong persistence. Commonly, these children suck their thumbs when under heavy stress or in the evenings, the normal most regressive time of day for all of us. The only concern with all of these self-comforting methods is that in some children who have rather soft gums, the front teeth may become somewhat mal-aligned. It is up to the parent to choose: greater ability to self-comfort with the possibility of slightly protruding teeth (that can readily be corrected by orthodontistry) versus possibly better aligned teeth with a period of substantial distress while the child finds other methods of self-comforting that work as well for her or him. We like to say that, in general, the thumb, the pacifier, and the night bottle belong to the child, not Mother or Father, and the child ought to decide what to do with it.

Class Discussion Resumed

It has been said that in addition to being well-cared for and loved, the condition of a person's body at age 40 depends upon, or at least is very much influenced by, his eating habits as a toddler. How can this be? (If he learned to eat well-balanced nutritious meals then, he still will, and probably will be a healthier person. If he ate mostly "junk food"

then, he may get into the habit of doing that, and without enough nutritious food he may eventually, when older, be more vulnerable to tiredness and illnesses, his general health may be in greater jeopardy. He will not have the needed amount of proteins, vitamins and minerals to build a healthy body, to grow up to be a healthy older person. Although this may not become a problem until into adulthood, it will as the individual ages.)

Many sources are available to help us learn what healthful foods are and which are not. Address the following questions:

What kinds of food-groups are health-building? (Meats (not fried), vegetables, salads, fruit, whole wheat (rather than "white") bread, many cereals, milk).

What kinds of foods are **not** health-building? (The "too-much-of-what's-not-good-for-you" types--foods that have **too much fat**, **too much sugar** and **too much salt**.)

Why are these bad for you? (**Too much fat** may, when an adult, lead to heart trouble and much more serious illness [such as strokes--caused by an artery rupture in the brain]. **Too much sugar** can cause dental problems, digestive problems in some, and can even facilitate the development of diabetes in those who are vulnerable to it. **Too much salt** can later in life cause blood pressure and heart attacks. Also, if one **over-eats** one can become overweight. When overweight, one does not feel one's best, and one is more likely to develop all kinds of bodily problems as one gets older, including heart and blood pressure problems.)

Does this mean that a person should never eat ice cream? (No; sweets in moderation will not harm a person; eating **too much** rich ice cream, candy, or sugar-rich sodas is not a good idea.)

Suppose a person has grown up eating foods that are too fat, too salty or too sweet. Can he ever re-educate his pattern of eating? (Yes, it isn't easy but it can be done. It pays to work on this because a person's health will be better and he/she will look and feel better if he has a healthful diet.)

It is best, however, to start a good diet in infancy. Infants learn certain patterns of eating, and generally they grow up maintaining these patterns. For example, if an infant frequently is handed salty french fries to eat, his body will become used to that extra fat and salt, and he will tend to overload on these things as he grows older.

Assignment

1. 2 1/2 year old Johnny insists on using his pacifier when he gets upset and before he goes to bed. His mother is very worried about his becoming so dependent on it and worries he will take his pacifier with him to school when he is in high school. What would you tell Johnny's mother? Be sufficiently detailed in your remarks to her.

2. When the mother of two year old Andrew puts a plate of food in his high chair tray, he plays with it, but doesn't eat very much. He would dawdle for an hour over it, if his mother would let him. What would you do about this?

3. Helen, age 2 1/2 has parents both of whom work outside the home. They go out to eat three times a week, usually to a fast food restaurant. Helen likes this, and always wants the same things to eat: a cheeseburger, French fries with extra salt, a cola and a chocolate sundae. People in the restaurant sometimes say to Helen's parents "What a cute chubby little girl you have!" If her parents were concerned about this, and wanted to change Helen's diet in the fast food place, what could they do? How could they go about helping Helen to accept any changes that would make her diet better?

Outcome

Students will understand that for better or for worse, eating habits of infancy set the stage for later patterns of eating and for later states of health.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 10**

UNIT 2 - THE TODDLER YEARS (1 to 3)

FEEDING

Part 2 (CHILD REARING)

Objective

To learn constructive ways to deal with some feeding problems of toddlers; to learn how to help toddlers develop health promoting eating patterns.

Class Activity

How did you address 2 1/2 year old Johnny's mother's concern about his need to use his pacifier?

Teacher ought to emphasize the autonomy and self-reliance factor in the self-comforting use of the pacifier.

How would the students handle an 18 month old, a 2 1/2 year old, and a 3 year old's wanting to use the night bottle? (For the 18 month old, no resistance should be put up by the parent. For the 2 1/2 year old, the child should be permitted to use it, but the parents can begin to talk about wishing that the child would try to go to bed without it and to try to think of the nice things that happened today to fall asleep more easily. For the 3 year old, the parents can be more imposing in their wish that the child go to sleep without using the bottle, again making suggestions of thinking of the good things that happened today. They may resist the child's plea, again saying they want the child to try to go to sleep without the bottle. However, if the child is too distressed by this, the child ought to get the bottle. The next day and thereafter, the topic should be taken up when the child is in a good mood. Parents then ought to convey their strong wish that the child find another way of comforting himself before bed time, such as by thinking of good things that happened recently or may happen tomorrow. They may take a bit more time at bedtime, a bit more talking to and calming of the child, perhaps reading one more story. Persisting efforts will pay off. Parents must be cautioned to not expect rapid changes about such matters.)

How did the students handle Andrew's dawdling so long when eating? Class will discuss their agreement or disagreement with some of the proposed solutions.

The teacher ought to address the following positive possibilities:

1. You might try putting less food on Andrew's plate.

2. You should give him a reasonable time to eat it, perhaps half an hour, then if he doesn't want any more, simply remove his plate and take him out of his seat.
3. You should try to make eating time pleasant. With a 1 to 3 year old a game may help, e.g., "A bite for Daddy, a bite for Mommy, a bite for the dog, a bite for the goldfish".
4. If you feel that the child is dawdling in order to have more time with you, you may suggest a game you will do together after he finishes eating.
5. Scolding, threatening to give him no supper, or force feeding are very poor approaches, in fact they are destructive approaches; they are quite certain to cause eating problems and cast a negative feeling into the child's relationship with the feeding parent.
6. You need not worry about the toddler starving himself; if he eats only part of his meal that is usually enough. Unless a child is sick, the child will eat what he needs to grow well.

How did you handle Helen, the fast-food lover? Assuming that parents who work outside the home decide that to make their lives bearable, three times a week they will eat out but can afford only, considering money and time, to eat in a fast-food restaurant. How can they, like Helen's parents could try to control the salt, fat, and sugar overloading that can easily occur there:

During and after the students discuss these, teacher may highlight the following:

1. They could leave the cheese off the hamburger and later replace the hamburger with chicken, removing the fatty skin, or ground turkey;
2. Instead of ordering French fries for Helen, they could give her some from their own order, with no salt added.
3. Instead of cola, she could have orange juice or milk.
4. Her parents could start using the salad bar, and make it interesting to Helen by allowing her to choose some favorite things there.
5. The chocolate sundae gradually could be replaced by ice cream with fruit on top.
6. If the family continues to have three meals a week in this restaurant, the meals at home should have plenty of vegetables.

Class Discussion

Review ways that parents can help a toddler to eating develop habits that will help toward keeping him healthier as an older child, teenager, and adult.

1. Model good eating habits yourselves.
2. Give him well-balanced meals.
3. Avoid too much salt, fat, and sugar.
4. Respect his likes and dislikes.
5. Make mealtime family time, making it pleasant with talking together about the child's and parents' daily activities, interests, and even concerns. It can even be a good time to help each other solve problems if these are not too upsetting. If they are, another time should be set aside for these.

6. Introduce new foods gradually.
7. Be patient with dawdling, but don't allow too much.
8. Avoid mealtime battles; this is no time to settle arguments or serious family problems; do not force feed, or threaten punishment for not eating enough; encourage but do not plead with the toddler to eat; and if that does not work, quit!
9. Limit the amount of sweets; have reasonable deserts and in reasonable amounts
10. Respect the child's need for a night-time bottle (or his thumb or pacifier).

Outcome

The students will understand how a toddler can be helped to develop healthful eating patterns.

THE TODDLER YEARS: (YEARS 1 to 3)

AFFECTS

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 10**

UNIT 2 - THE TODDLER YEARS (1 to 3)

AFFECTS

Part 1 (HUMAN DEVELOPMENT)

Reading for Teacher: Textbook UNIT 2, pp. 31-39.

Objective

To learn which **affects** (feelings and moods) appear during the toddler years, and when and how they develop.

Teacher Presentation

The noun **affect(s)** is very different from the verb to affect, which means to have an influence. The noun **affect(s)** means feelings and moods. We assume that all living organisms have feelings; it is very clear in the animal kingdom; many assume it so for the plant kingdom as well.

Among the critical features of affects, one is that affects **are remarkably specific to specific experiences**. That is, we smile when something pleases us, we are angry when something upsets us sufficiently, we get furious when something upsets us extremely, we are sad when we lose someone we love, we laugh when we feel something is very funny, etc. What others can the students come up with?

Another remarkable feature of affects is that affects are **constant**, that is people all over the world have **the same affective reactions to the same experiences**. It is so that in some cultures certain reactions, and therefore affects, are not permitted open expression; but when they are expressed, they are the same in the U.S., China, South Africa, etc. In addition, the expression of **each affect is distinguishable by facial expression, gestures/movements, and vocal sounds**. People look the same when they laugh or show feelings of anger in the U.S., China, and South Africa. Darwin even showed that certain specific affective reactions in animals whose expressions are clear, such as a fighting-raging dog, have the same features as those of humans. Affects in monkeys and apes are strikingly the same as in humans.

Affect theorists, and all mental health professionals for that matter, believe that affects are not only **reactive phenomena** but that they have a **function**. This function is **to communicate to others**. Indeed, if one is sensitive to affects, and most of us are, it may be quite easy to infer how someone is feeling, what the person is experiencing, and at times even what kind of thought the person may be having, such as, "The way he looks right now, he may lash out and hit someone". Affects are what most constitutes "the

vibes" one is getting from someone. As a matter of fact, it is exactly this **ability to read affects that is so important for parents**. If parents can "read" their infant's affects, they'll have an impression of what is going on inside their young children's heads, not exactly their ideas and thoughts, but what they are feeling and what they may do then. To know what one's child is feeling puts the parent half way toward growth-promoting parenting. Can the student explain why we say this? (Knowing how a child feels is highly informing as to how the parent can best help a child cope constructively with whatever difficult situation the child may be facing.)

Studies of affects have documented that there are **basic affects** in humans, that these are programmed probably genetically, or at least neurologically, in us and setup to emerge, that is, to be expressible by children according to a certain developmental time schedule.

We have learned from direct observation that all human beings come into the world already able to experience and express certain feelings (affects). Interestingly, newborns are not well equipped to express pleasure in the first weeks of life, but they are indeed very capable of expressing distress and pain. The experience of pleasure seems absent; the best one gets in the first several weeks of life is a quieting of the infant, a facial expression of comfort, most likely on the way to sleep. On the other hand, pain, discomfort, and distress are readily expressed in normal infants by whimpering, facial expressions of each of these, appeal-vocalizations, to outright crying and screaming.

In the beginning we assume, infants do not **understand** the feelings they experience; but they have the ability to **express** these because, as we said, this ability is probably genetically programmed, it is "built in" or "inborn". Soon, during their first year, infants develop these in ways that are focused on the important people in their lives, and in ways that eventually, during the toddler years, will show love and hate, sadness and happiness, shame and self-confidence. Thus, during the first year of life, infants start out having feelings of comfort or discomfort. As we said before, the ability to feel discomfort is far more developed than the ability to feel the positive ness of comfort and pleasure. The newborn to two month old can feel irritable, seemingly angry, and this "angry" feeling can intensify until it becomes rage.

From about 3 months on, we can now begin to see the infant experience pleasure. He can smile at the human face, a remarkable phenomenon we talked about in Unit 1, under attachment and human relationships. From 3 to about 6 months, the infant's ability to feel pleasure in relationships has increased, he now smiles broadly at those to whom he is attached and indeed is developing very warm affectionate feelings for them. On the other hand his ability to feel irritation, annoyance, anger to rage becomes even more detailed.

From about 6 months on, the infant becomes able now to feel not only anger but in fact outright hostility, a critical point in feeling between the end points of anger to rage. Note that we have not yet said the words "love" and "hate". Although we do not say "love" yet, the 6 to 12 month old's feelings of affection become stronger and more stably

attached to only specific people, Mother, Father, and in-house siblings. Other in-house people elicit such feelings too.

It is during the toddler years, from about 18 months of age on that those two most important feelings **love** and **hate** become part of the child's affective experiencing. Besides these highly crucial feelings, other major affects that become prominent in the toddler years are **sadness**, **shame**, and the beginnings of **guilt**.

1. Why is **love** so important? (For a person to feel secure, he or she must feel love and loved. This complex feeling, love, makes the child feel positively about his parents, family and friends, and equally important, he or she feels positively about himself or herself. This makes the toddler feel self-confident, valued, and able to do things. And as he feels love for the people in his family, it makes his emotional relationship with them indelible, and helps him become able to form good relationships with other people.)

It bears repeating that when the less than one year old smiles and hugs his mother with pleasure, when her presence makes him cheerful, and he is developing an attachment to her. Those feelings are the building blocks of love. Attachment to the important people in the child's life grows increasingly stronger and more complex during the first 18 months, and **from about 18 months of age on this feeling develops into love.**)

The same can be said for when babies develop feelings of **hate**? Before they develop feelings of hate, they show anger, then hostility and the desire to hurt someone as early as nine months of age. **Hate**, the wish to destroy someone who is hurting the child in one way or another, like love, becomes possible **from the middle of the second year on**.

What do feelings of hate **toward those to whom the child is attached** usually do to a child if he doesn't work them out? (Hate makes a child fear that his wish to destroy those to whom he is attached might come true. This invariably upsets him because, except where the hate has become too intense due to much abuse or neglect, he also loves the person he is hating, and this creates a severe conflict of feelings in his mind. Also, hate makes the child fearful of punishment. But perhaps worst is that hating those to whom he is painfully attached makes him feel that he is bad, that he does not deserve to be loved and is of no value. Because he will carry these feelings for others and himself within him, it will make it difficult for him to form good relationships.)

Learning how appropriately to express love feelings and hate feelings is very important in a child's development. Although the hate feelings can become harmful to the child, they are unavoidable at times, and he can be helped to cope with them in reasonable ways. It is with his primary relationships -- with his mother, father, sibling -- that this most effectively gets worked out. His good supply of love feelings helps to lessen, to mitigate or even neutralize, his hate feelings toward those valued persons. These are the feelings he carry into his later relationships.

Next time, we will talk about how to help a child deal with his feelings and expressions of hate, and how to respond to his feelings and expressions of love.

3. **Sadness** is a mild form of feeling pain which may be seen at times in infants even during their first year. During the second year, this affect often becomes stronger and may last for hours and sometimes longer. A number of things can make a toddler feel sad. It is important though to know that commonly a toddler may feel sad when nothing really undesirable is happening, when nothing is actually going badly. One such an important instance is when the 18 month old or so child increasingly becomes aware of his actual, physical separateness from his mother. This will at times now make him feel alone and more at risk of losing his mother or father. In her studies of young children, Dr. Margaret Mahler, who especially studied just this kind of experience, spoke of the sadness the 18 month old feels as **lowkeyedness**. Another factor is the child's increasing ability to see things the way they actually are, that is, when he "tests reality" better, he will come to realize that he is indeed very small and this too may at times make him feel vulnerable and then sad. These are normal and desirable experiences that lead to this normal feeling we all know as sadness. We must also emphasize that since losses of things we value and even those we love, and disappointments of all kinds are part of everyone's life, some sadness is part of everyone's life, and it is well for the child **to learn to tolerate sadness (and eventually even moderate depression)**, with the sympathetic support of his parents.

4. **Shame**, another major new feeling, is a very painful feeling; it generally seems to develop from the middle of the second year on. This feeling is aroused when the child feels that he is disappointing to himself or those he now loves. He feels he is not living up to his loved parents' or his own growing self-expectations; it makes him feel he is an unlovable and unworthy person. Shame undermines his sense of self-regard, his sense of being of value, of being able to do things and to get along in his world. It can eventually lead to depression, a difficult mood to tolerate.

5. **Guilt**, one of the most complex and important of human feelings, does not appear until near the end of the second year. This begins especially from the young child's experience of wanting to hurt or destroy someone he loves. All children have these distressing feelings at times, and from early childhood on, must begin to learn how to deal in a constructive way with the hostile feelings they have which cause the guilt.

Assignment

In preparation for the next lesson, write what, and with some detail and reasoning why, you would do in each of the following situations:

1. Martin is a newborn. If you were his mother or father, what would you do to help him grow into being a person with solid love feelings?

2. Suzy, age 2 1/2, was playing with her toys when her mother told her that it was nap time. Suzy gathered her toys in her arms, turned her back to mother, and refused to come. Her mother began to take the toys from Suzy, repeating that it was nap-time. Suzy burst out with "I hate you! Bad Mommy!" What would you do, and why?

3. You are a baby-sitter with 18 month old Alan, whose parents have gone to the movies. Alan knows you, and on past baby-sitting jobs you have had a good time age-appropriately rough-housing with him. Tonight, he is just sitting on the floor, looking very solemn, and isn't warming up to you as much as usual. What would you do, and why?

4. Barbara, age 3 years, has just made a drawing of her mother, and has taken it to show her. Mother says, "That's an bad drawing; I sure can't tell what it is. Can't you do better than that? Your brother could make good pictures when he was your age." How would this make Barbara feel about herself? About Mother? If she showed you one of her drawings, how would you respond?

Outcome

The students will have become acquainted with the important affects which children develop during the first three years, and their significance.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 10**

UNIT 2 - THE TODDLER YEARS (1 to 3)

AFFECTS

Part 2 (CHILD REARING)

Objective

To learn how **positive affects** in the toddler can be enhanced, and **negative affects** responded to **in growth-promoting ways**.

Teacher Presentation

A child's **affects** are a window into what the child is experiencing emotionally. To know or feel one can "read" a child's feelings puts a parent a major step closer to understanding the child correctly. Parents are often puzzled by their child's behavior and wonder: "What is my child feeling/thinking?" When they can "read" the child's feeling they are closer to coming up with a plausible or even correct answer.

Empathy is the magnificent ability most parents and other caregivers have which enables them to look into and through the child's affect-window and, by the parent's use of her/his own feelings, come to register and thus have a good idea of what the child may be feeling and be that much closer to knowing why.

Every person, no matter how old or how young wants to be understood, even when the listening person or persons make mistakes in what they believe they have understood. It is enormously important for the young child to come to believe that his/her parent(s) is (are) trying to understand what the child is experiencing. An understanding attitude toward a person tells him that he is respected, and that his parent knows that he had a reason for feeling whatever he is feeling or doing whatever he has done. A person who is treated with consideration, and feels understood is more able to deal with problems than one who is not.

Put yourself in the place of Michael, age 16, who shows up at home after school 2 hours later than expected. His mother looks at him angrily and immediately starts scolding, telling him he is utterly irresponsible, doesn't care what concern he is causing his mother who worried he got into trouble somewhere. In fact, she was on the point of calling the police! If you were Michael how would you feel about yourself? About your mother?

Suppose instead of the immediate scolding she asked "What in the world happened to you?" Then you could tell her that you really lost track of time. You had gone to John's house, and the two of you got grossed in his new computer program which could help

you with the project each of you was doing for school. You just didn't realize how late it got. You apologize for not having called to let Mother know where you were. What do you think your mother would say then? How would you feel about yourself? How would you feel about your mother?

Suppose you got home late for a not-so-pleasant reason. You and that guy (or girl) who's been bothering you now for weeks finally got into a fight, and you were very surprised to be so upset by the whole thing that you decided to go to John's (or Susan's) house to tell him all about it and try to calm down before you went home. How would you want your mother to react to that reason for your being late? Would it be understanding of her to ask you questions about why and how you got into the fight, if you had other options besides the physical battle, and how the fight stopped? Suppose she told you that she can understand how badly you must've felt but that she really wished you had let her know where you were; do you think a parent can be understanding, and still expect you to act responsibly?

Note: Teacher, emphasize to students that children 1 to 3 years of age should be treated in this regard the same way as would a 16 year old or an adult. That is, explore what caused a child to do something unexpected or unwanted with consideration and follow it with a prohibition (if warranted) and guidance to desired conduct.

Class Discussion

The class will read and discuss the papers they wrote about Martin, the newborn, about Suzy who said she "hated" her mother, Alan who was experiencing sadness, and Barbara who was suffering shame.

In the course of these discussions the following points should be reviewed and emphasized:

1. **Love** is the affect which enables a person to make meaningful relationships, and which contributes to the child's self-esteem, self-confidence, and facilitates constructive adaptation. The child best develops love by being loved and respected.
2. **Hate** is the affect which **more than any other** puts enormous stress on oneself and on relationships, and undermines self-esteem and constructive adaptation. Hate is the result of experiences of **too much pain of any kind**, be it physical but especially **when the pain is emotional**. However, it is normal for well-adjusted persons to have occasional feelings of hate toward family members and others. It is extremely important to help the child learn to talk about his and others' feelings, be they feelings of love or hate, and work them out in constructive ways.
3. **Sadness** (or lowkeyedness), of which the 18 month old becomes capable, at this age normally comes primarily from a sense of separation from mother, and a feeling of being alone, small and helpless. Encouraging the child to talk, and offering comfort and

understanding can generally enormously facilitate the child's coping with this and other painful feelings.

4. **Shame** is a very painful feeling which occurs when the child feels disappointed in himself; it makes him feel he is unworthy of love, attention, valuing. Children should **not** be shamed when they make mistakes or misbehave. Only in the rarest of times is shame justified in handling young children. Such times might be when a parent has exhausted all reasonable means of trying to get a child to comply with limits and reasonable punishment has failed. We should say that shaming is not an effective way of getting compliance from young children. Only occasionally does it work to advantage. (Constructive limit setting and reasonable punishment will be dealt with in some detail in the lessons on Developing Internal Controls).

5. Developing the ability for **empathy** (to perceive and to a degree resonate with how another person is feeling) enables a person to understand what a child may be experiencing which can be greatly facilitating of rearing in a growth-promoting way. This ability -- with which we are all born -- **may be further developed** by:

(a) Being aware of the fact that **feelings are contagious; how you find yourself responding to a child's feelings will give you a clue as to what he is feeling.**

(b) Where the student is uncertain about the observed child's feelings, this **empathy training exercise** is strongly recommended. Study, look at the child closely,

- (1) Look at the expression on the child's face,
- (2) listen to his voice, and,
- (3) imagine how you would feel if you looked and sounded as he does.
- (4) If you feel that you still cannot read the child's feelings, don't be shy:

try to make the same facial expression, make the same sounds yourself, and imagine what could make you feel this way, what feeling you might then have. You may feel uncomfortable doing this at first, just remember that it may really pay off not only in your understanding young children, but even yourself and others.

(c) Realizing that people from early life on, infants and toddlers included, have reasons for doing what they do.

(d) Trying to understand the reasons which account for the behavior the child is exhibiting.

(e) Putting your understanding in words to the child.

(f) Doing what then seems necessary -- comforting or setting limits, for example.

6. The case of 2 1/2 year old Suzy gives opportunity to talk about a most critical problem encountered in parenting. (Teacher: refer especially to the points made in the Textbook, pp. 33-34, on how Suzy's parents were helped.) Toddlers are likely to express both love and hate feelings directly; this especially so when parents themselves express

what they feel and when they believe it is a desirable thing to do--which mental health professionals encourage. While love feelings are welcomed, many parents feel that a child should not express hate feelings. However, expressing these feelings is not only normal, but a child's doing so enables the parents to talk with him about them and to help him deal with his feelings in growth-promoting ways. A child should never be made to feel that he is bad because he feels hate for someone; he should be given help in coping with this, and by developing reasonable controls over the physical and sometimes verbal (such as insulting) expressions of such feelings. (More on this when we talk about handling hostile destructive feelings in the Lessons on Aggression.)

7. If children are not allowed to talk about hate feelings, they may hide (suppress) them, with the danger that these feelings may pile up and burst out under stress, and sometimes in explosive ways; or, children in pushing down their hate feelings may push down their love feelings, too, and become emotionally handicapped.

8. Helping children learn to talk about and work out their hostile feelings helps restore their sense of well-being. Good feelings lead to the development of esteem for oneself and others, and to the growth of love feelings in relationships.

Outcome

The students will understand how to increase their empathic ability, and how using empathic understanding can serve the emotional development of toddlers.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 10**

UNIT 2 - THE TODDLER YEARS (1 to 3)

SLEEP-WAKE PATTERNING, FEEDING, AND AFFECTS
Part 3 (VISIT OF MOTHER AND CHILD)

Review

Prior to the visit, the teacher will review the basic principles of successful feeding, and of helping a child deal constructively with the affects he experiences. The mother will have been informed that the session will focus primarily on these two areas.

Teacher should again emphasize that **parents are very sensitive about their parenting; they tolerate criticism about it with great difficulty**, that the parent whose parenting students are observing most likely had no formal education about parenting and may not have the information about parenting you are getting. That whatever parents do in their parenting, they value their children greatly and are deeply hurt when it is suggested that they are parenting badly the children they treasure. It is imperative to be aware of this parenting sensitivity and to always be aware of how difficult it is to rear children, probably among the most difficult "thing" to take care of well.

Visit

The students will ask the mother questions he or she imagines might be important. Students should ask questions in a way the student would find tolerable were he or she the parent being questioned about his or her child; this is so especially when asking about behaviors the parent would find troublesome, such as about hate, or limit setting, or handling a sleep problem, etc. Among the questions asked, student should include the following:

Is the 1 to 3 year old developing good sleep-wake patterns? That is, for instance, does the child get to bed by a specified time every evening? Is it very difficult to get baby to bed? Has a going to bed routine been established? Does the baby sleep through the night without waking? When the baby awakens, how difficult is it for baby to get back to sleep? Does the baby seem to sleep comfortably, or is there much restlessness and tossing around? Does the baby awaken during the night screaming? Does baby say (when the toddler begins to talk) that some scary dream woke him, such as the fear of a bear, or a snake chasing the child, etc? Does baby take naps during the day, etc.

What kinds of foods does your toddler eat; whether he likes to try eating food he has not eaten before; what the mother (or father) does if he refuses to eat something Mother thinks he should eat; does Mother (or Father) think it is important for her 1 to 3 year old to eat everything on his plate? etc.

It is crucial to explore the area of the child's affects, his experiencing of them and the parent's handling of them. How does the toddler show feelings of love? To whom? Sensitively ask how the toddler shows feelings of anger? The parent may say the baby never gets angry, knowing full well that the toddler does. If the parent can talk about it, continue with, for instance, "What makes him angry? Do you ever get the feeling that for the moment he actually hates you? How do you handle this with him? etc. If the parent cannot talk about the toddler's getting angry or hating, don't push your point, just observe and see what happens. You most likely will see the toddler get angry at times when he can't have what he wants or when Mother has to set limits, etc.

If the parent can talk about these most difficult feelings, pursue with "Do you see any signs that he feels guilty because of his occasional feelings of hate? Does he seem to want to "make up" afterward? What do you do then?

Has Mother noticed sometimes that her toddler is in a low-key, sad mood? What seems to bring that on? What does Mother (or Father) do about it?

Does he ever seem ashamed of himself, or give Mother the idea that he considers himself bad? What gives him that feeling? What does Mother do about it?

In other areas of his development, besides feeding and affects, is there anything special to report since the previous visit?

Following the Visit

The students will discuss the major points emerging from the visit, including especially their own observations of the affects shown by the toddler, and add points from the discussion into their Lab Manuals. It is useful to record the exact age of the toddler when a specific event was observed.

THE TODDLER YEARS: (YEARS 1 to 3)

SENSORI-MOTOR INTELLIGENCE, EXPLORATORY ACTIVITY,
LANGUAGE DEVELOPMENT AND FANTASY FORMATION

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 10**

UNIT 2 - THE TODDLER YEARS (1 to 3)

**SENSORI-MOTOR INTELLIGENCE, EXPLORATORY ACTIVITY,
LANGUAGE, AND FANTASY**
Part 1 (HUMAN DEVELOPMENT)

Reading for the Teacher: Textbook UNIT 2, pp. 11-15 and 40-43.

Objective

To learn about those functions of the brain and sensori-motor system that underlie intelligence, and the scope of their development during the first three years.

Teacher's Presentation and Class Discussion

Jean Piaget, the eminent developmental psychologist proposed that intelligence in its first form or stage of development is a "sensori-motor" type of intelligence. Sensori-motor intelligence develops during the first two or so years of life. "Sensori-motor" refers to the action of the senses (vision, smell, hearing, taste, touch) and of the skeleto-muscular system. That is, the eye sees the ball, the arm reaches for it, and both actions pertain to learning. It all is reacted to, planned, and directed by centers within the brain.

When adults see toddlers in action, many recognize in what toddlers do that they are **learning** as they do. Unfortunately, many parents do not recognize this. They think of these activities only as play. It is critical to know that indeed this is how children first **learn** about the environment into which they were born--an environment they had never visited before their birth! This crucial learning is different than the important learning that comes from interacting with Mother, Father, or brother or sister, from learning that love makes one feel good, anger makes one feel miserable, being given to is pleasant and so is being nice to one's mother, father, etc. The learning we are focusing on here, the specific sensori-motor learning that is to a degree outside of human interaction--no learning is ever completely outside of human interaction--, is **the first type of "school-learning"**, where the toddler begins to acquire information, how people and things work, how he can impact on the environment and how it can impact on him. Thus, it is important that those who rear toddlers know that when an infant explores her environment, she is not just playing! She is learning. Therefore, making the environment safe to explore, that is "baby-proofing the house" as Dr. Ben Spock said many years ago, is making a **safe learning place** for the baby, a place where he will enjoy learning. We shall talk about this further when we learn about setting limits with toddlers in the section on Aggression.

We can look at the development of component functions that together are vital parts of what we think of as intelligence.

Cognition: the function of thinking about things, about information, about how things work, about how to do something, problem solving, etc. Cognition is the act of thinking. The 1 to 3 year old develops the ability to think gradually, taking up where the 12 month old leaves off. A number of developments increase the ability to think. Here are a few of these component developments.

Teacher could productively engage students to discuss the remarkable powers cognition brings to the human child. Emphasis can be placed not only on the acquisition of information, but on how cognition facilitates adaptation and human functioning, as well as problem-solving. What have the students seen in their observations that would lead them to assume that their observation-toddler is thinking?

Internalizing of Mental Representations: the function of organizing in one's mind scenes of experiences, such as for the 1 to 3 year old, of Mother feeding and comforting the baby, or of the child feeling angry with Mother or Father and what may follow from this. Mental health researchers believe that we internalize experiences we have, those we have most commonly become so recorded in our minds; thus we do so by means of constructing in our minds mental representations of these experiences, as if we were taking movies of them on some film in our brains. That this ability develops to a remarkable degree can be inferred from what 1 to 3 year old show you they remember, talk about, fantasize (imagine and dream about), etc.

What do the students make of how we record things in our minds. Where do things get recorded? What is the relationship of recording experiences in our brains and remembering the past. How might what happens to us in the past set the stage for what we expect in the future? What bearing might this have for the 1 to 3 year old?

Causality and Intentionality: the 12 month old already has some ideas of the fact that they can cause certain things to happen, as throwing a ball will make it go somewhere, it did not get there by itself; pushing a glass of juice may make it tip over and the contents spill, etc. The 12 month old also knows that some things he wishes to make happen he can make happen, such as to throw the ball or to push the glass of juice. Both contribute to the beginning knowledge that "I can make things happen". The 1 to 3 year old develops the recognition and knowledge of causality and intentionality even more sharply. These increasingly add to the toddler's **ability to predict** events.

Who among us has not wished we could predict what will happen tomorrow? We can't to a very large degree. Yet, to a substantial degree we can. For instance, the student knows that when he does his homework, he will be better prepared for the next test, no? What does the student imagine a 2 1/2 year old might be able to predict? Have they observed evidence of the toddler's knowledge of causality? Has any one seen a toddler deny that he or she did something seemingly with intention when Mother or Father

scolded? Parents often prefer to assume that the toddler did not realize what he or she was doing. What did it look like to the student?

Memory: This remarkable function, to remember, seems to exist in all mammals and birds, and probably does to a greater or lesser degree in all living organisms. We can assume that where there is learning, there is memory. In the human child, memory develops at least in three major steps. We know that newborn infants recognize their mother's voices, which means they remember what it sound like--they have been hearing it from within the mother's uterus for months by now--and soon after birth, they learn to identify the way their mother and father handle them, how these parents smell, feel, and respond to them. All these things they gradually remember. We might think of this remembering as **conditioned memory**, because what is remembered is acquired by conditioning, a basic form of learning.

Then, as Psychologist Jean Piaget taught us, by the time the infant is 5 to 6 months old, we can assume that the child develops the ability to recognize persons and things the child has seen before with sufficient frequency. When these things are not in the child's visual field, he seems to not be able to imagine what each thing or person looks like. But then when he sees it, he recognizes it. This is **recognitive memory**. The ability to remember what something looks like that is not within the child's visual field develops between the ages of 11 months to about 18 months, depending on the child and the conditions under which he is living. Now the child knows what something, and especially someone, looks like, can imagine seeing it, and now can search for it. This memory ability Piaget called **evocative memory**. With this, the 18 month old's ability to remember vastly enlarges.

Has any student seen or heard of an infant who seemed to know a piece of music he had heard with some frequency while he was still in Mom's uterus? Although we shall talk about this further in later lessons, what signs have students seen indicative of the infant's developing or well developed recognitive memory? What evidence do students have of their observation-toddler's developed ability for evocative memory?

Outcome

The students will have learned that the brain and sensori-motor system develop a complex set of functions already during the first three years of life.

Assignment

Ascertain from your observation-toddler(s) the status of his or her cognitive, mental representational, predictive (include causality and intentionality), and memory functions and record these in your Lab Manuals.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 10**

UNIT 2 - THE TODDLER YEARS (1 to 3)

**SENSORI-MOTOR INTELLIGENCE, EXPLORATORY ACTIVITY,
LANGUAGE, AND FANTASY**
Part 2 (HUMAN DEVELOPMENT)

Objective

To familiarize the students with the toddler's developing adaptive functions of exploratory activity, language (verbal communication), and fantasy activity.

Teacher Presentation

In the previous lesson we examined those adaptive functions that pertain to the toddler's developing intelligence and emphasized that the earliest form of intelligence, according to Psychologist Jean Piaget, implements not only **cognition** (the process of thinking and figuring things out), the **internalization** of experiences (by constructing mental representations), **prediction**, and **memory**, but also includes the use of all the **senses** (seeing, hearing, smelling, tasting, and touch-feeling). as well as the **bones and muscles** (skeleto-muscular) system which makes it possible to approach, touch, reach, get hold of, etc., all in all, a **sensori-motor** type of intelligence. Now we shall look at 3 other cardinal adaptive functions that pertain to intelligence, namely, **exploratory activity**, **language** development, and the ability to **fantasize**.

Exploratory Activity: Observers of infants note that there is a great upsurge of exploratory activity which occurs from the last quarter of the first year, and continues well into the next, and later years. Through exploring with her **eyes, ears, nose, mouth,** and **skeleto-muscular system** an infant begins the remarkable process of what will become "school learning". Teacher, tell the students again that the learning we see in the 1 year old's vigorous explorations is outside of human interaction itself, even if it is to study what human beings do in reaction to a given event. It is outside of direct human interaction, outside of showing and feeling love or anger, etc. It has of course been found that to really learn about human interaction, direct interaction is highly informing. But we can also beneficially consider how John would feel if Sam were to grab his sweater from him and teasingly toss it to Andy! In fact, it is exactly what we are doing in this Curriculum: we are talking about, making direct observations of, and studying how children develop and how we can optimize this development (i.e., rear them in growth-promoting ways), without actually being parents, in fact, well before we become parents.

It is this kind of learning, "school learning", that takes place when the toddling child 10 or so months of age on begins to explore everything around her or him. It's as if the child is saying: "Oh, I've never seen this before. What is it? What does it do? How does

it work? Hmm, very interesting!" Close observation will show that the 1 to 3 year old seems driven from within himself to approach things, to touch and get hold of them (much less often now putting them in his mouth than during his first year), look closely at them, often try to make them function (when the items do), all with a remarkable **curiosity**, that magnificent ingredient that pushes the child to learn. Critical now, and we shall talk about this in the next 2 lessons, when the child is driven to explore something that could cause the toddler harm, such as an electrical outlet, Mother (or Father) now finds that when she tries to protect her child by stopping the toddler from doing this, many a toddler will protest and all is ripe then for a battle of wills to develop between mutually loving mother and child. One of the more unpleasant and troublesome problems in child rearing occurs. More on this later.

There are studies that show that when exploring toddlers are **too often** prevented from these school-learning type explorations, their curiosity about the world in which they live can be squashed, and learning may become inhibited. The consequences then of too frequent prohibitions against exploration can be large. More on this in the next lessons.

Language Development: Of the many remarkable abilities the infant develops, the many amazing adaptive functions that emerge during the first 3 years of life, learning to speak may be, along with learning to walk, among the best recognized achievements of the years 1 to 3. 12 month olds **understand** the meaning of quite many words already, but they cannot yet speak them. Kirk was 12 months when his mother, who had just spilled some bits of trash on the carpet, spontaneously said to him: "Get me a broom, Kirk." Much to our surprise, Kirk, who could not and certainly had not said the word "broom", went into the hall closet, got a broom and brought it to his mother! To be sure, less than 12 month olds can let their wishes be known without saying words, by gestures and sounds. But now, many an 18 month old can say words, some can say phrases, and an occasional 18 month old can speak in sentences. Increasingly from then on, more and more words, phrases, and sentences are heard from them so that by the age of just 3 years, many a toddler can speak in full sentences quite well.

It is important to note that being able to express oneself in words is highly economical, gratifying, and at times greatly relieving. Many a toddler who is not yet speaking clearly enough to be understood by others than their own mothers and fathers--remarkably, many parents understand their beginning talkers well when due to insufficiently clear enunciation others do not--become very frustrated and even annoyed when what they are trying to say is not understood. Some will give up trying if too quickly dismissed.

The Ability to Fantasize: It is not generally recognized that the ability to fantasize is a highly adaptive function. First of all, fantasy is what makes imagination possible. It is therefore, at the center of creativity! We would say that creativity is not possible without imagining things, without fantasizing about them. In addition, however, fantasy is highly adaptive in this way. If you try to imagine what might happen if you jumped out the second floor window, you do not need to actually do it to find your answer. Fantasizing

can be predictive. And in addition yet, fantasy helps us to think, to plan, and to hope. Does this sound strange to the students? Have they seen evidence of fantasy in their observation-toddlers?

One sees much evidence of this growing ability in 2 to 3 year olds especially who can play at pretend, and can with their increasing ability to put thoughts into words tell a story of an event and add some pieces of their own to the story. Of course, fantasy can also be what makes young children afraid. For example, 23 month old Valerie was afraid to go into another room because, after being read a story about a bear, imagined there was a bear in that room. Her father had to take her into that room to show her that there was no bear there. Seemingly still unconvinced, she guided her father to explore the rest of the apartment in search of the imagined bear. Only her father's reassurances and their actual exploration of the apartment diminished the power of her fertile imagination. Any such stories reported by the mothers of the students' observation toddlers?

Assignment

Observe your toddler(s) specifically for the status of their developing exploratory efforts (degree of inner driven ness to explore) and activities (any special focus of interest?), their language development (words, phrases, sentences, level of clarity, etc.), and all evidence of their fantasizing, pretend, imagination, ability to narrate an event, etc.

Outcome

The students will understand that adaptation is well served by the 1 to 3 year olds' developing specific abilities. That these include that early stage of developing intelligence that is "sensori-motor" in character, that early childhood explorations are critical beginnings of "school learning" and not just disorganized trivial play, that language is a great facilitator of organizing one's experiences, and that the ability to fantasize is highly adaptive and at the center of the creative process.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 10**

UNIT 2 - THE TODDLER YEARS (1 to 3)

**SENSORI-MOTOR INTELLIGENCE, EXPLORATORY ACTIVITY,
LANGUAGE, AND FANTASY**
Part 3 (CHILD REARING)

Objective

To learn how parents can optimize their 1 to 3 year olds' developing intelligence. To help the student understand that the optimizing of young children's intelligence is well served by facilitating the component functions that go into what we think of as intelligence. Here we shall focus on optimizing cognitive functioning, the kinds of mental representations the toddler organizes, his ability to predict the outcome of his actions, and the development of memory.

Class Discussion

Ask the students to give examples from their observations of their observation-toddlers of the following developing functions. With each, discuss (a) how, does the student believe, did the toddler's mother or father facilitate or otherwise optimize the toddler's developing function? And, (b) how would the student have optimized this toddler's developing function?

1. **Cognitive** activity, i.e., observable behavior in which they saw evidence that their toddler was "thinking". (Some toddlers will actually verbalize their thoughts as they go; some will seem to be "in thought", as if "far away" looking into space, etc.)

2. Evidence of having some **mental representation** in mind. (For instance, did the toddler at first react to the observing student with anxiety? And now, the toddler seems not only not to be anxious but actually delighted to see the student-observer? Ask the student to explain how this can be evidence of mental representation formation in the toddler's mind? [The toddler has recorded images in his brain of the observing student which is why he now recognizes the student and the image includes one of pleasure since the toddler seems delighted on seeing the student.]

3. Evidence of the toddler **predicting** outcome of his actions. (For instance, a toddler's embarrassed [shame] reaction after he spills a glass of juice [causality: "I made that happen"]. Another time, this toddler reacts with a quick protective move as he slightly tips a glass of juice, and grabbing onto it with both hands, prevents it from spilling. A look of relief may show on his face.)

4. Evidence of **recognitive** and of **evocative memory**. (When the toddler greets the student-observed with glee, there is clear evidence of recognitive memory. When she searches for a ball she can't seem to find, she is evidencing evocative memory [she knows what the ball looks like even though she can't see it].)

Ask students to generalize ways that parents can help the development of their toddler's component intelligence functions. Suggestions should include:

1. **Talking** with the child.

Does talking with a 1 to 3 year old really help? (Even when he doesn't fully understand all you may say to her, your talking with her makes her feel valued helps her to focus her attention, will help her recognize who you are and who she is. As she grows older, your talking with her gradually helps her learn to use words, learn that you value the use of talking and thinking, and it encourages her to communicate with you. By talking with her, you are teaching her gradually to better develop the various intelligence functions we are discussing.)

2. **Playing** with the child.

It gives the child a good feeling to be played with, underscores his importance to you and makes him feel valued, and in addition, is a productive way to help the child develop the functions we are discussing. Discuss how it can evoke thinking? Causality, intentionality, and prediction? Memory? How can say, peek-a-boo do this? Putting a large-pieced puzzle together?

3. **Encourage** the child to go at his own pace.

When talking or playing with the child, it is very helpful to encourage him, and to praise him for his achievements. On the other hand, pushing him to do something he is not ready for (e.g., putting together a puzzle that is too difficult for him) may make him anxious, or embarrassed [ashamed] and discourage him. A child who undertakes new experiences at a slower pace than others will "get there" at a later point. There is a great variation in the normal range of development, and it is helpful to be tuned in with and respecting of the toddler's temperament and built-in potential to develop these intelligence functions.

Outcome

The students will appreciate that parents can do much that is facilitating of developing adaptive functions by means of the parents' interactions with their toddlers, and quite specifically, how they can optimize cognitive development and all that goes into it.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 10**

UNIT 2 - THE TODDLER YEARS (1 to 3)

**SENSORI-MOTOR INTELLIGENCE, EXPLORATORY ACTIVITY,
LANGUAGE, AND FANTASY**
Part 4 (CHILD REARING)

Objective

To detail ways by which parents can optimize their toddlers' developing intelligence, specifically, their exploratory activity and learning, their abilities to communicate and express themselves verbally, and to implement fantasy in the service of adaptation, prediction, planning, etc.

Class Discussion

Ask the students to give examples from their observations of their observation-toddlers of the following developing functions. With each, discuss (a) how, does the student believe, did the toddler's mother or father facilitate or otherwise optimize the toddler's developing function? And, (b) how would the student have optimized this toddler's developing function?

1. **Exploratory Activity:** How did the toddler seem to feel while exploring? Did the toddler need to be encouraged to explore? Did she need to be slowed down some? Was the environment conducive to exploration or was it restraining? Were there too many things the toddler was not allowed to touch?

Did you find other interferences with the toddler's explorations that were not helpful? (For instance, some parents are very determined that the toddler will explore what the parent wishes the toddler to explore and in the process fail to see that the toddler is in fact exploring very well and meaningfully on his own.) Bear in mind that when an exploration can lead to injury to the child, interfering with this exploration is growth-promoting even though it may upset the toddler

Indeed, preventing an exploration that may hurt the toddler often leads to the toddler's experiencing Mother's stopping him as very distressing. Toddlers who are well endowed with a will to do what they want to do when they want to do it will experience the mother's protective prohibition as quite upsetting. Driven from within to explore, the mother's protective behavior is experienced as not allowing the toddler to do what he feels the inner pressure and "need" to do. The toddler may even feel that his sense of self is being disallowed, as if Mother were saying: "Oh no, you can't be you!" This very common situation causes no end of conflict between a responsible parent and her or his dearly beloved toddler. Because this event is complex and will be better understood after

we have studied the child's developing sense of self and the development of aggression, we shall delay talking about how to deal constructively with this difficult situation until we get to the section on handling Aggression.

2. Language Development: How is language development progressing in the students' observation-toddlers? Examples should be discussed. Were the parents facilitating? Are there any bilingual families? What are the parents doing in this regard. Some toddlers can do very well learning 2 languages at once. Others may not. In such cases the less dominant language learning ought to be delayed until sufficient mastery of the dominant language is on track.

Discuss what Kirk's mother did? What would you guess led her to do this? (She knew that he understood words he could not yet say because she had seen ample evidence of it before. She did acknowledge, however, that she was not certain he would know where to go to get a broom.) Discuss this fact: that he knew where to go to get the broom!

3. Fantasy Activity: What of this developing skill? Call for examples of pretend games, story telling, frightening fantasies. What would you have done about Valerie's conviction that there was a bear in the other room? What would ridiculing or dismissing Valerie's worry have done to Valerie?

Problems to Solve

Robert and Richard are two year old twins. Both are healthy, attractive toddlers. Robert will try anything, and is especially advanced in his large motor skills. He climbs up on the playground slide and the faster he can come down the better he likes it. Richard is not so well coordinated, and he is very cautious, even about climbing on to his tricycle. If you were their mother or father, how would you support Robert's large muscle development? (Show pleasure in his accomplishments, protect him from dangerous adventures.) How would you support Richard's? (Encourage him to try new things, but stay with him when he is anxious, and show pleasure in his accomplishment.) Would it help to tell Richard that Robert can climb on the slide, so he should be able to? (No, even if they are twins, they are very different children. Making comparisons between children, or shaming them into trying something hurts, makes children angry and does more harm than good.)

By the time they are three years old, Richard has become quite expert in putting puzzles together. Robert's eye-hand coordination is not this far along. He gets impatient when he can't find the pieces and dumps the puzzle on the floor. How could the family support Richard's small muscle development? (Encouragement, praise, playing with him.) Robert's? (Understanding of the difficulty he is having, encouragement to try again, praise when he does.)

Joey is three years old. How can his family help him develop the ability to predict what will happen? (Help him make connections--Daddy will come home at supper time, bedtime will come after the story.)

How can he develop the ability to decide (intend) to do something? (He can be asked to make simple decisions--which cereal for breakfast, which story for bedtime.)

How can three year old Helen's family help her develop the ability to play "make-believe"? (Spend time with her, pretending to be a dog, cat, lamb, pig, etc., encouraging her to make their sounds; help her pretend to be a mother with her doll, a fireman with her fire truck. Make-believe is best, when shared with someone, and when it is not frightening.)

Encouragement and approval, talking with and playing with children, and enjoying their accomplishments are the ways to support the development of their intelligence functions. What might slow down the child's development? (Expecting too much. You can't be expected to pass twelfth grade examinations in tenth grade: nor should we expect an 18 month-old to feed himself without making some mess.)

Summary

A review of the **component functions** detailed in these 4 lessons might work well at this time. Teacher should also emphasize that **talking** to and with, **playing** games with, and **reading** to one's toddler are powerful facilitators of the development of all of these component functions.

Outcome

The students will understand how parents can help and support their toddler's developing intelligence component functions. In this lesson we focused on optimizing the development of sound explorations, language acquisition, and fantasy formation.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 10**

UNIT 2 - THE TODDLER YEARS (1 to 3)

THE DEVELOPMENT OF INTELLIGENCE
Part 5 (VISIT OF MOTHER AND CHILD)

Preparation for Visit

The mother will be informed that the students will want to learn about her toddler's progressive development in the areas of cognition, prediction, memory, eye-hand coordination and other sense-motor coordinations, exploratory activity patterns, language, make-believe and other imaginative activities as fear of unwanted guests as a bear.

The students will be prepared to observe the child for manifestations of his development in all intelligence component functions.

Note: Teacher, please emphasize that students must care to not make their observations with the aim of trying to ascertain or guess whether or not the observed toddler is very intelligent. The observation is not an IQ test. Although most students know this, it may be useful to remind them that great caution is needed in these observations. Most parents are overly concerned with whether or not their child is intelligent. For an obvious example, students must never express things as "Gee, I thought a 2 year old should be able to do this or that, how come your kid doesn't, duh!?" The focus of the questions and observations must be on the progressive development, whatever the rate, of the component functions that go into what we believe contributes to intelligence.

Visit

The mother may be asked the questions that will inform the Lab Manual's inquiries among others:

Following the Visit

The students will discuss their observations and impressions of the interview and add whatever they deem useful into their Lab Manuals.

THE TODDLER YEARS: (YEARS 1 to 3)

THE DEVELOPMENT OF SELF AND HUMAN RELATIONSHIPS

DEPENDENCE AND SELF-RELIANCE

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 10**

UNIT 2 - THE TODDLER YEARS (1 to 3)

CONTINUATION OF SEPARATION-INDIVIDUATION --
Part 1 (HUMAN DEVELOPMENT)

Reading for Teacher: Textbook UNIT 2, pp. 46-69.

Objective

1. To continue the students' introduction to Separation-Individuation theory, one of the major theories that addresses the development of self and human relationships. The student will have the opportunity to learn that the 1 to 3 year old traverses the **Separation-Individuation Phase**, and we shall here detail its four **Subphases**. (The first part of this line of development, which constitutes the newborn, symbiotic, and the 2 early separation-individuation phases has been detailed in Unit 1, which addresses the first year of life. Some recapitulation will be spelled out.)

2. The students will learn that the development of one's sense of self occurs hand in hand, reciprocally, with the development of human relationships. The better the developing sense of self, the better the relationships, and vice versa. The more loving the relationships, the more the sense of self value and of self-esteem.

Teacher Presentation

Dr. Margaret Mahler, a Child Psychiatrist and Psychoanalyst, studied young children very closely and developed a model for how the young child forms his first relationships and develops the sense that he is an individual. As you probably know by now, she called this the **Separation-Individuation theory**. The Separation-Individuation **phase** in Dr. Margaret Mahler's model is that part of this line of development when the infant gradually comes to realize that he and his mother are not as if one unified entity, but that rather, he and Mother are two separate persons. This gradually greatly contributes to his developing a sense, a feeling of being an individual, but though separate as an individual, strongly bound by an emotional attachment (or bond) to Mother as well as Father, and siblings when such are there. This very important separation-individuation process begins at about six months and is quite well accomplished by the age of three years. Here is an overview of separation-individuation theory. Teacher may find it useful to have the separation-individuation outline Xeroxed and distributed to the class.

An outline of **Separation-Individuation Theory** developed by Margaret S. Mahler, MD

Age	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 as in one membrane, as if they were together in an eggshell. He develops a very 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
Subphase

The child fairly easily separated from mother during the practicing subphase now hovers around her because he is now more clearly aware that they are 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.

As the attached chart states the **Separation-Individuation Phase** itself has four parts which Dr. Mahler called **Subphases**.

1. The first is the **Differentiation Subphase**. In this, we see the six or seven month old child who up to now has been quite satisfied to be held in Mother's (or Father's) arms, beginning to at time prefer to sit on her lap seeming to need more space, and then to begin to move about a bit on her lap. For instance, when she holds him now--whether on her lap or in her arms--, he will at times turn away from her to look at something in the environment that has caught his interest. Then when Mother puts him down, as he begins to crawl, he won't always crawl toward her, but often will head for other parts of the room. In fact, his first crawling is, of course, away from mother. However, Dr. Mahler proposed, he is not yet **emotionally** aware that he is a separate person from her. Clearly though, it is during this Differentiation Subphase that the infant takes his first step toward becoming emotionally aware that he is a separate person.

We should emphasize here for clarity's sake, that the infant is aware of being a separate entity from the early months of life on at limited moments of experiencing, such as when he cries and knows Mother is not nearby; but it is **emotionally** that Dr. Mahler and Dr. Donald Winnicott, another Child Psychiatrist-Psychoanalyst, believed that the less than one year old feels at one with Mother, and where Father is much involved, with Father as well.

2. The second, the **Practicing Subphase** happens from about the seventh month until about one and one half years of age. At this time the child acts as if the engine of autonomy has been turned on inside him. This autonomy (selfhood) engine can be quite strong or less strong in given normal infants. With more or less great energy and pleasure he actively takes up the remarkable process of exploring his new world. Being able to crawl and especially to walk is the great facilitator of his efforts. His explorations, as we said in a prior lesson, are his way of learning about the vast world in which he finds himself. Since he is eager to look at and touch everything, he sometimes gets into forbidden situations such as grabbing at a cup of hot coffee. It is especially during this Practicing Subphase that the battles of will between responsible parent and beloved child begin. Mother's protective or socializing "No, you can't take Johnny's truck; I wouldn't let him take yours" leads to greater or lesser frustration and with it anger toward Mother. It is important to understand that "battles of wills" result from the child's powerful thrust to be an autonomous individual, to do things oneself, running against the protective parent's well meaning prohibition. This battle of wills can best be understood as a conflict due to the child's developing sense of autonomy; it is his thrust to autonomy that creates this problem. We say then that battles of wills create an **autonomy conflict** within the child. The result of this conflict is not so benign. The child feels not only a conflict between his strong need to explore and his parent's prohibition. The child responds with anger, not knowing that he is really being helped.

The critical factor that makes this conflict not so benign is that the child now finds himself being angry with the parent he loves. This mix of opposite feelings which, as we

said in the lessons on affects is called **ambivalence**, creates a conflict of powerful feelings within the child. In fact we speak of it as a **conflict due to ambivalence**.

Everyone, from about 18 months of age on, experience ambivalence--which means feeling angry and even hateful toward a person one loves. You love your parents, but there are moments when you are really mad at them (especially when you very badly want to do something and they say you cannot). But these ambivalent feelings are also experienced by the parents toward the child they dearly love especially when they feel that you are giving them a hard time. In a healthy family, parents and children feel love much more often and more strongly than they feel anger and hate toward one another. It is important to know that **ambivalence is normal**, and that it is critical to help children when they are little to learn to cope with the feelings of anger and hate they at times have. We have begun to address this in the section on Affects, and will talk further about it in the section on Aggression.

This striking Practicing Subphase is remarkable for not only the beginnings of normal feelings of ambivalence and the inner conflict these bring about, but equally so for quite other feelings too. Close observation of toddlers from about 10 months of age on reveals that their "school learning" explorations often bring with them much interest, pleasure and even excitement. The excitement of discovery is amply evident during this developmental period. This excitement of discovery will be continued into the next subphase when the child then will bring her exciting discoveries to Mother, to share these with her as well as experience them in close proximity to her. Dr. Mahler was so taken with the child's excitement at this time that she liked to say that the practicing subphase toddler seems to feel as if "the world is his oyster."

As the child gets further into the Practicing Subphase he, without realizing it, is separating more and more from his mother, and is progressively doing things as an individual. The 12 month old may get so interested in a toy that he does not think of his mother for several minutes at a time. Then he may toddle back to her and touch her, or from a distance may just look at her and, often, seek a smile from her. Dr. Mahler called that kind of checking with her, **emotional re-fueling**. As with a car, with some gasoline added it can go again; and with a Practicing Subphase child "emotional re-fueling" by mother's smile or hug makes him ready to toddle off to further exploratory activities.

3. However, some normal growth difficulty is on the way. Next comes the **Rapprochement Subphase**. Rapprochement, a French word, means "to come close together again." This subphase occurs from 16 or 18 months of age until about 24 months of age. It is often a difficult time for both mother and child. Here is why.

The toddler who was so delighted exploring his new world more or less suddenly seems to become clouded over, the delight and pleasure now replaced by troubled feelings. Due to his growing ability to recognize things the way they really are, mental health people say "to test reality", he comes to recognize that he really is not one with mother at all, that he and she are two separate persons. Furthermore, he recognizes that he is a quite little, fairly helpless entity.

But remarkable is this: close observation in some children will reveal that it seems as though the child is experiencing "although it is very nice and feels safe to feel one with Mother, at the same time is feels really great to be oneself, apart from Mother, a separate individual." At one moment he may run to mother and want to climb on her lap and feel like a baby again; then that autonomy-selfhood engine inside starts up, and he wants to be self-reliant and autonomous, do things himself, and be a separate person. He climbs off her lap, only to get those panicky feelings of being so small and apart from Mother again, and begs to be picked up. But again he gets the urge to get down and be on his own. It takes little imagination to realize that these conflicting wishes--to be one with mother versus to be a separate individual--are at times so distressing that the 16 to 22 or so month old cries or fusses as all this is going on. Often, Mother is at her wits' end to know what to do, what would be most comforting and growth-promoting. No doubt, it already helps the child if he perceives that she understands what is going that is causing this seemingly conflict-laden behavior.

This normal developmental conflict of wishes--to be one with Mother versus to be a separate individual person--gives a child in the Rapprochement subphase quite a different appearance from a child in the Practicing Subphase. In addition, he is older, he is more capable in his movements, and can use some speech quite more than before. Interestingly, and often worrisome to parents who do not know about this developmental subphase, whereas during the earlier Practicing Subphase he could freely explore while away from his mother, during Rapprochement he has greater difficulty being more than a few feet away from her. Now, his increased awareness of his separateness from mother results in feelings of anxiety, and the old separation anxiety feelings when mother leaves him, and the old stranger anxiety which had first started at 6 or 8 months of age and may have subsided around 12 months, now show up again more or less intensely. He clings to a comforter, such as an old blanket or a pacifier. These comforters are well known to help him endure separation from mother, the comforter temporarily standing in for her. Many a parent feels, quite wrongly, "Something is wrong; my independent little boy is becoming a baby again."

Further complicating all this, whereas the Practicing Subphase child is joyous and even elated, the Rapprochement Subphase child may become fairly moody. The realization of not being one with mother and of being small and vulnerable brings on, as Dr. Mahler called it, a feeling of **low-keyedness**, a soft type of **sadness**.

The child's behavior in the Rapprochement Subphase is different in yet another way. It is a time when "No" is the word he uses most constantly, quite more than before. He is so driven to say "No" that it may come out of his mouth when he doesn't mean it. (E.g., "Would you like some ice cream?" "No, uh--yes!") This saying "No" plays a powerful role in helping the child individuate. It helps the child feel like a separate person, one who can control things; it not only helps him to feel separate, but to be an individual with a will of his own. In fact, it helps him consolidate his feeling of being a self. Of course these "No's" sometimes lead to a battle of wills with mother, and bring about those conflicted feelings of ambivalence.

Another form of rapprochement behavior we see in his insistence that everything is "Mine". This word refers not only to his own toys, but to anyone else's, or anything else he wants. We believe that he experiences this seeming "greediness" because he feels that he has lost his special closeness to his mother, and is displacing his claim that mother is "mine" onto things and is trying to make up for this "loss" by grabbing at others' things as well. The student can well imagine then, that a child has a hard time during the rapprochement subphase, and his parents, especially Mother, do too. It is well to remember though, that this is an important time because it helps move the child along the line of individuation, of becoming a person separate from but deeply attached in a powerful emotional relationship with his mother and father, but now beginning to be so as an individual person.

4. The last Subphase of Separation-Individuation is called **On The Way To Self and Object Constancy**. **Constancy** means something that is settled and reliable. **Self-Constancy** means that the infant knows who he is, and that he is a separate person from his mother. **Object Constancy** means that he is clear about who his mother and father and other family members are. This realistic view of his relationships doesn't happen all at once, and is not likely to be completed by three years of age, but the process has well begun and in time further individuation will occur. Therefore, Dr. Mahler called this subphase **On The Way To Self and Object Constancy**.

It is useful to understand this Subphase as a continuation of the Rapprochement Subphase, a period of working it through, getting it settled. During this period, the child works through the panic of the Rapprochement Subphase, accepts the idea of separateness, and talks quite a bit about "Me". He develops a still close, but stably loving more mature relationship with mother, father and other members of his family. We see him identifying (wanting to be like) with them, that is, imitating what they do, wanting to be like them, and at times making believe that he is Mommy or Daddy. This process of identifying with people one loves and admires is a critical factor that shapes the child's personality, his way of being. Freud said that this is what gives the child the stamp "Made in [My Family]".

Assignment

1. Study the Separation-Individuation theory chart.
2. Students are to observe their toddlers and record their advance along the separation-individuation line of development. Is their toddler showing evidence of being in the Differentiation Subphase, Practicing Subphase, Rapprochement Subphase, On the Way to Self and Object Constancy Subphase? Look for the highlights of each of these, and especially include evidence (if seen) of battles of wills and autonomy conflicts, conflicts due to ambivalence, seeming regression such as clinging to mother, re-emergence of separation and stranger anxiety, low-keyedness, "No!" etc.

3. Diane was a very busy toddler during her second year. Although she had been a rather calm newborn and infant, from the latter part of her first year on, she became a very busy, driven infant. She actively explored and exercised her sensori-motor functions. When she was 13 months old, Diane wanted to push the toy cart into the hall at our research center. Because there often was a cleaning cart in our hall at this hour of the day and because she wanted the toy cart to be available to the other project children, 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. How would you handle this situation? Give enough detail.

4. The following situation occurred during our long-term study of mothers with their children. When Jennifer was just under 20 months old, a striking series of events occurred 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. What do you think was going on? How would you handle this situation? Give enough detail.

Outcome

The students will have a conception of some of the major steps involved in developing a sense of self as well as of having a relationship with another which are especially made possible by the achievement of self and object constancy.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 10**

UNIT 2 - THE TODDLER YEARS (1 to 3)

CONTINUATION OF SEPARATION-INDIVIDUATION --
Part 2 (CHILD REARING)

Objective

The students will gain further understanding of what happens during the Separation-Individuation Phase, and will learn how the child's separation-individuation experience and therewith the developing sense of self and of love relationships at this period can be optimized.

Class Discussion

Teacher should first emphasize that the better the parent child relationships, the better the child's sense of self will be; the more loving the relationships, the more positive the child's sense of self will be, the better the child's sense of being valued and the better his self-esteem.

The class will go over the **Separation-Individuation Subphases**, offering suggestions about ways parents can help a child, and ways that that would not help.

Teacher might start by a eliciting a brief student discussion of what occurs during the **Differentiation Subphase**. Follow this by a discussion of what might be helpful and what might be interfering with sound, growth-promoting experiencing. Among helpful things to do one might include allowing the toddler to crawl when it is safe, showing pleasure in her efforts and ability to crawl, and drawing her attention to interesting but safe things in the room. Interfering things would include Mother's snatching her up while she is crawling off by herself (unless she is headed for danger); forcing her to look at another thing when she wants to look at something else she is drawn to (again, so long as it is safe); making her anxious by pushing her away or handing her to someone to hold whom the toddler barely knows when Mother is frustrated with her toddler's interest in the world around her.

During the **Practicing subphase**, of prime importance among helpful activities would be the parents baby-proofing the house so that explorations could take place without undue risk to the child or valued house things. Showing and explaining what the child finds while exploring; encouraging her crawling, walking and climbing, while protecting her from danger; offering "emotional re-fueling" when needed. When she shows ambivalence, Mother or Father should try to understand what the infant is experiencing and deal with it constructively. How did students handle the problem created by Diane's

battle of wills with her mother regarding Diane's wanting to explore where there is a cleaning-cart loaded with cleaning chemicals? Teacher, please make sure the student can give a **growth-promoting rationale** for his or her handling of this situation (see Textbook material, both Child Development and Child Rearing sections on this example).

Unhelpful activity could include having too many breakable items within reach that would require too frequent prohibition of the toddler's following up on her curiosity and need to learn about the world she lives in. Too frequent scolding, frightening or threatening the child when she toddles off limits becomes hurtful because these will produce increasing ambivalence in the child. It is also highly hurtful when a parent rejects her or his child because the toddler protests mother's limit-setting; here again, it will intensify feelings of ambivalence in the child. (We shall talk further about this in how to handle limit-setting in the section on Aggression.)

During the **Rapprochement Subphase** helpful parenting would include having patience, trying to understand what is the child may be experiencing, comforting the child; encouraging autonomy and self-reliance, but also allowing the child to feel some regression, without shaming her need to be held, or when she needs to use her old or now a new "comforter". How did the students propose to handle 20 month old Jennifer's Rapprochement subphase conflict? Teacher, please note that the critical factor in this example is that the student recognize that Jennifer's wanting to go and play with the other toddlers, that is, to not be held by Mother quickly leading to her wanting to be held by Mother reflected the internal (mental) struggle to be separate from Mother, to be an individual versus her anxious retreat to wanting to stay one with Mother, be held by Mother, in quick fluctuations. Observe too, that both mother and child were quite troubled by this **normal** developmental conflict Jennifer experienced.

During the **On the Way to Self and Object Constancy Subphase**, growth-promoting parenting would include encouraging the child to identify the boundaries that constitute her self and what is part of others for instance, playing the game "This is your nose, this is my nose." A make-believe game might help her define what things Mother and Daddy do and what the toddler does.

What do the students think was behind 30 month old Jennifer asserting to her mother: "You're Janet; I'm Jennifer!" (Jennifer was asserting and firming up the boundaries between herself and her mother by identifying her mother by Mother's individual name, Janet, and not "Mother" [perhaps because while "Jennifer and Mother" were once felt by Jennifer to be one, that "one" was not constituted of "Jennifer and Janet"], and Jennifer also then asserted that her own name is the label given her as a separate entity.)

Hurtful parenting would include forcing the child to give up her comforter before she is ready; not preparing her for necessary absences of family members; making fun of her efforts to do things grown ups do. No doubt the students can come up with other hurtful things to do.

A Final Question to Consider: Why is it important to help a child in the Separation-Individuation Phase? (A child who gets through this phase successfully, with few problems, will be better ready for the next steps. She will know who she is, will realize that she is loved and valued, and will have a fair amount of confidence that even though she is little and separate from mother, she can do things herself and if she needs help she can turn to her parents. She will know that even though she is separated from mother, mother is still there for her. She will have been encouraged in her efforts to learn, and now will be ready to learn new things; she will know that she can control some things, but she can cooperate when her parents say "No". When she gets angry, she can cope with it, and get back on a loving footing with her parents (more on this in the section on Aggression). She will have taken some large steps toward becoming age-appropriately self-reliant.

Outcome

The students will have an increased understanding of how to optimize the child's developing sense of self and loving human relationships. They will better understand the needs the child has in successfully traversing this critical Separation-Individuation Phase, and of how these needs may be most constructively met.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 10**

UNIT 2 - THE TODDLER YEARS (1 to 3)

SEPARATION-INDIVIDUATION PROCESS --
Part 3 (VISIT OF MOTHER AND CHILD)

Preparation for Visit

The mother will have been informed that the students will focus particularly on the toddler's efforts to become an individual person while, reciprocally with this process, the toddler is establishing emotional relationships with family members.

The students will be expected to observe and to decide which subphase the toddler is in at present. They will also try to ascertain how prior subphases went, and try to predict how the subsequent one(s) will go.

Visit

Students will check their Lab Manuals to add to their own ideas of what questions to ask of Mother (or Father). Questions asked of the mother may include the following:

Does your toddler explore his environment? What does he learn in his explorations?

Does he sometimes have to be rescued from dangerous situations?

How does he react when you have to pull him away?

(If the toddler is 16 to 24 months of age) does your toddler sometimes act as if he wants to be a little baby one minute, and a big, independent boy the next, and a little baby again the next?

What do you do when he behaves like that? Does he say "No" a great deal?

How about the word "Mine"?

Does he take something from someone else and claim "It's mine"?"

Is he sometimes quite determined in wanting his own way?

What do you do about that?

Do you think that your toddler realizes that he is a separate person from you? Does he understand who is part of his family, and who is not?

When you go out, do you tell him ahead of time? Do you let him know when you will come back? If you do, do you think he believes this? How does he show what he is feeling?

In other aspects of his life, is there anything special to report?

Following the Visit

The students will discuss their observations, and the main points which emerged from the mother's report, and where appropriate, add these in their Lab Manuals.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 10**

UNIT 2 - THE TODDLER YEARS (1 to 3)

THE EARLIEST RELATIONSHIPS --
Part 1 (HUMAN DEVELOPMENT)

Reading for Teacher: Textbook UNIT 2, pp. 70-82.

Objective

To introduce the students to the now well known fact that **loving, respecting, and stable** relationships are powerfully determining not only of a healthy sense of self, but of good family life, the eventual ability to form good relationships with peers, teachers, and society in general. We also want to introduce the students to the concepts of **Primary and Secondary Relationships**.

To further introduce the students to the fact that the child's personality development and his or her ability to adapt to life constructively results, first and foremost, from the way the child's genetic endowment is forged by the experiences the child has within his family.

Class Activity

Teacher to students: Consider your observation-toddler's becoming the human being he or she is from birth to his/her current age. Assume him/her to have his/her actual first name. His/her family members are those that actually are there. Reconstruct how he/she came to be who he/she is now. Teacher, consider this exercise the following way, or whatever way you feel might be better yielding of detail and explanation.

1. As a newborn, how do you imagine your toddler first became aware of the members of his/her family?
2. Who was/were most important to your toddler at first?
3. What did that/these person(s) do with and for your toddler? Give meaningful detail.
4. Who was/were the next most important person(s)? What did that/these person(s) do?
5. If there is/are sibling(s), what did your toddler's brother and/or sister do with him/her?

6. When your toddler was 18 months old, how did mother and/or father talk with, read to, and/or play with him/her?
7. Did your toddler's family ever do things with your toddler the toddler didn't like?
8. When your toddler was two years old, was he/she put into daycare. If she/he was, how did your toddler feel about that?
9. Whether or not your toddler was put into daycare, how would you say, is daycare different from being at home? Give sufficient detail.

The discussion stemming from these reconstructions should set the stage for a presentation by teacher of the following concepts.

Teacher's Presentation

1. We human beings form **two basic kinds** of human relationships:

(a) **Primary relationships** are our closest, emotionally most important ones. The **emotional quality** of our **attachments** to these persons, as individuals and as a family network, makes an enormous contribution to how we feel about ourselves, others, and life in general. It is the quality and quantity of the emotional investment we place into these attachments that makes these relationships so powerful in their influence on our developing personality. This is also why when we lose such a relationship, we feel a serious emotional (and actual) loss that causes much pain and requires internal coping with this loss. Attachments of this degree, of this quality and quantity of emotional investment, occur with our mothers, fathers, siblings, very special caregivers who emotionally invest in us deeply, grandparents when they are close, and an occasional non-family member who is especially valued by the young (or older) child, often as a mother- or father-substitute.

There is much research and clinical evidence to show that the primary relationships the child has, by becoming internalized and becoming mentally represented in the child's mind (brain), strongly direct and shape the growing child's expectations in relationships, in ways the child feels love, pleasure, and joy, as well as copes with rage and hate, pain, and sadness. It is well documented that **the better the child's primary relationships, the more loving, respecting, and stable, the better the development of the sense of self, the more will being loving, respecting, and stable be felt not only about the self but also about and toward others.**

Furthermore, it is important to realize that the internalizations of our primary relationships become the model of relationships we expect of, and ourselves construct in, future relationships. For example, we tend to search out relationships that will be like the ones we had before. This, fortunately however, is not always the case. For instance, many a person who has had primary relationships that are heavily loaded with feelings of ambivalence--that is, where there is a heavy load of accumulated hate--will seek to find a

relationship, or relationships, where there is much love, and only a modest amount of anger and hate. It is highly adaptive that many a person whose early primary relationships were highly ambivalent but who continues to hope to be loved, valued, and respected, will seek new relationships where he/she will indeed be valued, respected, and loved. It is, however, remarkable that such efforts often do not succeed and that a person finds herself/himself in just the kind of relationship she/he wanted to avoid. The best safeguard against this happening is to be aware of our tendency to (1) repeat the past, and (2) seek relationships according to those we have internalized.

(b) **Secondary relationships** are those where we value the person with whom one has a relationship, but we are not as close, nor do we invest emotionally in these the way we do with our mothers, fathers and siblings. We form such relationships with friends, teachers, some choice neighbors, etc. These relationships are of much importance to us, especially during the elementary school years, and then even more so during adolescence, for reasons we shall detail amply when we try to learn about adolescents (in Unit 6 of this Curriculum). They are important, some more than others; but because the quality and quantity of emotional investment we place into these good relationships is quite less than we do in our family relationships, when we lose such a relationship, it probably causes substantial sadness but, other than for exceptions, does not disturb our emotional state of well-being.

Note: Given that this lesson is constructed for mid-phase adolescents, 10th graders, the following needs to be added. Selected secondary relationships during adolescence do acquire features of primary relationships especially in two types of normal circumstances.

(1) In preparation for adulthood, it is necessary for adolescents to make their parents increasingly less central in their lives, and to turn to their peer group with increasing interest and expectation of communal life together. This is after all, the group that will form the next generation. When in adolescence then, one or several peers become a stable center for one's relationship-based activities, the emotional investment in these peers intensifies and may become quite stable. In fact, some relationships formed in adolescence may be continued for many years, well into adulthood. These relationships then may come to acquire a level of emotional investment that approaches that of primary relatedness, yet not altogether be there.

(2) The second circumstance during adolescence where relatedness does take on characteristics of primary relationships is when an adolescent falls in love. Whether this falling in love is of short or of long duration, the quality and intensity of emotional investment can be so intense as to make this relationship feel as though the person so loved is more important than all others, including not only mother and father, but at times even oneself. This type of relatedness is complex. It is, however, a serious mistake for others, parents, peers, or whomever, to assume that this relatedness is not intensely experienced, and indeed, may be so intensely experienced as to be felt to be more important than all else. Shakespeare, one of the greatest psychologists of all time, was not mistaken when he told the story of *Romeo and Juliet*. 14 year old Juliet and 17 year old Romeo quite well represent the intensity of "falling in love" relatedness which does

have characteristics of primary relatedness: intense emotional investment in that person so that the loss of that person is enormously painful and must be psychologically fully mourned in order to recover and go on with one's life.

2. As we said, for the first few months of life, the infant's most important primary relationships are with Mother and, if Father is much involved with the infant from the beginning, with Father as well. It is with these persons that the infant forms his first attachments and, internalizing these persons into his mind, they become the sources of his first identifications--the basic mechanism whereby the child becomes the child of his specific parents. Later as a toddler, it is in these relationships that he works out the separation-individuation process of his development.

Assume that the infant is fortunate to have his father well involved with the child from the beginning. It is very common for infants, during year one, to seem to attach more closely with Mother than with Father, even when Father is quite close. This, of course, is not always true. That is, if Father is a better nurturer and comforter than Mother, the less than one year old will commonly turn to Father for these frequently needed parenting functions. There generally are differences in the degree and quality of attachment to the mother as compared to the father in the very years early. We do find, though, that the more fathers are involved side by side with mothers from the outset, the less this is so. It is quite discernible that mothers are needed for certain parenting functions and fathers needed for others. This is quite variable in families and is dependent on the types of things a mother tends to be good at according to the baby, and a father tends to be good at according to the baby. This ascribing each parent of specific parenting functions is as much decided by the child as it is by the parents.

3. Brothers and sisters also become very important to the infant, especially, again, if they spend time caring for, talking to and playing with him.

4. All the family members who live in the home become Primary Relationship persons. Grandparents, if they live elsewhere and are not frequent visitors, friends, and daycare teachers become important but are less emotionally invested persons with whom the infant (at least at first with regard to Grandparents) develops Secondary Relationships.

5. All relationships have a mixture of loving and hating feelings. In a healthy family, where there is much love, a good dose of mutual respect, and growth-promoting child rearing, love is much stronger than hate.

6. It is with the Primary Relationships a child has that he learns to express his **love** feelings, **and** to deal with his **hate** feelings in reasonable ways.

7. It bears repeating that a child's Primary Relationships become the models for all later primary relationships, and also influence the quality of his later secondary relationships.

8. It may be necessary, but it is difficult for a child under 3 years to leave persons with whom he has primary relationships at home, and be put into daycare. Even though the caregivers may be kind and helpful, because the small child has strong attachments to his family, it is likely that he will be anxious and upset when and about leaving them. Where primary relationships are good-enough, he **can** adjust well to daycare, but he will need help in doing this.

Assignment

Problem solving: Richie at 14 months of age is much smaller than expected, he looks wary of people, seems afraid, mistrusting, and is easily made irritable, and when he is, he will then throw toys hard, sometimes just into the air. At six months of age, Richie was a healthy, bright, cheerful, well developed and well-related infant. What do you think caused the derailment of his physical development, his relationships to others as well as his own psychological-emotional development and well-being? This is an actual clinical case. Needless to say, this is a very serious problem. A potentially healthy, beautiful human being was nearly destroyed. Give your narrative thought and give us details.

Outcome

The students will have learned that humans form two types of relationships, primary and secondary relationships.

The students will also understand that the relationships within the home are of enormous significance to a child's physical and emotional development, well-being, and personality formation.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 10**

UNIT 2 - THE TODDLER YEARS (1 to 3)

THE EARLIEST RELATIONSHIPS --
Part 2 (CHILD REARING)

Objective

The students will increase their understanding and awareness of the importance of the child's earliest human relationships, and will consider some ways of optimizing their healthy (positive) development.

Class Discussion

Review the concepts of Primary and Secondary Relationships. As part of this discussion the students might consider this question: When might a grandmother be a Primary Relationship for a child, and a mother not? Or an uncle might be, and a father not? (One answer could be, if the child's parents have died and he is being brought up by his grandmother or uncle.)

Teacher, please emphasize that it is important to understand that even when the relationship with a parent is hurtful and even hateful, a child who lives with that parent will become attached to that hurtful/hateful parent. This will then give shape to the quality of the child's attachment.

Class Activity

The students will be asked to volunteer their explanations of what may have happened to Richie.

Teacher will then tell class what did happen to Richie. Teacher, please emphasize that what happened to Richie would have happened to him if he were Caucasian, African-American, American-Indian, Hispanic, Korean, of whatever color, nationality, religion, etc. This would happen to **the human child**. In fact, studies by Dr. Harry Harlow, and by Dr. Jane Goodall, have shown that this happens in ape and monkey infants as well.

Richie was born to a 17 year old mother who upon his birth lived in the home of her aunt. The aunt generously offered her home to Richie, his mother and her boyfriend. Richie developed very well. Photographs of him when he was 6 months old showed a beautiful, seemingly intelligent boy, bright eyed, well connected with the picture taker, smiling, adopting poses that could have been entered in a magazine with the caption: "The prince wants his dinner!" etc. For reasons not well understood, when Richie was

about 7 months, on her boy-friend's insistence, Richie, Mother and Boyfriend moved out of the aunt's home.

Within 2 weeks of their move into one room, Boyfriend abandoned Mother and Richie. Mother became depressed. Unable to care for Richie as she had done with the help of her aunt (and perhaps Boy-friend), Richie became irritable, angry, demanded more attention which his poor 17-year-old Mother could not give him, and he began to cry more and more. His crying progressively became more unbearable to his young mother and she began to deal with it by putting him in the hall when he cried, until he fell asleep. Things went from bad to worse. When Richie was 9 months old, he was brought to the Emergency Room of the local hospital with a severe burn of his back. Mother reported that an accident had occurred and Richie got this miserable back burn. Piecing the young mother's story and the nature of the burn, the hospital social services believed that the wound was of an abusive nature and the child was taken from his young mother and put into a city shelter. He stayed there for about 2 months when the young mother's aunt retrieved him and brought him back into her home. Hoping to serve the child, city authorities did not allow the mother to live with the child and the aunt. We were told that when Mother would come to visit Richie at the aunt's, he would withdraw from his mother and behaved as if he were afraid of her. He would then be more upset than he generally was for about 2 days after her visit.

Worried about his condition, the aunt brought Richie to us. At 14 months of age, he looked about 8 months old, looked undernourished and in ill-health, was depressed, appeared vigilant, mistrustful of people, and in observations would easily be angered into throwing toys helter-skelter, nearly hitting people with them. Treatment efforts were immediately set into motion.

Discussion: Could this have been prevented? How? Has any student seen a toddler being abused? We shall talk about this more in the lessons on Aggression.

How to optimize the development of the earliest relationships.

1. Observe the Golden Rule of Parenting: **Treat your child as you would like to be treated if you were the child.**

2. Be emotionally responsive to your child's shows of affection; be affectionate and loving yourself, both in response to the toddler's expressions of affection and love, but also spontaneously.

3. Fathers showing affection and love to their sons, as well as their daughters, is growth-promoting. It does not make boys become "sissies".

4. Talk to your toddler, answer his questions no matter how silly they may seem to you; they nearly always are not silly to the child.

5. As a parent, count on it, you will have much work to do at home and outside the home than you will have time for. But take time to "be with" your toddler. Make it a **planned** part of the daily goings on at home. The pay-off to both of you will be enormous.

6. Read to, play with, be thoughtful, have fun with your child.

7. Be reasonable with and respectful of the child. And expect the child to be reasonable with you and respectful of you.

8. A 1 to 3 year old can tell when things are not going well between mates. Differences in points of view, disagreements, arguments, between parents are part of everyday life. Of themselves they do not upset children too much, they do not cause trauma to the child. This is so long as Mom and Dad talk to each other, argue with each other, observing the rules of boxing: No blows below the belt! What hurts and frightens toddlers, and younger and older kids as well, is not when parents argue but when they argue with hostility, hate, insults, and any form of aiming to hurt.

9. Any other thoughts?

Assignment

Evaluate your observation-toddler's relationships in your Lab Manuals. As always be careful with what you say to the toddler's parents in this regard. Again, being thoughtful, how do you feel your toddler's parents are optimizing, and if they are, how are they interfering with the toddler's developing positive primary relationships.

Has the toddler developed a relationship with you? What is it? Primary, secondary?

Problem to solve: You have a 20 month old child who will start going to daycare in 2 months. How would you prepare your toddler for this change in his life style? Would you anticipate that your toddler might have feelings of anxiety about this? If he does feel anxious, what might be causing it? How will you handle your toddler's reactions of distress to it.

(Teacher: (1) Because at his age the toddler is probably in the Rapprochement Subphase, he already is experiencing much anxiety because of his mixed feelings about wanting to remain close to, even part of his mother, but also wanting to be an individual person. (2) In the early part of this phase, the child's ability to securely remember and visualize his mother and father when they are absent is not yet stable, so it is frightening to be left at daycare and have them go away. (3) His family are his Primary Relationships and he may not have developed positive Secondary Relationships to date, so daycare will require his developing such and that will require parental help. (4) Entry into daycare should be done gradually, with Mother or Father staying for part of each day, if at all possible, until the child develops Secondary Relationships with the Daycare staff, and can accept reassurance that his parents will return for him. These points ought

to be included in the students' reports. They may have additional observations and suggestions.)

Outcome

The students will have an increased understanding of how those who relate to a child in either a Primary or Secondary way contribute to his development.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 10**

UNIT 2 - THE TODDLER YEARS (1 to 3)

DEPENDENCE AND SELF-RELIANCE --
Part 1 (HUMAN DEVELOPMENT)

Reading for Teacher: Textbook UNIT 2, pp. 137-139.

Objective

The student will learn about the three forms of normal human dependence, and how they change as the child develops.

They will also see that the complementary equation "**dependence** on others versus **self-reliance**" continues its progressive but never complete shift toward self-reliance. It is understood by mental health professionals that humans are always dependent on another for the gratification of some ever present basic human needs, such as the need for love for instance; therefore, normal humans, even as adults, are never fully independent from others.

Teacher Presentation and Class Discussion

We all know that a baby is a very dependent person. How about people your age? Are you dependent? You can answer the question with greater accuracy if you consider its two major axes: do you need **someone** to do **some things** for you cannot yet, and in fact may never be able to, do yourself? Note that in asking this question we have indicated that you are dependent on "someone", therefore, "**on whom?**", and that you are dependent for "some things", therefore, "**for what?**" Dependence always has these two axes, "on whom?" and "for what?". Do you think people your parents' are dependent? If so, "on whom?" and "for what?"

Let's look at the three general forms of dependence we experience as we grow. Let's talk about the 1 to 3 year old. One way of looking at this issue is to consider to what degree the toddler is dependent and to what complementary degree she is self-reliant. We can meaningfully approach this question by looking at it from either axis, "on whom?" or "for what?" We elect to look at it on the "for what?" axis.

The toddler, like humans at all ages, is dependent on another for three basic forms of needs: (1) his **physical needs**, such as needs for food, clothing, shelter, health care, etc.; (2) his **skills for adaptation** needs, such as the need to be taught to speak English (or whatever language is spoken at home), to learn what routine to go through to go to bed, to learn what is safe to explore and what is not (such as an electrical outlet), how to eat with utensils, how to share reasonably with others, how to respect others' property, and a

great deal more. And, (3), the most unending of our needs, the **emotional needs**, such as, the need to be valued, to be respected, and above all, the need to be loved and the need to love. All these are part of the human condition; that, simply, is how we are!

So where do you estimate your observation-toddler may be along the three forms of needs? Consider, how well can the toddler provide for her own physical needs? After a class discussion give it a score:

Physical Needs

Most _____ Most
 0 10 20 30 40 50 60 70 80 90 100
 Dependent _____ Self-reliant

What about her skills for adaptation? Class discussion, then score:

Skills For Adapting

Most _____ Most
 0 10 20 30 40 50 60 70 80 90 100
 Dependent _____ Self-reliant

And, what about her emotional needs? Class discussion, then score:

Emotional Needs

Most _____ Most
 0 10 20 30 40 50 60 70 80 90 100
 Dependent _____ Self-reliant

The amount of the dependence changes as we become older. Discuss and mark on the same lines the degree of dependence vs. self-reliance the students believe (1) their toddler experienced when he/she was a newborn; (2) when he/she will be a ten year old ; (4) a thirty five year old; and (5) a grandparent.

However old we are, we never become totally self-reliant (independent), and it would not be a very good idea if we could. Why not? (The normal healthy adult needs to be loved and to love, and he needs companionship to protect against the pain of loneliness. Dependent feelings and love feelings are tied up together. We also need others to do what is necessary to get the food we eat to the market, the shops, etc. We need the skills of the auto mechanic, the doctor, the dentist, the law enforcement people, you name it.)

Although the human condition is that we are forever dependent on others for very basic needs, humans are well equipped to ably move toward greater and greater self-reliance, or relative independence, in taking care of ourselves physically and in learning the things we need to know to get along constructively and successfully in the world. Close observation of you toddler will reveal to you that even from earliest childhood, every toddler has a powerful inner urge to grow-up, to do things himself and to be self-reliant: indeed, it is important to be aware of this inner push to autonomy and growth, and we need never worry about our children getting stuck at the dependent end of any of the three scales.

Assignment

1. Observe your toddler for evidence of degrees of dependence in the 3 forms. Check to see if the estimation your recorded during class holds up. As you review your estimation on the "for what?" axis, consider as well and record his dependence "on whom?"

Outcome

Students will understand that dependence is a universal human condition, which changes in degree and in quality (i.e., "for what" and "on whom") as a person develops, matures, and eventually becomes old-aged.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 10**

UNIT 2 - THE TODDLER YEARS (1 to 3)

DEPENDENCE AND SELF-RELIANCE --
Part 2 (CHILD REARING)

Objective

To learn about **growth-promoting** handling of the toddler's **age-appropriate** dependence needs **and** his strivings toward self-reliance.

And, for the students to understand that **the best way to encourage the thrust toward self-reliance in a child is to reasonably and sufficiently gratify his dependence needs.**

Teacher's Presentation and Class Discussion

Parents often worry that if they comply with their 1 to 3 year old's wish to be held, or comforted, or to just sit on Mother or Father's lap, that the toddler will be overly encouraged to stay a baby--some go so far as to believe the child will not want to become self-reliant at all. They cannot be more wrong.

Consider what we talked about when we talked about the Separation-Individuation process, especially when the child is in the Practicing Subphase and then in the Rapprochement and On the Way to Self Constancy Subphases. For instance, in making your observations of the Practicing Subphase, did your observation-toddler always plead to stay on Mother's lap? It is so that some infants who are shy may, when there is company at home, be anxious about getting off Mother's lap. But this is not the way the non-shy, average toddler behaves. Did Mother have to suggest or encourage your toddler to get off her lap? Did he not in fact appear quite **firmly pushed from within himself** to explore and to do things on his own, without the help of Mother? Did you not see evidence of the toddler's **inner thrust to autonomy**? And were not some of the toddlers in fact so driven to get off Mother's lap and explore their new world that would they disregard their mothers at times for as much as 20 minutes or more? Ask any mother: "Do you think your toddler would just love to stay on your lap all morning?" Or, "How hard is it to get him off your lap?"

And during the Rapprochement Subphase, did anyone observe an instance where your toddler wanted to be dependent (to be held by Mother) one minute and self-reliant (off on his own) the next? Describe.

And when On the Way to Self and Object Constancy, did your observation-toddler make efforts to delineate himself from Mother and also, quite comfortably do things on

her own, away from Mother. And might she not in fact protested Mother's trying to get her to sit on Mother's lap while you were observing them?

The point is this. Children need their parents for many things and for quite long. But they also feel a powerful "need" to do things on their own, to feel capable of initiating a task, to discover their new world themselves; they visibly seem to be pushed by a powerful inner thrust to be an individual, a self with a strong pair of hands on his/her own autonomy. What we do see is that when young children are not being gratified enough, that is when needing to be held or comforted or played with is thwarted, this feeling of need becomes more and more intense. Not gratifying sufficiently a young child's need to be held makes him cling. Such times may be necessary, when Mother either by virtue of her not being home or having too much to do while home cannot hold her toddler, and the toddler then seems to need to cling. But if such times are too frequent and too long, such emotional deprivation, just like hunger for food, will not become less; to the contrary, it will intensify. Therefore, if you want your child to be overly hungry, be it for food or affection or comforting, don't feed; you will indeed have an infant who is always hungry be it for food, affection, or comforting. If, however, you want to have a toddler who does not cling and want to be held "all the time", gratify his need to be held, to be comforted, to be loved when he expresses these; and if you cannot at the time it is asked for, tell the toddler that you can't do this now because you must do this or that, but that you will do so as soon as you can. And, follow through; don't just say you will; do it. When he comes to trust that you will do what you say you will do, the toddler will develop the ability to wait.

It is wise to assume that the toddler will not express dependence needs he does not have. We are often asked: "How much should I hold him?" The answer simply is: be reasonable. Assume that he is asking you for as much as he needs. If his needs become overly controlling of others' needs in the family, or when with peers, help him learn to take turns. Parents have needs for rest, need time for things that must get done, and their needs must be paid attention to as well. Parents have rights too; furthermore, if parents' needs are too often disregarded, they will not be able to function as well in all the things have to do, including in their parenting. Everyone's needs in the family must be taken into account and given due weight. Parents will have to decide whose needs are the most urgent at any given time. It is not always the baby's. Toddlers really can be reasonable, though they will at times need help in being so. At times Mom and Dad "need" to go out on a date! They need to do so even if the toddler would prefer Mom and Dad not go out. It is wise then to tell the toddler that Mom and Dad need to be alone some, and they'll be back at (the approximate time).

Assignment

In your Lab Manuals, record the dependency needs you saw your toddler express, the **physical** needs, **adaptation (coping) skills** needs, and needs for **comforting** and **love**?

How did the mothers you saw respond to their children's dependency needs?

Did you see any fathers responding to their toddler's needs to be dependent? To be self-reliant? If so, what did the fathers do?

Did you see evidence of your toddler's wish to be a baby forever? Describe in Lab Manual.

In what ways can your toddler be helped with his dependence needs (e.g., **Physically**, by helping him do what he really cannot, like tying his shoes; with **Adaptation skills**, by not expecting too much too soon; by showing him how to do things but letting him do them at his own pace; **Emotionally**, by comforting, giving love, and when necessary helping toddler by setting limits.)

In what ways can you support his wish to be self-reliant? (Answer his questions, show him how to do things, be patient, praise him for accomplishment; accept his need to return to dependent behavior sometimes).

Outcome

Students will have an enhanced sensitivity to a toddler's need for both dependence and self-reliant, and some ideas of how to respond helpfully and constructively to these needs.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 6**

UNIT 2 - THE TODDLER YEARS (1 to 3)

THE EARLIEST RELATIONSHIPS AND DEPENDENCE/SELF-RELIANCE --
Part 3 (VISIT OF MOTHER AND CHILD)

Preparation for Visit

The mother will be informed that the session will focus on the toddler's relationships, and on dependence and self-reliance issues.

The students will be asked to observe the quality of the toddler's relationship with his mother, as compared with his relationship with themselves. They will observe also the dependent and self-reliant behaviors he demonstrates.

Visit

The students' questions to the mother may include those in the Lab Manual as well as others they may believe useful.

Following the Visit

The students will discuss their observations, and the major points brought out by the interview, and will ass useful entries into their Lab Manuals.

THE TODDLER YEARS: (YEARS 1 to 3)

THE DEVELOPMENT OF SEXUAL - REPRODUCTIVE LIFE

PSYCHOSEXUAL DEVELOPMENT DURING THE TODDLER YEARS:

THE ORAL PHASE,

THE ANAL PHASE, AND

THE FIRST GENITAL PHASE

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 10**

UNIT 2 - THE TODDLER YEARS (1 to 3)

PSYCHOSEXUAL DEVELOPMENT -- ORAL PHASE --
Part 1 (HUMAN DEVELOPMENT)

Reading for the Teacher: Textbook UNIT 2, pp. 83-106.

Objective

To introduce the students to **Psychosexual theory** which holds that our sexual development, that developmental line which pertains to our evolving sexuality and our developing identity as a male or a female, occurs in 6 phases. After an overview of this proposed line of development, we shall focus first on the characteristics of the first of these sequential phases, the **Oral Phase**.

Teacher Presentation

It is no doubt clear to the student by now that human development is a very complex phenomenon. The total being, it is believed, can best be understood by knowing both details of the development and functioning of each of its various component parts and systems, as well as how these component parts or systems assembled function as one entity.

The sexual part of our being human is of enormous importance to the primary responsibility of all living things, namely **the preservation of the species**. This is why, we assume, the sexual feelings and inner pressures coming from what theorists call the sexual drive are so strong. We also assume, that so large a responsibility of living things, to preserve one's own species, would by nature be ensured by a drive that is powerful, tenacious, and that draws attention to itself. This is why we draw the students' attention to sexuality first and foremost in this curriculum as its serving a crucial function, the preservation of the species by means of the Reproductive System.

In addition, however, the responsibilities of parenting make it important that we consider as well the enormous part sexuality plays in the child's developing identity, the experiences sexuality brings with it by virtue of the feelings it stirs up in the child, the gratification and the very serious problems it can bring, the large role it plays in relationships and in society.

Before we spell out the details of psychosexual development, note that the word "psychosexual" pertains to both the "psyche" and "sexuality". This grew out of the clinical findings of many mental health (psychiatric and psychological) doctors that sex has a large influence in every person's psyche, or mental life, and that it can, and quite

commonly does, play a major role in certain moderate mental illnesses, called neuroses. What we shall spell out now then is a well known model of the mental or psychological aspect and activity (mental health people speak of this activity as "psychodynamics") that go into our developing sexual identity.

Teacher, the following material might well be Xeroxed and distributed to the class.

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 that 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 stably 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:** 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.

Class Discussion

Looking at the Oral Phase:

Following from the charted material on "the theory of psychosexual development", what factors seem to make the mouth the body part infants use and derived gratification from most? Although oral activity has been a key mode of experiencing many things during the first year of life, it continues to be a dominant mode of experiencing well into the second year of life as well.

1. The mouth **as source of pleasure**

a. Have the students observed that, while **sucking** is primarily important for the intake of food during earliest life, that sometimes infants seem to derive some form of pleasure and gratification from sucking just for the sake of sucking? If this were not so, why would infants all over the globe derive satisfaction just from sucking on a pacifier? Why do they accept a pacifier when nothing comes out of it? And why do they put their fingers and eventually their thumbs in their mouths and indeed suck on them when nothing comes out of them? Is it that they are fooling themselves? That if they suck long enough, they'll eventually strike milk!? Wouldn't they quickly learn that this is not so? Therefore, is it not likely, that sucking, which is known to have its part in human sexual life, may indeed from early on in life yield some form of erotic gratification? How many observation-toddlers have a pacifier or suck their thumb?

A remarkable factor is also attached to thumb sucking or pacifier use. It is that infants often use these to **comfort** themselves. In fact, it is more recognized that these things, as well as a piece of blanket or a soft Teddy, can be used by even a less than one year old to obtain comfort. Mental health professionals tell us that these "comforters" seem to arise out of the experiencing of gratification in relationships with caregivers. Holding on to a piece of blanket, or Mother's hair, while sucking (breast or bottle) seems to become part of the feeding experience. The thumb and pacifier are direct replacements of the nipple (breast or bottle). The Teddy, not as commonly used in early childhood, is more complicated, and is not directly derived from the mouth-experience. It may be a representative of the self as baby or of a wished for baby. Note that parents cannot select for the baby what comforter the baby will choose. The baby does the choosing, and, as we shall talk about in the next lesson, the baby should be the determiner of what happens to the comforter.

The mouth also yields pleasure as the "port of entry" of food. Eating when we are hungry makes us feel good. In fact it makes us feel so good that it can comfort, as well as provide us with vitally needed body building factors as protein, carbohydrates, fats, minerals, vitamins, etc. Because of the comforting factor, this gratification port can also become overly used and often is when children are not sufficiently gratified emotionally with affection and attention, those other great sources of hunger we all have. Because the child grows so much, much food is needed, and much gratification comes with it. When

this, however, becomes a major source of comforting, it may lead to overeating and the problems that can come from this.

It is the mouth as a specific source of pleasure, namely as erotic pleasure that has given it its place in psychosexual theory. And this is most effected by the functions of sucking and eating. But the mouth furthermore, becomes additionally important as a source for other pleasures.

2. The mouth as organ of **exploration**

Many a 1 to 2 year old may in the course of exploring moderately sized items may put these in his mouth, not for the sake of eating them, but to discover their characteristics and to better come to know them. Parents often fail to recognize this and may become overly worried that the intention is a bizarre need to eat everything in sight. Of course, items that are quite small may be of just the right size to fit snugly in a young child's major respiratory pathway, the trachea, and block respiration. For this reason, children should not be allowed to put into their mouths things that are smaller than the size of a quarter.

3. The mouth as source of **communication**

The toddler has come to learn that by using his mouth in conjunction with his vocal cords (his larynx) he can make all kinds of sounds, some pleasant, some most unpleasant. During the second year, the toddler begins to use his mouth to enunciate words and increasingly communicates with it. He begins to talk, itself also, a source of much gratification to the child and those around him. Of course, this increasingly capable use of the mouth can be unpleasant as well.

4. The mouth as a **weapon**

It seems to be understood by toddlers, that their mouth, nicely equipped with teeth, can be put in the service of hurting someone. Sometime a toddler may uses his mouth to bite when he gets angry.

In summary, the mouth is the body part that becomes the first dominant source of "erotic" gratification that has gained it its degree of importance in psychosexual theory.

Assignment

Record the oral phase observations in your Lab Manual for your observation-toddler. Be especially attentive to:

1. How can you tell by watching your toddler in action, that he is deriving great pleasure in using his mouth? Do you feel that parents are doing things to facilitate its being a positive experience? Bear in mind that all experiences the child has will impact on the quality of the relationships he forms with his parents.

2. Is your toddler sucking his thumb or a pacifier? If he is, how is this being handled by his parents?

3. If a toddler refuses to eat a special vegetable or meat, should he be made to eat it? Why or why not?

Outcome

The students will have been introduced to psychosexual theory and its phases of development, and will have learned about the significance of the Oral Phase of development.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 10**

UNIT 2 - THE TODDLER YEARS (1 to 3)

PSYCHOSEXUAL DEVELOPMENT -- ORAL PHASE --
Part 2 (CHILD REARING)

Objective

To review the developmental phases of psychosexual theory and to explore ways of facilitating healthy development during the Oral Phase.

Class Discussion

Teacher, a brief discussion of the phases of psychosexual development with a view of what parents can do to optimize these could be a good start here. Most important to highlight as the discussion occurs are: (1) that **the sexual drive is powerful**, that it has to be in order to insure the **preservation of the species**, its main function; (2) that infantile sexuality **begins near birth** even though its genital form (the first genital phase) begins from about 2 1/2 years of age on; and (3) that it is important for parents to understand that psychosexual experiences are **normal**, impact quite **profoundly** on young children, and **can have a lifelong influence**.

The discussion will then focus on what parents can do to optimize **Oral Phase** experiencing. It is well to remind the students and emphasize that all experiences young children have will become **internalized** into their minds and from there color what they will anticipate (predict) of the world they live in. Clearly, however, some experiences are more powerful than others, among those that are, being fed by Mother or Father is strongly determining of the child's internalizing these experiences as "good" or as "bad". From the beginning of life on, **experiences are catalogued in the mind as "good" and "bad"**. The more experiences while cared for by Mother are catalogued as "good", the more the relationship with Mother is felt to be "good". The more they are felt as "bad", the more the relationship with Mother (or Father, etc.) is felt as "bad". This tendency, of **experiences giving emotional color to relationships**, that is, influencing the quality of relationships, continues throughout life. But it is most powerful during the early years.

Therefore, that feeding experiences be of good quality is important to getting relationships off on a good footing.

With this in mind, a discussion could follow, the information coming from the students' observations with their observation-toddler and his/her parents.

(1) Pleasure in the use of the mouth -- the calm, contented, or excited expression on the child's face suggests that this is what the child is experiencing. If it has been

distinguishable, was the pleasure associated with sucking or with enjoying the food being eaten?

(2) The thumb or pacifier: from the child's affective expression one can see that sucking gives pleasure to the child. But it also comforts him, and as a result is often used when feeling in distress. Except with toddlers who have soft gums, in general, thumb-sucking does not make teeth protrude.

It is important for parents to know that the comforter—thumb-sucking, pacifiers, pieces of formerly used blankets, a choice Teddy--is a selection made by the less than one year old infant learning to calm or soothe himself, or by the 18 month old trying to cope constructively with the anxiety of the Rapprochement conflict (to be one with Mother versus to individuate, be separate). The comforter not only is selected by the child but in fact **belongs** to the child, not to mother nor father, nor to anyone else. A comforter is as valuable to a toddler as her purse is to Mother or Dad's car is to him. Therefore, **nothing should be done with it without the toddler's consent**, whether it is taking it away from her, or even washing it!

Furthermore, parents are seriously mistaken when they object to a child's using a pacifier because they fear it will make the child feel like and want to stay a baby. Quite the contrary. A comforter, whichever the child selects, is in the service of calming oneself, taking care of one's needs on one's own. It among the toddler's first efforts to act self-reliantly. Parents can rest assured that a child will give up using his thumb or pacifier when he no longer needs it. Parents can also be assured that a thumb-sucker will not crave oral erotic stimulation any more than any other child might.

(3) **Forced feeding is destructive.** Toddlers know when they are hungry and will usually eat when they feel hungry. The exceptions are when young children are depressed or are otherwise ill, when loss of appetite becomes a factor. Normal healthy children do not lose their appetites. If a toddler has eaten little at a given meal, consider how well he has been eating for the past several days. If she has been eating well enough, let well enough alone. Of course, it is absolutely reasonable to let a child know that if she does not eat enough of her meal, she will not get dessert. Then it is quite fine to suggest that the child have one or two more bites of each item on the plate and then allow dessert.

Children should be offered and encouraged to eat a good variety of food, but they should not be forced to eat anything. **Forcing food inevitably becomes a battle of wills**, with all its problems, but here specifically associated with eating. The problems to which forced feeding may lead are numerous, from (a) making eating an unpleasant experience, one to be avoided, sometimes at a serious price (that is, can lead to serious emotional eating problems), to (b) enlarging the "bad" feelings of the relationship to the food-enforcer, to (c) all sorts of symptoms associated with the inhibition of rage felt toward the loved and now hated enforcer, and more. Over time, children usually will balance their diets. Children, like adults, are entitled to dislike some foods.

Parents should try to **not** link loving the child with how much the child eats. "Mommy will love you better if you eat more." is a problem producing idea because it may contribute to the child's overvaluing eating to be loved and this will facilitate patterns of excessive eating which often lead to being overweight and be subject to all the problems to which this may lead.

(4) Isn't there a risk that if eating is so gratifying, that babies are prone to over-eat? Although the mouth is one of the infants' earliest chief organs of pleasure, they have a built-in mechanism, which will prevent them from over-eating, **unless** they are not getting enough TLC (tender loving care) and love. If that is the case, they may over-eat in an effort to make themselves feel better. When children get enough affection, they usually eat just what they need.

Outcome

The students will have reinforced their knowledge about the phases of development, and will have learned some ways of dealing constructively with the oral phase of psychosexual development.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 10**

UNIT 2 - THE TODDLER YEARS (1 to 3)

PSYCHOSEXUAL DEVELOPMENT -- ANAL PHASE --
Part 3 (HUMAN DEVELOPMENT)

Reading for Teacher: Textbook UNIT 2, pp. 83-106

Objective

The students will learn that the second form earliest sexual experiencing takes is associated with the elimination of waste products from the body, through the end part of the digestive tract, the rectum and anus, and through the sphincter (muscle ring) of the urinary bladder. Toilet training can be understood then to have physical and psychological consequences to the earliest sexual experiencing humans have, and can also influence the quality of the child's relationships as well as the development of the child's sense of self and personality.

Teacher's Presentation and Class Discussion

Review briefly the facts of digestion: food is taken into the mouth, passes into the stomach where it is broken down into forms which the small intestines by further digestion can take into the body and nourish the billions of cells of which we are made. Then the non-digested remains must be disposed of by the body in bowel movements to protect against the accumulation within the body of harmful waste products. Impurities and excess fluid taken out of the food by digestion and metabolism are also disposed of in the form of urine which is collected in the bladder.

Note that the first phase of psychosexual development, that is, the oral phase, is significantly linked up with the **intake** of food. And the second phase is linked up with the **elimination** of food waste products. Clearly, the earliest part of sexual development is intimately linked up with obligatory biological processes. The bridge seems to be that the inner lining of both the mouth and the anal and urinary sphincters are made up of mucosal cells. [Teacher, use your judgment here. If your students are able to contain themselves, you can suggest that if they run their tongues over the inside of their lips they will know what mucosal tissue (thousands of cells) feels like, how sensitive this tissue is to pressure, and that a pleasant feeling can be produced by such pressure.] Mucosal cells are very sensitive and any pressure placed on them, as by the passage of food or fluids, is experienced by humans as specific feelings. These feelings have an "erotic" physical sensation to them.

Understanding both that the earliest sexual development does not directly involve the genitals but rather, the mouth and the anal and urinary sphincters, as well as the role of

mucous membranes (inner lining of body openings) in "erotic" sensations, will guide parents in the task of toilet training which the toddler 2 to 3 years of age is well prepared to undertake.

Nature sees to it that the organs that serve us by ridding the body of undesirable food and drink waste products work properly from birth. But the child begins to gain the impression that this system needs regulating. That regulating, or **toilet training**, is a central concern of a child's life for a number of months following the waning of the oral phase. Recognizing that the elimination of food waste products brings with it "erotic" sensations, and the child's visible elimination concerns and pre-occupations led developmentalists to call this new psychosexual phase the **Anal Phase**. The normal child's attention is now especially focused on the anus and to a degree on his or her urine discharge system, as the child's readiness for toilet training emerges.

It is decidedly observable that 2 to 3 year olds, and sometimes toddlers a few months younger, begin to make comments about toilet training. It does not have to be brought up by the parents. Toddlers come to think of it themselves, and furthermore, they see quite well that Moms and Dads don't wear diapers, and loving them, they very much to be like them. It is however, quite common, quite reasonable and acceptable to the child, that parents begin to get the impression that their toddler might be able to achieve toilet training and set on a course to encourage the toddler to do so.

Interestingly, the child does not experience toilet training simply as a physical phenomenon. It is also very much motivated by **psychological** reasons and has significant psychological effects. As already noted, perhaps the foremost reason is the wish to be like Mom and Dad, the child identifying with the parents he loves and admires. Secondly, toilet training is perceived by the child as a task, as something that will bring a sense of achievement and pleasure. And, among major psychological effects are that, in addition, successful toilet training helps a child feel she can control urges that arise within her own body, and it leads to the child's being able to accept the need to comply with reasonable demands made on her, further enhancing the child's sense of capability and accomplishment, and to top off these important gains, the toddler has won the approval of her beloved parents.

When should toilet training begin? Some parents believe that a baby should be started when just a few months old. Is this a good idea? (No, the infant's ability to activate the anal sphincter [muscle ring] is not sufficiently developed for so young a child to control the movements of the contents of his or her large intestine at will. If he or she is very young, it is a matter of the mother guessing when he or she needs to go, and she then puts the infant on the potty. The child does not accomplish anything herself, and it is not a cooperative learning procedure between mother and child, nor is it one in which the child takes initiative or gains all the psychological benefits mentioned above).

Although children vary, the time between 2 1/4 and 3 years of age is usually a very favorable starting time. His ability to make these anal muscles act when he wishes is

now mature enough so that he can begin to learn to control them. Also the toddler can now talk well enough to let his mother or father know when he needs to use the toilet.

Even having the advantage of waiting this long to start, a child has mixed feelings about being toilet trained. On the one hand, he is at the stage where he is realizing that he is really becoming a "self". Now, when that burgeoning "self" feels that to comply with what is expected of him is giving up some feeling of being a self, that he is giving over control of his body to his Mother--which of course still happens commonly at this age--the child may "self" protectively resist and then not want to do what mother wants him to do. **Note:** Teacher, this point is worthy of emphasis: it is the feeling that **the sense of self is being encroached upon, is being disallowed by the parent the child loves** that often is at the center of the child's resisting toilet training. This is often not understood by parents which then makes them feel that their child is simply stubborn and ornery, if not worse!

However, if the mother-child relationship is not as comfortable as it should be, the child may not be willing to cooperate with his mother's demand that he control his bowels and bladder, and use the toilet. He may feel that she is imposing her will on him, that he has no rights. If he is scolded, he feels he is a failure, and if he gets too frustrated and angry, he may fight back by painting the wall with his bowel movements. He may develop a resistance to being clean which can continue when he is older.

One additional note, many a toddler starts out with the assumption that, since my bowel movements come from inside me, they must be part of my body. This creates the fear that the child is losing part of her or his body and may then resist toilet training. This especially occurs in toddlers approaching 3 years of age, a time when the question of losing body parts becomes especially pronounced in many a boy and girl. (This issue is touched upon in the lesson on the First Genital Phase that follows.)

Summary

Within the usual positive mother- (or father-)child relationship, the Anal Phase of a child's life brings important developments: his sexual development progresses to its next level of development, he attains bowel and bladder control, derives pleasure in his parents' approval, is affirmed in his sense of self, sees himself as a person who can accomplish something difficult, and increasingly finds that he can accept rules because these serve him well in many ways. He learns to negotiate, to give up something (his freedom to move his bowels and urinate at will) for something he values more (his consolidating sense of self, his feelings of ability and accomplishment, and his parents' approval and love).

Outcome

Students will better understand the complexity of this phase of psychosexual development and the large influences it has on the child's developing self and adaptation.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 10**

UNIT 2 - THE TODDLER YEARS (1 to 3)

PSYCHOSEXUAL DEVELOPMENT -- ANAL PHASE --
Part 4 (CHILD REARING)

Objective

The students will learn how to optimize the child's anal phase psychosexual development and how the child may be helped constructively in achieving toilet training.

Teacher Presentation and Class Exercise

Teacher, as the students consider the following examples, draw the students into reporting on the observations they are making on the toddlers.

Mrs. A. believes that babies should start toilet training as soon as possible. "The sooner they begin, the sooner they'll be trained", she says. As soon as Jenny began to toddle about, at about 12 months, Mrs. A. placed her on the potty chair several times every day for about 15 minutes each time, encouraging her to "go in the potty".

Mrs. B. learned from her friend who has 3 children that children give their mothers signals when they are ready to start training. She trusted her friend but she did wonder how long she would have to wait for Brian to signal his readiness for this task. When he was two years and 4 months he said to his mother that he wanted to use the toilet, "like big people". He said he did but when he tried, it didn't work right away. The first time this happened, he said it 3 times before he finally did succeed. Father was a bit impatient, thinking that he was trying to get and hold Mom's attention. But Mom had been told by her friend that this is how it started with her kids too. Father did come to see that Mom was right.

A class discussion should explain the pros and cons of Mrs. A and Mrs. B's reasoning and procedures. (Teacher, focus should be placed on which child would finish training with a sense of accomplishment and pleasure? Why would this be so? What would these accomplishments consist of? Students should address both physical and psychological accomplishments)

Mrs. C. is a very busy mother. To top it off, she suffers from headaches almost every day. It really upsets her when three year old Kevin wets the bed at night, or has an accident in his pants while playing. Terribly distressed, at these times, she tells him that he is giving her a headache, that he is a very dirty boy and should be ashamed of himself.

Class discussion should focus on how this would make Kevin feel [humiliated and enraged at his mother], and how the scolding affects his progress in becoming trained [shaming will at times work, but the emotional cost of learning via being shamed included the heightening of hostility if not hate and thus heightening the feelings of ambivalence toward Mother, a great burden for the child and a source of weakening the love attachment between mother and child. Hating the mother always makes the child resist her wishes even if these are in the child's best interest. We can therewith assume that the training process would take longer, and again then, intensifying ambivalence in both child and mother.

Mrs. D. has heard that bedwetting or other toilet training accidents are quite common as the child makes efforts to learn to control her sphincters. She tells her daughter that she knows Barbara is trying, and that accidents happen to all of us when we first learn to do something hard. She lets Barbara help her take the sheets or soiled underwear to the washing machine, and holds her up to turn the machine on.

Class discussion should focus on how Barbara feels about these "accidents", and how her mother's attitude might affect Barbara's toilet training. (Teacher, we would want the students to consider the effects of Mother's growth-promoting attitude on Barbara's developing sense of accomplishment, sense of "I can do things I set out to do", her sense of self, her love feelings toward her mother and toward herself. And whatever else the students may come up with.)

As the class discusses the above questions consider especially the emotional implications of the process of toilet training with regard to the process of the child's psychosexual development. This may be difficult to do with 10th graders given their anxieties about sexual issues and their embarrassment about these. Consider the following:

1. Toilet training involves the child's areas of anatomy that also contain the genitals, especially so the urinary structures.
2. When a child feels the need to go to the bathroom, whether to urinate or have a B.M., these feelings often stir up sensations that belong to the realm of "erotic" feelings. It is not uncommon for a boy who has held back urinating to have an erection at the point when he can no longer hold his urine in.
3. The child's efforts to learn to control these anatomical sites focuses their attention to them and with this on the mucosal sensations they stir up.
4. Because of these factors, during this period when the child's psychosexual development age-appropriately focuses on the elimination of bodily waste products, the child's awareness of the sensations that come with the need to urinate or have a B.M., and the efforts at toilet training, all contribute to the boy and girl's pre-genital sexual experiencing. It is important to recognize then, that if parents want their children to have healthy sexual lives, healthy in every sense of the word, including the normal enjoyment

of sex side by side with a responsible attitude about it and a reasonable sense of its age-appropriateness (i.e., when one is ready to do what sexually), that the activities of both pre-genital phases of psychosexual development, the oral phase and now the anal phase should be dealt with in a responsible, loving and respecting manner.

5. It is of the utmost seriousness that the students know that premature training, undue impatience, shaming, scolding, and as is sometimes found, as in the following examples, cruel treatment of children can cause inordinate harm. The student should not underestimate how harmful the battles of wills can be that arise during the struggles of toilet training that can occur when there is a substantially poor parent-child relationship.

Teacher, it might be well here to read to the students the following passage from the Textbook:

Toilet training is more or less challenging for all parents. In November 1993, a major American newspaper² 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).

[² *The Philadelphia Inquirer*, November 9, 1993. Front page, Feature Story by Martha Woodall, Inquirer staff Writer.]

Assignment

Make the scheduled observations on your toddlers and record their experiences and progress in toilet training in your Lab Manuals.

Outcome

The students will have learned that the 1 to 3 year old child's sexual development is embedded in the complex toileting issues that then become prominent in the child's life. The students will also have come to understand this phase of development and learned that patience and approval help a child to accomplish toilet training, increasingly affirm his "sense of self", develop a feeling of competence, a feeling of pleasure in being able to "do things himself", to be more like Mom and Dad, all of which in turn stimulate his benevolent self regard and desire for further growth and learning.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 10**

UNIT 2 - THE TODDLER YEARS (1 to 3)

PSYCHOSEXUAL DEVELOPMENT -- THE FIRST GENITAL PHASE --
Part 5 (HUMAN DEVELOPMENT)

Reading for Teacher: Textbook UNIT 2, pp. 83-106.

Objective

For the students to learn about the earliest signs in the less than 3 year old's behaviors of the toddler's awareness of "genital" sexual issues like concerns about their own genitals and even those of others. Furthermore, the students will learn that in his and her development, the toddler now begins what is generally understood as sexuality and its central function of reproduction; this is evident in the child's beginning inquiries into where babies come from. This period now will launch the young child into his and her developing "infantile sexuality". This "infantile sexuality" will develop especially during the next psychosexual developmental phase, between the ages of 3 to 6 years, and the students will learn more about this when they work on Unit 3 of this Curriculum.

Teacher Presentation and Class Discussion

Gender differences are a very important part of our lives, and the awareness of these differences commonly begins to show itself from the beginning to the middle of the third year of life. Sometimes this is observable even in children younger than 2 years of age. At what age has your toddler begun to affirm and confirm that she is a girl or he is a boy? What kinds of questions supportive of this affirmation have they been asking their parents? (If a child bathes with a sibling of the opposite sex, he or she may notice differences at one and a half or two. When a toddler can then talk, he may well ask why he has a penis and his sister may ask why she doesn't.)

Some toddlers do not ask such questions. This may be due to the child's own tendency to not ask questions or it may be due to parents not enjoying a toddler's many questions or being persons who feel more comfortable not talking about feelings and experiences. (Even when a boy or girl does not ask questions, many developmentalists believe this to be a subject of strong interest in healthy normal children.)

Have any students observed in their observation-toddler any signs of worry about their genitals or about having genitals different than others? If, as sometimes they do--a girl may feel that she used to have a penis, and lost it because she was bad; a boy may worry that he will lose his if he misbehaves or feels he is misbehaving--, what were the signs you saw and/or those the parents told you about?

Have you seen any evidence that your observation-toddler(s) has (have) feelings in his or her genital areas? What is that evidence? Teacher, you should emphasize that this is normal behavior. But, also point out that, a child may need help to develop a sense of privacy about his or her genitals and one way is to gently tell the child that one does not do this in the presence of other people.)

Has your observation-toddler shown any interest in babies? When did this begin? Commonly, it appears at about the age of two. Although both boys and girls are interested, many girls react to infants with a much stronger feeling of fascination, even awe than do most boys. However, it is also normal at this age if a boy is fascinated with babies, and a girl with trucks!

Has your toddler asked where babies come from? When did this inquiry begin? (Many will ask this from about two and a half or three on.)

What causes these behaviors?

Many people are not aware of the fact that these behaviors, which are amply visible in many normal children, are evidence of a biological maturation in the 2 1/2 year old of what some scientists call **the sexual drive**. This sexual drive serves the vital function of preserving the species. Every species seems committed to its own survival. Every living organism is therefore equipped with a powerful inner force to secure the species' survival.

In humans, our powerful sexual drive is biologically programmed to begin to develop in its "genital form" at about 2 1/2 years of age. This biological maturation sets in motion the development of the child as a sexual being. Certainly this sexuality differs in significant ways from what it will later become, but it is the beginning of the biological, and with it the psychological, development of "genital" sexuality. Scientists emphasize that this is the earliest form of genital sexuality; they speak of it as "infantile sexuality". This they believe is what causes the behaviors we are talking about now.

Again, this now is just the beginning of what seems to be "sexual" behaviors, the preoccupation with feelings in one's genitals, interest in others' genitals, worries about the consequences of these feelings and the ideas (fantasies) they stir up, interest in babies, etc. At about 2 1/2, it is the beginning of what between the ages of 3 to 6 years become clearer "infantile sexual" behaviors which then become quite observable and create a large challenge for the 3 to 6 year old. In fact, it is a major developmental task for the 3 to 6 year old to gain the first level of mastery over the burgeoning feelings the sexual drive activates in the child. As we talk about in more detail in Unit 3, sometimes a 3 year old boy will say he is going to marry his mother, and a little girl will say that she will marry her father!

Note: Teacher, the following may be very helpful for the students to handle better the stress some of this material may cause some of them.

Why would a normal little boy say when he grows up he will marry his mother, and a girl say she will marry her father? When the child's sexual feelings first emerge, it is very natural that they will become attached to the persons to whom the child already is emotionally attached, namely his or her primary caregivers, his or her mother and father. It is understood by us all that what we call "love" has several forms. The infant's earliest form of "love" is an **affectionate form of love**. The love that cements the less than two year old's attachments is affectionate love. The maturation of the sexual drive at about 2 1/2 years, brings with it a seeming new form of love, a form with an "erotic" quality; it brings with it the **sensual form of love**. (Recall that earlier, when we considered the oral and the anal phases of psychosexual development, we talked about the "erotic" quality of feeling that the stimulation of mucous cells can produce; so, "erotic" feelings have already been felt by the very young child, but from 1 1/2 on they become prominently associated with the genital areas of the body.) Scientists speak of "currents" of the sexual drive, the affectional current and the sensual current.

Now, when a 3 year old begins to feel the sensual current of love, where would that current of love most naturally flow? Most plausibly, **the sensual current would follow the path forged by the affectional current of love!** Therefore, it is channeled toward and attached to the primary love relationships the 3 year old has, to Mother and Father. What 3 year old in his or her right mind would attach love feelings to strangers or to anyone to whom they are not attached emotionally? That these are sensual feelings of love does not immediately strike the young child as feelings the 3 year old should or should not have, or should channel elsewhere. The problems this creates in the 3 year old are taken up in Unit 3. For now, it is enough to help us understand why a 3 year old might say, "When I grow up I'm gonna marry Mommy (or Daddy)!"

Outcome

The students will have become aware that the child's interests in learning about, experiencing, and beginning to establish her or his sexual identity emerges during the 2 to 3 years period. The students will then have been introduced to the beginnings of "infantile sexuality", to the emergence of the "sensual current" of love, and more.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 10**

UNIT 2 - THE TODDLER YEARS (1 to 3)

PSYCHOSEXUAL DEVELOPMENT -- THE FIRST GENITAL PHASE --
Part 6 (CHILD REARING)

Objective

The students will consider how the interest of toddlers in their sexual identities can be dealt with in sensitive and growth-promoting ways.

Teacher's Presentation and Class Discussion

Parents who are sufficiently informed about the emergence of what we all think of as sexuality, that is, "genital" sexuality, will be better able to help their children in healthy, growth-promoting ways. Many parents do not know that this occurs from about 2 1/2 years of age on. As a result they are baffled by any behavior that gives them the impression to be sexual. Mothers have called Child Psychiatrists with the worry that their young children are disturbed when they "touch themselves". Children have been thought of as "pervert" when they touch their genitals at this age. This is addressed in Unit 3 and will be taken up in some detail when that Unit is studied.

A mother found her nearly three year old son and his just 3 year old girl cousin playing "doctor" with each other, and examining each other's genitals. What should she do? Class discussion should focus on what would be helpful (and why), and what would be hurtful (and why). It would be helpful for Mother to tell both children that of course they are interested in how each other is made, and they can ask questions about it. (This would acknowledge the normalcy of their interest. It would also suggest how to deal with that interest without getting themselves into hot water.) But they are not old enough for such activity, they are to stop it now, and gently, without reprimand, offer to answer whatever questions they may have right now. (The reason for this statement is that it is important to convey to the child that his and her interests are not only normal but that they can be expressed in words. All-important questions deserve family discussion. This helps to establish the conviction held by Child Psychiatrists, that talking about worrisome things is facilitating of coping with them constructively. That Mother prohibits sets a firm, reasonable limit on the behavior, but it also allows that when they are older they will learn more about how to deal with their sexual interests in constructive ways.)

It would be harmful to shame the child for his sexual curiosity because (1) it is normal; (2) it would discourage disclosure and with it the opportunity to get parents' input as to how they should handle their sexual interests; (3) it probably would make them feel that their very normal interest and preoccupation really mean that they are bad, unlovable children. And, (4) it would foster more secrecy than is needed for reasonable privacy.

Indeed, many children grow up thinking that everything about sex is bad, and should be kept secret. What leads them generally to develop this feeling? In part, but in part only, many children get the feeling at home that their parents are uncomfortable talking about and dealing with sexual feelings and thoughts and that the parents do not know how to help their children well on this issue. Another major factor that makes children feel they have to keep their sexual thoughts secret--and they do have a right to privacy--comes from the fantasies their own sexual feelings stir up in them. This is a complex issue for all children and we shall take these up in studying Unit 3. It is useful for parents of less than 3 year olds that these fantasies start much earlier in life than most parents think.

The consequences of children thinking that their sexual interests and feelings are bad, can have long lasting harmful influences--such as mal-handling of sexual experiences, inhibitions of normal sexual feelings, excessive feelings of shame and guilt resulting from the unavoidable sexual stirrings that occur in humans, etc.--on their sexual activities and love relationships as well as on their self image and self regard.

Some people fear that answering children's questions about genitals and babies, will make them too interested in sexual matters? This is not what Child Psychiatrists and Psychologists have found. To the contrary. When children get answers to their questions that are sufficient and give guidance, they tend to show satisfaction of their interest and are more likely to turn to other interests until they reach adolescence.

What is the best way to answer children's questions about sexual matters? Answering questions about sex is not different than answering all children's questions: the simplest and most truthful way possible! For example: "The baby grows inside the mommy, in mommy's "baby sac" or uterus, from the seed daddy gave her." One answers a child's question directly. There is no need for a lecture, when a simple answer will do the job. There is no need to answer more than what the child is asking. There are many fine books that can be very helpful to parents who fear they cannot find a good way to answer these questions. Crucial is that **it is safest to be truthful**. Children will find out the truth; they may have to go through some search to get there, but get there they will. If parents are not the source of information they need, they will go elsewhere with their inquiries, most commonly their own peers. Regrettably, many a peer has been the source of significant mis-information during the early years, sometimes even into adolescence.

Teacher, discussion take place here and above where appropriate, of the students' toddler observations about (1) the children's questions but especially about (2) how the parents are handling these, and (3) how the students might handle them themselves.

Discussion question: Since the world is organized into males and females, how would you help a three year old girl feel glad that she is a girl, and a three year old boy feel glad that he is a boy? Ask the students for their own thoughts on this. Then, help them see that in the home mother and father are equally important, one not more than the other; express appreciation for what the child can do, as a boy, or girl; encourage the child in his

or her own interests; love the child as he or she is. A child should never be made to feel that he or she "made a mistake" in being born a boy or girl.

Outcome

The students will understand that the toddler's normal preoccupation with and interest in sexual matters should be treated truthfully, thoughtfully, with respect, and the awareness that what the parent says will have long term consequences for good or bad.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 10**

UNIT 2 - THE TODDLER YEARS (1 to 3)

PSYCHOSEXUAL DEVELOPMENT --
ORAL, ANAL, AND FIRST GENITAL PHASES --
Part 7 (VISIT OF MOTHER AND CHILD)

Preparation for Visit

The mother will be informed that the discussion will focus on the toddler's earlier use of his mouth as one of his favorite organs, and on the toilet training experience. Since the child might be made uncomfortable by these discussions, it will be suggested that the mother come alone to the visit.

The teacher will review the characteristics and importance of the Oral and Anal phases.

During the visit the students should be guided in the questions they ask by the points made in their Lab Manual.

Following the Visit

The students will discuss and add to their Lab Manuals pertinent information given by the mother which adds to their understanding and how they might optimize a toddlers' psychosexual development.

THE TODDLER YEARS: (YEARS 1 to 3)

AGGRESSION

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 10**

UNIT 2 - THE TODDLER YEARS (1 to 3)

AGGRESSION --
Part 1 (HUMAN DEVELOPMENT)

Reading for Teacher: UNIT 2, pp. 128-150.

Objective

The students will learn that **aggression** is a complex human phenomenon, a **powerful psychological force and motivator of behavior**. They will learn that there are several forms or **currents of aggression**: (1) aggression that is **non-destructive**, (2) aggression that is **destructive but not hostile**, and (3) aggression that is **hostile and destructive**. Each current of aggression serves us to adapt to life.

Teacher Presentation

The model of aggression used in this Curriculum holds that aggression consists of different forms, of **3 trends or currents of aggression**. The model used in this Curriculum was developed by the Curriculum's authors and grew out of their long-term research findings. They made many observations twice weekly of the same children from the time they were born until they went to school. These researchers found that from the first weeks of life, infants showed 3 categories of behaviors that differed from each other yet they considered all to be "aggressive" behaviors. Then when infants were almost 12 months old, they began to see yet another type of behavior they had not seen before which they also considered to be "aggressive".

1. Among the earliest forms of aggression they observed were reactions of rage or intense anger in infants who were doing the best they could to wait to be fed or in one way or another be taken care of. The researchers saw that this aggressive behavior seemed to be associated with distress of one kind or another. So they called this category of aggressive behavior, "unpleasure-related destructiveness", that is, what in a bigger and stronger person might lead to destructive behavior and that this was associated with, in fact they felt was due to the infant's feeling much pain, hurt, or distress of some kind. It eventually led them to label this trend in aggression **hostile destructiveness**.

2. They also observed the obvious fact that from very early on infants, like all animals, have to eat in order to survive. To survive, though, makes it necessary that infants find something to eat that can provide them with the proteins, fats, and carbohydrates they need to keep their bodies functioning properly and growing. Of course, infants don't go out and fetch their food. In fact, most of us don't either, except to

go to the supermarket where we can get by paying for it what somebody else fetched for us. Whether we eat vegetables or meat, these were found among living plants and animals. The "food chain" has worked quite well for the survival of the millions of species of plants and animals that inhabit our planet. But, a destructive process has to occur to make it possible for us to find the proteins, fats, and carbohydrates we need to survive. This destructiveness, to harvest a crop, to kill steer or lamb, are however, not done out of anger or hostile feelings we have toward these plants and animals. This aggression, is truly not hostile. And it is part of all living things. Furthermore, even if we ourselves do not hunt or chop down wheat, we do break down, or destroy, each large chunk of food we eat, by chewing it and digesting it. All living things do this kind of thing; it certainly is so for all animals from the smallest microbes to elephants. Animal behaviorists speak of this type of aggression as "prey aggression". The researchers who wrote this Curriculum speak of it as **non-hostile destructiveness**. Even infants who drink only milk have to break milk particles down by digestion in order to extract from it the nutrients they need to breathe, eat, and grow. The authors again emphasize that this aggression is not motivated by anger or hostility or rage, quite the contrary, we love the food we eat and know we need it to survive. Clearly, this type of aggression differs significantly from destructiveness that it brought about by feelings of hostility, rage and hate.

3. The third of these early aggressive behaviors the researchers found in the way infants even fifteen weeks old begin to explore their environment and may do so with such intensity, such inner pressure, as if a motor inside the infant has been turned on, the infants at moments would look as if they were struggling to climb Mount Everest. Fifteen week old Jane, as the researchers show in one of their demonstration films, after waking from a nap, lay calmly on the floor a few moments, and saw a set of plastic rings on a string just in front of her. She began to touch them, picked them up, handled them, tugged and pulled at the string, increasingly vigorously, persistently, exploring these rings in the most serious, intent way imaginable. She really went at it, for about 20 minutes with little interruption. Her face showed evidence of her effort, she looked increasingly determined, we thought, to find out what these things (the rings) were all about. She had never met rings before! What are they? This infant's efforts reminded the researchers of how arduously they themselves sometimes struggle to understand and explain something they are finding. It at times feels like the struggle to get over some big hurdle or to climb a mountain! This, the researchers called **nondestructive aggression**. This type of aggression some theorists call "assertiveness". It is a healthy form of aggression that we need in order to develop into a self-confident, goal-achieving person.

4. Then, when the infants were almost 12 months old, the researchers saw yet another form of aggression. It took them a bit by surprise. When 11 months old Jane was fascinated by 11 month old Temmy's pacifier (which she had in her mouth), she went up to her and just pulled it from her mouth. Plunk! Temmy was startled and started to whimper. Jane's mother and Temmy's mother were immediately on the scene, setting things right. Jane was nicely told by her mother not to do that, the pacifier belongs to Temmy and Jane is not to take it from her mouth! Jane seemed to hear what mother said. A few moments later, Jane approached Temmy, and, plunk, she pulled the pacifier from

Temmy's mouth. Temmy started to cry. The Mothers were there quickly. Jane looked a bit puzzled, but not upset. Her mother repeated what she had said before but with more firmness. Jane turned away, but in no time was right back in front of Temmy, and pulled the pacifier from her mouth again. Now she had a grin on her face. Her mother got quite upset and scolded her. When this occurred one more time, Mother was quite embarrassed, got quite angry, and not only scolded Jane but rather brusquely added a time-out. Observing such behaviors over time, led the researchers to view this behavior as the beginnings of teasing and taunting. **Teasing and taunting**, the researchers proposed is a destructive form of aggression that is associated with feelings of pleasure; the researchers proposed that this is pleasurable destructiveness that is hostile and, therefore, categorized it as a second subgroup of **hostile destructiveness**.

So, the model of aggression we shall use holds that one can categorize aggressive behaviors as being evidence of one of **3 distinguishable trends of aggression**:

(1) **Nondestructive aggression**, which **is inborn**. Infants don't learn to be aggressive in this way. They are born with the need to assert themselves more or less strongly in order to master, or feel safe, in the environment in which they live. They also feel the inner need to make not only others do what they need, but also to make their own bodies do what they need. In other words, they need to assert themselves and master not only others but also themselves. This form of aggression is what we need not only to feel safe, but also to drive ourselves to get where we want to get, to achieve our goals, to overcome obstacles to them, ultimately, again, to make ourselves feel safe. It also fuels our non-hostile competitiveness, our creative push to solve problems, and creativity itself. This aggression needs to be protected because it **is needed for constructive survival**. We might consider this to be "constructive aggression", as some have suggested.

(2) **Non-hostile destructiveness**, also **is inborn**. It is part and parcel of the survival system all living organisms have. We don't need to be taught to suck or eat. We are born with the know-how and the need to destroy living matter to survive. Important is that this destructiveness **is not driven by hostile or hate feelings**.

(3) **Hostile destructiveness**, which becomes visible from the first days of life. A common example of it is the rage reaction one sees in very frustrated infants. This aggression is characterized by behavior that appears or is on the point of becoming destructive and it is associated with visible feelings of hostility, whether hostility itself, hate or rage. The researchers found something very important about this trend in aggression. It is that this trend of aggression **is NOT inborn**; infants are not born with a mechanism that is churning out feelings of hostility. The child (or adult) experiences something first that then produces or generates feelings of hostility which then, in turn, produce the hostile destructive reaction. The "something" is an experience the infant seems to feel is "more than I can take!", or "This is going too far!" It is an experience that causes the infant too much pain, therefore, the researchers say, it is an experience of **excessive unpleasure**. And so, the researchers proposed the very important idea that it is an experience of **excessive unpleasure that activates the inborn mechanism that generates hostile destructiveness** in us. Therefore, **the more a young child (or at any**

age) is subjected to experiences of excessive unpleasure, the greater the generation within him or her of hostile destructiveness, the more hostile a person that individual is likely to become.

In summary then, the model of aggression we are using holds that all forms or trends of aggression serve to help us survive. However, not all the trends are equally useful nor can all aggression in children be handled the same way. **Non-affective destructiveness** is essential for survival but does not need to be protected or enhanced. **Nondestructive aggression** is highly valuable to help us develop well emotionally, as well as adapt and cope constructively with the opportunities and stresses of life. It needs to be protected, enhanced, and brought under self control. **Hostile destructiveness**, when excessively generated in children by too many hurtful experiences in the course of growing up, will accumulate within the child's psyche and personality. There it usually creates havoc, causes all kinds of internal emotional problems as well as problems in human relationships and in adapting and coping constructively with the demands of life and society. This aggression needs to be generated as little as can be done reasonably, and when it is generated in the child, the child needs help to learn how to deal with it in reasonable ways with the least damage to the self and others.

This in part is why handling aggression in one's children is so large a challenge to parents.

Assignment

1. Be able to describe the features of the 3 trends in aggression. If you can, describe these to your family. Which trends are inborn? Which are not? If a trend is not inborn, what produces it in people?
2. Observe your toddler(s) and record in your Lab Manuals your observations of their aggressive behaviors.
3. Determine whether less than 2 year old boys are more aggressive than girls.

Outcome

The students will have learned that aggression is complex, that the model they are studying holds that there are 3 trends in aggression and what these are. They will learn that nondestructive aggression is important to normal and successful development; and, that hostile destructiveness is generated in and experienced every child, and that the child will need parent's help in dealing with it constructively.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 10**

UNIT 2 - THE TODDLER YEARS (1 to 3)

AGGRESSION --
Part 2 (HUMAN DEVELOPMENT)

Objective

The students will learn the behavioral features of nondestructive aggression and those of hostile destructiveness in 1 to 3 year olds. They will be given examples of the effects of these on the development of the child. They will learn about the important role parents have in the development of aggression in the child.

Teacher Presentation

Teacher, ask the students if in their toddler observations they were able to discern the 3 trends of aggression. Among the points to be made here is that close observation of toddler will show that nondestructive aggression and hostile destructiveness are often found to occur closely together in normal behaviors. What starts out as a nondestructive act may quickly become an act of hostile destructiveness. For example, 11 month old Jane's initial exploration of Temmy's pacifier probably was fueled by nondestructive aggression. But it soon turned into hostile aggression when she persisted in pulling Temmy's pacifier that caused her much distress.

But we have a more striking and common example, one which causes no end of difficulty for the child and the parent(s).

Battles of Wills and Conflicts of Autonomy:

When 13 month old Diane, driven by her "need" to gain mastery over the toy cart--whether it was to maneuver it or just be the only one using it--, was determined to push it into the hall, she was driven by **nondestructive aggression** and her powerful, marvelous **thrust to autonomy**--"I want to do this! I can do this!". Her developing **sense of self** was healthy and in full stride. Her very good mother, however, was concerned about the risks of a cleaning cart (chemicals) and furthermore, felt the toy cart should remain in the observation center and be available to the other children as well as to Diane. So Mother was motivated by her daughter's safety and by her wanting Diane to learn to be considerate of other children. A truly lovely pair of human beings. And indeed, they loved each other dearly.

But Mother's good intentions ran smack into her beloved daughter's strong, healthy determination to be herself, to do what would demonstrate to herself that she is beginning to be a person in her own right, with her own wishes, all of which were well

powered by her healthy thrust to autonomy and nondestructive aggression. Mother's wishes ran counter to Diane's wishes. Both being quite well put together individuals each with a good load of healthy (nondestructive) aggression that made for quite capable determination, the opposing wishes led to a "battle of wills" between mother and child and for Diane to a conflict of autonomy. These are unavoidable in healthy children and parents. Indeed, battles of wills and autonomy conflicts like this are indicative of a child's developing sense of self and a mother's need to protect and socialize her toddler.

Because Mother's good intentions interfered with Diane's "need" to do what she was set on doing, Diane experienced Mother's actions as enormously frustrating, as highly unpleasurable. This unpleasure experience was sufficiently intense for her that it generated and stirred up already accumulating hostile destructiveness in Diane. We saw that 13 month old Diane seemed overtaken with rage at her beloved mother and, not yet able to control the discharge of her rage, she flailed and hit and once even kicked her mother. What had started as a joyful exploration fueled by nondestructive aggression evolved into a miserable reaction driven by unexpectedly stirred up hostile destructiveness in the child. A similar process occurred in her mother. Well-intended assertiveness on Mother's part turned into hostile feelings toward her beloved daughter. What a dilemma!

Carried by her mother into the observation center, 13 month old Diane suddenly stopped flailing, and sat erect at the edge of her mother's knees. She looked miserable: hurt, angry, low-keyed, washed out. Mother looked equally miserable: hurt, angry, embarrassed, low-keyed, and a bit washed out too. Diane sat this way on the edge of Mother's knees for about 20 minutes. She did not accept her mother's efforts to comfort her or to distract her by trying to pick up a toy to play with. Teacher, ask the students why Diane sat so immobilized on Mother's knees?

This kind of battle of wills, led Diane to feel hostile destructive feelings toward her beloved mother. She was burdened now by feelings of **ambivalence**, by feelings of wanting to hurt the mother she valued so highly! Her good mother, we could see was burdened by feelings of ambivalence too. Not only then, was there a conflict between Diane and Mother, but each now also felt a conflict within herself, a conflict due to feelings of ambivalence. It was coping with these conflicted feelings, the researchers thought, that led Diane to be immobilized, as she struggled to master the conflicted feelings going on inside her.

How should a parent deal with this very difficult situation? We'll talk about this in an upcoming lesson on constructive limit-setting. But for now, should Diane's mother have done what she did? Should she have allowed Diane to do what she wanted? Why? Why not?

Toilet Training and the Conflict of Autonomy:

Toilet training is challenging to the child because it demands of him that he learn to master muscles (the anal and urinary sphincters) that are not naturally controllable like

the muscles of the arms and legs. If you want to move your arm, you can do so at will because the arm muscles are "voluntary muscles", that is, they are by nature under voluntary control. The anal and urinary sphincter muscles are "involuntary muscles" like the small muscles in our intestines, or in our blood vessels, or our hearts. We cannot contract them at will. We don't believe that we can learn to control involuntary muscles like the heart or those that make our arteries contract; but we can learn to control those of the sphincters.

A child can be helped to learn to control these when she is mature enough to do so, in most children between 2 and 3 years of age. But in addition, toilet training often requires the child's yielding some of her own wishes and her sense of autonomy, as the parents reasonably expect the child to accept toilet training. But when a parent is overly insistent and the child refuses to comply with toilet training, or when there are problems in the relationship between the child and the parent, the child is very likely to experience the parent's wishes as overly encroaching on her autonomy and sense of self which then may lead to a greater or lesser intense battle of wills, and autonomy conflict for the child. Hostile destructiveness is then unavoidably going to be generated in the child as the child is pushed to comply with her parents' wishes. The child's hostility will heighten as the parent becomes hostile toward the resisting child. The escalation of hostility in both child and parent can lead to very serious consequences as was pointed out in the Lesson on the anal phase of psychosexual development.

The Thrust to Autonomy and "No!":

"No!", that powerful word which emerges at about 18 months of age, is affirming of the child's developing sense of self, sense of autonomy, "I say, NO!" Regrettably, many parents don't recognize this remarkable function of that word and often experience it as a challenge of the parent's wishes and authority as parent. "No!", the protector of the emerging sense of self and of autonomy, is the great entry port of battles of wills. How would the students deal with a 20 month old toddler's "No!"

Note: It is unavoidable that the person with whom the child first gets angry, first feels hostile toward is his mother or father. When a mother leaves her child, even temporarily, this activates separation anxiety in him. This makes him so uncomfortable that it arouses anger in him toward her. At other times, when she has to set limits on him to prevent hurts, and a battle of wills results, the child will experience feelings of hate toward the mother he loves. What a disaster! Well, actually, not so. Then why is it fortunate that a child's first hate feelings unavoidably are directed toward mother and father? (No one else would be as tolerant of the child's hostile feelings as the parents who love him. They will accept these feelings, and help him to deal with them in a reasonable way.)

As we learned in our study of the theory of Separation-Individuation, even in the best of circumstances, it is not possible for a person to love another person 100% of the time. Angry, hating feelings come into normal relationships and amalgamate with the love feelings that cement these relationships. This mixture of feelings is called ambivalence. Although normal, ambivalence is very uncomfortable because it creates a conflict within

the psyche: to hate someone one loves. If a child is having hating feelings toward his mother, it makes him feel anxious and guilty; it may also make him feel ashamed. He feels that he is a bad person, and that he might be abandoned at any moment. For this reason, it is important for parents to accept a child's hostile and hate feelings, but to help him deal with them constructively, so that they will be manageable.

Assignment

Observe your toddler(s) for evidence of their thrust to be an autonomous person, for battles of wills, signs of inner conflict due to being angry with the mother the toddler loves, toilet training progress, the child's "No's", and take note of the ways the parents handle these issues.

Outcome

The students will have attained an understanding of human aggression, its 3 major trends, especially those 2 critical ones, nondestructive aggression and hostile destructiveness, their evolving in the toddler, as well as some of the complications and problems to which they can lead.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 10**

UNIT 2 - THE TODDLER YEARS (1 to 3)

AGGRESSION --
Part 3 (HUMAN DEVELOPMENT)

Objective

The students will continue to learn some of the consequences of hostile destructiveness in 1 to 3 year olds. They will be given further examples of the effects these may have on the development of the child. They will further learn about the important role parents have in the development of aggression in the child.

Teacher Presentation

It is the experience of **excessive unpleasure** (too much hurt or pain of any kind, **physical** and **emotional** [neglect, too much deprivation of emotional needs, shaming, teasing and taunting, hurts to the sense of self, abuses of all kinds, etc.]) that generates hostile destructiveness in humans. A special type of pain humans feel is that which is caused by too much **anxiety** (a feeling that something terrible **is going to happen**) or by too much **depression** (a feeling that something terrible **has happened**). Feelings of anxiety are very common in life and especially so during childhood, when one's abilities to cope with stresses are in the process of developing, but are still age-appropriately weak. Too much anxiety, because it feels quite painful (unpleasurable), will generate hostile destructive feelings in the child. During the toddler years, in addition to the autonomy conflicts, the battles of wills, and the ambivalence they cause, there is another large source of anxiety which Dr. Mahler described.

Rapprochement Subphase Conflict:

The experience of wanting to be one with Mother but at the same time wanting to separate from her and be an individual, creates a pull of opposing forces within the 1 1/2 year old child. This state of feeling is experienced as an internal (emotional) conflict, creates anxiety, and to the extent that the anxiety is intense, hostile destructive feelings will be activated. We saw this clearly in the behavior of 20 month old Jennifer who, wanting to go play with the other toddlers but at the same time wanting to stay next to her mother, behaved as if in much distress as she pushed away from her mother at one moment and crying, rather angrily demanded that Mother hold her. Mother was on the point of getting quite annoyed with her too, but was relieved and tolerated her distress much better when we explained to her what we believed was making Jennifer act this way.

Child Abuse, Child Neglect, and the Generation of Hostile Destructiveness:

Teacher, we suggest that you tell the students that although it is very painful to talk about, it is enormously important to consider what happens to young children when they are neglected or deprived of emotional contact and gratification too much and too often, or when they are abused emotionally, physically, or sexually. We need to talk about this because understanding the potentially dreadful consequences of these can **prevent** their occurrence.

Teacher, refer to little Richie (from Lesson 2 (Part 2) of "The Earliest Relationships"). Remind the students that what happened to Richie would have happened to him if he were Caucasian, African-American, American-Indian, Hispanic, Korean, of whatever color, nationality, religion, etc. This would happen to **any human child**. In fact, studies by Dr. Harry Harlow, and by Dr. Jane Goodall, have shown that this happens in ape and monkey infants as well.

Richie was born to a 17 year old mother who upon his birth lived in the home of her aunt. The aunt generously offered her home to Richie, his mother and her boyfriend. Richie developed very well. Photographs of him when he was 6 months old showed a beautiful, seemingly intelligent boy, bright eyed, well connected with the picture taker, smiling, adopting poses that could have been entered in a magazine with the caption: "The prince wants his dinner!", etc. For reasons not well understood, when Richie was about 7 months, on Boy-friend's insistence, Richie, Mother and Boyfriend moved out of the aunt's home.

Within 2 weeks of their move into one room, Boyfriend abandoned Mother and Richie. Mother became depressed. Unable to care for Richie as she had done with the help of her aunt (and perhaps Boy-friend), Richie became irritable, angry, demanded more attention which his poor 17-year-old Mother could not give him, and he began to cry more and more. His crying progressively became more unbearable to his young mother and she began to deal with it by putting him in the hall when he cried, until he fell asleep. Things went from bad to worse. When Richie was 9 months old, he was brought to the Emergency Room of the local hospital with a severe burn of his back. Mother reported that an accident had occurred and Richie got this miserable back burn. Piecing the young mother's story and the nature of the burn, the hospital social services believed that the wound was of an abusive nature and the child was taken from his young mother and put into a city shelter. He stayed there for about 2 months when the young mother's aunt retrieved him and brought him back into her home. Hoping to serve the child, city authorities did not allow the mother to live with the child and the aunt. We were told that when Mother would come to visit Richie at the aunt's, he would withdraw from his mother and behaved as if he were afraid of her. He would then be more upset than he generally was for about 2 days after her visit.

Worried about his condition, the aunt brought Richie to us. At 14 months of age, he looked about 8 months old, looked undernourished and in ill-health, was depressed,

appeared vigilant, mistrustful of people, and in observations would easily be angered into throwing toys helter-skelter, nearly hitting people with them.

Richie clearly showed the enormous accumulation of hostile destructiveness that had been generated in him by the neglect and physical trauma he suffered at the hands of his abandoned, depressed young 18 year old mother. About one month after we first saw him, 15 month old Richie's moods 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 that 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, collapsing to the floor, 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 ragefully, 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 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. 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. At this time, Richie was having as many as 3 nightmares per night according to his great-aunt.

The research team was also convinced that among the factors that led to his "failing to thrive" as Doctors call it, his appearing very small, much younger than his age, that the accumulation of hostile destructiveness in him, turned inwardly or toward himself, contributed to the serious deterioration of his physical and emotional health.

Teacher, elicit class discussion of this child's awful experience. Emphasize, how this could have been prevented. We think it is likely, that if this young mother had some idea of what might happen to her and her own baby, she most likely would have sought help from her aunt or someone else before this disaster unfolded.

Assignment

Continue with Lab Manual observations of your toddler(s).

Outcome

The students will have learned more about what types of experiences may lead to the intensification of hostile destructiveness in toddlers.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 10**

UNIT 2 - THE TODDLER YEARS (1 to 3)

AGGRESSION --
Part 4 (HUMAN DEVELOPMENT)

Objective

Given the principle on which this Curriculum is based, namely that "To know what something is, to understand what is going on in the child, is the biggest step toward knowing how to deal with it constructively", here we shall introduce the student to the nature of one of the child's (and parents') harshest experiences, **temper tantrums** and **rage reactions**--in the 1 to 3 year old.

Teacher Presentation

One of the most difficult experiences for young children as well as their parents that grow directly from their experiencing a large load of hostile destructiveness is the toddler's experiencing a **rage reaction** or a **temper tantrum**. Here is an example of a quite normal child's having a temper tantrum.

Although David was 38 months old when the event we shall describe occurred, we can use it here because this type of behavior had been going on in him from very early on. From birth on David had a low threshold for irritability (what seemed like little bothersome things to others produced much irritability in him) and he was a quick reactor, he didn't give much warning before he reacted so. 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 a later Lesson 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 what he seemed to be experiencing, as soon as she could, his mother pulled him caringly 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 about to do 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 Mother 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 raged and 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 David. 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 traumatized state he was in produced by the tantrum.

Such events occur in many normal children; but they are more likely to occur in children who are born with low thresholds of reactivity--lesser events will trigger an

unpleasurable experience. As a result of the ease with which they experience unpleasure (are more sensitive to pain of any kind), children like David also tend to become hostile more easily and become overburdened with larger loads of hostile destructiveness.

Both rage reactions and temper tantrums result from a child feeling overwhelmed with an experience of excessive pain, often showing that all of a sudden they just can't take any more! both rage reactions and temper tantrums are a rather sudden discharge of a large load of hostile destructiveness. It is uncontrollable hostile destructiveness that produces the rage and the tantrum. Furthermore, because both (1) rage reactions and temper tantrums and (2) overloads of hostile destructiveness that cause the tantrums are extremely painful to the child, and the parents, it is useful for the students to know what these reactions are like so that they can learn how to deal with these miserable events constructively.

(Teacher, handing out Xerox copies of "The structure of temper tantrums and rage reactions" might be useful to the students. These might be handed out then and there or have been handed out at the end of the previous lesson.)

Go over the details of "The Structure of Temper Tantrums and Rage Reactions" with the students.

Assignment

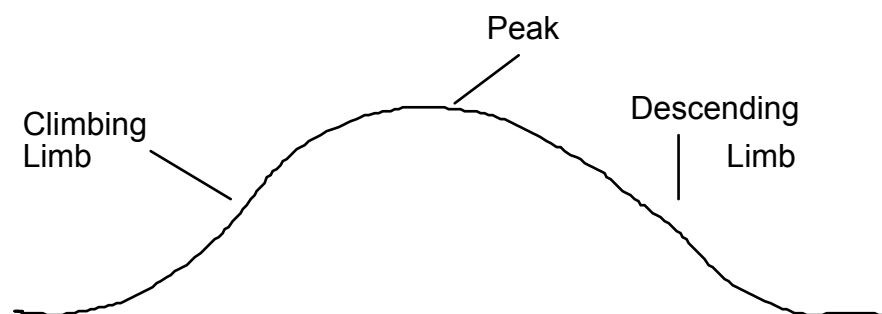
Record in your Lab Manuals the observations regarding rage reactions and temper tantrums you observed in your toddler(s). Take note of what caused these and of how they terminated, that is, what caused the tantrum to stop.

Outcome

The students will have learned about rage reactions and temper tantrums, what causes them, how they are constructed, and what some of their effects may be on the child.

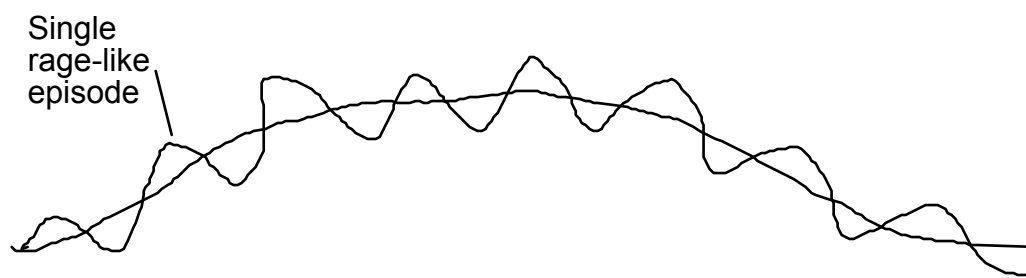
The Structure of Temper Tantrums and Rage Reactions:

A rage reaction usually has the following structure:



A rage reaction has a **climbing limb**, which means that the rage reaction starts (usually) with moderate intensity--although a rage may start seemingly all of a sudden, it always has a build up even when this is not visible. Then the rage reaction climbs (intensifies), until it reaches a **peak** of intensity, and then, as tiredness sets in, continues but with lessening intensity, in a **descending limb**, until it stops seemingly due to the child's exhaustion. A rage or tantrum is always caused by the discharge of a load of hostile destructiveness experienced by the child, but it is important to know that although it may stop when the caring parent tries to help the toddler, a tantrum may also stop due to an overwhelming feeling of hopelessness and giving up. We shall explain in a subsequent Lesson what this structure means in terms of handling these reactions constructively.

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 look like this:



It is important that parents try by all reasonable means to prevent rage reactions and temper tantrums in their children. But it must be done in a growth-promoting way, not by being hostage to the child's unreasonable demands and expectations.

In a Child rearing Lesson we shall talk about the constructive handling of these.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 10**

UNIT 2 - THE TODDLER YEARS (1 to 3)

AGGRESSION --
Part 5 (CHILD REARING)

Objective

To help the students come to see that in parents' task of helping their children learn to cope with their own aggression constructively, that task is complicated. Some aggressive behaviors--those that are fueled by nondestructive aggression--need support, guidance, and encouragement, while other aggressive behaviors--those that are motivated by hostile destructiveness--must be contained, controlled, and discharged in ways that are socially acceptable. The students will come to understand better that the parents' tasks are difficult and their responsibility is great.

Teacher Presentation

In order to help a child deal constructively with his aggression, it is important for parents (and other caregivers or anyone who works with children) to know that aggression is not all one thing. Parents need to know that all aggression serves a purpose, and is brought into action by the child to cope with life experiences. However, as the student already knows, some aggression is highly desirable for healthy, constructive adaptation to constructively cope with the difficulties of everyday life--namely nondestructive aggression--, whereas other aspects of aggression have the potential for being highly mal-adaptive, and destructive to both self and others.

It is, therefore, important for all child caregivers, parents especially, to have a model of aggression that can guide them in seeing to it that they know which aggression needs to be protected and developed for constructive adaptation and which needs to be contained, controlled, and discharged only in certain socially acceptable ways. The students have already learned the model which holds that there are 3 currents of aggression: (1) nondestructive aggression, (2) non-hostile (also called "non-affective") destructiveness, and (3) hostile destructiveness. Parents need not worry about non-hostile (non-affective) destructiveness, the aggression that takes part in feeding oneself and is essential for survival.

The 2 currents of great concern to parents are **nondestructive aggression** and **hostile destructiveness**. Parents, and perhaps everyone else as well, should know that

Nondestructive aggression is inborn, is in the service of helping the young child gain mastery over himself and over the environment in which he lives. It fuels his

asserting himself, his pursuing his goals and overcoming obstacles to them, and his making himself safe and secure. It is needed for constructive survival.

Hostile destructiveness is not inborn. It is generated (produced) and activated in the child by an experience of excessive unpleasure. **Excessive unpleasure (excessive pain of any kind) activates the inborn mechanism in the child which generates hostile destructiveness** in him. This is crucial: hostility, hate, rage themselves are not inborn factors in humans (or any other animals). The mechanism that generates these, that produces these, is inborn. But to produce hostility, hate, rage, it is necessary to so to say, turn on the mechanism that puts out hostile destructiveness. What turns the mechanism on is any experience of excessive unpleasure.

How can parents help the 1 to 3 year old develop a healthy degree of nondestructive aggression? Teacher, involve the students here in addressing this question using the observations they have made on their toddler(s), as well as whatever ideas they may have come to from their own experiences. Among what parents can do, include the following:

1. Parents must "baby-proof" the house, as Dr. Ben Spock said many years ago. That is, to make the home safe for a child to be in, but especially make it safe so that the toddler can explore this new world into which she was born. In this, the child's explorations, which are fueled by nondestructive aggressive energies, will not lead to hazards and danger, which could discourage the child's needed adventurous efforts as well as inhibit the push of her inner driven ness to explore, the push of nondestructive aggression and curiosity.
2. Parents should encourage the toddler to ask for what he needs, say (when he begins to talk) what he needs and wants, and to expect a reasonable answer from others. This does not mean that he should get whatever he wants, but he should be able to ask for it.
3. Parents should compliment exploratory and other self-initiated activities that lead to desirable success, such as making a new discovery of how something works, or when the toddler tries to make something work and struggles to achieve this. Or, this may be done when he builds the highest tower of blocks he has yet achieved, etc. Generally, they should not compliment where a compliment is not earned. The toddler will come to feel that compliments mean nothing when a "nothing" is complimented. Not all things infants do deserve approval or praise.
4. Parents should encourage their toddlers to take a chance at trying something new when the parent feels the child is unnecessarily hesitant to do something the parent feels he probably can do.
5. Parents should let and encourage the toddler to make choices where this is appropriate. For instance, a toddler can be asked what he would like to eat, though he should be encouraged to eat foods he should have for a good diet. The same applies to

clothing, again to a reasonable degree, what he would like to play with, what story he would like read, etc.

6. Parents often need to help their toddlers to stand up for their rights when with other toddlers. This has to work both ways: the toddler should be helped to assert her rights, but she will probably also need help to allow the other toddler(s) to assert his rights as well. Many toddlers lean on one side or the other: they may need help in learning to assert their own rights, or they may need help in accepting that the other toddler has rights too.

Remember that helping a child when he is a toddler to deal constructively with aggression issues will enhance his ability to make good relationships as he grows older.

Outcome

The students will understand basic aspects of how parents can help a toddler develop a sound feeling about his nondestructive aggression.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 10**

UNIT 2 - THE TODDLER YEARS (1 to 3)

AGGRESSION --
Part 6 (CHILD REARING)

Objective

The students will learn how parents can constructively help their children handle situations that unavoidably will generate and activate hostile destructiveness in them. Here we shall focus on **how to handle battles of wills**, and **how to set limits constructively**, in order to minimize the generation (production) of hostility, hate, and rage in the toddler.

Teacher Presentation and Class Discussion

Parents everywhere experience their toddlers' "No!" and their toddlers' being driven from within to explore things and do things, or their toddlers' resistance to doing what the parent wants the child to do, as enormously challenging; many parents experience these behaviors as being intentionally provocative and defying of the parents. As a result, it very understandably makes parents very angry with the toddlers they love. Many a mother has said: "I've told him five times to stop taking Johnny's truck, and he still continues to do it!" Or, "I've told him 3 times to take his coat off, and he still hasn't taken it off!" And you may get "I don't know what's wrong with him!" along with much feeling of distress and anger. In an exaggerated and out of control way it is this kind of distress, anger, and then rage that has led many a parent to physically abuse a 1 to 3 year old child, some with devastating consequences.

Teacher, remind the students of the problem 13 month old Diane had with her mother. Get the students to consider what Diane's mother did, or could have done better, or worse.

The **parent** is at great disadvantage when she or he does not know or perceive that the child is driven by a powerful thrust toward becoming an autonomous individual, "Me do!" (meaning "I want to do this!"), a thrust fueled by nondestructive aggression which is essential to the child's developing a healthy sense of self. Thrust into action by a powerful inner push, the child has not yet learned how to put on the brakes when Mom said: "Diane, you can't go out there!" Furthermore, thrust by all inner forces to become a self, the toddler is trying to define the boundaries of her budding self, and very naturally resists being told she can't do something she feels compelled to do. This, not defying Mom or provoking Mom is what is at play. Generally, the toddler does not want to just anger her mother or father! Quite the contrary, she needs their approval and love.

But it is enormously challenging for the **toddler**: she is thrust by a powerful inner pressure to do what she "needs" to do--the inner pressure makes itself felt like a "need"--, to feel like a self with her own rights, on the one hand, and, on the other hand, she hears her mother's request and then demand that she not do what she feels she "needs" to do! Sometimes, even when she wants to, because she has not yet developed the brakes (the internal controls) to stop the on-going engine inside her, she continues on a course into trouble with Mom. As we said before, this will cause the toddler much unpleasure (both due to not being allowed to do what she needs to do and because Mother's annoyance stirs up anxiety in the toddler). The unpleasure will trigger feelings of anger, and if the unpleasure mounts, it will generate hostility toward Mom. Ambivalence gets stirred up.

Have the students seen this type of phenomenon in their toddlers? How did the toddler's parents handle this very difficult situation, a battle of wills?

Teacher, it is most likely that the students will have found that their toddlers differ in the degree to which they are driven by their inner forces and that this very much determines to what degree the toddler will get into battles of wills with Mom or Dad. Similarly, they will probably have observed that some mothers and fathers are much more patient with their toddlers, while other parents get upset very quickly with their toddlers' not complying right a way with their demands. Make the point that indeed, due to their inborn temperament, some toddlers are very active and driven while others are much less so and are more responsive to parents demands. In fact, some shy children may comply too easily not just with parents but even with peers, and may need encouragement to stand up for themselves more. Clearly, the stronger the thrust to autonomy in the child, or the more activity-driven the child, the more likely the battles of wills and the greater the need for that most troublesome of parenting functions: setting limits.

Setting Limits Constructively:

What does "setting limits" mean? The idea often gets confused with "disciplining" and even with "punishment".

Limit-setting means that the parent acts for the child, as an extension of the child's adaptive abilities and coping functions. Where the child's judgment is not yet sufficiently developed, the parent will exercise judgment in the child's behalf. Where the child has not yet learned to control himself, the parent will exercise that control in the child's behalf. Where the child is on a course to hurt himself or another, the parent steps in to protect the child from doing so. Limit-setting is not to be bossy; it is to be **protective** and **guiding** where the child cannot yet do these things himself.

Disciplining is the act of training a child to do something in a specified way. This is needed in child rearing, but it differs from setting limits, where the parent acts temporarily as an extension of the child's adaptive functions. There is a fair amount of overlap between limit-setting and disciplining.

Punishment is the inflicting of unpleasure (pain) upon the child as a price for failing to comply with parental demands or given rules and regulations. Most important, invariably **punishment occurs where limit-setting has failed**. Since punishment brings unpleasure, it generally produces anger in the toddler (or older child); if the punishment causes intense unpleasure, it will generate hostile destructiveness in the child toward the punisher. There are 2 forms of punishment: (1) the withdrawal of a privilege, and (2) the inflicting of physical pain. The withdrawal of privilege is by far the most advantageous way of punishing a child 1 to 3 years of age. Wherever possible, physical punishment should be avoided, for a number of reasons. More on this in a moment.

Teacher, what follows can be Xeroxed and distributed to the students.

Go over the materials on "How to Set Limits Constructively" as well as "About Punishment".

Assignment

If you have seen such, how have your toddler's parents been handling the battles of wills they have with their toddler? Record your findings in your Lab Manual.

Outcome

The students will have learned how to look at battles of wills, what causes them, what they mean to the toddler, and how to deal with them in growth-promoting ways. They will also better appreciate how to set limits constructively, and with this, to diminish the necessity for punishment and to decrease the common stirring up of hostility and even rage which punishment often produces. They will also have learned how to punish, if the need for it arises, in ways that are much less likely to generate intense hostility and erode the parent-child relationship.

How to Set Limits Constructively

Setting limits is one of the hardest tasks of the job of parenting. It can be tough, and its consequences can be large.

a. Setting limits **always steps on the child's developing sense of self**. The child's resisting the caring parent's limit setting is **not** due to orneriness or wanting to give Mom a hard time! It is to **protect** what the child feels is his developing sense of self, his sense of "I wanna do; I can do; I can handle, manage, and impact on my universe!" It is to protect his **inner push to be an individual with a will of his own**.

b. This is why setting limits is not easily bought into by many a normal, healthy, vigorous child. This is why then, **setting limits takes many repetitions**, many more than even good parents can sometimes take. Parents should not expect their average vigorous young child to comply easily; they'll be disappointed and frustrated!

c. Some children are born harder to set limits with; some are born much more easily responsive to the parent's telling them what to do or not do.

d. Parents **should not set limits when they are not needed**. Too frequent limit-setting can discourage exploration and curiosity. As a result it **can discourage learning!** Home is the child's first classroom. If the limit is needed, though, follow through. Setting limits requires the child's ability to understand the parent's words. For this reason **setting limits with children under six months old is unreasonable**. It is normal for 1 to 3 year olds to require limit-setting. This is because their ability to evaluate risk and danger, and to behave in socially acceptable ways is not yet sufficiently developed. Indeed, limit-setting is how these are taught to toddlers. This is where limit-setting and discipline go hand in hand.

e. When setting limits, parents should **explain why** the limit is needed; they should have a **strategy** or a pattern of limit setting; they should be **reasonable** and they should be **firm**.

Why explain? So that the child will know the good reason(s) for stepping on her sense of self. It should be in order to protect her, someone else, or something the parent values. Parents should not say "Because I said so" or "Because I'm the boss"; no child is impressed by that. Rather the child is likely to think her mother or father is just a bully.

Why have a strategy? Parents should have a **strategy** for or a **pattern** of limit setting so that the toddler will learn what to expect from the parents. The parent should take a set number of steps before she or feels she has failed and goes too quickly to punishment. It is valuable to avoid punishment; but not by giving in to the child who is stubbornly refusing to comply with the limits. When parents do, both child and parent lose.

Here is a pattern we have recommended to parents that works pretty well:

Step 1: Nicely tell your child what to do or not do. If your child does not comply, take

Step 2: Repeat what you said a bit more firmly, and a bit louder. If your child still does not comply go to

Step 3: Now tell your child this is the third time you're telling her to do what you said, and you don't like that. Remind your child how unpleasant things turned out the last time you went through this with her. Your tone is still more firm than before. Don't plead! It produces guilt and meanness. If you still get no compliance, go to

Step 4: Now go to your child, with firmness and moderate anger tell her you really don't like her behavior! If she does not do what you said now, there will be a punishment. This is a **warning** of things to come, it is **not a threat**. Your child should know where you stand. If you still get no compliance, go to

Step 5: You now tell the child she will not be allowed to see her favorite TV program tonight, or the like. And you physically help her do what you told her to do 4 steps before.

f. If in the course of setting limits the parent realizes that the limit is really not necessary, the parent should be brave, admit it, say she changed her mind not because the child protested but because Mother sees it really is not necessary.

g. Parents should vary their pattern of setting limits according to the kind of child they have. That is, if they have a child who is a bit **shy** and **timid**, they should slow the pace of limit-setting down, go easy. If the child is quite **vigorous** and even a bit **hyperactive**, parents should move into limit setting more quickly and take two or three steps instead of five. If parents have a hyperactive child they and their child would very likely benefit from some professional help.

About **Punishment**

Of course, parents want to avoid punishment. The best way to not need it is to work on as effective a setting limits strategy as they can devise for their particular child. The negative consequences of needing to punish too often are large.

a. There are two basic forms of punishment: the **withdrawal of a privilege** and the **inflicting of pain**. The withdrawal of privilege is much safer and generally better than the inflicting of pain.

b. Punishment is **never reasonable** with infants less than 1 year of age.

c. The mildest withdrawal of privilege is the "**time out**". The child has to sit or be in some limited space and stay there for a limited number of minutes. This can work very well with children from 18 months to 6 years. Beyond that age it is generally only weakly effective.

d. When withdrawing a privilege, parents should **be reasonable**: for instance, they should not take TV away for more than one program at a time. Parents must **use their judgment**: the older the child, the more difficult she is to set limits with, the more the parent raises the level of punishment, etc. The younger the child, the more shy or timid, the more slowly the parent moves into punishment.

e. Inflicting pain is **loaded with problems**. Unfortunately, some bright, energetic young children just will not comply with limits even when privilege withdrawal would seem reasonably dosed. Many of these kids tend to not stop until they get a swat on the bottom. **But,**

there have to be **strict rules and limits in physical punishment**:

(a) **Never** use anything other than your **open hand**. A fist is out of order. Belts, sticks, paddles, flames, hot irons, and all else are out of order too.

(b) Give **no more than one** swat on the bottom of the less than 8 year old.

(c) Always swat on the **clothed** bottom. Do not make the child take off her or his pants! A **moderate** swat on the back of a shoulder is OK too.

(d) If you have to physically transport your child to his room, be firm but exert the least force needed.

(e) Physical modes of punishment too easily run into becoming child abuse and parents should **make all efforts possible to avoid child abuse**. Child abuse cures nothing; it cripples a lot, both child and parent.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 10**

UNIT 2 - THE TODDLER YEARS (1 to 3)

AGGRESSION --
Part 7 (CHILD REARING)

Objective

The students will further learn about the importance of learning to **set limits constructively** so as to avoid the need for punishment and the **problems with punishment**. In addition, They will learn how to deal with the toddler's "No!" and how to handle the **rapprochement subphase conflict** in growth-promoting ways.

Teacher Presentation with Class Discussion

Limit Setting and Punishment:

Setting limits is one of the most problematic tasks parents have. It is one of the most frequent sources of conflict between parent and child, and one of the most common sources of ambivalence in the parent-child relationship.

Teacher, go over the model for setting limits given in the previous lesson. Student discussion should follow, taking especially from 2 sources: (1) their toddler-parents observation, and (2) their own thinking about the problem.

Teacher, **elicit discussion** on the following two important points:

When limits are set successfully, punishment is never required.

Punishment is most often the product of a failure in effective limit setting. This, however, is not always due to the parents' not setting limits well; some children resist limits most vigorously, whereby they will test their parents' patience, determination, and love, and be enormously challenging to them. Regrettably, with some toddlers who are very tenacious and difficult to get compliance from, substantial ambivalence will be produced, and may lead to difficult problems between child and parents. Professional help may be warranted and highly protective of disaster. **It is not too early** to get professional help for parents with a difficult to handle 1 to 3 year old child.

Teacher, review the issue of **punishment** as presented in the prior Lesson (handout). Discuss the pros and cons of the 2 forms of punishment.

(1) **The withdrawal of privilege.** What is appropriate for a 1 to 3 year old? What is not appropriate to withdraw. Parents should never withdraw food as a punishment, except desert; they should never withdraw basic meals. Parents should never withdraw their relationship with the child. For instance, parents should never leave

a young (or older) child alone in a store--it is abandonment--because the toddler is having a fit about not being able to buy the neat car he saw.

(2) **Intentional inflicting physical pain.** Hitting, slapping, beatings with fists or belts, sticks, other hard objects, burning, hot water scalding, all create more problems than they solve. This form of punishment should be avoided at all cost. Where the withdrawal of privilege fails, in a 1 to 3 year old child, the one swat on the padded bottom may be used. But the rules laid out in the handout must strictly be enforced. The students discussion of this point is essential.

Handling the Toddler's "No!":

Remind the students that the 18 month old's "No!" is his discovery of his sense of **autonomy** (of being able to initiate action and having a will to do or not do things) and his awareness of his sense of **self**, a crucial concept to develop. In other words, the toddler's "No!" is an indicator that these beneficial developments are occurring in the toddler. It comes up in virtually all everyday circumstances. For instance, "Honey, please take your coat off." "No!" It is wise for the parent to say "Heh, the reason I'm telling you to take your coat off is that it's warm here and you don't need it on. You'll need to put it on when we go out". If the toddler resists now, the parent should set her limit-setting strategy into action. The "No!" is so valued by the toddler that sometimes it comes up even before the toddler has a chance to consider what was said to him. "Would you take your coat off." "No!" "OK, we can wait a bit. Would you like some ice cream?" "No! Uh, yeah" "Ahh, you almost lost that one, sweetheart". Some humor helps both Mother and child; ridicule, does not.

Where reasonable, a toddler's wishes and preferences should be given priority. Her resistance to Mother's demand should not be dismissed. It should be dealt with head on, but with respect, warmth when appropriate, a reasonable brief explanation for the demand, and the expectancy of compliance. Parents should never give the toddler the impression that her wishes or preferences don't count. "Susan, its time to take your medicine, the cherry tasting one." "No! I don't wanna" "Well, honey, I know you don't like it. But you have to take it for your cold. So you can either put the spoon in your mouth yourself, or I'll do it for you".

Did the students witness any such interchange between their toddler and Mother or Father? Discuss.

Handling Rapprochement Subphase Conflict Behaviors:

Teacher, briefly review 20 month old Jennifer's distressed state when she wanted to go play with her little friends and was overtaken by acute anxiety at the thought of leaving her mother.

We have found that parents are greatly relieved to learn that they child's suddenly needing to cling to mother, suddenly being afraid to go and play with her little friends, is

due to the internal conflict of wanting to individuate, be a self, versus the wish to stay one with mother. Rather than feeling, as we have heard, "Oh, my child is becoming a baby again", a mother realizes that in fact her toddler is growing, not regressing, and Mother is then able to be sympathetic and tolerant of her toddler's push and pull behavior. Rather than getting anxious and aggravated herself, Mother can try to comfort, and talk to her toddler about how growing up sometimes is scary.

Assignment

Record your toddler observations in your Lab Manuals.

Outcome

The students will have further learned how to develop good limit-setting strategies, and understand the consequences of its failures. Side by side with this, the meaning and potential harmful consequences of unreasonable punishment and child abuse will have been emphasized. Students also considered how to deal with behaviors that commonly cause the child distress, and with it are likely to generate hostility in the child, and yet are important to the toddler's healthy development including his "No!"s and his rapprochement struggle.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 10**

UNIT 2 - THE TODDLER YEARS (1 to 3)

AGGRESSION --
Part 8 (CHILD REARING)

Objective

The students will learn what parents can do to make the **toilet training** experience a growth-promoting experience. They will also learn how parents can best handle the extremely difficult experience of their toddlers' having **rage reactions** and, especially, that of their having **temper tantrums**.

Teacher Presentation and Class Discussion

How to Optimize the Toilet Training Experience:

Knowing that the child's ability to develop control over the anal and urinary sphincters tends to occur between the ages of 2 to 3 years, informs a parent most usefully. Also, parents are better prepared for the task, when they understand that toilet training is often felt by the toddler to be a process that demands that he comply with others' expectation, in consequence of which he may feel he is giving up some degree of his newly developing autonomy by complying. Indeed, like with limit-setting, the toddler may experience the parents' efforts at toilet training to be encroaching on his sense of self.

Knowing these things, it is best to start toilet training during the third year of life (i.e., when the toddler is 2 years old). Most often, when a parent allows the toddler to start the process, the chance of success is most favorable. A toddler will say he wants to go to the potty. Some toddlers may even start to do so just before they are 2 years old.

It is important to look for signs of the child's experience with regard to this task. Is he feeling encroached upon? Then talk to the toddler. Tell him how nice it will be when can go to the potty, how much he'll feel he's a big boy. Then proceed slowly, conveying pleasure at the idea of the toddler growing up, of being a "big boy". If the child's resistance is strong, parents ought to hold off until the initiates wanting to go to the potty. An occasional reminder by Mom or Dad can help. Battles of wills over toilet training should be avoided entirely. Coercion creates problems more than it achieves the desired result. Bribing with toys or candy is undesirable. The task is most beneficial to the child when it is achieved to gain mastery, to feel a sense of achievement, and to please the parents.

Teacher, discuss the students observations of their toddler(s) toilet training experiences.

How to Handle Rage Reactions and Temper Tantrums Constructively:

Rage reactions and especially temper tantrums are extremely troublesome for parents to handle. Any one who has seen a young child have a temper tantrum know how difficult they are to handle. Have any of the students seen such in their observation toddler(s)? But in addition, it worries parents because they sense that these reactions can lead to serious consequences, most importantly, that the child may become a destructive person. They are quite right in this; in a moment we shall say why.

What many parents are not aware of though, is that rage reactions, and especially temper tantrums are **traumatizing** to the child, and often are so for the parent as well. By "traumatizing", we mean that they may leave a **psychic scar** in the personality, very much like a serious wound leaves a scar. And, just as physical scars weaken the body tissues that are scarred, psychic scars cause weaknesses in the child's eventual abilities to cope constructively to the stresses of everyday life. For all these reasons it is very important to handle rage reactions and temper tantrums in as constructive a way as one can.

Before we talk about how to handle them, let's think of why children who have frequent rage reactions and/or temper tantrums may become individuals inclined to be destructive. First of all, when a toddler (or older child) has either a rage reaction or a temper tantrum, it is due to an **intense experience of excessive displeasure**. In fact, the experience of displeasure is not just felt as "this is too much" (that is as "excessive") which will generate hostile destructiveness; the experience is felt to be **unbearable**, it is **intolerable**. Any toddler, or older child or adult, who has a rage reaction or a temper tantrum, is experiencing intolerable emotional pain.

Important note: Even when a rage reaction or tantrum is triggered by what seems to be a small insult or other small emotional hurt, that a rage or tantrum occurs means that this seemingly small emotional pain resonates within the toddler with a much greater pain, which is ultimately where the currently expressed hostile destructive feelings expressed in the rage or tantrum comes from. This is why parents are at times surprised when their toddler who has just experienced a minor hurt explodes. They can't see what was so awful to trigger so big a reaction in their toddler. It is crucial to one's understanding of tantrums and rages in toddlers as well as violence in adolescents and adults that **in a person who is overloaded with hostile destructiveness due to many intense past hurts**, a small hurt can trigger an explosion. The psychological dynamics of what causes the rage and tantrums (and eventually violence) are that: the hostile destructiveness accumulated in the psyche is ignited by a small pain when the child has not yet developed (or the adolescent or adult does not yet have) the ability to control his own intense internal reactions. In the toddler, whose abilities to control internal reactions **quite normally have not yet developed sufficiently**, it is understandable that they may at times blow up. It is especially during the toddler and subsequent several years that parents need to help their children learn to develop internal controls. We shall talk specifically about this in a later Lesson. When parents instigate a great deal of pain in their children by the way they bring them up and, in addition fail to help their young

children develop internal controls, the chances of the raging and tantruming toddler becoming a destructive person are large. Teacher, emphasis of this point and discussion could be invaluable to the students.

Handling a Rage Reaction

1 1/2 year old Richie had awful rage reactions. Fortunately, in the observation center he got close attention and prompt help was given him. None of us was surprised by Richie's rage reactions and we all wanted to help him. First of all, we knew to not do things intentionally that he would feel as hurtful. Therefore, (1) we did not ignore him; in fact, we emphasized the need to quickly tend to any feelings of distress he expressed and to comfort him, to reduce the pain he was feeling. To heal the awful hurts he had felt before, we encouraged those who cared for him to be overly solicitous, to readily be willing to comfort him. (2) We encouraged that he be held, even when he didn't ask for it; but if he does not want to be held to not force it on him. We advocate these steps for any young child who has been traumatized physically or emotionally.

(3) When he smashed toys into the toy-cart, we quickly, gently, but with moderate firmness told him he must not do that, that we don't want him to break the toys so that he and the other children can play with them. (4) We told him, we put into words, that he try to control himself from throwing toys when he feels he wants to do so.

(5) When he got upset when Suzy hid the ball while she played with him, the first thing we encouraged was that he be picked up and comforted. While being comforted, he was told that Suzy was just playing, that she had hid the ball to play with him. And Suzy showed him the ball. It took a bit of time to calm him. (6) We encouraged his caregiver to be alert for his lowered threshold of irritability now that he had had that sudden outburst, that he was vulnerable to being upset again very easily until he regained some stability of feeling comfortable enough. (7) We felt it important to repeat yet again, that Richie's past traumas had really made him very vulnerable to feeling small pains as very big, because of the large load of hostile feelings that had accumulated in him by his enormous, repeated painful experiences. Right now, we said, it was as if he had inside him a time bomb ready to explode at the slightest hurt.

Handling a Temper Tantrum

38 month old David's mother did very well in helping her son. Temper tantrums differ in important ways from rage reactions. First, as we indicate in the diagram, a tantrum consists of a series of what look like rage reactions. Tantrums tend to most commonly occur in young children and are not common in adolescent or adults, whereas rage reactions occur in both young children and older ones, and even in adults. To get to a crucial difference between a rage and a tantrum, let us look at the structure of a single rage-like episode in the series that make up the tantrum. The researchers identified 3 parts of the reaction: a climbing limb, a peak, and a descending limb.

David exploded. His tantrum had a very, very short climbing limb. It started with a bang, but it mounted still until it came to a peak, stayed there a bit, and began to descend. It is important to know that **during the climbing limb**, as the tantrum episode is on and mounts, the toddler's awareness of what is going on around him is dulled. It seems that the emotional storm robs the toddler's ability to perceive and evaluate what is going on around him. During this period of dulled ability to perceive accurately what is going on, the toddler seems not to hear what is being said to him nor to understand what the parent is saying or trying to do. In fact, some toddlers seem oblivious that anyone is there. They will thrash around, twist and flail while crying and even screaming.

Of course, it is best to avoid the tantrum getting started altogether, by reasonable means, **but not by giving in to a toddler's unreasonable demand**. Giving in to unreasonable demands to avoid a tantrum creates an equally big problem: the toddler's learning to use "blackmail" to get his way, and failing to develop internal controls.

It is because of the dulling of the toddler's ability to perceive during the climbing limb that talking to the toddler to get him to stop the tantrum invariably fails. Parents often feel that the toddler is being obnoxious and non-compliant; when in fact, he can't register what Mother is doing. In fact, once the tantrum gets going, it is best to just let the toddler flail in some safe spot, whether in Mother's arms or her lap as Diane's Mom did or on the floor, trying to protect him against kicking Mother, hurting himself, or breaking something. Gently trying to calm him may help not so much because of the words as much as by Mother's tone (affect).

Once the tantrum episode seems to have reached its peak, and as it begins to calm, the ability to perceive well returns. This then is when Mother can begin to talk, offer to hold, comfort, and calm the toddler. This is a good time to say why Mother did not want her child to do this or that. David's mother did just that. She told him she was sorry he felt so upset and told him again why she did not want him to eat an apple then. As he calmed some, she sat with him, gently, calmingly telling him she loves him but there are times when she just can't let him do what he wants to do.

It is important to not get overly upset with the child; Mother getting angry with the child for having a fit, or walking away from him, only makes things worse. The toddler tends to feel like an unlovable child when he is so furious with his beloved mother; it confirms how bad he is when the parent gets angry or rejects the toddler by walking away. It is absolutely hurtful when, in a Department Store (or the like), a mother walks out of the store enraged with her tantruming toddler she furiously left inside. This adds abandonment to the experience of coming out of the tantrum episode unloved, unlovable, and perhaps even discard able.

In summary then, trying to talk to the toddler to get him to come to his sense when in the climbing limb of the tantrum is nearly futile. It is important to know that the toddler is then "out of it". Calming, talking, explanations, limit-setting should occur after the peak has been reached and the toddler is in the descending limb of that episode.

Teacher, see if any observation-toddler has had tantrums and discuss.

Assignment

Record pertinent observations in Lab Manuals.

Outcome

Students will have learned to better understand the nature of rage reactions and temper tantrums and how to deal constructively with them.

THE TODDLER YEARS: (YEARS 1 to 3)

THE TODDLER'S ABILITIES TO ADAPT -- PART II:

DEVELOPING INTERNAL CONTROLS

MECHANISMS OF DEFENSE

REGRESSION

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 10**

UNIT 2 - THE TODDLER YEARS (1 to 3)

ADAPTIVE ABILITIES -- PART II
DEVELOPING INTERNAL CONTROLS --
Part 1 (HUMAN DEVELOPMENT)

Reading for Teacher: UNIT 2, pp. 133-137.

Objective

The students will learn that 1 to 3 year olds at times have intense inner pressures and feelings the discharges and expressions of which can create problems for them and for those around them. It is to the toddler's advantage to learn to deal with these inner pressures and feelings constructively. For this to be feasible, toddlers need to develop internal controls they can govern.

Class Activity

Think of your observation-toddler, but especially think back to when **you** were twenty months old. You probably can't remember yourself at that age, but use your imagination. Consider how you might have felt about the following situations:

1. Being an average avid explorer, you've thought, "What are those things sticking out of the wall?", and when you touch them, the lights go out or in fact, they go on. That is amazing. But coming out of nowhere, your mother says "No", and pulls you away from there. However, finding these magical little things amazing and irresistible, you go back, and are about to touch them again when your mother pulls you away again. Having a mind of your own, you persist a few more times; but she, seemingly all too unreasonably gets angry with you. How do you feel then? (Teacher, include **hurt feelings** as if your **sense of self is being stepped on**, which leads to anger and even hostility.)

Have you seen something like this occur with "your" toddler?

2. When 20 month old Suzy visited the other day, you became increasingly angry with her because she just insisted on playing with your favorite yellow truck. Of course, you didn't want her to touch it. But she is pretty persistent. Being quite insistent yourself, and very upset by her disregarding your wishes, you gave her a hefty shove and she fell. Of course, she cried! And, then, no great surprise, your mother told you "That's not nice, Donnie!" What did you feel then toward Suzy? Toward your mother? What did you then think you would do the next time Suzy takes your favorite truck. (Teacher, include the not so reasonable but common **fear** that something you value is at risk of being taken away by Suzy and, in addition, that your own mother who loves you will allow this.)

3. There are many fascinating things on the kitchen counter. If you stretch, you can just see over the edge. One day you saw a box there that you could reach and you pulled it toward you. It was a carton of eggs, and they splashed all over the floor. Surprised by what you did, your mother said "Look at what you did! You broke all the eggs!""? How did you feel? (Teacher, include **shame**, as well as hurt feelings and hostility.)

4. Mother and Father often hold you and play with you, and you feel happy and safe when you are with them. But sometimes at night, they tell you they are going away and this strange person you've seen a couple times before comes in and Mother and Father disappear. How do you feel? (Teacher, include separation **anxiety**, which leads to anger and even hostility.)

5. You are sitting on the floor putting rings on a post, and you look up at Mother who is cooking something on the stove. The thought comes to you that you and she aren't part of each other -- there she is cooking and you are on the floor playing, and she isn't with you all the time. How do you feel? (Teacher, include some **anxiety** in reaction to (1) realizing that you are small and vulnerable, (2) that Mother is not always there by you.)

6. Your mother has a doctor's appointment she tells you, and she takes you to her friend's house and leaves you there. How do you feel? (Teacher, include separation **anxiety**.)

The discussion should bring out the following points:

1. Although toddlers are small, there are times when they have **very intense feelings**-- which always elicit in us a **reaction** and often, **action**--e.g., lashing out.

2. They feel a remarkable **inner pressure driving them** to explore and do things. They also at times **feel very small and helpless** in relation to the big people they live with. And toddlers are on the way to **establishing their sense of self**, and to **assert** their inner thrust to autonomy. These factors get challenged when the big people they love stop them from doing what they have a strong urge to do; toddlers then become very angry.

3. Because they haven't learned to mediate their feelings and inner pressures well enough yet, their **intense feelings of hostility push them to act** in ways that would and at times do get them into trouble. They feel like hitting, biting, and may even fantasy cutting Mommy and Daddy up into small pieces.

4. The trouble is, they also love their parents very much. And we know that having intense hostile feelings toward those we love upsets toddlers (children and adults) very much, and usually **frighten** toddlers and begin to induce from about 2 years of age on feelings of **shame** and **guilt**.

5. **Guilt** especially makes the child feel he/she is bad, and that Mom and Dad may abandon the toddler. As a result, the toddler will make major efforts to control feeling so angry, hostile, and raging toward Mom and Dad.

6. For all these reasons, a little child needs help, especially from his parents, to develop the internal controls that will help him deal with his hostility in ways that won't unduly hurt him or anyone else, and that will allow him to express his hurt and hostile feelings constructively. Toddlers also need to be able to cope constructively with the sad feelings, the anxieties, the shame, and the guilt that come with everyday experiences.

Assignment

1. Two year old Marian has what her mother calls an irritable disposition. Anytime it is necessary to say "No" to her, she becomes furious. This time, she screamed, threw a hard toy at Mother's leg, and she bit her own hand.

Describe how you would go about trying to help Marian develop the ability to control her temper, if you were her parent. Also consider what would not be helpful to her.

2. Harry, age twenty-two months, experiences a fair amount of separation anxiety. He has to go to Aunt Evelyn's home for the weekend because his parents are taking a badly needed weekend vacation in another city. He knows Aunt Evelyn, but not very well. How would you help Harry with his feelings of anxiety about this?

3. Do the observational assignments in your Laboratory Manual.

Outcome

The students will understand that toddlers experience strong feelings that they have to learn to mediate reasonably. For this, they need help in developing inner controls.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 10**

UNIT 2 - THE TODDLER YEARS (1 to 3)

ADAPTIVE ABILITIES -- PART II
DEVELOPING INTERNAL CONTROLS --
Part 2 (CHILD REARING)

Objective

The students will learn how parents can help a child develop her own inner controls.

Review

The teacher will engage the students in considering the fact that during the toddler years, a number of experiential and developmental factors operate that create in the toddler intense inner pressures and feelings. These include:

1. The enlarging thrust to autonomy, to do things oneself, to do what one wants to do, can sometimes go too far and needs containment.

2. The developing sense of self is uppermost in the toddler's age-appropriate tasks of development. While its healthy development needs gratification, it also needs the ability to mediate and control emotional reactions and inner pressures. Remind the students that sense of self becomes further organized by having one's own wishes reasonably gratified, by doing things oneself, feeling one can impact on the environment, by being listened to and paid attention to sufficiently. But also, the sense of self develops best by learning what one **cannot** do, what is **not** reasonable to expect from others, and of much importance, by developing reasonable inner controls over one's inner pressures.

3. The toddler will have many experiences that will induce **anxieties**--e.g., separation, stranger anxieties--and feelings of **hostility**, **rage** and even **temper tantrums**. The toddler will also feel **shame** and the beginnings of **guilt**. Experiencing any of these, being able to reasonably govern these inner reactions and feelings is an important task of development whose time begins now. Consider the everyday situation the 20 months old faces when she feels pressured from within herself to do something which may be harmful, and is stopped from doing it. She feels frustrated, angry, and even hostile; and when the anger or hostility is intense, and she has insufficient inner controls to handle this load of hostile feelings, she may have a tantrum or break something, or hurt someone. Then she feels that she is a bad child, and that she risks losing her parents' love. She may even become frightened by her own intense feelings of hostility and rage.

For all these reasons, she needs help in developing internal controls.

Class Activity

1. Invite students to report some of their own pertinent toddler observations.
2. Then, get some of the students to read their essays on how they would handle the situation of Marian who has a difficult problem in controlling her temper. The discussion should bring out the following points:

To help Marian develop inner controls, the parents would **talk** with her about her experiencing and especially **first about her hurt and then about her hostile feelings**.

They would talk with her in a **firm**, but **loving** and **respecting** way.

They would let her know that **it is OK that she is very angry**, and that she is angry **at them**.

They would tell her that while it is O.K. for her to feel angry, that she has to **get hold of herself**, and **not hurt, herself or anyone else**. It is important to **firmly** tell her she is not to throw things at Mother nor to bite herself!

She should be encouraged **to say when** she is angry, at **whom** and **what about**.

They should **reassure** her that even though she sometimes is very angry at them, and sometimes even hates them, that they know she **also** loves them, and that she is their little girl, and that even though they too will at times be angry with her, they will always love her.

They should tell her that they **expect** her to **try** to, and that they will help her, control her temper outbursts.

They will explain that sometimes it is necessary for them to say "NO" when she wants to do something very much. They say "NO" because they want Marian to not get hurt, nor to hurt anyone else.

Her parents can help Marian **by controlling their own tempers** reasonably when something makes them angry.

If she develops a real temper tantrum, they will protect her from hurting herself or anyone else; then when the tantrum subsides will help her get hold of herself, comfort her, and talk about what caused the problem.

The following would **not** help Marian control her temper:

If parents lose theirs, so that she does not have a good model.

If parents say "NO" without any explanation or consideration for Marian's feelings.

If parents make her feel that she is a terrible child when she does lose her temper.

If parents threaten to leave her, or to give her away because she's "bad".

If parents spank too soon, not giving limit-setting a chance to work; or if they swat her more than just once (on her clothed bottom) or too harshly.

3. Students will read their responses to the situation of 22 month old Harry, who has intense feelings of anxiety because he is being left with his aunt for the weekend. The following ideas should come out of the papers and discussion.

Harry should be **prepared** in advance for this visit. He could be taken to visit his Aunt Evelyn, be shown where he will have his meals and sleep; while he is visiting, Aunt Evelyn could play a game with him while his mother makes coffee in the kitchen, (or does something else nearby).

When it is time to go for the weekend, he should be allowed to **take his favorite toys** with him, above all his "security" blanket or bottle. He can "help" mother pack up his things.

Harry's parents should plan to **stay with him there for an hour or so** until Harry warms a bit to Aunt Evelyn and his surroundings. He should be **reminded verbally** that his parents love him, and will come back for him after he sleeps at Aunt Evelyn's house for two nights. Parents **should not** slip away, but say good-bye with a hug and kiss, and Aunt Evelyn can hold him while he cries or waves good-bye.

After his parents have gone, Aunt Evelyn should **expect** some crying or lowkeyedness. It will help if she will offer to play with him, but not push him to do this, if he refuses. She should **reassure** him frequently that Mommy and Daddy will come back for him after he goes to bed and wakes up and goes to bed and wakes up again. If possible she should use the **bed-going routine and the same stories to which he is accustomed**.

When his parents return, Harry may greet them with enthusiasm, or on the contrary, he may express anger at their having left him, by turning away from them, or running and hiding. **In either case** it is important for them to respond to him with **pleasure, enthusiasm and affection**.

Outcome

The students will understand some specific ways to help a child develop inner controls.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 10**

UNIT 2 - THE TODDLER YEARS (1 to 3)

AGGRESSION
AND

ADAPTIVE ABILITIES -- PART II: DEVELOPING INTERNAL CONTROLS --
Part 3 (VISIT OF MOTHER AND CHILD)

Preparation for Visit

The mother will be informed that the session will focus on issues of handling her child's aggression, and on his development of inner controls. Since this discussion might be uncomfortable for the toddler, it will be suggested that the mother come without him to this visit.

The students will prepare for the visit in such a way that they will easily enough be able to ascertain the major trends of aggression in the toddler's behavior. Although not always simple and isolated, students are expected to be able to identify the nature of the behaviors and which trend seems most determining of the behavior.

Nondestructive aggression which is needed for good adaptation, asserting one's rights and wishes, and for attaining one's goals, and

Hostile-destructiveness (or "hostile destructive aggression") which, although it is inherently generated and activated for self-protection, can also cause much pain and distress to those the child relates to and others, and be detrimental to the child himself in a number of ways.

Non-hostile destructiveness (or non-affective destructiveness) needed for survival, for the assimilation into the toddler's body of the foods he needs.

In addition, the students should inquire into the toddler's developing ways of handling his nondestructive aggression and his hostile destructiveness. Is the child developing well enough the **internal controls** we all need to cope constructively with our own aggressive trends, especially with our hostile destructiveness? And how is the toddler being helped in developing sound **internal controls**?

Visit

The questions asked of the mother ought to both (1) be informed by the questions asked in their Lab Manuals and (2) help the student address the observations they must make on "their" observation-toddler required for their Lab Manuals. The questions ought to include these among others:

Would you say that your toddler is an **assertive** child? If so, how does she show this?
 Does she explore a great deal, and does she like to do new things?
 Does she seem able to stand up for her rights, e.g., letting you or others know when she wants her bottle or a specific toy, etc.?

If you think he is **not** quite **assertive enough**, are there ways you help him become more assertive?

Does she ever do things that worry you because she is "too aggressive"--a phrase often used to mean "**hostile**"--, for instance, is she being too rough when playing with the cat or dog or other children? Does she often hurt them when playing with them?

How do you help him **control** himself better when he needs it?

Has he ever had **tantrums**? If so, what seems to set them off?

When was the most recent one?

Would he listen to you at the beginning of the tantrum? What was his behavior like then?

How long did it take until the tantrum reached its most intense point, and began to lessen?

Could you talk with him then? What did you say to him?

Did he want to be comforted?

How did the tantrum end?

Has she ever said that **she hates you** when you have to restrain her from doing something she wants to do?

How do you deal with that?

As her mother, can you sense what feelings your toddler is having.

Do you **talk** with her about her feelings when she is frustrated or hurt or hostile?

How do you help him feel that you love him, even when you have to set a limit?

Following the Visit

The students will discuss their impressions of the interview, and enter these in their Lab Manuals.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 10**

UNIT 2 - THE TODDLER YEARS (1 to 3)

ADAPTIVE ABILITIES -- PART II
MECHANISMS OF DEFENSE --
Part 1 (HUMAN DEVELOPMENT)

Reading for Teacher: Unit 2, pp. 138-148.

Objective

To learn about the **mechanisms of defense and their role in personality development.**

Teacher Presentation

Side by side with the beginning development of internal controls, a development that takes years, other coping measures are also needed for the child to deal self-protectively with the distressing experiences he or she has. These other measures, which Mental Health professionals call **defense mechanisms**, are set up by **all** children in the course of **normal** development. These defense mechanisms 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 thoughts and 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 as best we can. We set them up automatically, without thinking "Now, I'll deny, or, I'll avoid, etc." We do this generally **without being aware**--unconsciously--that we are doing it. We set these up because we ourselves cannot tolerate certain intense feelings, or what we experience as undesirable or conflict producing feelings, thoughts, and/or wishes. We do not want to know we feel or think these, in order to not suffer. Therefore, mechanisms of 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.

First and most important is that when defense mechanisms "work well", we do not **consciously** know what we feel, 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. The major problem then with defense mechanisms is that **they stand in the way to our satisfactorily solving the internal**

conflicts, and constructively handling the feelings and thoughts we have that cause us distress.

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. We shall talk about these in a little while.

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, rage and hate. The most troublesome wishes for young children 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 and believes" he **can** destroy. He or she does not then feel "I am small and can'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, loves and depends upon. 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.

1. **Denial:** Imagine how a two and a half year old feels who has seen a big dump truck he wants to inspect and get his hands on across the street, and who has dashed into the street only to be impulsively pulled back and scolded by his father. The toddler is jarred, feels his sense of self stepped on which makes him feel furious, feel like kicking his father, and at the same time be frightened by the sudden rage he feels toward his beloved father. Suddenly conflicted, he may say to himself "I don't hate Daddy; I love him." Of course at this age, he doesn't realize that it is a normal thing sometimes to have angry feelings, even hate, toward someone we love.

The mechanism of denial relieves his feelings for the moment, because it covers over (makes him unaware of) his hate feelings.

Discussion

Can you think of a situation when one of your friends, or an adult, may use **denial**? For example, you have a friend who always wants to be "center stage". She interrupts you when you are involved in a conversation and sometimes she even puts you down in front of others. Yet she is nice to you at other times. And, she gets quite a large allowance and at times will treat you to something. When somebody asked you if it didn't make you mad, the way she puts you down, you said, "No. I don't mind; she's my friend." This is using denial.

A mother of two children, ages 7 and 9, works as a secretary in an office. At least once a week her supervisor comes to her ten minutes before closing time, and insists that she type a report. This keeps her in the office nearly an hour longer. When the bookkeeper asked her "Why don't you ask the supervisor to bring you this typing earlier in the day? You never seem angry that he does this to you. It's outrageous to keep you late like this, with children at home." The mother says "Oh, I don't mind. This is how I make my living." Although she may well need to accept this inconsiderateness to hold her job, she is using denial to cover up her angry feelings about it. As a result she cannot find a way to diplomatically ask her supervisor to please get her his reports earlier in the day.

Is a good or poor defense? What are its advantages and disadvantages. (We may need it sometimes until we can organize better ones. For instance, if the mother exploded, she might lose her job and denial prevents that. However, denial doesn't get at the real problem or give a real solution. The anger is still there and unless it is faced and a solution found to prevent its recurrence, it can build up into an explosion later.)

2. **Projection** is what you might call an inside-out defense. Projection is used when we cannot tolerate our own hostility or hate and we **externalize** it. We externalize it either onto another person or onto some part of the environment. For example, externalizing it and ascribing it to another person leads one to feel "I'm not angry at him--he's the one who is angry with me." By using projection, the child (or adult) avoids taking responsibility for his own hostility, but instead becomes afraid of hostility in others, that is, of **his own hostility** which he experiences as coming from other(s).

Discussion

Give example(s) when a toddler (or older child) may have used projection as a defense? (For example, a toddler was angry at his mother for taking a sharp knife out of his hands. Furious, he fell to the floor, banged his head in the process, and then cried "The floor hit me." Or, a 9 year old boy having been late often to after-school baseball practice, was not chosen as a regular player on the Little League team. He goes home

and angrily, plaintively tells his parents that he didn't make the team because the coach doesn't like him and is always angry with him.

What do you think are the advantages and disadvantages of using **projection**? (Again, it may relieve feelings temporarily, but it doesn't solve the real problem. Also, projection often leads a person to feel that the world is against him. Carried to an extreme, this kind of person may become overly suspicious of others, expecting them to harm him. And, it prevents the person from developing more constructive ways to deal with his hostile and hate feelings).

3. **Displacement** is a commonly used mechanism of defense. A small child or adult becomes very angry at someone he feels he can't allow himself to be, or can't tolerate being mad at, so he **displaces** his hostile feelings onto another, he takes his feelings out on someone else. A most common example is known to many: a man's boss criticizes his work, the man feels unfairly. He feels he can't tell the boss off, so he keeps his feelings locked in. When he comes home he criticizes his wife for over-cooking the meat. She may argue with him about it, and if she has had a tough day, being afraid to get into a full scale fight with him she may get snappy at the kids. And if there is a dog in the family, he had better watch out for them!

Consider examples of persons of any age using **displacement**? (For example, the captain of the high school football team makes fun of a classmate who makes good grades but is not athletic. The boy feels very hurt, but says nothing to the team captain. However, when he goes home the insulted boy vents his anger on his younger brother, who is minding his own business doing his homework.)

What does **displacement** do for a person? What are its drawbacks? (It can temporarily protect a small child from feeling overwhelmed by his hostility toward someone he values or fears. If used too much or too long, it can lead a person to become a bully. And there's more. Displacement is a basic defense mechanism that goes into making a person prejudiced, displacing their hostility onto people who have had nothing to do with its cause. People who carry large loads of hostility tend to displace it onto people of a different race or religion or nationality to blame for their troubles. We all know how prejudice hurts people who are unfairly blamed and has created enormous individual and social problems.

4. **Inhibition** is another often very costly defense. When a toddler is afraid he will do something wrong, or is afraid of his hostile feelings, he may stop himself from expressing them and may even stop himself from feeling them. Sometimes a child will use so much energy to inhibit hostile feelings that he inhibits good feelings at the same time. Such a child will be too quiet and too passive. Imagine a situation in which a father might say "Cars are powerful, and sometimes cause accidents, so I won't drive mine at all." Instead of trying to drive the car in a careful way, he is depriving himself of the use of the car which he needs.)

What are some of the pros and cons of **inhibition** as a defense? (It can keep a person from dashing headlong into trouble, and from feeling overwhelmed by his own angry feelings. However, if used too extensively inhibition prevents a person from taking chances in doing things that are challenging that would be of much benefit to him or her. A person who comes up with many wonderful plans but seems to never carry any of them out, is most likely massively inhibited. It may also interfere with his knowing his own feelings, and from experiencing deep emotional relationships with others.

Discuss examples of **inhibited** behavior. (For instance, an eight year old child who fears he won't be liked by others if he wins when playing a game may not play games, or will work it out that he loses at games thereby depriving himself of the normal feeling of reasonable pleasure we all gain in winning.)

Assignment

In studying "your" toddler, look for the use of defense mechanisms and what conditions lead "your" toddler to feel the need to use them. Be sure to have your lab observations done. As you watch yourself, consider what defenses you may be using--remember, you are using them to protect yourself against painful feelings. **Don't tell your friends** what defenses you believe they are using; it's a good way to lose friends. As you watch television or read a story, observe whether any of the characters use any of these defenses.

Outcome

The students will have become familiar with the defenses of **denial, projection, displacement** and **inhibition** and with their **usefulness** and their **disadvantages**.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 10**

UNIT 2 - THE TODDLER YEARS (1 to 3)

ADAPTIVE ABILITIES -- PART II
MECHANISMS OF DEFENSE --
Part 2 (HUMAN DEVELOPMENT)

Objective

Review of the defenses of **Denial, Displacement, Projection and Inhibition**; introduction to the defenses of **Identification, Reaction Formation, Identification with the Aggressor, and Splitting**

Class Discussion

Review and discuss the defenses addressed during the last class. The students should have examples especially from their direct toddler observations, but they may add examples from their own behaviors (if they so choose), from reading or television programs. (Teacher, discourage students from discussing what they believe to be their peers' use of defense mechanisms since this can be hurtful.)

Teacher Presentation

Identification: This defense mechanism means that we take into our own self, into our own personality, certain features of another person, one we admire and want to be like. There is a negative counterpart to this defense, "identification with the aggressor" which we'll discuss later. **Identification** is used at two major points in development: (1) in the normal course of development, when we see in others features of their behavior that we admire; we then want to be like that too. And, (2) in reaction to the anxiety that occurs in normal development as the child leaves an earlier stage of development and moves into a new one. For instance, when the 1 year old advances into the toddler years, the child has to give up being cared for like an infant. With this he needs to give up say wanting to be cuddled by Mom for long periods of time. To make giving this up bearable, he may decide to be loving and gentle the way Mom was with him when he was an infant. This may instill in the toddler the ability to be loving and gentle.

For example, looking at "your" toddler, have you seen moments when Mother is upset, and "your" toddler tries to make her feel better, say by patting her on the cheek or the back, or kissing her? Or, have you seen "your" toddler, while eating, offer a bit of food to Mother (or Dad) in a gentle, nurturing manner? This identification may arise from both admiring the parent's behavior as well as from giving up a gratification from an earlier stage of life by taking the function of the parent from that time into the developing self.

Discussion

Which of these two reasons for identification do you think is contained in the expressions, "Monkey see, monkey do"? What about "He's a chip off the old block"?

What do the students think of this: It is natural for both animals and human beings to at first imitate and then, especially so in humans, to identify with what their parents do. The discussion should include the following: True it comes from both wanting to be like them out of admiration and out of taking into the self some of the parents' functions that have to be given up as one grows up. But most critical is that identification leads the child to identify with his or her parents' attitudes, ways of doing things, of solving problems, of thinking, etc. If a toddler has parents who are loving and caring, who set limits reasonably, who have good ways of dealing with their own anger, the child will develop these same ways of relating to others, and of handling angry feelings. On the other hand, if a child has a parent who can't control his own temper, and who is harsh and critical, the child, although not admiring but rather wanting to feel powerful as the parent appears to him, is likely to develop those patterns, too, unless someone helps him to do otherwise. This negative kind of identification, identification with the aggressor, will be addressed shortly.

Reaction Formation means to turn undesirable feelings one has into their opposite. Foremost, it is used to cope with hostile-destructive feelings felt toward a loved one, or toward a feared one. It is a defense mechanism that beyond its immediate usefulness--i.e., to protect against acute anxiety--can in the long run be disadvantageous (as when used to protect oneself against a feared person) and be advantageous (as when used to diminish hostile feelings toward a loved person).

Reaction formation can be seen very clearly in this situation: A 2 1/2 year old who has been an only child is now presented with a baby brother. The baby, expectably, makes large demands on mother's and father's time and seems to have become the center of attention. Not uncommonly, the 2 1/2 year old may reason that of course, Mom and Dad got a new baby because she wasn't good enough, or else, she thinks, her parents surely wouldn't have gotten another baby. She feels pushed aside, terribly hurt, and becomes very angry at, even hostile toward them, and at the new "family ruiner". Her hostility leads to her wishing that she could get rid of the baby. But she is well aware of the risk this wish puts her with regard to the mother and father she loves. So, to counter these hostile feelings toward her parents and the baby, she tells herself, "No, I don't hate the baby; I love him!" She kisses and pats him, and offers him her toys, and everyone comments on how nice she is to her baby brother.

Discussion

Discuss the long-run possible advantages and disadvantages of this **reaction formation** against hostile feelings? (In the present, reaction formation prevents a person from doing something harmful, it benefits the intended victim; the person using reaction

formation gets praise and encouragement from others, so some of his bad feelings are replaced by pleasant ones. Reaction formation can be a very beneficial defense, when the benefits of countering the hostile feelings toward loved persons--as one's parents, and innocent persons as the newborn sibling--becomes patterned and brought into action in good, reasonable relationships. However, when carried too far, the drawback to reaction formation may be (1) that a person may not face up to the hate feelings that lie down deep, talk them out, and work them out in a permanent way. And (2) that person may develop a pattern of giving in to people of whom they are fearful and he or she may even join such people in the things they do that originally caused the person fear.) This latter form of this defense comes close to the next one we shall discuss.

Identification with the Aggressor: means that the child identifies with the parent who is being aggressive, specifically who is being hostile destructive (frequently angry, too hostile, hating, enraged, or even violent). This defense mechanism commonly emerges from the toddler years on. Although the child may identify with that behavior because the child admires the power of the hostile parent, mental health clinicians tell us that its basic mechanism is different. They say that the child feeling terrified of the hostile, or raging, or hating parent, attempts to quiet his terrible anxiety by taking into the self just this same behavior that so terrifies him.

Here is a much milder example that led to **identification with the aggressor**. A little girl was afraid of ghosts. Going into the upstairs hall of her house alone terrified her because she was convinced there were ghosts there. She suddenly realized that if she pretended she was a ghost she would not be afraid of them, since she would be like them. With this, her fear of the hall diminished.

Discussion

Consider some of the advantages and disadvantages of **identification with the aggressor**. Of course, as with all the defense mechanisms, the immediate reason for its use, is achieved: to reduce anxiety. In the long run, when it is used like that little girl who feared ghosts, it is clearly a benign defense. But overall, identification with the aggressor **tends to have serious damaging consequences**. It is the principle defense mechanism that leads persons who were abused as children to become parents who abuse their children. Over 50% of children who are abused by their parents will become parents who abuse their children--predominantly due to the use of identification with the aggressor. (Teacher: get a discussion going on this issue.)

Splitting Internal Representations: This is a more troublesome defense mechanism. Although toddlers tend to use it, the degree to which they do so is minimal. But when it becomes a predominant mechanism of defense, it can lead to serious problems.

Has anyone known any human being who is one hundred percent good and admirable? Or one hundred percent bad and despicable? If you were to ask the person you admire most if he/she is one hundred percent good, the person probably would laugh and say "Certainly not!" It simply isn't possible to be an absolutely perfect human being.

And on the other hand, if you think of the most hostile destructive person you know or have read about, you will find something good about him or her--maybe just that he or she loves his or her dog!

John D. Rockefeller, one of America's most successful businessmen, wrote a verse that expresses this thought:

"There is so much bad in the best of us
 There is so much good in the most of us
 It hardly behooves any of us
 To talk about the rest of us!"

When a toddler becomes very angry at the mother or father he loves, the intense hostile destructive feelings upset him. He becomes fearful that his hating (hostile destructive) feelings will destroy his loved parent. If these hostile feelings are very intense, they will create in the toddler a sharp, **highly anxiety-producing internal conflict due to ambivalence** ("ambivalence" = to hate someone one loves). If he becomes too anxious, in his mind he may devise the idea that he has two mothers (or fathers): one mother who is "a good mother" and one mother who is "a bad mother". We call this **splitting internal representations**.

Mental health professionals tell us that we record many of our experiences in our **brains** and that these are retained in our **minds** as "representations" of these experiences. It is assumed that these are "representations" of **events**, including **oneself, another or others**, involved in some **interaction** which has much **meaning and feelings** usually of some importance to us. When the child, from about 1 year of age on, experiences intense ambivalence, it creates in him or her high levels of anxiety. We already know that when anxiety becomes too intense, the child usually brings some defense into action to decrease the level of anxiety. When the intense anxiety come from feelings of **ambivalence**, the child is dealing specifically with intense feelings of hate (hostile destructiveness) toward a parent he also loves. The intense anxiety leads the child to use **splitting of the mother representation** out of 2 related fears. (1) That **his own** intense feelings of hate (of hostile destructiveness) will destroy the internal mother (in his mind) and he, therefore, splits the representation of the mother into the good mother and the bad mother, so as to prevent the good mother from being destroyed when the child's hate feelings attack the internal bad mother. And, (2) when he hates his mother, he invests her representation with hate; in his mind she then becomes the **hating** mother. He then fears that what he experiences as "the bad mother", the hating mother will destroy "the good mother" representation within his mind (psyche). This fear causes him to keep the two mother representations split off from one another. The mother in actuality is then experienced by the child at times as "the all-good mother" and at other times as "the all-bad mother". This is a seriously damaging defense mechanism primarily because it leads to the child's exaggerated distortion of what his or her mother (or father) really is like. It leads to the impossible need to experience mother as all-good or as all-bad. This then gets carried into relationships with others and others are perceived as all-good or all-bad.

Since none of us can ever be all-good, unbearable disappointment and mistrust in relationships is inevitable.

Discussion

Splitting may temporarily relieve a child's intense anxiety (worry) resulting from sharp hate feelings toward someone he loves and needs. Discuss some of the problems, some already noted above, in viewing one's parents, or teachers, or friends, as totally good or totally bad? (If the toddler expects them to be all-good the child will be disappointed when they, being human, will sometimes make mistakes or lose their tempers, etc.)

Note that **splitting internal representations** applies not only to the parents and others, but also to **the self**. Here then, if the child thinks of himself as all-good, he will be upset when he finds himself making mistakes; if he views himself as all-bad, he will not be able to develop the healthy valuation of oneself and the self-respect everyone needs.

In stories and in television programs there are often "Heroes" and "Villains". To make an exciting story they are presented that way. But in real life, we have a mixed picture. Think of a simple "Cowboy and Indian" story. The cowboy thinks the Indian is bad, and the Indian thinks the cowboy is bad. If they don't get killed while shooting at each other, what do they do when they get home at night? They probably take care of their families like other people.

One of the developmental tasks for every child is to become reasonably realistic about the fact that all of us have good and bad, loving and hostile feelings, to learn to live with the mixtures in ourselves and to accept them in others. Children are primed by their inborn tendencies to experience strong love feelings and to develop loving relationships with their caregivers and others, and they must learn to control the hostile feelings they unavoidably will experience and accumulate, and to express them in non-destructive ways.

Assignment

In your Lab. observations, look for evidence in behavior of "your" toddler's using identification, reaction formation, identification with the aggressor, and splitting (this last one may be difficult to infer).

Outcome

The students will have a basic understanding of **identification, reaction formation, identification with the aggressor, and splitting mental representations.**

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 10**

UNIT 2 - THE TODDLER YEARS (1 to 3)

ADAPTIVE ABILITIES -- PART II
MECHANISMS OF DEFENSE --
Part 3 (HUMAN DEVELOPMENT)

Objective

To become familiar with the defense of **neutralization** as well as those in that most valuable group among all defense mechanisms, **sublimation**, **altruism**, and **empathy**.

Class Discussion

Ask the students to report on the examples they have found illustrating the previously learned defenses.

Teacher Presentation

The **Neutralization of hostile destructiveness**. Did you ever hear the saying "Fire is a great servant, but a poor master?" What does this mean? Like fire, anger and hostility have in them a great deal of energy, and may be put to good use to protect oneself, one's family, one's rights. But when hostility becomes excessive it often leads to acts of destructiveness toward others and toward the self; when hostility controls us, it is a poor master. One of the many jobs a toddler has is to deal with the great physical and emotional energies he has in such a way as to make these available for constructive purposes that will help him to grow up well, to adapt to life well, and to reach his goals.

Nondestructive aggressive energy is readily available to the toddler in his explorations, in his trials at mastery of the world around him as well as of his own body, and at learning to do all kinds of things. **Hostile destructiveness** is **not** automatically put to use in these efforts. Rather, hostile destructiveness serves us in helping us get rid of any and all **things that cause us pain**. In this, hostile destructiveness is valuable, indeed needed for self-protection. But once it is generated and accumulates in our psyches (minds), it often gets misused. For example, the 2 1/2 year old who is very angry with the father he loves will feel very conflicted about feeling hostility toward his Dad and, not able yet to deal with his hostility in constructive ways, may displace it onto his dog. That however, gets him in trouble with Mom and Dad for being mean to the dog, and the dog may learn to shy away from him. He must learn to dispose of his hostile destructiveness in better ways than by displacement.

One of the superb ways of dealing with one's hostile destructiveness is to **neutralize** it. We don't know just exactly how we all do this, but Mental Health doctors tell us that we

do so little by little, and that eventually, this hostility, the troublesome form of aggression, seems to become converted into nondestructive aggression when it can then be put to all kinds of constructive use. Sometimes, the hostility itself can be channeled without significant neutralization into useful activity such as in chopping wood, or in various sports as hockey, football, and even in batting or throwing a ball. It is, however, not as controllable then and may not work as well as one may wish. It is as if, when neutralized, what was hostile destructiveness can become a source of emotional energy that can be put to whatever uses one may wish.

To **neutralize** hostile destructiveness, one must decide to do no harm, to not lash out when angry, and to allow one's positive (especially love) feelings to determine our courses of action and our activities. Without being conscious of it, the love we feel for those to whom we are attached, tends to neutralize the hostility we feel toward them from time to time. If the love is ample and the hostility is limited, children can readily learn to neutralize their hostile feelings. They will feel motivated from within themselves to do so, although, they may well need help from Mom and Dad to do so in the early years. If the hostility is large and the love feelings little, however, neutralization will be much more difficult and, unfortunately, too often is not achieved sufficiently.

The Sublime Defense Mechanisms

There is then a very special group of adaptive mechanisms that are considered by many to be among defense mechanisms. These are special because they are really magnificent coping mechanisms, highly advantageous at the same time to oneself and to others. These are **sublimation**, **altruism**, and **empathy**.

Sublimation is the foremost defense mechanism that contributes to creativity. We assume that human beings are creative for creativity's sake. In other words, creativity is an inner driven tendency in living organisms; it is not a defense. But in the **defense of sublimation**, the idea is that certain normal inner pressures, especially those of sexuality and of hostile destructiveness, become attached to certain fantasies and wishes the child has which are experienced as objectionable by the child him/herself. The child's judgment, young as it is, leads him or her to decide (even unconsciously) that this particular wish should not be gratified. He will then set himself the task of giving up the wish and of converting the inner pressure associated with that wish into a source of energy that is **specifically** channeled into some **creative** work such as an artistic work, for instance. Here is an example of what a toddler may do: just before they are about to go in to start dinner, a three year old tells his Mom he wants a pop-sickle. Mother says its too close to dinner and he can have it for desert. He doesn't like not getting his wish, so knowing how Mom loves the flowers she's planted, he says he is going to run in "her" garden. Mother says "No", because she doesn't want her flowers trampled. The child, instead of getting furious at mother for restricting him yet again draws mother into chasing him. Somehow, he turned it into a game of tag just outside the flower-bed. Clearly, he stayed out of the flower-bed and drew Mom into playfully chasing him; she at some moment felt they were playing and that her flowers were not at risk of getting trampled; and they both had a good time. He has converted his frustration-generated

hostility into a game. Such and other **sublimational** activity begins in many a child during the 1 to 3 year period.

Susan just over two is having a hard time dealing with her feelings about getting a new sister she didn't ask for! Now she is angry with her mother because Mother just told her she is not to eat the apple she took from the table because her stomach is upset. Her immediate reaction was to throw a pack of her sister's diapers off the chair onto the floor. As Mother approached her quite annoyed, the toddler said to her "Let's learn the alphabet." Mother stopped in her tracks, looked at her daughter and said "Oh, OK". As Mom picked up the diapers, she sat on the floor with her daughter who had already started to pick out and name letters on her blocks she had scattered there. The toddler **sublimated** her hostility into a creative learning activity.

Altruism, the ability to do for someone or give to someone something that person needs or really wants which requires some degree of sacrifice by the person who is giving. The person who gives derives the good feeling that comes with being generous, from knowing that the person given to really appreciates what the giver is doing. For instance, when 2 year old Susan's baby sister started to cry and Susan saw that Mother would be delayed a bit before she got to the baby, Susan ran quickly to her room, got her favorite teddy, rushed back to her sister and put the teddy next to the baby as she tried to calm her. Well-cared for toddlers are much more likely than neglected children to show early signs of such altruism.

Empathy is essential for good human relationships, and especially for growth-promoting parenting. **Empathy** is the ability to perceive what another person is feeling and experiencing. Infants even only a few months old give evidence of being able to feel what Mom, or someone else, is feeling and it will impact on how the infant feels. From these beginnings of feeling what others feel, from this "contagion of affects", toddlers show that they can use this ability to feel or perceive what another is feeling. For instance, when Mother got off the phone after talking to her own mother who is ill, she looked sad. She just stayed on the couch, thoughtful, on the point of tears. Seeing this, 20 month old Johnny climbed slowly on the couch, put his left arm around his mother's shoulders and gently, sympathetically patted her back. Mother was so touched by her son's show of caring for her that her face molded into a smile. Though still very worried about her own mother, she felt much comforted by her toddler's tender effort to make her feel better. Indeed, few things could have made her feel better. Empathy is a powerful tool to our understanding what another person may be feeling and can then meaningfully guide our actions.

Class Discussion

Mechanisms of Defense help us cope with everyday internal (in our own minds) and external (in our relationships with others) stresses. We all use them helpfully at various times. Thinking over all the mechanisms of defense you have learned about, which ones would you think would help a child most in coping with his hostile feelings?

(Identification with good models, Neutralization, positive Reaction Formation, and Sublimation.)

Which ones would be the least successful? (Displacement, Projection, Splitting.)

Assignment

Make sure to look for evidence of these defense mechanisms in "your" toddlers and fill in your Lab. Manual.

Outcome

The students will understand and better appreciate the importance of **neutralization**, **sublimation**, **altruism** and **empathy**

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 10**

UNIT 2 - THE TODDLER YEARS (1 to 3)

ADAPTIVE ABILITIES -- PART II
MECHANISMS OF DEFENSE --
Part 4 (CHILD REARING)

Objective

The students will learn that parents cannot dictate which defense mechanisms their toddlers should use. But they will learn how parents can support and enhance their toddlers efforts to deal with anxiety, painful feelings, and feelings of hostile destructiveness in constructive ways.

Teacher Presentation

Important to remember:

1. A child normally has many moments of feeling comfortable, happy, and loved, and he has enjoyment in doing and learning; but a child **normally** also has times when he feels the stresses of anxiety, sadness, hostility and even hate.

2. It is **to protect oneself** from being overwhelmed by these feelings that we all, toddlers, older children and grown ups use, most often **unconsciously**, some defense mechanisms.

3. Some defense mechanisms are useful temporarily, but are generally not helpful in the long run: These include inhibition, projection, denial, displacement, identification with the aggressor, splitting of mental representations, and at times reaction formation.

4. Some defense mechanisms are genuinely helpful to adaptation, in the short and the long run, and contribute to healthy personality formation. These include identification (with loved persons and their positive behaviors), neutralization, sublimation, altruism, empathy, and some reaction formations.

5. Three steps should be taken to help a toddler who is using an **unhelpful** defense mechanism:

- (a) **Try to sort out**, to **understand** what might be stressing him.
- (b) **Ask him and listen**, **talk with him** about what is going on; help to **calm** his **anxiety**, or to **control** his **hostility**, and find **positive** ways of dealing with these.
- (c) If possible, **remove** the thing that is causing the stress. If it can't be removed (e.g., the event of a new baby in the home) **express** (in words and feelings) understanding

of the child's feelings, **guide** and put **limits** when needed on his behavior toward the baby, **comfort** and **reassure** him of his own value to the parents, **help him to talk** about his feelings and to find ways to neutralize or sublimate his hostile feelings. Generally, do **not** divert his attention from what is causing the problem! Take the time to help him deal with it; it will save you and the child much later pain and distress.

Class Discussion

From their own toddler observations, ask students to give examples of **behaviors** in which they **inferred** the use of the following (1) one or more defense mechanisms, (2) what Mother or Father did to help the toddler cope with it, and (3) what, the student thinks, might have improved on what the parents did.

- (1) Denial;
- (2) Displacement;
- (3) Projection;
- (4) Inhibition;
- (5) Turning hostility toward the self;
- (6) Splitting of internal (mental) representations;
- (7) Identification;
- (8) Identification with the aggressor;
- (9) Reaction formation;
- (10) Sublimation;
- (11) Altruism;
- (12) Empathy.

Discuss what the consequences might be of parents living by the principle "Do as I say, not as I do?" Discuss the problem for a toddler of a father telling him to not throw things when father himself frequently gets furious and at times smashes things in rage. Discuss the dilemma for a twelve year old whose father tells him he should steer clear of drugs, but uses them himself. Or, he should not lie or steal but father once in a while will "shoplift"?

Outcome

The students will have learned that trying to identify the cause of stress, talking about the feeling the child is experiencing, helping the child find a constructive way of dealing with these feeling, and where possible removing the cause of the stress will most likely reduce the need for unhelpful defense mechanisms.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 10**

UNIT 2 - THE TODDLER YEARS (1 to 3)

ADAPTIVE ABILITIES -- PART II
REGRESSION --
Part 1 (HUMAN DEVELOPMENT)

Reading for Teacher: UNIT 2, pp. 156-158.

Objective:

To learn the part the defense of **regression** plays in a child's development.

Teacher Presentation

Regression is a defense mechanism in which a child's behavior indicates that he or she is more temporarily returning to an earlier stage of functioning. When anxiety is acutely felt in the face of a new task of development, a child may temporarily retreat from this task and take refuge in functioning at a level of development where comfort and stability have been achieved. This gives the impression that the child develops often by taking "three steps forward and one step back". The step back is due to the fact that the task at hand is felt as too demanding, or as causing too much uncertainty and with it anxiety. This step back is a **regression**, or to a return to an earlier stage of functioning.

There are large tasks of development during the 1 to 3 year period. (Teacher, ask the students to list some.)

1. Continuing development and **mastery of locomotor and coordination skills**, including learning to climb and run, and more.
2. Continuing the process of **stabilizing primary relationships**, including gaining greater tolerance for **separation** from Mother and Father.
3. **Weaning** from breast and/or bottle occurs during this time.
4. **Going to bed at night** makes new demands for cooperation and the development of a routine.
5. Continuing to develop the sense of self, to individuate and become autonomous. In achieving this, continuing the separation-individuation process brings its key stressor in the "**rapprochement conflict**" (the conflict of wishing to become an autonomous individual versus the wish to stay one with mother--students might refer back to their Separation-Individuation Theory handout).

6. **Toilet training** begins and is well under way during this period.
7. Many a toddler will be **going to daycare or preschool**, with all the adjustments this requires, including forming new relationships with some peers and care-giving adults.
8. Many a toddler will begin to **learn** the alphabet, to play toddler games, etc.
9. Not uncommonly, **a new sibling** may be born during this period, bringing with it large challenges for the toddler.

Class Discussion

Teacher, take the tasks of development listed above and ask the students to consider the following:

1. Which tasks have the students seen to be problematic for their observation toddler? Have they then seen some regression. Give examples.
2. Ask the students to hypothesize why the regression occurred.
3. How long did the regressions last? What may have caused the toddler's return from the regression to progressive development?
4. Which of the above tasks would the students consider to be most taxing for toddlers in general?

Most regression is temporary. However, in some instances regression is more serious. For example, this could happen if: (1) A child has an inborn over-sensitivity to anxiety; and (2) A child's parents for reasons arising out of severe hurtful life experiences can't give the toddler the love and encouragement he needs to move ahead.

In these cases a child may need special help from a doctor if he regresses and for too long is in a state of arrested psychological (and possibly physical) development.

Assignment

Make the recommended observations on "your" toddler and fill out your Lab. Manuals exercises on regression.

Outcome

The students will have learned why regression occurs during the toddler years.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 10**

UNIT 2 - THE TODDLER YEARS (1 to 3)

ADAPTIVE ABILITIES -- PART II
REGRESSION --
Part 2 (CHILD REARING)

Objectives

To learn how to deal with regression constructively.

Class Discussion

Consider ways that a parent can **constructively**, in **growth-promoting** ways, handle their toddler's **regression** when--*use examples from your observations*:

1. 24 month old Susan who so readily and competently climbs onto the couch, since she fell from a chair last week asks her mother to lift her onto the couch in order to sit next to her to read a book (--anxiety due to a failure in mastery of body movement and locomotion.)
2. 18 month old Johnny, who for some time now tolerated with little fuss Mom's going out for a while, now starts to cry every time Mom is about to leave (--separation anxiety reactivation.)
3. 24 month old Mike, who had given up the night bottle, now asks for it again (--weaning and developing a bedtime routine.)
4. 20 month old Carol starts to use her pacifier again and is really clinging to Mother these days (--"rapprochement conflict".)
5. Last week 28 month old Tommy went to the potty 5 times. This week he says he's "too little to go to potty." (--toilet training resistance.)
6. After going to preschool for 3 months with only a little fuss, 30 month old Billy becomes very upset when Mom or Dad drops him off at preschool (--one of the older toddlers gave him a hard time recently.)
7. 30 month old Margaret wants to be cuddled and breast-fed like her 2 month old sister (--a new sibling.)

Outcome

The students will have considered how to respond in growth-promoting ways to children's episodes of regression.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 10**

UNIT 2 - THE TODDLER YEARS (1 to 3)

ADAPTIVE ABILITIES -- PART II

MECHANISMS OF DEFENSE

AND

REGRESSION --

Part 3 (VISIT WITH MOTHER AND CHILD)

Preparation for Visit

The mother will be informed that the session will focus on the ways a toddler copes with his own feelings when angry or upset, and about normal regression. Since this discussion might be uncomfortable for the child, it will be suggested that the mother come alone for the visit.

The teacher will review the defense mechanisms most commonly used by toddlers -- denial, displacement, reaction formation, identification, neutralization and regression.

Visit

These questions among others may be asked of the mother.

Can you tell us about a time when your toddler became very angry with you? With Father? With another toddler?

Did he express his anger directly? In what way?

Did you note whether or not he took his anger out on anyone else? What did he do?

What did you do when he displaced his anger on another or a thing?

Teacher, following this model, have the students develop questions to determine evidence of:

- (1) Denial;
- (2) Projection;
- (3) Inhibition;
- (4) Turning hostility toward the self;
- (5) Splitting of internal (mental) representations;
- (6) Identification;
- (7) Identification with the aggressor;
- (8) Reaction formation;
- (9) Sublimation;
- (10) Altruism;

(11) Empathy.

After the Visit

The students will discuss their observations and impressions of the interview. Have them compare these with observations from their own observation toddlers.

THE TODDLER YEARS: (YEARS 1 to 3)

THE BEGINNINGS OF CONSCIENCE FORMATION:

THE CONSCIENCE PROPER

AND

THE DEVELOPMENT OF THE IDEAL SELF AND SELF-ESTEEM

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 10**

UNIT 2 - THE TODDLER YEARS (1 to 3)

**THE BEGINNINGS OF CONSCIENCE FORMATION:
THE CONSCIENCE PROPER --
Part 1 (HUMAN DEVELOPMENT)**

Reading for Teacher: UNIT 2, pp. 159-167.

Objective

The students will learn about the toddler's developing conscience, about when and how this development begins.

Teacher's Presentation with Class Discussion

Part 1: Definition of the concept.

Ask the students to define the word **conscience**.

(1) **Conscience** is an **internal mental-emotional system of rules of conduct** which **we ourselves** gradually construct and which exerts internal pressures on us for compliance.

(2) The **consequence** of not complying sufficiently with these internal rules is that we experience feelings that are painful to us and which of themselves then can dictate our behaviors. The cardinal painful feelings include **guilt, shame, and anxiety**.

(3) We can think of conscience as having **two parts**: (a) **the conscience proper** which has to do with the "Do's and Don'ts" by which we eventually guide our own conduct, and (b) **the ideal self** which has to do with what we hold up to ourselves as our ideal conduct and behavior, our ideal self-image as a total person.

We feel **anxiety** when our conduct/behavior falls short of either our conscience proper or our ideal self. In addition, we feel **guilt** when we don't comply sufficiently with our conscience proper; and we feel **shame** when we fall short of complying with the rules we set up in our ideal self.

We shall talk about the two parts of conscience separately. First (in Lessons 1 and 2) we shall talk about the conscience proper, then (in Lessons 3 and 4) we shall talk about the formation of the ideal self.

Part 2: The beginnings of conscience formation.

First, a few thoughts about conscience formation as a whole, i.e., both parts.

Is one's conscience something we are born with?

A number of **inborn** factors **contribute** to how conscience will form, whether readily or with difficulty. For instance, children born with greater sensitivities will be more responsive to how others feel and as a result will be more quickly aware of and responsive to what caregivers, especially Mom and Dad, feel, expect, say, and do. As time goes by, this will also apply to how peers feel and react. Another factor, for instance, is that the infant who is born with the strong inner need "to have or do what he wants when he wants" will have greater difficulty complying with what the parents demand and expect and is likely to internalize conflict over compliance--which can make for compliance that is insufficient or too rigid. The "Do's" and "Don'ts" may be insufficiently predictable or too rigid.

Conscience itself is **not formed at birth. It develops.** It develops for good or for ill. That is, its formation may be constructive, mature, positively adaptive to life in family and society. Or it may develop with mal-adaptive standards that lead to disregard or even outright hostile regard for self and/or others, and be destructive to self, family and society. In this it guides one into serious conflict with those around us and may be destructive of the self.

The largest factor that gives shape to the conscience we develop is the young child's gradually internalizing of experiences especially within the relationships with the child's primary caregivers, especially the child's mother and father. Through the toddler years, these are the foremost sources of the child's conscience formation. As the child comes increasingly into contact with other children and extra-familial adults, they too, to a greater or lesser degree, exert an influence on the child's conscience formation. Then, later input is added by our experiences at school, by other social and religious training we may have, and by the laws of the land.

The development of conscience is crucial to give us guidelines for our sense of morality, the goals we set up for ourselves, and our behaviors toward ourselves as well as toward others. It is what especially makes us **social beings**. It gives shape to our lives in families, in groups, and in society.

If nobody in this school had a conscience in good working order, what would life here be like? Since quite clearly it is important for each of us to have a well working conscience, how do we get one?

Let's take each part of conscience separately.

Part 3: The beginnings of the formation of conscience proper.

The beginnings of conscience proper can be seen normally in the child's behaviors during the last months of the first year of life. The infant will by then begin to learn there are things he is permitted to do, but most important, that there are things he is **not** permitted to do. This is a more or less difficult thing for the infant to accept and, therefore, difficult to learn. Whatever early learning he achieves, it is, of course, not yet stable and reliable.

This development of conscience proper, is a process that evolves in large strides during the 1 to 6 years period. Focusing here on what happens during the 1 to 3 year period, there are four factors which over time contribute to this development.

1. One can observe that step by step, the toddler **internalizes the dictates** of her parents, the do's and don'ts which are part of everyday life within her family. **Internalization** is the mental process of recording experiences in our brains and of their then becoming what we think about and remember, i.e., they become patterned in our minds and become part of our personalities. This internalization occurs especially during experiences of **limit setting** done by mother and by father, (by mother especially, with young children.) This internalization occurs for 2 reasons. First, the mother's dictate "Don't do this!" is registered by the toddler and becomes learned by the simple process of conditioning. That is, "Every time I do this, my mother tells me not to do this. Mhh, I better not do this--for a number of reasons." By virtue of repetition (but also by the feeling that is conveyed with it) the toddler internalizes this dictate. But there is a second large reason for this internalization.

2. Side by side with the internalization due to learning by conditioning, the child's internalization is influenced by the powerful defense-process of **identification** with her mother and father. From having felt a part of her mother, then separating and becoming a "self", imitating what mother does, and what father does, the child builds into himself their attitudes and beliefs about what is right and what is wrong. Again then, the way limits are set, that most difficult of parent functions, by means of **identification** is significantly determining of the **quality** of the way the child learns to control and guide herself. If the mother (or father, or other meaningful caregiver) is too lenient, identifying with mother's way of doing this, the toddler is influenced to become too lenient with the way she controls and guides herself in her conduct toward herself and others. If the mother is too impatient and too harsh, identifying with Mother, the toddler will internalize this way of being and behaving, and is most likely to develop harsh and impatient ways of dealing with herself and others. If Mother is reasonable in her demands and expectations of her 1 to 3 year old, if she is clear, firm, loving, and respecting, the toddler will internalize ways of behaving toward herself and others that are clear, firm, loving, and respecting.

3. Another factor which during the toddler years helps the child's developing conscience, is **toilet training**. In this the child gradually accepts the demands made on him to go to the toilet when he would rather play, to be clean when he would just as soon

not be and to discipline himself in this way, in order to please his mother and father. After a time he finds he has accepted this and now, like his parents, values being clean.

4. A fourth factor that importantly contributes to the development of conscience proper is the experience of **feeling hostility and hate toward a parent the child loves and values**. This especially, again, tends to be activated when this loved parent sets a limit that painfully frustrates the child's wish to do something. When the child feels rage at her mother or father and wants to hurt her or him, she will feel anxious and then guilty because of her wish to hurt this person she loves.

Feeling guilt is a sign that the child's conscience is developing. **Guilt** is felt when we want to hurt or feel hate toward someone we love. Such feelings of guilt begin from about 18 months of age on, but will especially emerge from about 2 1/2 years of age on when quite normally children experience a substantial amount of hostility even toward parents they love dearly.

The ability to feel guilt is important but it is important also not to stimulate too much guilt in a child, because he may then develop a too severe conscience leading to feelings of unworthiness and low self-esteem.

Assignment

Make and record observations in your Lab Manuals on "your" toddler's conscience formation.

Outcome

The students will have learned about the beginnings of conscience formation, especially that its largest contributions come from the experiences the toddler has in the family. The students will also appreciate the importance of conscience functions, and will have learned about the roles that internalization, identification, toilet training and conflict with parents play in early conscience development.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 10**

UNIT 2 - THE TODDLER YEARS (1 to 3)

**THE BEGINNINGS OF CONSCIENCE FORMATION:
THE CONSCIENCE PROPER --
Part 2 (CHILD REARING)**

Objective

To learn how healthy development in a toddler of his or her **conscience proper** can be fostered and supported by the toddler's parents.

Teacher's Presentation and Class Discussion

Conscience formation, that is, the development of an internal code of standards for behavior, is **essential for healthy adaptation**. It is essential for one's own mental health, for constructive adaptation in the family and in society. Without a conscience humans do not accept rules of social conduct that make life together possible.

The development of conscience perhaps more than any other part of the child's psychological-emotional development is most influenced by **the way the parents rear their child**. The development of conscience is thought by many mental health professionals to be strictly **the product of human social interaction and experience**. Most psychoanalysts believe the child's conscience bears the stamp "Made in [the child's home]", like an item of clothing may bear the tag "Made in the USA".

Parents must know that a child's conscience **develops** over time. This will inform them that they cannot expect their children to know right from wrong from the very beginning of life. This sense of morality develops step by step and will not become cohesively organized until the child is about 6 years old. And, much further development of conscience continues through adolescence and even into young adulthood and beyond. During the toddler years, from 1 to 3, the child **begins** to sort out, with the help of his parents (and other meaningful caregivers) what is right, what is wrong, what is acceptable and what is not acceptable behavior.

Parents must also know that if a conscience becomes **too harsh**, imposes too many restrictions, prohibitions, and produces too much guilt, **adaptation will be difficult**. Excessive loads of guilt, too hateful an attitude toward oneself, too rigid restrictions imposed on oneself, will impede the child's 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 nor too punitive, neither too lax in expectations nor too demanding.

It is important for parents to know (as many do) that young children--even into the middle school years--are **not always the best judges** of what is a reasonable reaction to unacceptable behavior. It is best that parents 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. For instance, 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 mother and father especially, will profoundly influence the child's own reaction to her or his own behavior. As we said in the last Lesson, 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. Enormously important is that **the caregiver's reaction will be much more meaningful to the child when the caregiver is meaningful to the child, such as when it is mother or father, the "other" person 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.**

Teacher, reminding the students to keep in mind the development of that part of conscience formation we call the **conscience proper**, get the students now to consider regarding the following developmental tasks in "their" observation toddlers,

- (1) **What** they would do, and
- (2) **How** they would do it,

to effect a positive development in "their" observation toddlers of the toddler's ability to learn what is acceptable and what is unacceptable behavior. Have the students discuss if "their" toddlers are able to sort out what is "right" and what is "wrong". (Teacher, while the toddler can learn what is acceptable and not acceptable, what Mother thinks is "good" and what is "bad", the 3 year old does not yet conceptualize behavior at the higher morality level as "right" and "wrong". That begins during the 3 to 6 years period.)

What and how then would the students do to optimize:

(1) The **internalization of parental dictates** such as the verbal demand "Don't touch the stove!", "Don't take my hot cup of coffee!", "Don't hit me!"

(2) The child's internalization of parents' behaviors by means of **identifications**. Here, the discussion of the defense of identification from a recent Lesson should make this task easier.

(3) Using instances of **battles of wills** or simply of **limit setting** with "their" toddlers, discuss these in terms of the toddler's learning what he may and what he may not do.

(4) Discuss instances "their" toddler's parents helping the child in the major task of **toilet training**. What and how would they do it?

(5) Discuss instances when "their" toddler experienced **feelings of hostility and hate toward Mom or Dad**. Did they see any instances when "their" toddler felt rage at her mother or father and looked very much as though she wanted to hurt Mom or Dad? Did she give the impression of feeling **anxious**? Did she seem to feel **guilty**? What did Mom and Dad do? What would they have done?

Teacher, get the students to discuss the following three questions if these points have not been sufficiently clarified up to this point.

(1) Can a parent be **too strict**? If you think so, how do you think being too strict would affect the child? (The child is likely to become anxious about making mistakes, is likely to feel too guilty when he does make one, to fear punishment; the toddler also will resent the punishment if he feels it is too harsh, will become too hostile himself, and will develop too strict a conscience himself as he grows.)

(2) Can a parent be **too easy**? How might that affect a child? (Yes, he would have a hard time knowing what he should and shouldn't do; he might get into trouble because his conscience hasn't developed well enough to guide him well.)

(3) What would happen to a child's conscience formation if his **mother changes her mind all the time**, and what is right today is wrong tomorrow? (The instability in a parent's mind of what is right and wrong will undermine the young child's evolving experience of things as acceptable or unacceptable, as "good" or "bad". This is likely, of course, to make for uncertainty and unpredictability in the child's own behavior and his expectation of his mother's, and others' behaviors. The child may develop a weak foundation for the formation of a healthy conscience.)

As with everything else, parents need to be **clear** in their explanations of what is allowed and what is not, **firm and reasonable** in their limits, **understanding** of the child's mistakes and **nearly-always ready to talk** with the child.

Outcome

The students will understand **how parents can help** the development in their child of a healthy conscience proper through understanding what makes for healthy conscience formation. They will have learned that this development is much facilitated when the parents can address their toddlers with reasonable dictates, reasonable "do's" and "don'ts", clear explanations of what is allowed and what is not, firm-enough and loving limit setting and readiness to talk with the child, being consistent in their own behavior, and being moderate but sufficient in their privilege withdrawal (punishment).

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 10**

UNIT 2 - THE TODDLER YEARS (1 to 3)

**THE BEGINNINGS OF CONSCIENCE FORMATION:
THE DEVELOPMENT OF THE IDEAL SELF AND SELF-ESTEEM --**
Part 1 (HUMAN DEVELOPMENT)

Reading for Teacher: UNIT 2, pp. 159-167.

Objective

To understand how the child develops an **ideal way of being** he holds up for himself-- this is his **ideal self**--, and how the child feels about himself, his **self-esteem**, develops.

Teacher's Presentation

We all have mental images of who we are. We also all have mental images of who we really want and hope to be, an ideal image of ourselves. This is what we mean by our "**ideal self**"; it is a mental representation we hold up to ourselves as a guide for how we behave and what we do. The closer we get to this ideal model of ourselves, the better our feelings about ourselves, the better our **self-esteem**.

How the child constructs a mental image of herself or himself depends on a number of factors. First of all, the child's general comfort, the normal enough functioning of her physiology, her thresholds of irritability, her ability to organize experience, all these arising from her **inborn givens**. These inborn givens, which make up the child's **temperament**, in combination with the **experiences** the child has, especially in her family relationships, will organize in the child's mind into images she has of herself. Where the child's family relationships are good, the normal child's physical and emotional needs will most likely be sufficiently met as a result of which the child will feel good about herself and feel valued, the better then her **self-esteem**.

By the end of year one, the child has developed some sense of himself, some elements of a self image, and if well cared for, some stabilizing sense of being worthy of good care and nurture. These make for the foundation of a positive mental self-image with good self-esteem.

During the second and third years, these feelings of self develop further. One can see the child's expectation of comfort when he needs comfort, of care when he needs care, of a sense of being a "me" and of things being "mine", verbalized especially during the latter half of the second year. This sense of self now becomes not only better organized and cohesive but also more complex.

Some of the major **developmental factors** that make for this enriching **evolving of the child's self images** include especially

(1) The child's increasing **inner organization of his own varied experiences**;

(2) The child's **individuating** out of the feelings of oneness with mother, taking major steps to psychologically and emotionally separate from mother and father during the Rapprochement Subphase and the subphase Toward Self and Object Constancy (See the Separation-Individuation Theory handout).

(3) The child's **identifications** (which we discussed in prior Lessons) contribute to the complex self image that is taking shape by adding components to the self that are modeled on the way the child experiences his parents, be it, as magnificent, powerful, loving, angry, demanding, hostile, depreciating, raging, etc.

This cluster of self-images representative in the toddler's mind of the varied experiences he has over time, leads to the development within the child's mind of the way he would most like to be. This forming an ideal way to be is **not a static process**; the **ideal self image will change over time**, as newer identifications occur. But already during the second and third years it 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."

There is a crucial relationship between the child's ideal self mental image and his self-esteem. It is that **the more the child approaches being like, behaving like his ideal self is supposed to, the better the child's self esteem**. The more the child does **not** behave like his ideal self is supposed to, the more the child feels **shame** and then the **lower** his self-esteem

All in all, the child's **self-esteem**--the child's positive valuing of himself, positive feelings about himself--has **three major contributors**. These already determine the **quality** of his self-esteem from the second and third years of life on.

(1) The first is what some mental health theorists identify as **primary narcissism**, "primary" meaning that it is **inborn**. These theorists assume that **every child is born with** a sense of being valued and valuable. The degree to which this normal primary narcissism remains reasonably intact to this degree it 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.

(2) The second source which makes a large contribution toward the quality of the child's self esteem is **the quality of the relationships** we have with our primary caregivers, of course primarily our mother and father. As we have emphasized

throughout this course, the better the quality of these relationships, the more positive the development of our personality, and so too, the better our self esteem.

(3) The third major contributor to self esteem is **the degree to which we live in accordance with our ideal self**. For us as we get older, the better we live by the standards we have developed for ourselves, in the work we do, in our achievements, in the conduct our relationships and our lives, the better our self-esteem. In the toddler, it is the better his developing sense of autonomy, of competence, of effectiveness. The degree to which the toddler can feel a sense of "I" (mostly verbalized by children this age as "me" or "mine"), a sense of being able to do things oneself, of having an effect on the environment, on persons and things, the better the toddler's self-esteem. The pleasure one sees a child experience when she achieves a new skill, when she does something she could not do before, such as the pleasure and pride that accompanied her taking her 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 during the toddler years can bring with them a sharp 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, often 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.

Assignment

Using you Lab Manuals to guide you, observe "your" toddler and record your findings that pertain to his or her developing ideal self and self-esteem.

Outcome

The students will have become familiar with the components and process of the development of a good sense of self, of the child's **ideal self**, and of good **self-esteem**.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 10**

UNIT 2 - THE TODDLER YEARS (1 to 3)

**THE BEGINNINGS OF CONSCIENCE FORMATION:
THE DEVELOPMENT OF THE IDEAL SELF AND SELF-ESTEEM --
Part 2 (CHILD REARING)**

Objective

To learn how parents can help their children develop a good sense of self, help them develop a reasonable ideal self, and foster positive self-esteem.

Teacher's Presentation and Class Discussion

Teacher, ask the students to think of "their" observation toddler(s) as the class considers how a child's developing sense of self, his ideal self, and his self-esteem can be fostered. In doing so, consider first the major **developmental factors** that make for the **evolving of the child's self images**. Get the students to identify and discuss things their toddler's parents do/have done that they believe influenced, for good or ill, these developmental factors. Would they do the same? **What** would they do differently and **why**?

(1) The child's increasing **inner organization of his own varied experiences**;

(2) The child's **individuating** out of the feelings of oneness with mother:

(3) The child's **identifications**, the components to the self that are modeled on the way the child experiences his parents, be it as magnificent, powerful, loving, angry, demanding, hostile, deprecating, raging, etc.

Have the students seen any evidence that "their" toddler's forming an ideal way to be is **not a static process**. Have they seen evidence of "their" toddler's **ideal self-image changing**?

Have they seen "their" toddler take on new identifications?

Get the students to discuss the crucial relationship between the child's ideal self mental image and his self-esteem. See if they are willing to give examples of how they feel when they do something that goes against their own standards? How they feel when they achieve something for which they have striven hard. In each case, what could their parents, or teachers, or friends have done to help them?

Consider now what parents can do to optimize the **three major contributors** to good, stabilizing **self-esteem**.

(1) What can a parent do to see to it that their toddler's **primary narcissism** remains reasonably intact. Have any of them seen a toddler's primary narcissism being torn down? (This happens when children are physically or emotionally abused such as by insulting remarks such as "You really are a nasty kid!" Or, "You sure are stupid!" Or, the child is beaten for having broken a glass, etc.)

(2) What about **the quality of "their" toddler's relationships** with his or her mother and father. What have "their" toddler's parents done to establish the quality of their relationships with their toddlers? Ask the students to **discuss** whether their experiences and what they are observing supports or rejects the statement that "the better the quality of these relationships, the more positive the development of our personality, and so too, the better our self esteem."

(3) Do the students' think that "their" toddler's parents know that the better their toddler's developing sense of autonomy, of competence, of effectiveness, the better his self-esteem? Have the students observed that the degree to which "their" toddler can feel a sense of "I" (mostly verbalized by children this age as "me" or "mine"), a sense of being able to do things himself, of having an effect on his environment, on persons and things, the better his self-esteem?

Ask them to discuss examples of the pleasure one sees a toddler experience when she achieves a new skill, when she does something she could not do before, such as the pleasure and pride that accompanied her taking her 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"

Outcome

The students will have learned how to optimize the toddler's developing a good ideal self and good self-esteem. They will know that intentionally shaming children does more harm than good and is not a desirable way to help a child learn how to do something well. By contrast, respecting and loving the child, forming good relationships, and encouraging a toddler's efforts to learn and applaud his real successes optimizes these.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADE 10**

UNIT 2 - THE TODDLER YEARS (1 to 3)

**CONSCIENCE FORMATION:
CONSCIENCE PROPER
AND
THE IDEAL SELF AND SELF ESTEEM --
Part 3 (VISIT OF MOTHER AND CHILD)**

Preparation for Visit

The students will be asked to look for indications that **conscience formation** is under way--both (1) indications of the toddler's **conscience proper** and (2) to estimate to what extent the toddler is developing his **sense of self**, is showing evidence of developing an **ideal self image**, and try to assess the quality of his **self-esteem**.

The mother will have been informed that the session will focus on these aspects of development.

Visit

These questions -- among others may be asked of the mother:

Do you have to say "No" very often to your toddler? How do you feel about that? How do you handle it?

When she understands that she is not allowed to do something, will she usually cooperate? What do you do and say when she does? What do you do and say when she does not?

Suppose you are not in the room -- will she remember what you said, or will she go ahead and do what you have a number of times told her she is not to do? If so, how do you handle that?

Do you ever see her saying "No" to himself, or spanking a doll?

When you have to say "No", do you explain why she can't do something? If Mother explains, ask why she does so. If she does not, ask her why not. (Don't argue or disapprove!)

How do you teach him that other people and animals have feelings? Is he learning this?

How old was she when she would turn toward you when you called her name?

Do you think your toddler realizes that he is a person, and a special one to you?

What do you do to show her that you are glad she is in the family?

When you say "No" does that make her feel that she isn't special anymore? How do you convey she still is very special to you and Dad?

When he learns some new skill -- walking or riding his tricycle, does that seem to make him feel good about himself?

Do you think that he will be "spoiled" if you praise him when he does things well?

In other aspects of his life is there anything special to report?

Following the Visit

Ask the students to discuss what they learned from the mother and how it compares with their observations and impressions of their own observation toddler(s).

Assignment

Review your Lab Manual recordings on Conscience Formation and fill out the Emotional Developmental Markers exercise.

***PARENTING FOR EMOTIONAL GROWTH: A CURRICULUM FOR
STUDENTS IN GRADES K THRU TWELVE***

**SAMPLE LESSON PLANS of
UNIT 3: EARLY CHILDHOOD -
THE PRESCHOOL YEARS (3 TO 6 YEARS)**

LESSON PLANS FOR GRADES 7 & 8

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***PARENTING EDUCATION FOR EMOTIONAL GROWTH:
A CURRICULUM FOR STUDENTS IN GRADES K THRU 12***

LESSON PLANS for UNIT 3, for Grades 7 and 8

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THE PRESCHOOL YEARS (3 - 6 YEARS)

PHYSICAL DEVELOPMENT

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES 7 and 8.**

UNIT 3 - 3 to 6 YEARS

**PHYSICAL DEVELOPMENT: ADAPTIVE CAPABILITY
AND DEGREE OF HELPLESSNESS -- Part 1**

Reading for Teacher: Textbook UNIT 3, pp. 6 - 10.

Objective

To trace the developmental changes which occur between the ages of 3 and 6 years in the areas of size, motor skills, speech, independent functioning, behavior controls and emotional relationships.

Class Discussion

Although most of us remember very little about our first five years, the fact is that we learned more then than we shall in any other five year period of our lives.

Ask three students to come to the blackboard, to record the class discussion about the progress of the development of human beings.

(An example of such a progression of development follows.)

An Example of a Human Being's Development During the first Six Years

Developmental Areas	Newborn	2 Years Old	6th Birthday
Weight (est.)	7 lbs.	28 lbs.	48 lbs.
Speech	Cries	Words (especially No!), some short sentences	Can carry on a long conversation
Feeding Self	Can suck and swallow	Holds spoon and feeds self messily	Can feed self, with occasional help in cutting meat and with table manners
Toilet Training	None	Probably in progress, with occasional accidents	Completed, with almost no accidents
Motor Skills	Can kick and wave arms	Walks, runs, climbs stairs, plays with toys and simple games	Can ride tricycle, perhaps 2 wheels; increased skill at catching a ball; climbs on playground equipment; puts puzzles together; plays games with peers.
Helplessness	Almost total	Still needs help in dressing self; needs protection (from eating toxic substances, from running into the street, etc.)	Needs help in organizing his day to go to school and in understanding what is required of him there; needs help in adhering to health habits, brushing teeth, washing, etc.
Independence	Very little	Insists on doing things for himself; resists help	Can dress, feed self, go on errands within the home, play by himself, and with others

Learning	Will soon begin to observe and wonder about his surroundings; soon learns that crying brings help	Learns from observing and exploring his environment; from what his parents show and tell him and from books they read to him	He has learned how many things work (stereos, TVs, etc.) He may have begun reading; he has a large vocabulary. He has developed a sense of humor; he can fantasize and play make-believe games
Control of Behavior	Not yet	Resists, but gradually accepts controls. He has to be helped many times a day to know what he is and is not allowed to do. May need physical restraining (e.g. when grabbing another child's toy)	Knows basically what is wrong and what is right, and wants to please by cooperating. He may go through a period of having tantrums, when his behavior gets out of control.
Relationships	Does not know who is who, but has a feeling of comfort when being held by mother or father	He is clear about the family members, and is attached to them, and possibly to some others. He realizes that he is a person separate from his mother. This awareness causes more or less anxiety when he is separated from his mother.	He is attached to both parents, and is able to verbalize both love feelings and hate when they frustrate him. He has developed a preference for his mother (a girl does the same for her father). The child now is developing a relationship with peers, and is learning to play with them.

Teacher Summary

This remarkable development in human beings, whether they live in New Jersey or New Zealand, South Africa or Alaska, follow the same patterns in all. Children babble before they talk, stand before they walk, and become attached to family members before making friendly relationships with others.

All of this development depends upon two things: (1) The loving care given by the family (which we shall discuss in the next lesson) and (2) The physical maturing of the child's brain and nervous system. The chart we have just made shows us this clearly. When the child is born, he cannot understand words; very gradually understanding comes as his brain matures. The reflexive and seemingly random movements of the newborn give way to the ability to use his arms and legs purposefully. Speech begins in meaningless syllables, then single words, and by six, the child can tell stories and carry on a complicated conversation. During these important years, he achieves a clear sense of himself and of his family. He reacts with strong emotions and can communicate what he is feeling. All of these things happen because the human being has an inborn thrust to grow, and the brain and nervous system mature to make all these developments possible.

Outcome

The students will have increased understanding of the developmental milestones of the first five years of life.

Assignment

Do some research on your own past. Write a page in answer to the following questions:

1. Ask your parents at what age you spoke your first word, spoke a sentence, walked alone, dressed yourself, rode a tricycle.
2. When did you start in a pre-school program? How were the first days there for you? (Ask your parents if you don't remember).
3. Describe the worst misbehavior you ever got into between the ages of 3 and 6 years.
4. Do you remember a time when you strongly preferred one parent over the other? Explain.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES 7 and 8.**

UNIT 3 - 3 to 6 YEARS

**PHYSICAL DEVELOPMENT: ADAPTIVE CAPABILITY
AND DEGREE OF HELPLESSNESS -- Part 2**

Objective

To understand how parents can support the physical and emotional development of the three to six year old child.

Class Activity

1. Several volunteers will read reports of their developmental schedules, not including the episodes of early misbehavior.

These points may be stressed: (1) All reports showed the same sequence of development; (2) Not all students walked, talked, etc. at the same age. There is a **wide range** of normal development when milestones occur.

2. Other volunteers will read about their episodes of misbehavior. The readers may be asked such questions as:

If you can imagine being three years old again, what do you think you were trying to do when you got into that trouble?

Is it bad for a child to explore?

How can he be helped to explore safely?

Do you think at the time of the episode that you understand what your mother was feeling? Was she angry at you? Were you angry at her?

Do you think it is normal for children and parents to get angry at one another sometimes? If they do, does it mean that they don't love one another?

Do you think a parent should tell a child why she is saying 'No' to something he wants to do? If you think so, should she start doing this when the child is five? or three? or before three?

3. Issues of independence are very important in these years. Parents have to make careful judgments about when to encourage a child's independence, and when to protect him. The following questions may be discussed:

If a three year old insists on dressing himself, but takes five times as long as if his mother helped him, should he be allowed to do it? Why or why not.

If a three year old climbs the stairs to the top of a slide, then panics, would you insist that he slide down anyway? Why or why not?

Would you send a four year old to the Deli to buy milk, if he had to cross a busy street to get there? Would you send him if the Deli were half way down his own block?

If a four year old cries the first day of attendance at a pre-school program, what should a parent do?

If a five year old disappears from his own yard, because he has suddenly decided to visit his friend two block away, what should his mother do (after she finds him)?

4. Relationships both widen and deepen during these years. They widen to include relatives and family friends, and children of his own age. Within his family his attachments are very deep to both parents, but there is a shift in the balance of feelings. The child develops romantic feelings toward the parent of the opposite sex, and at times exhibits jealousy toward the other parent. Here is a question to consider:

If a four year old declares that he is going to marry Mommy some day, would you think he is being cute and funny? Do you think the little boy is serious about it? What would be the most helpful way for his parents to handle it?

5. Thinking about the physical care the three-to-six year old needs, to develop well, what do you think parents should do about it:

- a. The child's need for sleep?
- b. The child's need for a good diet?
- c. The child's need for medical care?
- d. The child's need for opportunities for play and exercise?

Summary and Review

In these years the child has many developmental tasks: to grow out of toddlerhood; to become nearly independent with respect to feeding and dressing himself; to develop judgment about things that are dangerous and things that are safe; to prepare to enter a pre-school program and to adjust to being away from home for several hours; to achieve skills with his large and small muscles. He attains a clearer sense of who he is, and develops romantic feelings for the parent of the opposite sex, while retaining his attachment to the other parent as well. The child learns during this period to speak his parents' language in sentences, and can use his vocabulary to express his feelings, both loving and hostile ones. He uses his vocabulary also to ask thousands of questions

because he wants to know all he can about the world into which he was born; after all, it's a big, complicated, exciting, new world for him.

Parents are a child's first and most important teacher. Their job requires a great deal of time and effort. But it also offers very great rewards.

Outcome

The students will have considered constructive ways to handle the behavioral thrusts toward independence, re-organization of attachments and the development of verbal and motor skills of this period.

Assignment

Spend a half-hour with a child who is between the ages of 3 and 6 years. Write a paragraph, giving the youngster's name and age, and describe what he was doing during the time you were with him. What did you notice about the use of his muscles? How much did he talk? Did he ask questions? Could you tell how he was feeling toward you? Toward his parents? Toward any other people who were there?

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES 7 and 8.**

UNIT 3 - 3 to 6 YEARS

PHYSICAL DEVELOPMENT: BRAIN FUNCTIONING -- Part 3

Objective

To gain an understanding of how the development of physical skills is dependent upon the gradual maturation of the brain and nervous system and upon the supports provided by the child's parents.

Class Discussion

Ask several students to report on their visits with a preschool age child. What did the interviewers observe about the physical development of "their" children? About their ability to express their feelings in words? Did the children use make-believe during the visits? Could they go to the bathroom independently? How active were they in using their muscles in play? What did the interviewers observe about the children's attachment to their mother and other family members? Were the children friendly or shy with the interviewers?

Since these children would have varied in age, the differences in developmental accomplishments of the 3, 4 and 6 year olds can be emphasized.

Teacher Presentation

When you stop to think about it, the development of a human being from birth through old age is amazing. Many psychiatrists, psychologists, educators, as well as parents and others have given and are giving a great deal of study to this. Human development has not always been thought of as a subject of great value and interest. In earlier times in some cultures children were valued not so much for themselves, as for the work they could do. In rural areas, a child might spend lonely days watching a flock of sheep; in the cities of Europe and the United States before there were Child Labor Laws to protect them, many children of six or eight spent ten or twelve hours a day in factories to add to their families' income. Of course, these early hardships hampered the development of their personalities. (The class might be asked to imagine what the long-range effects might be of a twelve-hour work day for a 6 year old -- e.g. stunted physical growth, stunted ability to play and develop the imagination, no formal school education, poor social skills, because there had been too little time or experience in making friends.)

However, in our day, we have come a place a very high value on the individual human being and that includes children. Not all children are treated as they should be, but the

principle of human rights is accepted by our country and by the United Nations, and life for children is improving.

Along with this increased awareness of the value of infants, new knowledge has come to us about how they develop. In the old days people thought that an infant came into the world as a kind of blank notebook on which parents would write. Now we know that the baby starts out with her brain and nervous system already well in action. Of course, this equipment is very immature and the development which began before birth keeps right on:

1. The cerebral cortex, the largest part of the brain, continues to mature, and
2. The circuits of nerves within the brain and the networks of nerves to and from the brain to the rest of the body, and
3. The myelinization (a process that builds a protective sheath around a nerve), or increase in the protective covering of the nerve, all lead to the growth of amazing abilities in the child.

By the time she is three, the child can talk in sentences and can ask thousands of questions. Although these may become tiring to the parent, they do show that the child is observant, is thinking, and is trying to figure out answers to the things that puzzle her without having to study grammar, the three year old forms her sentences in the way her parents do. She knows how to put questions in question form, and how to make a statement or fact or fantasy. As she gets a bit older she shows an increasing ability to explain something that actually happened, or to make up stories with her imagination. Both real and imaginary stories show increasing understanding of events and relationships between people.

"Make-believe" play is very useful for several reasons:

1. It helps a child picture herself in different roles and situations and given her practice in solving problems.
2. She can pretend to be grown up like her parents and in imagination practice their feelings and activities.
3. In her imagination she can do anything she wants, while her now-developing conscience helps her sort out what is acceptable in real life, and what is only for make-believe.

In addition to the great advances in communication and imagination, the maturing brain and nervous system enable the child of 3-6 years to use her muscles purposefully. The child who at birth could only wave her arms and kick her legs now has skill in the use of her small muscles in learning to draw, to print, to build with toys; some even learn to play musical instruments. Her large muscles also show great development. She is steady on her feet, can run and climb, may even do gymnastics and dance.

Child Rearing Considerations

We have used some complicated work -- cerebral cortex, circuits and networks of nerves and myelinization -- to point out that the infants' brain and nervous system have a lot of maturing to do, and that the normal child goes right ahead with all those tasks without realizing that she is doing them.

It does make a great difference in the success of these maturing efforts whether or not the child receives the supports she needs from her parents or substitute parents. What supports would a young brain and nervous system need for healthy growth and maturing?

(Responses from the class should include nourishing food, adequate rest, adequate clothing and shelter, medical care as needed, family members who talk to, play with, teach, and above all give love to the child; and a home atmosphere in which family members basically love and respect one another. *Teacher should emphasize that the child's **emotional well-being** is a great promoter of healthy **physical** development.*)

Assignment

It would be desirable if every child could have all the support we have been discussing; but the world is not perfect, and many families have big problems. Consider the following situation:

After many quarrels, Mr. & Mrs. K decided to separate when Billy was four. Mrs. K took a job outside the home; Mr. K lives nearby, and has visiting rights, but he does not feel very welcome when he comes to the home.

When things began to get more and more tense between his parents, Billy became frightened and lay awake nights worrying. He seemed to feel that in some way he was to blame for the fights. When the separation occurred, Billy lost his appetite and began to pick at his food. He cried when his mother left him at pre-school every morning. The teacher said that Billy had begun sitting by himself and sucking his thumb, not wanting to play with other children as he used to do.

Both Mr. & Mrs. K. love Billy very much, and they see that their problems are making him unhappy and slowing down his development. For the next class, analyze their situation as best you can from these few facts, and write down any suggestions you can think of that would help these parents help Billy.

Outcome

The students will have gained an appreciation of how physical, environmental and emotional factors collaborate in the child's development of verbal, imaginative and motor skills.

PARENTING FOR EMOTIONAL GROWTH:Lesson Plans for **GRADES 7 and 8.****UNIT 3 - 3 to 6 YEARS****PHYSICAL DEVELOPMENT: OTHER BODY MATURATIONS --
SPHINCTER CONTROL AND THE BEGINNING OF
SEXUAL DEVELOPMENT -- Part 4****Objective**

To introduce the students to the importance of body maturation and readiness for toilet training and for the beginning of sexual development in the 3-6 year old child.

Class Discussion

Ask the class to give their suggestions about ways that Mr. and Mrs. K can help Billy feel better and be able to process with his physical and social development. (Suggestions might include: both parents reassuring Billy that they love him, emphasizing that he is not to blame for their being angry at each other. When they argue, which is expectable because they both feel very hurt and are angry with each other, they should control themselves and not be too hostile; they should not hit each other. When alone with Billy one parent should not criticize the other parent. Mr. K should visit regularly and Mrs. K should do her best to make him feel comfortable. Mr. K should take Billy out occasionally for "fun times" together, so Billy will continue to feel that his father cares about him. If Billy stays with his father overnight, Mr. K must take care of him and spend time with him.)

Teacher Presentation on Sphincter Control -- Developmental Aspects

In the previous session we talked about how the gradual development of the cerebral cortex and the nervous system lead to amazing developments of speech, comprehension, fantasy and motor skills, such as running and climbing. During this 3-6 year period, there are developments not only in the cerebral cortex part of the brain, but also in the cerebellum. These allow increasing control of bodily movement, improved coordination, and the achieving of new muscle skills.

Up to 18 months or 2 years, the young child usually has neither the desire nor the ability to control his bowel and bladder output. He actually finds pleasure in producing his warm bowel movements, and the odor of them does not bother him at all. It is only as the child realizes gradually that Mom and Dad have the strange idea that he should learn to use a hard toilet seat for this purpose that he becomes willing to try. He senses that this will please them, and win approval for himself.

However, it is not until he is around two years of age that his sphincter muscles are mature enough for the child to be able to control and to postpone his urination or B.M.s until his mother can respond to his signals and take him to the toilet. If a mother says that her child is trained at nine months of age, this means that she, not the child, is trained. She has observed when and how often the infant usually needs to urinate or have a B.M., and she sets him on the potty chair and keeps him there until he does it. It would be quite impossible for a child of that age to be "trained" because his muscles that control the openings of the bladder and the large bowel are still too immature to control urination or bowel movements.

Even when a child has enough maturation in his sphincter muscles, and a desire to please his mother by using the toilet, he is likely to go through a period of occasional bedwetting, or pants-wetting accidents because he gets busy playing and forgets about going to the bathroom. Or an illness or upsetting incident may cause him to regress temporarily. In some families the child is made to feel ashamed of accidents; other families handle accidents in a casual, accepting way. If bedwetting continues after the age of five, there may be a physical or psychological reason for it, and a doctor should then be consulted.

Child Rearing Considerations -- Toilet Training

Do you see any problems for the infant if his training is started when he is a few months old? Doesn't this help him get used to the idea of a potty chair, even if his muscles aren't ready to control urination and bowel movements. It may get the child used to the potty chair, but this method has disadvantages: He may have to sit as long for the expected movement that his back tires, and he comes to associate pain with the process of elimination, pushing him to achieve control before he is ready may lead to failure and make him feel discouraged and ashamed, especially if his mother is not able to be relaxed about it.

Assuming that a child is old enough for training to begin, how would you go about trying to get his cooperation? (Encouragement, praise for successes, no issue made about failures.)

If a 3 year old wets his pants while playing in the sandbox, would you tell him that he is a bad boy? Or, would you change his pants and say nothing about it? Or would you change his pants while saying that he usually does a good job of remembering, but that most kids have accidents once in a while.

How would you go about helping a child feel that he can go to the bathroom independently?

Teacher Presentation on Sexual Development -- Developmental Aspects

Another important normal development of the 3 to 6 year age period is a new awareness that "I am a girl," or "I am a boy." Along with this new realization, the young

child experiences some sexual feelings. Many parents are surprised that children this age become so aware of sexual issues and that they experience sexual feelings. If a child demands to know where babies come from, most parents can handle the question, but if a four year old touches his genitals or explores those of his little sister, his parents may be worried that his behavior is not normal.

Sexual feelings and behavior are triggered by the joint action of the brain, the nervous system, and sexual hormones.

Like the development of speech and of the muscles that permit toilet training, sexual development begins very early in life. It is important to understand that sexuality, a very important part of our human experience, develops just like so many other aspects of ourselves.

All the systems we see in an adult person are present in their earliest forms in the infant and small child. It is obvious to everyone that the respiratory and digestive systems are in place, that eyes, ears and noses operate well and that small feet learn quite soon to run. It should not be really surprising, then that the sexual system, in its infantile form, is in place too; or that it finds expression in ways appropriate to the thinking and feelings and curiosity of the small child. These feelings and expressions of course are very different from those of an adolescent or adult, but they are real, are important to the child, and need to be dealt with in growth-promoting responsible ways.

Child Rearing Considerations -- Sexual Development

Do you think it is normal for children to be curious about their own and other people's bodies?

If you were a parent and found your four year old boy and a four year old neighbor girl exploring each other, would you (1) Scold them? (2) Spank your son, and send the neighbor home? (3) Tell them that they are too young for this kind of play, they'll know better about all this when they are older, but that you understand their curiosity and will answer their questions? Or (4) would you call in the other mother and have a four-way talk about it? (Number 3 is the most constructive thing to do.)

How can a small child's sexual development be handled responsibly and in a growth-promoting way? (He should not be shamed or laughed at if he expresses romantic feelings toward his mother; he should not be over-stimulated by excessive attention to his behavior, or by showering with or sleeping with his parents; his questions should be answered simply and truthfully.)

In addition to these child-rearing suggestions, review the basic supports of good physical and emotional care discussed in the previous lessons.

Outcome

Students will have learned that both sphincter control and sexual development are tied in with brain and nervous system maturation; and that as with the other systems, they should be given the supports of affectionate handling and respect, along with adequate provision for physical needs.

THE PRESCHOOL YEARS (3 - 6 YEARS)

THE CHILD'S ABILITIES TO ADAPT

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES 7 and 8.**

UNIT 3 - 3 to 6 YEARS

THE CHILD'S ABILITIES TO ADAPT -- Part 1

Reading for Teacher: Textbook UNIT 3, pp. 11.

Objective

To review the psychodynamic models of early child development we have used so far and to expand the developmental theory of Eric Erikson for the first six years of life.

Teacher Presentation

You will recall that in an earlier lesson we discussed the great interest there is these days in human development. Many child development specialists have done much research, and have come up with various theories to explain how a newborn infant gradually makes his way into adulthood.

We cannot consider all the theories about child development, but if you learn several theories, you will be able to pick up on your own, other theories that you come across that make sense to you. Now we will learn more about the psychoanalytic (psychodynamic) models we used in the earlier Units, including Erikson's Psychosocial model.

First, let us be clear about the terms: psychoanalyst, a psychiatric physician, psychologist, or other mental health professional, a clinician or researcher who has had many years of training in the field of Psychoanalysis. Psychoanalytic, refers to the theory and method he or she uses to understand and explain not only our conscious (what we are aware of) experiencing but especially our unconscious (what is out of our awareness) goings on. Before Psychoanalysis began as a field, psychologists already knew that each of us is motivated, in our goals, actions and behavior, by unconscious forces ("psychodynamics", as these forces are called). A psychoanalyst uses this method to understand and explain both important aspects of normal psychological-emotional development, and what in his or her patients may be causing them difficulties in coping with everyday life.

From your courses on The First Year of Life (Unit 1) and The Toddler Years (Unit 2), you are already familiar with the earliest steps of emotional development, according to the Psychoanalytic models we have used. Erik Erikson's **Psychosocial** model, Rene Spitz's, John Bowlby's, and Margaret Mahler's models of **how the infant attaches to his mother and how the infant adapts** early in life, and Sigmund Freud's model of how the child develops **as a sexual being** propose that during the:

First year: the main goal is to develop a loving, confident relationship with parents (or substitute parents), as a basis for later good relationships with others.

Second and third years: the goals here are to achieve awareness of the self as a separate person from mother, and to develop confidence in one's ability to do certain things independently.

Third to sixth year: the major goals of this period are

(1) to continue to develop competence in independent activity (e.g. ability to separate from parents to go to school).

(2) to highlight the development of the self as a boy or a girl, and become clear about one's gender, and to gain some awareness and control over one's normal sexual fantasies, explanations, and feelings and to deal with them appropriately;

All of these stages you have heard about before; and you also have thought about what parents can do to encourage good development. During the next five minutes, jot down every way you can think of that parents can help a child in these stages. Then set your papers aside until the discussion at the end of the lesson. (This is the first of two sets of recommendations the students will be asked to make.)

Erik Erikson **psychosocial** model, like the other models, looks at a particular aspect of the child's complex emotional-adaptive development. We have talked about the first two phases of this development in Unit 1 (The First Year) and in Unit 2 (The Toddler Years). Let's quickly review these.

During the First Year: The main goal to achieve is the development of **Basic Trust**. For good emotional health, the infant should come to believe that those on whom he is totally dependent for survival, and whom increasingly he values really will be there when needed for feeding and comforting. As the child gradually develops this confidence, he also begins to sense that he himself is worthy of being cared about and valued. When the one year old does not have enough good experiences to attain Basic Trust, he is likely to develop Basic Mistrust. **Basic Mistrust** means that those who take care of you cannot be counted on to help you, and that you are not deserving of being cared for and valued. This has a profound influence on the child's gradually developing self-esteem (how we feel about ourselves).

During the Second and Third Years: Assuming that the child has developed a good sense of Basic Trust in the first year, he will build on the assurance that he is worthy of love by reacting actively to the large push within him toward attaining a **Sense of Autonomy** (a sense of "I can do things myself"). Attaining a good sense of autonomy goes along with an increasing good sense of self, a person who will be able to separate from his parents or caregivers, gradually become capable of being self-reliant, and with a will of his own.

The better Basic Trust was built during year one, the better will be the development of a **Sense of Autonomy** during year two. If parents or caregivers can handle a child's normal push toward Autonomy, including occasional tumbles and spills and breakages, the stronger and healthier will be his progress toward self-reliance. If, however, caregiving was not reliable in year one, so that Basic Trust did not develop sufficiently, or if parents or caregivers cannot deal helpfully with a child's need to explore and do things independently, rather than a Sense of Autonomy the child will develop an unhealthy **Sense of Shame**.

During the Third to Sixth Years Period: The major goal of this phase of development is developing an inner **Sense of Initiative**. If the two earlier stages have been well established, the child will be filled with the desire to master things in his environment. He has the feeling "I can plan things, decide what to do, and make them happen." His motivation, energy and confidence help him to develop skills during this period, and to be prepared for the beginning of his school experience.

Erikson tells us that if a child does not develop a good Sense of Initiative, there may be several reasons for it: (1) Failure to have developed well in the Basic Trust and Autonomy stages; (2) Parents' or caregivers problems in handling the child's initiatives; (3) A **Sense of Guilt** the child now develops which interferes with the freedom to initiate plans and projects.

During the next five minutes write down ideas that occur to you about how a parent could support the development of a sense of Basic Trust, or of Autonomy, or of Initiative in a child.

(This is the second set of recommendations.)

After the writing has been done, ask the students to compare their two sets of recommendations. How are they similar? How are they different?

Outcome

The students will have become aware that development can be looked at from different points of view, each enriching the others.

THE PRESCHOOL YEARS (3 - 6 YEARS)

SLEEP-WAKE PATTERNING, DREAMS AND NIGHT TERRORS

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES 7 and 8.**

UNIT 3 - 3 to 6 YEARS

SLEEP-WAKE PATTERNING, DREAMS AND NIGHT TERRORS
-- Part 1 (Human Development Aspect)

Reading for Teacher: Textbook UNIT 3, pp. 12 - 16.

Objective

The students will learn about the basic emotional aspects of bedtime problems.

Class Discussion

As you know, you spend about one-third of your life sleeping. Do you ever feel that that is a waste of time? Why, or why not?

Even though it might be fun to have eight hours more a day to play ball, be with your friends, watch TV, or enjoy your hobbies, the fact is that you wouldn't live very long if you never slept. For everyone, old and young, sleep is a time for body repair and mental rest; and the dreams that come during sleep help us to work out problems (in the unconscious part of our minds). For infants, children, and adolescents sleep gives the body time for rest needed for growth and development.

At times the 3-6 year old may protest about going to bed. Can you think of any reasons why that might be? (Answers may include the child's not wanting to stop playing, not wanting to miss out on what her parents are doing, being anxious about separating from her parents and being alone in her bedroom).

Have you seen a child resisting going to bed? What happens? (Crying, asking for drinks, wanting to go to the bathroom several times, clinging to the parent, begging for more and more stories.)

Teacher Presentation

After a child is tucked into bed, she usually has a good night's sleep. However, it can happen that her sleep will be disturbed by bad dreams, or even worse, by night terrors.

Sleep occurs in cycles that go from light sleep into deep sleep back into light sleep back into deep sleep, etc. Each cycle from light sleep into deep sleep and back to light sleep lasts about 90 minutes.

A "bad" dream, or nightmare, happens during the lightest level of sleep. This is called the REM level, the letters standing for Rapid Eye Movements. If you have an opportunity to observe a sleeping person, you may catch him in the process of having a dream. His eyelids will be closed, but you can clearly see his eyeballs underneath them moving rapidly back and forth for a new moments. He may or may not remember the dream later; if it is a frightening dream, he probably will.

Night terrors are different from bad dreams. They occur when the child is in deep sleep. It is difficult to immediately waken from deep sleep without going through a period of light sleep. Therefore, although the child may be screaming in terror, she is not awake. She does not realize that her parents are there trying to comfort her, and she is so deeply asleep that it is very difficult to waken her.

A bad dream (or nightmare) or night terror is caused by some stress a person is experiencing. In the case of the 3-6 year old he may be having a problem with her preschool; e.g. there may be tension with her mother because Mother needs to go to work in her office and the child is having difficulty tolerating the separation; the child may not only experience anxiety but may also feel shame because she is not pleasing her mother by co-operating without difficulty. Because she is not ready for the separation, anxiety builds up, and is showing up in her sleep disturbance. There are other common experiences that cause stress at this age; we shall talk about some of these in later lessons.

Whatever stress is behind the bad dream or night terror, the experience is extremely frightening for the child because it feels so real to her. At your age, you know that a bad dream is a bad dream, but a 3-6 year old does not. That is why it is most important for parents to do everything they can to help their child recover from these experiences.

Assignment

Write a page, describing a bad dream you have had either recently or some time ago. Include answers to these questions: Do you remember having any special worries just before you had this dream? If so, after waking up, did you make any connection between the stress you were having and the dream? Were you very frightened on first waking up? Did the fear go away as soon as you realized that it was only a dream? Did you tell anyone about your dream? If so, what did that person say?

Outcome

The students will understand the reasons why the 3-6 year old may resist going to bed; they also will be aware of the major reasons for nightmares and night terrors.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES 7 and 8.**

UNIT 3 - 3 to 6 YEARS

SLEEP-WAKE PATTERNING, DREAMS AND NIGHT TERRORS
-- Part 2 (Child Rearing Aspect)

Objective

The students will learn ways of sorting out and try to understand a child's bedtime problems, and how to deal constructively to them.

Class Discussion

In the homework you did, how many of you found that there was some connection between the bad dream you described and a worry you were having at the time? (From the students who did identify a connecting stressor, see if some are willing to share their experiences.)

Since a young child does not know that dreams are not "real," it is more complicated for him to recover from the effects of a dream disturbance, than it is for an older person.

What would you do if you were a mother or a father, and were wakened by three year-old Tommy's crying at 2 a.m.? Answers may include:

Go to him if the crying continues for more than 30 seconds (not easy, if you have been in a deep sleep!)

If he is awake, comfort him. Do as little as is necessary to comfort him, so that you do not fully wake him up (so that he can go right back to sleep when comforted).

If he is still asleep and crying, decide whether he is having a bad dream or a night terror.

If he is having a bad dream, wake him, comfort him, tell him that he was having a dream, ask him, if he can, to tell you about it. If he shows fear that something bad was going to happen, reassure him that you will protect him. You would calm and comfort him, and then encourage him to go back to sleep.

You will know that Tommy is having a night terror, if he is in a panic state when you reach him. He will seem to feel that something terrible is happening and most likely will be creaming. Even though he is crying and may mumble or scream something about his fear, he is not fully awake. A parent should pick Tommy up, hold him, listen to what he is trying to say, reassure him even though he seems not to hear or take in what you are saying. If the panic state does not lessen quickly, waken the child gently but strongly

enough to wake him up, and continue comforting and reassuring him until he drops off to sleep again.

If a child has night terrors often in spite of his parents' efforts to help him with whatever stresses he may be having in his life, he may require professional help.

Whether a child is experiencing occasional bad dreams or night terrors, it is important for the parents to listen carefully to what he is trying to say. He may give some clues as to what daytime problems are troubling him. Then the parents can talk with him about these things at a later time, too, such as dinner time well before the next bedtime. If the child sees that the parents are listening sympathetically and really want to help, that in itself is reassuring. It also encourages the child to confide in his parents when he has worries.

Teacher Presentation

A very common problem, of course, is resistance to going to bed in the first place. Do you recall the reason for this behavior that we discussed in the previous lesson? (Not wanting to stop playing, not wanting to miss out on family activities, separation anxiety.)

Here is one example: Four year old Jennifer didn't like to have to go to bed when her 7 year old brother Mike didn't. She wondered what he, Mom and Dad talk about and do without her. 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 they have the right to have private time together as a Mom and Dad. And now it's time for you to go to bed! But Mom, argues Jennifer, I can't go to sleep yet, its too early. No more discussion about it, Jenny, let's go up now. You don't have to like it; but we're going up now.

You will notice in this story that Mom, after explaining to Jennifer why she had to go to bed before Mike, took a firm "no nonsense" stand. Why did she do this? (J. was not resisting because of fear of going to bed, she just wanted to stay up. She has to learn that she needs enough sleep to be well rested, and that there are things grown-ups talk about and do that are private, that Moms and Dads need time to themselves, and that Mom and Dad have to decide about the time for her to get to bed.)

Sometimes resistance is based on a deeper problem. Here is a story which illustrates one: It is September 21 and 4 year old Johnny started preschool again 2 1/2 weeks ago, going from 8:30 to 3:30, 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 seemed to be a very nice teacher who likes children, and that his friends Doug, Jane and Dave will be there too. Johnny seemed very cheerful about going, but mother said, when she dropped him off he seemed to try not to cry and

had clung to her for about a minute 2 days ago. He seemed to make himself 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 3 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 yells 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 bed time.

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 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 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 awhile instead. 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. 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 to 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 loving but moderately firm limit setting.

What did you learn about parenting from this story? (The importance of listening to the child; the importance of thinking about what may be worrying the child that he can't quite put into words; the importance of knowing when to comfort and when to set a limit as the father did in saying "It's time now to go to sleep.")

Outcome

The students will have learned the importance of listening to children's problems, and about appropriate ways of responding to bedtime resistance, bad dreams and night terrors.

THE PRESCHOOL YEARS (3 - 6 YEARS)

AFFECTS

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES 7 and 8.**

UNIT 3 - 3 to 6 YEARS

AFFECTS -- Part 1 (Human Development Aspect)

Teacher Preparation: Textbook UNIT 3, pp. 17 - 23.

Objective

The students will learn about the different affects (feelings), positive, negative and mixed which the child of three to six experiences. They will also learn that affects tell us a great deal about how the child is feeling about himself or herself and his or her life.

Teacher Presentation

Before we start today's lesson, we need to learn the meaning of two words, which are great favorites of psychiatrists and psychologists, but which we need to know, too.

The first is **affect**, used as a **noun**. You probably use it very often as a **verb**. You might say "A thunder storm will affect our picnic plans." (The students may think of other examples.)

As a noun, the word **affect** has a different meaning. An affect is an emotional feeling, in professional language. What are some of the different emotional feelings or affects that people of your age have? As we go into this subject further, you will see that the affects you have today are basically the same as the three year old has, except that yours are expressed in a more mature way.

The other word we need to learn is **ambivalent**. This word may look strange to you, but perhaps you know the word **ambidextrous**. In both cases the "ambi" means "two." If you are ambivalent, it means that you have two opposing kinds of feelings about something or someone. When mental health professional use the word **ambivalence**, they mean "hating someone one loves". Feelings of ambivalence are very uncomfortable, but fortunately we usually can settle our feelings before too long. For example, you may get very mad at your parents for not allowing you to go to a movie on a school night, but well before the next morning when you are enjoying the breakfast Mom got ready for you, the good feeling you have for your parents will have come back.

Just as your affects are more developed than the three year old's, his are more developed than the infant's. This is because the three year old has achieved a solid emotional attachment to his parents, and a sense of himself as a person.

The most important thing to understand about a child's feelings is that they tell how a child is feeling about things, about specific things and about things in general, about himself or herself and about his or her life. This is why the affects children show are very informing for parents. Feelings often speak louder than words. Even though a 5 year old may say she is not angry or upset, her face may tell you that she is. Often, children will not be able to talk about feelings they have; parents who look at and listen to their children well will be able to see how they may feel even when children cannot say so.

Class Discussion

Ask for three volunteers to record at the blackboard the class discussion on the different types of affects experienced by the 3-6 year old. What types of situations might cause the child to feel positive, negative, or mixed feelings. If any of the following are not suggested by the students, they should be added.

Positive Affects: love feelings; affection; desire to please; romantic feelings; excitement; happiness; pleasure in being able to do things; sexual feelings.

Negative Affects: hate feelings; anxiety about separation; jealousy; shame; sadness; guilt.

Situations that Produce Ambivalence: essentially any feelings of hostility or hate toward the parents to whom the child is attached will produce ambivalence. Thus

- Parents making fun of the child;
- Shaming him;
- Abusing the child in any way;
- Saying "No" when he really wants to do something (even if the "No" is for his own good.)

Having hostile fantasies toward a parent will all produce ambivalence (i.e., hating someone one loves.)

It is a pleasure to see a preschool child enjoying the happy feelings on our positive list. Even the happiest child will have times of ambivalence when he is frustrated, and may have episodes of any of the negative affects listed. Such episodes are normal. However, if a child has negative affects for quite a long time (say for weeks), because such a prolonged state of feeling badly can cause significant problems for the child, parents would help the child well by seeking professional consultation.

Anger, for example, is to be expected. However, if a child's temper tantrum which were quite severe at two, show no signs of lessening when he gets to be three or four, he needs some help. Depression in a child is most commonly caused by a feeling (real or imagined) of having lost a loved person. Or it may be caused by guilt which is a feeling of self-criticism and self-attack. Shame is a feeling of being worthless.

A careful observer can see these affects in a child who is suffering from them, even if the child cannot put into words what he is feeling. A solemn look in his eyes, no smiles, no spontaneity, clinging when faced with separation, timidity or resistance about trying something new, over-reacting by going into rages -- all these are warning signals that something is not going well.

Assignment

Observe a child for thirty minutes, and write up what you see, noting the child's age. List all the affects you see him or her expressing during that length of time. What is your overall impression of the child? Is he/she basically positive in the affects you noted? Did you see any problems? Any ambivalent feelings?

Outcome

The students will have become familiar with the affects experienced by the preschool child, the normal positive, negative and ambivalent feelings, and the problems which may occur; they will have learned about the non-verbal affective expressions which signal the presence of problems.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES 7 and 8.**

UNIT 3 - 3 to 6 YEARS

AFFECTS -- Part 2 (Child Rearing Aspect)

Objective

The students will learn how a parent's ability to tell what a child's affects are will guide the parent toward constructive child rearing, and how their attitude toward the expression of affects may help the child's emotional growth, or on the contrary, cause significant problems for the child.

Class Discussion

As a few students to read the accounts of their observations of a child's' affects, listing them on the blackboard. Consider the following points:

How could you tell how the child was feeling?

If an adult was present, did he or she recognize and respond in any way if the child was happy or excited? How did the adult respond if the child was having negative or ambivalent feelings? And how did the child respond to what the adult said or did?

Teacher Presentation

Our feelings normally show on our faces, in our voices, in our attitudes, and in our gestures. Of course, we also express them in words. It is most important for all of us to understand that our affects (emotional feelings) reveal how we feel inside; they are a window into our being, into our souls. So it is very important for parents to know that if they want to try to understand what is going on in their child's being (or soul), they must learn to look for their child's expressions of feelings.

A little child, we all agree, has feelings, just as you and I do. Like ourselves, it is important that her feelings be recognized by those who care for her, and also that she be entitled to have her feelings respected.

A few simple-to-remember guidelines will be useful to parents in order to better understand and help a child with her feelings:

1. **Observe** the child's mood and facial expression.
2. **Listen** to what she is trying to say; if she is searching for words to express her feelings, patiently help her find them.

3. **Accept** her feeling, even if it is anger about something you did. Bear in mind that it is not wrong to feel angry, hostile, or even hate, although sometimes a child (or an adult) has to be restrained from acting out such feelings in destructive ways. Never tell a child that she really is not feeling mad at you, that she does not hate you even though she just said she does, or that she is not jealous, or whatever she may be expressing. (To deny what a child is feeling will make her feel that you don't understand her, or else it will give her the message that she is a terrible child if she has such feelings.) Never make fun of a child if her feelings seem inappropriate to you, for example if a little girl tells you that she wants to marry her father.

4. **Talk** with the child about his feelings. Once she sees that you are listening to her, she will become calmer and, furthermore, she will be more likely to listen to you. If she is angry at you, express understanding that (for example) your "No" made her really mad; let her know that all parents and all children now and then get angry at one another. The important thing is that they don't stay that way, because after they talk about the problem they remember that they really love one another very much. Everybody has mixed feelings, but in caring families, love always is always greater than anger or hate.

5. **Reassure** her that even though her feelings and behavior get her in trouble sometimes she is still a good kid, and Mother and Father think she is very special.

If a parent does all these things when a child is upset -- observes, listens, accepts, talks to and reassures the child, we say the parent has empathy with the child. **Empathy** means tuning in with how another person is feeling, and responding in a way that conveys understanding and readiness to help. Empathy is very important for growth-promoting parenting.

Sometimes in the heat of anger, it is hard for parents to be empathetic. For example:

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. Of course, many people believe this.

For the past year and a half, Jennifer and her Mom just did not get along as they had before. Jennifer was not as easy and pleasant to be with as she had been during the first 2 years of her life. Recently, when Mom again told Jennifer that she cannot just go into her 7 year old brother Mike's things and play with the erector construction he built without his OK--she had already broken two he had built before--, in a fit of anger and with much feeling Jennifer half-shouted: "I hate you! You always like Mike more than me. I hate you!" Shocked, hurt, and very 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 a child, when Mom (or Dad) says as Jennifer's Mom did, (1) You don't mean that; (2) It's terrible to say that; and (3) Wait till I tell your father.

Answers to the questions should include these thoughts:

1. Mother's saying that Jennifer "didn't mean that" made the child feel that this may not be what she is feeling, or that her mother didn't believe she could feel such a bad feeling, or who knows what! It may even have confused Jennifer.

2. Her mother's telling her "that's a terrible thing to say" made her feel that she was a terribly bad child.

3. "I'll tell your father" made her feel humiliated and afraid of punishment.

If mother could have talked sympathetically with Jennifer about anger, about hating, and about her jealousy of Mike, she would have been able to help Jennifer well with these very worrisome feelings. Her being able to empathize would tell her that anger, hate and jealousy were very painful feelings to Jennifer. Mother could have said something like this: "I guess there are times when you feel I love your brother better than you. But that's not true, Sweetheart, Dad and I have plenty enough love for both of you. Even though you can't yet build things as well as Mike, you can do other things very well, like saying the alphabet, and when you are Mike's age, you will be able to build all sorts of things well too.

Outcome

The students will understand the concept of empathy, how very important it is for understanding one's child, and how it can be so useful in a parent's efforts to help her or his child deal with troubling negative affects; unhelpful ways of approaching the child have also been considered.

Assignment

Review the notes on the lessons we have had so far, for a test next time.

THE PRESCHOOL YEARS (3 - 6 YEARS)

REVIEW -- PHYSICAL DEVELOPMENT,
SLEEP-WAKE PATTERNING,
AFFECTS

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES 7 and 8.**

UNIT 3 - 3 to 6 YEARS

**REVIEW -- PHYSICAL DEVELOPMENT,
SLEEP-WAKE PATTERNING, AFFECTS**

Objective

To review and consolidate the information learned in the previous lessons.

Written Test

1. Name three important ways a child five years of age is different physically from a two year old.
2. Is it wise to start a child's toilet training when he is six months old? Why or why not?
3. How would you respond to a child who has recently become aware that he is a boy, and who declares that he wants to marry his Mommy?
4. Name two reasons why some children have bad dreams or night terrors.
5. Should a child be allowed to tell his mother that he hates her? Why or why not?
6. Define the words Ambivalent and Empathy.
7. What is the most surprising thing you have learned in the class so far?

Class Discussion Of Answers To These Questions

Outcome

Areas that have been well-learned, and gaps in the learning will have been identified.

THE PRESCHOOL YEARS (3 - 6 YEARS)

COGNITIVE ACTIVITY, PLAY AND FANTASY ACTIVITY

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES 7 and 8.**

UNIT 3 - 3 to 6 YEARS

COGNITIVE ACTIVITY, PLAY AND FANTASY ACTIVITY --
Part 1 (Human Development Aspect)

Teacher Preparation: Textbook UNIT 3, pp. 24 - 32.

Objective

To learn what a 3 to 6 year old child's abilities **to think** and **to play** are; and to learn about the remarkable adaptive role of **fantasy**.

Teacher Presentation

You will recall that in an earlier lesson we learned about the many ways a preschool child develops in the use of his muscles, and in his use of speech. From toddling to riding a tricycle, or even a two-wheeler; from making short sentences to quite detailed and even elaborate make-believe stories, what a child accomplishes in three short years is remarkable.

There are also some other ways that a child's brain is active during this time. If introduced to books at a very early age, a youngster will become attached to them. He will want the same story read to him over and over. The parent may become tired of the story, but not the child.

Why do you think a child often asks for the same story instead of a new one? (Perhaps because the story deals with things the child likes, has experienced himself, or is afraid of; about things the child himself has thought about or even imagined, or about relationships with family members -- or perhaps the child associates the story with the cozy time he is having alone with the parent. Also, repetition increases understanding, makes what happens in a story predictable, gives the child a chance to master things of which the child is afraid. And more.)

In addition to the pleasure of being read to, the child enjoys the pictures, and likes to re-tell the stories connected with them. A child of four or five may develop a desire to learn to read. If encouraged, he may learn the alphabet, and to read simple words and even to write his name. He likes to imitate the adult reader and has a great sense of accomplishment when he, too, can read a little.

During these years, the child's ability to play with toys increases greatly. Learning to manipulate toys so that they work, or fitting parts together will help a child manipulate tasks when older. Often a child will spend a long time in a concentrated effort to make a

toy work properly. If an older person intervenes the child may be pleased with the help; or he may be upset because he may feel the adult is not giving him a chance to do it himself; or he may be frustrated and disappointed that he could not succeed in it himself.

Table games as well as movement games may be introduced during these years. Here also, although the youngster may be delighted to be included, he may feel inferior at not being able to do as well as the older ones, and hurt and upset with them for winning. Also, most children of this age do not quite understand the purpose of rules, even when explained. He may make up his own rules, and he may be frustrated when they are not accepted by his opponents. Playing games by regular rules is usually not successful until the child is over six. However, playing with other children in both a non-structured way, and in simple structured games has a special value. It helps a child build important social skills, as he struggles to learn to take turns, and play fairly.

Another evidence of intellectual development of this period is the child's increasing ability to fantasize. Fantasy develops as the child tries to cope with the pleasures and the pains of life. Fantasy is the product of imagination, a most important tool for adapting, solving problems, and planning the future, for instance.

Before the age of three, a child could imagine in a simple, straight-forward way -- e.g. he could imagine Mommy's coming home. By the age of six, on the other hand, the child is able to construct elaborate, quite detailed fantasy stories or games. He can play make-believe games, either by himself, or with others.

In contrast to the two year old, the six year old's fantasy play:

1. Tells about make-believe persons and what they are doing, and what happens to them.
2. The six-year old's story may describe things in much greater detail than the two year old can.
3. The six year old's fantasy may be a long story while the two year old's will be very brief.
4. The six year old will use fantasy very often in his play; the two year old will not.
5. The six year old will dramatize real and meaningful events in his fantasy play.
6. The six year old can use fantasy play to help him work out some of his worries and problems. Sometimes a child may appear to be off in a daydream, when he is really working on something that is troubling him.

Do you have any idea about how engaging in fantasy play can help a child work out a problem? (e.g. a child afraid to sleep in a dark room might have a fantasy that she has a big dog sleeping at the foot of her bed, to protect her; or a child having some problem accepting Mother's "No's" may work out her feelings by pretending that her doll is a child and she is the mother and she is doing the disciplining; or a little boy who feels small and weak in contrast to his big brother may be comforted by a fantasy that he has magic powers.)

Assignment (Choose one)

1. Play for half an hour with a pre-school child. Suggest that you play a make-believe game. Write down what he tells you. Do you see in his story any connection with his own experience? Or,

2. Think back to your own pre-school period. Do you recall any of the fantasies you had then? Can you remember how they may have helped in problem-solving? Write a paragraph explaining this. Or,

3. Write your thoughts about the following: With all the programs there are on television, do you think it is necessary for pre-school children to have books? What are the advantages and disadvantages of reading books to little children, compared with the advantages and disadvantages of having them watch TV.

Outcome

The students will have learned about the vital growth in the child's ability to think, to play and fantasy, and to have some idea of their importance in the mental development of the child.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES 7 and 8.**

UNIT 3 - 3 to 6 YEARS

COGNITIVE, PLAY AND FANTASY ACTIVITY -- Part 2 (Child Rearing Aspect)

Objective

The students will learn that the parent is really the child's first teacher and what is involved for parents in their roles as teachers of their children.

Class Discussion

Ask those in the class who chose the third assignment option, TV versus books, to share what they have written. (Response might include the idea that both can be helpful, provided that parents select the TV program, choosing educational ones e.g. Sesame Street and avoiding programs with themes heavily dosed with violence and family conflict; if children do happen to see the latter, parents should tune in on the youngster's reactions and talk with them about what they have seen. Advantages of reading to children, e.g. the pleasure a child has in the parents' closeness, the sharing of the excitement of the story, the opportunity for the child to express his reactions and ask questions and the interest in reading which books awaken in the child, should be discussed. Most important in reading to children is their valuing what they enjoy doing with their parents, and thereby, they will value and possibly enjoy learning to read themselves.)

Ask those in the class who wrote about some fantasy they remembered from their pre-school years to share their experience. Do the students reporting feel that their fantasies helped them to figure things out, or to solve any problem.

Ask the students who spent time with a pre-school child to report the child's make-believe game. Did the students see any connection between the child's story and his real-life experiences?

Teacher's Presentation

Think back over your own life -- who was your first teacher? You may remember that nice Miss Jones from Kindergarten or first grade, but she was not your first teacher. That honor belongs to your mother and your father, from as early as the first few months of your life.

A child of three to six has a thousand things to learn, and she is eager to learn them. Her parents are the ones who can best help her, and it is very important that they have

some good ideas about how to go at it. It is important also that they enjoy teaching their child; and of course, having a whole lot of patience helps!

We have just been talking about the fantasy life of children. Do you think it is a good thing to encourage a child's imagination? Why or why not? (It helps a child play out some of the things that puzzle or bother him; it encourages him to be creative -- in adult life it is the people with creative imaginations who become our writers and artists, our inventors and scientists.

How can a parent help a child to make best use of his ability for fantasy? (Listen to her, sometimes join in a make-believe game with her; help her to be clear about what is make-believe and what is reality -- e.g. if a child pretends she is a big bird, she must face the reality that she cannot fly out of the bedroom window!)

Most fantasy play, by both girls and boys this age centers around family life: parents taking care of children, or going to work, or shopping. This is still the case during the early school years, especially among girls. Children 3 to 6 years of age may also pretend to be a nurse giving shots, or a doctor giving a physical examination. Would you encourage or prevent a small "doctor" from undressing another child and examining him? (Actual undressing should be prevented, but examination while dressed need not be. It is useful to try to understand what the young "doctor" is trying to master. If it is how the other child's genital are made, the "doctor" should be told that it is natural to be curious about how another child is different, but this is something he can ask parents about; the idea of respecting the other person's privacy can also be taught.)

Suppose a child had a frightening fantasy that there is a witch in her bedroom. Would you tell her that that is nonsense, she is not afraid, she just doesn't want to go to bed? Would you make fun of her for having such an idea? If not, what would be a helpful way to handle this? (Talk with the child to see if anything had happened to upset her during the day; tell her that you know being afraid is no fun, but you are certain that there are no witches around; stay with her a few minutes for reassurance; provide a night light; let her know that parents will not let anyone hurt her.)

When it comes to helping a child learn a skill, a parent needs to be very tuned in with a child's interest and readiness to learn. If the child does not seem interested and ready to learn, a parent will be wise to wait a bit longer.

Six year old Sidney has a good mechanical sense. He can take anything apart, and put it back together in a flash. He doesn't care much about books, or make-believe games. His sister Emily, age four and a half, on the other hand does not have a feeling for how things are made. If she takes something apart, it is broken completely; but she has a rich fantasy life, loves story books, and already knows the alphabet.

Would it be a good idea to point out to Sidney that he should take more interest in books or Emily will be smarter than he is? Or to tell Emily that girls are just dumb about

mechanical things, so it is no wonder that her toys are always getting broken? (Children should be given a sense of self-worth and achievement by encouraging them in what they can do well, and offering to help with the things that come harder to them. Making comparisons between siblings is never helpful. One or the other is bound to feel "put down." Although he may be mistaken, a child usually senses quite accurately which achievements his parents value most.)

Although the pre-school child asks thousands of questions about why things happen, and how things are made, there are times when a child wants to figure things out on his own. He may struggle a long time to tie his shoes, for example, and he may feel frustrated and incompetent if the parent comes to do it for him; or, on the other hand, he may very much want the parents' help. It takes a parent with a great deal of empathy to be able to sense when to keep hands off and when to help. When it is time to help, parents should explain things simply, with a "let's figure it out together" attitude.

Should a mother let her three year old daughter help her make cookies, when there is a good chance that she may spill flour on the counter and floor? Should a father let his three year old son help him wash the car, when father can do the job better in less than half the time by himself? (Yes, helping a parent, and sharing in what the parent is doing builds self-confidence, self-respect, as well as teaching the child something about handling tasks of every day living.) Suppose it is the son who wants to cook and the daughter who wants to wash the car. Would this mix up their beginning gender awareness? (No, gender awareness comes about by built-in factors in the child and by the way the child is treated by his or her parents, and it can be encouraged in many other ways. These days, home tasks are shared by both genders.)

Class Activity: Dramatizations

1. *Should Doug Be Dunked?*

A play in one scene; the action and argument to be made up by three volunteers, one to play the role of Mother, one of Father and one of Doug, age 4 1/4 years. When the scene opens, Doug is splashing contentedly in the toddler end of the swimming pool. Mother wants him to learn to swim; she did at his age; Doug is frightened if he gets in water above his knees. Father doesn't want to force Doug to get into the deep water; he remembers his own father pushing him into the pool to make him learn, even though he was afraid.

He has never forgotten how terrified he was and how angry he was with his father.

The characters will have a heated argument, in which everyone will express his/her feelings about swimming, and about one another.

The class discussion following the episode should include speculations about what the effect would be on Doug if he were forced to learn to swim before he was ready. What would his feelings be toward his mother? About trying other new things? If his

parents were to decide not to force him, how could they reassure him that it is O.K. to wait, and that learning to swim will be easier when he is a bit older?

2. *Bernie Blows Up*

A play in two scenes. The characters are Bernie, age 5, his two neighbors Susie 5 and Tom 4, and Bernie's mother.

In the first scene, Bernie and his friends have been playing happily in Bernie's back yard. Something goes wrong and Bernie's mother who is preparing lunch in the kitchen hears Bernie screaming "You can't play with my toys." Mother didn't see what happened, but she has always tried to teach Bernie to share and be polite. She rushes out and starts scolding Bernie. Dramatize this interaction, showing how everybody feels.

The second scene will be played by another cast of actors. It will have a different outcome because this time when mother rushes out, she will try to understand what happened, try to help her son share his toys reasonably, and then try to help the children deal with their angry feelings, and get back on a friendly footing with one another.

The discussion following the scene should include the points that getting along with others is one of the important things children have to learn; that getting angry is bound to happen now and again; that learning to talk things out when angry is a difficult skill to learn and that parents help in this is needed. The Golden Rule is helpful, and should be used by children and parents alike.

Discussion

What recommendations would you make to parents who want to be good teachers to their pre-schoolers?

1. The parent should enjoy the opportunity to help his child learn about his world. If the parent likes teaching, usually the child will like learning.
2. The parent who sets time aside to spend with the child and answer his questions, will find her or his child more likely to want to learn than when the parent does not do this.
3. The parent should focus on the child's natural interests, not push him to learn something the parent likes, but the child doesn't.
4. When a child has to learn something he doesn't want to, for example, to tie his shoes, at this age it often is due to the child's fear of failing; give him a little extra time to develop the small-muscle coordination needed for this task.
5. Praise him when he accomplishes a new skill.

6. If he fails at something, reassure him that this happens to everyone, and he will succeed if he keeps at it.

7. Never make fun of a child, whether it is his awkwardness, fearfulness or whatever.

8. Do not compare siblings' accomplishments.

9. Learn to sense when a child needs help, and when he needs to accomplish something independently.

10. Introduce him early to the rewards of reading.

11. Remember the Golden Rule.

Outcome

The students will have learned what parental attitudes and approaches foster the development of the child's abilities to learn and to play and what attitudes are counter-productive.

THE PRESCHOOL YEARS (3 - 6 YEARS)

SELF AND HUMAN RELATIONSHIPS

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES 7 and 8.**

UNIT 3 - 3 to 6 YEARS

SELF AND HUMAN RELATIONSHIPS -- Part 1 (Child Development Aspect)

Teacher Preparation: Textbook UNIT 3, pp. 33 - 46.

Objective

To understand the process of "selfhood" development during the first five years of life, and the simultaneous growth of relationships inside and outside of the family.

Class Discussion

In this class there are (number of students and teachers) unique persons. Did you ever think of yourself as unique? You are. There never has been a person exactly like you in the world, and there never will be. Even what we call identical twins are not really identical. This gift of uniqueness is quite a responsibility when you come to think of it. It challenges you to make the most of the special person you are.

The assortment of genes with which we are born and the many experiences we have from the first days of our lives makes each one of us unique from very early on; certainly long before a child is 5 years old, she or he is quite unique. We have to emphasize that the "self" that develops from the day of birth on is very much affected not only by the "givens" we are born with, but also by the support, teaching, encouragement and love our parents provide.

Let us review how the child's awareness of being a self begins and develops.

Does the newborn realize that he/she is a person? (No, she has feelings such as hunger and she ably lets you know about it, but does not know that that empty stomach is hers. For a number of months she has the feeling that she and her mother are part of each other. That is not really an odd idea, since they were part of each other for nine months.)

Have you ever seen a 4 month old baby holding up her hand and staring at it? What is she doing? (She is becoming aware of her own body "geography," which gradually leads to the astonishing discovery that she and mother are different persons.)

Do you think this is a happy or frightening discovery? (It is both. The child is excited by the feeling that she can toddle around by herself and explore the things she wants to; but it frightens her to realize that if Mother is not part of her, how will she cope with things on her own; she might even fear that Mother might go away and not come

back. This is why an eighteen month old child may be super-independent one minute, and cling anxiously to Mother the next.

At about what age does a child become comfortable about being a separate person, confident that mother loves her and is available to her, even if she and mother are different people? (Usually between 30 - 36 months. By that time the child has a sense of security in mother's and father's love; also the child has developed the ability to love not only her parents, but also her siblings, grandparents if near at hand, and other people who are close then.

Teacher Presentation: The Development of One's Gender-Self

A child of two already has some sense of being a girl or boy. "Good boy!" "Good girl!" "Bad boy!" "Bad girl!" already have been said to the child many times. The way a child is dressed, the toys that are provided, and the way he or she is talked to and played with, give the child a good sense of being a boy or a girl. In addition, there is a biological tendency for even two year old girls to show a special interest in infants that is not often found in boys. Some 2 year old boys, on the other hand, already begin to show a distinct preference for engaging in full body muscular activity. Also, if a two year old has observed other children undressed he or she may well already shown surprise and interest in the fact that there is a difference in how boys' and girls' genitals are structured.

The age range of 3-6 years shows a further development in all this. Now the child becomes very much interested in these anatomical differences. Most children have pleasure, pride, and good feeling about being male or female. This depends, in part, on the parents feeling happy about the child's gender and conveying this to him or her. Many gender-related fantasies and much gender-related play occur during these years. Although it is normal for a child to take both parents as role models, we often find a preference in playing for a girl to pretend to be a mother, a nurse or a teacher, or a boy to be a father, a mechanic or a fireman.

There is an old saying "The path of true love is never smooth." This is just as true of the love of parents and children, as it is in romance. The child who now has settled two big issues--that he is a separate individual from his mother and that he is a boy, not a girl --, finds that his feelings toward his parents have become quite complicated. He has strong love feelings for his mother, likes to feel close to her and touch her; he may well daydream about marrying her when he grows up. He becomes uncomfortable when he sees his parents kissing each other, even angry at mother for this, and jealous of father. At the same time, he adores and admires his father, so his feelings are, to say the least, ambivalent.

With the little girl, the situation is reversed. She deeply loves and needs her mother who loves and nurtures her, but she gets upset and disagreeable especially toward mother when her adored father pays attention to mother instead of to her--even though father has a lot of love for her, too. Many a girl has ideas of marrying her father some day, and as

with the little boy toward his father, her ambivalence toward her mother is very uncomfortable.

By the age of six or so, the child normally has worked through much of his/her jealousy and competitiveness with the parent of the same gender. The little girl is well on the way to accepting the fact that mother and father are each other's mates, and that she will have a mate of her own when she grows up; and the same with the little boy. Each child will take the same-gender parent as his/her role model.

Relationships with Others

Think about the life-span of the average person. If you live to be 80, with whom will you have the longest relationship of your life? (Your siblings -- they probably will live twenty or thirty years longer than your parents.)

The relationships you establish with your brother and sisters from babyhood on, can be of enormous importance. In some families the siblings aren't very close, and they may drift apart as they grow up. These young people lose a great deal. A family where siblings are close and love one another, (even though normally they are competitive and may even have fairly frequent fights when young) will have one another as life long friends. A woman of 80 who was mourning the death of her only sister said "Now there is no one left who knows about my childhood." This woman lives in the United States, her sister lived in Germany, but through fifty years of separation they were each other's friend and link to the early years which meant so much to them.

During the early years, a 3-6 year old will admire and imitate and depend on a sibling who is a few years older. He may also get into his sibling's "hair" by messing up his toys, or by hanging around when the older one wants to play with his friends. It is well known that an older sibling experiences some jealousy when a younger one comes along, and claims a lot of the parents' time and attention. If parents handle this wisely, the older one can be assured that the parents have as much love for him as ever; and he can be helped to take the role of valued and admired big brother. He can be a substitute for his parents, when needed, teaching and protecting the younger one. Without perhaps realizing it, the older one is gaining experience that later will be helpful to him when he is a parent. However, unless it is really necessary an older child should not have to take major responsibility for the younger ones, because she needs free time to develop her own interests.

When might it be necessary for an older child to take major responsibility for a younger one? (E.g., in a single parent home, a mother might not get home from work until 5:30 or 6:00. A 10 or 11 year old may have to collect his little sister from the kindergarten, and supervise her until Mother's return.)

Along with the all-important relationships with parents and siblings the child of 3-6 is busy developing other important connections. If he is fortunate enough to have grandparents in the home or nearby, the relationship with them can be very meaningful.

Grandparents usually can be counted on to offer the child playfulness, affection, relaxed time together, a sympathetic ear and help with problems.

If a child goes to pre-school, he may develop a close relationship with his teachers and find some friends among their peers. These relationships although distinctly secondary to those in his family can provide a social "laboratory." They offer opportunities to learn about the given and take of relationships, sharing with peers and cooperating with teachers. The same can be said for the widening circle of relationships among aunts, uncles, cousins, family friends and neighborhood children.

Assignment

Write your thoughts about these situations:

1. Mr. & Mrs. Brown were parents of three little girls, and when Mrs. Brown was expecting again, they greatly wanted a son. But the baby was another girl whom they named Sidney. In conversations with relatives, the remark was often made "Sidney should have been a boy." When Sidney gets a little older and senses her parents' disappointment, will this affect her self-image? Explain.

2. Mr. & Mrs. Ross are the parents of Jane, 4 and Sara, 6 months. Soon after Sara was born, Jane confided to her Uncle Jack "Sara stole my Mommy." How could Mrs. Ross help Jane to change her feeling about this?

3. Joey is 4 years old and has no siblings. Think of three ways his parents can help him to learn to share, and be considerate of the feelings of others.

Outcome

The students will have reviewed the steps of the development of the awareness of self and gender; they will have learned how primarily relationships within the family, and secondarily those outside the family contribute to the child's emotional development.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES 7 and 8.**

UNIT 3 - 3 to 6 YEARS

HOW TO OPTIMIZE SELF AND HUMAN RELATIONSHIPS --
Part 2 (Child Rearing Aspect)

Objective

To consider parental attitudes which encourage, and others which discourage a healthy sense of self, and the formation of good relationships with others.

Class Discussion

Review with the class the steps in attaining gradual awareness of being a self, in infancy and toddlerhood.

What is the problem for the child in giving up his sense of oneness with mother, and becoming aware that he is an individual, himself? (Anxiety about separation, fear of abandonment, sense of helplessness.)

How can a parent help a child feel comfortable, even happy about being a separate person? (By giving assurance of parents' continuing love and availability; by teaching the child to do things for himself, and sharing pleasure in his accomplishments.)

How does this little individual now become aware of being a boy or a girl? (There is an inborn biological tendency to be and know that one is either female or male. But before this biological knowledge becomes really felt by the child from the third year of life on, during the first two years the words parents use in speaking to the child, the toys they provide, the activities they encourage, and what the child has observed, all help the child develop the sense that she is a girl or he is a boy.)

Ask several students to read their thoughts about Sidney whose parents said "She should have been a boy", followed by a discussion in which other students will give additional points. (The ideas offered should include: 1. That Sidney will feel that it isn't as good to be a girl as to be a boy. 2. She will feel that she let her parents down by being a girl. 3. She may feel ashamed about this, even though she had nothing to do with being born a girl! 4. She may feel that her parents don't love her as much as they would if she had been a boy. 5. She may feel angry at them because of this. 6. She may try to "make up" for being a girl, by turning to boyish interests, and looking down on girlish ones.)

Suppose Sidney's parents, even though they had hoped for a son, were prepared to welcome their child, whatever the gender. How could they help Sidney "feel good" about

being a girl? (Answers could include: 1. Loving her as a person. 2. Telling her they are so happy to have another girl and really enjoying being with her. 3. Praising her for the things she does well, whatever they are. 4. Showing love and appreciation for Sidney's sisters, thus conveying the idea that it is pretty nice to have girls in the family. 5. Father's attitude toward mother is important. She is after all "a grown up girl," and if he shows love and appreciation for her, this gives a message to all his daughters, that his girls are special to him.)

Sidney, like her sisters, between the ages of 3 and 6 will experience the "family romance," when she will wish she could marry her father, and at times will feel jealous of mother. This should be treated respectfully, letting Sidney know, as her sisters had to learn, that father is Mother's mate, and Sidney will have her own when she is older.

How many students in this class have ever had a quarrel with a brother or sister? It is safe to say that the only people who have never quarreled with siblings, are those who never had any siblings. Rivalry among siblings is very natural, and provides a kind of laboratory in which children can work out problems and learn to interact with others as caring human beings. The reason this laboratory is so helpful is that there are love feelings as well as competitive ones as the children grow up together.

Sibling rivalry begins very early -- usually with the birth of the second child. (Ask some students to read their thoughts about Jane's feeling that "Sara stole my Mommy," and how Mrs. Ross could help Jane feel differently. The discussion should include these ideas:

1. The reassurance that both Mom and Dad have plenty of love and Jane will have as much as she ever did.
2. Recognize that sometimes Jane may want Mom to help her do something when Mom has to feed or diaper Sara, and it is hard to wait; but Mom feels she can count on Jane to wait a little, and to understand that Mom, really, will help her as soon as she can.
3. Let Jane watch as Mom takes care of Sara and encourage her to help when she shows an interest, by holding Sara a few moments, handing mother a diaper, etc.
4. Talk with Jane about how she will become a Mommy some day, if she wants to, and that it is a wonderful thing to be, especially when there are daughters as great as Jane and Sara.

What do you think are some of the other frustrations in having siblings? (Older ones can stay up longer than you can; if younger; younger ones may have to wear hand-me-downs; older ones may feel that parents are "practicing" with them, and that they treat the younger ones less strictly; older ones may sometimes have to baby-sit, when they would rather visit a friend; younger ones may feel that they can never keep up with the older ones, and can never win a game; both younger and older ones sometimes feel that the parents prefer the other, even if that is not true.)

What are the advantages of having siblings? (Everyone enjoys being admired, and the older ones are looked up to by the younger; the older ones can teach skills to the little ones, who enjoy learning from them -- if the older ones are patient; the younger children can look to the older ones for protection and can, especially if the parents are absent; the older siblings can get some early lessons in parenting, which will be useful later. Even if it is difficult to learn to share, having siblings provides opportunities to share, and to learn consideration in interaction with others, and to settle disputes fairly. In a normal family, there are feelings of love among siblings which survive all quarrels. As siblings grow older, their ties of friendship grow stronger, and they remain friends for life. Regrettably, this is not true in every family, but usually it is.)

Now consider the situation of Joey, age 4 who has no siblings. Discuss the reports of some of the students who wrote suggestions about how his parents could help him learn to share and consider the feelings of others. (Ideas offered should include:

1. The example of the parents, who share, e.g. candy, with each other as with him.
2. Pointing out to Joey that he has to share Mother's time with Daddy, for instance if he needs her to sew a button on Daddy's shirt and Joey wants her to help him with a puzzle.
3. Listening to Joey, and expecting him to listen to the parents.
4. Having a pet and showing Joey that pets have feelings, and should be treated considerately.
5. Showing Joey how to be welcoming and courteous to visitors, including grandparents.
6. Making opportunities for Joey to have some play contacts with other children and helping him understand the concepts of taking turns and sharing.
7. Helping him talk about, instead of acting out his angry feelings if he gets into fights when playing.
8. Teach him some of the skills -- e.g. throwing and catching a ball -- that other children may have learned from their siblings.)

These days when many mothers work outside the home, many children are sent to day care or nursery school, perhaps for two or three years before kindergarten. If the mother did not have to work, and could stay home, which do you think would be better for a three year old -- to go to nursery school or stay home? (There are many things a child can learn in nursery school, and he will have the experience of making new relationships with peers and teachers. It should be remembered, however, that the main developmental job of the 3-5 age range, is to continue the formation of good, stable relationships within the family, especially with his parents. It is these relationships which have the most to do with the formation of the child's personality. All children throughout their development identify with the people they value emotionally and to whom they are emotionally attached.)

For most people these primary relationships -- these character forming relationships -- are with the parents; in some cases where parents are not available, grandparents, aunts and uncles, or other caregivers take their place. Children identify with both the positive and negative qualities in both their parents (or substitute parents.) Much as they might like to, parents cannot influence which aspects of themselves the children will select for identification. They can expect, however, that children are more likely to identify with what the parents do, than with what the parents wish their children would do.

Since the parents play such a major role in the character formation of their children, you can see that even a good nursery school cannot be expected to be that important to a child's development. However, if a nursery school, or a day care center has caring and understanding caregivers and/or teachers, it can do a great deal to supplement what the child is getting at home. Parents who do send their children to pre-school or day care need to be careful to select one which fosters the child's emotional growth. They will also need to monitor how the child is responding to the school. After the adjustment to the separation from home, does he appear happy at the school, or anxious? What is his reaction to teachers and caregivers? Is he interacting with the other children in a reasonably comfortable way? Taking time with the child for real communication through talking and playing together is very important, especially for the working mother who cannot be with the child all day.

All this being said, a child can form some very meaningful relationships with a caring teacher, and with peers at pre-school. Of course, cooperation between parents and teachers is of great importance, so that the child will receive the similar messages from home and school.

Outcome

Helpful parental attitudes in supporting a child's gender identity, have been defined; the values and complications of having siblings explored, and the advantages and disadvantages of pre-school attendance have been considered.

THE PRESCHOOL YEARS (3 - 6 YEARS)

THE BEGINNINGS OF SEXUAL (REPRODUCTIVE) LIFE

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES 7 and 8.**

UNIT 3 - 3 to 6 YEARS

THE BEGINNINGS OF SEXUAL (REPRODUCTIVE) LIFE --
Part 1 (Human Development Aspect)

Teacher Preparation: Textbook UNIT 3, pp. 47 - 70. Teacher should decide whether this material should be given in more than one class session; there is a lot of it.

Objective

The students will understand (1) that sexual development is a normal and very important part of human growth; (2) that it begins much earlier in life than most people think; and (3) that the young child communicates his interest in sexual matters by clear signals, often in words, and in behaviors.

Class Discussion

Did you ever stop to consider why there are two kinds of people, male and female? (Answers should include the following ideas: 1. So that babies will be born, and 2. so that life on earth will continue on and on. 3. So that people won't be lonely. 4. So that people will have mates and families to love them.)

Even though family life has been based on the two sexes loving and caring for each other for thousands of years, some ideas about sex and families have changed quite a lot during this century. Two things stand out:

1. How do you think family life may be different now than it was a hundred years ago? (Many mothers now work outside the home, some doing work that only men used to do; more fathers help with house work and child care, than they did a hundred years ago. More children grow up now with only one parent in the home. And, most welcome is that more parents talk reasonably with their children at an early age about sex, instead of making up stories about storks that only ended up confusing children).

2. People used to think that children's sexual development began in adolescence. But we now know that it begins from about 2 1/2 years of age on. (There is much evidence now that parents knowing this can make them help their children cope better with the anxieties sexual development causes children.)

Teacher Presentation -- Part 1

The main reason why children now are told the "facts of life" at an earlier age, is that mental health professionals have taught us that the better children understand what sex is, the good and the harm that can come from it, the better children will be able to deal with their own sexuality in a healthy way as they grow. It is very helpful that we now know much more than earlier generations did about normal child development. In the old days, it was believed that young children had no interest in, or awareness of sexual matters until they were thirteen or fourteen. Then, suddenly they were expected to be adults. Girls especially would marry at fourteen or fifteen, and ready or not, would become parents. In part this rush was because people didn't live as long as they do now. Many died in their 20's and 30's whereas now many people in this country live into their 80's and 90's.

Therefore, in today's world, it is much to the advantage of young people that they wait to become parents until they have begun to emotionally be adults, have become educated and are on their way to being established in jobs, have taken time to find a mate they love and want to spend their lives with. As we know, some young people do not wait until these things have been sufficiently accomplished, but this is the route which is most likely to lead to a happy family life for them, and their children. If parenthood is undertaken too early, it proves to be a very stressful and difficult task for the young persons, and for the infant as well.

The other major thing that has changed in this century is the discovery that sexual life does not begin at age 13 or 15, but from 2 to 3 years of age on. It is, of course, a different thing at 2 or 3 than at 13 or 15, but it is there. A newborn, as you know, has a brain, a heart, a digestive system, and all the other organs of a complete human being. True, the digestive organs of a newborn are not ready to deal with hamburgers and french fries, nor is the brain of a newborn ready to cope with decimals and fractions, but these organs are getting ready day by day to move toward these and other developments. Similarly, the newborn's sexual organs are in place, tiny though they are. Although the infant of course is unaware of their purpose, he/she does experience a pleasant sensation when the organs are touched during diapering and cleaning by mother or other caregiver. Later on, a two year old toddler, especially girls, begins to show a marked interest in babies; she will stare in fascination, some even in awe, at an infant and want to hold it. Both boys and girls show this interest, but researchers have found it to be especially strong in girls and only occasional in boys.

During the years of 3-6, sexual concern and curiosity become more clearly and strongly expressed. Between the ages of 6-12, this interest gives way for the most part to those of school, sports, hobbies and friends. Then at 12 or 13, the young person goes through remarkable physical changes getting ready for adolescence. And at adolescence the interest in the opposite sex becomes very strong, and then begins the process that someday will lead to the choosing of a mate and eventually to becoming a parent.

Class Discussion

How many of you have a brother or sister in the 3-6 age range?

How many of these little people realize "I am a girl," or "I am a boy"?

As your answers indicate, children of this age have the fact of gender differences clearly in mind, in a general way. But they also have some very specific feelings and questions.

What questions have you heard them ask? (E.g., Where do babies come from? Can I have a baby now? Why don't I have a penis? What happened to it? Will my penis break off?)

In what ways have you noticed your young brother or sisters showing an interest in the opposite sex and parenting? (E.g., saying "I'm going to marry Mommy or Daddy," playing house, mothering dolls, or real babies, imitating Mommy or Daddy's activities, wanting to see the genital organs of others in the family, showing an interest in and touching their own, wanting to be close to, and often in some, less often in others, showing preferences for the parent of the other sex.

What is your opinion: is this kind of behavior normal? Is it wrong for little children to have an interest in their own genital equipment, and in that of other children? On the other hand, do you think that it may be a good thing for them to be interested in sexual questions, and to feel they can ask questions about this (and other things) of their parents. Why or why not?

Teacher Presentation -- Part 2

Questions like these have been debated for hundreds of years; but this is what doctors and child development specialists and many parents now understand to be the normal course of development in young children:

Just as the tiny infant examines his own hand in fascination, and the toddler is interested in how he makes a B.M. and where it goes, the child of 2 1/2 or 3 becomes very interested in his genital organs. He is aware of pleasant sensations when they are touched; and he becomes very curious about why, as he first sees it, girl children don't show a penis like he does. Since he is coming to value his penis very greatly, he now imagines that, since his little friend Jane doesn't have a penis, penises can break off, and then, he makes the mistake of thinking, that if his penis broke off he would be a girl. Anxiety develops about this, which he may express in being upset about anything, even toys, being broken, or by going into a panic over the smallest scratch anywhere on his body, or by clutching his penis if he is being scolded.

Although he has a special concern for his penis, a little boy may have the fantasy that he, like his mother, is able to have a baby. He may be puzzled by this, and may be very upset when told that this is a wonderful thing that only women can do.

While all this is going on, the little boy's behavior is becoming more "macho" every day. He may strut around showing off his arm muscles. He may imitate activities of his greatly admired father, or pretend to be a policeman or a fireman. Gradually his feelings of baby-like attachment to his mother take on a different quality.

The sexual feelings the 3 year old child now begins to have are naturally a part of those wonderful feelings we call "love". When they first come out, they seem to come from the same source as the feelings of love the 18 month old has toward his or her mother and father. In fact, it is quite normal and understandable that his/her emerging sexual feelings would first be attached to those the 3 year old already loves. These are precious feelings; he/she will not have them just for anyone, but only for the most special persons in her/his life. Interestingly researchers have found that very soon after these sexual feelings begin to show in children's behaviors, they most commonly become attached especially to the parent of the other sex. The girl most loves her Dad this way; the boy most loves his Mom this way. This make for the beginning of what we call the child's "Family Romance", a normal and very positive development that leads to important psychological-emotional growth.

The Family Romance (and The Conflict it Creates in the Child's Mind)

It is so then, that the 3 year old boy becomes attached to his mother in a romantic way. He may even say that he wants to marry Mom when he is older. He means this quite seriously, and the more deeply he becomes romantically attached to his mother, the more he begins to feel jealous of his father, and to have moments when he actually hates the father. You remember the problem of "ambivalence" which we discussed in an earlier lesson. That distressing feeling enters the picture now. The boy's jealousy and hate are mixed up with his feelings of love and admiration for his father. Then the child has feelings of guilt. He feels that he is a bad boy for wanting harm to come to the father he loves and that he deserves to be punished. There are two punishments he fears most: (1) that he will lose his father's love, and, (2) that he also may lose his own penis. This is what is called "castration anxiety." For both reasons the boy feels very conflicted within himself.

In a later lesson we shall think together about ways to help a child with his sexual feelings, but now it is enough to say that if he is dealt with understandingly, this whole experience can lead to a great deal of important emotional and personality growth. It will help him develop his conscience, and more, including further growth of his abilities of empathy, altruism, and sublimation (which we shall talk about in a later lesson). In addition, it fosters the further development of his self-respect hand in hand with healthy and respecting attitudes toward girls and women. A well worked-out family romance will give him a pre-view of the loving relationships in store for him when he will have his own mate later.

The sexual development of little girls is similar but a bit more complicated. When she becomes aware of gender differences, she does not know that her sexual organs are wonderfully developed **inside** her body. When she looks at her genital area **she cannot see** what is inside her body. She cannot see a body part like her hands or feet or, like with the boy, a penis. Noticing that she has no penis, many a 3-4 year old girl believes either that she will grow one any day soon or else that she did have one, but lost it. With no reasonable outside information and her age-adequate way of thinking, this is quite reasonable thinking for the 3-4 year old who is discovering yet another new thing she tries to understand as best she can. Children do really try to understand what they see and hear, because not knowing something in which one is very interested makes us all feel uncomfortable if not outright anxious. Most girls go so far as to blame their mothers for having taken their penises away from them. In spite of this worry, the girl will experience pleasure when she touches her genital area, or presses against a rocking horse or other object.

Behaviorally she may show a wide range of interests, romping around with her brothers, imitating her mother's housekeeping activities, and especially showing a tender and constant interest in babies. She may talk about wanting a baby, and gradually she enters into the period of the family romance. She may speak of wanting to marry her father, and will become flirtatious with him. She may show signs of jealousy if Father kisses Mother first when he comes home, instead of her. As her preference for her father increases, she is likely to become stubborn and often be disagreeable with her mother. Again, ambivalence enters the picture. She resents and hates the mother she loves and admires which creates a painfully felt conflict within her mind. And she, like the little boy, feels guilty and deserving of punishment, and she fears worst of all, that she may forever lose her mother's love.

She indeed then, feels very conflicted.

How the Child Tries to Get Over the Family Romance Conflict

Both boys and girls try many ways to become more comfortable with these distressing feelings. The first thing the 5 year old or so does is to begin to accept that she/he can't have what she/he so much wishes for. The girl knows she can't marry her Dad; the boy knows he can't marry his Mom. For now they begin to try to put all of this aside. And they decide that when they grow up, they'll both find somebody else to love this way.

Most important is that this very difficult normal experience, because it gives rise to so troublesome a conflict within the 3-4 year old child's mind, leads to some of the most remarkable humanizing and socializing developments. To want to harm or even do away with someone the child loves so much, the conflict that the feelings of ambivalence cause, leads to the child's **organizing his budding conscience** in a dramatic way. Although earlier life experiences already are making the child begin to develop a sense of "do's and don'ts", of responsibility and concern for others, the family romance conflict dramatically enlarges and more fully organizes the child's conscience. We shall discuss this in the last lessons of this course.

This conflict in the child's mind also calls upon the child to learn **to control and tame his/her feelings of hate and hostility**. This is so because the child himself/herself dreads losing control over wishes to harm so loved and needed a parent. We shall talk about this in the lessons on aggression.

It also leads to a large spurt in growth in what we call sublime adaptive abilities:

(1) in **sublimation**, which is to put one's troublesome emotional energies into creative activities such as sports, art, hobbies, writing stories or poems, etc.

(2) In **Empathy**, which is the ability to emotionally perceive and feel what another person is feeling. And

(3) in **Altruism**, which is the ability to consider another person's needs more than one's own.

In addition, the troublesome feelings are most commonly also dealt with by the use of some psychological defense mechanisms (which we shall talk about in a later lesson). Some of these defense mechanisms are:

1. **Repression**: pushing troublesome feelings or thoughts out of our own awareness (to making them unconscious), to our "forgetting" them.

2. **Reaction Formation**: changing feelings that are difficult to deal with into their opposites, for instance, saying to oneself when jealous and frighteningly angry with Mother "I don't hate my mother, I love her."

3. **Regression**: to feel and act like a younger child. The aim is to go back to a level of development where the child felt "safe", usually meaning to a time when whatever difficulties or troublesome feelings the child now has didn't exist.

4. **Identification**: the attempt to be like a person one admires; this could also be a person we envy. Along with developing inner controls over one's hostility and hate toward others, the dramatic development of conscience, and the sublime adaptive abilities, **identification** contributes importantly to the remarkable developments of this 3 to 6 years period.

With both boys and girls, it is important to remember that their early sexual feelings, as well as their strongest feelings of affection are directed to the people they love most dearly, their parents. This puts upon the parents the very big responsibility to deal with the honest feelings and strange imaginings of their children in an understanding way.

Outcome

The students will have become aware that sexual development begins normally to unfold at the age of two and a half; that both boys and girls experience sexual feelings and strong curiosity about sexual matters, and will ask questions about them.

They will also will have learned that the development of the "family romance" complicates relationships temporarily with both parents. They will understand better that the great emotional difficulty the conflict of the family romance and these feelings of ambivalence cause the child, especially in children who are well loved and respected by their parents, also leads to dramatic greater developments of several very important human features. These are important because they increase the child's abilities to love, be responsible in human relationships, be considerate of others, develop a sense of morality (a conscience), and all in all, develop a much more developed sense of himself or herself.

Assignment

Write a paragraph about each of the following questions:

1. Which of the ideas about sexual development discussed in class were already known to you? From whom did you learn this information?
2. Which of the ideas were new to you? Does this new information make sense to you? Why or why not?

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES 7 and 8.**

UNIT 3 - 3 to 6 YEARS

SEXUAL (REPRODUCTIVE) LIFE -- Part 2 (Child Rearing Aspect):
ANSWERING CHILDREN'S QUESTIONS ABOUT SEXUAL MATTERS

Objective

To understand why parents may find it difficult to recognize and respond to the early sexual development of their children.

To consider helpful and unhelpful ways of answering children's' questions on sexual matters.

Class Discussion

Ask for volunteers to share their homework write-ups. Regarding the responses to the "new" information question, encourage discussion of any aspects of sexual development that may have impressed some students as strange, because it was unfamiliar to them.

Teacher Presentation

In very many families, for very many years sex was a subject not to be discussed. Children weren't supposed to know anything about it, and if, at age 3, their behavior showed that they did, the parents either thought there was something wrong with their child or they turned deaf ears and closed their eyes to what was there. Then, when a child got to be 12 or 13, and the subject couldn't be put off any longer, an embarrassed parent would have a private talk about "the birds and the bees".

Now the young person would pretend great surprise at hearing information he or she already had some ideas, if not theories, about for years!

Of course, for many 12 year olds it did seem to be new information because, **since they repressed** much of their family romance feelings and fantasies, they indeed did experience what their parents told them as "new" information. But then, why is it that for so long it has been so difficult for most 12 years olds to talk about "the birds and the bees" with their own parents whom they love and trust?

Why do you think it was so hard for parents of earlier times to talk with their children about sex? (Here are some factors: Their parents handled it that way with them. Or, they grew up thinking that there was something wrong or dirty about sex, and they never quite got over that feeling. Very important again is that, because of the **repression** their family romance conflict caused in them when they were children, they "forget" that they,

when they were children, were very concerned about sexual matters too. Also, some parents fear that their young child will become too interested in the subject, and he or she will talk outside the home about sex or experiment with sex play. Also very common, because they are not comfortable with sexual matters, parents may feel embarrassed and fear that they may not know how to approach the subject with their children. There are other factors too.)

Assuming that a present-day parent says he or she is ready to answer his or her young child's sexual questions, let us consider some of the questions children ask, and possible answers to them.

Three year old Suzy has just become aware that her five year old brother Danny has a penis, and she asks her mother where hers (Suzy's) is. Suzy is feeling very hurt, because Danny had just said to her in a nasty way, "You're just a girl! Girls don't have penises!" Mother doesn't realize how serious this matter is to Suzy, and not recognizing Suzy's feeling hurt, she finds Suzy's question amusing. She answers, "Oh your penis must be around here somewhere. Take a look in my purse."

Why is this answer unhelpful? (It teases Suzy when she is feeling hurt and anxious, and may be feeling that something is wrong about the way she is made. It does not give her the information she needs. It shakes her confidence in her mother's willingness and ability to help her.)

What would be a helpful answer? (You are a girl like me, and we are made in just the right way. We girls don't have a penis; we have a different type of genitals (or "private parts"). We have a vagina and a lot more wonderful parts inside us. At this age, on these issues, it is wise to not answer more than seems to satisfy the child's interest. If Suzy asks why, she can be told that that's how nature (or God, depending on the family's convictions) needs for women to be, so that when she is older, because of her vagina and another special place inside her, her uterus or "baby sac", she can have a baby and be a Mother.)

Suppose, on the other hand it was Danny who came to his father, and said that he was worried that his penis might break off the way Suzy's did. What if father answered "If you're a good boy, it won't." Why is that answer unhelpful? (It makes an anxious little boy even more anxious. Danny may wonder how good he has to be, to be safe; should he always, always do what Dad says. He may feel that his father knows about Danny's romantic feelings for his mother and his wishing he could be the father, and that Father someday will punish him. Furthermore, Father's answer does not tell Danny the truth -- that body parts like hands and feet don't just fall off, and so too a boy's penis does not fall off.)

What would be a helpful answer? (Many boys have worries like this, especially when they think that maybe they have done something naughty. But the truth is that penises don't fall off. Penises, like hands and feet, are normal body parts we have for keeps.)

Five year old Mimi, who is in the Family Romance stage said to her mother one night at bedtime, "It's not fair; I'm a little girl and I have to sleep in a room by myself. You and Daddy are big and you can sleep together in the same room. Why can't I sleep with you and Daddy too?"

Mother laughed and said, "OK, you can sleep with us tonight." Why is that answer unhelpful? (It adds tension to the Mimi-Father-Mother triangle. Mimi has to learn that her parents are married to each other, and that married people have their private times together; that they love each other in a different way than they love Mimi.)

What would be a helpful answer? (If Mimi seems to be afraid of being alone, parents should try to reassure her, tell her she is safe at home, read her a story to help her become sleepy, and offer her a night light. On the other hand, if Mimi is curious about what goes on in the parents' bedroom, and perhaps jealous of Father's special attention to Mother, both parents could help explain that they love Mimi very much but that Mother and Father have a special time together because they are married to each other. Mimi, too, will have a nice mate of her own when she grows up.)

Three year old Robert asked his father where his newborn sister Ellen came from. The wrong answers father might have given include:

- (1) A stork brought her in the night.
- (2) We ordered her from a catalog.
- (3) A doctor at the hospital gave her to us.

These answers are wrong ones, not only because they are not true, but because untrue answers give false information, lead to misunderstanding and, most important, threaten a child's trust in his parents.

What Robert's father did answer was, "You remember we told you that Mommy had a baby inside her? Well, it was time for that baby to come out, and that baby is Ellen!"

If Robert were five instead of three, he might also ask "How did the baby get inside Mommy?" Poor answers would be "It just grew," or "Don't ask silly questions!". A good answer would be "Daddy helped Mommy by giving her a seed, and that seed with Mommy's seed (a very little egg) together grew into a baby." If the child asks more specifically, and Father is uncomfortable or at a loss for words to explain to his five year old, he can say he will get a good book this week end that will help him tell Robert how that happens and that they'll read it together. If father feels comfortable talking about it himself, he can tell Robert that to make a baby a seed from the mother (called an egg) and one from the father (called a sperm) have to be brought together and these then grows into a baby in the mother's uterus (or "baby sac"). So, when Daddy and Mommy lie close together and love each other, his penis can put the seed into Mother's vagina to start the baby.

There are a few important rules about answering questions:

1. Consider the child's age -- you would answer a question much more simply for a three year old than for a six year old.
2. Answer questions truthfully.
3. Do not over-explain. Especially on the subject of babies, a child may be asking only about where the baby came from, and not about how it got there. Try to find out how much the child really wants and needs to know at this time. He will come back later for additional information when he is ready for it.
4. Never make fun of a child if his questions seem "far out."
5. Treat the child respectfully and encourage him to bring his questions to you.
6. Treat the subject respectfully. A respect for sex leads to sensitivity in relationships, and to a good family life.

Outcome

The students will understand that it is not an easy matter for many parents to discuss sexual issues with their children; that handling their questions lightly or insensitively can not only give the child wrong information, but that it may diminish their children's trust in them. Sympathetic and respectful answers are always helpful and growth-promoting. The students will have learned some helpful guidelines in responding to children's tough and most important questions.

Assignment

1. Observe a child of 3-6 for half an hour, and record his activity. Did he do or say anything during that time that indicated an interest in sexual issues? Was his play gender specific? (Do not be afraid to say "No," if that is the case; he or she wouldn't necessarily have been focused on that during the time of your observation.)
2. Write a paragraph describing what you think would be the long range effects of a child's being lied to, or pushed aside when he asks questions about sex.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES 7 and 8.**

UNIT 3 - 3 to 6 YEARS

SEXUAL (REPRODUCTIVE) LIFE -- Part 3 (Child Rearing Aspect):
DEALING WITH CHILDREN'S SEXUAL BEHAVIORS

Objective

To consider helpful and unhelpful ways of responding to a small child's sexual behavior. To summarize the long range benefits of empathetic listening, sympathetic and respectful communication, and constructively setting appropriate limits.

Class Discussion

Ask for volunteers to read their observation records, and note on the blackboard the evidences of sexual activity observed, both directly expressed and in play fantasizing the roles of mother or father.

Ask other students to read what they wrote about the long-range disadvantages of poor handling of children's questions. (Among others should be included the possible loss of trust in the parent, unwillingness to confide sexual worries, development of a burden of guilt over sexual thoughts and wishes, distorted ideas of how babies are conceived and born, development of belief that sex is "dirty", and possibly fear of the opposite sex.)

Teacher Presentation

Answering questions is hard enough for many parents, but dealing with sexual behaviors is even harder. For example;

Ronnie, age 3, has discovered that he gets a very pleasant feeling when he straddles and rocks on his huge plastic dinosaur, and that he gets the same feeling when he touches his penis with his hand. For a short time he did this quite openly. At first his mother pulled his hand away, but he kept doing it. Finally she began slapping his hand, saying "That's a dirty, nasty thing to do." Was this helpful? Why or why not?

What would have been a helpful response? ("I know this feels good to you, and it's O.K. to do it; but its like going to the bathroom, it's something to do when you are alone.") Occasional masturbation gives relief to tension, but if the child does it a great deal, he or she may have an anxiety or other adjustment problem, and consulting a child psychiatrist or psychologist about it could be very helpful.

Five year old Nora, and Larry, also five were next door neighbors and playmates. One day when Nora and her mother were visiting, the children went upstairs while the

mothers were having coffee. Things became very quiet upstairs, and Larry's Mother went up to investigate. She found that the children were busy inspecting each other's genitals. She was shocked. She spanked Larry, and pulled the half-undressed Nora downstairs, saying angrily "You are wicked children; we'll see that your fathers know what you did." Was that a helpful response? Why or why not? (Although one certainly wouldn't encourage this kind of exploration, Larry's mother over-reacted to their sex play. Their curiosity was normal and natural even if this was not the best way to satisfy it. Her calling them wicked made them feel that curiosity and interest about the other sex were wrong, that they were bad people to be curious. Spanking and threatening to tell their fathers made the children feel they were indeed very bad.

A more helpful response would have been: "Heh, listen kids, this kind of play is not allowed. Your body is private, Larry, and so is Nora's. I know you are very interested in how each other is made, but that is something to talk with Mommies and Daddies about. You'll know better what to do about private body parts when you're older. Play games that are reasonable for your age, like" This kind of answer acknowledges their curiosity as natural, but sets limits on the inappropriate behavior.

Six year old Chris has a thirty year old Uncle Michael, when he admires greatly. Michael has been coming by on Saturdays, taking Chris on trips to the zoo, or to a Little League game, and sometimes to his house, where they build things in the basement. At first Chris couldn't wait for Michael to come for him; but recently Chris hasn't seemed to want to go. Mother and Father wondered why, but Chris would never say why -- he would just say "It's O.K." and go off with Michael, with a rather anxious expression on his face. One Saturday Chris complained that he was sick, and couldn't go with Uncle Michael. Chris' parents know he really wasn't sick. What would be an unhelpful response to this situation? ("You know you aren't sick, now get dressed and go!" "Uncle Michael has done so many nice things for you; is this the way to show him you appreciate them?") These responses would not get at the problem, and would make Chris "clam up" even more. What would be more helpful?

Mother and father could tell Uncle Michael that Chris didn't feel like going today. Then, they would talk to Chris, saying that his not feeling well may be because he has some worries about going with Uncle Michael. If the parents' suspicions are right, that some sexual abuse may be going on, Chris at this point might either deny worries, begin to cry, or say that he doesn't like to be with Uncle Michael anymore. It is very difficult for children to reveal sexual activity outright because they fear that their own Family Romance related sexual fantasies may be revealed or guessed by the parents. Parents would reassure Chris that it is O.K. to talk with them about anything. They might inquire whether there are any special secrets which he and Uncle Michael have, which Chris has promised not to talk about. If Chris indicates that this is the problem, parents can explain that it is almost always good to keep secrets, but there are times when you should share them with parents, especially if they are worrisome secrets. Encouragement of this kind will help the child talk about the abuse if it is happening. Needless to say, the visits would have to stop, and the child helped with his upset feelings about the way this valued relationship worked out.

Why is sexual abuse so damaging to the child and so hard for a child to talk about? For one thing, although children have sexual feelings and fantasies, they are too immature to know how to cope with them reasonably, and as a result sexual play by an adult tends to frighten and may overwhelm them emotionally. But more important is this: because the child's Family Romance fantasies make the child feel guilty and threatened, sexual activity by an adult is likely to tap into these fantasies. This then will make the child feel that what happened was due to the child's wishes that he made it happen. This will intensify the child's feelings of guilt, self-reproach, and feelings that he is bad. This will also make it more difficult for the child to grow out of his family romance and it very likely will interfere with the wonderful developments that come with the gradual, normal giving up of the family romance. In addition, because children sense that parents would say it is bad for children to be sexually active, it makes the child feel ashamed. It is important that parents (and all adults) know that sexual abuse is known to be emotionally very harmful to most children, generally, the younger the child, the greater the harm.

In addition, sexual abuse is very upsetting to children, because it may be physically hurtful. It is also harmful in that it destroys the child's trust if the abuser is a relative, a friend of the family or a person who is supposed to help children like a doctor, teacher, etc. And, children are extremely frightened if the abuser is a stranger. Further frightening to them is that children commonly are forced to promise not to tell, and this leaves them feeling alone with the problem, and very anxious. On top of it all, it generally gives children a totally negative idea of sex. It should be known that problems that arise from the sexual abuse of children may last a lifetime.

Children should be protected from even mild sexual play by adults and older children. This is most easily done by encouraging the child to confide in parents about all subjects, including sexual ones. To obtain this trust from their children, in addition to loving and respecting them, parents need to talk to their children about everything that is part of the family's life, except what is private between the parents. Children need to be taught clearly that no one has a right to touch their bodies in a sexual way.

What are the benefits to the child of a confiding relationship with his or her parents?

1. The child feels that he can trust his parents to be understanding.
2. She feels her parents will respect her and not consider her questions silly.
3. He feels his parents will give true answers about sexual matters.
4. Especially if the parents have a loving relationship with each other, she will form a healthy idea of mating. This will help her work out her complicated feelings during the period of the Family Romance.

5. This working out will enable the child to accept the idea that Mother belongs to Father as her mate, although she loves the child very much as a son. The child will be able to identify with his father (use him as an ideal) and will help the child look forward to being grown up when he will have a mate of his own.

Outcome

The students understand that empathic understanding along with reasonable limits will help a child to be appropriate in his sexual behavior.

The connection of helpful parental attitudes with future healthy sexual and family life, has been emphasized.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES 7 and 8.**

UNIT 3 - 3 to 6 YEARS

SEXUAL (REPRODUCTIVE) LIFE -- Part 4 (Child Rearing Aspect)
HANDLING FAMILY ROMANCE ISSUES

Objective

The students will learn how to deal helpfully with problems arising during the "Family Romance."

Class Discussion

The Family Romance is an important enriching contributor to a child's personality and emotional development. It is, therefore, important to respond to it helpfully. Can you suggest why? (Because it has a great influence on how a child's feelings will develop toward members of the opposite sex, toward members of his own sex, and very importantly, about himself.)

Jerry, age 4, was having supper with his father and mother when his mother said, "What do you think Jerry said to me today, Dan? He said he is going to marry me!" Father answered "What! a little half-pint like you, hardly out of diapers -- that's a crazy idea!" How do you think Jerry felt? (Angry at his mother for telling his secret, humiliated and put down by his father; ashamed, and probably frightened that Father might punish him for having these feelings about mother.)

How could Mother have handled this situation more helpfully? (She could have told Jerry when he confided his feelings to her that she loves him a lot as her son, but that she can't marry him because she is married to Daddy and she loves Daddy a lot too. She also could have told him that when he is older, she is certain that he will have a really nice wife of his own. Instead of bringing the subject up at the table, Mother could have told Father about this in private so that he could understand what Jerry is experiencing.

Since she did make the mistake of telling Father in front of Jerry, how could Father have responded more helpfully? (He could have said that he can understand Jerry's feelings; after all, who wouldn't love Mommy and want to marry her? But Mommy fortunately is married to Daddy, and Jerry is very special, because he is their son. And when Jerry grows up, he will have a very special wife too.)

Diane, a four-year old displayed her Family Romance feelings by being coy, and Father felt she was being flirtatious with him. He was also surprised by her pouting when he bought Mother a dress, and she was very upset she said that he did not buy one for her! In addition, she wanted Father to kiss her first when he came home from work.

Toward her Mother, to whom she previously had shown a strong loving attachment, she began to be quite angering in her behavior. And to top it all, she asked her father to take her to the movies while Mother was at work, and she clearly was very disappointed when Father said that they probably would all go together, with Mom he said, soon. Diane then dumped some of Mother's perfume down the toilet!

What would have been an unhelpful approach to this little girl? (To punish her without trying to talk about what feelings made her do this.)

What would have been a helpful approach? (Mother could recognize that Diane feels angry at her, and she could try to help Diane express what she is angry about. Diane probably would not be able to admit that she is jealous of Mother, but Mother could help her by recalling that Diane was disappointed that she couldn't go to the movies alone with Daddy. It is important that Mother tell Diane that she really is angry that Diane threw out her nice perfume, and to let her know firmly that it is O.K. to feel mad at Mother, but she is not allowed to destroy Mother's things. Father should make it clear that he knows Diane was upset and mad at both Mother and him. Just the same, she is not allowed to destroy things. She should try instead to put her feelings into words.)

Let us think about the long-range effects of poor and good handling of the Family Romance.

When Jerry's father ridiculed him, Jerry's reaction at the time was to feel that his mother let him down, by telling Father about his feelings; what Father said made Jerry feel inferior and ashamed. Suppose this type of interaction between Jerry and his parents happened quite often, what would be the effect on the development of Jerry's personality? (Strong hate feelings would be mixed in with his love feelings for his father. He would have a hard time identifying with his father as a model or he might identify with his father's meanness and become mean himself. He would have a hard time developing a good feeling about himself as a male person; these inferiority feelings would get in the way of establishing good relationships with other people.)

Of course every mother wants and likes to be loved by her son. But what if Jerry's Mother was so pleased with his romantic attention that she encouraged him in this behavior? (Jerry would fear his father's reaction and would feel that he deserved to be treated badly by Father for having such feelings and wishes toward Mother. Also, he would eventually feel let-down when he came to realize that he never could marry Mother anyway. It is also likely that he would have difficulty later in developing a relationship with a mate, because of his too-strong attachment to his mother.)

How would a girl feel if her mother treated her harshly during this period and her father was encouraging of her romantic feelings toward him? (She too would feel guilty about her feelings and wishes, would fear Mother would stop loving her and maybe even hurt her badly. She would also have a hard time identifying with her mother as a model

and her strong attachment to her father would make it difficult for her to relate well and fully to other males later)

If parents can view the Family Romance period as a developmental milestone in a child's life, and deal with it with patience and understanding, they will see gratifying results. After a number of months of rough riding, the road will become smoother! The little boy will accept the reality that he cannot marry Mother, but is loved by her as her son. He will work through most of his rivalry and hostility toward his father, and will be more aware than before that his father loves and values him as a son. Then the boy increasingly will turn to his father as an admired model, who is ready to teach him the skills and behaviors appropriate for a male. Gradually, the child will respect himself as a male, will have a sense of well-being about it, and will look forward to becoming a grown up man.

The little girl goes through the same process, developing gradually a sense of well-being as a female person, and increasingly using her mother as her most important model. These developments in both boys and girls free them to make friendly relationships with their peers and quite later, during adolescence, to feel confident as they begin the long process that eventually, during young adulthood leads to the search for a mate.

During the bumpy road of the Family Romance period, a child may worry his parents because he does not seem to be making an identification with the parent of the same sex, but is showing more interest in the activities of the opposite sex parent. It is entirely normal for little boys to show an interest in playing house, helping their mothers in the kitchen and for little girls to barge into their brothers' games, and to want to help their father wash their car. However, if these opposite gender activities appear to be a child's strongest interest, parents should accept this, but gently encourage the child to try boy-type activities (if a boy) and girl type activities (if a girl.) Parents can help the child see that he will feel better as a boy, if he learns the games and skills his boy playmates know. The same approach will help the girl. If the parents keep their own attitudes healthy and helpful during the Family Romance ups and downs, the child will move to a good adjustment to his or her own gender.

In dealing with the feelings arising from the Family Romance, it is very important to

1. Never ridicule the child for having these feelings.
2. Treat him/her with respect.
3. Remind the child of the facts -- that parents are married to each other and that the child will have a husband or wife later.
4. Be realistic in setting limits on the behavior. The "beloved" parent should not encourage the romantic behavior and the same-sex parent should be understanding but set appropriate limits on the "ornery" behavior the child displays toward him/her.
5. In all this difficult period, it is important for the child to be reassured that both parents love him/her, even when, as is at times unavoidable, they have to say "No".

Summary

The goals of this period of development are:

1. To develop a sense of well-being about oneself as a male or female person.
2. To attain realistic information about the basic facts pertaining to one's own sexual organs and about the origin of babies.
3. To work through a romantic attachment to the parent of the opposite sex.
4. To work through the ambivalent feelings toward the parent of the same sex.
5. To accept emotionally that sexual activity and one's mate is to be in the future.
6. To attain a parent-child type of love with both parents, and to develop a desire to model the self after the parent of the same sex.

Outcome

The students will have learned helpful and unhelpful ways parents may guide their children through the Family Romance, and the long-range impact of these approaches on the child's development.

THE PRESCHOOL YEARS (3 - 6 YEARS)

AGGRESSION

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES 7 and 8.**

UNIT 3 - 3 to 6 YEARS

**AGGRESSION (HOSTILE AGGRESSION AND
NONDESTRUCTIVE AGGRESSION) --**

Part 1 (Child Development Aspect): **HOSTILE AGGRESSION**

Teacher Preparation: Textbook UNIT 3, pp. 71 -86.

Objective

The students will learn: 1. The characteristics of positive (nondestructive) and negative (hostile-destructive) aggression, and 2. How negative (hostile-destructive) aggression develops.

Class Discussion

Ask volunteers to define what they understand the word "aggression" to mean, and to give examples of "aggressive" behavior.

Most students will define aggression as acting or being angry, hostile, destructive. Some may add that it also means to be forceful in sports or in doing something that is hard to do. In fact, the dictionary defines "aggressive" broadly, meaning, "advancing toward, assertive", as well as "angry, hostile, hateful, destructive". What does "assertive" mean? Give some examples of assertive behavior. Emphasize that assertiveness does not include hostility, but does imply the ability to take initiative, or to put energy into working toward one's goals, or to stand up for one's rights. Does anyone have any trouble understanding what we mean by angry, hostile, hateful, destructive? Can one be destructive without being hostile? (Yes, one can destroy an old building in order to build a new one. Here the destruction is not of a hostile kind; it does no one harm.) Give some examples of being hostile-destructive.

Teacher Presentation

All of us in our personalities have a mixture of the two kinds of aggression: the hostile-destructive kind, which surfaces when we are very hurt, and which we have to learn to express in a controlled and reasonable way; and the nondestructive kind, which gives us self-confidence, and enables us to achieve what we set out to do.

Do you think that babies are born with both kinds of aggression? (No, babies are not born hostile; but they are born with some ability to make their needs known, to assert themselves on their caregivers.)

If infants are not born with hostility, how and when does this develop? Let's go back to the baby as he lets his caregivers know he is hungry. At first, he just whimpers or makes sounds that alert the caregiver that he needs something. If the caregiver delays, as he feels increasingly stronger hunger pain, the sound and the signs of his aggression will change. He will cry more and more loudly, and as the hunger pain gets stronger, his feelings will become more and more hostile and he may even get into a rage, which certainly makes his needs known. If the delay is too long then, that is, **as it becomes too painful** for the infant, his assertiveness (nondestructive aggression) will gradually change to anger, hostility, and even rage (all different grades of hostile destructiveness) which will bring the parents to him in a hurry!

Even the most loving parents cannot provide a perfectly smooth and happy life for their children, with no problems or frustration. If parents could, would this easy life be good or bad for their children's development? (While it is best for good emotional development that children have mostly good and happy experiences, having some unavoidable problems and frustrations enables a child to learn to cope with challenges, to prepare for the realities of life. He is bound to encounter situations that upset and frustrate him, and working out conflicts with his parents when he is little will help him develop the ability to work them out with classmates and others later.

The important thing to remember about the development of hostility is that **what creates hostility in us is experiencing sharp or prolonged physical or emotional pain** -- or as the psychiatrists put it, **when we experience "excessive unpleasure."** Can you think of some experiences that would be so painful to a young child that he might lash out at someone in an angry way? (E.g., falling down stairs, being given a needle by the doctor, being pulled away from a dangerous attraction, such as a hot stove).

As the child goes through the 3-6 year range, there are many experiences of excessive unpleasure which lead to the development of hostile feelings. Among these are:

1. Physical deprivation: being too hungry, too cold, too tired (being kept up too late.)
2. Emotional deprivation: not enough affection or encouragement; being criticized and "put down"; not being paid enough attention, talked to, played with and taught.
3. Frustrations: not being able to do what he wants; when he is held back too often when he attempts to do things for himself (e.g. tie his own shoes).
4. Anger toward the parent of the same sex, arising out of his Family Romance fantasies.
5. Insulting the child, by making him feel that he is unworthy of love or respect. Ridiculing his feelings and things he says, from 3 to 6 especially as he is going through the Family Romance.

6. Painful accidents or illnesses.
7. Battles of wills, often unavoidable when a child insistently wants to do what he cannot be allowed to do.
8. Physical or mental illness in a parent; alcoholism or drug addiction.
9. Problems between parents, fights, separations, divorce.
10. Rivalries with siblings or playmates, if the child feels unfairly treated.
11. All in all, whatever causes the child to feel excessively hurt, physically or emotionally.

Feelings of hate that arise from any of these experiences are most unpleasant to the child. You may recall how you felt, when you got very angry with your best friend. When a young child feels anger at the parent he loves, he becomes very upset. Along with the anger, he feels ashamed, that he is a bad person; he feels that his parent may punish or reject him.

Some of the experiences of excessive displeasure we have listed fortunately do not happen to every child -- e.g. abuse, emotional or physical deprivation, parents' separations and divorce. Some other experiences are part of the growing up process and are unavoidable. Among these during the 3 to 6 years period is the hostility the child feels toward the parent of the same sex resulting from the Family Romance fantasies, which we discussed last time. If wisely handled, the tension the hostility now felt causes can become an experience which helps the child develop a healthy relationship with his parents now and with his peers later.

Another unavoidable source of hostility is the battle of wills when the child wants to do something dangerous, or which for some other good reason is forbidden. If a child were a doll with no mind of her own, parents would have no problems -- but not much parenting pleasure either. A bright, active three year old has many ideas of what she wants to do, but has not developed the judgment to know which of her ideas might be dangerous or unacceptable. He or she has an urgent need to try new things. One occasionally reads of a five or six year old falling down two stories of the house they live in because he wanted to try to fly. His sense of adventure is well developed, but his sense of danger is not. Feeling very frustrated by his parents' frequently telling him to be careful can arouse hostility in the child. In a later lesson, we shall consider how to deal with battles of will.

Class Discussion

Children who have caring parents can survive temporary experiences of displeasure. They feel an upsurge of hostility, and may shout "I hate you," at a parent. Or they may act destructively such as throw their food on the floor, kick the cat, or may even have a

tantrum. But if the parent can control his own feelings, and help the child work through these crises, the youngster gradually will learn to handle angry and hostile feelings in a civilized, reasonable way.

What happens to a child whose parents have big problems of their own, with the result that they cannot give the child the care he needs, or help with his hostile destructive feelings. (He will feel "mad at the world, as well as at his parents; he probably will turn much of this anger against himself and become depressed; he will then have a low opinion of himself; or he might become delinquent.)

A young man who was in prison having injured a store employee during a robbery attempt, surprised the lawyer who asked him why he did it by answering "Why should I care! Nobody ever loved me." Do you see a connection between his feeling unloved and his robbing a store and hurting an employee? (He was angry at being too deprived of love; he hadn't developed the ability to care about another human being so he just shot the person who was trying to prevent the robbery; since he felt that he had no one who was good to him, he was trying to give something to himself, by grabbing money but in his effort he only hurt himself more.)

A basic thing to remember is that a person who is too deprived of love as a child will have a problem letting himself love anyone else and will most likely not love even himself. The enormous pain that being too deprived of love causes leads him to have a large load of hostile feelings which, in turn, are likely to lead him into destructive behavior.

In the next lesson we shall consider positive aggression (assertiveness or nondestructive aggression).

Outcome

The students will have learned that human beings have aggressive feelings of both positive and negative kinds, and that negative aggression (hostile destructiveness), hostility and hate, arises from experiences of excessive unpleasure.

Assignment

Observe a three to six year old child for half an hour. Write a page on your observations, giving:

- The child's first name, sex, and exact age (years/months/days).
- A description of what the child was doing.

Note any activity that you would call positively aggressive (non-hostile, nondestructive, assertive). How did the adults or other children present react to this aggressiveness of the child? Did the child seem to gain some satisfaction from his/her assertiveness?

Describe any activity that you would call negatively aggressive (angry, hostile, hateful, destructive). How could you tell that the child felt angry, hostile, or hateful? What painful or frustrating experience brought on this hostile aggression? How did the parent, or others present deal with this? How did the child seem to feel when the episode was over?

If it is not possible for you to observe a child, search your own memory, and write about your own experiences between three and six.

1. Who helped you to learn to do things that were new, and perhaps frightening?
2. What kinds of things upset you and made you angry? What made you more than angry, that is what made you feel hostile? Or hateful? How did you show it when you were angry? Hostile? Hateful? How did your parents respond to you with each?

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES 7 and 8.**

UNIT 3 - 3 to 6 YEARS

AGGRESSION -- Part 2 (Child Development Aspect):
NONDESTRUCTIVE (POSITIVE) AGGRESSION

Objective

To learn how nondestructive (constructive or positive) aggression develops, and its value to the person for adaptation.

Class Discussion

Ask for volunteers to read their observations of a child displaying nondestructive (positive) and/or hostile (negative) aggression. Other students may share their memories of their own experiences. The discussion should underline the developmental value of nondestructive aggression (assertiveness), the problems which arise from hostile-destructive aggression, and the child's need for help when hostile feelings are strong.

Teacher Presentation: Nondestructive (Positive) Aggression

A four year old boy asked his older sister "Was there any world before I was born?" While this question may seem amusing, it does point out the sense a small child has that he is important in the world. We can picture this little boy as feeling quite confident about his place in it.

A well-cared for child has a lot of energy that he or she is eager to use to learn new skills and to explore the world. For the well-cared for child, no encouragement to explore is needed. Of course his ideas are bigger than his abilities or his judgment, so he will at times need encouragement to persist in trying to do something new, but he also needs the help of teaching and of limit setting as he dashes into new experiences. Some quite normal children, on the other hand, may want to try new things but feel intimidated by them and anxious; they will need extra encouragement and help, given in a patient manner which respects their slower pace.

Aggression develops in somewhat different ways in boys and girls during this 3 to 6 years period. During this period, boys go through a process called Masculinization. For the first time now, they can be seen at times showing off their muscles, and strutting around pretending to be powerful guys. Their play with their friends has a distinctly "rough house" quality, even when it is perfectly good-natured. They want to see themselves as big, strong, and powerful. They are assertive in a very direct "aggressive" way.

Many a girl, on the other hand, at this age becomes lighter in her body and muscle movements. Her nondestructive aggressiveness may become less directly expressed than before; in some girls it may become quite inhibited giving a shyness to the expression of her wishes; she may rely more on requests or argument to express her needs. While some may like to play with boys and their toys at times, girls are more likely to spend time on feminine activities, e.g. playing house, dressing up in mother's clothes, taking care of dolls.)

Why is it good for people to be able to be reasonably aggressive in a non-hostile way, to be assertive? Think about it for people your age. (You can stand up and answer a question when asked by the teacher, without feeling too scared. You can make yourself ask the teacher to explain something you don't understand; you can tell a friend that he is out of line at the water fountain without getting angry; you can greet a new neighbor or classmate without feeling too shy; you can feel confident about taking a part in a game; you can use your energy to learn something new; or to stick with something (like practicing a musical instrument or shooting baskets) even when you are tired of it; you can compete in sports; you can stand up for your rights; you can take initiative in planning a project; you can speak out when a friend is being insulted or put down; you can take responsibility for supervising your small brother or sister when your parents are away; you can set a goal for what you want to do later on, and do whatever will help you move toward that goal.)

To be comfortably assertive at age 12, 16, 20 and beyond, a person from early childhood on should be allowed or even encouraged to say what he thinks (in reasonable ways) or ask reasonably for what he needs. Sometimes families encourage boys to be assertive, but feel that girls shouldn't be. They may criticize a little girl when she reasonably says what is on her mind, or gets a bit pushy in her play. If these restraints are put on too often, the child being told "Little girls should be seen and not heard," she may become timid and not be able to speak up, or to take initiative, when the situation calls for that. Of course, no one wants her to grow up to be a timid woman, any more than one wants a little boy to grow up to be a domineering overly controlling man. It takes caring empathetic parents to know how to encourage a child to be assertive, and when to put on proper limits if his or her assertiveness turns into angry or hostile aggressiveness as is the case with being overly controlling of others.

In summary we can say that the bottom line for the development of healthy nondestructive aggression (that fuels assertiveness) is this: A child who feels valued and loved by his parents, encouraged to voice his needs and his opinions, helped to learn new skills, and to put on the brakes when his assertiveness is too strong, such a child will develop the self-confidence he needs to be successful in his life as a child, and as an adult.

In the next lesson, we shall consider specific ways parents can help a child develop healthy nondestructive aggression and with it, appropriate assertiveness.

Outcome

The students will have become aware of the characteristics of nondestructive aggression as it develops in boys and girls, and the ways that it is useful in everyday life.

Assignment

Write a paragraph or two about each of the following stories. Give your opinion about how the situations were handled. If you had been the parent would you have done the same? Or something else?

1. Mr. and Mrs. Smith have two children, Andy, age 3 and Lisa, age 5. They are sitting down to their meal. Andy is at the age when he asks ten questions a minute, and Lisa is eager to tell what happened at kindergarten. Father thinks that children should concentrate on eating at meals, should not dawdle and should not talk. Anyway, he is tired, and besides, he wants to get through the meal in time to watch his favorite program on TV. He tells the children in a no-nonsense tone of voice that meal-time is for eating, not for talking. Is this a good idea? Why or why not?

2. Mrs. Sanders went to the basement to take the laundry out of the dryer. While she was gone, four year old Eleanor pushed a chair to it and climbed up on the counter in the kitchen, reaching up to the top shelf for a chocolate cake mix. Eleanor had seen her mother do this and she had the idea (not realistic of course), that she would make a cake and surprise Mommy. Before she knew it, a fair portion of the cake mix was all over the counter and on the kitchen floor, pans were pretty well scattered on the floor too when Mother appeared at the top of the basement stairs. One look and Mother was furious. When Eleanor saw Mother's reaction she burst into tears. Seeing her daughter's reaction, Mother calmed some and said somewhat sternly "What in the world are you doing, El? Lord, what a mess you've made!" Mother put down the laundry she had brought up, "OK Eleanor, what were you doing, you know very well you're not allowed to climb on counters!" Eleanor almost stammering said "I was making . . ." and she burst into tears again. Mother now quite upset by the mess and her daughter's genuine distress, got down to Eleanor's level, put her arms around her and said "Look, it's not really terrible. I'm sorry I got so upset. Help me clean up and you can tell me what you were doing, OK", and she hugged Eleanor who buried her head in her neck. What do you think of Mother's way of handling her 4 year old making such a mess. Was it good, bad, or what? Explain why you think what you think.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES 7 and 8.**

UNIT 3 - 3 to 6 YEARS

AGGRESSION -- Part 3 (Child Rearing Aspect):
HANDLING POSITIVE AGGRESSIVE BEHAVIOR CONSTRUCTIVELY

Objective

Students will learn how to support the normal thrust which children have to be aggressive in nondestructive ways, such as to be assertive, to be self-protective, goal-directed, and to overcome obstacles to get to their goals.

Class Discussion

Several students will read their responses to the Smith story. The discussion should include these points among others:

Meals are for eating, but they can also be a close family time, when events of the day, and thoughts and feelings can be shared, and when understanding can grow among family members.

Andy learns by asking questions and Lisa by telling of her experiences.

They can learn also to take their turn, and let others have their turn to talk.

They can learn to listen and to interact with other family members.

If they feel free to talk at the table they may at times share a problem that is bothering them, because they know their parents will listen and want to help. All this can take place while they are eating, and dawdling with one's food beyond a reasonable point, need not be permitted.

When the students read their reactions to the Sanders story, it may be pointed out that Mrs. Sanders' first reaction of feeling furious was a normal one. She had to make a quick decision whether to express her anger by spanking or scolding Eleanor, or whether to de-emphasize her naughtiness in climbing onto a kitchen counter when mother was absent and to comfort her child whose project didn't work out well at all.

If she had punished Eleanor, the child might well have thought "It's no use trying to do something nice for Mommy, I only get punished." This might also have the effect of discouraging what in fact was a wonderful initiative. It was Eleanor's judgment that was wrong, not her feeling of self-confidence nor her generous heart. As it was, Eleanor was given consolation and the opportunity to help repair the damage by cleaning up the mess with her mother. Her sense of initiative was not undercut, but she was reminded to do things safely next time, by waiting to climb onto counters until her mother was there, and that she really has to think, and maybe talk things over with Mom before she undertakes a very difficult (for her age) project.

If you were a parent who wanted your child to feel good about himself, to feel "I'm a person who can do things", what could you do to help your child? (Answers may include the following ideas:

1. I could show him and help him learn how to do things, like riding a bike.
2. I could read to him, and ask him to tell me stories.
3. I could praise him when he does something well; if he doesn't do it well, I could tell him to keep trying and it will be easier next time. I would always compliment good efforts.
4. If he is afraid to do something, like climbing up on a slide, I could encourage him, but not push him until he is ready.
5. I could give him responsibilities, e.g. taking a paper plate of Christmas cookies to the neighbor next door, after explaining exactly what to do and say.
6. If I saw that he really wanted to do something himself, like buttoning his coat, I would not insist on doing it for him, but would encourage him in his own initiative.
7. I would encourage him to put his feelings, both good ones and bad ones, into words.
8. I would encourage him to ask for what he wants, if it is not possible to give it to him, I would explain why, and acknowledge his disappointment.
9. I would encourage him to try new things that are safe, and help him understand why other things he might like to do, are dangerous.
10. If the child is shy, I would encourage him, but not push him, to talk with people, and help him think of things to say when meeting new people.
11. If the child is over-active, I would help him to slow down when he needs to do this.

Teacher Presentation

All of these ideas would offer support to a child, in his good use of nondestructive (positive) aggression or assertiveness. However, sometimes parents have big problems themselves and cannot do these things. What then? Will the child end up as a failure? Here is a story to think about.

How many of you are familiar with the name Ludwig van Beethoven? Who was he? What difference does he make to our lives, this person who was born more than two hundred years ago?

Ludwig van Beethoven was born in 1770 in the city of Bonn in Germany. His father was a singer in the court of the prince. His mother was a very sad woman because, as was common in those days, four of her seven children died when they were very young. Ludwig's father was not a very successful musician, and he also had a serious drinking problem. He discovered when Ludwig was three, that the child had an interest in the piano, and quite an unusual talent. The father determined that his son would be a prodigy, like the famous Wolfgang Amadeus Mozart, who several years before, had gone on a European concert tour at the age of six. Herr van Beethoven gave his little son piano lessons, but he was not an easy teacher. It is said that at times Herr van Beethoven and a drinking companion would come home drunk at midnight, pull the shivering child out of

bed, and make him practice for two or three hours. In his sleepy state, if he made too many mistakes his father would beat him. For some reason, his mother could not, or would not protect him. At a very early age, Ludwig wanted to compose his own melodies, and when he would play them for his father, he would be told to stop that nonsense and to spend his time practicing. When Ludwig started school, the other children made fun of him because he appeared in untidy clothes, was too shy to play with the others, and he was a poor student, especially in arithmetic.

Here was a child who did not have the home supports we have been discussing, yet his initiative and assertiveness were not destroyed by the treatment he had. Why do you think that was?

We have to assume that Ludwig had a very strong will, combined with an inborn deep understanding and love of music. In another child, his father's forcing him to sit at the piano and practice might have killed any wish to play, but to Ludwig the music was worth it.

All that being said, we human beings cannot survive emotionally without the support of other human beings. Ludwig's father and mother did love him even though both were very troubled persons. Then at the age of eight, a wonderful thing happened. Probably seeing that he was not a good teacher, his father arranged for Ludwig to have lessons with the Court Organist. Herr Neefe became Ludwig's friend as well as his teacher. He quickly saw Ludwig's talents, encouraged him to compose music, and taught him so well that at the age of 12, Ludwig was given a job as assistant court organist. Through Herr Neefe, Ludwig met other people who admired his talents, and who accepted and liked him as a person. Nonetheless, Ludwig had pretty serious emotional scars as a result of his early family experiences: he had a bad temper that often set him at odds with his friends, and he never had the self confidence to get married, although he was several times in love. But his creativity and genius were great. He composed some of the world's most remarkable and best known music, and he is more famous today, two hundred years later, than he was even in his own lifetime.

What is encouraging in this story is that even living in painful life conditions, a child with remarkable talent and strong determination (made possible by a good load of nondestructive aggression fueling his push to reach his goals in composing great new music), could achieve greatness and make a great contribution to society. Early family or other support is enormously important. Ludwig's parents' love for him, even though they were very troubled people themselves, and a very important later loving, constructive and encouraging relationship with a teacher, we believe made it so that his strong initiative developed, even if his parents' emotional support had been mixed, encouraging but unreasonable. Many a child has found a rescuer in an older brother or sister, a teacher or a friend, or an aunt, an uncle, or a grandparent.

Outcome

The students will have learned that encouragement, teaching but not pushing the child, helping him with difficulties, and respecting his efforts, lead to the development of appropriately constructive aggressive, assertive behavior.

Assignment

In the next lesson, we shall consider ways of helping children develop reasonable ways of controlling negative aggression.

In anticipation of this important subject, think of it, and bring to class in writing three ideas which you believe would help a 3-6 year old child control his angry, hostile, and hate feelings.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES 7 and 8.**

UNIT 3 - 3 to 6 YEARS

AGGRESSION -- Part 4 (Child Rearing Aspect):
HANDLING HOSTILE AGGRESSIVE BEHAVIOR CONSTRUCTIVELY

Objective

The students will learn how parents can help their children to handle their hostile-destructive (negative aggressive) feelings in reasonable ways.

Class Discussion

It is important to remember that every person has times of feeling angry, hostile, or hateful and destructive. We become **angry** when we have an experience that causes us a **moderate amount of unpleasure**, when it causes us annoyance and irritation. We feel **hostile-destructive** and **hate** feelings when we have had many experiences of **excessive unpleasure**, especially when we have been hurt badly repeatedly, for a long time, by those from whom we expect love and considerateness, our parents. It is not wrong that good human beings can have hating and destructive feelings, but it is very important to learn how to control them. If a child begins to learn some control of anger at 2 or 3 she will be "in the driver's seat" with her anger when she is a teen-ager and adult.

During the 3-6 year period, children get angry at, hostile with and hateful toward their parents for several main reasons.

1. The continuation of being poorly treated by the parents in any of the ways we talked about in an earlier lesson;
2. Parents reasonably preventing the child from doing something she very much wants to do; and
3. The complications of the Family Romance.

In your home work, did anyone make a suggestion about dealing with the hostile feelings of the Family Romance? What do you recall from our study of this a few weeks ago? (The parent should understand that there will be jealousy and difficult behavior toward the parent of the same sex, as well as of attachment to the parent of the opposite sex; misbehavior toward the same-sex parent should not be permitted, but the child should be treated with understanding, not teased or humiliated.)

Let us discuss now the ideas you have about how to deal with the hostility a child feels when prevented from doing something she wants to do.

Limits are hard for children to accept and often a battle of wills will result. Four year old Jennifer resists going to bed, kicks and cries and insists that her big brother can stay up, why can't she? Should her parents give in to Jennifer, which would make things easier for them? Why or why not? Should they bribe her to go to bed? Should they say firmly that when she is as old as her brother, she'll be able to stay up longer; but now this is her bedtime, so come along?

Sticking to a limit is important, even if it makes the child angry at the time. The limit may be made easier to accept, if the parent can be loving, respectful, and firm about it.

Why is sticking to a limit important? It will help a child learn to accept frustration. Life at all ages has its frustrations. We read all too often in the newspaper about drive-by shootings, when a driver cannot stand the frustration of another driver cutting in front of his car, and the offended driver pulls out a gun and shoots the other. When this kind of tragedy happens it usually is caused by a person who was terribly hurt emotionally as a child, was not helped well to cope reasonably with his hate and rage, did not have reasonable limits from babyhood on, nor was he helped well to develop internal controls.

Sometimes one sees a four or five year old rambunctious child running around wildly in a shopping mall, without limits being set. His parents do him no favor by calling him a "holy terror" and not stopping him when he gets too wound up and wild. A high school girl was heard to say to her friend, "My parents don't really care about me -- it doesn't matter to them how late I stay out." This girl realized that limits are a protection and that if her parents cared enough about her, they would use them. 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! So she believed.

For the past year and a half, Jennifer and her Mom just did not get along as 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 brother Mike's things and play with the erector constructions he built - she had broken two of them already --, 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.

Suppose a child gets so angry that she goes into a tantrum. What should a parent do?

Usually a parent can sense when a tantrum is building up, and some advance work can be done. The parent can say that she can see that the child is upset. Can she tell Mother

why? The child can be asked to use her newly developed counting skill to count to 10, and try to control herself. If that doesn't head off the tantrum, the child can be taken to her room, where they will talk more with her to help her deal with whatever is upsetting her. If the youngster is four or older, she can be left alone after a while to calm down. It is not advisable to leave a child younger than four years alone in her room at such a time because it may cause separation anxiety and be more harmful than useful. It is best then for the parent to remain with the younger child until she has gained control. Similarly, it is never helpful to walk out of a store leaving behind a child who is having a tantrum. It will leave the child feeling abandoned on top of what hurt the child sufficiently in the first place to cause her to have a tantrum. This way of handling a child's tantrum is detrimental to the child, the parent, and their relationship.

Suppose a parent gives a child a limit and the child does not accept it, but does the same thing again. Did any of you write ideas about the use of punishment? When do you think it might be appropriate, and what kind?

Remember four-year old Diane, who threw her mother's perfume down the toilet? Three times mother had explained to Diane that she understood that Diane was feeling angry at her, but just the same Diane was not allowed to throw out mother's things, but Diane did it anyway, three times. It appears that punishment is sometimes necessary to convince a child that the parent means business. What kind of punishment would be appropriate in this case? (The withdrawal of a privilege such as the child's favorite TV show for 3 times, one for each offense. **One** swat on the clothed bottom could strongly help to emphasize the point. More than one swat does not work well. It would only humiliate her and make her feel more resentful and hostile; it may even cause her bodily harm which we all define as physical abuse. Emphasize that physical abuse is extremely detrimental to the child -- because it is emotionally very harmful --, to the parent, and to their relationship)

Here is an even more serious instance. Five year old Eric always looked interested when his mother lit the gas range, and he begged her to let him do it. She told him several times that matches were for older people, and that he could not light the stove. One day when mother was talking on the telephone Eric went into the kitchen, got the matches out of the drawer, turned the gas way up, and lit the burner. The flame flared up, igniting a paper bag on the counter by the stove. Mother rushed in, turned off the burner, and put out the fire. To punish Eric, and to teach him a lesson, she forced him to touch the still hot burner. Was this a suitable punishment? (Understandable as it was that mother's feelings were upset, this punishment was much too severe, in fact, it was totally unreasonable. It most likely would make Eric feel that his mother just wanted to really hurt him. His own fright at seeing the flames taught him the needed lesson, which Mother could have emphasized by saying that this is exactly why she told him that he wasn't old enough for matches, because he could have gotten badly hurt, and she certainly did not want that. And mother could have given herself a lesson, by keeping the matches out of reach. (Note: An occasional child has a persistent fire-setting problem. This requires professional help.)

How should a parent deal with her own angry feelings when a child's behavior is hostile -- e.g. when a child is hostile about a limit, and says "I hate you, Mommy!" Should mother pretend that she isn't angry? Why or why not? (Although a parents' anger is frightening to a child, it usually is best to be honest about it, in a controlled way. Mother could say something like "I know you are very mad at me just now, and I'm feeling kind of mad at you, too. But we'll both get over it, because down deep, we do love each other a lot.")

Did anyone write about helping a child handle his hostility to brother and sisters or friends? What ideas do you have?

Sometimes when a youngster is frustrated and angry about a limit a parent has set, he will take his anger out on a sibling, especially since as often happens he is jealous of his siblings anyway. It is very usual for a child to think that parents favor an older or a younger sibling. If he feels that way, he may lash out at the supposedly favored one. How should this be handled? (Parents need to set limits, again! The child may not mess up or break the sibling's toys; he must settle arguments in a reasonable, fair way; when the child feels jealous he needs reassurance that he is as loved and valued as the other.)

In the case of hostile behavior toward playmates, parents need to try to find out what brought on the behavior, and to try to have the children settle the fight in words, not blows. Rules of fair play need frequent repetition. As a "referee" it is important for the parent to listen well to both children, in trying to help them settle the problem fairly.

Using the notes you brought to class, let us summarize the ways parents can help a child manage his hostile aggression. Contributions may include:

1. They can encourage him to put into words what is bothering him.
2. They can listen sympathetically and explore understanding of what is upsetting him.
3. They can help him think about other ways of handling the problem, rather than striking out or breaking something.
4. In a quarrel with another child, if your child seems ready for it, you can help him picture how the other child may be feeling.
5. Parents should set limits on hostile aggressive behavior, explaining clearly why they are doing so.
6. Parents should be patient if the child breaks the limit on occasion and re-explain with increasing emphasis why the limit is necessary. If the child continues to refuse to obey the limit, punishment should be the mildest that will convince the child of the necessity of obeying the rule. It is best to punish by privilege withdrawal. Physical punishment should be avoided.
7. In setting limits or giving punishment, the child should not be humiliated or shamed. He should be treated firmly, but with respect. He should be given reasons for the limit or punishment.
8. Limits should be reasonable, and once set, parents should not back down. (An exception to this would be if a parent were to discover that she made a mistake, such as

blaming the wrong child for something that happened; then the parent should be big enough to admit that she was wrong.)

9. Parents should recognize that their child will at times be angry with them, and that they will be angry at the child, but that these feelings pass because they love one another.

10. Parents should help the child put his feelings into words, so that they can work things out together.

Outcome

The students will have learned how wisely set and adhered to limits help a child develop control of hostile aggressive feelings and behavior.

THE PRESCHOOL YEARS (3 - 6 YEARS)

THE CHILD'S ABILITIES TO ADAPT -- PART II
DEPENDENCE AND SELF RELIANCE
PSYCHIC DEFENSE MECHANISMS
OTHER IMPORTANT ADAPTIVE ABILITIES

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES 7 and 8.**

UNIT 3 - 3 to 6 YEARS

THE CHILD'S ABILITIES TO ADAPT -- Part 1 (Child Development Aspect):
DEPENDENCE AND SELF RELIANCE

Teacher Preparation: Textbook UNIT 3, pp. 87 - 90.

Objective

The students will learn that dependence in certain degrees, and in certain ways is an appropriate aspect of life at all ages; that the 3-6 year old child has the task of gradually replacing some of his **dependency** needs with abilities to **self-reliantly** fulfill these.

Class Discussion

Is there such a thing as a totally dependent person? (No, the nearest thing to it is the newborn, but he can do some things for himself -- breathe, digest, eliminate, and signal when he is uncomfortable.)

Is there such a thing as a totally independent person, of any age? (We all probably know someone who prides himself on being independent, who even gets annoyed if you offer to help him do something. But even he is not totally independent. Why? He depends on the man at the service station for gas for his car; if he breaks a leg, he depends on a doctor to set it for him; and most importantly, whether he admits it or not, for his emotional health, he depends on someone to really love him and to love, and he needs approval from probably more than one person).

In a good marriage there is love, of course, but also a large degree of inter-dependency. The husband and wife depend upon each other for everyday things, such as, she makes the pancakes, he washes the car. They depend on each other for comfort and support when things aren't going well, and for help in deciding what to do if a child's behavior is puzzling to them.

In your own experience here at school you know that it is important for team members to be able to depend on one another to do their assigned job on the team, and to encourage one another on; they also depend on the coach to give the instructions that will improve their game.

Putting our focus now on the 3-6 year old child, what dependency needs does she have in:

Physical needs? (1) Food; however she can feed herself by now, so she has made some steps toward self-reliance. (2) Clothing; and during this period she will accomplish the task of dressing herself. (3) Shelter; (4) Medical Care.

Adaptive needs? For instruction and encouragement in learning all kinds of new skills and improving already acquired ones.

Emotional needs? She needs to feel valued, respected and loved, even when she gets into trouble due to her angry feelings, or disallowed behaviors. She needs to be supported in her growing belief that she is a person who can accomplish things.

Summary

The child enters this period just out of toddlerhood with very large dependency needs. By the time she is six, she will have made many moves toward self-reliance being able to take care of herself in the areas of eating, dressing and toileting; she can communicate well in words, and can play with peers; she has learned to accept leaving home to go to preschool and school and has learned to turn for help to others when her parents are not available. She has also learned to depend on herself for some decisions.

In earlier lessons, we discussed the task the child has during these years of working through the problems of the Family Romance. Another big task for the 3-6 year old is to work toward self-reliance in the ways we have discussed. In doing this, she has two allies: her own inner growth-push which make her want to feel ably self-reliant, "like grown-ups," and the encouragement she receives from her parents to do things for herself. Of course the parents have to use good judgment as to **when** to encourage a child, and **how much** and that is not always easy.

Assignment

For the next lesson, interview one or both of your parents, or another person who helped bring you up. Write a page about the following: (choose any four questions)

1. As your parents remember it, at age three or four were you a very adventurous child, a very dependent child, or average in your development of self-reliance (independence)?

2. Did your parents feel that they more often had to restrain you from doing possibly dangerous things, or that they more often had to encourage or even push you to try to do new things?
3. If you have brothers and sisters, were you similar or different in the pace with which you moved toward self-reliance (independence)?
4. As you remember yourself at age 6, were you a person who wanted to do things your parents said you were too young to do? If so, give an example.
5. Do you ever remember feeling that you were being pushed to do something you were afraid to do?
6. Ask your parents to describe your first experience in going to day care or preschool. How did you accept that? Do you have any memory of how you felt about being separated from your parent(s)?
7. Recall something that you struggled to learn to do (e.g. riding a two-wheel bicycle) and then finally accomplished. Tell how you tried and how this success made you feel?

Outcome

The students will have learned that the attainment of an appropriate degree of self-reliance is a major task of the 3-6 year age range, fueled by the powerful inner growth-thrust of the child, and supported by the help of the parents. The students will also have learned that normal human beings retain a significant degree of dependence on a number of others for a variety of needs, throughout life.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES 7 and 8.**

UNIT 3 - 3 to 6 YEARS

THE CHILD'S ABILITIES TO ADAPT -- Part 2 (Child Rearing Aspect):
DEPENDENCE AND SELF RELIANCE

Objective

The students will learn how parents can help a child gradually to move toward appropriate areas of self-reliance (independence).

Class Discussion

Volunteers will report on their interviews with their parents. Teacher, based on the students' reports, try to see to it that the following points come to light:

The progress toward self-reliance is a gradual thing. A person's progress toward self-reliance may be different from that of his siblings.

Sometimes a child and his parents have different ideas about his readiness to try something new.

Conflict may arise if a child feels pushed to do something he is too afraid of, or if he feels held back from doing something he feels very pressured from inside to do.

The first experience away from parents in a day-care or preschool setting puts a great strain on a child's dependency needs. It may even cause a child to regress to babyish behavior for a time.

When a child struggles to do something on his own, and accomplishes it, it gives him a feeling that he is a person who can succeed at what he is undertaking.

Teacher Presentation

During the 3-6 year period, as earlier, the child turns primarily to his parents for the meeting of his dependency needs. His parents are the persons who feed, clothe and take care of him, who love, comfort and protect him, who teach him the behavior and skills he needs to have, in order to live age-appropriately competently and successfully in his world.

One of the big jobs parents have is to learn to read their child's readiness to undertake new projects, and to the degree to which he can become more and more self-reliant. Reading a child's readiness is not always easy for a parent to do. If a 6 year old wants to

climb a tree and his mother prevents him, how will he feel? How can the mother decide whether his strength and coordination are ready for this? If a 5 year old is pushed to try a two-wheeler when she doesn't want to, how will she feel?

There are some guidelines a parent can use in judging when a child is ready to undertake something new:

The parent should observe the child, to see if she has an interest in learning to ride a bike, to read, to swim.

Offer to help, and see if the child (1) continues to be very anxious and resist or (2) he goes along but is shivering with fear or, on the other hand, (3) he is eager to use the help.

Tell her that you are confident that she can learn this, but be willing to put the project "on hold" if the child retreats from it; resume it later, when she seems more ready.

For something the child has to do, ready or not, such as entering preschool, the parent should talk with her about it ahead of time, help her to picture what it will be like, and arrange a visit before entering. Taking a small "transitional object" (a "comforter") such as a favorite stuffed animal may help. The parent should stay for a while the first day until the child feels less anxious and reassures her of her return at a specified time (with a child 4 to 6 the specific time, such as 4:30 p.m., should be stated). The child should know that while the parent is away, the teacher will help her with anything she needs (and, with an extremely anxious child, if absolutely necessary, the school nurse will call Mother).

Some children are very adventurous and eager for new experiences. For this type of youngster the parent often has the job of putting on the brakes, while not discouraging or frustrating her. The child needs reassurance that you respect and admire her wanting to do things, and that there are many things she can do, but also there are others she will have to wait awhile to do, because they are projects for older kids.

During the 3-6 year period children tend to gradually increase the number of their relationships, though the parents continue to have first priority by a very wide margin. Of course, if they have siblings, and if grandparents, aunts and uncles live near them, they already will have made some meaningful relationships in addition to those with their parents. For instance, 3 1/2 year old Victor was very fortunate in the array of people he had who not only loved him, but were available to help and teach him in many ways.

His mother was good at asking him what he thought a particular item is, and what it is for; his father was good at playing with him and showing 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 and pictures. His grandfather was helpful in a 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 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.

Most parents have much pleasure in seeing their children develop coping skills; during this period many parents continue to actively be their children's teachers.

Those who teach their children with patience, who try to read the child's abilities and pace in learning, who enjoy the child's successes, are sympathetic with and tolerant of failures and then encourage trying again, those who facilitate the task when needed, these parents can virtually be assured of success in helping their child learn to adapt as best as the child can. And this is the added benefit: that a child like Victor will find learning to be feasible and worth while, and will be likely to accept and adapt better to learning in school.

We discussed earlier the strain it is on a child's dependency needs, when he first separates from his parents to enter preschool. Once he has overcome his first anxiety about this, he does find that there are many opportunities there to learn the give and take of play with peers, and to learn new skills. When he needs an adult to depend on, the teacher is there. This relationship is not the same as the one he has with his mother, of course. Here he is expected to get used to a time schedule, to fit into the activities of others in the group, to take care of himself as far as he can, with the teacher being available to show him how to do things, and to help him when he needs it. The school experience gradually helps him to become more self-reliant and it is most successful in doing this when the parents and teacher support each other in their approach to the child.

Outcome

The students will have become aware of the importance of assessing their child's readiness to take steps toward self-reliance, and timing their help to this; of the importance of encouraging but not pushing the child; and of the increasing role played by the secondary relationships the child develops outside the home.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES 7 and 8.**

UNIT 3 - 3 to 6 YEARS

THE CHILD'S ABILITIES TO ADAPT -- Part 1 (Child Development Aspect):
PSYCHIC DEFENSE MECHANISMS

Teacher Preparation: Textbook UNIT 3, pp. 91 - 98.

Objective

To acquaint the students with the psychic defense mechanisms used by children in dealing with overly painful feelings such as anxiety, fear, depression, hostility and hate, shame, and guilt.

Class Discussion and Teacher Presentation

Children differ greatly from one another in their biological "givens" -- the tendencies they inherit which gives them their particular personality temperament, and which, along with the experiences they have, shape their personalities.

Some children are born feeling shy; they feel things more intensely (are very affect sensitive), and are very cautious about new experiences. Others are eager and outgoing, both toward people and new experiences.

The students may describe the behavior of some children they know who are very shy or very outgoing.

Two brothers show a clear contrast in how they approach new experiences:

Charles, from the age of one, has been very responsive, not only to his family, but to others as well. He has always seemed to feel that the whole world is his friend. At nine years of age, his family went on his first airplane trip. He looked forward to it with great excitement and said "Oh great, I'm gonna meet some new people."

In contrast, his brother Jim, two years younger, has always been very cautious about reaching out to people outside the family. However, when given time to really get acquainted with someone, he becomes quite friendly. He seems to have mixed feelings about new experiences, such as riding on an airplane. He was excited, but a little bit fearful. He definitely wanted to sit with his parents.

These two children have the same parents, but their biological givens and personality temperament, especially in the area of shyness and outgoingness are quite different.

Realizing the differences in temperaments helps us to understand how individual children deal with the fears, anxieties, hostilities, depressions, and other painful feelings they are, like everyone, bound to experience in life.

Does anyone know the difference between **fear** and **anxiety**?

A person experiences **fear** when faced by a real danger in the world. What kinds of things might make a child of 3-6 fearful? (For instance, a strange dog running toward him, a fear of jumping into a swimming pool, a fear of being punished for breaking a window). These are all real things that are outside of the child himself which he finds frightening.

There are also frightening feelings that are inside the child's mind, and usually are not real. Important among these are the fear that the parent may stop loving the child, or may abandon him. These inner feelings of danger lead the child to experience **anxiety**. This feeling gives a sense of helplessness, in the face of an imagined danger. This feeling may range in intensity from mild anxiety to panic. In any degree, it is a painful and disturbing feeling.

Depression is the feeling that something terrible really has happened. For example, a child may get the feeling, realistically or unrealistically, that his parents have abandoned him, or no longer love him. If his parents divorce or are considering it, a child may go through a time of depression, feeling that he is at fault, and is no longer loved by one parent or both.

The amount of anxiety or depression a child (of any age) experiences is the result of both his personality given combined with the intensity of the unpleasurable (painful) experiences he has already experienced in his young life. To protect against these feelings, children of **two or younger** use the following forms of internal defense (Psychiatrists call them "psychic defense mechanisms").

Defenses are commonly used in clusters; they commonly do not operate just one at a time. But one can often find one defense being used more dominantly than the others that are also being used at a given time.

1. **Denial**: the child will tell himself that what he is afraid of didn't happen, or won't happen.

2. **Avoidance**: turning away and staying away from what is painful or threatening.

3. **Displacement**: taking out feelings, such as hate, one has toward one's mother or father -- feelings the child himself does not approve of -- and expressing them toward another person or thing felt to be much less important than the parent toward whom one is feeling the hate.

4. **Reaction formation:** turning what one is feeling into its opposite, such as "I am not upset, I feel fine."

As the child grows during the **3-6 years** period, newer defenses are developed and added to the old ones:

1. **Neutralization** of hostility, hate, and rage (all degrees of hostile destructiveness). When the child feels hostility and hate because of painful experiences she has had during the first 3 years and then during the 3 to 6 year period as well, or now because of the hurts that come from her family romance, she suffers feelings of fear, of anxiety, and of guilt. To feel hate toward the persons we love -- to feel high levels of ambivalence -- is one of the experiences that most produces intolerable feelings. This sets in motion an effort to change these feelings of hate (hostile destructive aggression) into non-hostile aggression that can be used in adapting to the tasks of daily life and into creative activities -- into the nondestructive aggression we discussed in an earlier lesson.

Two and a half year old Jane was becoming so oppositional as a result of her family romance that her mother, who loved her dearly half-jokingly said that she would like to lend Jane out to a friend for about a year. Jane, of course, in spite of her stubborn behavior, was experiencing a lot of guilt over the hostility she was showing toward the mother we knew -- we had seen much evidence of it -- she loved dearly. In time, she worked out much of this hostility, some with the help of neutralization of hostility, and put this energy into constructive activities with her siblings and at preschool.

2. **Identification** was another defense that helped Jane decrease her hostility constructively. Identification has already been used by the 3 year old child but now will acquire a new important role: to be like the parent one loves who is of the same sex. At the height of her family romance Jane asked her father to take her camping with him, with no one else from the family. In this and with other such demands, she was saying in effect, that she wanted to take her mother's place. No where was this clearer than when she told someone quite spontaneously that she was going to marry her Daddy. Gradually as she worked through her family romance, she replaced the wish to take her mother's place, with a wish to be like her mother. She admired her mother, learned some of her mother's skills, and expressed the wish to be like her mother when she grew up. She came to accept the idea that she would have someone of her own, not father, but someone like father, when she was older.

3. **Reaction formation** which the child began to use earlier becomes further developed during the 3-6 period. In this, the hostility the child feels is converted into a feeling of love. The child does not just pretend, he or she actually psychologically converts the undesirable feeling into a desirable one. A boy, for instance, who at four, sometimes hates and fears his father, will as if remind himself and assert that he is not mad at his father, or scared of him, that quite contrary, he really loves and admires him. This defense can work only if side by side with the feelings of hostility there is a large load of loving feelings that have accumulated there all along.

4. **Repression** is an important new defense. By repression psychoanalysts mean "to push an unacceptable fantasy (thoughts and feelings) out of awareness into the unconscious region of one's mind." By doing this a child protects himself against the hate, anxiety and guilt that his unacceptable fantasy (due to the thoughts and feelings it contains) create in him.

Repression has the tendency to put whatever fantasy is repressed into "cold storage." For this reason, most of us have little, if any, memory of our family romance, or of much else of the many experiences we had during our preschool years. With all the defenses we have mentioned, many people still may still not have fully enough worked out the problems their family romance created in them. Consequently, they may have later problems in dating and marrying. They then may consult a mental health professional for help in unearthing from their unconscious mind some of the fantasies and conflicts brought over from childhood, which still are interfering with their adjusting well to adult life. Re-visiting one's early childhood conflicts and working them out, are very difficult if not impossible to do, without professional help.

5. **Regression** is still another defense the child has used before which now again helps a child deal with difficult feelings of anxiety, hostility and hate. The four year old may go through a time when he or she displays clinging behavior. It is as if in this way the child is saying to her mother during the family romance, "I am not a big girl who feels like your rival, I am just your little baby." Similarly, the little boy seeks to be close to his father, in a babyish way. This reaction is all the more likely to occur if there is a new infant in the home. Feeling displaced by the newcomer, due to all the care the new baby requires, adds to the child's feeling very hurt which lead him to feel hostility and hate.

If the parent responds to the older child's need for holding and closeness, it reassures the child of the parent's love, and helps to diminish the child's hostility, and his guilt over feeling this hostility. However, the child cannot stay long in this regressed state because he/she is "programmed" to move ahead in development. Nevertheless, this very normal and commonly used defense, regression can be thought of as a rest stop the child needs now and then when the growing gets a bit too tough.

An occasional child may show an overly-strong attachment to the parent of the same sex. If this goes along with a seeming lack of attachment to the parent of the opposite sex, it may indicate a problem in the child's gender development. This should be watched, and may require professional help.

Assignment

1. Study the definitions of the defense mechanism.
2. Write a paragraph, explaining what you understand is going on in the following situation:

Andrew, age 4, one day astonished his grandfather by flatly refusing to hand him a book from a table across the room. Normally Grandfather and Andrew were great friends, but something was wrong on this day. After Andrew refused three times to bring

the book to Grandfather, he got up from his chair and gave Andrew three or four spanks on the behind. Andrew burst into tears and said "I don't love you any more." What defense was Andrew using here? How would you have handled this situation if you were the grandfather?

Outcome

The students will see how children use psychic defenses to help them cope with inner thoughts and feelings they find very difficult to deal with. For instance, that the normal child will be able to neutralize much of the hostility and hate aroused by unpleasurable life experiences and by the conflicts of the family romance period.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES 7 and 8.**

UNIT 3 - 3 to 6 YEARS

THE CHILD'S ABILITIES TO ADAPT -- Part 2 (Child Rearing Aspect):
PSYCHIC DEFENSE MECHANISMS

Objective

To understand how parents can respond helpfully to the child who is utilizing the defense mechanisms discussed in the preceding lesson.

Class Activity -- Test

(Before starting the test, the teacher ought to remind the students that **defenses are commonly used in clusters; they commonly do not operate just one at a time.** But one can often find one defense being used more dominantly than the others that are also being used at a given time.)

Name the defenses **most prominently** being used by the child in each of the following situations:

1. Three year old Susie has just been left by her mother at the Day Care Center. She is handling her abandonment anxiety by saying to herself, "Mommy didn't leave me, she just went to the bathroom." This defense is _____ (Denial)
2. Daddy is in the pool trying to teach five year old Stan to swim. Stan is dealing with mixed feelings. He is very attached to his mother, and he feels rivalrous and hostile, but also admiring of his father. He is guilty about his hostile feelings, and therefore scared that his father may not take care of him in the water. However, he defends himself by feeling "I love Daddy, and I know he will take care of me, so I'm not afraid." This well reasoned defense is _____ (Reaction Formation)
3. Janet, at three and a half used to say "I'm going to marry Daddy when I grow up." At that time she showed jealousy of her mother, pushing herself in between her parents when her father returned from work and kissed her mother. Now at five and a half, she wants to help her mother bake cookies, set the table for her Mother and wants to have her hair cut just like mother's. What defense is operating here?
_____ (Identification).
4. Joey, age five, quite clearly is very angry with his father these days. One sees it in his saying that Father is stupid -- for which his mother quickly reprimands him -- or that his father is wrong about something Joey knows very little about. Of late Joey seems to be having more difficulty with his 3 year old brother. He will hit him -- which he had

not done before -- and complain that it's because Mom loves him more than Joey. Mother's telling him this is not so doesn't seem to convince Joey at this time. What defense is causing Joey to have become mean to his little brother and to believe Mother loves him more than Joey? _____ (Displacement).

5. Maria, age four, has always been a bit timid, but did adjust well to her preschool where she is well-liked. Now suddenly she cries and protests about going to school, seems to always want to be held when at home, and has resumed sucking her thumb. What defense is she using? _____ (Regression).

6. Kevin, age thirteen, is known for his good memory. Ask him dates of historical events, or the capitals of countries and he is pretty sure to come up with the right answers. Yet he can remember almost nothing that happened to him before the age of five. What defense mechanism is this? _____ (Repression)

Exchange papers, check answers, and address any questions.

Discuss the Andrew story assignment. If Grandfather had understood that Andrew's feelings were displacements from the problems Andrew was having with his father, how would he have handled the situation? Were the spanks a good idea? Could Andrew's defiance have been limited in any other way? What could Grandfather have said that might have softened Andrew's anger? What could Grandfather say that would be helpful when Andrew said "I don't love you any more?"

Teacher Presentation

As we know, defenses are set up by the inborn characteristics of the child combined with his mental response to the many stresses and conflicts he experiences during his young life. His defenses will be turned to throughout his life, to a greater or lesser degree. They are clearly in evidence during the 3-6 year period. It is important to know that we cannot control which defense mechanisms we use, and there is not much parents can do to influence which defenses their child will use. However, parents can be very helpful by understanding that the defenses exist for the purpose of helping the child to cope with upsetting conflicts and fantasies, and with intense feelings of anxiety, hostility and hate, depression, shame, and guilt.

If the parent does understand this, it will help in dealing with the child's behavior in the following ways:

1. If a child is clearly using **regression**, the parent who understands that the child needs to cling temporarily while working on a problem, will be sympathetic to the seeming babyish behavior. E.g., Jane's mother was helpful when she would allow Jane's clinging, and would reassure her that she really loved her. Parents should adopt the view that a child never regresses unless he needs to. Regression provides a child with a degree of protection that will enable her to regain her equilibrium, and then return to her age-appropriate level of activity, as she makes further efforts to work out her difficult

feelings. Sometimes a child needs gentle encouragement not to cling too long. Encouragement can be helpful, while shaming or pushing a child to grow up will not be.

2. The parent who understands the defense of **displacement** will not be shocked if a four or five year old attacks a sibling or the family dog, seemingly out of the blue. Knowing that the child's real anger is toward the loved parent, the mother or father will step in to set limits with this hostile child, and then try to help him talk about what is making him feel so angry.

3. The parent who knows about the defense of **reaction formation** will keep an eye on a child who is just always so sweet, never angry, never displeases a parent, and if by chance does so, becomes extremely anxious. Such a parent will help a child to understand that sometimes feeling and expressing anger (in reasonable ways) toward one's mother or father is not a terrible thing. The parent may then be able to free the child from his self-imposed prohibitions against feeling any hostility whatsoever, and to help him cope with these feelings in acceptable ways, the best of which is to talk about what is causing them.

4. The parent who sees **identification** happening will realize that it is a very healthy defense for the child to turn to, especially to seek to model oneself after the parent of the same sex. However, some children between the ages of three and five show a stronger than usual preference for the parent of the same sex. Present day thinking is that homosexual gender development is the result of inborn tendencies combined with traumatizing stresses and unsolved conflicts of the first three years of life and/or of the family romance.

If, over a period of 6 to 12 months, the three or four year old girl exhibits no special love interest at all in her father, or the boy exhibits no romantic feeling whatsoever toward his mother, it may mean that a homosexual adaptation is in progress. The boy who persistently over a period of over six months directly expresses the wish to be a girl, or the girl who persistently rejects being a girl and painfully wishes to be a boy, warrants professional consultation. However, many normal girls express a wish to have a penis, in addition to what they have, and many normal boys want to be able to have a baby. These children are not expressing a wish to be other than what they are. They just want everything!

Outcome

The students will have learned the importance of parents being able to identify the defenses their children are using, and of understanding the feelings with which the defenses are coping. The students will have recognized how this understanding can enable parents to help their children deal with the emotional conflicts of this period of life.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES 7 and 8.**

UNIT 3 - 3 to 6 YEARS

THE CHILD'S ABILITIES TO ADAPT -- Part 1 (Child Development Aspect):
OTHER IMPORTANT ADAPTIVE ABILITIES

Teacher Preparation: Textbook UNIT 3, pp. 99 - 102.

Objective

To introduce the highly socially and personally desirable adaptive abilities **empathy**, **altruism** and **sublimation**.

Class Discussion

Write the words empathy, altruism and sublimation on the blackboard, and ask any students who are familiar with them to explain what they mean. Encourage students who have seen examples of empathic or altruistic behavior in either children or adults, to describe them. Can anyone talk of an example of sublimation in the case of an historical person, in fiction, or in someone you know (e.g., as historical figures, Helen Keller and Vincent van Gogh might be considered).

Teacher's Summary

Empathy is the ability to perceive and feel what another person is feeling, without experiencing the pleasure or pain as intensely as the other person does. To be able to **empathize** is one of the most important qualities a person can develop. It enriches all human relationships.

If a baby cries and the mother would just be irritated by the noise, and ignore the child, their relationship would get off to a very bad start. On the other hand, if the mother senses how the baby is feeling when hungry or cold, can picture this uncomfortable feeling and want to help, she is experiencing empathy. If your best friend loses in a track race he felt he could win, and you tell him that you know how he feels, you are showing that you can empathize, and it probably will help your friend feel better. Nowhere is the ability to empathize more important than in being a parent. Being able to empathize will make the parent better understand her or his child and guide the parent in how to best help his or her child. In a marriage too empathy between husband and wife is very important. If empathy is lacking, misunderstandings are likely.

In what ways can we see empathy in the very young child? You may have seen a mother burn her finger or hurt herself in some other way, and a two-year-old patting her and saying, " You OK Mommy?" Among the crucial growth-promoting influences of the

family romance on the child is the further development of the ability to empathize. The girl comes to realize that if her fantasized marriage to her father were to happen, her mother would be terribly hurt, so in her feelings she arrives at the decision "Mother can have the husband she loves; I'll find a good one someday myself." The same decision is made by the little boy in relation to his father.

As the child develops sensitivity to what her parents, or siblings, or other people are feeling, she learns to respond in appropriate ways to them. She not only understands others increasingly correctly, but also can understand how they feel about her.

Altruism is the feeling of wanting to be generous to someone, even when this involves some moderate self-sacrifice. If your friend Joey forgets to bring his lunch on your Boy Scout outing, and you gave him half of yours, that would be altruistic. If you were to insist that he take all of your lunch, that would not be a good idea. Why? It would make him feel very uncomfortable, and it would not be showing self-respect. You are an important person, too, who is entitled to lunch.

However, a healthy amount of altruism is very important in all human relationships. New parents give up some of their night's sleep to give their infant his 2 a.m. feeding; if a family budget is tight, many a mother has given up the idea of a new dress in favor of athletic shoes for her son; a husband may give up his bowling evenings to baby-sit, so his wife can take a course in computer programming. With the world becoming more interactive all the time, most people altruistically help those in need such as at times of earthquakes, floods or wars.

In the case of the 3-6 year old child, we can see that when the child gives up her romantic wishes toward her father at the end of her family romance, she is increasing her ability to be altruistic (to her mother). Also, the guidance the parents give in encouraging altruistic and empathic behavior toward siblings and peers helps greatly. The child who develops these behaviors early lays the groundwork for warm and satisfying relationships within the family, at school, and later in his or her adult life.

Sublimation is viewed by psychoanalysts to be the result, at least in part, of the child's converting his sexual and hostile feelings into creative activities. Like empathy and altruism, sublimation is an enormously productive new development. It grows directly out of the new mental abilities 3-6 years old have developed, as they deal with the troublesome but normal problems of their family romance.

There is a well-known belief that a good thing to do with anger is to put it into some creative activity. For instance, an athlete who can put into the swing of a bat the anger he feels at having been hurt may increase the success of what he is doing.

Emotional hurt, sexual frustration, anger and hostility also may be sublimated into the creative arts. Some of the world's most valued music, painting, sculpture and writing have been fueled by strong feelings which could not be acceptably expressed directly, but

which were converted by sublimation into great gifts for humanity. Sublimation may not only produce great works, it is also a most useful tool in everyday living.

Assignment

Choosing someone you know, or a character from history, fiction, sports, television or from your imagination, describe a person whose actions demonstrate empathy, altruism and/or sublimation. Give one or more example of what that person has done which makes you see him or her in that way.

Outcome

Students will understand that the qualities of empathy, altruism and sublimation begin to develop early in life, and to a significant extent are influenced by the successful giving up of the family romance wishes. The students will understand also the value of these attributes to the personality throughout the life span.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES 7 and 8.**

UNIT 3 - 3 to 6 YEARS

THE CHILD'S ABILITIES TO ADAPT -- Part 2 (Child Rearing Aspect):
OTHER IMPORTANT ADAPTIVE CAPABILITIES

Objective

To reinforce understanding of the values of empathy, altruism and sublimation.
And to learn how parents can support the development of these qualities in their children.

Class Activity

The students will read their descriptions of persons who demonstrate good abilities in one or more -- empathy, altruism or sublimation. With each, consider the following questions:

How do you think your person's approach to people affected his/her relationships with them? His/her success at school or work?

Do you know anything about the kind of family life your person had or has now? When younger? If so, what kind of influence do you think it had on the way his/her personality developed?

Teacher Presentation

There are two main ways parents can help their child develop empathy and altruism.

1. They can help by modeling these types of behavior themselves. When the parent is sensitive to what the child is feeling, and responds in a caring way, it conveys a message of empathy to the child, and awakens a desire to behave in this way, too. The child also is a keen observer of the interaction among family members, and of the feelings and behaviors they display. On the other hand, the parent who has the attitude "Do as I say, not as I do" will not be modeling an attitude of empathy for the child.

Altruistic attitudes also are contagious. If family members most of the time are thoughtful and generous toward one another, the child will follow suit. Unfortunately, greedy and selfish attitudes are contagious as well.

2. A second way to promote the development of empathy and altruism is to encourage any signs of them in the child's behavior. When seven year old Mike stopped his own play to show his four year old sister how to put her puzzle together, Mother

commended Mike for his thoughtfulness. That his mother noticed and praised his behavior gave Mike a good feeling of self-respect, and a warm feeling toward his little sister. We hear a great deal about sibling rivalry, and this is natural up to a point. However, when parents attempt to treat their children fairly, and help them to become empathic and thoughtful, and to deal with their angry feelings in constructive ways, a great deal of the rivalry diminishes and the siblings learn to really value one another.

With regard to sublimation, when a parent senses that a child is trying to put his or her energies into creative activity, such as drawing, the child should be encouraged, even if the drawing doesn't make much sense to the parent. To say, "That's supposed to be a dog? It doesn't look like one!" may give a child the feeling of being very put down. When the child brings his picture to mother for approval, her role is not to be art critic, but supporter. She can say, "I can see that you really are learning to draw," and this will give the child encouragement to keep trying. Besides the improvement in drawing skill continued effort will bring, there will also be progress in sublimation. This is because some of the child's troublesome feelings are being channeled into a creative project. Supporting the child's efforts at sublimation without exaggerating his achievement, is enormously helpful, and will enhance the child's efforts at sublimation and his motivation for learning.

Outcome

The students will understand that good modeling by parents, and the encouragement parents give children in their efforts toward empathy, altruism and sublimation will facilitate greatly the development of these values.

THE PRESCHOOL YEARS (3 - 6 YEARS)

CONSCIENCE FORMATION

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES 7 and 8.**

UNIT 3 - 3 to 6 YEARS

CONSCIENCE FORMATION -- Part 1 (Child Development Aspect):

Teacher Preparation: Textbook UNIT 3, pp. 103 -111.

Objective

The students will learn about the large stride in the development of the conscience that occurs during the 3 to 6 year period.

Class Discussion

1. What do we mean by the word "conscience?"
2. Was your conscience in place when you were born, like your eyes and ears?
3. At your age, you have quite clear ideas about right and wrong. Where did you get these ideas?
4. Is your conscience only negative, or is it also positive -- does it guide you to do good and considerate things, as well as telling you what you are not allowed to do?
5. What kind of feeling does your conscience give you if you do something your parents tell you not to? If you do something to help someone?
6. Have you seen a child under the age of 6, ask as if he is conscience-stricken: "What happened?" What feelings was he expressing?

Teacher Presentation

A conscience in good operating condition is one of the most important features of the human personality. The world would be in complete chaos if everyone did what he/she felt like doing without regard to anyone else's feelings, or without regard to our laws or principles of good behavior. Very early, from the end of the first year on, there are signs that conscience development is beginning. From the parents' firm tone of voice and facial expression of disapproval, the infant learns that he may not do certain things, e.g., pull hair, or eat out of the dog's dish. The child shows signs of distress if called "Bad boy!" and of pleasure when called "Good boy!"

The newly-forming conscience of the one-to-three year old is based directly on the parents' guidance in their Do's and Don'ts. The child of this age can feel that things he

does may be "good or bad"; but he has no judgment yet of "right and wrong", though he is absorbing into his mind what his parents are teaching him. However, by the time he is four and a half or five, he has developed a conscience which enables him to make many judgments himself about right and wrong things to do. As he grows older, of course, his conscience supervises him in an increasingly wide range of activities and becomes more mature in its judgments.

There are two parts to conscience development:

1. The **morality** part, which approves or disapproves of what the child does; if it disapproves, the child then suffers from a sense of guilt.

2. The **ideal-self** part. The child develops with the help of his parents, goals about the ideal kind of person he wants to be. To the extent that he is able to live up to his own expectations, he has a good level of self-esteem; when he fails to behave according to his own standards, he develops feelings of shame and inferiority and his self-esteem sinks. If the child does something which causes his parents to say "Nice boys don't do that; aren't you ashamed of yourself?" he is ashamed because his own conscience agrees with what his parents said.

How does a person's conscience develop?

1. The groundwork, as we have said, takes place in infancy, with the limits parents set on behavior. The toddler, in order to please her parents, will keep away from the electric outlet when mother says "No", although it may take three, four, or more repetitions. She learns that nice girls don't pull the cat's tail. If the parents' limits are set firmly, but in a caring and respecting way, the child will be able to accept them without feeling "put down." However, if the limits are set harshly, the child will develop a feeling that she is bad, and not worthy of being loved. A continuously harsh approach will lead the child to develop a severe and self-punishing conscience; whereas a caring approach leads to the development of a reasonable, effective conscience.

2. The parents' own behavior serves as a model for the child's conscience development. If a mother tells her six and four year old sons to stop fighting because brothers should get along with one another, and then she has an angry argument with their father when he comes home, the boys won't be very convinced about the value and importance of trying to resolve differences between them without fighting. Disagreements and anger are bound to be part of family life, but parents can set guidelines both for themselves and the children about reasonable ways of resolving disagreements. The old saying "Actions speak louder than words" is especially true, as children identify with their parents in the development of their consciences.

3. During the 3 to 6 year period, the Family Romance plays a very important part in the development of the child's conscience. Because the little girl deeply loves her mother, she feels shame and guilt over her wish to harm her when she fantasies her mother to be her rival. Little Diane, who dumped her mother's perfume into the toilet and

asked her father to take her out, she could see that her behavior was upsetting and hurting her mother. After three episodes of this, with help from both parents, Diane's conscience was strengthening to the point that this behavior was no longer acceptable to herself. When parents can handle misbehavior wisely, the child develops enough shame and guilt to serve as an interior monitor of behavior, but still retain a sense that basically she is a good person. The same, of course, is true of the boy. When the child has worked through the Family Romance conflicts successfully, the parent of the same sex becomes the major model of identification in conscience development, as in other ways, during this period.

4. First and foremost, it is the parents who help a child develop a conscience, because they are the people the child loves most, and by whom he feels most loved. The child therefore wants to please his parents by behavior as they wish, and he is receptive (although sometimes rebellious) to their correction. However, as the child grows through the 3 to 6 years period, others may also -- though to a much lesser degree than the parents -- contribute to his conscience development. Siblings, grandparents, aunts and uncles may also influence him. Again, the closer his personal relationship to them is, the more their influence will be. His preschool teachers may also add some part. As we shall address in later Units, later, teachers at school, and in Sunday school, if the child attends one, offer guidelines for his behavior. We shall also see that the standards of the child's peers will become increasingly important as the child moves through the elementary school years and into adolescence. If he develops a healthy, well-functioning conscience since early childhood, he usually will be able to make good judgments later, judgments which reflect the input of the important people of his life, but which are basically his own. Naturally, the 3 to 6 year old will make mistakes in his judgments and will have episodes in which he "lets himself down" by doing something unacceptable to himself or others. However, he will learn from mistakes, and his conscience will begin its vital function of monitoring his behavior.

Assignment

Answer any 3.

1. Describe the two most important "right and wrong" standards your parents taught you.
2. In addition to your parents, who has had the most important influences in your life, in helping you develop standards for behavior? What was there about this person that made you want to listen to, or be like him or her?
3. Do you think a parent can be too strict? Too lenient? Explain.
4. Jerry, age 5, was driving with his parents to visit his grandparents. They got a late start and father was driving fast, quite a bit over the speed limit. He told Jerry to watch out of the back window, and tell him if a policeman came into sight. What message was Jerry's father giving to him?

Outcome

The students will have learned the two basic components of conscience development, the morality part, the conscience proper, and the ideal-self part. The students also learned about the influences which help shape the conscience: the largest being the behaviors of the child's own parents, their clear and empathic limit setting, the child's identifications with the parents, and of large importance are the experiencing and the outcome of the child's Family Romance. Also, at this age persons outside the immediate family may influence the child's conscience but usually to a much lesser degree.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES 7 and 8.**

UNIT 3 - 3 to 6 YEARS

SECURING HEALTHY CONSCIENCE FORMATION --
Part 2 (Child Rearing Aspect)

Objective

The students will learn how parents can help their child to build a well-functioning conscience while simultaneously fostering the child's good self-esteem.

Class Discussion

Ask volunteers to read their write-ups. The following points, among others, should emerge from them.

1. Regarding the standards their parents taught, it should be pointed out that many of the most important attitudes and behaviors were learned and absorbed in the first 6 or so years of life.
2. The questions of the influence of non-parental figures should bring out the fact that although the largest contributor to a child's conscience is the child's parents, a caring person outside the immediate family can also help in conscience building, before, during the 3-6 age period, and especially beyond this period.
3. Re: Strictness and leniency: Standards imposed in too strict, hostility-loaded manner, can make a child develop too much shame and guilt, and make him feel inferior; or as he grows older, he may rebel, and throw his parent's standards overboard. On the other hand, parents who are too lenient, and do not define standards of behavior leave it up to the child to pretty much build his own conscience, which he cannot do well on his own. His unrestrained behavior will get him into trouble with peers and adults. He will be rejected when he does not accept the rules of the games peers play, and will have a big problem fitting into the structure and expectations of school (unless he has help later), and he may get into trouble at work, or with the law.
4. Jerry's father was giving the message that doing something against the law is all right if one doesn't get caught. Even though the speed limit is not a major law, this is not a message Father should be giving Jerry, if he thought about it. Jerry is at an age when he is beginning to idolize and pattern himself after his father. This, too, is something Father should bear in mind.

Teacher Presentation

Do you think it is possible to correct a child's misbehavior, and still enable a child to build self-esteem or as well as a good conscience?

Consider the problem Jennifer's mother had, when Jennifer not only kicked and yelled about going to bed on time, but then said to her mother "I hate you!" Naturally her mother was hurt by this, and she was pretty mad at Jennifer too.

If mother had said "I know you don't mean that; good girls don't say that to their mothers!" how would that make Jennifer feel? ("But I really do mean it; I must be a very bad girl!") If mother had said "That's a terrible thing to say; how do you expect me to love you when you say you hate me?" How would Jennifer feel? (Jennifer would feel guilt and shame, and also anxiety that her mother might stop loving her.)

How then, remembering that mother also had some angry feelings, could the situation be handled helpfully?

1. Mother needs to be honest about her own feelings and Jennifer's. She might say "I can see you are very mad at me right now. Parents and children do sometimes feel that way, and I'm feeling a bit mad at you, too."
2. Mother can help Jennifer understand that they can talk together about the things they don't like. She can point out that if they talk things over first, some of the mad feelings might not come.
3. Mother can help Jennifer understand that although angry feelings do come between them once in a while, their love feelings for each other are very much bigger, and are for always.
4. Often, as in the case of Diane, the perfume dumper, a parent has to go a step further, and institute some punishment such as by temporarily withdrawing a privilege, to make it clear that this behavior is not to happen again. Clear definition of prohibitions can help a child to know what behaviors are acceptable, and what ones are not.
5. It helps enormously if a parent can understand the psychological reason behind a child's behavior. E.g., four years old Johnny asked her mother if his father would be coming home for dinner, and looked downcast when she said he was. "It's never with just you and me," Johnny said. His behavior had been fine all day and mother knew he had nothing to worry about in terms of reproach from his father. She realized that Johnny was struggling with Family Romance feelings, so she handled the situation quite gently. She could have made him feel guilty by saying, "Well, after all, Daddy provides the food you eat; aren't you ashamed of not wanting him to come home?" Instead, she said something to the effect that Daddy is in the family too, and loves both Johnny and Mommy; and Mommy does want him to come home. She added that some day Johnny

will have a home of his own, and will have a wife to come home to, and maybe a little son like Johnny.

6. On the positive side, parents can help a child develop sensitivity to others, by demonstrating this attitude themselves, and by encouraging the child to act on his own generous impulses. Respectful attitudes toward pets can be instilled by having the child help with feeding, and in gentle handling. This is even more important in the relationships with siblings. Considerate attitudes can be fostered, particularly if the parents are fair-minded toward each child. Children do have to be reminded that parents love each one, because they sometimes are inclined to see favoritism when it is actually not there.

7. A sense of humor can often resolve a situation when a child's misjudgment may lead to his doing something wrong, or just embarrassing to the parents. Five year old Sam was at dinner with his parents and their guests, a couple whom Sam knew and liked. He suddenly burst forth with the remark, "Daddy says you are rich. Are you?" In a case like that, a good-natured humorous reply is best. Sam had meant no harm, and to shame and humiliate him on the spot would damage his self-esteem. If the guest could answer jokingly "Yes, of course!", and the father could say jokingly "We didn't tell him to ask this!" the situation could end in a good-humored day. Later, in private, the parents could tell Sam that to be polite, we don't ask people personal questions about how much money they have, or about how old they are.

To summarize, here are some Do's and Don'ts about helping a child develop a sense of morality, and a sense of the ideal-self he wants to become:

1. Remember that by the way you approve and disapprove of the child's conduct, you will be giving her the building blocks for her conscience. If your disapproval is overly strict and hostile, her conscience will become harsh and self-punitive too. If your disapproval is expressed in a clear, but sympathetic way, her conscience will develop into an effective and reasonable one.

2. Repeat as often as necessary, the behavior you expect from the child. Give reasonable answers to her "why?" questions. (Don't say "Don't ask why; just do it!")

3. Be honest in acknowledging the child's feelings, and your own when upset and angry.

4. When correction is necessary, do it in a manner which respects the child, and that gives her reassurance that you care for her. (If you are so angry that you can't control yourself, wait a few minutes.)

5. Try to understand the reason the child is behaving as she is.

6. Encourage the child to talk about her anger or other bad feelings. Let her know that it is safe to talk with you about her misbehavior. If punishment is needed, it

will be fair. Sometimes it helps to have a child suggest her own punishment; but be aware that young children can be unduly harsh and if the suggestion from the child is too harsh the parent let the child know, tell the child what she did was not that bad, and the suggestion should be modified.

7. Help the child look back over his behavior and think about how he might handle the situation differently next time.

8. Help the child understand that because he did a "bad" thing, he is not a "bad" person. Saying, "This is a bad thing to do," is better than saying "You're a bad boy!"

9. Never make fun of, or humiliate a child when he has done something undesirable. Talk with him later in private.

10. Make use of humor when you can, in a good-natured way.

11. Encourage the building of ideal-self standards by attempting to be a good model for the child's identification.

12. Encourage his positive feelings toward other people and pets.

Outcome

The students will have learned that both in developing moral behavior, and ideal-self standards, parental attitudes of understanding, correcting in a clear and caring manner and encouraging positive interaction with others, will help the growth of a reasonable conscience, and of good self-esteem.

***PARENTING FOR EMOTIONAL GROWTH: A CURRICULUM FOR
STUDENTS IN GRADES K THRU TWELVE***

**SAMPLE LESSON PLANS of
UNIT 1: INFANCY (BIRTH TO 12 MONTHS)**

LESSON PLANS FOR GRADES 9 AND UP

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***PARENTING EDUCATION FOR EMOTIONAL GROWTH:
A CURRICULUM FOR STUDENTS IN GRADES K THRU 12***

LESSON PLANS for Unit 1, for GRADES 9 THRU 12

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INFANCY (0 - 12 MONTHS)

EDUCATION FOR PARENTING

PARENTING FOR EMOTIONAL GROWTH
Lesson Plans for **GRADES 9 AND UP**

UNIT 1 - 0 to 12 MONTHS

EDUCATION FOR PARENTING -- Part 1 (HUMAN DEVELOPMENT)

Teacher Preparation: Textbook INTRODUCTORY UNIT, Chapter 1.

Objective

- (1) Students will learn that parenting can be very gratifying **if one has the necessary understanding** of what it takes to parent in **growth-promoting** ways.
- (2) Students will learn that parenting is a **very serious, very complex** and **very demanding** job.

Materials

One egg for each two students.

Activity

Make a list of all the things you think a parent does.

Class Discussion

1. From students' lists, make a composite list on the blackboard. (Add comforting, teaching, and limit setting, if omitted).
2. It has been said that parenting is a **very serious** job. Do you agree? Why? What is the effect on a child's personality of the kind of parenting he receives? Does the effect extend into his adult life? Does it go further than that? (The Community, even the world?)
3. Why is parenting considered a **very complex** job? (One has to understand general patterns of development, but also understand each child individually; one has to change ones approaches as the child changes. Learn the different ways a child communicates as he goes through the different steps of development.
4. In what way is parenting a **very demanding** job? (Non-stop responsibility, meeting the child's physical needs, developing an understanding of, and the ability to respond to the child's emotional needs, fitting the infants needs into those of other members of the family.)

5. In what ways is parenting a gratifying job? If done well, seeing the child healthy, with a sense of well-being, and able to succeed in his own world. If done well, then there will be a relationship of love and respect between parent and child.

Outcome

Students will perceive the long-range effects of parents' work. Students will have an increased respect for the importance of the parents' role.

Homework

Divide class into pairs of children. Give each pair an egg to "parent" until the next session of the class. The egg must be planned for in a way somewhat similar to the way a parent must plan for the care of a baby. E.g., the egg's "parents" decide between them who is to take care of the egg at all times. It must never be left alone except for the parents' own sleep time. Each pair of egg "parents" will be prepared to report on their experience during the next class.

PARENTING FOR EMOTIONAL GROWTH
Lesson Plans for **GRADES 9 AND UP**

UNIT 1 - 0 to 12 MONTHS

EDUCATION FOR PARENTING -- Part 2 (CHILD REARING)

Objective

- (1) Through the egg experiment, students will become aware of some of the specific ways that parenting is a very serious, complex and very demanding job .
- (2) Students will have an enhanced awareness of how it feels to have responsibility for the health and well-being of another.

Materials

The previously issued eggs.

Activity

The students will give verbal reports regarding their "egg-parenting" experience. How did the "parents" share the egg-caring responsibilities. Did they have any conflicts? Did they feel tied down? Were they worried about the health and well-being of the egg? (Breaking it?)

Class Discussion

What about the responsibilities of parenting a human infant to insure its good health and well-being? How is an egg different from an infant?

Egg	Infant
An egg doesn't require to be fed, diapered, nor have its laundry done.	A baby has to be fed, cared for, diapered, and have its laundry done.
Egg sitting is much easier; no worry that it will have trouble breathing or roll off the couch when it moves.	Infant care-giving requires attention to the baby's being comfortable, safely put in a crib or on a couch, etc.
An egg never cries.	Infants cry. Parents need to figure out why, and what to do to relieve the infant from what is causing the crying. Not always easy.

An egg isn't visibly changing all the time; you don't have to know much.

You have to learn how babies change from week to week, from month to month.

An egg doesn't need warm, loving physical contact, holding, comforting.

A baby needs to feel held warmly, lovingly, needs emotional and physical comforting, and much more.

It is too bad, if an egg breaks; but it is not a tragedy.

Babies are irreplaceable. If any part of a baby breaks it could lead to serious consequences.

Of course, much more distinguishes the **growth-promoting care** of a human infant from that of a seemingly static (externally static) chicken egg.

Outcome

Students will have an enhanced awareness and sensitivity to the many needs infants have and the enormous responsibilities that come with parenting.

Homework

Many mothers report that when they had their first babies, they were not prepared for all this important job involved. Talk with two mothers. (One can be your own). Find out what they learned about being mothers when their first babies came. Write a report on each interview.

INFANCY (0 - 12 MONTHS)

PHYSICAL DEVELOPMENT

PARENTING FOR EMOTIONAL GROWTHLesson Plans for **GRADES 9 AND UP****UNIT 1 - 0 to 12 MONTHS****PHYSICAL DEVELOPMENT -- Part 1****Degree of Adaptive Capability/Degree of Helplessness (Part 1)**

Reading for Teacher: Textbook UNIT 1, pp. 6-17.

Objective

To help the students become aware of the enormous development from relative helplessness to great adaptation during the first year of life.

Class Discussion

Does anyone in the class know a newborn infant, or one under two months of age? (If not, ask the students to use their imagination; if someone does, ask the student to tell the infant's name and age, and give his/her observations about how helpless the infant is. Comparison may be made with newly hatched chickens, which can run around immediately, or with a newborn colt which can stand and walk, and knows just where to go for its dinner.

On the blackboard, write the following headings, and ask the class to give suggestions for filling in the information regarding each age. The students may enter this information in their notebooks as the discussion proceeds.

THE NEWBORN

Ways he is helpless

He cannot move his body from one place to another.
 He cannot see clearly.
 He cannot feed himself.
 He cannot talk.
 He cannot use the toilet.
 He cannot dress himself.
 He doesn't know who is in his family.

Adaptive Capability

He can breathe
 He can suck to get his food.
 He can eliminate.
 He can move his arms and legs, and grasp things with his fingers.
 He can cry to make his needs known.
 He can hear.
 He can see in a blurred way at birth, and more clearly every day.
 His mother's voice and smell are familiar to him.

THE ONE YEAR OLD

Ways he is helpless

He cannot walk steadily, if at all.
 He cannot speak in sentences, and explain his needs.
 His movements are awkward; he cannot manipulate toys well.
 He cannot dress himself.
 He cannot bathe himself.
 He needs help with feeding.
 He needs help in accepting substitute care for mother (e.g., if in daycare).

Adaptive abilities

He can crawl.
 He can say a few words.
 He can grasp a spoon and try to feed himself.
 He can signal to his mother by crying when he needs help.
 He can hold toys, and explore them with mouth.
 He can explore his world by looking, reaching and crawling.
 He knows his family, is attached to them and treats other as strangers.

Assignment

Ask the students to observe an infant under the age of one year, and to record observations. This will involve:

1. Requesting a mother's permission to visit twice a month, to observe the infant for an hour and to consult with her about his/her development.
2. As nearly as possible, follow the outline in your Laboratory Manual for these interviews.
3. During the visit record observations on the charts, including both the Human Development and Child Rearing sections. Your observations of the child should be recorded on the Physical Development sheet, and comments about the Child Rearing Aspects, based on your interview with the mother, will be recorded on the Child Rearing sheet. Following the visit write a summary of the most important observations, and of your own impressions of the child.

Outcome

The students will have learned the specific areas in which first year development takes place, and how to observe these in the infant of their choice.

(Note: If there is anyone in the class who does not know an infant under one year of age, an alternative would be for the student to observe in a Day Care Center.)

PARENTING FOR EMOTIONAL GROWTH
Lesson Plans for **GRADES 9 AND UP**

UNIT 1 - 0 to 12 MONTHS

PHYSICAL DEVELOPMENT -- Part 2
Degree of Adaptive Capability/Degree of Helplessness (Part 2)

Objective

To understand how an infant's progress toward independence can be encouraged and supported by his parents.

Class Discussion

The students will be asked to report on their visits.

The following concepts and questions should emerge from their reports:

Not all infants of the same age show the same degree of development. The degree depends upon genetic factors, activity type and parental encouragement. There is a wide range of normalcy. Slow starters usually catch up at a later point.

If some students have newborns they are observing, and other have older infants, note the difference reported in the degree of helplessness, and the development of sensori-motor functions, and the social responses of the infants.

If a student has observed an infant who seemed to be overly active, ask the student to describe this behavior, and report how the mother helped to calm the child.

If a student has observed an infant who seemed to be overly quiet, the student may describe this behavior, and how the mother attempted to stimulate the child.

Did any mother report that her child seemed to be irritable? How did she handle this?

Did any mother report how she helped her infant wait a few minutes (when necessary) for his bottle?

When your infant made cooing or babbling noises, did the mother answer back? If so, how did the infant respond to her answer?

If you are observing an older infant, did you see the mother teaching him to say words? What words did he say?

Did the mother seem to understand what the infant wanted when he cried? Was she successful in comforting him? Did anyone see the infant using his grasp reflex? What did the mother do?

How did your mother help the infant to develop his movements? What was he able to do with his muscles?

Did the infant smile at his mother? Did he smile at you?

Did the infant cling to his mother when you approached? What did she do?

While you were there, did the mother express affection to the child, by words, hugs or kisses? If so, what was the expression on the child's face when she did this?

From the child's facial expression, his vocalizations, and his body movements, would you say that on the day of your visit he was feeling relaxed or tense?

Summary

Infants between birth and one year of age follow a common pattern, although the pace of their development may differ. From a beginning of great helplessness, in the course of a year infants develop the ability to crawl, or walk unsteadily, and in this way get ready to explore their world on foot. They say a few words, and understand a great deal that is said to them. They can grasp a spoon and messily but happily undertake to feed themselves. They examine objects with their mouths, and from the beginning have used their eyes to learn about their surroundings. By one year they know their families and have a strong attachment to them, particularly their mothers and fathers.

In all of these areas, their development is furthered by the love and encouragement of their families.

They, first their mothers and soon their fathers and siblings, learn to "tune-in" with infants' needs and with their communications. They develop a sense of timing - for example, when to stop handing a ball to an infant and when to encourage him to crawl after it himself. Families talk with their infants from the beginning. Even before they understand words, they can respond to an affectionate tone of voice. Later, families help infants learn the names of things and how to put their wishes into words; they play with the babies and show them how to do things with their muscles. Families help their infants grow and develop by giving them love and letting them know that they are greatly valued persons.

Outcome

The students will have an appreciation of specific ways that families can foster their infants' development.

Assignment

Read Chapter 3 "The New Born: What is He Like?" in *How To Raise a Human Being* by Lee Salk, Ph.D. and Rita Kramer. Also read "One Year Summary", in *Babyhood*, pp. 240-245, by Penelope Leach.

INFANCY (0 - 12 MONTHS)

SLEEP - WAKE STATES AND PATTERNING

FEEDING

PARENTING FOR EMOTIONAL GROWTH
Lesson Plans for **GRADES 9 AND UP**

UNIT 1 - 0 to 12 MONTHS

SLEEP - WAKE STATES AND PATTERNING -- Part 1

Reading for Teacher: Textbook UNIT 1, pp. 15-28.

Objective

Review of development of the first year of life, with particular focus on the status of the newborn and the establishment of sleep-wake patterns.

Class Discussion

Ask the students to review their information about the newborn, based on earlier class material and their reading from Salk's *How To Raise A Human Being*; also to report on the development achieved by twelve months of age, based on the material from Leach's *Babyhood*.

Teacher Presentation

1. Both periods of sleep and periods of wakefulness are important to the infant - sleep for rest and growth, and wakefulness for the infants progressive acquaintance with his environment.
2. The newborn may sleep as much as 16 to 20 hours a day. Gradually his need for sleep changes and by the time he is twelve months old, he may sleep only 10 hours at night with naps in the morning and afternoon.
3. When the infant is born, he has no established pattern of sleeping. At first night and day are the same to him. It is one of the tasks of his first year to develop a pattern of regular sleep and wake periods.
4. Things which contribute to good patterning and restful sleep include:
 - A quiet room
 - Comfortable temperature
 - A regular bedtime schedule
 - A night bottle or pacifier or other comforter
 - Affectionate handling of the infant
 - Comfortable relationships between family members

5. Things which make good patterning difficult, and disturb sleep include:

- Irregular bedtime schedule
- Loud voices or television near the infant.
- Temperature too hot or cold.
- Hunger
- Diaper wet or soiled
- Stomach pain
- Cold or other illness
- Allergies to food, clothing or detergents
- Immaturity - the child may need extra time to develop a good sleep-wake pattern.
- Anxiety - usually based on fear of separation from parents.
- Tension within the home; infants sense this even when they do not understand what is happening.

6. How the infant responds to sleep disturbers.

The child may have difficulty falling asleep. He may sleep restlessly, and waken crying. An older infant may have frightening dreams. It is thought that some instances of colic result from tensions that disturb sleep.

Class Discussion

What would you do if you were alone in the house with a two week old infant who suddenly wakes up screaming? (Since the child is screaming and not just whimpering or fussing, the cause is probably not that the room is too warm or too cold, or the diaper wet. The scream signals pain, probably a stomach pain. If you hold the infant upright against your shoulder, the warmth of your body may bring relief. Walking and talking with him in a comforting way may help. Normally such pain goes away in a few minutes, and the infant will go back to sleep.)

Among the sleep disturbers listed above is anxiety caused by fear of separation from mother.

Suppose you were asked one evening to be a baby-sitter for eight month old Evelyn. You like babies, and you are all set in your mind to have a pleasant evening with Evelyn.

However, it doesn't work out that way. The minute Evelyn sees you, she screams and clings to her mother. Why do you think she does that, when you are prepared to be friendly? (She is attached to her mother, and is afraid of people she doesn't know. This is a normal response at her age.)

Evelyn's mother had to go out, but she took time to comfort the baby, to explain that she would come back while Evelyn was asleep and that you would take good care of her. Evelyn calmed down, accepted her bottle, and mother kissed her good-bye. She even

smiled a little when you brought some stuffed toys to her. Then she took a good look at you and screamed again.

If you were in this unfortunate position, what would you do? (Keep reassuring her that mother will come back; give her pacifier when her bottle is finished; pat her gently.) Since you know she is not ill or in physical pain, you try to keep calm, and live with the crying. After a while, she will calm, and drift off to sleep.

On the other hand, if after an hour or two Evelyn woke up crying and appeared to be feverish and in some pain, what you would you do? (Call the mother; try to reassure the child until mother returns.)

Outcome

The students will understand the contributors to good sleep-wake patterning, and the sleep disturbers which may interfere with this development.

Assignment

1. Visit the infant you are observing, focusing on the laboratory sheets pertaining to sleep-wake cycles and patterning. Fill in the answers to all the questions that you can, and write a one-page summary of your visit as well.

2. Imagine that you are the parent of a week old son or daughter. Write a page explaining how you would help him/her get acquainted with his/her family and environment. Consider (1) what you can expect a week-old child "take in". (2) How would you use your voice and your touch? (3) How would you hold the baby? (4) How would you relate to the baby if he/she is very active? (5) How would you relate to the baby if he/she is drowsy and inactive?

When the baby reaches the age of six months, what additional things would you do to help him learn, and to enjoy his awake periods?

PARENTING FOR EMOTIONAL GROWTH
Lesson Plans for **GRADES 9 AND UP**

UNIT 1 - 0 to 12 MONTHS

SLEEP-WAKE STATES AND PATTERNING -- Part 2

Objective

To learn what parents can do to help infants achieve growth-promoting sleep-wake states.

Class Activity

The students will report on their visits.

From their reports should emerge:

A picture of the extremely high proportion of the infant's time which is spent in sleep.

A description of the ways mothers help their infants to enjoy comfortable sleep periods; also what mothers do to make their infants' wake periods interesting.

There may be some reporting of sleeping problems, and how the mothers dealt with these.

Discussion

How can a mother or father tell what is making an infant wake up and cry?

(They listen to the tone of the cry, they look at his face and the tension in his body, and also their empathy with the infant helps them know. Empathy is the ability to tune in with another person's feelings.)

If a parent believes that the infant has had a frightening dream, what should she do? (Reassure the infant, pat him, stay with him until he falls asleep again.)

If the parent has tried all the usually successful ways of comforting the crying infant, and he still cries and is very feverish, what should the parent do? (Call the pediatrician.)

If the mother has fed the baby, changed his diaper, put him to bed in a comfortable room, with a good night hug and kiss, and he fusses and doesn't go to sleep, what should she do? (She knows nothing is wrong, and suspects that he wants to be picked up and to rejoin the family. She would wait a while, and if he still was fussing, would go to him, give him another kiss and tell him firmly to go to sleep.)

Suppose a mother and father have been having a quarrel and their loud voices have awakened the baby who senses the tension and begins to cry. What should the parents do? (Put their quarrel "on hold", while they comfort the baby. Remember next time to work their disagreements out more quietly, and not in the baby's presence.)

Suppose you were the mother or father of an infant, one month old? You want to make the infant's waking moments as interesting as possible. What would you do? (Talk with him, hold and cuddle him, walk with him.)

Outcome

The students will appreciate the role that empathy plays as parents help an infant develop healthy sleep-wake patterns.

Assignment

Read pp. 61-71 in *The First Five Years* by Virginia E. Pomeranz, M.D., with Dodi Schultz. (Doubleday & Company, Inc. 1973, Garden City, NY. Also Chap. 2, pp. 15-31 in *The First Three Years* by Burton L. White, M.D. (Avon Books, 959 Eighth Avenue, New York, NY, 1975).

PARENTING FOR EMOTIONAL GROWTH
Lesson Plans for **GRADES 9 AND UP**

UNIT 1 - 0 to 12 MONTHS

FEEDING -- Part 1

Reading for Teacher: Textbook UNIT 1, pp. 28-36.

Objective

The students will learn that the feeding experience an infant has affects profoundly both his physical and emotional development.

Class Discussion

When does the feeding of a human-being-to-be begin? (At the time the embryo begins to grow inside the mother.)

How is the embryo, which at nine weeks will be called a fetus, fed? (Part of what the mother eats and drinks is processed for the embryo or fetus and channeled to it through the umbilical cord that connects the mother and fetus.)

Suppose the mother eats or drinks something that would be injurious to the fetus. Is this filtered out in any way so that the fetus won't be hurt? (No, therefore, it is very important for the mother to understand what helps the development of the child-to-be and what will harm it.)

What is the right food for a developing fetus? A general rule is that what is good for the mother is good for the child -- a balanced diet of fruit, vegetables, meat and fruit, cereals, salads, bread and some additional milk. A pre-natal clinic will advise if a mother has any special needs.)

What is bad for the developing fetus? (Drugs and alcohol; also nicotine from smoking gets through to the fetus.)

What harm do these things do? (At birth the baby may be underweight and weak; it may be addicted to drugs, and suffer severe withdrawal symptoms; it may be brain-damaged because of drugs or alcohol, and nervous because of nicotine.)

What should a person do who is expecting a baby, and has a drug or alcohol problem, or a smoking habit? (Go to a pre-natal clinic and ask for help, for herself and for her son or daughter-to-be.)

After the Baby is Born - Teacher's Presentation

Upon entering the world outside of his mother, the newborn immediately has to give up being passively tube fed, and he has to take some responsibility for himself. That is a lot to ask of him, but fortunately the infant is equipped with a strong rooting reflex which enables him to hunt for the nipple, and with a sucking reflex which tells him what to do with the nipple when it is located. So when offered either his mother's breast or a bottle, he is ready to do his part.

Every few hours, a newborn infant awakens with painful feelings of hunger. His cry brings mother with milk. Mother holds and cuddles him while she feeds him. The pain goes away and he feels satisfied and comfortable. While drinking his milk, he gazes up into the face of his rescuer and as the weeks go by he realizes that it is his mother, and sometimes his father. It registers in his mind that this is a person who feeds and cuddles him, and who responds to his needs. Gradually feelings of attachment and trust begin to build up for these people, and later for others. It is not an exaggeration to say that a good feeding experience is of crucial importance in helping a child develop qualities of love and trust. An infant who is required to wait too long between feedings when he is painfully hungry, or an infant who is not held and cuddled and talked to while being fed, will have a much more difficult time developing trust and attachment than a child who has a good experience.

By three months, the infant will have been started on soft "baby food". Even a very young child will show by his response whether he likes or dislikes what he is being fed. He should not be forced to eat a food he strongly dislikes. When an infant is a few months older, he sometimes will take the spoon from his mother's hand, and try to feed himself. He is beginning to show that even though it is nice to have mother feed him, he has an urge to move towards self-reliance. When he is a year old, he still likes to be fed by her, but he has a strong need to explore, and may grab a bottle and toddle around the room feeding himself. By this age, he can drink from a cup, and can be weaned gradually, with the night bottle remaining for several more months as a comforter.

Discussion

Do you think it matters to a baby whether he is breast fed or bottle fed? Why or why not? (The important thing for the baby is to be held close and cuddled while feeding.) Do you think it is all right to prop the bottle on a pillow instead of holding the baby? Why or why not? (For the child's emotional growth, it is very important that someone be available to feed him.)

Which do you think would be better -- to put the baby on a feeding schedule every four hours, or to feed him when he cries for food? (Babies' capacities differ, so a flexible schedule is better; also feedings should be geared to the baby's age, and to the reasonable schedule of the mother.)

If a baby wakes up hungry, and has to wait a long time to be fed, how does he feel? (Uncomfortable, anxious and angry).

To prepare a bottle may take five or ten minutes. How can a mother help a baby wait for this? (Talking to him; her voice will reassure him even if he doesn't understand the words.)

If a baby has a happy time lying in his mother's arms drinking milk, won't he want to remain a little infant forever? (No, infants have a built-in urge to grow up; they do this better and faster if they have good, rather than poor feeding experiences. Adequate gratification prevents the need to cling, and enables the child to move on in his emotional development.)

If he enjoys eating, will he eat too much and get fat? (No, babies who are given TLC (tender loving care) with their feedings need less food than those who get too little cuddling).

Suppose a ten month old baby wants to play in the middle of being fed his spinach. Should his mother allow that, or require him to stick to business? (A reasonable amount of playing during feeding makes the experience enjoyable and strengthens the relationship between mother and child).

If a ten month old insists on trying to feed himself, should mother let him, even if he is messy? (He will benefit by being encouraged to do things independently).

Mothers have a lot to do, and feeding takes a long time. Is it OK to try to make the baby hurry? (It is better to plan one's time to allow for a relaxed feeding experience, and save time in other ways.)

Babies, like everyone else sometimes feel hungry for TLC, rather than food. How do they show this? (They may turn away when offered the bottle or other food, appear irritable, but respond when offered cuddling.)

Assignment

Visit the child you are observing during a feeding. Interview the mother, fill out your observation sheets and write a summary of your visit.

Outcome

The students will appreciate the emotional as well as the physical aspects of feeding.

PARENTING FOR EMOTIONAL GROWTH
Lesson Plans for **GRADES 9 AND UP**

UNIT 1 - 0 to 12 MONTHS

FEEDING - Part 2

Objective

The students will learn how parents can make feeding an emotionally positive experience for the infant.

Class Activity

Several students will be asked to report on their visits to "their" infant and mother.

All students will be asked what the mother did to make the infant comfortable and contented during the feeding. Answers will include such observations as:

She held him in a comfortable position, cradled against her body.

She let him take his time.

She burped him two or three times.

She talked to him.

She smiled at him.

She didn't make him drink every drop, but knew when he had had enough!

The students will be asked to speculate how a happy feeding experience contributes to healthy emotional development. (It gives the child the feeling that his mother loves and takes care of him, and this helps him trust and build an attachment to her and gradually to others.) If a child is not given enough food or love, how does this hurt his development? He will have too much pain, will feel that the world is an unfriendly place and will not find it easy to develop attachment and trust.)

Even in families where there is plenty of food and love, there may be occasional problems. Did any of the mothers describe any?

(The problems will be listed on the blackboard, the teacher adding any not reported by the students. As the problems are listed, the teacher will ask the students about solutions, and with her own additions will fill in the other side of the chart. She will emphasize that

with all problems, parents need to take their cues from the infant, trying to understand what is making him uncomfortable, and using their best judgment in trying to help him.

Problem	What will help
Gas	Holding the bottle so that the milk fills the nipple, and burping the infant in an upright position once or twice during the feeding, will help prevent, or release, the gas which comes from swallowing air. An infant on solid food may have gas in the lower bowel. Comfort him, do not urge him to eat more, and wait for the gas to pass.
Infant often irritable, hard to calm.	Handle gently, speak soothingly when presenting food to him.
Infant won't eat enough. make	He won't let himself starve. Perhaps he has a small capacity at this time. Try smaller amounts more often. Forcing feedings will make him resist eating and will be more detrimental than useful. If the infant is too sleepy, try to keep him awake and feeding; if too active, calm him and try to get him to eat a bit more. Help him gradually to work toward adequate feedings.
Colic	Colic may be caused by immaturity of the digestive system. This kind usually decreases or stops after three months. Be sure the food is right for him -- children can be sensitive to certain foods. Be aware that infants feel the tension in the people who hold them. Tensions are contagious! Trying to solve stressful situations is important. Even if the situation may not easily be solved the feelings can be managed.
Allergies	Many babies are allergic to milk or other foods. A pediatrician can suggest substitutes.

Teacher's Summary

As with problems at any age, prevention is better than cure. To provide an infant with a comfortable, problem-free feeding experience is not simple, but can be achieved by:

1. Providing food that is right for the baby.
2. Trying to schedule enough time, so that both the infant and parent can enjoy doing this together. The more the baby is comfortable, the more the mother is comfortable, the better the feeding experience will be.
3. Observing the infant's facial expression and listening to him, to see if things are going well.
4. If he seems uncomfortable, burping, patting or otherwise comforting him, according to the parents' judgment about what he needs.

5. Remember that children can develop well, even if a mother makes a mistake once in a while.

With any feeding problems that last more than a few days, a pediatrician should be consulted. It is important for the infant's emotional as well as his physical health that the formula be right for him and that the possibilities of allergy or illness be checked out.

Sometimes when an infant has colic there are stresses which the mother and father need to work out with each other, so that they and the infant can relax. A doctor, clinic or counseling service can be helpful in this.

Sometimes a family has budget worries and cannot afford to give the infant the right kind of food. Our government considers it so important for infants to get a healthy start in life that it has set up the WIC (Women, Infants, Children) Program which provides milk, orange juice, cereal and other foods for families having financial problems. All pediatricians and pediatric clinics have information about this. When a family knows that it has the right food for their baby, the feeding experience can be a good one.

Assignment

In *Infants and Mothers* by T. Berry Brazelton, M.D. read pp. 106-122.

Write a page giving your ideas about how mothers of an active baby, a quiet baby and an average baby might adapt their methods of feeding to suit their baby's temperament.

INFANCY (0 - 12 MONTHS)

CRYING

AND

AFFECTS

PARENTING FOR EMOTIONAL GROWTH
Lesson Plans for **GRADES 9 AND UP**

UNIT 1 - 0 to 12 MONTHS

CRYING

Reading for Teacher: Textbook UNIT 1, pp. 37-38.

Objective

To understand that crying is the infant's method of communicating needs; to learn how to understand the messages of the child and to respond in a way that is growth-promoting to him.

Class Discussion

Whether you are an infant or a senior citizen, a two year old, a teenager or a parent, it is a human thing to do to cry at certain times. What are some of the reasons people cry?

(They may cry in severe pain, when wanting to do something very much, and being prevented from doing it; in sadness if something bad happens to a relative or friend; if they are terribly afraid of something - or if they are terribly afraid, and then suddenly relieved; they may cry in anger if they feel unfairly treated; they may have an impulse to cry if they see something that is very beautiful, or if someone does an unexpected kindness to them.)

What is the first thing an infant does when he is born? (Cries)

Why are the doctors and nurses pleased about this? (It shows that the infant is alive and the effort to cry causes the child to inhale and begin breathing on his own.)

Do you think the infant is happy at that moment too? (No, he has had an uncomfortable trip into the world, which feels cold and much too bright to him.)

Do you think that babies always have reasons to cry, or do they cry sometimes just to exercise their lungs?

(They always have a reason.)

What might some of the reasons be? (Hunger, which is felt very intensely by infants; the discomfort of a wet diaper; stomach pain; a cold that interferes with breathing; a virus; or he may cry because he hasn't been held in what seems to him like a very long time. When he is a little older, a child may cry from teething pain; because of anxiety

when mother leaves him, or when a stranger picks him up; he may cry from a frightening dream, or he may cry in protest when he is put down for a nap.)

Do the cries of a baby all sound alike? (No, parents soon come to know whether a cry signals pain, hunger, anxiety or rage. They learn to decode the signals by listening to the tone of the cry, and by observing the child's facial expression) and by their own empathy with him.

Assuming that a mother realizes that his infant is crying from hunger, and it is going to take a few minutes to prepare his food, what can she do to help him wait?

(Even though he may not understand the words, it will help him if she speaks to him in a reassuring tone, while she prepares his food as soon as possible.)

What can she do if he is crying from stomach pain? (She can hold him against her shoulder, pat him and walk with him.)

What if he has a cold and his breathing is obstructed? (Clear the nasal passages, hold him and walk with him until he falls asleep.)

How would a mother help a child who cries from the pain of teething? (She cannot make the pain go away, but she can give him a teething ring, and extra TLC so that he knows she cares about his pain.)

How can she help a child who cries from a bad dream? (Pat him, reassure him and stay with him until he falls asleep.)

What should she do about a child who cries in rage when being put to bed? (In a loving and reasonable, but firm tone, let the child know that bedtime is necessary for him to grow, and he must go to sleep.

If he still cries, would it help to spank him? (no, spanking will make him feel rejected, and will cut off communication. This situation is much better handled by words, however, the parent should not give in, and allow the child to say up longer because he is crying.)

What would you do with an older infant who is being left for an afternoon with his grandmother, and who cries in anxiety as his parents start to leave? (The parents should reassure the child that they will come back; grandmother can let the child wave to the parents from the window, and she can reassure him also of the parents' return; the parents should come back when they promised and remind the child that they had said they would. They should never slip out without telling the child. To do so will increase his anxiety and make it difficult for him to trust his parents.)

Summary of Discussion:

1. Crying is always for the purpose of communicating needs.
2. To understand the specific message, it is helpful to look at a child's face, to listen to the tone of his cry, and to try to sense empathically what he is feeling.
3. It is important to alleviate the pain as quickly as possible; if it is not possible to take away the pain, comforting the child will help make it bearable.
4. If a child is crying in anger, deal with it in a reasonable but firm way.
5. If a child is crying in anxiety about separation, be reassuring about returning. Never slip away from a child.

Outcome

The students will have become sensitized to the signals communicated by infant's crying, and will have learned appropriate ways to respond to them.

Assignment

Visit your observation child and mother. Fill out the Laboratory forms on Crying, and write a summary of your visit.

PARENTING FOR EMOTIONAL GROWTH
Lesson Plans for **GRADES 9 AND UP**

UNIT 1 - 0 to 12 MONTHS

AFFECTS -- Part 1

Reading for Teacher: Textbook UNIT 1, pp. 39-44.

Objective

The students will learn that feelings (affects) accompany the infant's entrance into the world; that the range of affects increases greatly during the first year of life; and that the individual's lifelong personality development is influenced by the emotional experiences of infancy.

Class Exercise and Discussion

Every person, whether just born or a hundred years old, has feelings. His affects -- which he expresses by his body language or voice -- describe for us what these feelings are.

Ask the students to write in their notebooks: "Affects are the window through which we can come to know and understand what a person is feeling inside." The student may give examples of this.

Ask the students to spend a few minutes thinking back to their earliest memory; (then to write down how old they were, what happened, what their feelings were, and why they remembered this happening all these years. Volunteers then will read about their experiences, which will demonstrate that:

1. Small children have very strong feelings, whether of pleasure, panic, anxiety or anger and 2. that early emotional experiences can have lasting effects.

Teacher Presentation: Affects during the First Year

An infant in the first year of life does not have as great a range of feelings as you have just described in your memories, but he has all the need to start, and rapidly develops others.

By **two weeks**, a child shows feeling tones of calmness, of excitement, of satisfaction after feeding, of crying, agitation and rage.

By **six months**, he expresses all of the above, and in addition pleasure, cheerfulness, smiling, fear, anxiety, panic, anger, temper tantrums, sadness, attachment and the beginnings of affection for his family.

By **one year**, feelings of affection are more developed for his mother, father, siblings and valued caregivers. The child is also capable of experiencing grief and depression.

A wise person once said that the emotional experience of the first year of life are unrememberable and unforgettable. What does this mean? (Nature takes from us the conscious memories of being hungry and being fed, of being frightened and of being reassured, of being sick and being cared for, of being in a rage and being soothed, and of being shown love in a hundred ways by our families and caregivers. However, in our unconscious mind, their experiences have been recorded, and have an influence on how we feel to this very day.

For healthy development, there should be a balance in the child's life of mostly comfortable feelings, with some temporary periods of feeling some discomforts. Parents cannot, and should not attempt to protect the child from every possible distress. He does have to live in the real world, and the real world, as you know, has some bumps in it.

Consider what feelings a two month old might have, if he had to wait six hours for his bottle? (Fierce hunger, rage, panic.) If this happened repeatedly, how would he come to feel about his mother or caregiver? (She doesn't care, I can't expect good things from her; this could lead to a feeling that the world is an unfriendly place, and that the child is not valued.)

Consider what feelings a two month old child might have who instead of waiting six hours to be fed, has to wait six minutes. (He would feel hunger and perhaps rage, but these feelings would quickly disappear with the food and comforting that come after a very few minutes. As these experiences happen over and over, he feels valued as a person, and comes to feel that the world is a friendly place.)

By the end of the first year, feelings of not being valued, of depression, anger at the mother who doesn't give him enough food, and distrust of the world in general, would be uppermost in the first child. These feelings could change, if he were cared for in a more loving and reliable way later. Otherwise he is likely to grow up as an angry, unhappy person, who will take his anger out on other people, because he has felt cheated all his life.

In contrast the second child who has had small frustrations, (such as the six minute wait) but mostly the good emotional experiences of being loved and cared for, will grow up liking himself, and his family, and he will be ready to meet the world on friendly terms.

Assignment

1. Visit your mother and child pair, following the instructions in your manual, regarding affects. In trying to assess what the infant is feeling, remember that your own empathy will assist your observations.

2. Read and take notes on pp. 1-12, of *First Feelings* by Stanley Greenspan, M.D.

Outcome

The students will have attained an appreciation of the existence of, and importance of feelings in the first year of life.

PARENTING FOR EMOTIONAL GROWTH
Lesson Plans for **GRADES 9 AND UP**

UNIT 1 - 0 to 12 MONTHS

AFFECTS -- Part 2

Objective

The students will learn what parents can do that is growth-promoting regarding the child's affects.

Class Discussion

1. In your imagination, go back to the time when you were first born. You entered a strange world of giants, whom you could see in a blurred kind of way. You couldn't understand a word they were saying, although the voice of one sounded a little familiar. You felt you had heard it in the dark, cozy place you lived in before you came into this bright, noisy world.

What feelings do you think you would have had in those first few weeks of life? How would you want the giants to respond to you?

2. What did Dr. Greenspan have to say about the first feelings of infants?
3. The students will share reports on observations from the family visits.

Although you could not have seen all the affects listed in the Lab. manual, did you find that you could tell what the child happened to be feeling while you were visiting.

How did your observation of the child's "body language" help you?

Did you find yourself trying to imagine how the infant was feeling?

What were your observation about how the mother responded to what the child was feeling?

Was your mother successful in tuning in with, and comforting the child?

If they were well tuned in with each other, what effect do you think this will have on the baby's personality development? E.g., If he learns to trust his mother during his first year, will this trust help him when he has to face something difficult later, such as toilet training?

Summary

Infants are born with a survival kit -- the ability to let their distress be known by crying and screaming. If their problem is not too big, they show their feelings by moving their muscles in a tense way, by wrinkling their foreheads and by moving restlessly. Their excitement is shown, too, by their vigorous movements of arms and legs and later by smiles. Parents very soon by observing their babies, by imagining how they are feeling, and by their empathy, come to understand what they are feeling. By understanding, the parents then know what to do to help the babies feel better if they are in distress, and how to tune in with their pleasure and excitement at other times. In response to the parent's empathy with them, babies begin to develop the ability to be empathic with other people.

It is important that parents allow their children to express their feelings. If a parent insists that a child "stop that crying", without finding out the cause of the crying, the child may stop, but may also stop trying to communicate with his mother.

The reason it is important to tune in with and to respond to the child is that to help him have good feelings most of the time is to promote his emotional growth. 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 in the child, which then becomes part of the child's self-experiencing, and of the parent-child relationship. The feelings of the very young child become registered in the depths of his mind, and will stay with the child for years to come, if not forever. The parent can help the young child by observing, listening and responding empathically to the child.

Outcome

The students will appreciate that the parents' attentive and empathic responses to their infant's appeals will not only increase the child's comfort, but will help him to feel good about himself, and begin a pattern of loving relationships with others.

INFANCY (0 - 12 MONTHS)

ATTACHMENT

PARENTING FOR EMOTIONAL GROWTH
Lesson Plans for **GRADES 9 AND UP**

UNIT 1 - 0 to 12 MONTHS

ATTACHMENT -- Part 1 (HUMAN DEVELOPMENT)

Reading for Teacher: Textbook UNIT 1, pp. 45-64.

Objective

The students will understand that attachment to the parents is a necessary aspect of infant development in both human and animal life.

Class Discussion

The students will report on instances they have observed of babies showing attachment to their parents. What is the feeling tone shown by the infant? By the mother?

Newborn animals show a strong kind of attachment behavior, too. Scientists now believe that a newly hatched chick is programmed by a built-in (inborn) mechanism to attach to members of its own species. This mechanism was labeled **Imprinting** by Konrad Lorenz, a German ethologist (a scientist who studies animals other than *Homo sapiens*). Imprinting, Lorenz proposed, is put into action nearly immediately after the chick's emergence from the egg. It seems that each species of bird, for instance, is programmed probably by some gene to attach to the animal that has a very specific marking, say on its head, such as a red spot above the eyes. Usually, of course, this marking on the mother bird then leads the chick to instinctively attach to that mother bird.

This mechanism is essential for the preservation of any given species. It is important that imprinting occur nearly immediately upon birth; otherwise, mal-attachments, or to say it more correctly, attachments to living organisms who are not a member of our species can and does occur. For example, there have been instances in which a bird, such as a goose, has become imprinted to another animal, or to a person, which is exactly what happened to Dr. Konrad Lorenz as he studied geese! Indeed, that is how he came to identify this critical phenomenon.

Clearly, imprinting is a powerful but rather rigid mechanism for so important a function as attaching to members of one's own species. In fact, a number of mammals (other than *Homo sapiens*) attach in a more complicated manner. J. P. Scott, another Dr. of Ethology who studied dogs and cats, found that they attach by a longer process of **Primary Socialization**, which essentially means that an inborn set of instinctive mechanisms secure this much needed socialization. This way of attaching, takes a number of weeks to develop well; this leaves much less to chance and is much more flexible than imprinting.

This primary socialization probably has much to do with the fact that puppies and kittens can attach to their human owners so well, especially if these are brought into a family when they are only several weeks old.

But, in addition to the all important function of preserving the species, why is it important that infant persons and animals be able to attach

to their parents? (Attachment means:

1. That mother and infant are close physically and emotionally, and this gives the infant the feeling of protection and comfort it needs.

2. Attachment is combined with nurturing, feeding, cleaning and caring for the infant.

3. Because of attachment the parent can teach the infant what he needs to know about his family's world and special ways of being.

4. An attachment that is warm emotionally gives the attaching infant a sense of well being, and of being valued.

5. Through the first attachment, the infant learns how to make relationships with others in his family, then later with peers, and much later with a mate and children.)

Activity

Presentation of the film "*Rock-abye-Baby*".

Discussion of film: This should include:

What do baby animals and human infants have in common?

What happens to an infant if his mother cannot be with him?

How would you help an infant who was forced to live apart from his mother?

Outcome

The students will have learned about the purpose of attachment to the parents during infancy, and that it is a model for later relationships.

Assignment

1. Read Chapter 1 of *That Quail Robert*.

2. Ask your mother or father what signs you showed as an infant that you were becoming attached. To who were you first attached? Then to whom else did you become attached.

PARENTING FOR EMOTIONAL GROWTH
Lesson Plans for **GRADES 9 AND UP**

UNIT 1 - 0 to 12 MONTHS

ATTACHMENT -- Part 2 (HUMAN DEVELOPMENT)

Objective

To learn to identify the developing signs of attachment in infants.

Class Discussion

The students will discuss the attachment that the bird in *That Quail Robert* developed for the Krenles, in the context of the purposes of attachment (protection, nurture, well-being, relationship building.)

What did Dr. and Mrs. Krenle do that led the quail to attach to them?
(They gave food, warmth, something to cuddle; and they talked to the quail.)

How did the quail show that it considered them its parents?

The students will be asked to report on what their parents told them about their own early attachments -- how expressed, and to whom.

Teacher Presentation

Before real attachment in infants begins, there are forerunners:

Recognition: Very early the infant shows that she recognizes mother's voice, her fragrances, her way of holding, her giving of food. At first, in a vague kind of way, the infant senses that this is a person who makes him feel good.

Non-Specific Smiling Response: When the infant is only a few weeks old, she begins to smile. These first smiles are not beamed at a special person, but indicate that the infant has a sense of well-being. Or they may be in response to anyone who smiles at her. Infants even will smile at the picture of a face that is placed in front of the child.

Specific Smiling Response: is the first sign of beginning real attachment. This smile that begins to develop when the infant is about two months old, becomes stabilized when she is about five months of age. In this, the infant shows a strong preference for her mother, and shortly thereafter for her family members.

Stranger Responses: A child of six months may stare or look uncomfortable if someone outside the family looks at or speaks to her. The infant may show anxiety by

clinging or crying if the "stranger" tries to pick her up. This means that attachment is taking place with mother and other family members; it is exactly this that makes others be experienced as strangers.

Separation Anxiety: Most six month olds when aware of mother's leaving will experience distress. The infant may appear upset and frightened, and cry or scream. This reaction arises out of the infant's experiencing her absence as a loss. The six month old cannot retain in his mind the image of the mother who has just disappeared, hence feels abandoned. If the mother will tell the infant each time she leaves, that she will return and also tell him when, this eventually will help the child tolerate absences and develop confidence that she will always come back.

Reunion Reactions: When the mother returns there may be two types of reunion reactions. First, there is a simple, pleasurable, excited response to seeing the mother again. The second is a response of distress or anger, associated with either clinging to the mother or pushing her away. This angry reunion reaction also tells us that the infant is attached to the mother.

Assignment

The students will visit their mother-infant pair, and look for beginning signs of attachment, and the mothers' part in this.

Outcome

The students will have learned the basic signs of early attachment.

PARENTING FOR EMOTIONAL GROWTH
Lesson Plans for **GRADES 9 AND UP**

UNIT 1 - 0 to 12 MONTHS

ATTACHMENT -- Part 3 (CHILD REARING)

Objective

The students will learn how an infant's mother and other members of his family, can encourage attachment to themselves and others.

Class Discussion

The students will report on their visits to their mother-infant pairs. The following are among the issues to be discussed:

What signs of pre-attachment did you see?

Did the infant seem to recognize his mother?

Did the infant smile?

Could you tell what stimulated the smiling?

Did your mother think that her child had a special smile for her?

How the infant began to smile at father, or brothers and sisters?

What did you see "your" mother doing to encourage the attachment that was beginning?

Teacher's Presentation

There are several ways mothers can help a child develop attachment:

During the non-specific smiling phase: The mother can help by responding promptly to his needs, by talking to and cuddling him, and by smiling back whenever he smiles. Each time the infant has the experience of being fed and held by his mother and other family members this registers in his mind that he can expect good things from these people, and gradually a positive attachment will be formed.

During the specific smiling phase: The child becomes more and more clear who his mother and other family members are, and the feelings of attachment become stronger. It is very important that the care of the child be reasonable and reliable, that the person to whom the attachment is being formed brings things that feel good, and comforts when the infant is in distress. Too much pain damages the attachment-forming process. For example, if a mother were unreliable about feeding her infant in reasonable time, when with her, he would associate in his mind the distress he feels with the mother who finally brings him some food. If a normally reliable mother is late one time because of being held up in traffic, she can feed him as soon as she returns and comfort him, and he will no

doubt recover his confidence in her and in his own right to be fed when hungry. No mother can protect her child from all pain and frustration all the time, but she can help him deal constructively with these feelings.

Although it is commonly thought that a child of six months does not understand what is said to him, it is important to talk with him anyway. Children begin to understand at a very early age, and before the words make sense, the tone of mother's voice conveys comfort to the child. Smiling back continues to be important at this stage. It tells the child "You're special."

Stranger Responses

As the infant from three months on gradually forms a specific attachment to mother and other members of the family, he becomes aware of others in the world he doesn't know. When others try to pick him up he recognizes "This is not the one (or one of the ones) to whom I am attached," and the unknown person who is trying to be friendly, frightens him, and he may cry and cling to mother (if she is there). This can be embarrassing if the "stranger" is the child's own grandmother or grandfather! The mother can help by asking the grandparent to give the infant time to get used to her or him before picking him up. Mother can hold the child and talk to him about grandmother (or grandfather as the case may be), and gradually the infant will come to see that this is a friendly person who will make a new relationship with him. Grandmother, and especially grandfather! can also help by not swooping down on him, but by going toward him slowly and talking to him in a warm, perhaps even playful voice.

If you sometimes do baby-sitting you will find that the infant will accept you if you will give him time to get used to you, and if you will approach him in a gentle way.

Separation Responses

From five months on to eight months and even longer, separations from mother are extremely distressing for an infant. The attachment is being formed, his specific smiles are directed to her, and when she leaves him, it feels like a disaster. This is in fact because his memory is not well enough developed so that he can picture her in his mind when she is away; nor can he remember at this age that when she has gone away in the past, she has always returned. He recognizes her instantly when he sees her, but cannot yet hold a mental picture of her in his memory, so when she is out of sight, he feels she is gone forever.

Naturally mothers have to leave their infants at times, and there is no way to spare the child completely from the anxiety separation at this age produces. But several things help:

Remembering that infants understand more than adults think they do, it is important for a mother to tell a child that she is going away, and that she will come back when it is

time to feed him, or put him to bed, as the case may be. Use a time guide post an infant will have experienced such as being fed or put to bed, etc.

A parting hug, and a soft toy to hold may comfort him.

He likely will still cry after mother leaves, but the cry will have less distress in it, than if mother slipped out, hoping that he wouldn't notice. Slipping out usually doesn't work, and it leaves the child insecure, never knowing whether or when his mother will suddenly vanish. The honest approach may make a child upset and angry temporarily, but builds trust, as the child gradually comes to know that mother will do what she says.

Reunion Responses

You recall that there are two kinds of reunion responses -- happy ones and angry ones. It is natural for a mother to respond warmly when her child gives her a hug and happy smile when she returns. It is not so pleasant when the child turns away from her with a pout or even a scowl. It is important for her to remember that this reaction is also a sign of attachment. He is angry because the most important person in his world had "deserted" him. Mother can help him by telling him that she knows it was hard for him and that she understands that he is angry because she went, and he didn't know for sure that she would come back. She can reassure him that she loves him when she is away just as much as when she is here, and she can remind him that she always does come back to him and Daddy (and siblings if there are such). After many repetitions of going and returning, he will develop the confidence that this is so. And this confidence and trust will carry over into other interactions and other relationships.

Clinging

Infants six to twelve months of age at times may cling to their mothers or fathers when they feel a panic about something. Clinging shows two things: that the child is experiencing a fair level of anxiety, and that the child is attached to the person to whom he clings.

Sometimes a child will refuse to be comforted by his father, and will insist on clinging to his mother. This shows that the child's attachment is further along in its development to the mother at that point, than to the father.

It is important for the mother to respond to this by understanding that the child is in real distress, and by comforting and reassuring the child. It is not constructive to put the child in his crib, saying "There is nothing to be afraid of, so stop crying and go to sleep." the child may indeed stop crying and go to sleep, but it will be with feelings of not being understood, valued, or cared about (and eventually feel uncertain that he is loved).

Infants gradually realize that they cannot always have mother with them when they feel a need for comforting. They may then suck their thumb, or finger a blanket. These maneuvers are early signs of an infant's trying to meet his needs on his own, that is self-reliantly or independently. He will give them up when he no longer needs them, but meanwhile he should not be discouraged from using them.

Class Discussion

If a baby's family responds to his smiles, talks with him, plays with him, tells him when they are going away, and comforts him when he is afraid, how do you think he will feel about his family, when he is a year old? How do you think he will feel about himself? Do you think all this attention will "spoil" him?

Do you think encouraging his attachment to his family will help him as he gets acquainted with other people? Why or why not?

If a child is attached to his family will it be easier or harder for him to adjust to nursery school at two or three years of age?

If an infant is unfortunate to be a member of a family where no one takes time to respond to his first smile, or to talk and play with him, how will he feel at age one year? How will he feel about his family? About himself?

Suppose his mother for some reason is out of the picture the first year of his life, and he is fed and cared for by first one person then another, so that he could not develop a good solid attachment with anyone, how do you think his personality might be affected? (He would be likely to not feel valued, he could not feel that a special person was there for him, receiving and giving affection would not be facilitated, he would not feel that he can trust people to be available to him when needed, he might not know how to go about making relationships with people and would then most likely feel lonely and sad).

Suppose a person had this very hurtful experience during the first year of life, could it be made up for later, if he was reunited with his mother? (**Yes** to a great extent, **if** Mother can: be amply and demonstratively loving, sympathetic with his pain, responsive to him in a positive and timely manner, tolerate his initial mistrust of her, and even more, be patient and **never give up** on her infant. No doubt, it would take a **long** time, most likely more time than the average good mother would hope for. And with all this, the child might still have a sense of insecurity for a long time to come).

Outcome

The students will be aware of the long range results of attachment formation and of the mother's and the father's crucial role in helping the infant develop a relationship first with them, and then with others.

INFANCY (0 - 12 MONTHS)

EXPLORATORY ACTIVITIES AND
THE BEGINNINGS OF AUTONOMY

PARENTING FOR EMOTIONAL GROWTH
Lesson Plans for **GRADES 9 AND UP**

UNIT 1 - 0 to 12 MONTHS

EXPLORATORY ACTIVITIES AND

THE BEGINNINGS OF AUTONOMY -- Part 1 (HUMAN DEVELOPMENT)

Reading for Teacher: Textbook UNIT 1, pp. 65-77.

Objective

Students will learn that infants have an inborn need to learn and master their world.

Discussion

Suppose you were to wake up tomorrow and find yourself unexpectedly in Swaziland. (Show Swaziland on the world map.) What would you want to know? What questions would you want to ask? (Where am I? How can I understand what these people are saying? What does that man have in his hand? What is the lady cooking over the fire? Where does that road go? Where are my parents? And much more.)

How would you get about trying to learn about everything there? (You would observe your surroundings, you would try to make the people understand you, and you would try to understand them. You would watch what people do, and imitate them; you would examine the objects in the house to see what they are used for; you would explore the neighborhood hunting for your parents.)

A newborn infant comes into the world feeling much the same way as you would feel, if you landed suddenly in Swaziland. He has almost everything to learn. Fortunately, he has the equipment he needs.

What does he have? (A strong urge to learn and explore; eyes that gradually become able to focus better and better; a mouth to taste things and feel their shapes, a sense of smell and hands to grasp objects.)

What doesn't he have? (Judgment to know what activities might hurt him, or hurt others, ability to ask questions when he wants to know something.)

What does an infant need to learn? (Who his parents are; what they mean when they talk; how to crawl, how to stand and walk, what things can be eaten and what not, and why one has to stop doing something if parents say "No".)

Did you ever see a six or ten month old infant work? How? (If you put a toy beside him just beyond his reach, and watch him try to get it, you will note **intensity** in his effort. Usually an infant will struggle hard until he gets it. He shows that there is **an inner push** to explore and learn. If something prevents him from doing something he started to do, he gets frustrated and angry and probably cries.)

What can you expect an infant to learn in the first six months?

(Write the answers on the board as the students give them.)

1. To know his mother and father (if he is emotionally involved with the baby). He learns this by hearing their voices, and, especially remembering Mother's voice from his time inside her uterus. He learns how they smell and feel, and how they look and knowing the TLC he can expect from them.
2. To know other family members -- which he learns by seeing them every day, having them hold him and talk to him.
3. He knows his own bed, his pacifier, the toys he plays with. He knows that some things are bright and some things dark.
4. At about three months he can roll over; soon thereafter he discovers his own hands and feet, and spends considerable time examining them.
5. He learns how certain objects feel by putting them in his mouth.
6. He learns the taste of various foods.
7. He may have begun to understand some words, such as Mama, Daddy, bottle.
8. From about five months on, he knows that he can get his parents to react to him, e.g., they will smile back, if he smiles at them. He has beginning awareness of cause and effect.

What can you expect an infant of six to twelve months to learn?

1. To crawl, stand and walk, either holding on to furniture, or alone.
2. To understand many words that are said, especially when said with feeling (affection, praise, anger, etc.)
3. To know the uses of many objects, learned by crawling about, touching, tasting, (and maybe breaking them).

4. To know that parents (particularly fathers) and siblings disappear everyday; and he recognizes them when they come back.

5. To know that his own hand can do some important things -- provide a thumb to suck for comfort, reach for objects he wants to examine, and help guide a spoon to his mouth.

6. To initiate peek-a-boo games.

7. He has begun to be aware that he can make things happen -- e.g., he can signal his parents, and they come.

What does an infant need in order to learn about his world?

1. Intelligence and curiosity (He comes equipped with these).

2. He needs to have his basic needs (food, warmth, love) taken care of, so he can use his energy for learning. If these needs are not well met, his adaptive energies will be used to try to cope with his distress.

3. He needs stimulation, encouragement and at times protection by his family.

Outcome

The students will appreciate the immense learning that takes place during the first year of life.

Assignment

1. Read Chapter 4 in Parens, Scattergood, Singletary and Duff's book, *Aggression in Our Children: Coping With It Constructively*.

2. Interview your own mother, asking her when you learned to say your first words, when you crawled and when you walked.

Did she consider you an active explorer?

Did your exploring ever get you in trouble? How did your mother set limits with you?

What did your family do to help you learn about your world?

Write a one page report on your interview.

PARENTING FOR EMOTIONAL GROWTH
Lesson Plans for **GRADES 9 AND UP**

UNIT 1 - 0 to 12 MONTHS

EXPLORATORY ACTIVITIES AND

THE BEGINNINGS OF AUTONOMY -- Part 2 (CHILD REARING)

Objective

The students will learn how parents can **optimize** their infants' explorations and learning experiences, and about the importance of setting limits **constructively**.

Class Discussion

What do Dr. Parens and his colleagues mean by saying in the selection you read that "inner pressures to act individually and autonomously are inborn"?

How do these inner pressures further a child's development?

What reaction does a child have if his pressure to explore collides with a strong "No" from his mother?

Is it always possible to avoid frustrating a child?

Would it be optimally growth-promoting for a child if you could shield him from all frustration? Why or why not?

What practical advice do Dr. Parens and his colleagues give parents who want to both encourage exploration, and also to protect their infants from harm?

From their interviews with their own mothers ask the students to report on their answers and these questions:

What are some of the ways members of your family helped you learn about the world? (Answers should include showing the child objects and naming them, naming parts of the body; showing how things work (e.g. light switches and faucets); showing him things outdoors (birds, flowers, airplanes); playing with him, showing him how to use his toys, etc.)

Did your exploring ever get you into trouble?

How did your family protect you from dangerous situations?

How did they teach you not to hurt other people or pets?

Teacher's Explanation

Helping a child learn and explore is one of the most pleasant parts of the work of parenting. Restraining a child when he is headed for trouble is possibly one of the most difficult and frustrating of the many things being a responsible parent requires. This most tedious part of the job is called **Limit Setting**. It helps parents to know that although so difficult, it is important because

:

1. Infants do not have the ability to judge which situation (e.g., reaching for a cup of hot coffee) are dangerous, or what actions are destructive (e.g., pulling a lamp off a table) or which are unacceptable (e.g., pulling the cats' tail).

2. The way infants develop this ability is by responding to, and gradually understanding the limits their parents set.

3. **Limit setting** is not the same as **punishment**. **Limit setting** is acting on the child's behalf when the child is too young to know what is best for him or others and does not accept the need to or is not yet able to control himself. Thus the limit may have to do with protecting the child from hurting himself or others; it may be helping the child learn social rules and reasonable behavior.

Punishment is given when a person knows he shouldn't do something harmful to himself, others or things, but does it anyway. Then parents act as an outside agent or conscience and inflict a loss of privilege(s), or some discomfort and even pain, as a result. An infant is too young to know what he is allowed to do, so punishment would not be appropriate for him. He does need a great deal of limit setting, which means teaching him desirable behavior over and over again until he understands and is able to comply.

4. How can parents help an infant accept limits? Even when the child is very young the reasons for the limit-setting should be given, and gradually he will understand, probably at a younger age than one might expect. A hug after the limit has been complied with will reassure the child that mother loves him even when she has to say "No". If he becomes angry at being frustrated, mother will help if she tells him that it is all right to be angry, but her statement to him is still "No". If he wants to be comforted because his own anger upsets him, he should be comforted, and the reason for the "No" given again.

Class Discussion

If a house were totally baby-proofed against danger, would it still be necessary to set limits for an infant? Why or why not? (He would still need limits to help him understand that there are **behaviors** that are not acceptable, that there are some things he cannot do and some he must do, including developing appropriate social behavior such as not taking toys that belong to other children, or not pull another baby's hair, etc.).

What might happen to his personality development if when limits were needed, they were not set for him? (He might grow up self-centered. If he were not learning that he cannot take things from others, he might well have no trustworthy friends because he would not have learned to get along with others reasonably; later he might even break laws without feeling it is wrong for him to do so. He would really have to learn "the hard way".)

If parents set too strict limits, what may happen? (The child may feel defeated in his efforts to explore, and may be slowed down in his learning; or he may develop an antagonistic relationship with his parents and with anyone else who sets limits with him even when these genuinely would be in his best interest.)

If parents set reasonable limits in a constructive way, what is the result likely to be? (The child will be able to use the limits to learn what is safe or not safe to do, what is acceptable and not, and how to get along in the world.)

Outcome

The students will recognize encouragement and limit-setting as necessary components of an infant's exploration and learning experiences; they will understand how limits may be set helpfully.

Assignments

Visit "your" mother-infant pair. Read the introduction to the Exploratory Activities section of your *Laboratory Manual*; answer the lab questions and write a summary of your visit.

INFANCY (0 - 12 MONTHS)

DEVELOPMENTAL MARKERS

PARENTING FOR EMOTIONAL GROWTH
Lesson Plans for **GRADES 9 AND UP**

UNIT 1 - 0 to 12 MONTHS

DEVELOPMENTAL MARKERS

Preliminary Planning

Arrange if possible to have a mother with infant--father also if possible--, when convenient visit the class on a monthly basis. Have the students keep a journal, recording the dates of visits, age of the infant, and developmental changes noted. At the time of the first visit the infant preferably should be less than three months old.

Objective

Students will review the major signs of healthy emotional development, and of problem indicators.

Activity

First visit of mother and child. On the blackboard the teacher will make a chart of developmental markers. The students, mother and teacher will contribute ideas to it. Upon completion, the students will copy the chart in their journals.

[USE EMOTIONAL DEVELOPMENTAL MARKERS SHEETS IN LABORATORY MANUAL.]

Class Discussion

Ask the mother what signals her baby gives her to let her know that he/she is feeling well?

What signals does the baby give when something is wrong?

If the baby has a problem, how do you know whether it is serious or not? E.g., difficulty going to sleep? (Duration of the problem, degree of distress the infant is experiencing, overall health picture, appropriateness of behavior to developmental phase.)

Have you ever been so puzzled about the baby's behavior that you called the doctor? When? (Calling the pediatrician is the thing to do if the problem seems serious or puzzling.)

If a member of this class were doing baby-sitting for you and the baby were to wake up screaming, what would you want the sitter to do? (The baby screams when uncomfortable or frightened; check for pins, observe posture to see if he has pain in his stomach, try to comfort, and call us if he cannot accept comforting from you.)

Outcome

Students will have become aware that emotional development occurs in an orderly way, and that normal babies have some problems with which they must cope.

Assignment

Read: 1. Greenspan, Stanley, I., M.D. *First Feelings*, Introduction, pp. 1-12.

2. Mahler, Margaret S., M.D. "On The Significance of the Normal Separation-Individuation Phase", in *Drives, Affects, Behavior, Vol. 2*, Max Schur, ed. pp. 161-169.

Additional Reading for Teacher: Erikson, Erik, *Childhood and Society*, Chapter 7, "Eight Ages of Man", pp. 247-274.

Outcome

Students will learn that emotional development proceeds in specific stages.

INFANCY (0 - 12 MONTHS)

BASIC TRUST AS COMPARED TO BASIC MISTRUST

PARENTING FOR EMOTIONAL GROWTH
Lesson Plans for **GRADES 9 AND UP**

UNIT 1 - 0 to 12 MONTHS

DEVELOPING BASIC TRUST AS COMPARED WITH BASIC MISTRUST
-- Part 1 (HUMAN DEVELOPMENT)

Reading for Teacher: Textbook UNIT 1, pp. 78-89.

Objective

The students will learn that the development of basic trust is necessary for healthy emotional growth.

Teacher Presentation

Write on the blackboard for the students to copy, the following chart of the psychological stages of life, as developed by psychoanalyst Erik Erikson in his book *Childhood and Society*.

The list may be used to give a brief overall picture of life's stages and to provide a context for focusing on the first phase "Basic Trust vs. Basic Mistrust."

Erik Erikson's Eight Stages of Life

Stage	Age	Goals of Stage
1. Sense of trust versus sense of mistrust .	Infancy (0-12 months)	Physical well-being, sense of security, building blocks for healthy development of self concept and relationships with others.
2. Sense of autonomy versus sense of shame and doubt .	Toddlerhood (1 to 3 years)	Ability to hold on (dependency) and to let go (autonomy). Discovery of self-control and assertiveness.
3. Sense of initiative versus sense of guilt .	Preschool Years (3-6 years)	Initiative to master new tasks.
4. Sense of industry versus sense of inferiority .	School Years (6-12 years)	Productivity and mastery of skills

5. Sense of identity versus sense of identity diffusion .	Adolescence (12-19 years)	Ability to be oneself
6. Sense of intimacy versus sense of isolation .	Early Adulthood (20-30+ years)	Capacity for affiliation and love, ability to form lasting relationships, including with a mate.
7. Sense of generativity versus sense of stagnation .	Middle Adulthood (35-65 years)	Concern for the succeeding generation.
8. Sense of integrity versus sense of despair .	Late Adulthood	Sense of fulfillment with one's life.

Class Discussion

Ask several members of the class to tell about some person they trust, and why they trust him or her.

If a person from China or Peru were to ask you what our English work "trust" means, how would you explain it.

Trust has two parts:

1. A confident expectation that the person you trust will be good to you.
2. The feeling this person gives you that you are a worthwhile, lovable and valued individual.

You may have heard the expression "Don't expect anything, and you won't be disappointed." Is this good advice? Why or why not? (Not to expect anything would lead to empty and depressed feelings, meager relationships, little energy or motivation to learn, little engagement of life.)

Ask the students who have infant siblings or relatives under one year of age, to tell of the ways they see trust beginning to develop. (Answer should include the infant's responses of pleasure when mother comes to him, his smiles, his response of quieting when she comforts him, etc.)

Why is it important for an infant to develop trust? (Answer should include, or be supplemented by the following: The infant would be unhappy, lonely and afraid if he couldn't trust his family; being able to trust helps him to feel that the world is a friendly place; being able to trust gives him confidence that his needs will be met, it gives him a sense of security, and the ability to endure some frustration; because he feels secure, he can use his energies to learn and explore; being able to trust brings with it affectionate

feelings toward his parents, and theirs for him; being able to trust their love gives him the feeling that he is lovable and valued; the trusting and affectionate relationships with his family give him a pattern for all of his future human relationships; trusting his parents enables him to respond to their efforts to teach him what he is allowed and not allowed to do, and thus contributes to conscience development. In summary, the quality of a child's whole future depends on how well trusting relationships are established in infancy.

Teacher's Presentation

When and how does an infant develop basic trust?

During the first two months of life, there is the beginning of attachment. Although the infant does not have a clear idea who his mother is, he gradually becomes aware that her approach brings food or comfort, and he will quiet when she touches or speaks to him.

During the third, fourth, and fifth months the child smiles, at first at anyone who approaches, and then gradually in a specific way at his mother (or other special caretakers) showing that these individuals are being trusted to give him care and comfort.

Between six and twelve months, the child's specific smiling response shows a clear preference for mother, then father, and siblings, as compared with his reactions to persons outside the family. This preferential smiling shows that trust is being established.

In the next class session, we shall discuss what parents and siblings can do to help an infant develop a strong sense of basic trust.

Assignment

1. Memorize Erikson's Eight Stages of Life.
2. Visit your mother-infant pair; fill out the forms on Basic Trust and write a summary.

Outcome

The students will have learned that in normal development, basic trust becomes established in the first year of life; they will understand that this development is essential for the building a healthy self-concept, for the building of all present and future human relationships, and forms the groundwork for a sense of security, motivation to learn, and conscience formation.

PARENTING FOR EMOTIONAL GROWTH
Lesson Plans for **GRADES 9 AND UP**

UNIT 1 - 0 to 12 MONTHS

DEVELOPING BASIC TRUST AS COMPARED WITH BASIC MISTRUST
-- Part 2 (CHILD REARING)

Objective

Students will gain an understanding of specific ways parents can help their infants to develop a stable sense of Basic Trust.

Class Activity

Ask the students to write from memory Erikson's Eight Stages of Life, with age ranges.

Discuss the goals of the Basic Trust stage, emphasizing that successful experience in **all** the **later stages depends** upon the establishment of a stable sense of trust.

Review the two components of trust, discussed last time: Confident expectation that the trusted person will be good to you; and the feeling this person gives you that you are lovable and valued.

Considering these two goals, how can a parent help an infant in this development?

1. Learn the infant's language. By paying close attention, sensitive parents soon learn the infant's signals, and can tell whether the cry is for food, or diaper changing, or for comfort, or because he is sick.
2. Be a reliable responder to the infant's **physical** needs. Being irregular in feeding, or making the infant wait too long in the severe discomfort he feels when hungry, will make him anxious and distrustful. As the infant comes to realize, on the other hand, that mother usually or always comes as soon as she can, when he signals hunger, his sense of trust in her grows. It is usually not possible to produce the food instantly, and the small wait that is involved between the cry and the arrival of food, will help the infant to develop some frustration tolerance. It will help him endure the wait, if mother will talk to him reassuringly while she is preparing the food.
3. Respond reliably to the infants' **emotional** needs. Sometimes an infant cries because he is longing to be held close. This is as vital a need as the need for food. When a child signals this need, picking him up for a few minutes of cuddling will not spoil him. It tells him that he is a loved and valued person, and that gives him a sense of security and well being.

4. Respond appropriately to the signals you hear. Sometimes a mother is tempted to put a bottle in the baby's mouth when he is crying for something else. While this response is better than nothing, it is not as effective as really tuning in with his need; also it tends to make him overly dependent on food for comfort.

5. Be trustworthy about comings and goings. Even though the infant may not understand your words, he will understand that you are caring about him when you explain that you have to go out, when you will return. Doing this repeatedly gradually will assure him that he can count on your return, and that you do what you say you will do. If you slip out, without explaining, he will become hyper-alert and anxious, never knowing when you will be with him and when not.

6. If it is necessary to thwart the baby, explain why, and let him know that you understand how he feels. If at the age of eight or ten months, he snatches a toy from another infant, the mother will take it from him to return it to the other child. This action will frustrate and anger the infant. It will help him tolerate the frustration as well as teaching appropriate behavior if mother will explain why he is not allowed to snatch others' toys. Being firm but understanding will help the child eventually to recognize that the mother is frustrating him for a good reason, one that is genuinely in his own best interest. This recognition will take quite some time to develop!

Class Discussion

Ask the students to report on their visits. What signs of developing trust did the students see, whose infants were under six months of age? What signs were evident in the infants six months of age and older? Did anyone see an infant who seemed to have some difficulty in developing trust? If so, what were the indications? What did you see the mothers, or other family members do, that encouraged the development of trust?

Outcome

The students will have learned that tuning in with an infant's signals, and responding appropriately and reliably to them, and helping the infant cope with unavoidable frustration will establish a relationship of trust.

INFANCY (0 - 12 MONTHS)

THE ORAL PHASE OF SEXUAL-REPRODUCTIVE DEVELOPMENT

PARENTING FOR EMOTIONAL GROWTH
Lesson Plans for **GRADES 9 AND UP**

UNIT 1 - 0 to 12 MONTHS

THE ORAL PHASE (OF SEXUAL-REPRODUCTIVE DEVELOPMENT)

Reading for Teacher: Textbook UNIT 1, pp. 90-92.

Objective

To learn about the characteristics of the oral phase of infantile sexual (reproductive) development, and its role in the development of personality. To learn how parents can help the infants through this stage in growth-promoting ways.

Class Discussion

The students will report briefly on their visits, pointing out evidence of the building of trust, and any problems observed.

Ask the students to define the word "oral". According to the **first** "psychodynamic" theory of development available to psychological developmentalists during the first half of the twentieth century, the "psycho-sexual" theory of personality development established by Sigmund Freud, a great Australian psychiatrist, a child in the first year of life is in the **Oral Phase**. This means that at this time, his mouth is a most important part of his body. Why do you think this is? (Feeding is a most critical life function from birth on. It is the part of the body that actively first brings soothing, comforting and pleasure.)

Ask the students to think of the ways an infant's mouth is useful to him.

1. To take in food to relieve his hunger.
2. To signal for help when he needs it.
3. To enjoy the pleasure of sucking -- he gets obvious pleasure from continuing to suck the nipple after the bottle is empty; or from sucking a thumb or pacifier.
4. He comforts himself by sucking a thumb or pacifier, or his empty bottle. This is a first step toward self-reliance because he doesn't have to call his mother to help him become comfortable. He can do it himself, with his thumb!
5. He explores objects by putting them in his mouth, from the age of four or five months.

Distribute a wrapped hard candy to each of the students and ask them to suck it. What do they learn about its texture, taste, shape? An infant too young to ask questions can learn a great deal about the objects in his environment by exploring them with the help of his mouth.

How can parents help to give an infant a growth-promoting experience in the Oral Phase?

1. They can let him put objects in his mouth, except for dangerous items. (A young child has a good level of immunity to most ordinary germs.) Talking with the infant about the object will increase his pleasure.
2. They can allow him to suck his thumb, or pacifier, realizing that this is a source of pleasure. It is also his way of independently comforting himself when in distress.
3. They can respond reasonably promptly when he uses his mouth to signal them that he needs help.
4. They can comfort and ease his pain when he is teething.
5. They can make feeding times opportunities for close, affectionate interaction with the infant.
6. They will be aware that a good experience in the oral stage contributes to a sense of well being, and helps build basic trust.
7. They will be careful not to over-use feeding. Offering more food when the child may need something else, such as comfort, or holding, may set the stage for an over-reliance on food, and lead to over-eating as he grows older.
8. They will not press the child to be weaned during the first year, and when weaning is begun, it will be done gradually and gently, with a night bottle permitted for comfort for several months after daytime weaning is accomplished.

Outcome

The students will have an appreciation of the importance of the Oral Stage, and of the specific ways parents can support it.

Assignment

Visit your mother-child pair to observe the oral activity of the infant.

INFANCY (0 - 12 MONTHS)

AGGRESSION

PARENTING FOR EMOTIONAL GROWTH
Lesson Plans for **GRADES 9 AND UP**

UNIT 1 - 0 to 12 MONTHS

AGGRESSION -- PART 1 (HUMAN DEVELOPMENT)

Reading for Teacher: Textbook UNIT 1, pp. 93-111.

Objective

1. To give the students a beginning understanding of the **four** categories of aggressive **behaviors** (what you see when you look at young children); then that,
2. Although we can categorize aggressive behaviors into four types, there are only **three kinds of aggression: nondestructive aggression** (sometimes simply spoken of as "assertiveness"), **non-hostile destructiveness** (talked about in work with animals as "prey aggression"), and **hostile destructiveness** (which includes anger, hostility, hate, rage, etc.). And,
3. For the student to learn the crucial connection between the "experience of **excessive unpleasure**" and its role in the **production** and the development of **anger and hostility** in the young (and older) child.

Class Discussion

The students will be asked to define, and give examples (in real life, or in books, or on television) of aggressive behavior.

What kinds of feelings lead to the aggressive acts which have been described? (Hostility, anger, revenge?)

Can you think of any other feelings that might be in aggression? E.g., What about a small child stretched out on the floor pulling the cat's tail? Is that aggression? What feelings do you think the child has in doing that? (Curiosity; but also, **pleasure in teasing and hurting.**)

What about the feeling you have when you are chewing a chicken drumstick? Is that aggression? (Yes, but it is not hostile aggression; the food is destroyed to provide nourishment.)

In summary, there are three types of **destructive** aggressive behaviors:

1. The kind that isn't hostile -- chewing your food, or cutting down a tree to build a house.

2. The kind that takes pleasure in teasing or hurting.
3. The kind that is aroused when something very painful happens to a person, and makes him feel angry and hostile toward the person responsible for it.

Note that the last 2 types of aggressive behavior come from the same kind of aggression, from **Hostile Destructiveness**.

Teachers' Presentation

There is also a kind of aggression that is **not** destructive. Can you think of examples of this type? (Participating in sports, "tackling" your homework, accomplishing something strenuous like climbing a mountain, striving to achieve a goal, etc.)

What feelings do you have in this type of aggression? (Energy, self-respect, confidence, sense of achievement.) We shall deal more with that type, **Nondestructive Aggression**, sometimes called Assertiveness, in a later class period.

Today we shall think about **hostile destructiveness** (or hostility), the third kind we discussed.

Hostile destructiveness begins with something we call **excessive unpleasure**. Excessive unpleasure means having something happen which hurts or upsets you very badly, indeed so much so that it feels "this is too much!" or, "Now, you have gone too far!". It feels, therefore, "excessive". When you are hurt, either physically or in your feelings, it makes you angry; and if it is a **very painful** thing that is happening to you, you become hostile to the person who is responsible for causing it, or believed to be causing it, or even, toward the person you feel should have prevented it, like your mother or father.

Class Discussion

Do you think that people ever become angry or hostile for no reason? (No, **there is always a reason**. One may not always see the reason, because it may come from something that happened in the past, long ago or even just a few minutes ago, but there is always a reason. (E.g., a student may have been knocked down on the playground by a bigger boy, and then go home and trip his younger brother.) The reason a person is angry or hostile is **always** that he has experienced some kind of excessive unpleasure.

Why is it so important to know this about anger and hostility? (You can then understand that the aggressive person who is being nasty has a reason for his or her action; you can try to deal with him or her in an understanding and reasonable way. When you are angry yourself you can learn to talk about the reason, and that will be a starting point for making the feeling of anger stop.

Do babies and old people have feelings of anger and hostility? (These feelings begin in infancy, and continue throughout life, because there is no time of life free from experiences of excessive unpleasure. Therefore, it is important for everyone to learn and cope with their feelings of hurt and of anger and hostility, and for parents to know how to help their children deal with them.

What kinds of situations give feelings of excessive unpleasure in infants, which may lead to seemingly angry and hostile behavior? (Strong hunger pangs resulting from too delayed feeding; intense enough physical pain, such as due to an earache; anxiety, as that experienced when he expects mother to be "on call", and she is absent; too much frustration, as when a toddler wants to put his finger in an electric socket, and mother pulls him away.)

Do you think parents can protect their babies from all experiences of excessive unpleasure? (No, the best concerned and loving parent cannot prevent **all** such experiences. They can be on the alert to prevent most of them and then help the child to cope with the ones that are unavoidable. Discuss which of the ones suggested in the paragraph before are avoidable and which unavoidable.

Would it be a good thing if a child could grow up with no experiences of excessive unpleasure? (In general, yes. But these are really unavoidable in that, as noted in the electric plug example, a responsible parent **must** frustrate her or his child then! And there is this too: **moderate** doses of excessive unpleasure helps the child to learn to adapt to "real" life. In actuality, if a child has mostly good experiences, and is helped to deal with those unpleasure experiences that come along, he or she will learn to cope well with and learn to adapt constructively to excessive unpleasure experiences. In this way then, the child will be stronger and more adaptable than she would be if she never had to cope with difficulties. She learns that she can endure some discomfort, that her angry feelings are not going to make her mother abandon her, and that she still loves her, even if mother won't allow her to put her finger in the socket!)

Outcome

The students will have learned the hallmarks of non-destructive and destructive aggression; also, that hostile feelings and behaviors grow out of experiences of excessive unpleasure.

Assignment

Read Chapter 3, "Dealing Constructively with Excessive Unpleasure Experiences" in *Aggression in Our Children*, by Henri Parens, Elizabeth Scattergood, William Singletary, and Andrina Duff.

PARENTING FOR EMOTIONAL GROWTH
Lesson Plans for **GRADES 9 AND UP**

UNIT 1 - 0 to 12 MONTHS

AGGRESSION -- PART 2 (HUMAN DEVELOPMENT)

Objective

1. To learn about the characteristics and uses of **non-destructive aggression** (commonly thought of as "assertiveness", although it is more).

Class Discussion

In the previous lesson, we mentioned that one type of aggression, i.e. assertiveness, is a healthy thing for children to develop. It is associated with the energy felt in a desire to learn, to develop skills, in driven curiosity about the world, self-confidence, and self-respect. It is not that energy associated with hostility, as was the aggression we discussed last time.

Can you think of an example of a person of any age being aggressive in a nondestructive way, in a good way? In discussing the examples the students may give, consider whether the aggression (assertiveness) seemed reasonable and appropriate, or verged on hostility.

Being aggressive in this nondestructive manner gives the message that you know you have rights as a human being, that you feel entitled to them, and that you respect yourself. For example, if you are standing waiting in line at the fast food counter, and someone pushes in front of you, he is being aggressive? If you tell him that he is taking your place, and point out the end of the line, you are being assertive? If you become overly angry and hit him, your assertiveness is going over the line into hostility.

In everyday life there are times when a person has to assert his rights -- to protect his own property, for instance. It is not always easy to know how to assert one's rights in an appropriate way. Consider Jim's problem in the following example:

One day Jim's bicycle disappeared, and later he saw his schoolmate, Walter a much bigger boy, riding around on one which looked exactly like his. What should Jim do? There are several possibilities:

1. Let Walter have it, because he is bigger and may beat Jim up, if he claims it. Jim could tell himself that it probably isn't his bike Walter is riding, even though Jim is pretty sure of it.

2. Tell Walter that if he returns the bike, Jim will not report him.

3. Tell Walter that the bike has a hidden identification mark on it, and that unless Walter returns the bike right a way, he will be reported to the police.

4. Jim could go to the police right away without talking with Walter.

5. Jim could bring his father or mother over to talk with Walter's parents.

What do you think would be the best thing to do? Would the approach you favor be assertive, or hostile?

Considering what you learned last time and from your reading assignment, that hostile feelings grow out of past or present experiences of excessive unpleasure, can you imagine the kind of unpleasure Walter might have had, to make him steal a bike? (At present or in the past, he may have wanted things very badly, and was told he couldn't have them; he may feel that he has been robbed of what was his, that his rights are not protected, and so he will just take what belongs to another. Or he may not have had enough love, which makes him feel that he has to grab things to make up for that; for some reason he doesn't feel like a valued person, and doesn't respect himself; he may be feeling angry at his parents, and therefore does something that will upset them.)

We have said that appropriate assertiveness is a quality children need to develop. Do you think it is possible to be too assertive? What would such a person be like? (He would always be thinking of his own rights and not be considerate enough of the rights of others; he would always have a "me first" attitude.)

Since all human beings have rights, what rights do infants have? (To be loved and cared for, respected, understood, fed, taught, and, all in all, to be reared well.)

What are some of the ways that infants assert their rights? (Body language, facial expression, crying.) Examples:

Mother trying to be friendly hands six month old Larry over to a visitor who wants to hold him. He responds by turning away from the visitor, and holding his arms out to his mother. What is he asserting here? (His right to his own mother's lap.)

Four month old Jeannie is on the floor a few feet away from a set of teething rings. She wants them, but can't quite reach them. She stretches and wiggles, and rolls over, and stretches again, until finally she gets them. What is her assertiveness doing for her here? (She is learning that by persevering in her effort, she can reach the goal she desires. This kind of assertiveness will help her later to become a good student.)

Twelve month old Ellen needs help in controlling her assertiveness. Having just learned to walk, she is all excited, in constant motion, "all motor and no brakes." Her parents are trying to calm her, to slow her down a bit, while allowing her to do a good deal of exploring. They realize that one of the ways infants build up a sense of self-

respect is by being encouraged to be **reasonably assertive**, while at the same time **developing appropriate controls**.

Assignment

Visit your mother-infant pair and record the examples of the various forms of aggression you observe.

PARENTING FOR EMOTIONAL GROWTH
Lesson Plans for **GRADES 9 AND UP**

UNIT 1 - 0 to 12 MONTHS

AGGRESSION -- PART 3 (CHILD REARING)

Objective

1. The students will learn growth-promoting ways to help infants cope with the several forms of aggression.

2. The students will learn that how aggression is dealt with in the first year of life will have an important influence on the child's later patterns of handling aggression.

Class Discussion

Reports of Visits

Ask the students to report on any examples they saw of:

1. Non-hostile destructiveness;
2. Teasing, taunting aggression (destructiveness);
3. Outbursts of anger or of hostility, or even rage. Regarding these, ask the students to identify what unpleasure experience caused the anger, the hostility, or the rage, and what the mother did to help the child get over these.
4. Non-destructive aggression (assertiveness). Regarding this, ask the students to describe how the mother encouraged , or when necessary helped the child contain its Inner push.

In summary:

With non-destructive aggression (assertiveness), the goal of the parent is to encourage this in a reasonable way to help the child develop a desire to explore his world, to develop his skills, his beginning feeling of competence, and to develop respect for himself.

With the angry and hostile types of aggression, the goals of the parents are

- (1) to prevent experiences of excessive unpleasure from happening;
- (2) if that is not possible, to remove the source of pain as quickly as possible;

(3) to allow the child to express his feelings but to restrain him from harming himself or others;

(4) to help him understand why the situation happened;

(5) to comfort him and reassure him of parents' continued caring and affection;

(6) if the child is old enough, to define what behavior is expected of him (such as "No, you can't pull the cats' tail, because it hurts her!")

With these goals in mind, consider what you would do in the following situations:

1. The mother of 8 month old Jennifer was delayed in rush hour after Jennifer's usual feeding time. When mother came in Jennifer began to cry in a really angry way. What should mother do? (Pick her up, apologize for keeping her waiting when she is hungry, show her that you are preparing the feeding, soothe her and feed her.)

Many people think that small babies don't understand, so why explain things to them. What do you think?

2. Father is alone with eleven month old Robert, who has been crying for fifteen minutes. Father understands that the baby is experiencing "unpleasure", and suspects that the cause is the absence of mother. Since she won't be back for an hour, father has tried to comfort Robert by giving him a bottle, has changed his diaper, and has handed him a toy. Nothing has worked. Robert is still crying. Do you think it would make Robert stop crying if father would spank him? (No, this wouldn't tell father **why** Robert is crying, and would make Robert more upset, and hostile toward father. It would be better to check whether Robert has a fever, to hold him and talk to him, reassuring him that mother will be home soon.)

3. Stanley at one year of age is full of energy. He has learned to toddle, and loves to explore. He was in the act of putting food from the cat's dish into his mouth, when mother pulled him away, and took the food out of his hand. Stanley was very angry, and hit his mother. What should mother do? (Hold Stanley's hands firmly, tell him that he is not allowed to hit, and explain why he is not allowed to eat the cat's food. Stanley will be frustrated and upset, and will need to have mother comfort him.)

Do you think that Stanley was bad because he had angry feelings when mother pulled him away from the cat's dish? (No, he had a strong wish to explore and perhaps to eat the cat's food, and was upset when he was prevented from doing so.)

Was he bad because he hit his mother? (No, he doesn't understand yet that hitting his mother is not a good way of expressing anger toward her.)

Why isn't it a good way? (It hurts the mother, and Stanley will feel very upset afterwards, because even though he is angry at his mother, he values and needs her. When we hurt people value and love, we feel that we are bad. The main job in dealing with angry feelings is to learn to express and handle them in **reasonable** ways.)

Why would Stanley's mother comfort him when he did something he shouldn't? (It makes Stanley feel valued, helps him to listen to what mother is telling him, and helps him to accept it.)

How can Stanley's parents help him use his energy to be appropriately assertive? (They can help him gain a sense of achievement by showing him how to do things such as rolling a ball, putting rings on a post,; and they can praise him when he learns something new; they can teach him reasonable ways to ask for what he wants, and respond to him when he does; they can encourage him to be affectionate, by being affectionate with him.)

As we know, the first year of life is a pattern-setting year. If an infant has the good fortune to have parents who try to protect him from excessive unpleasure, who try to remove it fairly promptly when it happens, who soothe him when he is upset, who are reasonable when they have to put limits on his behavior, and help him develop self-control, how do you think he will handle his angry feelings when he is grown up? (One would expect him to have self-control then, and express angry feelings in reasonable ways. These would include talking and negotiating rather than hurting people or damaging properties.)

If an infant had the bad fortune to have parents who were annoyed when he cries, who tell him to shut up without finding out the cause of the crying, who scold or spank when he gets into something he shouldn't during his explorations -- how is he likely to deal with his feelings of anger when he grows up? (He will have developed the feeling that the world is unfriendly, he likely will be easily aroused to discharge anger out on the people around him, or in being destructive of property.)

Consider the situation of two babies , Maria and Frannie, both ten months old.

Maria gets usually angry if her mother leaves her with a baby sitter, or prevents her from playing with the detergent in the kitchen cabinet. Her parents have always tried to relieve her upset feelings by explaining why Mother had to leave for a while and why they set a limit if one is necessary, and by comforting her.

Frannie's parents are too busy and too tired to talk with her. When she is upset and angry, they tell her to stop crying. If she doesn't, they say "If you don't stop, I'll give you something to cry about, and then they may even spank her. They do not try to find out why she is crying, or comfort her.

Ten years go by. One day Maria and Frannie ask their mothers if they may go downtown together to see a parade. Their mothers both said no. Both girls feel that it is unfair that at ten, they weren't considered grown up enough to go to town by themselves.

Remembering the relationship Maria had with her mother in infancy, do you think she could talk with her mother now about how she feels? Why or why not? How do you think Maria and her mother might work their problems out? (Because Maria and her

mother communicated with each other from infancy on, they can communicate now. Because Maria trusts her mother, she can accept the limit even though she doesn't want to.)

Do you think that Frannie could talk with her mother about how she feels? Why or why not? (She was always told to stop crying from the time she was an infant, and she was not encouraged, in fact she was discouraged from sharing her feelings, so good communication didn't develop between her parents and her.) If Frannie couldn't talk with her parents, what might she do with her anger, if not indeed by now strong hate feelings? (She might sneak off downtown, or she might pick a fight with a friend, or she might "accidentally" break one of her mother's favorite dishes.

If you were to see a person painting graffiti on a building in your neighborhood, or break a window, what would you think? (He is angry with someone, he doesn't know how to handle his angry feelings, he doesn't have anyone to help him deal with them reasonably. He is taking his feelings out on the building, and on us, because this is our neighborhood.

Can a person who, as an infant has had many painful experiences easily become angry, be helped to change? (Yes, with a great deal of TLC and understanding, and the sooner the better.)

Outcome

The students will understand that the way anger and rage are responded to in infancy leads to good or poor patterns of anger and rage resolution in later childhood and adult life.

INFANCY (0 - 12 MONTHS)

DEPENDENCE AND SELF-RELIANCE

PARENTING FOR EMOTIONAL GROWTH
Lesson Plans for **GRADES 9 AND UP**

UNIT 1 - 0 to 12 MONTHS

DEPENDENCE AND SELF-RELIANCE -- PART 1 (HUMAN DEVELOPMENT)

Reading for Teacher: Textbook UNIT 1, pp. 112-117.

Objective

To learn about the role of dependency needs throughout the life span, and particularly during the first year of life.

Class Discussion

Write on the board the word "self-reliant" (more accurate than "independent") and the word "dependent". Ask the students to define them.

Except for the first year of our lives, when we are almost completely dependent, our personalities are a blend of dependence and self-reliance. Normally as we grow older, into adulthood, we become more self-reliant and less dependent. But, due to the ways we are normal "made" (that is, our biological and psychological condition), we never outgrow the need to be dependent in some important ways, for some important needs, on some person or persons.

If you were twenty-one years old, in what ways would you be self-reliant?

In what ways would you be dependent?

If a person could be totally independent, would that be desirable? (A totally independent person would be very lonely; an age-appropriate degree of mutual dependence with a loved person gives support and richness not only to the relationship but also to oneself.)

Babies during the first year of life are the most dependent of all living creatures. They are dependent upon their parents for three major things or in three ways:

1. For **physical care** (food, clothing, cleanliness, rest, medical needs.)
2. For **emotional care** (for love, respect, encouragement, a sense of being valued.)
3. For **adaptational help** (to learn all kinds of things, for our parents' and later our teachers' teaching skills, for defining limits, for socialization.)

On the blackboard make three columns with the above headings, with a student scribe for each. Ask the class to think about what a mother does every day to meet her infant's dependency needs in each of the three categories. The scribes will list the suggestions on the board.

When a mother is available to give all these services to meet an infant's dependency needs, why doesn't he want to remain a baby, and be taken care of all his life? (Every normal child has a strong urge, which is clearly present from six months of age on, to do things himself and to grow up. Little by little this urge toward self-reliance (to do things oneself) enables him to learn to take care of most of his physical needs, helps him learn skills and to socialize; he gradually will become somewhat less dependent upon his parents, emotionally and will depend gradually more and more on peers, and finally on one special peer, his mate.)

Assignment

Using the categories discussed today -- **Physical** Dependence, **Emotional** Dependence, **Adaptational** Dependence, write a page describing your dependency needs at age six years as much as you can remember; and what you could do yourself (independently). Write another page describing in what ways you are dependent and what ways self-reliant at your present age. These assignments will demonstrate for you how, in your own life, the balance of dependence-self-reliance has gradually been shifting since the first year of your life.

Outcome

The students will have learned that the almost total dependence of the first year of life gradually is balanced with a striving for self-reliance and autonomy (independence).

PARENTING FOR EMOTIONAL GROWTH
Lesson Plans for **GRADES 9 AND UP**

UNIT 1 - 0 to 12 MONTHS

DEPENDENCE AND SELF-RELIANCE -- PART 2 (CHILD REARING)

Objective

1. To understand the importance, for later personality development, of meeting an infant's dependency needs. 2. To learn how parents can do this.

Class Discussion

A hundred years ago, in our country and in Europe people thought very differently about dependence from the way we do today. At that time girls, from babyhood on, were encouraged to be dependent, and let the male members of the family take care of them. They were considered the "weaker sex", and in many areas of functioning they were discouraged from undertaking independent activity. In those days there were no female engineers! On the other hand, boys were not supposed to show that they had dependency needs. They were pushed to be independent very early, and many boys and men found it difficult, in those days to admit to having a need to be even emotionally dependent on their mates. These days, life styles have changed. It is accepted now that one can be a very manly person and still have dependency needs, and that a female, while having dependency needs can have a strong urge to be independent in many ways.

Which do you think leads to better mental health -- the view of dependence people had a hundred years ago, or today's views? Why?

Ask some volunteers to read their accounts of their dependence-independence status at the age of six.

Ask other volunteers to read their accounts of their dependence-independence status at present.

It is clear from these reports that your dependence-independence balance has shifted tremendously since your first year of life. To get "from there to here", you must have had your needs met sufficiently during that time.

Why is it important that an infant's dependency needs be met?

Think of his **physical** needs. Suppose he is under-nourished as an infant -- how will that affect his development? (His growth may be affected, his energy will be less; if the malnutrition is severe or continued long, even his intelligence may be slower in its development. The infant depends on his parents to take him for his immunization shots.

What would happen if he doesn't get these? He depends on his parents to keep him warm when it is cold, to see that he gets sleep when he is tired. How would he be if these needs were not met?

Think of his **emotional** needs. He depends on his family to hold him, to give him affection, to make him feel that he is a valuable person. If he had to grow up without love and appreciation, what would his personality be like?

Think of his **adaptational** needs. He depends on his parents to show him how things work, what words mean, how to get along with other people. How would his development be affected if he could not depend upon his parents for this kind of help?

Do you think it is possible to over-gratify an infant's dependency needs -- for example, by "babying" him? (This will not be a problem in the first year of life, and it will become a problem later only if a parent tries to do everything for the child and blocks his urge for self-reliance.) Being responsive to a child's need for holding, for affection and comforting actually strengthens him, and makes him feel ready to exercise his autonomy and self-reliance; whereas not meeting his dependency needs leaves him emotionally hungry for it and always looking for someone to lean on.

Well met dependency fuels energy for self-reliance, autonomy, independence. Consider your own experience. If your physical need has been met by a good lunch, and somebody tells you that you are a great baseball player, and you get a test paper back with an A, and you get a compliment on the sweater you are wearing, wouldn't this give you a sense of well-being, and make you feel like setting out and accomplishing something special?

What can parents do, to gratify their infant's dependency needs the first year of life?

1. They can be reliable about meeting their infant's **physical** needs. (Give examples.)
2. They can be responsive and generous in meeting their infant's **emotional** needs. (Give examples.)
3. In a respectful, encouraging way, they can use opportunities daily to teach the child what he needs to know to get along in his world. They can help him gradually to move toward self-reliance, while continuing to be available to him emotionally. (Give examples.)

Assignment

Visit your mother-child pair for observation of dependence and self-reliance.

Outcome

The students will appreciate how meeting dependency needs in infancy promotes healthy emotional development as the child grows older, and helps him achieve an age-appropriate and situation-appropriate balance of dependence and self-reliance.

INFANCY (0 - 12 MONTHS)

THE DEVELOPMENT OF INTELLIGENCE (INCLUDING MEMORY)

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES 9 AND UP**

UNIT 1 - 0 to 12 MONTHS

THE BEGINNINGS OF INTELLIGENCE -- Part 1

Reading for Teacher: Textbook UNIT 1, pp. 118-126.

Objective

To learn that the development of intelligence proceeds in an orderly manner from birth.

Class Discussion

Would you say that a newborn baby has intelligence? (He has the equipment -- a brain and five senses, to use in developing intelligence.)

On the blackboard make a list, provided by the students, of what a newborn knows, and can do, in comparison with what a two-year old knows and can do.

Newborn	Two Year Old
How to breathe, how to suck.	Can walk, run, jump and climb.
Can see but does not yet know the what the things are she sees.	Can see and knows the names of many of things she sees.
Can hear, and recognizes the voice of his mother.	Can hear, and recognizes the voice of family members and friends, and the sounds of animals, cars, airplanes, etc.
Can smell, and using this, can recognize his mother.	Can recognize the meaning of many words.
Can cry, and in this way bring help.	Can use a good many words, and some phrases.
	Understands that it is ok to do some things, but not others.

Is toilet trained or on the way to it.

Has learned to love family members, and probably a few other persons.

Is interested in other children, and is beginning to learn to play together, but may not yet be able to share toys.

Can do things intentionally (e.g. open a box to see what is in it.)

Understands something of cause and effect (e.g. if he pushes a switch the light will come on.)

These are amazing accomplishments in two years time. How do you think the infant does it?

With his eyes, scanning his environment.

With his ears, listening to sounds, and sorting them out.

With his hands, reaching and touching.

With his mouth, pulling in objects to feel their hardness, softness and taste.

With his urge to learn, putting objects in boxes, reaching for things from tables, pulling drawers open, climbing up on chairs, etc.

With his feelings, finding out what he does that brings approval and what brings disapproval.

Teacher's Explanation

The infant uses this equipment of his in an orderly sequence. (This material may be written on the board, and copied by the students.)

1. As a **newborn**, he can be observed **looking** steadily into his mother's face when nursing. Through his gazing, and through his **recognition** of the way she smells and the way she moves, he gradually learns an important first lesson -- who his mother is.

2. By **three** months of age, his activity begins to be **intentional**. He explores his own body, and those whom he is becoming attached.

3. From the **third** to the **fifth** month, the momentum of his **explorations** begins to increase.

4. By **six** months he shows pressure to **explore**, is more organized about it, explores for longer periods at a time, and has a greater concentration span.

5. From **six to twelve** months, there is an upsurge in the development of skills. For example, he learns to identify parts of his body; he learns if he pushes something it will move; if he hits another child, he will get a reaction; if he hugs his mother he will get hugged in return. He begins to grasp the idea of **cause and effect**. When he learns this, he has begun to understand about **intentionality** -- which means doing something because you have a wish to do it.

6. From **twelve to twenty-four** months, the child has become competent physically; he can walk, run, jump and climb, feed himself, and participate in dressing himself. He understands most of what is said to him, and is adding daily to the words and phrases in his vocabulary; he constantly practices his motor skills by putting things together and taking them apart.

He knows his relatives, and relates in a selective way to them, in contrast to his way of relating to strangers.

He has learned, or is in the process of learning and accepting the discipline of toilet training.

He has learned many cause and effect relationships, including which behaviors are acceptable and which are not.

Assignment

Interview your mother-child pair, and write your manual report.

Outcome

The students will appreciate the great amount of learning that takes place during the first two years of life, and will understand the sequence of it.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES 9 AND UP.**

UNIT 1 - 0 to 12 MONTHS

THE BEGINNINGS OF INTELLIGENCE -- Part 2

Objective

An introduction to some concepts of Jean Piaget.

Teacher's Explanation

Here is someone you will want to know:

Jean Piaget, Ph. D, Psychologist

Born, 1896, in Neuchatel, Switzerland, died 1980. Showed an early interest in science; at age 10, wrote an article about an albino sparrow. At age 15, his publication on mollusks made him known to international specialists.

At age 22, he obtained his Doctor's degree in science; then he turned his interest to psychology. At age 24, his research on why some children fail school tests on reasoning, led to his being offered a position as director of the Institute J. J. Rousseau in Geneva Switzerland. He became a professor of psychology and before he died he had written thirty books, mostly about children and how they learn. The first book was *The Language and Thought of the Child*, and the last was *The Early Growth of Logic in the Child*.

Piaget called the learning of the first two years the Sensori-Motor Stage, because it takes place mainly through the senses, and movement, as we learned last time. The child in his explorations gradually connects newer experiences with older ones, and learns this way.

Piaget, along with most other child development specialists, believed that the successful development of intelligence and learning goes hand in hand with healthy emotional development. Intelligence and emotional experiencing interact, and this interaction helps or hinders a person's development.

Piaget also did research on how we develop our memory. We shall learn about this in the next session.

Class Activity

Several students will read their reports resulting from their observations. Reported examples of children's learning will be referred to Piaget's concept of sensori-motor learning, and the learning sequence of the previous lesson. Examples of parents helping and encouraging their infant's learning -- such as smiling responsively when the infant smiles, or shows interest in a object -- will be connected with Piaget's concept of the interaction of emotional and intellectual development.

The teacher will emphasize and discuss how the children's physical activities and their explorations give evidence of the children's burgeoning intelligence. The teacher also will draw attention to evidence of the children's beginning to recognize causality, and of their discoveries about the environment in which they live.

Assignment

Write answers to the following questions:

1. Do you agree with Piaget that mental and emotional development interact and proceed together? Why or why not?
2. Describe a healthy emotional environment that will encourage an infant to learn.
3. Through no fault of her own, Frannie (the girl we discussed in the lessons on Aggression, parts 2 and 3) has not had the kind of healthy emotional environment that would encourage learning. Just now she is having a very difficult time with math. What can be done to make it easier for her to learn, now that she is ten?

Outcome

Students will have understood the concept of Piaget (and other child development specialists) that emotional and intellectual development proceed together.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES 9 AND UP**

UNIT 1 - 0 to 12 MONTHS

THE DEVELOPMENT OF INTELLIGENCE (MEMORY) -- PART 3

Objective

To learn how and when **memory** develops.

Class Activity

Call on several students to read their responses to the questions regarding the interaction of emotional and mental influences in the development of the self. Discuss.

Teacher's Presentation of Material on Memory Development

A person's brain is believed to function somewhat like a computer. It is programmed to record memories, which it does from birth.

There are two kinds of memories, conscious and unconscious ones. **Conscious memories** are useful as building blocks that enable us to learn more and more. Because you learned your ABC's in kindergarten, you were able to learn to read in first and second grades, and because you learned to read you are now learning about science and literature and many other things.

Many of our memories are stored away out of sight; that is, we are not aware of them. We know about them only because of the influence they have on our feelings. We call these **unconscious memories**. Although they are unconscious, they are nonetheless very important to us. An example of the influence of unconscious memories would be a friendly, trusting feeling one has toward other people, because out of our awareness (unconsciously), we remember being treated in a loving, reliable way by our parents. Another, a negative example might be a feeling of fear about getting into disagreements with a friend because one fears they might lead to difficult arguments. A person might have such fears because of unconscious memories of many painful, hurtful fights between his parents that led to their having a troubled marriage.

Do you think that you ever forget what you have learned? At big test time, you may think so, but there is a good chance that you really don't. You may not be able to remember at a given time, but most of your experiences, especially the important events in your life are on file in that part of your memory that is unconscious. Have you ever forgotten a person's name, and tried and tried to remember it, and finally did? That memory was somewhere in your brain, perhaps in your unconscious memory storage place, your unconscious mind. There is much for scientists to learn still about this.

Memory is a remarkable, great "function" of our brain; it is a necessary tool for living in our world. Actually, this function of remembering, memory, Piaget told us develops. In your notebooks, record the definitions (from the blackboard) of the two stages memory development goes through, which can be described as two types of memories:

Recognitive memory, the first type to appear Piaget said, is used when one recognizes a person or an object now in our field of vision. Recognitive memory may also pertain to an event one has seen a number of times, or experienced before. The French gave this a neat name: it is "deja-vu", which means, "already seen".

Evocative memory, is what we use when one is able to draw up in one's mind the image of something one has seen before, without having to actually see it at that moment. This very important ability, to be able to evoke the image of something that is not in the child's field of vision, when it stabilizes leads to the ability Piaget called **object permanence**. As the words imply, the image of this object now has a permanent representation in the brain (mind); one no longer needs to see it every time to remember what it looks like. When we speak of the stable memory of a person, **person permanence** is often used.

In thinking about the following persons, objects or situations, call out which kind of memory you are using.

1. Think of your mother's face. Can you picture it without seeing it? (Evocative)
2. Think of the Governor of our State. Can you picture him in your mind? Would you recognize his picture in the newspaper? (Recognitive and/or Evocative)
3. Can you picture in your mind the third house you pass on the way to school? If not, will you recognize it when you pass it next time? (Recognitive and/or Evocative)
4. Can you picture in your mind what you did last Saturday afternoon?
(Evocative)

At your age, you have learned to use both types of memory very well. How did you accomplish this?

Although we believe that events and persons begin to be recorded in memory from birth, we find observable evidence of this when an infant is 5 or 6 months old and greets his mother with a very warm smile, a smile that is specifically for her. The infant is using **recognitive** memory because he recognizes how she looks, feels and smells. Gradually this ability to recognize, extends to father and others in the family. The 5 month old child is not able yet to picture his mother in his mind when he does not see mother, and this can be frightening to a baby, who feels that when mother is out of sight she is gone forever. The development of **object permanence** and with it **evocative memory**, as well as the all-important **person permanence** start building up together from about 11 months on and in the normal child, become reliable by 18 months. The child becomes able to

picture his mother's promised return. Also, he now can search for lost objects because he can remember what they look like.

An important feature of evocative memory applies to causal relationships. The child recalls, for instance, that when he touched a hot stove, he burned his finger, so he keeps away from it now. If he pushes a person, he learns that the person may fall, and also that the person doesn't like to be pushed; he begins to link his action-pushing-with the reaction it brought.

Desk Exercise

Search your own memory. Write about an incident when as a small child, your recognitive or evocative memory came to your rescue.

Outcome

Students will have learned the sequence of memory development, and its role in learning.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES 9 AND UP**

UNIT 1 - 0 to 12 MONTHS

THE DEVELOPMENT OF INTELLIGENCE (AND MEMORY) -- Part 4

Objectives

1. To learn ways that family members can encourage and enhance the child's thrust to learn and
2. to learn how memory development can be facilitated.

Review

Two major concepts of Piaget:

1. The learning that takes place in the first two years of life is of the **sensori-motor** type. That is to say it occurs primarily through the use of the eyes, ears, mouth, nose, and touch; and through muscular activity, by manipulating with the hands, pushing and pulling, creeping, toddling and walking to explore the environment.

2. The successful use of a child's sensori-motor equipment in learning depends upon his **healthy emotional development.**

Class Discussion

Bearing the above concepts in mind what kind of attitudes on the parents' part would contribute to successful learning?

(Recognition that helping a child to learn is an important part of child rearing; acceptance of the fact that it will take time and patience. Recognition that helping a child learn can be exciting for both the parent and child; finding creative ways to make learning fun. Recognition that learning is a continuous everyday process; ability to respond to the child's indication of readiness; establishing relaxed and comfortable communication with the child.)

Assuming that the parental attitudes provide a good atmosphere for learning, what are some of the specific ways parents can help a child learn, and help him develop memory? (The students may mention things they observed the mother do in their visits, or ways their own parents helped them, or their younger siblings. The list should include among other ideas:

Help the infant learn about the world around him by showing him objects, telling him to look at its features, telling him their names, by talking to him, playing music for him, and singing to him.

Permit him to use his mouth not only for eating and crying, but also for checking out the objects he picks up (unless they are so small he might swallow them.) As he grows older, help him to use his mouth to form words.

Help him explore sizes, shapes, hardness, softness, by touching objects. Help him know which one he is not allowed to touch.

Remember that big and small people need to have information repeated in order to remember it.

Demonstrate to the child how things work.

Encourage him to try to do things himself. If he succeeds, praise him; if he doesn't, show him again, but don't push if he is not ready to accomplish what he is trying to do.

Do not expect perfect results.

Spend time playing with him using age-appropriate toys and picture books.)

Recognitive memory will be encouraged by all these activities.

Evocative memory is aided by such reassurance as "Mother isn't here now, but she will be back to give you dinner." Games such as "peek-a-boo" or "Where did the ball go?" help the child picture someone or something that is momentarily absent.

How would you encourage learning in the following children?

1. Donna is a young mother who loves flowers. She took two-year old Edmund to the flower show. It was exciting but a little frightening to him as a little person to be walking among a crowd of tall people with very long legs. How could Donna help Edmund enjoy and learn about flowers? (She could look for a fairly quiet spot, bend down to his level, show him how pretty she thinks the flowers are, let him smell them, tell him their names.)

2. Maria is one month old. How can her mother help her to start to learn who is who in her family? (Mother can hold Maria in her arms during feedings. In this way, Maria can, and will stare at mother's face. While she does this, mother can smile at Maria and talk with her. This will help Maria know who her mother is. Mother can encourage father to hold her, so that she will come to know him soon also.

3. Joey is ten months old, and wants to explore everything. How can he be helped? (Give names to the parts of his and mother's body as he touches them, and of objects he holds in his hands. Hold him up to the window and talk about what he sees outside; or in good weather take him out. Show him how simple toys work, and let him try to work them.)

4. Tanya, age 12 months is at the "all motor, no brakes" stage. How would you help her learn? ("Baby proof" the rooms, show her that some things (stoves and electric plugs) are dangerous; let her explore actively, but add some passive activities to her day's schedule -- such as books, pictures, quiet games.

Summary

Parents are a child's first teachers. In this role they need to:

Consider the infant's age.

Consider the infant's temperament.

Be responsive to his cues.

Be patient when learning may result in messes or other minor disasters.

Remember that in young children learning occurs best in a pleasant and warm atmosphere.

Remember that if learning is encouraged and is pleasurable in early childhood, the child will be much more likely to want to learn in school.

Outcome

The students will have learned that a parent's readiness to at times act as a teacher for her child is most likely to favorably set the stage for the child's eagerness to learn; they also will have become familiar with specific approaches which encourage their particular child's learning.

INFANCY (0 - 12 MONTHS)

DEVELOPMENT OF THE SELF

DEVELOPMENT OF HUMAN RELATIONSHIPS

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES 9 AND UP.**

UNIT 1 - 0 to 12 MONTHS

DEVELOPMENT OF SELF AND HUMAN RELATIONSHIPS
-- Part 1 (HUMAN DEVELOPMENT)

Reading for Teacher: Textbook UNIT 1, pp. 127-145.

Objective

1. To learn the steps in the development of self-awareness.

Class Activity

Did you ever ask yourself "Who am I?" There is a great deal more involved in the answers to this question than you may think.

Spend the next ten minutes writing down everything you know about yourself. These papers will not be turned in, but a few volunteers will read their papers to us. Please number the facts you write, so you can see how much you do know about yourself that you can record in ten minutes: For example (leave out whatever you do not want to say):

1. My name is
2. My birth-date is
3. My parents are
4. Our address is
5. I am the brother/sister of
6. I am the nephew/niece of
7. I am the grandson/granddaughter of
8. I am the cousin of
9. I go to the school.
10. I am in the grade.
11. My favorite subjects are

12. The subjects I like least are
13. My favorite sports are
14. My best friends are
15. My religious affiliation is
16. My political preference is
17. My favorite TV program is
18. My favorite book is
19. When I finish my education, I plan to be a

To the above items add anything else that occurs to you that describes you.

Several volunteers will be asked to read their self-descriptions. The teachers will point out that the students know a great deal about themselves. How did they come to know who they were in the first place?

Did you ever wonder how a newborn infant comes to know that it is a person?

Babies have been born for thousands and thousands of years. Their parents who loved them understood a great deal about them, as most parents do. However, it is only recently that child specialists have tried to figure out how an infant himself sees the world, and how he comes to know who he is.

One of these specialists is Dr. Margaret Mahler, a Hungarian-American who lived and worked in New York City until she died in 1987. In the clinic where she worked, she observed hundreds of babies with their mothers, and she developed a theory about how infants become aware of themselves. This she called the **Separation-Individuation Theory of Development**. In a sentence, this means that the infant, who starts out believing that he and his mother are one, goes through several stages, ending up with the realization that they are separate persons. Though they are separate persons, they are attached by a strong **emotional** bond, but **not a physical one**.

The teacher will distribute copies of the outline of the Separation-Individuation Theory, and go over it with the students.

[Outline of Separation-Individuation Theory attached.]

Assignment

Memorize the phases described in Separation-Individuation theory.

Outcome

The students will have learned that the development of the sense of self is a gradual development. They will have been introduced to the sequential and structured development postulated by Dr. Mahler in her separation-individuation theory.

An outline of **Separation-Individuation Theory** developed by Margaret S. Mahler, M.D.

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 egg-shell. 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 him elf (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.

<p>14 - 24 mos. Rapprochement Subphase</p>	<p>The child fairly easily separated from mother during the practicing subphase now hovers around h because he is now more clearly aware that they are 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.</p>
<p>24 - 36 mos. Toward Self and Object Constancy Subphase</p>	<p>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.</p>

*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.

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES 9 AND UP.**

UNIT 1 - 0 to 12 MONTHS

DEVELOPMENT OF SELF AND HUMAN RELATIONSHIPS

-- Part 2 (HUMAN DEVELOPMENT)

Objective

1. Increased understanding of the development of the self.
2. Understanding that the development of the self and of one's human relationships are linked together.

Class Activity

Review the phases of Mahler's Separation-Individuation Theory. As the phases are discussed, the students might be asked to give examples of infant behavior they have observed which confirm, or they believe casts doubt on or even disconfirm the theory.

Teacher's Presentation

In addition to Dr. Mahler, there are three other child development specialists whose work on this subject is well known:

1. Dr. Rene Spitz from Switzerland is one of the two persons who made the observations on **attachment** we studied about earlier. He found that during the Symbiotic Phase (1-6 months) an infant, beginning to sense that there is an outside world, **smiles** at anyone who comes to him. This is a **social smile**, but it is not at first directed specifically to a favorite person. Progressively, the infant begins to show a special attachment to his mother, by giving her a **specific smiling response**, a bigger, brighter smile than he gives to anyone else.

Another way we see this attachment, Dr. Spitz pointed out, is by the **separation anxiety** the infant shows when his mother leaves him, and by his enthusiastic or angry reunion response when she returns. This growing attachment to his mother helps the infant develop a sense of himself as an individual. Most important is that during this process of forming this attachment, the child feels himself or herself more and more feel a sense of self. At the same time, this attachment makes separation from Mother difficult before he develops the ability to know and trust that his mother always will return; the child will then exhibit separation anxiety. He will also exhibit anxiety when encountering **strangers**, that is people the infant has not yet come to know, because they are not the mother he seems to always expect, the one to whom he is gradually becoming attached.

In summary, according to Dr. Spitz it is through the attachment his mother that it will eventually gradually become clear to the infant that he and she are separate people, although they are tied together by a more or less deeply forged emotional relationship.

2. Like Dr. Spitz, **Dr. John Bowlby**, another child development specialist but this time from England, in the 1950s found very much the same enormously important fact: that the child's **attachment** to his mother is a core factor in the child's developing a sense of himself or herself while at the same time forging a powerful emotional relationship with those who strongly emotionally invest in the infant. Although Drs. Spitz and Bowlby differ in the explanations they give as to how, that is, by what inborn mechanisms and experiences this attachment occurs, the many points on which they agree with each other and Dr. Mahler establishes this fact as one of the most important to know when one is a parent. Because attachment begins from the time an infant is born, it is well to know this **before** a baby is born.

In a parallel way, an equally deep attachment to his father unfolds side by side with the relationship to his mother. This also happens as the infant comes to value his siblings. All of these relationships make a powerful contribution to the development of what we all eventually come to feel is our **self**. **Infants have to be well enough attached before they can become healthy separate individuals.**

3. Another person who has added richly to our knowledge of child development is **Dr. Erik Erikson**. Dr. Erikson was a German-American who described the importance of the development of **basic trust**—which we learned about in an earlier lesson. Basic trust begins when an infant learns to really be confident that first his mother, then others in the family are persons he can really count on to take care of him in a loving and respecting way. This helps him feel secure, and a sense of self-trust begins to develop within him. Then he feels encouraged to do things and learn things, and make relationships with other people, as an individual human being.

Class Discussion

Dr. Mahler has described the stages an infant goes through in developing awareness of himself as a person. Dr. Spitz has shown us that the smiling, separation and reunion responses and stranger anxiety are signals that attachment is developing, and along with Dr. Bowlby emphasized that an emotionally valued (eventually loving) and stable attachment is essential to healthy emotional development.. Dr. Erikson has shown that the development of Basic Trust is necessary for a healthy, positive sense of self. But what, and if it does, how does a child's sense of self influence or is influenced by our developing relationships with other people? (Mental health professionals tell us that if you feel good about yourself, you feel like reaching out to other people; if you like and respect yourself, you will like and respect other people. If you have found that you can trust your mother to come back whenever she goes away, you will be learning that you are worthy of trust yourself, and you can learn to accept, and even like, a good substitute caregiver (like the baby sitter). If your father makes you happy by playing with you, you will learn to respond positively to others who want to play with you. If your family

makes you feel that you are a special person, you will feel that way about yourself and you will feel that way about them, and about others you come to know.)

Picture the situation of a ten month old infant who has not been fortunate to grow up in a loving family. He is in a children institution where the over-worked staff has time to do only the basics of feeding and cleaning the babies. Sometimes a tired caregiver will scold the child for having a B.M. in his diapers, although he is too young to be trained. This makes him feel shamed and unwanted. He would like to be talked to and comforted, but no one has time for that.

What kind of sense of self will that child develop? (He will not be able to develop a healthy sense of self and all that comes with it.) Why? (He will not have had the basic one to-one attachment necessary for the development of a healthy self.)

What kind of relationships with other people will this child have? (He might become excessively timid or even withdrawn, feeling that he is not entitled to have anyone like him; or he might become demanding, clinging, and even greedy, in an effort to make up for the emotional deprivation of his babyhood; he might have problems later achieving in school.)

PARENTING FOR EMOTIONAL GROWTH:
Lesson Plans for **GRADES 9 AND UP**

UNIT 1 - 0 to 12 MONTHS

DEVELOPMENT OF SELF AND HUMAN RELATIONSHIPS

-- Part 3 (CHILD REARING)

Objective

The students will learn about the parental attitudes and approaches that will help a child develop a healthy sense of self, and good human relationships.

Teacher Presentation

The main work of forging (developing) the basic core and the foundation of a child's personality out of those givens with which he or she was born takes place:

1. During the first six years of life -- and the first three years make a major contribution;
2. In his own home; and,
3. With his parents, his own immediate family, and parent substitutes

. As we learned in our study of attachment, and in our study of the stages of development of the self, it is the **mother** who provides the relationship of greatest importance during the first year. Depending on how much he is involved with the baby, the **father** becomes an important relationship too, often very soon. And if there are brothers and sisters, they have a great influence on the baby, too.

These relationships **within** the nuclear family we call **Primary Relationships**. Later the child will become acquainted with, and fond of people outside the immediate family -- his day care caregiver, his cousins, his family's friends, and eventually his own peers. These will be his **Secondary Relationships**. The Secondary Relationships will enrich his life greatly, but will not have the degree of personality-building importance of the Primary Relationships. It is the parents' job **to promote the development of the child as a self, and to establish a good relationship with the child themselves**. This is the route **to the development of other good human relationships**.

Class Discussion

Ask the students to try to remember what their parents (or parent substitutes) taught them about how to get along with brothers and sisters? With playmates when very young? With teachers later? Did they expect people to be friendly? Were they?

Ask the students to think about the Secondary Relationships they have now that they value. (E.g., close friend, a teacher who taught them to play the piano, an older person who taught them how to skate, to use a computer, etc.) How does a valued Secondary relationship make them feel about themselves? How do they feel about those relationships?

Discussion of specific ways parents and siblings can promote good development of a sense of self in the child less than one year of age:

Responding reasonably quickly to his signals for help.

Talking with him when bathing, feeding, changing him.

Use his name when speaking with him.

Without doing it for him, help him when he struggles to do something (e.g., to stand on his feet.)

Encourage him when he is trying to do something new.

Praise him when he accomplishes something.

Treat him with respect.

Give affection generously.

When limits are needed, be clear and firm but kind.

Play with him often. (Games such as naming parts of his body, and peek-a-boo are especially helpful.)

(Note that fathers and siblings as well as mothers do many of these things at a very early point.)

Discussion of specific ways to foster the development of good human relationships:

Respond to the child's social smiling responses by smiling back and talking with the child.

Respond to the child's stranger reaction by recognizing that this is a sign of attachment to the mother; do not push the child to be friendly to someone he experiences as a stranger, but gently reassure him that this person is a friend, and give the child time to get used to the person. Ask the "stranger" to approach the child slowly and gently.

Separation and **reunion** reactions should be dealt with also as signs of a very important development that is taking place. It is beginning to dawn on the child that he and his mother are not the same person, and he fears being left and "abandoned." Repeated reassurance will help him develop trust in her returning, and will help build a strong emotional bond that he will be able to rely on. He then will be ready to reach out to make relationships with other people.

If parents continually show the child that they respect his rights, it will be easier for him to accept the idea of respecting the rights of others. (E.g., "I won't let Timmy take your bear away from you -- and you aren't allowed to take his from him.") If parents and siblings often gave him a good time by playing with him, it will help pave the way for his learning to play with and get along with his peers.

Discussion of Special Situations

What can a family do if the mother has to go back to work soon after the baby is born? (Get the best possible substitute care, with a caregiver who is reliable, and who will give personal attention, and affection to the baby.)

The mother and father should make every effort to give **quality** time to the baby when they are with him, and to spend **enough** time with him so that they can develop strong primary relationships. If there are siblings, they can also help in this effort.

The parents should be particularly understanding and tolerant if the baby shows anxiety as he goes through the milestones of the first year; a great deal is being asked of a child to adjust to non-familial caregivers, often several for short periods of time instead of one.)

What about a child born into a disturbed family, and becomes a victim of child abuse? (Such a child will have a very difficult time developing a sense of self, and in developing good human relations. A family like this needs to have psychiatric (or psychological) help, and perhaps other forms of help as well. If the child abuse continues, the child may need to be placed in a good foster home. This, too, may well slow down his development, but generally, the infant will be better off than being subjected to excessive abuse.

The state has laws to protect children from abuse. Anyone who knows of child abuse going on is expected to call a special "hot line" number and report it. A social worker then is sent to visit the family to work with them, and if necessary to place the child in a foster home.)

Outcome

The students will understand how a child's primary relationships profoundly influence the development of his personality, and how the secondary ones can enrich his development.

Assignment (Review)

Review the observations made in your visit and write a report on what you saw that show that your infant is experiencing the **Symbiotic Phase** as described by Dr. Mahler. In doing this recall when and how the child developed a **specific attachment** to his mother, so vital according to Drs. Spitz, Bowlby, and others to total good mental health and adaptation. How did your infant subject gradually show that Mother (and perhaps Father) was more important to him than anyone else.

Do you believe that your child has developed the sense of **Basic Trust** that Dr. Erikson pointed out, is absolutely necessary for good emotional development? How do you know?

Write what you think your child is feeling when he shows these reactions that Dr. Spitz described: A stranger reaction; a separation reaction. Are these reactions normal? What do they show about the child's level of development? What would it tell you if a ten-month old child never showed a separation anxiety reaction, or a reunion reaction to mother's return?

During the second half of the first year a child begins to show small signs of beginning Separation-Individuation, when, as Dr. Mahler pointed out, it is beginning to dawn on him that he and his mother are different and separate persons. In your infant did you see any signs that this phase is beginning (for example, wanting to crawl down from Mother's lap, or straining while on Mother's lap to look around and away from Mother)? Describe any signs you saw. Also comment if you have seen the child coming back to "check on" Mother, or to get a hug for "emotional refueling".

From the way you have seen this child interacting and relating to his mother, what is your prediction about how he will get along with his primary and secondary relationships (family and peers) as he grows older? Give reasons for your opinion.

***PARENTING FOR EMOTIONAL GROWTH: A CURRICULUM FOR STUDENTS IN GRADES K THRU
TWELVE***

UNIT 2: THE TODDLER YEARS (1 to 3 YEARS)

LABORATORY MANUAL

For LESSON PLANS FOR GRADES 10 THRU 12

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***PARENTING FOR EMOTIONAL GROWTH:
A CURRICULUM FOR STUDENTS IN GRADES K THRU 12***

***LABORATORY MANUAL* for GRADES 10 THRU 12 -- UNIT 2: TODDLER YEARS (1 to 3 YEARS)**

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THE TODDLER YEARS (1 - 3 YEARS)

GUIDELINES FOR THE USE OF THE MANUAL

PARENTING FOR EMOTIONAL GROWTH
Lesson Plans for **GRADES 10 THRU 12**

UNIT 2 - 1 to 3 Years

GUIDELINES FOR THE USE OF THE LABORATORY MANUAL

The manual is designed to enable you, through semi-monthly visits to observe a toddler creatively. You will become attuned to his/her many ways of communicating with his/her parents, as you monitor his/her development over a period of eight or nine months. You will observe also how her/his mother communicates with her/him, and the ways Mother promotes her/his physical, mental and emotional growth.

Organizing Your Visits

1. Among your friends or relatives find a family which there is a toddler 1 to just under 3 years of age or younger.
2. Explain your school project to the mother, and ask her permission to observe the child, and to interview her about him, twice a month for an hour. Try to plan a time for your visits when the toddler is likely to be awake.
3. Once a time is set, be sure to keep your appointments regularly. However, if you have a contagious cold, or if you have some problem which makes it impossible for you to come, be sure to call to cancel and re-schedule your appointment.
4. Before each visit, read the material in the Laboratory Manual, and in your own class notes, on the subjects of the day. This will help you organize your questions and observations.

How To Observe

When observing "your" toddler, note the following:

1. The toddler's face - what do you think he is feeling, and trying to express?
2. The toddler's body movements - are they tense or relaxed or happily excited?
3. The toddler's vocalizations - can you tell from them what he is feeling, and trying to communicate?
4. What does your own empathic response tell you about how the toddler is feeling?
5. How does the mother respond to the toddler's communications?
6. What does she do to try to help him in his development?

(**Note:** We are very much indebted to mothers who allow us to observe their infants, and who are willing to talk with us about them. It is possible that once in a while you might not agree with a mother's approach to child rearing. It is important never to criticize what she is doing. Different approaches to child rearing will be sorted out in class discussions.)

7. Each time you visit, you will focus on one to three special aspects of development, except for the last two sessions which will be used to review the toddler's progress in all areas.

Your visiting schedule for the year will be as follows:

ASPECT OF DEVELOPMENT	VISITS WHEN OBSERVED		
Physical Development	1,	7,	15
Sleep-Wake States & Patterning	2,	8,	15
Feeding	2,	8,	15
Crying	4,	9,	15
Affects	4,	9,	15
Sensori-Motor Intelligence, Exploratory Activity, Language, and Fantasy --			
Part 1: Sensori-Motor Intelligence & Exploratory Activity	6,	11,	15
Part 2: Language Development & Fantasy Formation	6,	11,	15
Self & Human Relationships --			
Part 1: Separation-Individuation (Continued)	5,	10,	15
Part 2: The Earliest Relationships.	5,	10,	15
Dependence	5,	10,	15
Sexual-Reproductive Life	3,	11,	16
Aggression	6,	12,	16
Developing Internal Controls	6,	12,	16
Mechanisms of Defense	7,	13,	16
Regression	7,	13,	16
Conscience Formation	8,	12,	16
Developmental Markers	3,	11,	16

Session 14 will be used as a make-up, if needed, for any visit which may have been cancelled.

Sessions 15 and 16 will be observational and review visits.

Note: Although each visit has a special focus, you are encouraged to observe and discuss with the mother any additional aspects of the infant's behavior which interest you.

Recording

1. During the visit you will record on the manual chart sheets your observations of both the Human Development, and the Child Rearing Aspects of the subject(s) of the day. You may not be able to observe everything listed on the sheets. For any item that you had no opportunity to observe, enter N.O. (Not observed). However, if the mother answers the question for you, enter her response rather than N.O. You will note that space on the chart is limited, so use few, but meaningful words.

2. As soon as possible after the visit write a summary of at least a page recording the most important observations of the day and adding any personal impressions you have from the visit.

THE TODDLER YEARS (1 TO 3 YEARS OF AGE)

PHYSICAL DEVELOPMENT

DEGREE OF ADAPTIVE CAPABILITY / HELPLESSNESS

PARENTING FOR EMOTIONAL GROWTH: UNIT 2 - 1 to 3 YEARS

LABORATORY MANUAL

For LESSON PLANS for GRADES 10 THRU 12

HUMAN DEVELOPMENT AND CHILD REARING ASPECTS OF

PHYSICAL DEVELOPMENT:

Degree of Helplessness, Activity Level, Sensori-Motor Functions, Social Responses and Reflexes

An infant is born with important givens: the genes he inherited, his state of health and physical vigor at birth, and his more or less active, irritable or calm temperament. In addition to these factors, two other influences have a great deal to do with the child's whole future development: (1) The **physical care** he is given -- adequate food, warmth, rest and medical attention (2) The **emotional care** he receives in the form of loving relationships with his family, and being respected, valued, taught and guided by them.

Because toddlers vary greatly in their temperaments, even toddlers within the same family, parents need to understand each individual child, and to adapt their approach to meet his special needs. By the time the baby is 1 year old, toddler and parents have become acquainted with and much accustomed to one another.

In observing the **degree of helplessness** of your toddler, you will expect to see considerable change between your first and last visits. Note carefully how strong the child's desire to do things himself seems to be, and in what ways his mother encourages him to do things on his own (such as in exploring and using a toy.)

In observing **activity level** and **type**, you may find the toddler showing pretty much the same temperament throughout the year or he may show noticeable change. A toddler who can barely walk may become increasingly active, or an overly active toddler may become calmer as he becomes better organized as time goes on. Also, an toddler's irritability and intolerance of frustration will usually improve as time passes. Some of these changes may be in response to his parent's help, which you will want to note.

In assessing the toddler's **sensori-motor functions** you will observe how he moves about, and in consultations with the mother, record how well he can heed what the parents are saying and how well he can communicate in signs and words. In later visits you can note how he has progressed in the use of all his senses -- his taste preference, his sense of touch and smell, and how his muscles, coordination and goal-directed locomotion are developing. You will record the important milestones of when he walked, climbed, began to run, etc. In all of these developments you will note how the mother and other members of the family, if present, help the child.

The toddler is well on her way to **socializing**, by communicating in gestures and increasingly in words, phrases, and sentences. You will record when you observe this, and note whether it happens spontaneously, or in response to something the mother does. Observe to what degree and when the toddler makes eye contact with her mother, and you. Notice when and at whom the infant smiles. How does she express affection, fear and other feelings? And note how her mother helps her toddler find ways of expressing these.

You will also have a chance to see during the third year (when the toddler is 2 years old) whether or not the toddler's **urinary and anal sphincters** are sufficiently developed by the ease or lack of ease with which the toddler becomes toilet trained. Of course, where there are difficulties in achieving this, it may be due to emotional causes rather than to immaturity in the development of these sphincters. It is generally accepted by doctors that in most toddlers these sphincters do not develop until into the third year of life.

You will also see from the toddler's behaviors during their third year that something must develop within them that turns on their awareness of their own and others' genitals. Child developmentalists have inferred from these behaviors in normal children that some maturation of the toddler's **reproductive-sexual system** occurs during the third year, or even before, which causes this new awareness.

FIRST VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on Helplessness, Activity Level and Type, Sensori-Motor Functions, Social Responses, Reflexes

HUMAN DEVELOPMENT ASPECT

Helplessness:

Which of his/her physical and emotional needs can the 1 to 3 year old provide for himself/herself?

For which does the toddler need the help of the parent or caregiver?

Activity Level and Type:

Record whether the toddler is physically very active, moderately active or calm.

Note signs of irritability, if you see them.

Note signs of the toddler's ability to tolerate frustration, if you see them.

FIRST VISIT (Continued)

Observations on Helplessness, Activity Level and Type, Sensori-Motor Functions, Social Responses, Reflexes

HUMAN DEVELOPMENT ASPECT

Sensori-Motor Functions:

How much and how well does the toddler walk, climb, use his/her limbs?

How well does he manipulate toys? Describe how he uses toys? How much does it look like fun? How much like serious business?

Does she try to dress herself? Describe.

When does the toddler begin to help in the feeding process? In the bathing process?

Does the toddler show a liking for certain sights or sounds? A dislike for others?

For later visits, record at what age the infant

took first steps_____; toddled_____; climbed_____; walked up stairs_____; ran_____.

FIRST Visit (Continued)

Observations on Helplessness, Activity Level and Type, Sensori-Motor Functions, Social Responses, Reflexes

HUMAN DEVELOPMENT ASPECT

Social Responses:

Does the toddler seek, avoid, welcome, enjoy, interaction with Mother? With Father? Siblings?

How does he/she enjoy or avoid touching and being touched or held by Mother? Father? Siblings?

Has the toddler developed specific smiling responses to Mother? Father? Siblings?

Is the toddler communicating in words or phrases or sentences? How clear are these? Can you understand what the toddler is saying? If you can't, can the family members?

FIRST VISIT (Continued)

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on Helplessness, Activity Level and Type, Sensori-Motor Functions, Social Responses, Reflexes

CHILD REARING ASPECTS

Helplessness:

How and when does the mother respond to the child's signals of distress?

How does she help him/her cope with frustration, e.g., to wait a few minutes for getting what he wants?

How does the mother help the child learn to do things him/herself -- e.g., to feed him/herself? Let the toddler try things out himself first?

FIRST VISIT (Continued)

Observations on Helplessness, Activity Level and Type, Sensori-Motor Functions, Social Responses, Reflexes

CHILD REARING ASPECTS

Activity Level and Type:

Do you think the child's level of activity needs calming, stimulation, or is fine as it is?

How does the mother calm the child if his high level of activity interferes with exploring, feeding or sleep?

How does she encourage the toddler's activities if he/she seems reluctant to try to explore, self-feed, do new things?

How does she calm the child, if he/she is irritable?

If the child's level of activity and level of irritability are changing, what did Mother and Father do to help bring this about?

Sensori-Motor Functions:

What does the mother do to encourage her toddler to sort things out for himself/herself, such as to look at things, to listen to sounds?

What does she do to encourage the child's vocalizing and communicating?

What does she do to help him with the ability to use his muscles and move about?

Does the mother seem to be "tuned in" with the child's readiness to learn new skills?

FIRST VISIT (Continued)

Observations on Helplessness, Activity Level and Type, Sensori-Motor Functions, Social Responses, Reflexes

CHILD REARING ASPECTS

Detail who in the family did what to help the toddler learn:
to explore his/her world?

To play with toys and games in usual and in inventive ways?

To develop herself/himself as someone able to do things on her/his own?

Social Responses:

What does the mother do when

The child smiles at her?

The child looks at her?

The child cries?

The child screams?

Does the mother seem to understand what the child is communicating to her?

How does the mother help the child to become a sociable person?

SUMMARY OF VISIT

Conclude with the toddler's degree of dependence and self-reliance. Detail **on whom?** and **for what?**

SEVENTH VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on Helplessness, Activity Level and Type, Sensori-Motor Functions, Social Responses, Reflexes

HUMAN DEVELOPMENT ASPECT

Helplessness:

Which of his/her physical and emotional needs can the 1 to 3 year old provide for himself/herself?

For which does the toddler need the help of the parent or caregiver?

Activity Level and Type:

Record whether the toddler is physically very active, moderately active or calm.

Note signs of irritability, if you see them.

Note signs of the toddler's ability to tolerate frustration, if you see them.

SEVENTH VISIT (Continued)

Observations on Helplessness, Activity Level and Type, Sensori-Motor Functions, Social Responses, Reflexes
HUMAN DEVELOPMENT ASPECT

Sensori-Motor Functions:

How much and how well does the toddler walk, climb, use his/her limbs?

How well does he manipulate toys? Describe how he uses toys? How much does it look like fun? How much like serious business?

Does she try to dress herself? Describe.

When does the toddler begin to help in the feeding process? In the bathing process?

Does the toddler show a liking for certain sights or sounds? A dislike for others?

For later visits, record at what age the infant

took first steps_____; toddled_____; climbed_____; walked up stairs_____; ran_____.

SEVENTH VISIT (Continued)
Observations on Helplessness, Activity Level and Type, Sensori-Motor Functions, Social Responses, Reflexes
HUMAN DEVELOPMENT ASPECT

Social Responses:

Does the toddler seek, avoid, welcome, enjoy, interaction with Mother? With Father? Siblings?

How does he/she enjoy or avoid touching and being touched or held by Mother? Father? Siblings?

Has the toddler developed specific smiling responses to Mother? Father? Siblings?

Is the toddler communicating in words or phrases or sentences? How clear are these? Can you understand what the toddler is saying?
If you can't, can the family members?

SEVENTH VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on Helplessness, Activity Level and Type, Sensori-Motor Functions, Social Responses, Reflexes

CHILD REARING ASPECTS

Helplessness:

How and when does the mother respond to the child's signals of distress?

How does she help him/her cope with frustration, e.g., to wait a few minutes for getting what he wants?

How does the mother help the child learn to do things him/herself -- e.g., to feed him/herself? Let the toddler try things out himself first?

SEVENTH VISIT (Continued)

Observations on Helplessness, Activity Level and Type, Sensori-Motor Functions, Social Responses, Reflexes

CHILD REARING ASPECTS

Activity Level and Type:

Do you think the child's level of activity needs calming, stimulation, or is fine as it is?

How does the mother calm the child if his high level of activity interferes with exploring, feeding or sleep?

How does she encourage the toddler's activities if he/she seems reluctant to try to explore, self-feed, do new things?

How does she calm the child, if he/she is irritable?

If the child's level of activity and level of irritability are changing, what did Mother and Father do to help bring this about?

Sensori-Motor Functions:

What does the mother do to encourage her toddler to sort things out for himself/herself, such as to look at things, to listen to sounds?

What does she do to encourage the child's vocalizing and communicating?

What does she do to help him with the ability to use his muscles and move about?

Does the mother seem to be "tuned in" with the child's readiness to learn new skills?

SEVENTH VISIT (Continued)

Observations on Helplessness, Activity Level and Type, Sensori-Motor Functions, Social Responses, Reflexes

CHILD REARING ASPECTS

Detail who in the family did what to help the toddler learn:
to explore his/her world?

To play with toys and games in usual and in inventive ways?

To develop herself/himself as someone able to do things on her/his own?

Social Responses:

What does the mother do when

The child smiles at her?

The child looks at her?

The child cries?

The child screams?

Does the mother seem to understand what the child is communicating to her?

How does the mother help the child to become a sociable person?

SUMMARY OF VISIT

Conclude with a description of the toddler's degree of dependence and self-reliance. Detail **on whom?** and **for what?**

FIFTEENTH VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on Helplessness, Activity Level and Type, Sensori-Motor Functions, Social Responses, Reflexes

HUMAN DEVELOPMENT ASPECT

Helplessness:

Which of his/her physical and emotional needs can the 1 to 3 year old provide for himself/herself?

For which does the toddler need the help of the parent or caregiver?

Activity Level and Type:

Record whether the toddler is physically very active, moderately active or calm.

Note signs of irritability, if you see them.

Note signs of the toddler's ability to tolerate frustration, if you see them.

FIFTEENTH VISIT (Continued)

Observations on Helplessness, Activity Level and Type, Sensori-Motor Functions, Social Responses, Reflexes
HUMAN DEVELOPMENT ASPECT

Sensori-Motor Functions:

How much and how well does the toddler walk, climb, use his/her limbs?

How well does he manipulate toys? Describe how he uses toys? How much does it look like fun? How much like serious business?

Does she try to dress herself? Describe.

When does the toddler begin to help in the feeding process? In the bathing process?

Does the toddler show a liking for certain sights or sounds? A dislike for others?

For later visits, record at what age the infant
took first steps_____; toddled_____; climbed_____; walked up stairs_____; ran_____.

FIFTEENTH VISIT (Continued)

Observations on Helplessness, Activity Level and Type, Sensori-Motor Functions, Social Responses, Reflexes

HUMAN DEVELOPMENT ASPECT

Social Responses:

Does the toddler seek, avoid, welcome, enjoy, interaction with Mother? With Father? Siblings?

How does he/she enjoy or avoid touching and being touched or held by Mother? Father? Siblings?

Has the toddler developed specific smiling responses to Mother? Father? Siblings?

Is the toddler communicating in words or phrases or sentences? How clear are these? Can you understand what the toddler is saying?
If you can't, can the family members?

FIFTEENTH VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on Helplessness, Activity Level and Type, Sensori-Motor Functions, Social Responses, Reflexes

CHILD REARING ASPECTS

Helplessness:

How and when does the mother respond to the child's signals of distress?

How does she help him/her cope with frustration, e.g., to wait a few minutes for getting what he wants?

How does the mother help the child learn to do things him/herself -- e.g., to feed him/herself? Let the toddler try things out himself first?

Observations on Helplessness, Activity Level and Type, Sensori-Motor Functions, Social Responses, Reflexes
CHILD REARING ASPECTS

Activity Level and Type:

Do you think the child's level of activity needs calming, stimulation, or is fine as it is?

How does the mother calm the child if his high level of activity interferes with exploring, feeding or sleep?

How does she encourage the toddler's activities if he/she seems reluctant to try to explore, self-feed, do new things?

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If the child's level of activity and level of irritability are changing, what did Mother and Father do to help bring this about?

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What does the mother do to encourage her toddler to sort things out for himself/herself, such as to look at things, to listen to sounds?

What does she do to encourage the child's vocalizing and communicating?

What does she do to help him with the ability to use his muscles and move about?

Does the mother seem to be "tuned in" with the child's readiness to learn new skills?

FIFTEENTH VISIT (Continued)

Observations on Helplessness, Activity Level and Type, Sensori-Motor Functions, Social Responses, Reflexes
CHILD REARING ASPECTS

Detail who in the family did what to help the toddler learn:
to explore his/her world?

To play with toys and games in usual and in inventive ways?

To develop herself/himself as someone able to do things on her/his own?

Social Responses:

What does the mother do when
The child smiles at her?

The child looks at her?

The child cries?

The child screams?

Does the mother seem to understand what the child is communicating to her?

How does the mother help the child to become a sociable person?

SUMMARY OF VISIT

Conclude with the toddler's degree of dependence and self-reliance. Detail **on whom?** and **for what?**

THE TODDLER YEARS (1 - 3 YEARS)

THE TODDLER'S ABILITIES TO ADAPT -- PART I

SLEEP - WAKE STATES & PATTERNING

PARENTING FOR EMOTIONAL GROWTH: UNIT 2 - 1 to 3 YEARS

LABORATORY MANUAL

For LESSON PLANS for GRADES 10 THRU 12

HUMAN DEVELOPMENT AND CHILD REARING ASPECTS OF

SLEEP - WAKE STATES AND PATTERNING

Having started during the first year, to develop a healthful balance of sleep and awake alertness, continues to be important during the 1 to 3 years period. Both states are needed for the toddler's physical and emotional growth and well-being. During your visits you will inquire about the toddler's needs for sleep both at night and during the day. You will find, in some of the toddlers, that their night sleep patterning will stabilize while their need for naps during the day will gradually lessen.

As you observe your toddler, you will try to determine if the toddler appears well-enough rested or not. You will also explore, especially by talking with Mother, the patterns of going to sleep, falling asleep, and awaking. Look especially for the development and stabilization of a pattern for going to bed, for sleeping, and for awaking.

In your summary after the visit, you will be expected to describe these patterns and the degree to which you believe they are stabilizing. If you saw her waking from a nap, tell whether she made the change from sleeping to waking easily, or did she seem irritable and upset at this time? If irritable, why do you think she felt that way?

If you saw the infant when asleep, did he sleep calmly and comfortably, or was he restless? If restless, could you tell what caused it? Did she suck her fingers while napping? If so, why do you think she did this? If you observe her napping, did you see evidence that she might be dreaming? What made you think so?

Describe the ways the mother helps her infant to get his needed sleep. Toddlers often resist being put to bed, even when tired. If you did not see this happening, ask Mother how she deals with this often-encountered resistance?

Find out and describe how the mother comforts the toddler when he awakens crying. You may have the chance to see this if you can catch the toddler waking from an afternoon nap. With regard to night-time crying, does Mother think that she shouldn't go in to him when he does this? If so, when? What does she do when she goes in? Be prepared to answer these questions.

Add to your summary anything of special interest that you saw in your visit.

SECOND VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on Sleep-Wake Cycles and Patterning

HUMAN DEVELOPMENT ASPECT

Number of hours asleep:

Between 6 a.m. and noon

Between noon and 6: p.m.

Between 6 p.m. and midnight

Between midnight and 6 a.m.

Total sleeping hours in a 24 hour period.

Characteristics of Sleep Patterning:

Is the toddler usually a quiet or a restless sleeper?

Does he/she fall asleep quickly when put to bed? Describe the characteristics of the toddler's resistances to going to bed.

How many times does he/she usually waken in the night?

SECOND VISIT (Continued)

Observations on Sleep-Wake Cycles and Patterning

HUMAN DEVELOPMENT ASPECT

How often does the toddler wake up crying due to pain such as due to being sick, due to a cold and not being able to breathe freely enough? Detail.

Does the infant ever wake up crying and seemingly frightened?

Does he/she have any other sleeping problems? Can Mother tell if he/she has bad dreams? What about night terrors? If she has bad dreams, can the toddler tell Mother what it was about? Do the same for night terrors, although night terrors are not common in less than 3 year olds.

Will the infant accept comforting from both mother and father? What seems to work best?

When the infant wakes up in the morning or from a nap, is he/she usually irritable the first few minutes or cheerful? Detail.

SECOND VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on Sleep-Wake Cycles and Patterning

CHILD REARING ASPECT

Does the child have regular or irregular bedtime hours?

How does the mother prepare him/her for bedtime? Get the details of the going to bed routine -- parents usually get into a routine even without being aware of it. If there is not a usual routine, is the going to bed easy and successful?

Does he/she sleep with a night light on?

Does he go to sleep readily when the television or radio is playing? If not, does that seem to disturb him/her?

If the child wakes and cries in the night, how does the mother know whether the problem is serious or not?

If it is serious (for example, if the child has a bad cold and cannot breathe well) what does she do?

SECOND VISIT (Continued)

Observations on Sleep-Wake Cycles and Patterning

CHILD REARING ASPECT

Is the crying due to fear? Can Mother tell if the toddler has had a bad dream?

What does she do about this? Does she talk with the toddler about it? When, during the night? In the morning?

If the toddler has night terrors, how does Mother deal with these? Detail on back of sheet if needed.

If the crying is not from a serious cause, what does she do?

Does Father sometimes put the child to bed?

Does he sometimes comfort the child in the night? How does he handle bad dreams? If night terrors, how does he handle these?

Does the toddler resist being put to bed? Sometimes? Usually? How do the parents handle this?

SUMMARY OF VISIT

EIGHTH VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on Sleep-Wake Cycles and Patterning

HUMAN DEVELOPMENT ASPECT

Number of hours asleep:

Between 6 a.m. and noon

Between noon and 6: p.m.

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EIGHTH VISIT (Continued)

Observations on Sleep-Wake Cycles and Patterning

HUMAN DEVELOPMENT ASPECT

How often does the toddler wake up crying due to pain such as due to being sick, due to a cold and not being able to breathe freely enough? Detail.

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EIGHTH VISIT (Continued)

Observations on Sleep-Wake Cycles and Patterning

CHILD REARING ASPECT

Is the crying due to fear? Can Mother tell if the toddler has had a bad dream?

What does she do about this? Does she talk with the toddler about it? When, during the night? In the morning?

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SUMMARY OF VISIT

FIFTEENTH VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on Sleep-Wake Cycles and Patterning

HUMAN DEVELOPMENT ASPECT

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How many times does he/she usually waken in the night?

FIFTEENTH VISIT (Continued)

Observations on Sleep-Wake Cycles and Patterning

HUMAN DEVELOPMENT ASPECT

How often does the toddler wake up crying due to pain such as due to being sick, due to a cold and not being able to breathe freely enough? Detail.

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Does he/she have any other sleeping problems? Can Mother tell if he/she has bad dreams? What about night terrors? If she has bad dreams, can the toddler tell Mother what it was about? Do the same for night terrors, although night terrors are not common in less than 3 year olds.

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If it is serious (for example, if the child has a bad cold and cannot breathe well) what does she do?

FIFTEENTH VISIT (Continued)

Observations on Sleep-Wake Cycles and Patterning

CHILD REARING ASPECT

Is the crying due to fear? Can Mother tell if the toddler has had a bad dream?

What does she do about this? Does she talk with the toddler about it? When, during the night? In the morning?

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Does the toddler resist being put to bed? Sometimes? Usually? How do the parents handle this?

SUMMARY OF VISIT

PARENTING FOR EMOTIONAL GROWTH: UNIT 2 - 1 to 3 YEARS

LABORATORY MANUAL

For LESSON PLANS for GRADES 10 THRU 12

HUMAN DEVELOPMENT AND CHILD REARING ASPECT OF FEEDING

The newborn infant experience of feeding will be continued in the way he experiences being fed and feeding himself during the 1 to 3 years period. Just as milk given while cradled in Mother's arms brought not only the relief of hunger but also fed him emotionally and made him feel valued and lovingly cared for, so too does the feeding during 1 to 3 years do all these things. Mother (or Father) talks to him and he looks at her and chatters with her whether in words yet or not. This happens over and over and it continues to reinforce the feeling of being taken care of well, lovingly, and he continues to stabilize his feelings of trust and valuing, and from the middle of the second year adds to these those crucial feelings of love.

Just as whether mother has given him milk from her breast or from a bottle, what matters most in being fed is that he experiences the feeling of being valued and loved. Naturally, there may be times when mother is just too busy to take a casual amount of time to feed her toddler, it should be borne in mind that the infant is **being fed emotionally** by being fed with warmth and care, even if a bit rushed.

This is the era when the toddler's feeding schedule begins to accommodate to that of the rest of the family in terms of times and frequency. Some toddlers may need a slightly different schedule, especially when parents eat dinner rather late due to heavy work schedules, and they should, of course, be accommodated reasonably. There are large advantages to start the process of helping the toddler eat at the same time as the rest of the family, a highly positive thing for families to do: to eat together.

Where toddler and mother enjoy her feeding him and gradually his more and more feeding himself, both will have a rewarding experience. Sometimes, however, there are problems. Some toddlers who were fitful eaters may well continue to have problems in

eating reasonably well. Sometimes a mother (or father) is tense because of some worries she has; she will then feed the toddler in a tense way, perhaps even be irritable and then will not be able to be relaxed while trying to eat. Sometimes a toddler may have some food allergies. He may dislike certain foods, and if he is forced to eat them, tension may develop between him and his mother; a child may dawdle over his meals, frustrating his mother (or father), who needs to get to some other work.

All of these problems can be worked out. Often they can be solved if the parents put themselves in their child's place, and understand what he is feeling. Then they can make reasonable expectations of the child. Other problems may require the help of a pediatrician or other child development specialist.

Weaning can be a stressful time but the child and parents will get through it well, if it is done gradually. Even after the child can use a cup at the table, he should be allowed to have a bedtime bottle for as long as he seems to need it. This is not just a bottle, it is a reminder of mother, a very special comforter when he has to go off to bed alone.

When you visit your mother and child, observe how they respond to each other during the feeding time. In your summary, describe how the mother goes about the feeding, how she helps the toddler wait while she is preparing it, whether she talks with him during the feedings, and whether he looks at her and talks to her as he eats. Describe any problems in feeding, note if this is upsetting to the mother and what she is doing to help the child with this.

Bear in mind that the mother may not do the feedings in just the way we have described. For example, she may feel that he has to be pushed to eat more quickly than you might think wise, but she may find other times of the day to hold and read to or play with the toddler, giving him the TLC he needs in another way.

SECOND VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on Feeding

HUMAN DEVELOPMENT ASPECT

Does the toddler appear relaxed and comfortable, or tense when eating?

Describe the toddler's behavior when he is fed by his mother

and when he is feeding himself.

Does he appear to feel close to his mother emotionally while being fed? What is the quality of their experience together?

What foods is he given? Does it look like a good diet to you?

Is his appetite good?

Does he resist in mother's efforts to feed him? If he does, what seems to be the reason?

Is he resisting to feed himself?

SECOND VISIT (Continued)

Observations on Feeding

HUMAN DEVELOPMENT ASPECT

Did he have colic when he was an infant? Did it stop? If so, when? Does he continue to have problems eating? Describe any problems with feeding.

Does he have any food allergies?

Does he dislike certain foods?

Does he enjoy it when Father or other members of the family feed him?

Is he playful when eating? Does he chatter with others while eating?

Does he ever try to feed his mother or father, or a pet or doll?

Does he use a pacifier? If so, when?

Does he use a milk bottle? When? Can you tell if it is most for feeding or for comforting?

SECOND VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on Feeding

CHILD REARING ASPECT

Does Mother sit with her toddler when he is eating? Does she insist on doing the feeding herself? Does she allow her toddler to feed himself?

Does the toddler eat separately or with the family? Do Mother and Father engage the toddler while they eat?

If the toddler still uses a milk-bottle, how do Mother and Father feel about it?

Does Mother talk with the infant during the feeding? Does she seem to enjoy feeding her toddler?

Is the mother satisfied with the way her toddler feeds? Is she troubled by the way the toddler eats? Is she pleased?

Is Mother trying to start weaning her toddler from the bottle? Any problems in weaning?

If so, how are they being handled?

SECOND VISIT (Continued)

Observations on Feeding

CHILD REARING ASPECT

Does Father sometimes feed the child? If he does, does he enjoy doing so? Does he chatter with his toddler? Does he make feeding enjoyable?

Does his feeding make the child look comfortable or tense during the feeding?

Has there been difficulty in feeding the toddler? Describe and tell how they are being handled?

Have there been battles of wills between the toddler and Mother or Father during the feeding? Describe. How are these being dealt with?

How do the parents handle dislikes of certain foods? Is there encouragement to try? Or is there outright coercion? With threats?

Does the child interrupt feeding to play? What does Mother or Father do then?

SUMMARY OF VISIT

EIGHTH VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on Feeding

HUMAN DEVELOPMENT ASPECT

Does the toddler appear relaxed and comfortable, or tense when eating?

Describe the toddler's behavior when he is fed by his mother

and when he is feeding himself.

Does he appear to feel close to his mother emotionally while being fed? What is the quality of their experience together?

What foods is he given? Does it look like a good diet to you?

Is his appetite good?

Does he resist in mother's efforts to feed him? If he does, what seems to be the reason?

Is he resisting to feed himself?

EIGHTH VISIT (Continued)

Observations on Feeding

HUMAN DEVELOPMENT ASPECT

Did he have colic when he was an infant? Did it stop? If so, when? Does he continue to have problems eating? Describe any problems with feeding.

Does he have any food allergies?

Does he dislike certain foods?

Does he enjoy it when Father or other members of the family feed him?

Is he playful when eating? Does he chatter with others while eating?

Does he ever try to feed his mother or father, or a pet or doll?

Does he use a pacifier? If so, when?

Does he use a milk bottle? When? Can you tell if it is most for feeding or for comforting?

EIGHTH VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on Feeding

CHILD REARING ASPECT

Does Mother sit with her toddler when he is eating? Does she insist on doing the feeding herself? Does she allow her toddler to feed himself?

Does the toddler eat separately or with the family? Do Mother and Father engage the toddler while they eat?

If the toddler still uses a milk-bottle, how do Mother and Father feel about it?

Does Mother talk with the infant during the feeding? Does she seem to enjoy feeding her toddler?

Is the mother satisfied with the way her toddler feeds? Is she troubled by the way the toddler eats? Is she pleased?

Is Mother trying to start weaning her toddler from the bottle? Any problems in weaning?

If so, how are they being handled?

EIGHTH VISIT (Continued)

Observations on Feeding

CHILD REARING ASPECT

Does Father sometimes feed the child? If he does, does he enjoy doing so? Does he chatter with his toddler? Does he make feeding enjoyable?

Does his feeding make the child look comfortable or tense during the feeding?

Has there been difficulty in feeding the toddler? Describe and tell how they are being handled?

Have there been battles of wills between the toddler and Mother or Father during the feeding? Describe. How are these being dealt with?

How do the parents handle dislikes of certain foods? Is there encouragement to try? Or is there outright coercion? With threats?

Does the child interrupt feeding to play? What does Mother or Father do then?

SUMMARY OF VISIT

FIFTEENTH VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on Feeding

HUMAN DEVELOPMENT ASPECT

Does the toddler appear relaxed and comfortable, or tense when eating?

Describe the toddler's behavior when he is fed by his mother

and when he is feeding himself.

Does he appear to feel close to his mother emotionally while being fed? What is the quality of their experience together?

What foods is he given? Does it look like a good diet to you?

Is his appetite good?

Does he resist in mother's efforts to feed him? If he does, what seems to be the reason?

Is he resisting to feed himself?

FIFTEENTH VISIT (Continued)

Observations on Feeding

HUMAN DEVELOPMENT ASPECT

Did he have colic when he was an infant? Did it stop? If so, when? Does he continue to have problems eating? Describe any problems with feeding.

Does he have any food allergies?

Does he dislike certain foods?

Does he enjoy it when Father or other members of the family feed him?

Is he playful when eating? Does he chatter with others while eating?

Does he ever try to feed his mother or father, or a pet or doll?

Does he use a pacifier? If so, when?

Does he use a milk bottle? When? Can you tell if it is most for feeding or for comforting?

FIFTEENTH VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on Feeding

CHILD REARING ASPECT

Does Mother sit with her toddler when he is eating? Does she insist on doing the feeding herself? Does she allow her toddler to feed himself?

Does the toddler eat separately or with the family? Do Mother and Father engage the toddler while they eat?

If the toddler still uses a milk-bottle, how do Mother and Father feel about it?

Does Mother talk with the infant during the feeding? Does she seem to enjoy feeding her toddler?

Is the mother satisfied with the way her toddler feeds? Is she troubled by the way the toddler eats? Is she pleased?

Is Mother trying to start weaning her toddler from the bottle? Any problems in weaning?

If so, how are they being handled?

FIFTEENTH VISIT (Continued)

Observations on Feeding

CHILD REARING ASPECT

Does Father sometimes feed the child? If he does, does he enjoy doing so? Does he chatter with his toddler? Does he make feeding enjoyable?

Does his feeding make the child look comfortable or tense during the feeding?

Has there been difficulty in feeding the toddler? Describe and tell how they are being handled?

Have there been battles of wills between the toddler and Mother or Father during the feeding? Describe. How are these being dealt with?

How do the parents handle dislikes of certain foods? Is there encouragement to try? Or is there outright coercion? With threats?

Does the child interrupt feeding to play? What does Mother or Father do then?

SUMMARY OF VISIT

THE TODDLER YEARS (1 - 3 YEARS)

THE TODDLER'S ABILITIES TO ADAPT -- PART I (Continued)

CRYING

PARENTING FOR EMOTIONAL GROWTH: UNIT 2 - 1 to 3 YEARS***LABORATORY MANUAL*****For LESSON PLANS for GRADES 10 THRU 12****HUMAN DEVELOPMENT AND CHILD REARING ASPECT OF
CRYING**

A child's cry is always a communication. His message may be that he is hungry, uncomfortable, in pain, angry, sad, or anxious. He never cries for the pleasure of hearing his own voice, or to exercise his lungs. His cry is both a declaration of how he feels and an appeal for help.

Sensitive parents listen to the tone of their child's cry, scan his facial expression, and usually can tell why the child is in distress. Then they can help him, or if it is not possible to remove the pain, they can offer comfort to make it bearable.

If your toddler is crying at the time of your visit, look at his/her face, and listen to the tone of the crying. See if you can tell whether the cry is of hunger, pain, anger, rage or something else. Check your own impression with the mother's.

In case the toddler is not crying at the time of this visit, fill out the forms from the information the mother gives you. You may add your own observations of the toddler's crying at a later visit.

FOURTH VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on CRYING

HUMAN DEVELOPMENT ASPECT

On the average, how often does the toddler cry during the day?

How often during the night?

What things seem to especially cause him/her to cry?
During the night?

During the day?

How do Mother and Father, and can you, tell what the toddler is crying about?

Does the toddler usually quiet when Mother tries to undo whatever is causing the crying or when she comforts him/her?

Can the toddler be calmed and comforted by Father as he or she can by Mother? Are there differences? If there are, describe.

FOURTH VISIT (Continued)

Observations on CRYING

HUMAN DEVELOPMENT ASPECT

Has the toddler had an illness which made him/her cry a lot? How did Parents deal with this?

Do you think children always cry for a reason? Have you seen your toddler cry for no reason? Discuss.

Have the parents ever been separated from the toddler for more than a day?

If yes, who took care of him/her?
Did he/she cry a great deal then?

Was there ever a situation when the toddler cried and neither Mother nor Father could discover what was wrong? Did you see the toddler cry and were unable to figure out what caused his/her crying?

FOURTH VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on CRYING

CHILD REARING ASPECT

What does Mother do to help the toddler tolerate pain?

What does she, and what would you, do to help your toddler if stomach pain were causing her crying?

What does Mother, and what would you, do if the crying is caused by pain you can't help, such as teething pain?

What does Mother or Father do when the toddler cries because she is so frustrated at not being able to get something she wants? What if she wants the same toy as her older sister has?

What if she wants another pop-sickle and has not eaten a reasonable amount of food for dinner?

What if she wants her little friend's toy?

Observations on CRYING

FOURTH VISIT (Continued)

CHILD REARING ASPECT

What does Mother, and what would you, do if the toddler gets into a rage when you put him/her to bed?

How does Father or Mother, and how would you, help if he/she wakes crying from a frightening dream?

What does Mother do if the toddler is crying because Mother is about to leave him for several hours or to go to work outside the home?

If the toddler cries when Father leaves for work, what does Father do? What does Mother do?

What do you do if the toddler cries when one of your friends or relatives picks him up?

SUMMARY OF VISIT

NINTH VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on CRYING

HUMAN DEVELOPMENT ASPECT

On the average, how often does the toddler cry during the day?

How often during the night?

What things seem to especially cause him/her to cry?
During the night?

During the day?

How do Mother and Father, and can you, tell what the toddler is crying about?

Does the toddler usually quiet when Mother tries to undo whatever is causing the crying or when she comforts him/her?

Can the toddler be calmed and comforted by Father as he or she can by Mother? Are there differences? If there are, describe.

NINTH VISIT (Continued)

Observations on CRYING

HUMAN DEVELOPMENT ASPECT

Has the toddler had an illness which made him/her cry a lot? How did Parents deal with this?

Do you think children always cry for a reason? Have you seen your toddler cry for no reason? Discuss.

Have the parents ever been separated from the toddler for more than a day?

If yes, who took care of him/her?

Did he/she cry a great deal then?

Was there ever a situation when the toddler cried and neither Mother nor Father could discover what was wrong? Did you see the toddler cry and were unable to figure out what caused his/her crying?

NINTH VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on CRYING

CHILD REARING ASPECT

What does Mother do to help the toddler tolerate pain?

What does she, and what would you, do to help your toddler if stomach pain were causing her crying?

What does Mother, and what would you, do if the crying is caused by pain you can't help, such as teething pain?

What does Mother or Father do when the toddler cries because she is so frustrated at not being able to get something she wants? What if she wants the same toy as her older sister has?

What if she wants another pop-sickle and has not eaten a reasonable amount of food for dinner?

What if she wants her little friend's toy?

NINTH VISIT (Continued)

Observations on CRYING

CHILD REARING ASPECT

What does Mother, and what would you, do if the toddler gets into a rage when you put him/her to bed?

How does Father or Mother, and how would you, help if he/she wakes crying from a frightening dream?

What does Mother do if the toddler is crying because Mother is about to leave him for several hours or to go to work outside the home?

If the toddler cries when Father leaves for work, what does Father do? What does Mother do?

What do you do if the toddler cries when one of your friends or relatives picks him up?

SUMMARY OF VISIT

FIFTEENTH VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on CRYING

HUMAN DEVELOPMENT ASPECT

On the average, how often does the toddler cry during the day?

How often during the night?

What things seem to especially cause him/her to cry?

During the night?

During the day?

How do Mother and Father, and can you, tell what the toddler is crying about?

Does the toddler usually quiet when Mother tries to undo whatever is causing the crying or when she comforts him/her?

Can the toddler be calmed and comforted by Father as he or she can by Mother? Are there differences? If there are, describe.

FIFTEENTH VISIT (Continued)

Observations on CRYING

HUMAN DEVELOPMENT ASPECT

Has the toddler had an illness which made him/her cry a lot? How did Parents deal with this?

Do you think children always cry for a reason? Have you seen your toddler cry for no reason? Discuss.

Have the parents ever been separated from the toddler for more than a day?

If yes, who took care of him/her?

Did he/she cry a great deal then?

Was there ever a situation when the toddler cried and neither Mother nor Father could discover what was wrong? Did you see the toddler cry and were unable to figure out what caused his/her crying?

FIFTEENTH VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on CRYING

CHILD REARING ASPECT

What does Mother do to help the toddler tolerate pain?

What does she, and what would you, do to help your toddler if stomach pain were causing her crying?

What does Mother, and what would you, do if the crying is caused by pain you can't help, such as teething pain?

What does Mother or Father do when the toddler cries because she is so frustrated at not being able to get something she wants? What if she wants the same toy as her older sister has?

What if she wants another popsicle and has not eaten a reasonable amount of food for dinner?

What if she wants her little friend's toy?

FIFTEENTH VISIT (Continued)

Observations on CRYING

CHILD REARING ASPECT

What does Mother, and what would you, do if the toddler gets into a rage when you put him/her to bed?

How does Father or Mother, and how would you, help if he/she wakes crying from a frightening dream?

What does Mother do if the toddler is crying because Mother is about to leave him for several hours or to go to work outside the home?

If the toddler cries when Father leaves for work, what does Father do? What does Mother do?

What do you do if the toddler cries when one of your friends or relatives picks him up?

SUMMARY OF VISIT

THE TODDLER YEARS (1 - 3 YEARS)

THE TODDLER'S ABILITIES TO ADAPT -- PART I (Continued)

AFFECTS

PARENTING FOR EMOTIONAL GROWTH: UNIT 2 - 1 to 3 YEARS

LABORATORY MANUAL

For LESSON PLANS for GRADES 10 THRU 12

HUMAN DEVELOPMENT AND CHILD REARING ASPECT OF AFFECTS

Test the theory in your observation that "affects are contagious" by:

1. Observing the mother's reaction to the affects that toddler is expressing. Do you find that the mother will reflect her child's feeling tone and that the child will reflect the feeling tone of the mother?
2. Observing the feelings aroused in yourself when the toddler shows distress, or when she laughs. If you find yourself responding to the toddler's mood, that is your empathy at work.
3. Look closely at the ways the parent's reaction to the toddler's affect, influences the child's feeling. For example, notice what happens when the toddler smiles, and the mother smiles back. Notice what happens when the toddler smiles at mother and she does not smile back. Notice how the toddler responds when mother expresses affection. Does the mother think that if she is feeling tired or sad, her mood influences the toddler in any way? If the toddler bumps her head and the mother reacts frightened and very worried, how does the toddler react? If the mother, after checking the toddler's head, gently kisses the bump and says "You're ok.", how does the toddler react?

Ask the mother if the toddler has experienced a highly painful affect when the toddler was sharply frightened, anxious, in a panic, enraged, or depressed? If so, ask her to describe it. How long did the effects of this painful experience seem to last? What did mother and father do to comfort the child, and help her recover from this traumatic event?

After your last visit, summarize:

- (1) How your toddler has developed over the year in the number and quality of the affects she expresses, and
- (2) How the toddler has developed in being "tuned in" with her mother's feelings.

OBSERVATION OF AFFECTS:

AFFECTION

1st Observation: (Visit 4) NAME OF CHILD _____ AGE (in months) _____

Describe what you see. What does it tell you about the toddler is experiencing inside? What seems to have caused it? What part did the mother play in this?

2nd Observation: (Visit 9) AGE (in months) _____ (Answer above questions)

3rd Observation: (Visit 15) AGE (in months) _____ (Answer above question)

OBSERVATION OF AFFECTS:

AGITATION

1st Observation: (Visit 4) NAME OF CHILD _____ AGE (in months) _____

Describe what you see. What does it tell you about the toddler is experiencing inside? What seems to have caused it? What seems to have stopped it?

2nd Observation: (Visit 9) AGE (in months) _____ (Answer above questions)

3rd Observation: (Visit 15) AGE (in months) _____ (Answer above question)

OBSERVATION OF AFFECTS:

ANXIETY

1st Observation: (Visit 4) NAME OF CHILD _____ AGE (in months) _____

Describe what you see. What does it tell you about the toddler is experiencing inside? What seems to have caused it? What part the mother do? What seemed to stop the anxiety?

2nd Observation: (Visit 9) AGE (in months) _____ (Answer above questions)

3rd Observation: (Visit 15) AGE (in months) _____ (Answer above question)

OBSERVATION OF AFFECTS:

CALMNESS

1st Observation: (Visit 4) NAME OF CHILD _____ AGE (in months) _____

Describe what you see. What does it tell you about the toddler is experiencing inside? What seems to have caused it? What seemed to be the mother's mood at the time?

2nd Observation: (Visit 9) AGE (in months) _____ (Answer above questions)

3rd Observation: (Visit 15) AGE (in months) _____ (Answer above question)

OBSERVATION OF AFFECTS:

CRYING

1st Observation: (Visit 4) NAME OF CHILD _____ AGE (in months) _____

Describe what you see. What does it tell you about the toddler is experiencing inside? What seems to have caused it? What seemed to have stopped it?

2nd Observation: (Visit 9) AGE (in months) _____ (Answer above questions)

3rd Observation: (Visit 15) AGE (in months) _____ (Answer above question)

OBSERVATION OF AFFECTS:

DEPRESSION

1st Observation: (Visit 4) NAME OF CHILD _____ AGE (in months) _____

Describe what you see. What does it tell you about the toddler is experiencing inside? What seems to have caused it? How did the mother try to help? Did this succeed? What seemed to be the mother's mood at the time?

2nd Observation: (Visit 9) AGE (in months) _____ (Answer above questions)

3rd Observation: (Visit 15) AGE (in months) _____ (Answer above question)

OBSERVATION OF AFFECTS:

EXCITEMENT

1st Observation: (Visit 4) NAME OF CHILD _____ AGE (in months) _____

Describe what you see. What does it tell you about the toddler is experiencing inside? What seems to have caused it? How did the mother respond to the toddler's excitement?

2nd Observation: (Visit 9) AGE (in months) _____ (Answer above questions)

3rd Observation: (Visit 15) AGE (in months) _____ (Answer above question)

OBSERVATION OF AFFECTS:

FEAR

1st Observation: (Visit 4) NAME OF CHILD _____ AGE (in months) _____

Describe what you see. What does it tell you about the toddler is experiencing inside? What seems to have caused it? What seemed to have stopped it?

2nd Observation: (Visit 9) AGE (in months) _____ (Answer above questions)

3rd Observation: (Visit 15) AGE (in months) _____ (Answer above question)

OBSERVATION OF AFFECTS:

GRIEF

1st Observation: (Visit 4) NAME OF CHILD _____ AGE (in months) _____

Describe what you see. What does it tell you about the toddler is experiencing inside? What seems to have caused it? Who tried to help the child, and how? Was the effort successful?

2nd Observation: (Visit 9) AGE (in months) _____ (Answer above questions)

3rd Observation: (Visit 15) AGE (in months) _____ (Answer above question)

OBSERVATION OF AFFECTS:

PANIC

1st Observation: (Visit 4) NAME OF CHILD _____ AGE (in months) _____

Describe what you see. What does it tell you about the toddler is experiencing inside? What seems to have caused it? What seemed to have stopped it?

2nd Observation: (Visit 9) AGE (in months) _____ (Answer above questions)

3rd Observation: (Visit 15) AGE (in months) _____ (Answer above question)

OBSERVATION OF AFFECTS:

PLEASURE

1st Observation: (Visit 4) NAME OF CHILD _____ AGE (in months) _____

Describe what you see. What does it tell you about the toddler is experiencing inside? What seems to have caused it? Did the mother seem to share in the toddler's pleasure?

2nd Observation: (Visit 9) AGE (in months) _____ (Answer above questions)

3rd Observation: (Visit 15) AGE (in months) _____ (Answer above question)

OBSERVATION OF AFFECTS:

SADNESS

1st Observation: (Visit 4) NAME OF CHILD _____ AGE (in months) _____

Describe what you see. What does it tell you about the toddler is experiencing inside? What seems to have caused it? What was the mother's mood at this time? How did Mother try to help? Was she successful?

2nd Observation: (Visit 9) AGE (in months) _____ (Answer above questions)

3rd Observation: (Visit 15) AGE (in months) _____ (Answer above question)

OBSERVATION OF AFFECTS:

SCREAMING

1st Observation: (Visit 4) NAME OF CHILD _____ AGE (in months) _____

Describe what you see. What does it tell you about the toddler is experiencing inside? What seems to have caused it? What did the mother do? What seemed to have stopped it?

2nd Observation: (Visit 9) AGE (in months) _____ (Answer above questions)

3rd Observation: (Visit 15) AGE (in months) _____ (Answer above question)

OBSERVATION OF AFFECTS:

TENSION

1st Observation: (Visit 4) NAME OF CHILD _____ AGE (in months) _____

Describe what you see. What does it tell you about the toddler is experiencing inside? What seems to have caused it? What seemed to have stopped it?

2nd Observation: (Visit 9) AGE (in months) _____ (Answer above questions)

3rd Observation: (Visit 15) AGE (in months) _____ (Answer above question)

SUMMARY OF VISITS

VISIT 4:

VISIT 9:

VISIT 15:

THE TODDLER YEARS (1 - 3 YEARS)

THE TODDLER'S ABILITIES TO ADAPT -- PART I (Continued)

SENSORI-MOTOR INTELLIGENCE, EXPLORATORY ACTIVITY,
LANGUAGE, AND FANTASY

PARENTING FOR EMOTIONAL GROWTH: UNIT 2 - 1 to 3 YEARS***LABORATORY MANUAL*****For LESSON PLANS for GRADES 10 THRU 12****HUMAN DEVELOPMENT AND CHILD REARING ASPECT OF
SENSORI-MOTOR INTELLIGENCE AND EXPLORATORY ACTIVITY**

We note again what modern child development specialists have proved beyond a doubt: that an infant is not, as formerly thought, "a blank page" on which parents can write instructions on how to grow up.

By one year of age, the toddler can easily go from one place to another by crawling, or already by walking. We can see that her movements have become quite well organized and effective both in going from one place to another but also in handling things and in many instances in making them do what they are intended for. With more or less great energy, perhaps even surprising energy, she plays with a toy, gets some object across the room, or climbs onto and gets off a couch. She manipulates toys and now during the 1 to 3 years period she develops to a remarkable degree both her ability to move about and to handle toys, eating utensils, a tooth brush, and pretend to do many things with all kinds of things.

By the time toddlers are two years old, with the help of their parents, they have developed into intelligent little persons with a surprising amount of knowledge, a number of skills, and with well-developed memories.

When you observe your mother and child, remember Piaget's finding that learning during this first two years occurs primarily through the infant's senses and muscular systems; and Piaget's further conviction that successful learning is tied in with good emotional development. Observe whether the mother is being supportive of the child's emotional development as she teaches the child, and observe the quality of the child's mood as he responds to what the mother is teaching. In your summary, note whether the child seems to be as far along in mental development as you would expect for his age. If he is a bit slow, why do you think this is? If

he is advanced, why? (Remember, children do mature at different rates; their inborn dispositions determine the rate of maturation, but parental handling can facilitate or retard any child's developmental rate.)

When you observe your 1 to 3 year old's locomotion and exploration during your three visits on this subject, note and record the child's developing abilities to not only explore but really to **investigate**, and how clearly and strongly **purposeful**, how intense her efforts are, and how **engaged** she seems to be in her investigations. This is not play; it is **work** and it is **learning**.

A child **does not need to be taught to explore or to learn**; the urge to know what something is and how it works is inborn. It is a more or less driven need to understand and to know what things are and how they work in order to master, to be "on top of". Some speak of it simply as curiosity; we think it is more; it is a built in push to adapt to the universe into which the toddler, the child, was born. Some toddlers may make good use of encouragement, but they may need limits when they are headed for danger or breakage. Note what the mother of the child does to help her explore and learn all she can about her surroundings. Again, bear in mind that the young child never saw the world until she was born into it! How much does the toddler explore and investigate on her own and how much does she turn to Mother or Father for information. How do Mother and Father help the toddler learn about all the things around? Does Mother explain what things are, what they are for, what they do? Does Mother talk about how things work? And most important, do Mother and Father answer her now numerous "Why?" and other questions?

What does Mother or Father do when it is necessary to set limits to protect the toddler or someone else, or the family property? Setting limits can be very difficult when a child has a strong urge to reach for an electrical outlet, for instance. This restraint may make a child angry at the mother who is trying to protect her from hurt. Although we shall talk about this in detail in the Lessons on Aggression, do start to note how the mother handles this kind of at times difficult and unpleasant situation. We suggest that you look at this difficult parenting task now because, regrettably, it arises often during this marvelous beginning school learning type of activity, that is, when the toddler is exploring and testing his growing learning and problem solving skills on the environment. (If you have no chance to see such marvelous exploratory activity begin to flirt with trouble which requires the mother to set limits, ask the mother how she deals with it.)

Does the mother appear to enjoy her child's exploratory activity? Does she see the rich opportunities for learning her toddler's "Why?" questions are? Does she sometimes wish her toddler was not so energetic and so needing answers all the time?

SIXTH VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on SENSORI-MOTOR INTELLIGENCE AND EXPLORATORY ACTIVITY

HUMAN DEVELOPMENT ASPECT

At what age did "your" toddler take her first steps?

How did she react to this accomplishment?

At what age did she start to walk without needing to hold on to furniture or a hand?

At what age did she look "stable" as she walked?

At what age was she first able to run?

At what age was she able to run with good balance, freely?

Are her movements vigorous or slow? Describe.

SIXTH VISIT (Continued)

Observations on SENSORI-MOTOR INTELLIGENCE AND EXPLORATORY ACTIVITY
HUMAN DEVELOPMENT ASPECT

Is she a very busy kid, a moderately busy kid? Is she rather a toddler who does not move much but who investigates her universe by looking, listening, asking questions -- all of these are exploratory activities from a distance rather than by being in the middle of it all and "hands on" ways of discovery. Of course, she could be a toddler who explores her world using both "hands on" and distant observation methods. She could be a healthy mix of ways of learning. Describe.

Does "your" toddler give the impression of being very well coordinated? Well, not so well coordinated? Describe.

SIXTH VISIT (CONTINUED)

Observations on SENSORI-MOTOR INTELLIGENCE AND EXPLORATORY ACTIVITY
HUMAN DEVELOPMENT ASPECT

Does she often **move about** with a **sense of pressure and urgency**? Is this pressure too great? Not high enough?

Does she often **explore, investigate**, with a **sense of pressure**, giving you a feeling that she is really serious about wanting to know what the thing is or does? Does she give off the feeling that she "needs" to know this?

Describe her **mood** when she **moves about**?

Describe her **mood** when she **explores** things? Does she seem to **study** them?

How does she respond when her mother encourages her exploring?

Does she sometimes just want to do it herself, with no help?

When you watch "your" toddler exploring, do you get the impression that she is "thinking", "trying to see how something works"? Give an instance, and **describe what makes you infer** this. (Often we cannot have proof a toddler is "thinking", but by close observation one can **infer** this is going on.)

SIXTH VISIT (CONTINUED)

Observations on SENSORI-MOTOR INTELLIGENCE AND EXPLORATORY ACTIVITY
HUMAN DEVELOPMENT ASPECT

Give one or more examples of your toddler's learning about:

Causality:

Intentionality:

Prediction:

Memory:

Recognitive Memory:

Evocative Memory

SIXTH VISIT (CONTINUED)

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on SENSORI-MOTOR INTELLIGENCE AND EXPLORATORY ACTIVITY**CHILD REARING ASPECT**

What were Mother and Father's reactions to "your" toddler's taking her first steps? If you did not see these, ask the toddler's Mother about it. Describe Mother's (or Father's) feelings when she sees it or she tells you about it.

If you were there, how did **you** feel about "your" toddler's taking her first steps? If you were not, how did you feel when you first saw "your" toddler upright and taking steps? **Don't be afraid to let yourself feel!**

Did you by chance see how Mother reacted to how "your" toddler reacted to this accomplishment? Describe it. (You may be able to see that the toddler's sheer delight at taking her first steps elicits in her mother a similar reaction, a **very important sign** of the mother's or father's emotional investment in her or his child.)

What were Mother's and Father's reactions to their toddler's beginning to look "stable" as she walked? How did you feel when you recognized this?

If she a very busy kid, how does Mother feel about it? If she is a moderately busy kid, how does Mother feel about it? If she rather a toddler who does not move much but who investigates her universe by looking, listening, asking a questions, how does Mother feel about it? What about Father? What do they say about this?

Are "your" toddler's mom or dad concerned about their child's coordination?

SIXTH VISIT (CONTINUED)

Observations on SENSORI-MOTOR INTELLIGENCE AND EXPLORATORY ACTIVITY
CHILD REARING ASPECT

Does Mother or Father feel her child **moves about** with too much or not enough of a **sense of pressure and urgency**? Does she or he try to optimize this, calm the toddler down if the pressure is too great, or try to enhance it if it is not enough?

What do you think could be done to optimize the toddler's inner pressure to investigate and learn?

Does Mother **enjoy** her toddler's explorations? Do they get to be too much or not enough for Mom? What does she do to make it more what she would like?

Do you think Mom (or Dad) feels her child is really serious about wanting to know what something she explores is or does?

Does mother encourage her exploring?

Does she do anything that might discourage her toddler's exploring?

How does Mom deal with her toddler sometimes just wanting to do it herself, with no help?

Does Mother get the impression that her child is "thinking", or "trying to see how something works"? Have you asked her?

SIXTH VISIT (CONTINUED)

Observations on SENSORI-MOTOR INTELLIGENCE AND EXPLORATORY ACTIVITY
CHILD REARING ASPECT

Does Mother or Father recognize their toddler's learning about the following and give examples of what they are doing **to optimize** the toddler's understanding of them:

Causality:

Intentionality:

Prediction:

Memory:

Recognitive Memory:

Evocative Memory

SUMMARY OF VISIT

ELEVENTH VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on SENSORI-MOTOR INTELLIGENCE AND EXPLORATORY ACTIVITY

HUMAN DEVELOPMENT ASPECT

At what age did "your" toddler take her first steps?

How did she react to this accomplishment?

At what age did she start to walk without needing to hold on to furniture or a hand?

At what age did she look "stable" as she walked?

At what age was she first able to run?

At what age was she able to run with good balance, freely?

Are her movements vigorous or slow? Describe.

ELEVENTH VISIT (Continued)

Observations on SENSORI-MOTOR INTELLIGENCE AND EXPLORATORY ACTIVITY
HUMAN DEVELOPMENT ASPECT

Is she a very busy kid, a moderately busy kid? Is she rather a toddler who does not move much but who investigates her universe by looking, listening, asking a questions -- all of these being exploratory activities from a distance rather than by being in the middle of it all and "hands on" ways of discovery. Of course, she could be a toddler who explores her world using both "hands on" and distant observation methods. She could be a healthy mix of ways of learning.

Does "your" toddler give the impression of being very well coordinated? Well, not so well coordinated?

ELEVENTH VISIT (CONTINUED)

Observations on SENSORI-MOTOR INTELLIGENCE AND EXPLORATORY ACTIVITY
HUMAN DEVELOPMENT ASPECT

Does she often **move about** with a **sense of pressure and urgency**? Is this pressure too great? Not high enough?

Does she often **explore, investigate**, with a **sense of pressure**, giving you a feeling that she is really serious about wanting to know what the thing is or does? Does she give off the feeling that she "needs" to know this?

Describe her **mood** when she **moves about**?

Describe her **mood** when she **explores** things? Does she seem to **study** them?

How does she respond when her mother encourages her exploring?
Does she sometimes just want to do it herself, with no help?

When you watch "your" toddler exploring, do you get the impression that she is "thinking", "trying to see how something works"? Give an instance, and **describe what makes you infer** this. (Often we cannot have proof a toddler is "thinking", but by close observation one can **infer** this is going on.)

ELEVENTH VISIT (CONTINUED)

Observations on SENSORI-MOTOR INTELLIGENCE AND EXPLORATORY ACTIVITY
HUMAN DEVELOPMENT ASPECT

Give one or more examples of your toddler's learning about:

Causality:

Intentionality:

Prediction:

Memory:

Recognitive Memory:

Evocative Memory

ELEVENTH VISIT (CONTINUED)

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on SENSORI-MOTOR INTELLIGENCE AND EXPLORATORY ACTIVITY**CHILD REARING ASPECT**

What were Mother and Father's reactions to "your" toddler's taking her first steps? If you did not see these, ask the toddler's Mother about it. Describe Mother's (or Father's) feelings when she sees it or she tells you about it.

If you were there, how did **you** feel about "your" toddler's taking her first steps? If you were not, how did you feel when you first saw "your" toddler upright and taking steps? **Don't be afraid to let yourself feel!**

Did you by chance see how Mother reacted to how "your" toddler reacted to this accomplishment? Describe it. (You may be able to see that the toddler's sheer delight at taking her first steps elicits in her mother a similar reaction, a **very important sign** of the mother's or father's emotional investment in her or his child.)

What were Mother's and Father's reactions to their toddler's beginning to look "stable" as she walked? How did you feel when you recognized this?

If she a very busy kid, how does Mother feel about it? If she is a moderately busy kid, how does Mother feel about it? If she rather a toddler who does not move much but who investigates her universe by looking, listening, asking a questions, how does Mother feel about it? What about Father? What do they say about this?

Are "your" toddler's mom or dad concerned about their child's coordination?

ELEVENTH VISIT (CONTINUED)

Observations on SENSORI-MOTOR INTELLIGENCE AND EXPLORATORY ACTIVITY
CHILD REARING ASPECT

Does Mother or Father feel her child **moves about** with too much or not enough of a **sense of pressure and urgency**? Does she or he try to optimize this, calm the toddler down if the pressure is too great, or try to enhance it if it is not enough?

What do you think could be done to optimize the toddler's inner pressure to investigate and learn?

Does Mother **enjoy** her toddler's explorations? Do they get to be too much or not enough for Mom? What does she do to make it more what she would like?

Do you think Mom (or Dad) feels her child is really serious about wanting to know what something she explores is or does?

Does mother encourage her exploring?

Does she do anything that might discourage her toddler's exploring?

How does Mom deal with her toddler sometimes just wanting to do it herself, with no help?

Does Mother get the impression that her child is "thinking", or "trying to see how something works"? Have you asked her?

ELEVENTH VISIT (CONTINUED)

Observations on SENSORI-MOTOR INTELLIGENCE AND EXPLORATORY ACTIVITY
CHILD REARING ASPECT

Does Mother or Father recognize their toddler's learning about the following and give examples of what they are doing **to optimize** the toddler's understanding of them:

Causality:

Intentionality:

Prediction:

Memory:

Cognitive Memory:

Evocative Memory

SUMMARY OF VISIT

FIFTEENTH VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on SENSORI-MOTOR INTELLIGENCE AND EXPLORATORY ACTIVITY

HUMAN DEVELOPMENT ASPECT

At what age did "your" toddler take her first steps?

How did she react to this accomplishment?

At what age did she start to walk without needing to hold on to furniture or a hand?

At what age did she look "stable" as she walked?

At what age was she first able to run?

At what age was she able to run with good balance, freely?

Are her movements vigorous or slow? Describe.

FIFTEENTH VISIT (Continued)

Observations on SENSORI-MOTOR INTELLIGENCE AND EXPLORATORY ACTIVITY
HUMAN DEVELOPMENT ASPECT

Is she a very busy kid, a moderately busy kid? Is she rather a toddler who does not move much but who investigates her universe by looking, listening, asking a questions -- all of these being exploratory activities from a distance rather than by being in the middle of it all and "hands on" ways of discovery. Of course, she could be a toddler who explores her world using both "hands on" and distant observation methods. She could be a healthy mix of ways of learning.

Does "your" toddler give the impression of being very well coordinated? Well, not so well coordinated?

FIFTEENTH VISIT (CONTINUED)

Observations on SENSORI-MOTOR INTELLIGENCE AND EXPLORATORY ACTIVITY
HUMAN DEVELOPMENT ASPECT

Does she often **move about** with a **sense of pressure and urgency**? Is this pressure too great? Not high enough?

Does she often **explore, investigate**, with a **sense of pressure**, giving you a feeling that she is really serious about wanting to know what the thing is or does? Does she give off the feeling that she "needs" to know this?

Describe her **mood** when she **moves about**?

Describe her **mood** when she **explores** things? Does she seem to **study** them?

How does she respond when her mother encourages her exploring?

Does she sometimes just want to do it herself, with no help?

When you watch "your" toddler exploring, do you get the impression that she is "thinking", "trying to see how something works"? Give an instance, and **describe what makes you infer** this. (Often we cannot have proof a toddler is "thinking", but by close observation one can **infer** this is going on.)

FIFTEENTH VISIT (CONTINUED)

Observations on SENSORI-MOTOR INTELLIGENCE AND EXPLORATORY ACTIVITY
HUMAN DEVELOPMENT ASPECT

Give one or more examples of your toddler's learning about:

Causality:

Intentionality:

Prediction:

Memory:

Recognitive Memory:

Evocative Memory

FIFTEENTH VISIT (CONTINUED)

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on SENSORI-MOTOR INTELLIGENCE AND EXPLORATORY ACTIVITY**CHILD REARING ASPECT**

What were Mother and Father's reactions to "your" toddler's taking her first steps? If you did not see these, ask the toddler's Mother about it. Describe Mother's (or Father's) feelings when she sees it or she tells you about it.

If you were there, how did **you** feel about "your" toddler's taking her first steps? If you were not, how did you feel when you first saw "your" toddler upright and taking steps? **Don't be afraid to let yourself feel!**

Did you by chance see how Mother reacted to how "your" toddler reacted to this accomplishment? Describe it. (You may be able to see that the toddler's sheer delight at taking her first steps elicits in her mother a similar reaction, a **very important sign** of the mother's or father's emotional investment in her or his child.)

What were Mother's and Father's reactions to their toddler's beginning to look "stable" as she walked? How did you feel when you recognized this?

If she a very busy kid, how does Mother feel about it? If she is a moderately busy kid, how does Mother feel about it? If she rather a toddler who does not move much but who investigates her universe by looking, listening, asking a questions, how does Mother feel about it? What about Father? What do they say about this?

Are "your" toddler's mom or dad concerned about their child's coordination?

FIFTEENTH VISIT (CONTINUED)

Observations on SENSORI-MOTOR INTELLIGENCE AND EXPLORATORY ACTIVITY
CHILD REARING ASPECT

Does Mother or Father feel her child **moves about** with too much or not enough of a **sense of pressure and urgency**? Does she or he try to optimize this, calm the toddler down if the pressure is too great, or try to enhance it if it is not enough?

What do you think could be done to optimize the toddler's inner pressure to investigate and learn?

Does Mother **enjoy** her toddler's explorations? Do they get to be too much or not enough for Mom? What does she do to make it more what she would like?

Do you think Mom (or Dad) feels her child is really serious about wanting to know what something she explores is or does?

Does mother encourage her exploring?

Does she do anything that might discourage her toddler's exploring?

How does Mom deal with her toddler sometimes just wanting to do it herself, with no help?

Does Mother get the impression that her child is "thinking", or "trying to see how something works"? Have you asked her?

FIFTEENTH VISIT (CONTINUED)

Observations on SENSORI-MOTOR INTELLIGENCE AND EXPLORATORY ACTIVITY
CHILD REARING ASPECT

Does Mother or Father recognize their toddler's learning about the following and give examples of what they are doing **to optimize** the toddler's understanding of them:

Causality:

Intentionality:

Prediction:

Memory:

Cognitive Memory:

Evocative Memory

SUMMARY OF VISIT

What do you think a toddler has learned by his third birthday, through his investigations and the exercising of sensori-motor skills?

THE TODDLER YEARS (1 - 3 YEARS)

LANGUAGE DEVELOPMENT AND FANTASY FORMATION

PARENTING FOR EMOTIONAL GROWTH: UNIT 2 - 1 to 3 YEARS

LABORATORY MANUAL

For LESSON PLANS for GRADES 10 THRU 12

HUMAN DEVELOPMENT AND CHILD REARING ASPECTS OF LANGUAGE DEVELOPMENT AND FANTASY FORMATION

Language development, that is the actual use of words to communicate, generally begins during the second year of life. It may however, already have started during the first year in single syllables or even in words in some children; or it may not really get started and going until a child is in his third year of life. The ability to put one's thoughts into words is one of the most remarkable achievements of humans. The degree to which it facilitates and enriches communication is immeasurable. young children may show much frustration when, trying to communicate something they have in mind, they are not yet able to make themselves understood. Learning to express their thoughts and wishes in words brings with it great relief, great pleasure, not only to the toddler but to his or her parents as well. Of course, the many "Why?" questions sometimes make some parents wish their toddlers had not learned so well to speak. Usually, though, parents don't feel that way, and when they do, it usually last for a few seconds. No doubt, to learn to speak is to open one of the most magnificent avenues to human interaction. This is well recognized by all of us to be an important piece of intelligence.

Not as well recognized is that during the 1 to 3 years period, children seem to develop another remarkable part of intelligence, it is the highly adaptive function of having fantasies. We speak of it as **fantasy formation**. The **ability to form fantasies** makes it possible to imagine things. To be able to imagine is enormously adaptive in that (1) it is the stuff imagination is made of and it plays a large role in creativity; (2) it makes it possible for us to consider what might happen if one were to do a certain thing and thus can help us to predict an outcome--for instance, I don't have to jump out the window to consider what the outcome might be; all I need do is fantasize, or imagine, what that outcome might be. (3) Closely related to point #2, fantasy can help us solve problems. For these reasons we say that fantasy formation or the developing ability to have fantasies is a highly adaptive component of the development of intelligence.

SIXTH VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on LANGUAGE DEVELOPMENT

HUMAN DEVELOPMENT ASPECT

At what age did your toddler begin to use single words with the intention to communicate with Mother or Father?
What were some of these first used words?

At what age did "your" toddler begin to use phrases? Give some examples.

At what age did "your" toddler begin to use sentences, one at a time or several? For example?

Have you talked with "your" toddler? About what?

Have you seen "your" toddler get frustrated because he tried to communicate something to Mother, Father, or you, but either could not say or did not yet know the words needed to do so? Describe.

Does "your" toddler say words, phrases, or even sentences you cannot understand, but Mother can? If this is so, why do you think the toddler's Mother can and you cannot understand him? Make as good an assumption as you can.

Does "your" toddler like to have children's books read to him? Does he have one or two favorite books?

SIXTH VISIT (Continued)

Observations on FANTASY FORMATION**HUMAN DEVELOPMENT ASPECT**

Does "your" toddler play with dolls? With cars and/or trucks? With animals or whatever toys where the toddler carries out some action? Which and what does he do? Is he then using his imagination? If you answer "Yes", then he is fantasizing.

Does "your" toddler sometimes try to feed Mom, or you, when he is being fed? What is he doing then? Explain.

Does he enjoy playing peek-a-boo, and later hide and seek? What is he doing psychologically then?

When Mother or you reads to him, does he "get into" the story of the book? Does he pretend he is a lion? Or does he make the little train go faster? Does he at times pretend he is a lion, or a dinosaur?

Do you see any evidence of "your" toddler developing a sense of humor? One needs imagination to have a sense of humor -- which is one of those very adaptive things we do. Describe.

Observe your toddler playing by himself or with you. How old is he? What is he doing? What does he want you to do? Is he playing out some fantasy? What?

SIXTH VISIT (Continued)

Observations on LANGUAGE DEVELOPMENT

CHILD REARING ASPECT

What did Mother or Father do, do you think, that may have facilitated "your" toddler's learning to talk? Describe and give some examples.

Do "your" toddler's Mom and Dad talk to him? Do they think he can understand them? What do you think?

Have you done anything to help "your" toddler learn to speak? What did you do?

What does "your" toddler's Mom do when he gets frustrated because he tries to communicate something to Mother, but either cannot not say or does not know the words needed to do so? Describe. If you have been in that situation, what did you do?

What do you do when "your" toddler say words, phrases, or even sentences you cannot understand, but Mother can?

Does "your" toddler's Mom like to read children's books to him? Does she choose which book to read or does she ask him which he would like her to read?

Have you read to "your" toddler? Did he seem to like that? Do you think that might facilitate his learning to talk?

SIXTH VISIT (Continued)

Observations on FANTASY FORMATION**CHILD REARING ASPECT**

When "your" toddler plays with dolls, cars and/or trucks, animals or whatever toys he may, and he carries out some action, what does Mother do? Does she appreciate his inventiveness? Does she think he is being silly? Does she think "He's just playing, it doesn't mean anything?"

Does Mother or Father worry a lot about the toddler "making a mess" or "making too much noise (when you think he is not)"?

Does Mom interrupt his play a lot with warnings "Don't do this, don't do that!" Did she baby proof the house or apartment enough?

How does Mom react when "your" toddler tries to feed her? How do you react when he tries to feed you? Describe.

Does Mom enjoy playing peek-a-boo with him, and later hide and seek with him? Do you think Mom knows that he is trying to master separations from her and Dad when he pretends she or Dad is disappearing and reappearing at will?

What is Mother's reaction when, while she reads to him, he "gets into" the story of the book? Does she pretend she is afraid of the lion or dinosaur he is pretending to be? Or when he wants to make the little train go faster?

Do you like "your" toddler's developing sense of humor? Does his mother? His father? How do they react? Describe.

SUMMARY OF VISIT

Find a way to put into words the following:

Where is "your" toddler along the long line of developing language? Anything special about it?

Where is "your" toddler along the development of the critical adaptive function of being able to fantasize? Describe whatever creativity you see in it, whatever imaginative thinking, whatever sense of humor, whatever else you think is there.

ELEVENTH VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on LANGUAGE DEVELOPMENT

HUMAN DEVELOPMENT ASPECT

At what age did your toddler begin to use single words with the intention to communicate with Mother or Father?
What were some of these first used words?

At what age did "your" toddler begin to use phrases? Give some examples.

At what age did "your" toddler begin to use sentences, one at a time or several? For example?

Have you talked with "your" toddler? About what?

Have you seen "your" toddler get frustrated because he tried to communicate something to Mother, Father, or you, but either could not say or did not yet know the words needed to do so? Describe.

Does "your" toddler say words, phrases, or even sentences you cannot understand, but Mother can? If this is so, why do you think the toddler's Mother can and you cannot understand him? Make as good an assumption as you can.

Does "your" toddler like to have children's books read to him? Does he have one or two favorite books?

ELEVENTH VISIT (Continued)

Observations on FANTASY FORMATION**HUMAN DEVELOPMENT ASPECT**

Does "your" toddler play with dolls? With cars and/or trucks? With animals or whatever toys where the toddler carries out some action? Which and what does he do? Is he then using his imagination? If you answer "Yes", then he is fantasizing.

Does "your" toddler sometimes try to feed Mom, or you, when he is being fed? What is he doing then? Explain.

Does he enjoy playing peek-a-boo, and later hide and seek? What is he doing psychologically then?

When Mother or you reads to him, does he "get into" the story of the book? Does he pretend he is a lion? Or does he make the little train go faster? Does he at times pretend he is a lion, or a dinosaur?

Do you see any evidence of "your" toddler developing a sense of humor? One needs imagination to have a sense of humor -- which is one of those very adaptive things we do. Describe.

Observe your toddler playing by himself or with you. How old is he? What is he doing? What does he want you to do? Is he playing out some fantasy? What?

ELEVENTH VISIT (Continued)

Observations on LANGUAGE DEVELOPMENT

CHILD REARING ASPECT

What did Mother or Father do, do you think, that may have facilitated "your" toddler's learning to talk? Describe and give some examples.

Do "your" toddler's Mom and Dad talk to him? Do they think he can understand them? What do you think?

Have you done anything to help "your" toddler learn to speak? What did you do?

What does "your" toddler's Mom do when he gets frustrated because he tries to communicate something to Mother, but either cannot not say or does not know the words needed to do so? Describe. If you have been in that situation, what did you do?

What do you do when "your" toddler say words, phrases, or even sentences you cannot understand, but Mother can?

Does "your" toddler's Mom like to read children's books to him? Does she choose which book to read or does she ask him which he would like her to read?

Have you read to "your" toddler? Did he seem to like that? Do you think that might facilitate his learning to talk?

ELEVENTH VISIT (Continued)

Observations on FANTASY FORMATION**CHILD REARING ASPECT**

When "your" toddler plays with dolls, cars and/or trucks, animals or whatever toys he may, and he carries out some action, what does Mother do? Does she appreciate his inventiveness? Does she think he is being silly? Does she think "He's just playing, it doesn't mean anything?"

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What is Mother's reaction when, while she reads to him, he "gets into" the story of the book? Does she pretend she is afraid of the lion or dinosaur he is pretending to be? Or when he wants to make the little train go faster?

Do you like "your" toddler's developing sense of humor? Does his mother? His father? How do they react? Describe.

SUMMARY OF VISIT

Find a way to put into words the following:

Where is "your" toddler along the long line of developing language? Anything special about it?

Where is "your" toddler along the development of the critical adaptive function of being able to fantasize? Describe whatever creativity you see in it, whatever imaginative thinking, whatever sense of humor, whatever else you think is there.

FIFTEENTH VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on LANGUAGE DEVELOPMENT

HUMAN DEVELOPMENT ASPECT

At what age did your toddler begin to use single words with the intention to communicate with Mother or Father?
What were some of these first used words?

At what age did "your" toddler begin to use phrases? Give some examples.

At what age did "your" toddler begin to use sentences, one at a time or several? For example?

Have you talked with "your" toddler? About what?

Have you seen "your" toddler get frustrated because he tried to communicate something to Mother, Father, or you, but either could not say or did not yet know the words needed to do so? Describe.

Does "your" toddler say words, phrases, or even sentences you cannot understand, but Mother can? If this is so, why do you think the toddler's Mother can and you cannot understand him? Make as good an assumption as you can.

Does "your" toddler like to have children's books read to him? Does he have one or two favorite books?

FIFTEENTH VISIT (Continued)

Observations on FANTASY FORMATION**HUMAN DEVELOPMENT ASPECT**

Does "your" toddler play with dolls? With cars and/or trucks? With animals or whatever toys where the toddler carries out some action? Which and what does he do? Is he then using his imagination? If you answer "Yes", then he is fantasizing.

Does "your" toddler sometimes try to feed Mom, or you, when he is being fed? What is he doing then? Explain.

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When Mother or you reads to him, does he "get into" the story of the book? Does he pretend he is a lion? Or does he make the little train go faster? Does he at times pretend he is a lion, or a dinosaur?

Do you see any evidence of "your" toddler developing a sense of humor? One needs imagination to have a sense of humor -- which is one of those very adaptive things we do. Describe.

Observe your toddler playing by himself or with you. How old is he? What is he doing? What does he want you to do? Is he playing out some fantasy? What?

FIFTEENTH VISIT (Continued)

Observations on LANGUAGE DEVELOPMENT

CHILD REARING ASPECT

What did Mother or Father do, do you think, that may have facilitated "your" toddler's learning to talk? Describe and give some examples.

Do "your" toddler's Mom and Dad talk to him? Do they think he can understand them? What do you think?

Have you done anything to help "your" toddler learn to speak? What did you do?

What does "your" toddler's Mom do when he gets frustrated because he tries to communicate something to Mother, but either cannot not say or does not know the words needed to do so? Describe. If you have been in that situation, what did you do?

What do you do when "your" toddler say words, phrases, or even sentences you cannot understand, but Mother can?

Does "your" toddler's Mom like to read children's books to him? Does she choose which book to read or does she ask him which he would like her to read?

Have you read to "your" toddler? Did he seem to like that? Do you think that might facilitate his learning to talk?

FIFTEENTH VISIT (Continued)

Observations on FANTASY FORMATION**CHILD REARING ASPECT**

When "your" toddler plays with dolls, cars and/or trucks, animals or whatever toys he may, and he carries out some action, what does Mother do? Does she appreciate his inventiveness? Does she think he is being silly? Does she think "He's just playing, it doesn't mean anything?"

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What is Mother's reaction when, while she reads to him, he "gets into" the story of the book? Does she pretend she is afraid of the lion or dinosaur he is pretending to be? Or when he wants to make the little train go faster?

Do you like "your" toddler's developing sense of humor? Does his mother? His father? How do they react? Describe.

SUMMARY OF VISIT

Find a way to put into words the following:

Where is "your" toddler along the long line of developing language? Anything special about it?

Where is "your" toddler along the development of the critical adaptive function of being able to fantasize? Describe whatever creativity you see in it, whatever imaginative thinking, whatever sense of humor, whatever else you think is there.

THE TODDLER YEARS (1 - 3 YEARS)

THE DEVELOPMENT OF SELF AND HUMAN RELATIONSHIPS

PARENTING FOR EMOTIONAL GROWTH: UNIT 2 - 1 to 3 YEARS

LABORATORY MANUAL

For LESSON PLANS for GRADES 10 THRU 12

HUMAN DEVELOPMENT AND CHILD REARING ASPECT OF THE DEVELOPMENT OF SELF AND HUMAN RELATIONSHIPS

During the first year of life, we saw that the child's **attachment** to his or her mother (and father) is the earliest and most basic of emotional relationship the child experiences. We repeat that it is not too much to say that developing a **good, secure attachment** is among the most important tasks of the child's life, because the infant's attachment to his mother and to his father are the forerunners of and the models for all of the child's present and future love relationships, those he will develop from infancy stretching the whole length of his life. But it is even more than that. The relationships he forms are also the crucible in which the development of his sense of self occurs. **The development of the self and of human relationships is reciprocal, they develop hand in hand.** If he learns to attach well to his mother and other family members, he will form strong bonds of love. He will love them and he will feel worthy of their love; he will feel he is lovable and valued, he will feel they are lovable and valuable. Valuing himself and valuing those he loves will enable him to cope with the frustrations and the angry feelings that arise at times between himself and his family; the love feelings also will make him more receptive to learning from them what he needs to know to adapt to his world

Given normal average expectable inborn givens, reasonably safe, comfortable enough and responsible living conditions, the child's emotional relationships to his mother and father (and other primary caregiver such as a live-in grandmother, for instance) are the most important factors that determine his present as well as his future well-being. These relationships determine the quality of the child's trust, sense of autonomy, sense of initiative, sense of industry, and his stable self-identity and individuality. The better the child's first 3 years, from the first days of life on, the greater the probability that the development of the self will be of good quality. There is a direct cause and effect relationship. If the parents interact with their children during the first years in a loving, respectful and helpful way, the child will respond to them and later to others, in the way he has learned from them. If a child is not fortunate enough to have this kind of emotional relationship with his parents, he is more likely than the emotionally well cared for child to be headed for later

emotional, adaptive and behavioral problems as he tries to relate to peers and others. He may then well require some special help to get his relationships with himself and with others, on a better, more constructively adaptive track.

As you observe your toddler with his mother and father, note especially the quality of the interactions between them. Does it seem to be comfortable, emotionally warm, and respecting (this especially on the part of Mom and Dad)? Note especially also, if one or both relationships are not comfortable, loving, respecting. Look for the consequences of each in the child and in the parents. Do you see evidence of what Dr. Spitz and Dr. Bowlby described as a predominantly positive, loving, secure attachment? Continue to look for this as you now also try to ascertain and follow the toddler's progressions through what Dr. Mahler called the Separation-Individuation Phase and process. From these then we shall also look at both the development of the toddler's sense of self and at what his relationships are like.

THE DEVELOPMENT OF SELF AND HUMAN RELATIONSHIPS

PART 1: THE DEVELOPMENT OF SELF -- SEPARATION-INDIVIDUATION (Continued)

FIFTH VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on THE SEPARATION-INDIVIDUATION PROCESS**HUMAN DEVELOPMENT ASPECT**

Using the "Outline of **Separation-Individuation Theory** developed by Margaret S. Mahler, M.D.", try to ascertain where "your" toddler is developmentally. You will learn more if you **do NOT go by "your" toddler's age** to try to figure out in what subphase of separation-individuation she is, **use the behaviors you see** to tell you where the toddler is developmentally.

Be aware of this: the child is in the subphase where her behaviors indicate she is trying to cope; when she has sufficiently mastered given behavioral tasks, she is near the end of or has passed the subphase for which these are typical.

Here are some helpful cues. (1) Your toddler may have passed a given subphase. (2) Here are some behaviors typical for the

The Differentiation Subphase:

While on Mother's lap, seems very interested in the world that surrounds Mother and her. Does she sit on Mother's lap but is turning away from Mother. Does she push away from Mother's body (without being angry with Mother). Does she crawl away from Mother. (Use additional page if more space needed.)

FIFTH VISIT (Continued)

Observations on THE SEPARATION-INDIVIDUATION PROCESS**HUMAN DEVELOPMENT ASPECT**

The Practicing Subphase:

The toddler is increasingly busy exploring everything around her. Her body movements are increasingly vigorous, first crawling, then walking. As she learns to do new things, does she do these over and over as if mastering new skills? Does she move away from Mother, even to the other side of the room or even into other rooms? Tell us what she does.

Does she just seem to feel "The world is my oyster"? What is her mood like?

When she falls without injury, does she get upset about it? Does she just pick self up and go on exploring?

Does she just look back at Mother as if to check where she is, smiles at her, and return to her business?

Does she seem more or less driven to do what she "wants" to do? Describe the look on her face and her body movement.

Are there battles of wills between parent and child?

Do these seem to create a conflict with her beloved mother? Does this seem to trouble her?
(Use additional page if more space needed.)

FIFTH VISIT (Continued)

Observations on THE SEPARATION-INDIVIDUATION PROCESS**HUMAN DEVELOPMENT ASPECT**

The Rapprochement Subphase:

She seems to stay within several feet from her mother. She tries to engage Mother in her explorations or whatever she (toddler) is doing. She has discovered the powerful word "No!" and uses it a fair amount. Battles of wills become more upsetting for the toddler than they were. She gets hold of others' things and claims they are "Mine, mine, mine" Mothers tend to worry that their toddler has regressed, has become a baby again. Separation anxiety, clinging, seem to be more intense than they have been. She seems to need her "comforter" more again (a piece of blanket, a soft toy, etc.) She seems at moments to be torn between staying close to or moving away from Mother. She gets upset much more easily these days. In fact, she seems to often be in a mildly sad mood (low-keyedness). Do you see any of these behaviors? Give examples. (Use additional sheet if needed.)

FIFTH VISIT (Continued)

Observations on THE SEPARATION-INDIVIDUATION PROCESS**HUMAN DEVELOPMENT ASPECT**

On the Way to Self and Object Constancy:

She seems to cling less again, to feel separation anxiety less intensely. She tries to sort out her own boundaries and separateness from Mother, Father, siblings. She tends to emphasize who she is: "I'm Sara". She specifies who people are: "Mom is (Mom's first name)"; "Dad is (Dad's first name)", etc. It is easier for her to be dropped off at daycare; much less fuss than before. Do you see any such behaviors? Give examples. (Use another sheet if needed.)

FIFTH VISIT (Continued)

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on THE SEPARATION-INDIVIDUATION PROCESS

CHILD REARING ASPECT

Are Mom and Dad able to optimize their toddler's continuing **Differentiation**? How are they handling their toddler's interest in the world that surrounds the toddler? The toddler's turning away from Mother, and interacting with others? Pushing away from Mother's body (without being angry with Mother)? Crawling or walking away from Mother? What did you see? Describe.

FIFTH VISIT (Continued)

Observations on THE SEPARATION-INDIVIDUATION PROCESS**CHILD REARING ASPECT**

Are Mom and Dad able to optimize their toddler's **Practicing Subphase** activity? How are they handling their toddler's increasingly busy exploring everything around him? His increasingly more vigorous locomotor and exploratory activities? Facilitating his efforts to learn new things and tolerating his doing things over and over in order to master new skills? His widening the arena of explorations, even to the other side of the room or even into other rooms? Do the parents enjoy their toddler's feeling "The world is my oyster!"? His once in a while just momentarily looking back at Mother; does Mother smile at him or wave? Does she just ignore him? His growing insistence to do what he "wants" to do? How are Mom and Dad handling the battles of wills that come up between them and their toddler? How are Mom and Dad handling the child's upset feelings following on the heels of these battles? Have you seen any of these behaviors. Describe. (Use additional page if more space needed.)

FIFTH VISIT (Continued)

Observations on THE SEPARATION-INDIVIDUATION PROCESS
CHILD REARING ASPECT

Are Mom and Dad able to optimize their toddler's **Rapprochement** experiencing? How are they handling their toddler's behaviors? How does Mom seem to feel about her toddler's recently staying just within a few feet from mother? Is Mom (or Dad) able to enjoy being engaged in her toddler's explorations or whatever he is doing? How does Mom react to her toddler's more or less frequent "No"? Are battles of wills become more upsetting for the Parents and their toddler than they were? How is Mom dealing with these (we'll talk about this later too)? How is Mom handling her toddler's getting hold of others' things and claiming they are "Mine, mine, mine"? Is Mother worrying that her toddler is regressing, being a baby again? How is Mom (or Dad) handling the again more intense separation anxiety and even clinging? How does Mom (or Dad) feel about her toddler seeming to need his "comforter" more again? How do they deal with that? How does Mom feel at those times when her toddler seems to be torn between staying close to or moving away from Mother? Does this behavior confuse Mom? Does the toddler's getting upset more easily these days trouble Mom? How does she handle this? In fact, she seems to often be in a mildly sad mood (low-keyedness). Does this worry Mom? What have you seen? Describe. (Use additional sheet if needed.)

FIFTH VISIT (Continued)

Observations on THE SEPARATION-INDIVIDUATION PROCESS**CHILD REARING ASPECT**

How are Mom and Dad handling their toddler's **Self and Object Constancy** activity? How do they feel that the toddler seems to cling less again, to feel separation anxiety less intensely? Do they go along with or find it silly when their toddler tries to sort out his own boundaries and separateness from Mother, Father, siblings? What about when he asserts: "I'm Johnny"? Do they dismiss that as silly or do they confirm what their toddler is saying? What about when he specifies who people are: "Mom is (Mom's first name)"; "Dad is (Dad's first name)" etc.? Are they relieved that it is easier to drop Johnny off at daycare with little or no fuss? Add any other observations that you feel has to do with "your" toddler's increasingly knowing he and Mom and he and Dad are all separate individuals in the same family. What did you find? (Add another sheet if needed.)

SUMMARY OF VISIT

TENTH VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on THE SEPARATION-INDIVIDUATION PROCESS**HUMAN DEVELOPMENT ASPECT**

Using the "Outline of **Separation-Individuation Theory** developed by Margaret S. Mahler, M.D.", try to ascertain where "your" toddler is developmentally. You will learn more if you **do NOT go by "your" toddler's age** to try to figure out in what subphase of separation-individuation she is, **use the behaviors you see** to tell you where the toddler is developmentally.

Be aware of this: the child is in the subphase where her behaviors indicate she is trying to cope; when she has sufficiently mastered given behavioral tasks, she is near the end of or has passed the subphase for which these are typical.

Here are some helpful cues. (1) Your toddler may have passed a given subphase. (2) Here are some behaviors typical for the

The Differentiation Subphase:

While on Mother's lap, seems very interested in the world that surrounds Mother and her. Does she sit on Mother's lap but is turning away from Mother. Does she push away from Mother's body (without being angry with Mother). Does she crawl away from Mother. (Use additional page if more space needed.)

TENTH VISIT (Continued)

Observations on THE SEPARATION-INDIVIDUATION PROCESS**HUMAN DEVELOPMENT ASPECT**

The Practicing Subphase:

The toddler is increasingly busy exploring everything around her. Her body movements are increasingly vigorous, first crawling, then walking. As she learns to do new things, does she do these over and over as if mastering new skills? Does she move away from Mother, even to the other side of the room or even into other rooms? Tell us what she does.

Does she just seem to feel "The world is my oyster"? What is her mood like?

When she falls without injury, does she get upset about it? Does she just pick self up and go on exploring?

Does she just look back at Mother as if to check where she is, smiles at her, and return to her business?

Does she seem more or less driven to do what she "wants" to do? Describe the look on her face and her body movement.

Are there battles of wills between parent and child?

Do these seem to create a conflict with her beloved mother? Does this seem to trouble her?
(Use additional page if more space needed.)

TENTH VISIT (Continued)

Observations on THE SEPARATION-INDIVIDUATION PROCESS**HUMAN DEVELOPMENT ASPECT**

The Rapprochement Subphase:

She seems to stay within several feet from her mother. She tries to engage Mother in her explorations or whatever she (toddler) is doing. She has discovered the powerful word "No!" and uses it a fair amount. Battles of wills become more upsetting for the toddler than they were. She gets hold of others' things and claims they are "Mine, mine, mine" Mothers tend to worry that their toddler has regressed, has become a baby again. Separation anxiety, clinging, seem to be more intense than they have been. She seems to need her "comforter" more again (a piece of blanket, a soft toy, etc.) She seems at moments to be torn between staying close to or moving away from Mother. She gets upset much more easily these days. In fact, she seems to often be in a mildly sad mood (low-keyedness). Do you see any of these behaviors? Give examples. (Use additional sheet if needed.)

TENTH VISIT (Continued)

Observations on THE SEPARATION-INDIVIDUATION PROCESS**HUMAN DEVELOPMENT ASPECT**

On the Way to Self and Object Constancy:

She seems to cling less again, to feel separation anxiety less intensely. She tries to sort out her own boundaries and separateness from Mother, Father, siblings. She tends to emphasize who she is: "I'm Sara". She specifies who people are: "Mom is (Mom's first name)"; "Dad is (Dad's first name)", etc. It is easier for her to be dropped off at daycare; much less fuss than before. Do you see any such behaviors? Give examples. (Use another sheet if needed.)

TENTH VISIT (Continued)

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on THE SEPARATION-INDIVIDUATION PROCESS

CHILD REARING ASPECT

Are Mom and Dad able to optimize their toddler's continuing **Differentiation**? How are they handling their toddler's interest in the world that surrounds the toddler? The toddler's turning away from Mother, and interacting with others? Pushing away from Mother's body (without being angry with Mother)? Crawling or walking away from Mother? What did you see? Describe.

TENTH VISIT (Continued)

Observations on THE SEPARATION-INDIVIDUATION PROCESS**CHILD REARING ASPECT**

Are Mom and Dad able to optimize their toddler's **Practicing Subphase** activity? How are they handling their toddler's increasingly busy exploring everything around him? His increasingly more vigorous locomotor and exploratory activities? Facilitating his efforts to learn new things and tolerating his doing things over and over in order to master new skills? His widening the arena of explorations, even to the other side of the room or even into other rooms? Do the parents enjoy their toddler's feeling "The world is my oyster!?" His once in a while just momentarily looking back at Mother; does Mother smile at him or wave? Does she just ignore him? His growing insistence to do what he "wants" to do? How are Mom and Dad handling the battles of wills that come up between them and their toddler? How are Mom and Dad handling the child's upset feelings following on the heels of these battles? Have you seen any of these behaviors. Describe. (Use additional page if more space needed.)

TENTH VISIT (Continued)

Observations on THE SEPARATION-INDIVIDUATION PROCESS**CHILD REARING ASPECT**

Are Mom and Dad able to optimize their toddler's **Rapprochement** experiencing? How are they handling their toddler's behaviors? How does Mom seem to feel about her toddler's recently staying just within a few feet from mother? Is Mom (or Dad) able to enjoy being engaged in her toddler's explorations or whatever he is doing? How does Mom react to her toddler's more or less frequent "No"? Are battles of wills become more upsetting for the Parents and their toddler than they were? How is Mom dealing with these (we'll talk about this later too)? How is Mom handling her toddler's getting hold of others' things and claiming they are "Mine, mine, mine"? Is Mother worrying that her toddler is regressing, being a baby again? How is Mom (or Dad) handling the again more intense separation anxiety and even clinging? How does Mom (or Dad) feel about her toddler seeming to need his "comforter" more again? How do they deal with that? How does Mom feel at those times when her toddler seems to be torn between staying close to or moving away from Mother? Does this behavior confuse Mom? Does the toddler's getting upset more easily these days trouble Mom? How does she handle this? In fact, she seems to often be in a mildly sad mood (low-keyedness). Does this worry Mom? What have you seen? Describe. (Use additional sheet if needed.)

TENTH VISIT (Continued)

Observations on THE SEPARATION-INDIVIDUATION PROCESS**CHILD REARING ASPECT**

How are Mom and Dad handling their toddler's **Self and Object Constancy** activity? How do they feel that the toddler seems to cling less again, to feel separation anxiety less intensely? Do they go along with or find it silly when their toddler tries to sort out his own boundaries and separateness from Mother, Father, siblings? What about when he asserts: "I'm Johnny"? Do they dismiss that as silly or do they confirm what their toddler is saying? What about when he specifies who people are: "Mom is (Mom's first name)"; "Dad is (Dad's first name)" etc.? Are they relieved that it is easier to drop Johnny off at daycare with little or no fuss? Add any other observations that you feel has to do with "your" toddler's increasingly knowing he and Mom and he and Dad are all separate individuals in the same family. What did you find? (Add another sheet if needed.)

SUMMARY OF VISIT

FIFTEENTH VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on THE SEPARATION-INDIVIDUATION PROCESS**HUMAN DEVELOPMENT ASPECT**

Using the "Outline of **Separation-Individuation Theory** developed by Margaret S. Mahler, M.D.", try to ascertain where "your" toddler is developmentally. You will learn more if you **do NOT go by "your" toddler's age** to try to figure out in what subphase of separation-individuation she is, **use the behaviors you see** to tell you where the toddler is developmentally.

Be aware of this: the child is in the subphase where her behaviors indicate she is trying to cope; when she has sufficiently mastered given behavioral tasks, she is near the end of or has passed the subphase for which these are typical.

Here are some helpful cues. (1) Your toddler may have passed a given subphase. (2) Here are some behaviors typical for the

The Differentiation Subphase:

While on Mother's lap, seems very interested in the world that surrounds Mother and her. Does she sit on Mother's lap but is turning away from Mother. Does she push away from Mother's body (without being angry with Mother). Does she crawl away from Mother. (Use additional page if more space needed.)

FIFTEENTH VISIT (Continued)

Observations on THE SEPARATION-INDIVIDUATION PROCESS**HUMAN DEVELOPMENT ASPECT**

The Practicing Subphase:

The toddler is increasingly busy exploring everything around her. Her body movements are increasingly vigorous, first crawling, then walking. As she learns to do new things, does she do these over and over as if mastering new skills? Does she move away from Mother, even to the other side of the room or even into other rooms? Tell us what she does.

Does she just seem to feel "The world is my oyster"? What is her mood like?

When she falls without injury, does she get upset about it? Does she just pick self up and go on exploring?

Does she just look back at Mother as if to check where she is, smiles at her, and return to her business?

Does she seem more or less driven to do what she "wants" to do? Describe the look on her face and her body movement.

Are there battles of wills between parent and child?

Do these seem to create a conflict with her beloved mother? Does this seem to trouble her?
(Use additional page if more space needed.)

FIFTEENTH VISIT (Continued)

Observations on THE SEPARATION-INDIVIDUATION PROCESS**HUMAN DEVELOPMENT ASPECT**

The Rapprochement Subphase:

She seems to stay within several feet from her mother. She tries to engage Mother in her explorations or whatever she (toddler) is doing. She has discovered the powerful word "No!" and uses it a fair amount. Battles of wills become more upsetting for the toddler than they were. She gets hold of others' things and claims they are "Mine, mine, mine" Mothers tend to worry that their toddler has regressed, has become a baby again. Separation anxiety, clinging, seem to be more intense than they have been. She seems to need her "comforter" more again (a piece of blanket, a soft toy, etc.) She seems at moments to be torn between staying close to or moving away from Mother. She gets upset much more easily these days. In fact, she seems to often be in a mildly sad mood (low-keyedness). Do you see any of these behaviors? Give examples. (Use additional sheet if needed.)

FIFTEENTH VISIT (Continued)

Observations on THE SEPARATION-INDIVIDUATION PROCESS**HUMAN DEVELOPMENT ASPECT**

On the Way to Self and Object Constancy:

She seems to cling less again, to feel separation anxiety less intensely. She tries to sort out her own boundaries and separateness from Mother, Father, siblings. She tends to emphasize who she is: "I'm Sara". She specifies who people are: "Mom is (Mom's first name)"; "Dad is (Dad's first name)", etc. It is easier for her to be dropped off at daycare; much less fuss than before. Do you see any such behaviors? Give examples. (Use another sheet if needed.)

FIFTEENTH VISIT (Continued)

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on THE SEPARATION-INDIVIDUATION PROCESS

CHILD REARING ASPECT

Are Mom and Dad able to optimize their toddler's continuing **Differentiation**? How are they handling their toddler's interest in the world that surrounds the toddler? The toddler's turning away from Mother, and interacting with others? Pushing away from Mother's body (without being angry with Mother)? Crawling or walking away from Mother? What did you see? Describe.

FIFTEENTH VISIT (Continued)

Observations on THE SEPARATION-INDIVIDUATION PROCESS**CHILD REARING ASPECT**

Are Mom and Dad able to optimize their toddler's **Practicing Subphase** activity? How are they handling their toddler's increasingly busy exploring everything around him? His increasingly more vigorous locomotor and exploratory activities? Facilitating his efforts to learn new things and tolerating his doing things over and over in order to master new skills? His widening the arena of explorations, even to the other side of the room or even into other rooms? Do the parents enjoy their toddler's feeling "The world is my oyster!?" His once in a while just momentarily looking back at Mother; does Mother smile at him or wave? Does she just ignore him? His growing insistence to do what he "wants" to do? How are Mom and Dad handling the battles of wills that come up between them and their toddler? How are Mom and Dad handling the child's upset feelings following on the heels of these battles? Have you seen any of these behaviors. Describe. (Use additional page if more space needed.)

FIFTEENTH VISIT (Continued)

Observations on THE SEPARATION-INDIVIDUATION PROCESS**CHILD REARING ASPECT**

Are Mom and Dad able to optimize their toddler's **Rapprochement** experiencing? How are they handling their toddler's behaviors? How does Mom seem to feel about her toddler's recently staying just within a few feet from mother? Is Mom (or Dad) able to enjoy being engaged in her toddler's explorations or whatever he is doing? How does Mom react to her toddler's more or less frequent "No"? Are battles of wills become more upsetting for the Parents and their toddler than they were? How is Mom dealing with these (we'll talk about this later too)? How is Mom handling her toddler's getting hold of others' things and claiming they are "Mine, mine, mine"? Is Mother worrying that her toddler is regressing, being a baby again? How is Mom (or Dad) handling the again more intense separation anxiety and even clinging? How does Mom (or Dad) feel about her toddler seeming to need his "comforter" more again? How do they deal with that? How does Mom feel at those times when her toddler seems to be torn between staying close to or moving away from Mother? Does this behavior confuse Mom? Does the toddler's getting upset more easily these days trouble Mom? How does she handle this? In fact, she seems to often be in a mildly sad mood (low-keyedness). Does this worry Mom? What have you seen? Describe. (Use additional sheet if needed.)

FIFTEENTH VISIT (Continued)

Observations on THE SEPARATION-INDIVIDUATION PROCESS**CHILD REARING ASPECT**

How are Mom and Dad handling their toddler's **Self and Object Constancy** activity? How do they feel that the toddler seems to cling less again, to feel separation anxiety less intensely? Do they go along with or find it silly when their toddler tries to sort out his own boundaries and separateness from Mother, Father, siblings? What about when he asserts: "I'm Johnny"? Do they dismiss that as silly or do they confirm what their toddler is saying? What about when he specifies who people are: "Mom is (Mom's first name)"; "Dad is (Dad's first name)" etc.? Are they relieved that it is easier to drop Johnny off at daycare with little or no fuss? Add any other observations that you feel has to do with "your" toddler's increasingly knowing he and Mom and he and Dad are all separate individuals in the same family. What did you find? (Add another sheet if needed.)

SUMMARY OF VISIT

THE DEVELOPMENT OF SELF AND HUMAN RELATIONSHIPS

PART 2: THE EARLIEST RELATIONSHIPS

FIFTH VISIT (Continued)

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on THE EARLIEST RELATIONSHIPS

HUMAN DEVELOPMENT ASPECT

Who are the most important persons in "your" toddler's home? Estimate how much time each gives to her/his being with and caring for "your" toddler.

Mother:

Father:

Siblings:

Other full or part-time Caregivers in the home:

How many **hours per week** is "your" toddler in **daycare or preschool**?

Have you seen "your" toddler in daycare? Describe what you saw of him there. If not, ask Mother to tell you how he/she is handling daycare--look for or inquire about reactions to being dropped off at daycare and being picked up, look for aggressive behaviors, for modes of coping with everyday routine and with stress, relationships, etc.

FIFTH VISIT (Continued)

Observations on THE EARLIEST RELATIONSHIPS

HUMAN DEVELOPMENT ASPECT

To whom does "your" toddler **turn** when he needs something **to eat**?

How does this usually turn out? Is it an **emotionally engaged** interaction? Describe.

To whom does he turn when he is **hurting** or **upset**?

How does this usually turn out? Is it an **emotionally engaged** interaction? Describe.

To whom does "your" toddler turn for **playing**?

How does this usually turn out? Is it an **emotionally engaged** interaction? Describe.

To whom does he turn for **reading a book**?

How does this usually turn out? Is it an **emotionally engaged** interaction? Describe.

FIFTH VISIT (Continued)

Observations on THE EARLIEST RELATIONSHIPS

HUMAN DEVELOPMENT ASPECT

Who **changes his diapers**?

How does this usually turn out? Is it an **emotionally engaged** interaction? Describe.

Do you think "your" toddler feels **loved, valued, and respected** by his mother? What is **your** observational **evidence**?

Does he seem to feel **loved, valued, and respected** by his father? What is **your** observational **evidence**?

Describe "your" toddler's relationships with his siblings (if he has any).

Describe "your" toddler's relationships with caregivers other than Mom and Dad.

Do you think by now he is experiencing a **Secondary Relationship** with you? Describe.

FIFTH VISIT (Continued)

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on THE EARLIEST RELATIONSHIPS

CHILD REARING ASPECT

Describe Mother's response when her toddler smiles at her.

How does she respond when he has a "stranger reaction?"

How does she help him learn to get used to and accept new people?

Describe what Mother does that would lead her toddler to feel loved, valued and respected? Be specific.

Describe what Father does that would lead his toddler to feel loved, valued and respected? Be specific.

Has Mother ever had to be separated from her toddler for more than a day? If so, how did she handle his reaction to the separation?

How does the mother feel about her toddler's wanting to do things on his own?

FIFTH VISIT (Continued)
Observations on DEVELOPMENT OF SELF AND HUMAN RELATIONSHIPS
CHILD REARING ASPECT

Does Mother encourage her toddler to interact with Father? (This can be very important.) In what ways does she do this?

And with others in the family?

Does **Father** hold, diaper, play with and talk with the toddler? Describe.

What does **Father** most do with his toddler?

Have parents begun teaching him how people and pets like to be touched and treated?

Are they teaching him how **not** to treat people and pets? Describe.

What do you like to do with "your" toddler when you visit him?

SUMMARY OF VISIT

TENTH VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on THE EARLIEST RELATIONSHIPS

HUMAN DEVELOPMENT ASPECT

Who are the most important persons in "your" toddler's home? Estimate how much time each gives to her/his being with and caring for "your" toddler.

Mother:

Father:

Siblings:

Other full or part-time Caregivers in the home:

How many **hours per week** is "your" toddler in **daycare or preschool**?

Have you seen "your" toddler in daycare? Describe what you saw of him there. If not, ask Mother to tell you how he/she is handling daycare--look for or inquire about reactions to being dropped off at daycare and being picked up, look for aggressive behaviors, for modes of coping with everyday routine and with stress, relationships, etc.

TENTH VISIT (Continued)

Observations on THE EARLIEST RELATIONSHIPS

HUMAN DEVELOPMENT ASPECT

To whom does "your" toddler **turn** when he needs something **to eat**?

How does this usually turn out? Is it an **emotionally engaged** interaction? Describe.

To whom does he turn when he is **hurting** or **upset**?

How does this usually turn out? Is it an **emotionally engaged** interaction? Describe.

To whom does "your" toddler turn for **playing**?

How does this usually turn out? Is it an **emotionally engaged** interaction? Describe.

To whom does he turn for **reading a book**?

How does this usually turn out? Is it an **emotionally engaged** interaction? Describe.

TENTH VISIT (Continued)

Observations on THE EARLIEST RELATIONSHIPS

HUMAN DEVELOPMENT ASPECT

Who **changes his diapers**?

How does this usually turn out? Is it an **emotionally engaged** interaction? Describe.

Do you think "your" toddler feels **loved, valued, and respected** by his mother? What is **your** observational **evidence**?

Does he seem to feel **loved, valued, and respected** by his father? What is **your** observational **evidence**?

Describe "your" toddler's relationships with his siblings (if he has any).

Describe "your" toddler's relationships with caregivers other than Mom and Dad.

Do you think by now he is experiencing a **Secondary Relationship** with you? Describe.

TENTH VISIT (Continued)

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on THE EARLIEST RELATIONSHIPS

CHILD REARING ASPECT

Describe Mother's response when her toddler smiles at her.

How does she respond when he has a "stranger reaction?"

How does she help him learn to get used to and accept new people?

Describe what Mother does that would lead her toddler to feel loved, valued and respected? Be specific.

Describe what Father does that would lead his toddler to feel loved, valued and respected? Be specific.

Has Mother ever had to be separated from her toddler for more than a day? If so, how did she handle his reaction to the separation?

How does the mother feel about her toddler's wanting to do things on his own?

TENTH VISIT (Continued)
Observations on DEVELOPMENT OF SELF AND HUMAN RELATIONSHIPS
CHILD REARING ASPECT

Does Mother encourage her toddler to interact with Father? (This can be very important.) In what ways does she do this?

And with others in the family?

Does **Father** hold, diaper, play with and talk with the toddler? Describe.

What does **Father** most do with his toddler?

Have parents begun teaching him how people and pets like to be touched and treated?

Are they teaching him how **not** to treat people and pets? Describe.

What do you like to do with "your" toddler when you visit him?

SUMMARY OF VISIT

FIFTEENTH VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on THE EARLIEST RELATIONSHIPS

HUMAN DEVELOPMENT ASPECT

Who are the most important persons in "your" toddler's home? Estimate how much time each gives to her/his being with and caring for "your" toddler.

Mother:

Father:

Siblings:

Other full or part-time Caregivers in the home:

How many **hours per week** is "your" toddler in **daycare or preschool**?

Have you seen "your" toddler in daycare? Describe what you saw of him there. If not, ask Mother to tell you how he/she is handling daycare--look for or inquire about reactions to being dropped off at daycare and being picked up, look for aggressive behaviors, for modes of coping with everyday routine and with stress, relationships, etc.

FIFTEENTH VISIT (Continued)

Observations on THE EARLIEST RELATIONSHIPS

HUMAN DEVELOPMENT ASPECT

To whom does "your" toddler **turn** when he needs something **to eat**?

How does this usually turn out? Is it an **emotionally engaged** interaction? Describe.

To whom does he turn when he is **hurting** or **upset**?

How does this usually turn out? Is it an **emotionally engaged** interaction? Describe.

To whom does "your" toddler turn for **playing**?

How does this usually turn out? Is it an **emotionally engaged** interaction? Describe.

To whom does he turn for **reading a book**?

How does this usually turn out? Is it an **emotionally engaged** interaction? Describe.

FIFTEENTH VISIT (Continued)

Observations on THE EARLIEST RELATIONSHIPS

HUMAN DEVELOPMENT ASPECT

Who **changes his diapers**?

How does this usually turn out? Is it an **emotionally engaged** interaction? Describe.

Do you think "your" toddler feels **loved, valued, and respected** by his mother? What is **your** observational **evidence**?

Does he seem to feel **loved, valued, and respected** by his father? What is **your** observational **evidence**?

Describe "your" toddler's relationships with his siblings (if he has any).

Describe "your" toddler's relationships with caregivers other than Mom and Dad.

Do you think by now he is experiencing a **Secondary Relationship** with you? Describe.

FIFTEENTH VISIT (Continued)

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on THE EARLIEST RELATIONSHIPS

CHILD REARING ASPECT

Describe Mother's response when her toddler smiles at her.

How does she respond when he has a "stranger reaction?"

How does she help him learn to get used to and accept new people?

Describe what Mother does that would lead her toddler to feel loved, valued and respected? Be specific.

Describe what Father does that would lead his toddler to feel loved, valued and respected? Be specific.

Has Mother ever had to be separated from her toddler for more than a day? If so, how did she handle his reaction to the separation?

How does the mother feel about her toddler's wanting to do things on his own?

FIFTEENTH VISIT (Continued)

Observations on DEVELOPMENT OF SELF AND HUMAN RELATIONSHIPS
CHILD REARING ASPECT

Does Mother encourage her toddler to interact with Father? (This can be very important.) In what ways does she do this?

And with others in the family?

Does **Father** hold, diaper, play with and talk with the toddler? Describe.

What does **Father** most do with his toddler?

Have parents begun teaching him how people and pets like to be touched and treated?

Are they teaching him how **not** to treat people and pets? Describe.

What do you like to do with "your" toddler when you visit him?

SUMMARY OF VISIT

THE TODDLER YEARS (1 - 3 YEARS)

DEPENDENCE AND SELF-RELIANCE

PARENTING FOR EMOTIONAL GROWTH: UNIT 2 - 1 to 3 YEARS

LABORATORY MANUAL

For LESSON PLANS for GRADES 10 THRU 12

HUMAN DEVELOPMENT AND CHILD REARING ASPECTS OF DEPENDENCE AND SELF-RELIANCE

Normal human beings have **dependency** needs **all their lives long**. These needs are at their highest point during the first year of life. When they are adequately gratified, the child is able gradually to replace some of these needs with self-reliant, autonomous, independent actions. There is therefore, an **age-related factor** in the degree to which a developing person is dependent and self-reliant. This inter-relation of being dependent on the one hand and self-reliant on the other, is an inter-related process that continues into adulthood, when the normal person can take care of him/herself self-reliantly, in most ways. In one respect especially, however, a healthy adult person never outgrows the need to be dependent on some others. There will always remain a need for supportive, loving relationships with the people close to him, first his parents and siblings, then other relatives, then increasingly and of increasing importance with his friends and peers, and eventually in adulthood, when he/she selects one from that pool of peers, his needs for love and to love will centralize in his/her own mate and the children they may have together, although this need for love and to love will continue to some degree with his/her family of origin.

As we discussed in class, there are **three major categories of needs** for which the young child is **age-appropriately** very dependent on his/her caregivers:

1. For **physical** care
2. For **emotional** needs, including **nurture and love**
3. For help in **developing constructive skills in adaptation** (ways of coping constructively).

We want to emphasize 2 points here:

1. That from birth on and thereafter, the child's **emotional** relationships, his/her **attachments** (as John Bowlby said) and **needs for love and to love**, are of enormous importance to the child's emotional development and well being. It is of utmost importance that primary caregivers, especially Mother and Father, be sufficiently available to the child for his/her emotional needs, i.e. as Margaret Mahler said, that they be "**emotionally available**", not just physically available to the child. And,

2. It is developmentally expectable that a one year old child, will be more dependent for physical and developing adaptational skills, indeed for all his/her needs than a 10 year old, and a 10 year old will be more dependent on others for these needs than an 18 year old, and so on. And then, the normal human's needs tend to stabilize at an adult level, and as one gets older, the person's dependence on others for physical needs especially generally increase again. It's like the old riddle: "What starts life on four legs, then on two, and eventually on three?" The answer: "Human beings". This factor is important in understanding children's developmental needs, and is spoken of as the child's **development** or **needs** being "**age-adequate**" or "**age-appropriate**"

When observing "your" toddler(s), note what he/she can and cannot do for him/herself. How has his/her dependency level changed, if at all, from his/her first days of life? How does she react when Mother responds to her signals for help or comforting? How does he react when Mother for some reason has to delay responding to him?

Does the mother seem to enjoy this age-appropriate dependence on her? Does she enjoy, admire, her toddler's push and efforts toward wanting to do things him/herself, toward beginning the process of being more and more self-reliant? Does she seem tuned in with her toddler's needs and signals for dependence as well as for self-reliance?

In your summary, include your opinion of how well you think the child's dependency needs are being met, and to what extent you see signs of gradual movements toward self-reliance, autonomy, independence.

FIFTH VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on DEPENDENCE AND SELF-RELIANCE

HUMAN DEVELOPMENT ASPECT

When "your" toddler was born, was he one hundred percent dependent on his parents for his existence? Was he dependent on them for his breathing? For his food digestion and elimination? Specify **what** he was dependent for.

Physical needs:

Emotional needs:

The development of **skills for adaptation**:

This changed by the end of 12 months and is continuing to change right now. What can he do for himself now that he couldn't at birth? Give enough detail to convey what "your" toddler is like.

Physical needs:

Emotional needs:

The development of **adaptive skills**:

FIFTH VISIT (Continued)

Observations on DEPENDENCE AND SELF-RELIANCE

HUMAN DEVELOPMENT ASPECT

For what does "your" toddler show that she/he depends on each Mother?

For what does "your" toddler seem to depend on Father?

To get more specific: Does "your" toddler seek **emotional** gratification more from Mother or from Father? Does he/she seek it about equally from both? Observe closely, and can you say for what type(s) of emotional needs does "your" toddler turn to one or the other?

For affection (a loving smile, hugging, cuddling, kissing, etc.)?

For comforting (soothing, cuddling, patting on the back, etc.)?

For reassurance?

For play (have fun together, physical contact, etc.)?

For just being together?

Does he do these **with ease**? Is he **hesitant** to turn to Mom or Dad for any of these? Specify.

FIFTH VISIT (Continued)

Observations on DEPENDENCE AND SELF-RELIANCE

HUMAN DEVELOPMENT ASPECT

Does "your" toddler turn to Mother and/or Father **to teach him** things? If so, **to what degree** does he turn **to whom**?

To read stories?

To build with blocks, Lego's, etc.?

To walk, skip, etc.?

To brush his/her teeth, get washed, get dressed?

What, along these 3 categories of needs does he do for himself now?

Physical needs:

Emotional needs: (e.g., can he comfort himself some?)

Development of adaptive skills:

And what in these categories has he begun to show signs of wanting to do things for himself?

In what ways does he depend for any of these needs on other members of the family?

FIFTH VISIT (Continued)

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on DEPENDENCE AND SELF-RELIANCE

CHILD REARING ASPECT

Does Mother seem to enjoy responding to all the dependency needs of her toddler? To some, yes, and to some, no? Describe.

Does Father seem to enjoy responding to all the dependency needs of his toddler? To some, yes, and to some, no? Describe.

Have you observed Mother being affectionate or comforting her toddler? Give some examples. How do you think this met some of her toddler's emotional needs?

Have you observed Father being affectionate or comforting his toddler? Give some examples. How do you think this met some of his toddler's emotional needs?

Have you observed Mother playing with her toddler? Give some examples. How do you think this met some of his dependency needs?

FIFTH VISIT (Continued)

Observations on DEPENDENCE AND SELF-RELIANCE

CHILD REARING ASPECT

Have you observed Father playing with his toddler? Give some examples. How do you think this met some of his dependency needs?

Have you observed Mother teaching something to her toddler? Describe some of the things she taught, and how the toddler responded.

Have you observed Father teaching something to his toddler? Describe some of the things he taught, and how the toddler responded.

Do either Mother or Father feel that holding or comforting when asked for, or being affectionate often with their toddler will spoil him, or make him too dependent on them? What do you think?

SUMMARY OF VISIT

TENTH VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on DEPENDENCE AND SELF-RELIANCE

HUMAN DEVELOPMENT ASPECT

When "your" toddler was born, was he one hundred percent dependent on his parents for his existence? Was he dependent on them for his breathing? For his food digestion and elimination? Specify **what** he was dependent for.

Physical needs:

Emotional needs:

The development of **skills for adaptation**:

This changed by the end of 12 months and is continuing to change right now. What can he do for himself now that he couldn't at birth? Give enough detail to convey what "your" toddler is like.

Physical needs:

Emotional needs:

The development of **adaptive skills**:

TENTH VISIT (Continued)

Observations on DEPENDENCE AND SELF-RELIANCE

HUMAN DEVELOPMENT ASPECT

For what does "your" toddler show that she/he depends on each Mother?

For what does "your" toddler seem to depend on Father?

To get more specific: Does "your" toddler seek **emotional** gratification more from Mother or from Father? Does he/she seek it about equally from both? Observe closely, and can you say for what type(s) of emotional needs does "your" toddler turn to one or the other?

For affection (a loving smile, hugging, cuddling, kissing, etc.)?

For comforting (soothing, cuddling, patting on the back, etc.)?

For reassurance?

For play (have fun together, physical contact, etc.)?

For just being together?

Does he do these **with ease**? Is he **hesitant** to turn to Mom or Dad for any of these? Specify.

TENTH VISIT (Continued)

Observations on DEPENDENCE AND SELF-RELIANCE

HUMAN DEVELOPMENT ASPECT

Does "your" toddler turn to Mother and/or Father **to teach him** things? If so, **to what degree** does he turn **to whom**?

To read stories?

To build with blocks, Lego's, etc.?

To walk, skip, etc.?

To brush his/her teeth, get washed, get dressed?

What, along these 3 categories of needs does he do for himself now?

Physical needs:

Emotional needs: (e.g., can he comfort himself some?)

Development of adaptive skills:

And what in these categories has he begun to show signs of wanting to do things for himself?

In what ways does he depend for any of these needs on other members of the family?

TENTH VISIT (Continued)

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on DEPENDENCE AND SELF-RELIANCE

CHILD REARING ASPECT

Does Mother seem to enjoy responding to all the dependency needs of her toddler? To some, yes, and to some, no? Describe.

Does Father seem to enjoy responding to all the dependency needs of his toddler? To some, yes, and to some, no? Describe.

Have you observed Mother being affectionate or comforting her toddler? Give some examples. How do you think this met some of her toddler's emotional needs?

Have you observed Father being affectionate or comforting his toddler? Give some examples. How do you think this met some of his toddler's emotional needs?

Have you observed Mother playing with her toddler? Give some examples. How do you think this met some of his dependency needs?

TENTH VISIT (Continued)

Observations on DEPENDENCE AND SELF-RELIANCE

CHILD REARING ASPECT

Have you observed Father playing with his toddler? Give some examples. How do you think this met some of his dependency needs?

Have you observed Mother teaching something to her toddler? Describe some of the things she taught, and how the toddler responded.

Have you observed Father teaching something to his toddler? Describe some of the things he taught, and how the toddler responded.

Do either Mother or Father feel that holding or comforting when asked for, or being affectionate often with their toddler will spoil him, or make him too dependent on them? What do you think?

SUMMARY OF VISIT

FIFTEENTH VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on DEPENDENCE AND SELF-RELIANCE

HUMAN DEVELOPMENT ASPECT

When "your" toddler was born, was he one hundred percent dependent on his parents for his existence? Was he dependent on them for his breathing? For his food digestion and elimination? Specify **what** he was dependent for.

Physical needs:

Emotional needs:

The development of **skills for adaptation**:

This changed by the end of 12 months and is continuing to change right now. What can he do for himself now that he couldn't at birth? Give enough detail to convey what "your" toddler is like.

Physical needs:

Emotional needs:

The development of **adaptive skills**:

FIFTEENTH VISIT (Continued)

Observations on DEPENDENCE AND SELF-RELIANCE

HUMAN DEVELOPMENT ASPECT

For what does "your" toddler show that she/he depends on each Mother?

For what does "your" toddler seem to depend on Father?

To get more specific: Does "your" toddler seek **emotional** gratification more from Mother or from Father? Does he/she seek it about equally from both? Observe closely, and can you say for what type(s) of emotional needs does "your" toddler turn to one or the other?

For affection (a loving smile, hugging, cuddling, kissing, etc.)?

For comforting (soothing, cuddling, patting on the back, etc.)?

For reassurance?

For play (have fun together, physical contact, etc.)?

For just being together?

Does he do these **with ease**? Is he **hesitant** to turn to Mom or Dad for any of these? Specify.

FIFTEENTH VISIT (Continued)

Observations on DEPENDENCE AND SELF-RELIANCE

HUMAN DEVELOPMENT ASPECT

Does "your" toddler turn to Mother and/or Father **to teach him** things? If so, **to what degree** does he turn **to whom**?

To read stories?

To build with blocks, Lego's, etc.?

To walk, skip, etc.?

To brush his/her teeth, get washed, get dressed?

What, along these 3 categories of needs does he do for himself now?

Physical needs:

Emotional needs: (e.g., can he comfort himself some?)

Development of adaptive skills:

And what in these categories has he begun to show signs of wanting to do things for himself?

In what ways does he depend for any of these needs on other members of the family?

FIFTEENTH VISIT (Continued)

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on DEPENDENCE AND SELF-RELIANCE

CHILD REARING ASPECT

Does Mother seem to enjoy responding to all the dependency needs of her toddler? To some, yes, and to some, no? Describe.

Does Father seem to enjoy responding to all the dependency needs of his toddler? To some, yes, and to some, no? Describe.

Have you observed Mother being affectionate or comforting her toddler? Give some examples. How do you think this met some of her toddler's emotional needs?

Have you observed Father being affectionate or comforting his toddler? Give some examples. How do you think this met some of his toddler's emotional needs?

Have you observed Mother playing with her toddler? Give some examples. How do you think this met some of his dependency needs?

FIFTEENTH VISIT (Continued)

Observations on DEPENDENCE AND SELF-RELIANCE

CHILD REARING ASPECT

Have you observed Father playing with his toddler? Give some examples. How do you think this met some of his dependency needs?

Have you observed Mother teaching something to her toddler? Describe some of the things she taught, and how the toddler responded.

Have you observed Father teaching something to his toddler? Describe some of the things he taught, and how the toddler responded.

Do either Mother or Father feel that holding or comforting when asked for, or being affectionate often with their toddler will spoil him, or make him too dependent on them? What do you think?

SUMMARY OF VISIT

THE TODDLER YEARS (1 to 3 YEARS)

THE DEVELOPMENT OF SEXUAL - REPRODUCTIVE LIFE

PSYCHOSEXUAL DEVELOPMENT DURING THE TODDLER YEARS:

THE ORAL PHASE,

THE ANAL PHASE, AND

THE FIRST GENITAL PHASE

PARENTING FOR EMOTIONAL GROWTH: UNIT 2 - 1 to 3 YEARS

LABORATORY MANUAL

For LESSON PLANS for GRADES 10 THRU 12

HUMAN DEVELOPMENT AND CHILD REARING ASPECTS OF THE DEVELOPMENT OF SEXUAL - REPRODUCTIVE LIFE

PSYCHOSEXUAL DEVELOPMENT DURING THE TODDLER YEARS: THE ORAL PHASE, THE ANAL PHASE, AND THE FIRST GENITAL PHASE

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.

As thought out in Psychosexual Theory, human sexual life begins in forms not considered to be sexual until this past century. Psychosexual development, as the student has learned in class, begins with the oral phase. This is so labeled because during the first year of an infant's life and well into the second year, the mouth plays a large part in the infant's adaptation to life. Through it the infant **communicates** his needs to his mother.

It is an efficient **food intake-sucking** body part that frees him from the pain of hunger.

Important for the sexual aspect of the mouth is that the child soon learns that sucking an object such as his thumb or a pacifier will give him a special kind of **pleasure** and **comfort**. It is this aspect of the mouth experience that features most as a part of the total sexual system. During the years from 1 to 3, the child is still in **the oral phase**, now though at a quite more mature level than the early part; now the toddler eats solids though commonly she/he may still either breast feed or bottle feed, has selected whether or not he/she will use a pacifier or thumb or another type of comforter (as a piece of blanket, etc.).

According to psychosexual theory, during the half of the second year, the toddler begins to be aware of sensations associated with both urination and the passing of stools (solid contents of the large intestine). These waste discharge activities produce pleasurable sensations both by the relief of bodily pressures but also due to the unique feelings the passage of these waste products produces in the lining of the organs in question. This period of psychosexual development, from about 18 months to about 3 years, is **the anal phase**. The developmental tasks of learning how to control the discharge of urine and of bowel movements gets stirred up and may be started during the second year, but especially in the USA is believed to more easily and productively--more is gained by the child--achieved during the third year of life. But for the issue of normal sexual development, it is the sensations associated with these everyday functions that has led to these being considered to be part of the total human sexual system.

Many children achieve toilet training quite easily. This is especially so when it is not started before the toddler is ready for it and when the parent child relationship is predominantly positive. In some instances though, especially where the parent-child relationship is troubled, it has proven to be extremely problematic. Martha Woodall, writer for *The Philadelphia Inquirer*, wrote a front page Feature Story in which she said: "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" (November 9, 1993, p. 1).

We also see, in most normal children 2 to 3 years of age, and in some even from about 18 months on, an increased attention to, interest in, and concern about their own and others' genitals. As the student learned in class, this is the beginning of **the first genital phase**. It is so called because the child's sexual experiencing now becomes most organized by pleasurable sensations in their genitals which most likely result from a biological maturation that occurs during this period of development. This period is called the "**first genital phase**" because there, indeed, is a "**second genital phase**", namely that which occurs in **adolescence**; this is initiated by the remarkable biological (physical, etc.) developments that occur at **puberty**. The first genital phase is **the infantile form of sexuality**; the second genital is the beginning of what will mature into **the adult form of sexuality**. Although we address the first genital phase development in detail in Unit 3, and we shall there address some the parenting challenges it brings, here in Unit 2 we need to be aware of its beginnings which start from about 2 1/4 years of age.

In making your observations regarding "your" toddler's psychosexual development, **respect the child's** needs for privacy. If you speak to "your" toddler about his/her developments, feelings, sensations, etc. be aware of the fact that children are very sensitive to intrusive explorations. It is highly advisable and strongly recommended that you make any inquiries about the child's sexual development in the presence of the toddler's mother or father.

THIRD VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on THE ORAL PHASE

HUMAN DEVELOPMENT ASPECT

Does "your" toddler **suck** his/her thumb or use a pacifier?

Does it seem to you that he/she uses sucking as a means of **comforting** himself? Support your impression with observed instances and facts.

Does he/she sometimes **bite**? If so, is it always in anger?

If **weaning** has been started, how is she/he reacting to this? If he/she is already weaned, ask Mother to tell you how the toddler reacted to this. Did the toddler initiate the weaning or did Mother?

Is he completely weaned from his **daytime** bottles or breast feeding?

Does he still have a **night-time bottle**? Do you think, from your observations or talks with Mother that the night bottle is more needed as actual nourishment or as a comforter? Why do you think this?

Is "your" toddler a **good** or a **fussy** eater? Does he/she seem to enjoy meals or are they ordeals for all?

THIRD VISIT (Continued)

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on THE ORAL PHASE**CHILD REARING ASPECT**

How does Mother handle feedings:

Does she set her toddler's plate and **just goes about her business** in the kitchen or elsewhere?Does she **sit with him** and **talk with him** while he is feeding? Does the toddler eat with the rest of the family? Is feeding a **pleasant time for both**?Have you seen **Father** feed the toddler? How does that go? Describe.If "your" toddler has **problems** with eating, how does Mother handled them? How does Dad handle such?Do Mother and Father allow their toddler to use a **pacifier**? **What does Mother think** it does for him? And Father?If "your" toddler uses a "night bottle", **how do Mother and Father feel** about it? Try to get them to tell you what they think about using the "night bottle".When the toddler bites, **what does Mother do**? **What does Father do**?

THIRD VISIT (Continued)

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on THE ANAL PHASE

HUMAN DEVELOPMENT ASPECT

Does "your" toddler have any **unusual problems** with urination or bowel movements, such as due to some physical abnormalities or allergies? If so, describe. This would, of course, make the process of both elimination and of toilet training more challenging and difficult.

Have you seen any signs of "your" toddler becoming aware of, or expressing an **interest in** toilet training? How old was he/she when you first saw these?

What were the signs? Describe.

For example, have you heard "your" toddler **talk** about his own or someone else's elimination activity, be it urination or having a B.M. (making "pipi" or whatever words the family uses for these functions).

Sometimes a toddler in play will **pretend** to go to the potty.

When toilet training is in progress, describe what happens.

For instance, does "your" toddler **say** he/she needs to "go potty"?

Does she/he **refuse** to or **cooperates** in letting Mother (or Father, or other caregiver) know when she/he needs to "go potty"?

Do Mother and toddler get into **battles** over "going to the potty"? Describe.

THIRD VISIT (Continued)

Observations on THE ANAL PHASE**HUMAN DEVELOPMENT ASPECT**

Describe **the toddler's reaction** to:

Mother's **asking** if he/she needs to go to the potty?

Mother's putting some **pressure** on the toddler to go to the potty?

The toddler making an effort to go to the potty and **succeeding**?

When the toddler makes an effort and does **not** succeed?

Overall, do you think "your" toddler is taking the toilet training process in stride or has it created a problem for the toddler and/or the mother/father? Describe.

What **gains** are you seeing in "your" toddler gradually succeeding in the toilet training?

For instance, he seems to be **more confident** that he can do things that are challenging. Or/and,

He seems to keep his toys in some better order (**greater degree of organization**).

He seems to have a **better developed sense of self**.

He seems to feel **more grown-up**. Etc. **Be cautious** in what you read into the child's behaviors, **but don't be afraid to guess**.

THIRD VISIT (Continued)

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on THE ANAL PHASE**CHILD REARING ASPECT**

If "your" toddler has some unusual problem with urination or bowel movements, how are Mother and Father dealing with it? Give some detail.

How are or have Mother/Father reacted to any signs of "your" toddler becoming aware of, or expressing an interest in toilet training? For example, how did Mother respond to "your" toddler's **talking** about his own or someone else's need to urinate or have a B.M. or to her toddler's **playing** at going to the potty.

Describe what Mother and/or Father said or did when, for instance, "Your" toddler **said** he/she needed to "go potty"?

The toddler made an effort to go to the potty and **succeeded**?

When the toddler made an effort and did **not** succeed?

How did Mother **ask** if he/she needs to go to the potty?

How did Mother and Father put **pressure** on the toddler to go to the potty? Detail.

THIRD VISIT (Continued)

Observations on THE ANAL PHASE**CHILD REARING ASPECT**

How does Mother handle the toddler's **refusing** to let Mother (or Father, or other caregiver) know when she/he needs to "go potty"? And, how does Mother respond to her toddler's **cooperating** in the toilet training process?

Give some specific instances when the parents **facilitated and/or made the task more difficult** for the toddler.

What do you think Mother and Father do/did that caused **battles** over "going to the potty" become **more intense**? Describe.
Or, and, what do you think Mother and Father do/did to make these battles **less intense**? Describe.
Or, what did Mother and Father do that **prevented** battles from developing? Detail.

Did you see any evidence (in behavior or in marks on the child's body) of parents' getting terribly upset with their toddler and abusing him/her emotionally or physically.

Overall, do you think "your" toddler is taking the toilet training process in stride or has it created a problem for the toddler and/or the mother/father? Describe.

Do you think "your" toddler's parents recognize the **gains** "your" toddler made in gradually succeeding in the toilet training?

THIRD VISIT (Continued)

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on THE FIRST GENITAL PHASE

HUMAN DEVELOPMENT ASPECT

Has "your" toddler begun to show **an increase in interest** in his/her own genitals--such as by asking questions or making comments about it? If so, give examples.

Has he/she expressed any **worry** about his/her genitals? If so, what?

Has she/he made comments or asked questions about **others' genitals**, Mother, Father, sibling, or even yours? If so, give examples.

Have you seen more than just momentary **hand-touching** of her/his own genital area? (Observe only, make no comments to the child!) Describe.

Has "your" toddler become **notably interested in a baby**? If so, describe what leads you to think so.

Are you seeing a change in "your" toddler's wish to be **more** with Mother or **more** with Father than before? If so, give details.

THIRD VISIT (Continued)

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on THE FIRST GENITAL PHASE

CHILD REARING ASPECT

Has Mother or Father noted an increase in interest in his/her genitals--such as by asking questions or making comments about it? If so, how has each dealt with these? Give examples.

If "your" toddler has expressed worry about his/her genitals, have Mother or Father responded to this? If so, what did the parents do and say?

If these occurred, how did Mother and Father handle comments or questions the toddler asked about others' genitals? If the toddler asked about yours, what did you say? Give specifics.

If there has been more than just momentary hand-touching of her/his own genital area, how did Mother and/or Father deal with this?

If you saw such, did "your" toddler's parents note their child's new interest in a baby? If so, how did they react to this.

If you have seen a change in "your" toddler's wish to be more with Mother or more with Father than before, have the parents seen this too? If so, how are they dealing with this.

SUMMARY OF VISIT

ELEVENTH VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on THE ORAL PHASE

HUMAN DEVELOPMENT ASPECT

Does "your" toddler **suck** his/her thumb or use a pacifier?

Does it seem to you that he/she uses sucking as a means of **comforting** himself? Support your impression with observed instances and facts.

Does he/she sometimes **bite**? If so, is it always in anger?

If **weaning** has been started, how is she/he reacting to this? If he/she is already weaned, ask Mother to tell you how the toddler reacted to this. Did the toddler initiate the weaning or did Mother?

Is he completely weaned from his **daytime** bottles or breast feeding?

Does he still have a **night-time bottle**? Do you think, from your observations or talks with Mother that the night bottle is more needed as actual nourishment or as a comforter? Why do you think this?

Is "your" toddler a **good** or a **fussy** eater? Does he/she seem to enjoy meals or are they ordeals for all?

ELEVENTH VISIT (Continued)

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on THE ORAL PHASE

CHILD REARING ASPECT

How does Mother handle feedings:

Does she set her toddler's plate and **just goes about her business** in the kitchen or elsewhere?

Does she **sit with him** and **talk with him** while he is feeding? Does the toddler eat with the rest of the family? Is feeding a **pleasant time for both**?

Have you seen **Father** feed the toddler? How does that go? Describe.

If "your" toddler has **problems** with eating, how does Mother handled them? How does Dad handle such?

Do Mother and Father allow their toddler to use a **pacifier**? **What does Mother think** it does for him? And Father?

If "your" toddler uses a "night bottle", **how do Mother and Father feel** about it? Try to get them to tell you what they think about using the "night bottle".

When the toddler bites, **what does Mother do**? **What does Father do**?

ELEVENTH VISIT (Continued)

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on THE ANAL PHASE

HUMAN DEVELOPMENT ASPECT

Does "your" toddler have any **unusual problems** with urination or bowel movements, such as due to some physical abnormalities or allergies? If so, describe. This would, of course, make the process of both elimination and of toilet training more challenging and difficult.

Have you seen any signs of "your" toddler becoming aware of, or expressing an **interest in** toilet training? How old was he/she when you first saw these?

What were the signs? Describe.

For example, have you heard "your" toddler **talk** about his own or someone else's elimination activity, be it urination or having a B.M. (making "pipi" or whatever words the family uses for these functions).

Sometimes a toddler in play will **pretend** to go to the potty.

When toilet training is in progress, describe what happens.

For instance, does "your" toddler **say** he/she needs to "go potty"?

Does she/he **refuse** to or **cooperates** in letting Mother (or Father, or other caregiver) know when she/he needs to "go potty"?

Do Mother and toddler get into **battles** over "going to the potty"? Describe.

ELEVENTH VISIT (Continued)

Observations on THE ANAL PHASE**HUMAN DEVELOPMENT ASPECT**

Describe **the toddler's reaction** to:

Mother's **asking** if he/she needs to go to the potty?

Mother's putting some **pressure** on the toddler to go to the potty?

The toddler making an effort to go to the potty and **succeeding**?

When the toddler makes an effort and does **not** succeed?

Overall, do you think "your" toddler is taking the toilet training process in stride or has it created a problem for the toddler and/or the mother/father? Describe.

What **gains** are you seeing in "your" toddler gradually succeeding in the toilet training?

For instance, he seems to be **more confident** that he can do things that are challenging. Or/and,

He seems to keep his toys in some better order (**greater degree of organization**).

He seems to have a **better developed sense of self**.

He seems to feel **more grown-up**. Etc. **Be cautious** in what you read into the child's behaviors, **but don't be afraid to guess**.

ELEVENTH VISIT (Continued)

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on THE ANAL PHASE

CHILD REARING ASPECT

If "your" toddler has some unusual problem with urination or bowel movements, how are Mother and Father dealing with it? Give some detail.

How are or have Mother/Father reacted to any signs of "your" toddler becoming aware of, or expressing an interest in toilet training? For example, how did Mother respond to "your" toddler's **talking** about his own or someone else's need to urinate or have a B.M. or to her toddler's **playing** at going to the potty.

Describe what Mother and/or Father said or did when, for instance, "Your" toddler **said** he/she needed to "go potty"?

The toddler made an effort to go to the potty and **succeeded**?

When the toddler made an effort and did **not** succeed?

How did Mother **ask** if he/she needs to go to the potty?

How did Mother and Father put **pressure** on the toddler to go to the potty? Detail.

ELEVENTH VISIT (Continued)

Observations on THE ANAL PHASE**CHILD REARING ASPECT**

How does Mother handle the toddler's **refusing** to let Mother (or Father, or other caregiver) know when she/he needs to "go potty"? And, how does Mother respond to her toddler's **cooperating** in the toilet training process?

Give some specific instances when the parents **facilitated and/or made the task more difficult** for the toddler.

What do you think Mother and Father do/did that caused **battles** over "going to the potty" become **more intense**? Describe.
Or, and, what do you think Mother and Father do/did to make these battles **less intense**? Describe.
Or, what did Mother and Father do that **prevented** battles from developing? Detail.

Did you see any evidence (in behavior or in marks on the child's body) of parents' getting terribly upset with their toddler and abusing him/her emotionally or physically.

Overall, do you think "your" toddler is taking the toilet training process in stride or has it created a problem for the toddler and/or the mother/father? Describe.

Do you think "your" toddler's parents recognize the **gains** "your" toddler made in gradually succeeding in the toilet training?

ELEVENTH VISIT (Continued)

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on THE FIRST GENITAL PHASE

HUMAN DEVELOPMENT ASPECT

Has "your" toddler begun to show **an increase in interest** in his/her own genitals--such as by asking questions or making comments about it? If so, give examples.

Has he/she expressed any **worry** about his/her genitals? If so, what?

Has she/he made comments or asked questions about **others' genitals**, Mother, Father, sibling, or even yours? If so, give examples.

Have you seen more than just momentary **hand-touching** of her/his own genital area? (Observe only, make no comments to the child!) Describe.

Has "your" toddler become **notably interested in a baby**? If so, describe what leads you to think so.

Are you seeing a change in "your" toddler's wish to be **more** with Mother or **more** with Father than before? If so, give details.

ELEVENTH VISIT (Continued)

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on THE FIRST GENITAL PHASE

CHILD REARING ASPECT

Has Mother or Father noted an increase in interest in his/her genitals--such as by asking questions or making comments about it? If so, how has each dealt with these? Give examples.

If "your" toddler has expressed worry about his/her genitals, have Mother or Father responded to this? If so, what did the parents do and say?

If these occurred, how did Mother and Father handle comments or questions the toddler asked about others' genitals? If the toddler asked about yours, what did you say? Give specifics.

If there has been more than just momentary hand-touching of her/his own genital area, how did Mother and/or Father deal with this?

If you saw such, did "your" toddler's parents note their child's new interest in a baby? If so, how did they react to this.

If you have seen a change in "your" toddler's wish to be more with Mother or more with Father than before, have the parents seen this too? If so, how are they dealing with this.

SUMMARY OF VISIT

SIXTEENTH VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on THE ORAL PHASE

HUMAN DEVELOPMENT ASPECT

Does "your" toddler **suck** his/her thumb or use a pacifier?

Does it seem to you that he/she uses sucking as a means of **comforting** himself? Support your impression with observed instances and facts.

Does he/she sometimes **bite**? If so, is it always in anger?

If **weaning** has been started, how is she/he reacting to this? If he/she is already weaned, ask Mother to tell you how the toddler reacted to this. Did the toddler initiate the weaning or did Mother?

Is he completely weaned from his **daytime** bottles or breast feeding?

Does he still have a **night-time bottle**? Do you think, from your observations or talks with Mother that the night bottle is more needed as actual nourishment or as a comforter? Why do you think this?

Is "your" toddler a **good** or a **fussy** eater? Does he/she seem to enjoy meals or are they ordeals for all?

SIXTEENTH VISIT (Continued)

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on THE ORAL PHASE

CHILD REARING ASPECT

How does Mother handle feedings:

Does she set her toddler's plate and **just goes about her business** in the kitchen or elsewhere?

Does she **sit with him** and **talk with him** while he is feeding? Does the toddler eat with the rest of the family? Is feeding a **pleasant time for both**?

Have you seen **Father** feed the toddler? How does that go? Describe.

If "your" toddler has **problems** with eating, how does Mother handled them? How does Dad handle such?

Do Mother and Father allow their toddler to use a **pacifier**? **What does Mother think** it does for him? And Father?

If "your" toddler uses a "night bottle", **how do Mother and Father feel** about it? Try to get them to tell you what they think about using the "night bottle".

When the toddler bites, **what does Mother do**? **What does Father do**?

SIXTEENTH VISIT (Continued)

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on THE ANAL PHASE

HUMAN DEVELOPMENT ASPECT

Does "your" toddler have any **unusual problems** with urination or bowel movements, such as due to some physical abnormalities or allergies? If so, describe. This would, of course, make the process of both elimination and of toilet training more challenging and difficult.

Have you seen any signs of "your" toddler becoming aware of, or expressing an **interest in** toilet training? How old was he/she when you first saw these?

What were the signs? Describe.

For example, have you heard "your" toddler **talk** about his own or someone else's elimination activity, be it urination or having a B.M. (making "pipi" or whatever words the family uses for these functions).

Sometimes a toddler in play will **pretend** to go to the potty.

When toilet training is in progress, describe what happens.

For instance, does "your" toddler **say** he/she needs to "go potty"?

Does she/he **refuse** to or **cooperates** in letting Mother (or Father, or other caregiver) know when she/he needs to "go potty"?

Do Mother and toddler get into **battles** over "going to the potty"? Describe.

SIXTEENTH VISIT (Continued)

Observations on THE ANAL PHASE**HUMAN DEVELOPMENT ASPECT**

Describe **the toddler's reaction** to:

Mother's **asking** if he/she needs to go to the potty?

Mother's putting some **pressure** on the toddler to go to the potty?

The toddler making an effort to go to the potty and **succeeding**?

When the toddler makes an effort and does **not** succeed?

Overall, do you think "your" toddler is taking the toilet training process in stride or has it created a problem for the toddler and/or the mother/father? Describe.

What **gains** are you seeing in "your" toddler gradually succeeding in the toilet training?

For instance, he seems to be **more confident** that he can do things that are challenging. Or/and,

He seems to keep his toys in some better order (**greater degree of organization**).

He seems to have a **better developed sense of self**.

He seems to feel **more grown-up**. Etc. **Be cautious** in what you read into the child's behaviors, **but don't be afraid to guess**.

SIXTEENTH VISIT (Continued)

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on THE ANAL PHASE**CHILD REARING ASPECT**

If "your" toddler has some unusual problem with urination or bowel movements, how are Mother and Father dealing with it? Give some detail.

How are or have Mother/Father reacted to any signs of "your" toddler becoming aware of, or expressing an interest in toilet training? For example, how did Mother respond to "your" toddler's **talking** about his own or someone else's need to urinate or have a B.M. or to her toddler's **playing** at going to the potty.

Describe what Mother and/or Father said or did when, for instance, "Your" toddler **said** he/she needed to "go potty"?

The toddler made an effort to go to the potty and **succeeded**?

When the toddler made an effort and did **not** succeed?

How did Mother **ask** if he/she needs to go to the potty?

How did Mother and Father put **pressure** on the toddler to go to the potty? Detail.

SIXTEENTH VISIT (Continued)

Observations on THE ANAL PHASE**CHILD REARING ASPECT**

How does Mother handle the toddler's **refusing** to let Mother (or Father, or other caregiver) know when she/he needs to "go potty"? And, how does Mother respond to her toddler's **cooperating** in the toilet training process?

Give some specific instances when the parents **facilitated and/or made the task more difficult** for the toddler.

What do you think Mother and Father do/did that caused **battles** over "going to the potty" become **more intense**? Describe.
Or, and, what do you think Mother and Father do/did to make these battles **less intense**? Describe.
Or, what did Mother and Father do that **prevented** battles from developing? Detail.

Did you see any evidence (in behavior or in marks on the child's body) of parents' getting terribly upset with their toddler and abusing him/her emotionally or physically.

Overall, do you think "your" toddler is taking the toilet training process in stride or has it created a problem for the toddler and/or the mother/father? Describe.

Do you think "your" toddler's parents recognize the **gains** "your" toddler made in gradually succeeding in the toilet training?

SIXTEENTH VISIT (Continued)

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on THE FIRST GENITAL PHASE

HUMAN DEVELOPMENT ASPECT

Has "your" toddler begun to show **an increase in interest** in his/her own genitals--such as by asking questions or making comments about it? If so, give examples.

Has he/she expressed any **worry** about his/her genitals? If so, what?

Has she/he made comments or asked questions about **others' genitals**, Mother, Father, sibling, or even yours? If so, give examples.

Have you seen more than just momentary **hand-touching** of her/his own genital area? (Observe only, make no comments to the child!) Describe.

Has "your" toddler become **notably interested in a baby**? If so, describe what leads you to think so.

Are you seeing a change in "your" toddler's wish to be **more** with Mother or **more** with Father than before? If so, give details.

SIXTEENTH VISIT (Continued)

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on THE FIRST GENITAL PHASE

CHILD REARING ASPECT

Has Mother or Father noted an increase in interest in his/her genitals--such as by asking questions or making comments about it? If so, how has each dealt with these? Give examples.

If "your" toddler has expressed worry about his/her genitals, have Mother or Father responded to this? If so, what did the parents do and say?

If these occurred, how did Mother and Father handle comments or questions the toddler asked about others' genitals? If the toddler asked about yours, what did you say? Give specifics.

If there has been more than just momentary hand-touching of her/his own genital area, how did Mother and/or Father deal with this?

If you saw such, did "your" toddler's parents note their child's new interest in a baby? If so, how did they react to this.

If you have seen a change in "your" toddler's wish to be more with Mother or more with Father than before, have the parents seen this too? If so, how are they dealing with this.

SUMMARY OF VISIT

THE TODDLER YEARS (1 to 3 YEARS)

AGGRESSION

PARENTING FOR EMOTIONAL GROWTH: UNIT 2 - 1 to 3 YEARS

LABORATORY MANUAL

For LESSON PLANS for GRADES 10 THRU 12

HUMAN DEVELOPMENT AND CHILD REARING ASPECTS OF AGGRESSION

In your visits to observe aggressive behaviors in the 1 to 3 year old toddler you will see considerable development between your first and last visits. As we discussed in class, these are the 4 types of aggressive behaviors to look for--note the major forms of **destructive** and **nondestructive** aggression:

Destructive aggression -- here note the distinctions between the 3 types of destructiveness:

1. **Non-hostile destructiveness** -- e.g., biting and chewing in the process of eating, pulling things apart to see what is inside.
2. **Hostile destructiveness** with moderate or even outright **pleasure** -- e.g., having fun breaking things or teasing or outright hurting people, others but at times even the child him/herself, or animals.
3. **Hostile destructiveness** with clear **unpleasure** (pain) experiencing -- such as when the toddler is feeling very hurt. He cries or even screams in protest of physical or emotional pain, and may also then be calling for comfort and help.

Non-destructive aggression -- This positive form of aggression is seen when a child energetically lets his wants be known, explores his environment, asserts him/herself, is pressured from within to attain his/her goals, and shows eagerness to learn.

When you see episodes of any of the above forms of aggression, try to detect what caused the aggressive behavior, tell how the toddler expressed his feelings, what Mother or Father did to help him and what the outcome was. Bearing in mind that anger from

moderate unpleasure can grow -- when the unpleasure becomes too painful -- into hostility unless it is responded to helpfully, do you see any worrisome signs of this? Or, on the other hand, does the mother seem successful in removing the pain, calming the child, and reestablishing an affectionate relationship (even when she has to set a limit?) Note also the child's level of nondestructive or assertive behavior -- would you describe him as placid and unassertive, of medium nondestructive aggressive energy level, or as a very energetic nondestructive aggressive level child? Describe what the mother and other family members do to help the child become assertive in a reasonable way.

From what you see now, do you think your child is angered too often, is having a problem in coping with unpleasure, and stays angry too long? Do you think he is too morose? Does he have rage reactions? Is he developing the ability to experience anger and not be overwhelmed by it? Are his mother and father helping him to express anger reasonably, and to develop confidence that they are there to help. If you see rage reactions, how is the mother handling these? (Be sympathetic; it is very difficult to deal with.) Is "your" toddler beginning to assert himself as a self-respecting person? Is she/he "standing up for her/his rights"? At times "feeling her/his oats"? Remember that these attitudes are in the service of strengthening the child's developing sense of self, of feeling she/he is an individual, like everyone else in the family. We have found that families have the best mental health where everyone is respected enough, where parents are recognized as the responsible adults from whom the children can expect love, guidance and support, the children recognized as growing individuals who can need much love and attention, but from whom the parents can demand their assuming increasing responsibilities and reasonable compliance with caring adults on whom the children depend for their own development and well-being.

SIXTH VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on AGGRESSION**HUMAN DEVELOPMENT ASPECT**

Have you observed "your" toddler having "**unpleasure**" **experiences**? (It is unavoidable even in the best of life conditions.)
What have been some of the **mildly** unpleasurable experiences and how has the toddler reacted? Describe

Has the toddler experienced **intensely** unpleasurable experiences? If so, what are they? How did the toddler react?

Can you tell from the toddler's vocal (sounds) and physical (facial and gestures) expressions when he/she is really angry? Describe it?

Can you **see**, **hear**, and **feel** when his **anger** intensifies and becomes **hostility**, and then even **rage**? Describe what happened that led to this **intensification** of **hostile destructive** feelings.

If you cannot tell, or are not sure enough, whether "your" toddler feels anger, hostility, or rage, do the following exercise in the better development of **empathy** -- which is **the ability to perceive**, to know, what **another** person is feeling:

(1) **Look** at his face and gestures; then, (2) **listen** to the quality of the sounds he is making; then, (3) try to **feel** what he might feel like. If you still are not sure enough, do the second part of this exercise in developing better **empathy**:

(1) Look at his face and gestures and **you do the same**, look like he looks and make the same gestures; then, (2) listen to the way he sounds and **you make the same sounds** (out loud or in your head). Then, (3) what do **you** feel like?

Now, describe what caused the anger and then its intensification into hostility and, if it occurred, into rage.

If you do not see such escalation in the child's hostile destructive feelings, ask Mother if she has seen this in her toddler. What caused this?

SIXTH VISIT (Continued)

Observations on AGGRESSION**HUMAN DEVELOPMENT ASPECT**

At his present age, what kinds of experiences make him **angry**? What kind makes him **hostile**? (Whatever they are, there is always some degree of pain, physical or emotional.)

What usually stops the anger? What stops the hostility?

Does he recover quickly or stay angry for a long time?

Does he have **rage reactions** or **temper tantrums**? How **frequently** do these occur?

How **intense** would you say they are -- use a 3-point scale: 1 = mild, 2 = moderate, 3 = severe.

If "your" toddler has tantrums, and you observe one, look closely and describe how you feel he might feel.

If you do not see him/her having a tantrum, ask Mother or Father how they think he feels when he tantrums. Describe.

How does he react when Mother tells him to not do something he wants to do, that is when Mother sets limits. Describe.

How does he react when his mother restrains him from taking another child's toy or grabbing a cup of coffee?

SIXTH VISIT (Continued)

Observations on AGGRESSION**HUMAN DEVELOPMENT ASPECT**

Does he ever seem to want to hurt his mother, or other person, when angry? If so, how does he show this?

Have you seen "your" toddler hit or kick Mother? If you have, how did he seem to feel after? How did he behave after?

When he is recovering from anger, hostility, or rage or a tantrum, does he want to be comforted? If so, what does he do to try to get the comforting he needs?

Have you observed "your" toddler tease or taunt another person, a child, or Mother, or a grandparent, etc.? Detail. What do you think made him do this? (Remember, children are not born "evil"; find another explanation for their wanting to hurt others.)

Have you seen "your" toddler seem to enjoy breaking something that Mother or Father would not want him/her to break? If so, describe. What do you think or does Mother think may have caused this destructive behavior?

Have you seen "your" toddler seem to enjoy hurting someone intentionally? Accidentally? If so, describe.

SIXTH VISIT (Continued)

Observations on AGGRESSION**HUMAN DEVELOPMENT ASPECT**

Did you observe any examples of **non-hostile destructive** activity (e.g., biting and chewing, pulling something apart to examine it? Describe something other than his/her eating behaviors.

How does "your" toddler express when he wants something, i.e., "**assert his rights**"? (Is he timid? Is he comfortable saying what he wants? He is reasonably forceful/persistent? Is he unreasonably, stubbornly, demanding? Etc.)

When hungry?

When he is in pain and needs to be comforted?

When he seems to just want to be held?

When he wants something he knows he is not entitled to, like his older brother's truck?

Have you heard "your" toddler say "No!" to his/her mother? To father? What do you think it meant?

When he explores, does he go at it with energy and persistence -- i.e., **nondestructive aggressive**? Describe what you saw.

If "your" toddler seems lacking in good enough aggressive energy (maybe appearing "lazy"), describe that.

SIXTH VISIT (Continued)

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on AGGRESSION**CHILD REARING ASPECT**

How does Mother, and how does Father handle "your" toddler's having "**unpleasure**" experiences?

When the toddler is having some **mildly** unpleasurable experience? Describe.

When the toddler is experiencing an **intensely** unpleasurable experience? How did Mother react? If Father was there, how did he handle it?

Do you think that Mother and Father can tell from the toddler's vocal (sounds) and physical (facial and gestures) expressions when he/she is really angry? What makes you think so; support your impression with evidence.

Do you think the parents can tell when their toddler's **anger** intensifies and becomes **hostility**, and then even **rage**? How can you tell?

Do you think they look for what happened that led to this **intensification** of **hostile destructive** feelings in their child? Give the evidence (data) for your impression.

How would you rate "your" toddler's parents' ability to **empathize**, i.e., **to perceive**, to know, what **another** person is feeling? Rate it on a 3-point scale (good, mixed, poor) and be reasonable in your estimation.

SIXTH VISIT (Continued)

Observations on AGGRESSION

CHILD REARING ASPECT

Does Mother know what kinds of experiences make him **angry**? What kind makes him **hostile**?
Does Father? How do you know?

Does Mother think there is always some hurt or pain, physical or emotional, that is causing the anger or hostility? What does Father think about the cause of anger or hostility, or even rage in his toddler?

Mother:

Father:

Ask Mother: What usually stops the toddler's anger? What stops her/his hostility?

What does Father say?

If "your" toddler has had a **rage reaction** or **temper tantrum**, how did Mother react? If you observed one, describe how Mother felt. How did she think the toddler felt? (Be reasonable and sympathetic in your appraisal; tantrums are extremely difficult to tolerate and handle.)

Address the same questions in your observation of Father.

If you do not see him/her having a tantrum, ask Mother or Father how they think he feels when he tantrums. Describe.

SIXTH VISIT (Continued)

Observations on AGGRESSION**CHILD REARING ASPECT**

How do Mother and Father each **set limits**? Describe each and non-critically compare.

Does each, and **how** do they, **tell** their toddler what each **expects** of him/her? (She/he is clear/not clear, considerate/inconsiderate, loving but firm/hostile, pleading, blasting, etc.)

Do Mother and Father have a usual way of setting limits, i.e., is there **a predictable pattern** to the way they do so? Detail.

Mother's way:

Father's way:

Does each take into account their **toddler's particular sensitivities, personality tendencies**? (E.g., is the toddler a shy child, a quick reactor who needs clear, quickly executed limits, etc.)

Does each **warn** the toddler clearly enough when the limit setting is one step away from getting into punishment (privilege withdrawal)? Say how it goes with each parent.

Mother:

Father:

Do they **follow through** when punishment is called for? Are Mother and Father **reasonable**?

Mother:

Father:

SIXTH VISIT (Continued)

Observations on AGGRESSION

CHILD REARING ASPECT

How does Mother react when her toddler wants to hurt her when toddler is angry? Describe.

How does Father react when his toddler wants to hurt him? Describe.

If "your" toddler hit or kicked her, how did Mother reacted? If this happened with Father?

If you have seen this, how did Mother seem to feel after? How did she behave after? Address the same questions about Father

When after being angry, hostile, raging or having a tantrum, toddler wants to be comforted, how has Mother responded? What did she do? Did it work well? Detail.

Address the same about Father.

If you observed "your" toddler **tease or taunt** another person, a child, or Mother, or a grandparent, etc., how did Mother handle this behavior? Detail. Did Mother **try to explore** with toddler **what made him do this**?

What about Father?

Do your toddler's mother or father think that children are **not** born "evil"; what explanation do they have for their toddler's wanting to hurt others.

SIXTH VISIT (Continued)

Observations on AGGRESSION

CHILD REARING ASPECT

If you saw "your" toddler seem to enjoy breaking something that Mother or Father would not want him/her to break, how did they handle this behavior? If so, describe. What did Mother/Father think may have caused this destructive behavior?

Mother:

Father:

If you saw "your" toddler seem to enjoy hurting someone intentionally, what did Mother do? Did she assume it was accidental? Do you think it was? Describe.

Address the same questions about Father?

Does "your" toddler's mother help or allow her toddler to express him/herself freely when he/she wants something, i.e., "**assert his rights**"? And what about Father?

When hungry?

When he is in pain and needs to be comforted?

When he seems to just want to be held?

When he wants something he knows he is not entitled to, like his older brother's truck?

SIXTH VISIT (Continued)

Observations on AGGRESSION**CHILD REARING ASPECT**

When you heard "your" toddler say "No!" to his/her mother, what did Mother do? Do you think Mother knows that this "No!" is in the service of her toddler's consolidating his/her sense of self? (Be sympathetic; none of us likes to be told "No!")

When you heard "your" toddler say "No!" to his/her father, what did Father do? Do you think Father knows that this "No!" is in the service of his toddler's consolidating his/her sense of self? (Be aware that fathers even more than mothers tend to be more troubled by their toddlers' "No!")

If, when the toddler explores, he goes at it with energy and persistence -- i.e., **nondestructive aggressive**, how does Mother react? Does she like to see her toddler behave so, or does she feel the toddler is too full of him/herself? Describe what you saw.

What about Father?

If "your" toddler seems lacking in good enough aggressive energy (maybe appearing "lazy"), what does Mother do about this? Does it please her to have a toddler who never gets into things? Does she encourage him describe that./her to explore more? Do you think Mother knows that one needs this kind of free energy to overcome obstacles to our goals and get where we want to get in life? Discuss.

What about Father?

SUMMARY OF VISIT

TWELFTH VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on AGGRESSION**HUMAN DEVELOPMENT ASPECT**

Have you observed "your" toddler having "**unpleasure**" **experiences**? (It is unavoidable even in the best of life conditions.)
What have been some of the **mildly** unpleasurable experiences and how has the toddler reacted? Describe

Has the toddler experienced **intensely** unpleasurable experiences? If so, what are they? How did the toddler react?

Can you tell from the toddler's vocal (sounds) and physical (facial and gestures) expressions when he/she is really angry? Describe it?

Can you **see**, **hear**, and **feel** when his **anger** intensifies and becomes **hostility**, and then even **rage**? Describe what happened that led to this **intensification** of **hostile destructive** feelings.

If you cannot tell, or are not sure enough, whether "your" toddler feels anger, hostility, or rage, do the following exercise in the better development of **empathy** -- which is **the ability to perceive**, to know, what **another** person is feeling:

(1) **Look** at his face and gestures; then, (2) **listen** to the quality of the sounds he is making; then, (3) try to **feel** what he might feel like. If you still are not sure enough, do the second part of this exercise in developing better **empathy**:

(1) Look at his face and gestures and **you do the same**, look like he looks and make the same gestures; then, (2) listen to the way he sounds and **you make the same sounds** (out loud or in your head). Then, (3) what do **you** feel like?

Now, describe what caused the anger and then its intensification into hostility and, if it occurred, into rage.

If you do not see such escalation in the child's hostile destructive feelings, ask Mother if she has seen this in her toddler. What caused this?

TWELFTH VISIT (Continued)

Observations on AGGRESSION**HUMAN DEVELOPMENT ASPECT**

At his present age, what kinds of experiences make him **angry**? What kind makes him **hostile**? (Whatever they are, there is always some degree of pain, physical or emotional.)

What usually stops the anger? What stops the hostility?

Does he recover quickly or stay angry for a long time?

Does he have **rage reactions** or **temper tantrums**? How **frequently** do these occur?

How **intense** would you say they are -- use a 3-point scale: 1 = mild, 2 = moderate, 3 = severe.

If "your" toddler has tantrums, and you observe one, look closely and describe how you feel he might feel.

If you do not see him/her having a tantrum, ask Mother or Father how they think he feels when he tantrums. Describe.

How does he react when Mother tells him to not do something he wants to do, that is when Mother sets limits. Describe.

How does he react when his mother restrains him from taking another child's toy or grabbing a cup of coffee?

TWELFTH VISIT (Continued)

Observations on AGGRESSION

HUMAN DEVELOPMENT ASPECT

Does he ever seem to want to hurt his mother, or other person, when angry? If so, how does he show this?

Have you seen "your" toddler hit or kick Mother? If you have, how did he seem to feel after? How did he behave after?

When he is recovering from anger, hostility, or rage or a tantrum, does he want to be comforted? If so, what does he do to try to get the comforting he needs?

Have you observed "your" toddler tease or taunt another person, a child, or Mother, or a grandparent, etc.? Detail. What do you think made him do this? (Remember, children are not born "evil"; find another explanation for their wanting to hurt others.)

Have you seen "your" toddler seem to enjoy breaking something that Mother or Father would not want him/her to break? If so, describe. What do you think or does Mother think may have caused this destructive behavior?

Have you seen "your" toddler seem to enjoy hurting someone intentionally? Accidentally? If so, describe.

TWELFTH VISIT (Continued)

Observations on AGGRESSION

HUMAN DEVELOPMENT ASPECT

Did you observe any examples of **non-hostile destructive** activity (e.g., biting and chewing, pulling something apart to examine it? Describe something other than his/her eating behaviors.

How does "your" toddler express when he wants something, i.e., "**assert his rights**"? (Is he timid? Is he comfortable saying what he wants? He is reasonably forceful/persistent? Is he unreasonably, stubbornly, demanding? Etc.)

When hungry?

When he is in pain and needs to be comforted?

When he seems to just want to be held?

When he wants something he knows he is not entitled to, like his older brother's truck?

Have you heard "your" toddler say "No!" to his/her mother? To father? What do you think it meant?

When he explores, does he go at it with energy and persistence -- i.e., **nondestructive aggressive**? Describe what you saw.

If "your" toddler seems lacking in good enough aggressive energy (maybe appearing "lazy"), describe that.

TWELFTH VISIT (Continued)

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on AGGRESSION

CHILD REARING ASPECT

How does Mother, and how does Father handle "your" toddler's having "**unpleasure**" experiences?

When the toddler is having some **mildly** unpleasurable experience? Describe.

When the toddler is experiencing an **intensely** unpleasurable experience? How did Mother react? If Father was there, how did he handle it?

Do you think that Mother and Father can tell from the toddler's vocal (sounds) and physical (facial and gestures) expressions when he/she is really angry? What makes you think so; support your impression with evidence.

Do you think the parents can tell when their toddler's **anger** intensifies and becomes **hostility**, and then even **rage**? How can you tell?

Do you think they look for what happened that led to this **intensification** of **hostile destructive** feelings in their child? Give the evidence (data) for your impression.

How would you rate "your" toddler's parents' ability to **empathize**, i.e., **to perceive**, to know, what **another** person is feeling? Rate it on a 3-point scale (good, mixed, poor) and be reasonable in your estimation.

TWELFTH VISIT (Continued)

Observations on AGGRESSION

CHILD REARING ASPECT

Does Mother know what kinds of experiences make him **angry**? What kind makes him **hostile**?
Does Father? How do you know?

Does Mother think there is always some hurt or pain, physical or emotional, that is causing the anger or hostility? What does Father think about the cause of anger or hostility, or even rage in his toddler?

Mother:

Father:

Ask Mother: What usually stops the toddler's anger? What stops her/his hostility?

What does Father say?

If "your" toddler has had a **rage reaction** or **temper tantrum**, how did Mother react? If you observed one, describe how Mother felt. How did she think the toddler felt? (Be reasonable and sympathetic in your appraisal; tantrums are extremely difficult to tolerate and handle.)

Address the same questions in your observation of Father.

If you do not see him/her having a tantrum, ask Mother or Father how they think he feels when he tantrums. Describe.

TWELFTH VISIT (Continued)

Observations on AGGRESSION**CHILD REARING ASPECT**

How do Mother and Father each **set limits**? Describe each and non-critically compare.

Does each, and **how** do they, **tell** their toddler what each **expects** of him/her? (She/he is clear/not clear, considerate/inconsiderate, loving but firm/hostile, pleading, blasting, etc.)

Do Mother and Father have a usual way of setting limits, i.e., is there **a predictable pattern** to the way they do so? Detail.

Mother's way:

Father's way:

Does each take into account their **toddler's particular sensitivities, personality tendencies**? (E.g., is the toddler a shy child, a quick reactor who needs clear, quickly executed limits, etc.)

Does each **warn** the toddler clearly enough when the limit setting is one step away from getting into punishment (privilege withdrawal)? Say how it goes with each parent.

Mother:

Father:

Do they **follow through** when punishment is called for? Are Mother and Father **reasonable**?

Mother:

Father:

TWELFTH VISIT (Continued)

Observations on AGGRESSION

CHILD REARING ASPECT

How does Mother react when her toddler wants to hurt her when toddler is angry? Describe.

How does Father react when his toddler wants to hurt him? Describe.

If "your" toddler hit or kicked her, how did Mother reacted? If this happened with Father?

If you have seen this, how did Mother seem to feel after? How did she behave after? Address the same questions about Father

When after being angry, hostile, raging or having a tantrum, toddler wants to be comforted, how has Mother responded? What did she do? Did it work well? Detail.

Address the same about Father.

If you observed "your" toddler **tease or taunt** another person, a child, or Mother, or a grandparent, etc., how did Mother handle this behavior? Detail. Did Mother **try to explore** with toddler **what made him do this**?

What about Father?

Do your toddler's mother or father think that children are **not** born "evil"; what explanation do they have for their toddler's wanting to hurt others.

TWELFTH VISIT (Continued)

Observations on AGGRESSION

CHILD REARING ASPECT

If you saw "your" toddler seem to enjoy breaking something that Mother or Father would not want him/her to break, how did they handle this behavior? If so, describe. What did Mother/Father think may have caused this destructive behavior?

Mother:

Father:

If you saw "your" toddler seem to enjoy hurting someone intentionally, what did Mother do? Did she assume it was accidental? Do you think it was? Describe.

Address the same questions about Father?

Does "your" toddler's mother help or allow her toddler to express him/herself freely when he/she wants something, i.e., "**assert his rights**"? And what about Father?

When hungry?

When he is in pain and needs to be comforted?

When he seems to just want to be held?

When he wants something he knows he is not entitled to, like his older brother's truck?

TWELFTH VISIT (Continued)

Observations on AGGRESSION**CHILD REARING ASPECT**

When you heard "your" toddler say "No!" to his/her mother, what did Mother do? Do you think Mother knows that this "No!" is in the service of her toddler's consolidating his/her sense of self? (Be sympathetic; none of us likes to be told "No!")

When you heard "your" toddler say "No!" to his/her father, what did Father do? Do you think Father knows that this "No!" is in the service of his toddler's consolidating his/her sense of self? (Be aware that fathers even more than mothers tend to be more troubled by their toddlers' "No!")

If, when the toddler explores, he goes at it with energy and persistence -- i.e., **nondestructive aggressive**, how does Mother react? Does she like to see her toddler behave so, or does she feel the toddler is too full of him/herself? Describe what you saw.

What about Father?

If "your" toddler seems lacking in good enough aggressive energy (maybe appearing "lazy"), what does Mother do about this? Does it please her to have a toddler who never gets into things? Does she encourage him describe that./her to explore more? Do you think Mother knows that one needs this kind of free energy to overcome obstacles to our goals and get where we want to get in life? Discuss.

What about Father?

SUMMARY OF VISIT

SIXTEENTH VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on AGGRESSION**HUMAN DEVELOPMENT ASPECT**

Have you observed "your" toddler having "**unpleasure**" **experiences**? (It is unavoidable even in the best of life conditions.)
What have been some of the **mildly** unpleasurable experiences and how has the toddler reacted? Describe

Has the toddler experienced **intensely** unpleasurable experiences? If so, what are they? How did the toddler react?

Can you tell from the toddler's vocal (sounds) and physical (facial and gestures) expressions when he/she is really angry? Describe it?

Can you **see**, **hear**, and **feel** when his **anger** intensifies and becomes **hostility**, and then even **rage**? Describe what happened that led to this **intensification** of **hostile destructive** feelings.

If you cannot tell, or are not sure enough, whether "your" toddler feels anger, hostility, or rage, do the following exercise in the better development of **empathy** -- which is **the ability to perceive**, to know, what **another** person is feeling:

(1) **Look** at his face and gestures; then, (2) **listen** to the quality of the sounds he is making; then, (3) try to **feel** what he might feel like. If you still are not sure enough, do the second part of this exercise in developing better **empathy**:

(1) Look at his face and gestures and **you do the same**, look like he looks and make the same gestures; then, (2) listen to the way he sounds and **you make the same sounds** (out loud or in your head). Then, (3) what do **you** feel like?

Now, describe what caused the anger and then its intensification into hostility and, if it occurred, into rage.

If you do not see such escalation in the child's hostile destructive feelings, ask Mother if she has seen this in her toddler. What caused this?

SIXTEENTH VISIT (Continued)

Observations on AGGRESSION

HUMAN DEVELOPMENT ASPECT

At his present age, what kinds of experiences make him **angry**? What kind makes him **hostile**? (Whatever they are, there is always some degree of pain, physical or emotional.)

What usually stops the anger? What stops the hostility?

Does he recover quickly or stay angry for a long time?

Does he have **rage reactions** or **temper tantrums**? How **frequently** do these occur?

How **intense** would you say they are -- use a 3-point scale: 1 = mild, 2 = moderate, 3 = severe.

If "your" toddler has tantrums, and you observe one, look closely and describe how you feel he might feel.

If you do not see him/her having a tantrum, ask Mother or Father how they think he feels when he tantrums. Describe.

How does he react when Mother tells him to not do something he wants to do, that is when Mother sets limits. Describe.

How does he react when his mother restrains him from taking another child's toy or grabbing a cup of coffee?

SIXTEENTH VISIT (Continued)

Observations on AGGRESSION

HUMAN DEVELOPMENT ASPECT

Does he ever seem to want to hurt his mother, or other person, when angry? If so, how does he show this?

Have you seen "your" toddler hit or kick Mother? If you have, how did he seem to feel after? How did he behave after?

When he is recovering from anger, hostility, or rage or a tantrum, does he want to be comforted? If so, what does he do to try to get the comforting he needs?

Have you observed "your" toddler tease or taunt another person, a child, or Mother, or a grandparent, etc.? Detail. What do you think made him do this? (Remember, children are not born "evil"; find another explanation for their wanting to hurt others.)

Have you seen "your" toddler seem to enjoy breaking something that Mother or Father would not want him/her to break? If so, describe. What do you think or does Mother think may have caused this destructive behavior?

Have you seen "your" toddler seem to enjoy hurting someone intentionally? Accidentally? If so, describe.

SIXTEENTH VISIT (Continued)

Observations on AGGRESSION**HUMAN DEVELOPMENT ASPECT**

Did you observe any examples of **non-hostile destructive** activity (e.g., biting and chewing, pulling something apart to examine it? Describe something other than his/her eating behaviors.

How does "your" toddler express when he wants something, i.e., "**assert his rights**"? (Is he timid? Is he comfortable saying what he wants? He is reasonably forceful/persistent? Is he unreasonably, stubbornly, demanding? Etc.)

When hungry?

When he is in pain and needs to be comforted?

When he seems to just want to be held?

When he wants something he knows he is not entitled to, like his older brother's truck?

Have you heard "your" toddler say "No!" to his/her mother? To father? What do you think it meant?

When he explores, does he go at it with energy and persistence -- i.e., **nondestructive aggressive**? Describe what you saw.

If "your" toddler seems lacking in good enough aggressive energy (maybe appearing "lazy"), describe that.

SIXTEENTH VISIT (Continued)

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on AGGRESSION**CHILD REARING ASPECT**

How does Mother, and how does Father handle "your" toddler's having "**unpleasure**" experiences?

When the toddler is having some **mildly** unpleasurable experience? Describe.

When the toddler is experiencing an **intensely** unpleasurable experience? How did Mother react? If Father was there, how did he handle it?

Do you think that Mother and Father can tell from the toddler's vocal (sounds) and physical (facial and gestures) expressions when he/she is really angry? What makes you think so; support your impression with evidence.

Do you think the parents can tell when their toddler's **anger** intensifies and becomes **hostility**, and then even **rage**? How can you tell?

Do you think they look for what happened that led to this **intensification** of **hostile destructive** feelings in their child? Give the evidence (data) for your impression.

How would you rate "your" toddler's parents' ability to **empathize**, i.e., **to perceive**, to know, what **another** person is feeling? Rate it on a 3-point scale (good, mixed, poor) and be reasonable in your estimation.

SIXTEENTH VISIT (Continued)

Observations on AGGRESSION

CHILD REARING ASPECT

Does Mother know what kinds of experiences make him **angry**? What kind makes him **hostile**?
Does Father? How do you know?

Does Mother think there is always some hurt or pain, physical or emotional, that is causing the anger or hostility? What does Father think about the cause of anger or hostility, or even rage in his toddler?

Mother:

Father:

Ask Mother: What usually stops the toddler's anger? What stops her/his hostility?

What does Father say?

If "your" toddler has had a **rage reaction** or **temper tantrum**, how did Mother react? If you observed one, describe how Mother felt. How did she think the toddler felt? (Be reasonable and sympathetic in your appraisal; tantrums are extremely difficult to tolerate and handle.)

Address the same questions in your observation of Father.

If you do not see him/her having a tantrum, ask Mother or Father how they think he feels when he tantrums. Describe.

SIXTEENTH VISIT (Continued)

Observations on AGGRESSION**CHILD REARING ASPECT**

How do Mother and Father each **set limits**? Describe each and non-critically compare.

Does each, and **how** do they, **tell** their toddler what each **expects** of him/her? (She/he is clear/not clear, considerate/inconsiderate, loving but firm/hostile, pleading, blasting, etc.)

Do Mother and Father have a usual way of setting limits, i.e., is there **a predictable pattern** to the way they do so? Detail.

Mother's way:

Father's way:

Does each take into account their **toddler's particular sensitivities, personality tendencies**? (E.g., is the toddler a shy child, a quick reactor who needs clear, quickly executed limits, etc.)

Does each **warn** the toddler clearly enough when the limit setting is one step away from getting into punishment (privilege withdrawal)? Say how it goes with each parent.

Mother:

Father:

Do they **follow through** when punishment is called for? Are Mother and Father **reasonable**?

Mother:

Father:

SIXTEENTH VISIT (Continued)

Observations on AGGRESSION**CHILD REARING ASPECT**

How does Mother react when her toddler wants to hurt her when toddler is angry? Describe.

How does Father react when his toddler wants to hurt him? Describe.

If "your" toddler hit or kicked her, how did Mother reacted? If this happened with Father?

If you have seen this, how did Mother seem to feel after? How did she behave after? Address the same questions about Father

When after being angry, hostile, raging or having a tantrum, toddler wants to be comforted, how has Mother responded? What did she do? Did it work well? Detail.

Address the same about Father.

If you observed "your" toddler **tease or taunt** another person, a child, or Mother, or a grandparent, etc., how did Mother handle this behavior? Detail. Did Mother **try to explore** with toddler **what made him do this**?

What about Father?

Do your toddler's mother or father think that children are **not** born "evil"; what explanation do they have for their toddler's wanting to hurt others.

SIXTEENTH VISIT (Continued)

Observations on AGGRESSION

CHILD REARING ASPECT

If you saw "your" toddler seem to enjoy breaking something that Mother or Father would not want him/her to break, how did they handle this behavior? If so, describe. What did Mother/Father think may have caused this destructive behavior?

Mother:

Father:

If you saw "your" toddler seem to enjoy hurting someone intentionally, what did Mother do? Did she assume it was accidental? Do you think it was? Describe.

Address the same questions about Father?

Does "your" toddler's mother help or allow her toddler to express him/herself freely when he/she wants something, i.e., "**assert his rights**"? And what about Father?

When hungry?

When he is in pain and needs to be comforted?

When he seems to just want to be held?

When he wants something he knows he is not entitled to, like his older brother's truck?

SIXTEENTH VISIT (Continued)

Observations on AGGRESSION**CHILD REARING ASPECT**

When you heard "your" toddler say "No!" to his/her mother, what did Mother do? Do you think Mother knows that this "No!" is in the service of her toddler's consolidating his/her sense of self? (Be sympathetic; none of us likes to be told "No!")

When you heard "your" toddler say "No!" to his/her father, what did Father do? Do you think Father knows that this "No!" is in the service of his toddler's consolidating his/her sense of self? (Be aware that fathers even more than mothers tend to be more troubled by their toddlers' "No!")

If, when the toddler explores, he goes at it with energy and persistence -- i.e., **nondestructive aggressive**, how does Mother react? Does she like to see her toddler behave so, or does she feel the toddler is too full of him/herself? Describe what you saw.

What about Father?

If "your" toddler seems lacking in good enough aggressive energy (maybe appearing "lazy"), what does Mother do about this? Does it please her to have a toddler who never gets into things? Does she encourage him describe that./her to explore more? Do you think Mother knows that one needs this kind of free energy to overcome obstacles to our goals and get where we want to get in life? Discuss.

What about Father?

SUMMARY OF VISIT

THE TODDLER YEARS (1 to 3 YEARS)

THE TODDLER'S ABILITIES TO ADAPT -- PART II:

DEVELOPING INTERNAL CONTROLS

DEFENSE MECHANISMS

REGRESSION

PARENTING FOR EMOTIONAL GROWTH: UNIT 2 - 1 to 3 YEARS

LABORATORY MANUAL

For LESSON PLANS for GRADES 10 THRU 12

HUMAN DEVELOPMENT AND CHILD REARING ASPECTS OF DEVELOPING INTERNAL CONTROLS, THE DEVELOPMENT OF DEFENSE MECHANISMS, REGRESSION

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 (detailed in Unit 1, The First Year of Life). The 1 to 3 year old child has feelings, thoughts, wishes and fears. Some of these feelings, thoughts, wishes are highly pleasurable. On the other hand, some of the 1 year old child's feelings, thoughts, 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, and/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 as "defense mechanisms" or simply as "defenses"). The child is not born with these controls and defenses in place; they develop as the child becomes cognitively able to put these strategies into action in response to the emotional and adaptive need for them.

The student has learned 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 the subsequent Unit, Unit 3, we detail other wishes the child experiences as unacceptable and which lead to enormous feelings of anxiety, guilt, shame, depression, and more. Although the adaptive developments of **internal controls** and **defense mechanisms** have already begun during the first year, **these developments are sharply accelerated during the second and third years**. In these Laboratory exercises you will first make observations on the child's developing **internal controls**, then on the toddler's development of **mechanisms of defense**, and then, because it is so often and well (adaptively speaking) used by toddlers, you will be asked to look separately at one of these protecting defenses, **regression**.

THE TODDLER YEARS (1 to 3 YEARS)

INTERNAL CONTROLS

SIXTH VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on INTERNAL CONTROLS

HUMAN DEVELOPMENT ASPECT

Have you recently seen "your" toddler get very upset with Mom or Dad when told he can't do something he seems to really wants to do or is told he must do something he seems to just not want to do? If so, did he/she in any way then do something Mom or Dad found troublesome? Describe.

Have you recently seen "your" toddler lose control and lash out at someone or something? Describe what he/she did.

Did you get the impression that "your" toddler **tried to control the expression and/or the discharge of feelings** during this episode and others like it? Describe.

Have you recently seen "your" toddler do something which then led to his feeling **ashamed** (often evident in blushing, looking away, hiding behind a chair, all while looking embarrassed)? If so, describe as best you can what happened and what the toddler did **to lessen his feelings** of shame?

Have you recently seen "your" toddler do something which then led to his feeling **guilty** (can lead to self-depreciation, "I'm a bad boy!", expecting punishment, etc.? If so, describe what happened and what the toddler did to lessen his feelings of guilt?

Have you recently seen "your" toddler experience **anxiety** (of any sort)? What do you think he/she did to cope with it? Describe.

SIXTH VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on INTERNAL CONTROLS

CHILD REARING ASPECT

When you saw "your" toddler get very upset with Mom or Dad, what did Mom or Dad do to help their toddler develop inner controls? Describe.

When you saw "your" toddler lose control and lash out at someone or something, describe what Mom or Dad did to help their child control him/herself?

Do you get the impression that "your" toddler's parents are helping him/her learn to control the expression and the discharge of hostile feelings ? Describe what they do.

Have you seen "your" toddler's parents handle their child's feeling **ashamed**? If so, describe **what they did** and **how the toddler reacted** to these efforts?

Have you seen "your" toddler's parents handle their child's feeling **guilty**? If so, describe **what they did** and **how the toddler reacted** to these efforts?

Have you recently seen "your" toddler's parents help their child deal with his/her feeling **anxious**? What did they do and how do you think "your" toddler responded? Describe.

SUMMARY OF VISIT

TWELFTH VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on INTERNAL CONTROLS**HUMAN DEVELOPMENT ASPECT**

Have you recently seen "your" toddler get very upset with Mom or Dad when told he can't do something he seems to really wants to do or is told he must do something he seems to just not want to do? If so, did he/she in any way then do something Mom or Dad found troublesome? Describe.

Have you recently seen "your" toddler lose control and lash out at someone or something? Describe what he/she did.

Did you get the impression that "your" toddler **tried to control the expression and/or the discharge of feelings** during this episode and others like it? Describe.

Have you recently seen "your" toddler do something which then led to his feeling **ashamed** (often evident in blushing, looking away, hiding behind a chair, all while looking embarrassed)? If so, describe as best you can what happened and what the toddler did **to lessen his feelings** of shame?

Have you recently seen "your" toddler do something which then led to his feeling **guilty** (can lead to self-depreciation, "I'm a bad boy!", expecting punishment, etc.? If so, describe what happened and what the toddler did to lessen his feelings of guilt?

Have you recently seen "your" toddler experience **anxiety** (of any sort)? What do you think he/she did to cope with it? Describe.

TWELFTH VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on INTERNAL CONTROLS

CHILD REARING ASPECT

When you saw "your" toddler get very upset with Mom or Dad, what did Mom or Dad do to help their toddler develop inner controls? Describe.

When you saw "your" toddler lose control and lash out at someone or something, describe what Mom or Dad did to help their child control him/herself?

Do you get the impression that "your" toddler's parents are helping him/her learn to control the expression and the discharge of hostile feelings ? Describe what they do.

Have you seen "your" toddler's parents handle their child's feeling **ashamed**? If so, describe **what they did** and **how the toddler reacted** to these efforts?

Have you seen "your" toddler's parents handle their child's feeling **guilty**? If so, describe **what they did** and **how the toddler reacted** to these efforts?

Have you recently seen "your" toddler's parents help their child deal with his/her feeling **anxious**? What did they do and how do you think "your" toddler responded? Describe.

SUMMARY OF VISIT

SIXTEENTH VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on INTERNAL CONTROLS**HUMAN DEVELOPMENT ASPECT**

Have you recently seen "your" toddler get very upset with Mom or Dad when told he can't do something he seems to really wants to do or is told he must do something he seems to just not want to do? If so, did he/she in any way then do something Mom or Dad found troublesome? Describe.

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Have you recently seen "your" toddler do something which then led to his feeling **ashamed** (often evident in blushing, looking away, hiding behind a chair, all while looking embarrassed)? If so, describe as best you can what happened and what the toddler did **to lessen his feelings** of shame?

Have you recently seen "your" toddler do something which then led to his feeling **guilty** (can lead to self-depreciation, "I'm a bad boy!", expecting punishment, etc.)? If so, describe what happened and what the toddler did to lessen his feelings of guilt?

Have you recently seen "your" toddler experience **anxiety** (of any sort)? What do you think he/she did to cope with it? Describe.

SIXTEENTH VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on INTERNAL CONTROLS

CHILD REARING ASPECT

When you saw "your" toddler get very upset with Mom or Dad, what did Mom or Dad do to help their toddler develop inner controls? Describe.

When you saw "your" toddler lose control and lash out at someone or something, describe what Mom or Dad did to help their child control him/herself?

Do you get the impression that "your" toddler's parents are helping him/her learn to control the expression and the discharge of hostile feelings ? Describe what they do.

Have you seen "your" toddler's parents handle their child's feeling **ashamed**? If so, describe **what they did** and **how the toddler reacted** to these efforts?

Have you seen "your" toddler's parents handle their child's feeling **guilty**? If so, describe **what they did** and **how the toddler reacted** to these efforts?

Have you recently seen "your" toddler's parents help their child deal with his/her feeling **anxious**? What did they do and how do you think "your" toddler responded? Describe.

SUMMARY OF VISIT

THE TODDLER YEARS (1 to 3 YEARS)

DEFENSE MECHANISMS:

DENIAL, PROJECTION, DISPLACEMENT, INHIBITION
IDENTIFICATION, REACTION FORMATION, IDENTIFICATION WITH THE AGGRESSOR,
SPLITTING MENTAL REPRESENTATIONS, AND
NEUTRALIZATION, SUBLIMATION, ALTRUISM, EMPATHY

SEVENTH VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on DEFENSE MECHANISMS

HUMAN DEVELOPMENT ASPECT

In "your" toddler's behavior, look for evidence of the following defense and describe:

Denial (such as "I didn't do it" when the toddler did; or "I'm not upset", when the toddler is).

Projection (ascribing to another what the child is feeling, especially so of hostility, such as "Daddy's really angry with me" when you have good evidence that the toddler is angry with his father).

Displacement (such as when angry with Mother, hitting the dog).

Inhibition (such as standing immobilized when another toddler takes "your" toddler's toy).

Identification (is "your" toddler doing for Mother, or you, what Mother usually does for him or her, such offering Mother some of his food; or in some way acting like Mom or Dad does).

Reaction formation (such as "your" toddler trying hard to be nice with the new baby he wishes were taken back to the hospital!)

SEVENTH VISIT (Continued)

Observations on DEFENSE MECHANISMS**HUMAN DEVELOPMENT ASPECT**

Identification with the aggressor (acting like, or pretending to be like, someone or something that frightens him or her).

Splitting of mental representations (may be difficult to see. For instance, while visibly showing that "your" toddler is angry with Mother, he is being charming and sweet with the neighbor who is visiting, a person he does not know very well.)

Neutralization (usually of hostile feelings. This too may be difficult to see but may be inferred by change in behavior, such as the lessening of hostility over time.)

Sublimation (such as shifting from a battle of wills into a game; or from tearing something or making a mess to drawing or building something.)

Altruism (such as "your" toddler offering the new baby one of his preferred toys or comforters.)

Empathy (such as "your" toddler being sympathetic with Mother, or you, when she, or you, feels hurt or upset.)

SEVENTH VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on DEFENSE MECHANISMS

CHILD REARING ASPECT

Do you get the impression that "your" toddler's Mom and Dad know that when their child **denies, projects, inhibits, displaces**, or uses any of the long-term "unhelpful" defense mechanism, the toddler is doing so out of the need to protect himself now against too much distress? Give evidence.

Does Mom and/or Dad **try to sort out and understand** what is causing their toddler to use the defenses? Give evidence.

Does Mom and/or Dad **ask** the toddler? Do they **listen** to the toddler's explanation?

Do they **talk** about it with the toddler? Give an example.

Do they help **calm the toddler's anxiety**? How?

Do they try to help the toddler **control and handle better his hostility**? How?

Do they **remove** or try to **lessen** what is causing the stress? Describe.

SUMMARY OF VISIT

THIRTEENTH VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on DEFENSE MECHANISMS

HUMAN DEVELOPMENT ASPECT

In "your" toddler's behavior, look for evidence of the following defense and describe:

Denial (such as "I didn't do it" when the toddler did; or "I'm not upset", when the toddler is).

Projection (ascribing to another what the child is feeling, especially so of hostility, such as "Daddy's really angry with me" when you have good evidence that the toddler is angry with his father).

Displacement (such as when angry with Mother, hitting the dog).

Inhibition (such as standing immobilized when another toddler takes "your" toddler's toy).

Identification (is "your" toddler doing for Mother, or you, what Mother usually does for him or her, such offering Mother some of his food; or in some way acting like Mom or Dad does).

Reaction formation (such as "your" toddler trying hard to be nice with the new baby he wishes were taken back to the hospital!)

THIRTEENTH VISIT (Continued)

Observations on DEFENSE MECHANISMS**HUMAN DEVELOPMENT ASPECT**

Identification with the aggressor (acting like, or pretending to be like, someone or something that frightens him or her).

Splitting of mental representations (may be difficult to see. For instance, while visibly showing that "your" toddler is angry with Mother, he is being charming and sweet with the neighbor who is visiting, a person he does not know very well.)

Neutralization (usually of hostile feelings. This too may be difficult to see but may be inferred by change in behavior, such as the lessening of hostility over time.)

Sublimation (such as shifting from a battle of wills into a game; or from tearing something or making a mess to drawing or building something.)

Altruism (such as "your" toddler offering the new baby one of his preferred toys or comforters.)

Empathy (such as "your" toddler being sympathetic with Mother, or you, when she, or you, feels hurt or upset.)

THIRTEENTH VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on DEFENSE MECHANISMS

CHILD REARING ASPECT

Do you get the impression that "your" toddler's Mom and Dad know that when their child **denies, projects, inhibits, displaces**, or uses any of the long-term "unhelpful" defense mechanism, the toddler is doing so out of the need to protect himself now against too much distress? Give evidence.

Does Mom and/or Dad **try to sort out and understand** what is causing their toddler to use the defenses? Give evidence.

Does Mom and/or Dad **ask** the toddler? Do they **listen** to the toddler's explanation?

Do they **talk** about it with the toddler? Give an example.

Do they help **calm the toddler's anxiety**? How?

Do they try to help the toddler **control and handle better his hostility**? How?

Do they **remove** or try to **lessen** what is causing the stress? Describe.

SUMMARY OF VISIT

SIXTEENTH VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on DEFENSE MECHANISMS

HUMAN DEVELOPMENT ASPECT

In "your" toddler's behavior, look for evidence of the following defense and describe:

Denial (such as "I didn't do it" when the toddler did; or "I'm not upset", when the toddler is).

Projection (ascribing to another what the child is feeling, especially so of hostility, such as "Daddy's really angry with me" when you have good evidence that the toddler is angry with his father).

Displacement (such as when angry with Mother, hitting the dog).

Inhibition (such as standing immobilized when another toddler takes "your" toddler's toy).

Identification (is "your" toddler doing for Mother, or you, what Mother usually does for him or her, such offering Mother some of his food; or in some way acting like Mom or Dad does).

Reaction formation (such as "your" toddler trying hard to be nice with the new baby he wishes were taken back to the hospital!)

SIXTEENTH VISIT (Continued)

Observations on DEFENSE MECHANISMS**HUMAN DEVELOPMENT ASPECT**

Identification with the aggressor (acting like, or pretending to be like, someone or something that frightens him or her).

Splitting of mental representations (may be difficult to see. For instance, while visibly showing that "your" toddler is angry with Mother, he is being charming and sweet with the neighbor who is visiting, a person he does not know very well.)

Neutralization (usually of hostile feelings. This too may be difficult to see but may be inferred by change in behavior, such as the lessening of hostility over time.)

Sublimation (such as shifting from a battle of wills into a game; or from tearing something or making a mess to drawing or building something.)

Altruism (such as "your" toddler offering the new baby one of his preferred toys or comforters.)

Empathy (such as "your" toddler being sympathetic with Mother, or you, when she, or you, feels hurt or upset.)

SIXTEENTH VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on DEFENSE MECHANISMS

CHILD REARING ASPECT

Do you get the impression that "your" toddler's Mom and Dad know that when their child **denies, projects, inhibits, displaces**, or uses any of the long-term "unhelpful" defense mechanism, the toddler is doing so out of the need to protect himself now against too much distress? Give evidence.

Does Mom and/or Dad **try to sort out and understand** what is causing their toddler to use the defenses? Give evidence.

Does Mom and/or Dad **ask** the toddler? Do they **listen** to the toddler's explanation?

Do they **talk** about it with the toddler? Give an example.

Do they help **calm the toddler's anxiety**? How?

Do they try to help the toddler **control and handle better his hostility**? How?

Do they **remove** or try to **lessen** what is causing the stress? Describe.

SUMMARY OF VISIT

THE TODDLER YEARS (1 to 3 YEARS)

REGRESSION

SEVENTH VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on REGRESSION

HUMAN DEVELOPMENT ASPECT

Did you see any regression in "your" toddler in the following **tasks of development**--include a brief description (1) of the regressive behavior, say (2) how long it lasted, (3) what you think might have caused, and (4) what might have stopped the regression):

Mastery of **locomotor and coordination skills**:

Mastery of **separation anxiety**:

Weaning:

The **conflict** of wishing to become an individual versus wanting to stay one with Mother (the "rapprochement conflict"):

Toilet training:

Going to daycare or preschool:

A new sibling:

Any other:

SEVENTH VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on REGRESSION

CHILD REARING ASPECT

What did "your" toddler's Mother or Father do--constructive or not--when they saw regression in their child in the following tasks of development--say **why** you thought what parents did was constructive or not:

Mastery of **locomotor and coordination skills**:

Mastery of **separation anxiety**:

Weaning:

The **conflict** of wishing to become an individual versus wanting to stay one with Mother (the "rapprochement conflict"):

Toilet training:

Going to daycare or preschool:

A new sibling:

Any other:

SUMMARY OF VISIT

THIRTEENTH VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on REGRESSION

HUMAN DEVELOPMENT ASPECT

Did you see any regression in "your" toddler in the following **tasks of development**--include a brief description (1) of the regressive behavior, say (2) how long it lasted, (3) what you think might have caused, and (4) what might have stopped the regression):

Mastery of **locomotor and coordination skills**:

Mastery of **separation anxiety**:

Weaning:

The **conflict** of wishing to become an individual versus wanting to stay one with Mother (the "rapprochement conflict"):

Toilet training:

Going to daycare or preschool:

A new sibling:

Any other:

THIRTEENTH VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on REGRESSION

CHILD REARING ASPECT

What did "your" toddler's Mother or Father do--constructive or not--when they saw regression in their child in the following tasks of development--say **why** you thought what parents did was constructive or not:

Mastery of **locomotor and coordination skills**:

Mastery of **separation anxiety**:

Weaning:

The **conflict** of wishing to become an individual versus wanting to stay one with Mother (the "rapprochement conflict"):

Toilet training:

Going to daycare or preschool:

A new sibling:

Any other:

SUMMARY OF VISIT

SIXTEENTH VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on REGRESSION

HUMAN DEVELOPMENT ASPECT

Did you see any regression in "your" toddler in the following **tasks of development**--include a brief description (1) of the regressive behavior, say (2) how long it lasted, (3) what you think might have caused, and (4) what might have stopped the regression):

Mastery of **locomotor and coordination skills**:

Mastery of **separation anxiety**:

Weaning:

The **conflict** of wishing to become an individual versus wanting to stay one with Mother (the "rapprochement conflict"):

Toilet training:

Going to daycare or preschool:

A new sibling:

Any other:

SIXTEENTH VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on REGRESSION

CHILD REARING ASPECT

What did "your" toddler's Mother or Father do--constructive or not--when they saw regression in their child in the following tasks of development--say **why** you thought what parents did was constructive or not:

Mastery of **locomotor and coordination skills**:

Mastery of **separation anxiety**:

Weaning:

The **conflict** of wishing to become an individual versus wanting to stay one with Mother (the "rapprochement conflict"):

Toilet training:

Going to daycare or preschool:

A new sibling:

Any other:

SUMMARY OF VISIT

THE TODDLER YEARS (1 - 3 YEARS)

CONSCIENCE FORMATION:

CONSCIENCE PROPER

AND

THE IDEAL SELF AND SELF-ESTEEM

PARENTING FOR EMOTIONAL GROWTH: UNIT 2 - 1 to 3 YEARS

LABORATORY MANUAL

For LESSON PLANS for GRADES 10 THRU 12

HUMAN DEVELOPMENT AND CHILD REARING ASPECTS OF

THE BEGINNINGS OF CONSCIENCE FORMATION:

THE CONSCIENCE PROPER & THE IDEAL SELF AND SELF-ESTEEM

Conscience is an **internal mental-emotional system of rules of conduct** which **we ourselves** gradually construct and which exerts internal pressures on us for compliance. The **consequence** of not complying sufficiently with these internal rules is that we experience feelings that are painful to us and which of themselves then can dictate our behaviors. The cardinal painful feelings include **guilt, shame, and anxiety**.

We think of conscience as having **two parts**: (a) **the conscience proper** which has to do with the "Do's and Don'ts" by which we eventually guide our own conduct, and (b) **the ideal self** which has to do with what we hold up to ourselves as our ideal conduct and behavior, our ideal self-image as a total person. We feel **anxiety** when our conduct/behavior falls short of either our conscience proper or our ideal self. In addition, we feel **guilt** when we don't comply sufficiently with our conscience proper; and we feel **shame** when we fall short of complying with the rules we set up in our ideal self.

Students will make their Lab observations considering the two parts of conscience separately. First, you will observe "your" toddler's behaviors for evidence of the development of the toddler's **conscience proper**. Then, you will observe for evidence of the formation of the toddler's **ideal self**.

No one is born with a ready-made conscience. You will have learned in your Lessons that a number of **inborn** factors **contribute** to how conscience will form, whether readily or with difficulty. For instance, children born with greater sensitivities will be more responsive to how others feel and as a result will be more quickly aware of and responsive to what Mom and Dad, feel, expect, say,

and do. As time goes by, this will also apply to how peers feel and react. Another factor, for instance, is that the infant who is born with the strong inner need "to have or do what he wants when he wants" will have greater difficulty complying with what the parents demand and expect and is likely to internalize conflict over compliance--which can make for compliance that is insufficient or too rigid. The "Do's" and "Don'ts" may be insufficiently predictable or too rigid. Our conscience **develops**. Its formation may be constructive, mature, positively adaptive to life in family and society. Or it may develop with maladaptive standards that lead to disregard or even outright hostile regard for self and/or others, and be destructive to self, family and society. In this it guides one into serious conflict with those around us and may be destructive of the self.

The largest factor that gives shape to the conscience we develop is the young child's gradually **internalizing of experiences especially within the relationships with the child's primary caregivers**, especially the child's mother and father. Through the toddler years, these are the foremost sources of the child's conscience formation. As the child comes increasingly into contact with other children and extra-familial adults, they too, to a greater or lesser degree, exert an influence on the child's conscience formation. Then, later input is added by our experiences at school, by other social and religious training we may have, and by the laws of the land. The development of conscience is crucial to give us guidelines for our sense of morality, the goals we set up for ourselves, and our behaviors toward ourselves as well as toward others. It is what especially makes us **social beings**. It gives shape to our lives in families, in groups, and in society.

It is important for parents to know (as many do) that young children--even into the middle school years--are **not always the best judges** of what is a reasonable reaction to unacceptable behavior. It is best that parents 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. For instance, 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 too is that the reaction of mother and father especially, will profoundly influence the child's own reaction to her or his own behavior. As we said in the last Lesson, 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. Enormously important is that **the caregiver's reaction will be much more meaningful to the child when the caregiver is meaningful to the child, such as when it is mother or father, the "other" person of a "primary relationship."** Although children may respond readily to nonparental 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**.

Students should keep in mind as they look at their toddlers and their parents for evidence of conscience formation to consider (1) **What** they would do, and (2) **How** they would do it **were the student the parent**, to effect a positive development in "their" observation toddlers of the toddler's ability to learn what is acceptable and what is unacceptable behavior.

In looking for evidence of the toddler's developing **ideal self**, think of the fact that we all have mental images of who we are. We also all have mental images of who we really **want and hope to be**, an ideal image of ourselves. This is what we mean by our "**ideal self**"; it is a mental representation we hold up to ourselves as a guide for how we behave and what we do. The closer we get to this ideal model of ourselves, the better our feelings about ourselves, the better our **self-esteem**.

How the child constructs a mental image of herself or himself depends on a number of factors. First of all, the child's general comfort, the normal enough functioning of her physiology, her thresholds of irritability, her ability to organize experience, all these arising from her **inborn givens**. These inborn givens, which make up the child's **temperament**, in combination with the **experiences** the child has, especially in her family relationships, will organize in the child's mind into images she has of herself. Where the child's family relationships are good, the normal child's physical and emotional needs will most likely be sufficiently met as a result of which the child will feel good about herself and feel valued, the better then her **self-esteem**.

By the end of year one, the child has developed some sense of himself, some elements of a self image, and if well cared for, some stabilizing sense of being worthy of good care and nurture. These make for the foundation of a positive mental self image with good self-esteem. **During the second and third years**, these feelings of self develop further. One can see the child's expectation of comfort when he needs comfort, of care when he needs care, of a sense of being a "me" and of things being "mine", verbalized especially during the latter half of the second year. This sense of self now becomes not only better organized and cohesive but also more complex.

The toddler develops a cluster of self images representative in the toddler's mind of the varied experiences he is having over time. All of these influence the development within his mind of the way he would most like to be. This forming an ideal way to be is **not a static process**; the **ideal self**-image **will change over time**, as new experiences and new identifications occur. But already during the second and third years this ideal self-image 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."

There is a crucial relationship between the child's ideal self mental image and his self-esteem. It is that **the more the child approaches being like, behaving like his ideal self is supposed to, the better the child's self esteem**. The more the child does **not** behave like his ideal self holds up to him, the more the child feels **shame** and then the **lower** his self-esteem

THE TODDLER YEARS (1 - 3 YEARS)

THE DEVELOPMENT OF CONSCIENCE PROPER

EIGHTH VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on THE DEVELOPMENT OF CONSCIENCE PROPER**HUMAN DEVELOPMENT ASPECT**

In looking for **internalization of parental dictates**, look for:

1. Does "your" toddler comply **immediately, after 1 repetition**, or are **more repetitions needed** to get him to do what Mother tells him to do? Specify the number of repetitions needed and describe the toddler's reactions.

2. Does "your" toddler easily **accept** that there are things he is not allowed to do? Describe.

3. Does "your" toddler easily "learn"--i.e., **internalize**--what he can and what he cannot do? Describe.

4. Do **battles of wills** occur often? rarely?

Are these **battles of wills** light, moderate, or heavy weight? Describe.

Do you see in "your" toddler's behaviors (verbal, gestural, or other) **identification** with things **Mother** does? Describe.

Do you see behaviors suggestive of **identification** with **Father**? Describe.

EIGHTH VISIT (Continued)

Observations on THE DEVELOPMENT OF CONSCIENCE PROPER
HUMAN DEVELOPMENT ASPECT

If **toilet training** has begun,

Who got it started? And **how** did it get started? Describe.

To what degree does "your" toddler **accept the demand** that he tell Mom or Dad when he needs to go potty? Describe.

Is "your" toddler making it easy to become toilet trained? Is it that he is **taking initiative** or just that he **complies** easily? Describe.

Does "your" toddler show much intense hostility or hate toward Mom? Describe.

Does "your" toddler show much intense hostility or hate toward Dad? Describe.

When "your" toddler has had a battle of wills with Mom or Dad, have you seen any **signs of remorse (guilt)**? (Look for sadness, wanting to be comforted, trying to make up, versus staying angry for quite a while after, long period of pouting, not trying to make up, etc.)

EIGHTH VISIT (Continued)

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on THE DEVELOPMENT OF CONSCIENCE PROPER

CHILD REARING ASPECT

In looking at **what** and **how** "your" toddler's parents do to help with the **internalization of parental dictates**, look for:

1. **How** does Mom make her demands on her toddler? Is she pleasant/unpleasant? Clear/not clear? Firm/pleads? With respect/inconsiderately? Etc. Describe.

2. Does Mom **expect** compliance **immediately, after 1 repetition**, or after **more repetitions**? Specify the number of repetitions needed and describe the mother's reactions.

3. **How** does Dad make demands on his toddler? Is he pleasant/unpleasant? Clear/not clear? Firm/pleads? With respect/inconsiderately? Etc. Describe.

4. Does Dad **expect** compliance **immediately, after 1 repetition**, or after **more repetitions**? Specify the number of repetitions needed and describe Dad's reactions.

5. Do Mom and Dad think their toddler is learning what he is not allowed to do? Are they pleased? Disappointed? Angry with their toddler about this?

6. Have you seen any abuse of the toddler? Physical or emotional? Describe.

EIGHTH VISIT (Continued)

Observations on THE DEVELOPMENT OF CONSCIENCE PROPER
CHILD REARING ASPECT

What is Mom's reaction to **identifications** her toddler is making with her? Describe.

What is Dad's reaction to **identifications** his toddler is making with him? Describe.

If **toilet training** has begun,

Assuming Mom started the toilet training, **what** did she do to get it started and **how**? Describe the **quality** of what and how she did this. If Dad started it, describe how he did so.

What did she/he do and **how** did she/he get her/his toddler to **accept her/his demands** that he tell Mom or Dad when he needs to go potty?

How does Mom react to "your" toddler's showing moments of intense hostility or hate toward her? Describe.

How does Dad react to "your" toddler's showing moments of intense hostility or hate toward him? Describe.

After a battle of wills, how do Mom or Dad, react or respond to any **signs of remorse (guilt)** in their toddler? (Look for their trying to comfort, their trying to help their toddler make up, their ability to forgive versus their staying angry for quite a while after, long periods of not talking to their toddler, not trying to make up, etc.)

SUMMARY OF VISIT

TWELFTH VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on THE DEVELOPMENT OF CONSCIENCE PROPER

HUMAN DEVELOPMENT ASPECT

In looking for **internalization of parental dictates**, look for:

1. Does "your" toddler comply **immediately, after 1 repetition**, or are **more repetitions needed** to get him to do what Mother tells him to do? Specify the number of repetitions needed and describe the toddler's reactions.

2. Does "your" toddler easily **accept** that there are things he is not allowed to do? Describe.

3. Does "your" toddler easily "learn"--i.e., **internalize**--what he can and what he cannot do? Describe.

4. Do **battles of wills** occur often? rarely?
 Are these **battles of wills** light, moderate, or heavy weight? Describe.

Do you see in "your" toddler's behaviors (verbal, gestural, or other) **identification** with things **Mother** does? Describe.

Do you see behaviors suggestive of **identification** with **Father**? Describe.

TWELFTH VISIT (Continued)

Observations on THE DEVELOPMENT OF CONSCIENCE PROPER
HUMAN DEVELOPMENT ASPECT

If **toilet training** has begun,

Who got it started? And **how** did it get started? Describe.

To what degree does "your" toddler **accept the demand** that he tell Mom or Dad when he needs to go potty?

Is "your" toddler making it easy to become toilet trained? Is it that he is **taking initiative** or just that he **complies** easily? Describe.

Does "your" toddler show much intense hostility or hate toward Mom? Describe.

Does "your" toddler show much intense hostility or hate toward Dad? Describe.

When "your" toddler has had a battle of wills with Mom or Dad, have you seen any **signs of remorse (guilt)**? (Look for sadness, wanting to be comforted, trying to make up, versus staying angry for quite a while after, long period of pouting, not trying to make up, etc.)

TWELFTH VISIT (Continued)

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on THE DEVELOPMENT OF CONSCIENCE PROPER**CHILD REARING ASPECT**

In looking at **what** and **how** "your" toddler's parents do to help with the **internalization of parental dictates**, look for:

1. **How** does Mom make her demands on her toddler? Is she pleasant/unpleasant? Clear/not clear? Firm/pleads? With respect/inconsiderately? Etc. Describe.

2. Does Mom **expect** compliance **immediately, after 1 repetition**, or after **more repetitions**? Specify the number of repetitions needed and describe the mother's reactions.

3. **How** does Dad make demands on his toddler? Is he pleasant/unpleasant? Clear/not clear? Firm/pleads? With respect/inconsiderately? Etc. Describe.

4. Does Dad **expect** compliance **immediately, after 1 repetition**, or after **more repetitions**? Specify the number of repetitions needed and describe Dad's reactions.

5. Do Mom and Dad think their toddler is learning what he is not allowed to do? Are they pleased? Disappointed? Angry with their toddler about this?

6. Have you seen any abuse of the toddler? Physical or emotional? Describe.

TWELFTH VISIT (Continued)

Observations on THE DEVELOPMENT OF CONSCIENCE PROPER
CHILD REARING ASPECT

What is Mom's reaction to **identifications** her toddler is making with her? Describe.

What is Dad's reaction to **identifications** his toddler is making with him? Describe.

If **toilet training** has begun,

Assuming Mom started the toilet training, **what** did she do to get it started and **how**? Describe the **quality** of what and how she did this. If Dad started it, describe how he did so.

What did she/he do and **how** did she/he get her/his toddler to **accept her/his demands** that he tell Mom or Dad when he needs to go potty?

How does Mom react to "your" toddler's showing moments of intense hostility or hate toward her? Describe.

How does Dad react to "your" toddler's showing moments of intense hostility or hate toward him? Describe.

After a battle of wills, how do Mom or Dad, react or respond to any **signs of remorse (guilt)** in their toddler? (Look for their trying to comfort, their trying to help their toddler make up, their ability to forgive versus their staying angry for quite a while after, long periods of not talking to their toddler, not trying to make up, etc.)

SUMMARY OF VISIT

SIXTEENTH VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on THE DEVELOPMENT OF CONSCIENCE PROPER**HUMAN DEVELOPMENT ASPECT**

In looking for **internalization of parental dictates**, look for:

1. Does "your" toddler comply **immediately, after 1 repetition**, or are **more repetitions needed** to get him to do what Mother tells him to do? Specify the number of repetitions needed and describe the toddler's reactions.

2. Does "your" toddler easily **accept** that there are things he is not allowed to do? Describe.

3. Does "your" toddler easily "learn"--i.e., **internalize**--what he can and what he cannot do? Describe.

4. Do **battles of wills** occur often? rarely?

Are these **battles of wills** light, moderate, or heavy weight? Describe.

Do you see in "your" toddler's behaviors (verbal, gestural, or other) **identification** with things **Mother** does? Describe.

Do you see behaviors suggestive of **identification** with **Father**? Describe.

SIXTEENTH VISIT (Continued)

Observations on THE DEVELOPMENT OF CONSCIENCE PROPER
HUMAN DEVELOPMENT ASPECT

If **toilet training** has begun,

Who got it started? And **how** did it get started? Describe.

To what degree does "your" toddler **accept the demand** that he tell Mom or Dad when he needs to go potty?

Is "your" toddler making it easy to become toilet trained? Is it that he is **taking initiative** or just that he **complies** easily? Describe.

Does "your" toddler show much intense hostility or hate toward Mom? Describe.

Does "your" toddler show much intense hostility or hate toward Dad? Describe.

When "your" toddler has had a battle of wills with Mom or Dad, have you seen any **signs of remorse (guilt)**? (Look for sadness, wanting to be comforted, trying to make up, versus staying angry for quite a while after, long period of pouting, not trying to make up, etc.)

SIXTEENTH VISIT (Continued)

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on THE DEVELOPMENT OF CONSCIENCE PROPER**CHILD REARING ASPECT**

In looking at **what** and **how** "your" toddler's parents do to help with the **internalization of parental dictates**, look for:

1. **How** does Mom make her demands on her toddler? Is she pleasant/unpleasant? Clear/not clear? Firm/pleads? With respect/inconsiderately? Etc. Describe.

2. Does Mom **expect** compliance **immediately, after 1 repetition**, or after **more repetitions**? Specify the number of repetitions needed and describe the mother's reactions.

3. **How** does Dad make demands on his toddler? Is he pleasant/unpleasant? Clear/not clear? Firm/pleads? With respect/inconsiderately? Etc. Describe.

4. Does Dad **expect** compliance **immediately, after 1 repetition**, or after **more repetitions**? Specify the number of repetitions needed and describe Dad's reactions.

5. Do Mom and Dad think their toddler is learning what he is not allowed to do? Are they pleased? Disappointed? Angry with their toddler about this?

6. Have you seen any abuse of the toddler? Physical or emotional? Describe.

SIXTEENTH VISIT (Continued)

Observations on THE DEVELOPMENT OF CONSCIENCE PROPER
CHILD REARING ASPECT

What is Mom's reaction to **identifications** her toddler is making with her? Describe.

What is Dad's reaction to **identifications** his toddler is making with him? Describe.

If **toilet training** has begun,

Assuming Mom started the toilet training, **what** did she do to get it started and **how**? Describe the **quality** of what and how she did this. If Dad started it, describe how he did so.

What did she/he do and **how** did she/he get her/his toddler to **accept her/his demands** that he tell Mom or Dad when he needs to go potty?

How does Mom react to "your" toddler's showing moments of intense hostility or hate toward her? Describe.

How does Dad react to "your" toddler's showing moments of intense hostility or hate toward him? Describe.

After a battle of wills, how do Mom or Dad, react or respond to any **signs of remorse (guilt)** in their toddler? (Look for their trying to comfort, their trying to help their toddler make up, their ability to forgive versus their staying angry for quite a while after, long periods of not talking to their toddler, not trying to make up, etc.)

SUMMARY OF VISIT

THE TODDLER YEARS (1 - 3 YEARS)

THE DEVELOPMENT OF THE IDEAL SELF AND SELF-ESTEEM

EIGHTH VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on THE DEVELOPMENT OF THE IDEAL SELF AND SELF-ESTEEM

HUMAN DEVELOPMENT ASPECT

In trying to get an idea of how "your" toddler's feels about himself--his **self-esteem**, when you now see him, consider how he seems to feel **physically** and **emotionally**.

Describe his **temperament** (e.g., he is calm/irritable, easy/difficult to comfort: of low/high activity level, etc.):

Describe his present **emotional** state:

Give a brief overview of his **relationships** with Mother, Father, siblings and especially look for **how he feels** in interaction with them:

Do you feel he is valued, warmly loved, adored? Does he seem to you to feel too deprived of attention and/or love?

Does he give you the impression of feeling good when he does something he has not been able to do before? Give an example. Does he give up easily? Describe.

Do you get the impression that he feels he is a competent, capable child? Document your impression.

Do you think he feels good about himself, that he is a good child? Document.

Give evidence of his developing self image (e.g., calls himself by his name, says he is a big boy, says things are his, etc.)

EIGHTH VISIT (Continued)

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on THE DEVELOPMENT OF THE IDEAL SELF AND SELF-ESTEEM

CHILD REARING ASPECT

Describe what Mother and Father do to accomodate to their toddler's **temperament** (e.g., if he is irritable they try to calm him; if he is difficult to comfort, they persist with warmth; if he is of low activity level they try to encourage his to explore, etc.):

Describe briefly some of the things his parents do to make him feel good about himself:

In his **relationships** with Mother, Father, siblings and especially look for **how Mom/Dad feels** in interaction with her/his child:

Do you feel Mom and Dad value, warmly love, adore him? Do they seem to you to deprive him too much of attention and/or love?

Do they give you the impression of feeling good when their toddler does something he has not been able to do before? Give an example. Does they help him to not give up easily? Describe.

Do you get the impression that they do or do not feel their toddler is a competent, capable child? Document your impression.

Do you think they do or do not feel good about him, that he is a good child? Document.

What do Mom and Dad convey to their toddler they expect him to be like? (They say he is a big boy, he does nice things, etc.)

SUMMARY OF VISIT

TWELFTH VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on THE DEVELOPMENT OF THE IDEAL SELF AND SELF-ESTEEM

HUMAN DEVELOPMENT ASPECT

In trying to get an idea of how "your" toddler's feels about himself--his **self-esteem**, when you now see him, consider how he seems to feel **physically** and **emotionally**.

Describe his **temperament** (e.g., he is calm/irritable, easy/difficult to comfort: of low/high activity level, etc.):

Describe his present **emotional** state:

Give a brief overview of his **relationships** with Mother, Father, siblings and especially look for **how he feels** in interaction with them:

Do you feel he is valued, warmly loved, adored? Does he seem to you to feel too deprived of attention and/or love?

Does he give you the impression of feeling good when he does something he has not been able to do before? Give an example. Does he give up easily? Describe.

Do you get the impression that he feels he is a competent, capable child? Document your impression.

Do you think he feels good about himself, that he is a good child? Document.

Give evidence of his developing self image (e.g., calls himself by his name, says he is a big boy, says things are his, etc.)

TWELFTH VISIT (Continued)

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on THE DEVELOPMENT OF THE IDEAL SELF AND SELF-ESTEEM**CHILD REARING ASPECT**

Describe what Mother and Father do to accomodate to their toddler's **temperament** (e.g., if he is irritable they try to calm him; if he is difficult to comfort, they persist with warmth; if he is of low activity level they try to encourage his to explore, etc.):

Describe briefly some of the things his parents do to make him feel good about himself:

In his **relationships** with Mother, Father, siblings and especially look for **how Mom/Dad feels** in interaction with her/his child:

Do you feel Mom and Dad value, warmly love, adore him? Do they seem to you to deprive him too much of attention and/or love?

Do they give you the impression of feeling good when their toddler does something he has not been able to do before? Give an example. Does they help him to not give up easily? Describe.

Do you get the impression that they do or do not feel their toddler is a competent, capable child? Document your impression.

Do you think they do or do not feel good about him, that he is a good child? Document.

What do Mom and Dad convey to their toddler they expect him to be like? (They say he is a big boy, he does nice things, etc.)

SUMMARY OF VISIT

SIXTEENTH VISIT

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on THE DEVELOPMENT OF THE IDEAL SELF AND SELF-ESTEEM

HUMAN DEVELOPMENT ASPECT

In trying to get an idea of how "your" toddler's feels about himself--his **self-esteem**, when you now see him, consider how he seems to feel **physically** and **emotionally**.

Describe his **temperament** (e.g., he is calm/irritable, easy/difficult to comfort: of low/high activity level, etc.):

Describe his present **emotional** state:

Give a brief overview of his **relationships** with Mother, Father, siblings and especially look for **how he feels** in interaction with them:

Do you feel he is valued, warmly loved, adored? Does he seem to you to feel too deprived of attention and/or love?

Does he give you the impression of feeling good when he does something he has not been able to do before? Give an example. Does he give up easily? Describe.

Do you get the impression that he feels he is a competent, capable child? Document your impression.

Do you think he feels good about himself, that he is a good child? Document.

Give evidence of his developing self image (e.g., calls himself by his name, says he is a big boy, says things are his, etc.)

SIXTEENTH VISIT (Continued)

NAME OF CHILD _____ DATE OF BIRTH _____ DATE OF VISIT _____

Observations on THE DEVELOPMENT OF THE IDEAL SELF AND SELF-ESTEEM**CHILD REARING ASPECT**

Describe what Mother and Father do to accommodate to their toddler's **temperament** (e.g., if he is irritable they try to calm him; if he is difficult to comfort, they persist with warmth; if he is of low activity level they try to encourage him to explore, etc.):

Describe briefly some of the things his parents do to make him feel good about himself:

In his **relationships** with Mother, Father, siblings and especially look for **how Mom/Dad feels** in interaction with her/his child:

Do you feel Mom and Dad value, warmly love, adore him? Do they seem to you to deprive him too much of attention and/or love?

Do they give you the impression of feeling good when their toddler does something he has not been able to do before? Give an example. Does they help him to not give up easily? Describe.

Do you get the impression that they do or do not feel their toddler is a competent, capable child? Document your impression.

Do you think they do or do not feel good about him, that he is a good child? Document.

What do Mom and Dad convey to their toddler they expect him to be like? (They say he is a big boy, he does nice things, etc.)

SUMMARY OF VISIT

THE TODDLER YEARS (1 - 3 YEARS)
EMOTIONAL DEVELOPMENTAL MARKERS

PARENTING FOR EMOTIONAL GROWTH: UNIT 2 - 1 to 3 YEARS***LABORATORY MANUAL*****For LESSON PLANS for GRADES 10 THRU 12****EMOTIONAL DEVELOPMENTAL MARKERS**

In this observational exercise, the student is to give his or her **overall impressions** of how the toddler is handling each **task of development** listed at the time of observation. Over the three recordings, the student will have a record of how the toddler is developing. The aim here is to get an overall impression of how the toddler is **developing as a total person**. The student can easily achieve this assignment by consulting the Summary Pages of each individual task of development she or he recorded prior to this assignment.

THIRD VISIT

FIRST NAME _____ AGE (in months) _____ DATE _____

TASK/STATE	ACHIEVEMENTS	PROBLEMS
Eating		
Sleeping		
Usual Overall Mood		
Sensori-motor Intelligence & Communication		
Attachment & Relationships		
Development of Sense of Self		
Sexual Aspect of Self		
Aggression		
Abilities to Adapt		
Conscience Formation		

ELEVENTH VISIT

FIRST NAME _____ AGE (in months) _____ DATE _____

TASK/STATE	ACHIEVEMENTS	PROBLEMS
Eating		
Sleeping		
Usual Overall Mood		
Sensori-motor Intelligence & Communication		
Attachment & Relationships		
Development of Sense of Self		
Sexual Aspect of Self		
Aggression		
Abilities to Adapt		
Conscience Formation		

SIXTEENTH VISIT

FIRST NAME _____ AGE (in months) _____ DATE _____

TASK/STATE	ACHIEVEMENTS	PROBLEMS
Eating		
Sleeping		
Usual Overall Mood		
Sensori-motor Intelligence & Communication		
Attachment & Relationships		
Development of Sense of Self		
Sexual Aspect of Self		
Aggression		
Abilities to Adapt		
Conscience Formation		