SAMPLE LESSON PLANS of
UNIT 2: THE TODDLER YEARS (1 to 3 YEARS)

LESSON PLANS FOR GRADES 10 & UP

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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
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### CONTENTS

**Physical Development: Adaptive Capabilities**
- 3 Lessons
- 4

**The Toddler’s Abilities to Adapt -- Part I**
- 4 Lessons
- 15
  - Sleep-Wake States and Patterning
    - 2 Lessons
    - 16
  - Feeding
    - 2 Lessons
    - 23
  - Affects (Feelings)
    - 3 Lessons
    - 31
  - Sensori-Motor Intelligence, Exploratory Activity, Language, and Fantasy
    - 5 Lessons
    - 43

**The Development of Self and Human Relationships**
- 2 Lessons
- 56
  - Separation-Individuation (Continued)
    - 3 Lessons
    - 57
  - The Earliest Relationships
    - 2 Lessons
    - 69
  - Dependence and Self Reliance
    - 3 Lessons
    - 78

**The Development of Sexual-Reproductive Life**
- 2 Lessons
- 85
  - The Oral Phase
    - 2 Lessons
    - 86
  - The Anal Phase
    - 2 Lessons
    - 98
  - The First Genital Phase
    - 3 Lessons
    - 104

**Aggression**
- 8 Lessons
- 111

**The Toddler’s Abilities to Adapt -- Part II**
- 8 Lessons
- 145
  - Developing Internal Controls
    - 3 Lessons
    - 146
  - Mechanisms of Defense
    - 4 Lessons
    - 154
  - Regression
    - 3 Lessons
    - 170

**Conscience Formation**
- 5 Lessons
- 176
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

<table>
<thead>
<tr>
<th>Ways He Is Helpless</th>
<th>What He Can Do (Self-Reliance)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Such as:)</td>
<td>(What else?)</td>
</tr>
<tr>
<td>He cannot move his body from one place to another.</td>
<td></td>
</tr>
<tr>
<td>He cannot see clearly.</td>
<td></td>
</tr>
<tr>
<td>He cannot feed himself.</td>
<td></td>
</tr>
<tr>
<td>He cannot talk.</td>
<td></td>
</tr>
<tr>
<td>He cannot use the toilet.</td>
<td></td>
</tr>
<tr>
<td>He cannot dress himself.</td>
<td></td>
</tr>
<tr>
<td>He doesn't know the members of his family.</td>
<td></td>
</tr>
<tr>
<td>He cannot dress himself.</td>
<td></td>
</tr>
<tr>
<td>He cannot use the toilet.</td>
<td></td>
</tr>
<tr>
<td>He cannot dress himself.</td>
<td></td>
</tr>
<tr>
<td>He doesn't know the members of his family.</td>
<td></td>
</tr>
</tbody>
</table>

### THE ONE YEAR OLD

<table>
<thead>
<tr>
<th>Ways He Is Helpless</th>
<th>What He Can Do (Self-Reliance)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Such as:)</td>
<td>(What else?)</td>
</tr>
<tr>
<td>He cannot walk steadily, if at all.</td>
<td></td>
</tr>
<tr>
<td>He cannot speak in sentences, and explain his needs.</td>
<td></td>
</tr>
<tr>
<td>His movements are awkward; he cannot manipulate toys well.</td>
<td></td>
</tr>
<tr>
<td>He cannot dress himself.</td>
<td></td>
</tr>
<tr>
<td>He cannot bathe himself.</td>
<td></td>
</tr>
<tr>
<td>He needs help with feeding.</td>
<td></td>
</tr>
<tr>
<td>He needs help in accepting substitute care for mother (e.g., if in daycare).</td>
<td></td>
</tr>
<tr>
<td>He cannot control his urine and B.M.'s.</td>
<td></td>
</tr>
</tbody>
</table>

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PEG-U2-LPs for Grades 10&up.doc
### THE TWO YEAR OLD

<table>
<thead>
<tr>
<th>Ways He Is Helpless</th>
<th>What He Can Do (Self-Reliance)</th>
</tr>
</thead>
<tbody>
<tr>
<td>He needs help in dressing and bathing.</td>
<td>He can walk well, and can run.</td>
</tr>
<tr>
<td>He needs help in going to bed.</td>
<td>He can climb up and down stairs.</td>
</tr>
<tr>
<td>He needs help in using the toilet.</td>
<td>He can talk in words and small sentences.</td>
</tr>
<tr>
<td>He needs help in knowing what activities are allowed, and what not (e.g., running into the street).</td>
<td>He can play with toys.</td>
</tr>
<tr>
<td>He needs help in accepting substitute care for mother.</td>
<td>He can understand that he is allowed to do some things, and not others.</td>
</tr>
</tbody>
</table>

(What else?)

### THE THREE YEAR OLD

<table>
<thead>
<tr>
<th>Ways He Is Helpless</th>
<th>What He Can Do (Self-Reliance)</th>
</tr>
</thead>
<tbody>
<tr>
<td>He still needs help with dressing and bathing, and going to bed.</td>
<td>He can dress himself, with some help.</td>
</tr>
<tr>
<td>He needs help in learning to do things with his muscles -- e.g., riding a tricycle, climbing a tree, doing puzzles.</td>
<td>He can feed himself.</td>
</tr>
<tr>
<td>He may still need help with toilet training.</td>
<td>He can speak in sentences and sing songs.</td>
</tr>
<tr>
<td>He needs help in putting his thoughts into words.</td>
<td>He is developing a sense of humor.</td>
</tr>
<tr>
<td>He needs help in knowing what he may and may not do.</td>
<td>He can do things with his small muscles, and his large muscles.</td>
</tr>
<tr>
<td>He needs help in learning how to play with peers.</td>
<td>He is learning to play with other children.</td>
</tr>
</tbody>
</table>

(What else?)

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.
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:

<table>
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<tr>
<th></th>
<th>0</th>
<th>10</th>
<th>20</th>
<th>30</th>
<th>40</th>
<th>50</th>
<th>60</th>
<th>70</th>
<th>80</th>
<th>90</th>
<th>100</th>
</tr>
</thead>
</table>

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 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.
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 an 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.
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
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 thought 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 fuzzed 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.
5. If, like Jane, the child is anxious ("nervous"), try to learn what is causing the anxiety, comfort and reassure, but

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 spanks 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 wakens 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."

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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 be 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.
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
**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 feels 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.
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 engrossed 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 wakens, 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 waken 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? Sensitive 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
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.
**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? Hhmm, 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

<table>
<thead>
<tr>
<th>Age</th>
<th>Name of Phase</th>
<th>Description of Phase</th>
</tr>
</thead>
<tbody>
<tr>
<td>O - 6 wks*</td>
<td>Normal Pre-symbiotic Phase</td>
<td>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.</td>
</tr>
<tr>
<td>1 - 6 mos.</td>
<td>Normal Symbiotic Phase</td>
<td>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.</td>
</tr>
<tr>
<td>6 - 36 mos.</td>
<td>Separation-Individuation Phase</td>
<td><strong>NOTE:</strong> This phase consists of four subphases, described below.</td>
</tr>
<tr>
<td>6 - 9 mos.</td>
<td>Differentiation Subphase</td>
<td>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 &quot;hatched&quot; 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.</td>
</tr>
<tr>
<td>9 - 14 mos.</td>
<td>Practicing Subphase</td>
<td>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 &quot;outside of himself&quot; very exciting. He practices his</td>
</tr>
</tbody>
</table>

PEG-U2-LPs for Grades 10&up.doc
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 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 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 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 would not help.

Teacher might start by 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.
**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:

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<th>Physical Needs</th>
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<td>Most</td>
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<td>0</td>
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<td>Dependent</td>
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What about her skills for adaptation? Class discussion, then score:

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<tr>
<th>Skills For Adapting</th>
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<tbody>
<tr>
<td>Most</td>
</tr>
<tr>
<td>0</td>
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<tr>
<td>Dependent</td>
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And, what about her emotional needs? Class discussion, then score:

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<th>Emotional Needs</th>
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<tr>
<td>Most</td>
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<td>0</td>
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<tr>
<td>Dependent</td>
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</tbody>
</table>

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 your 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 you 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.
**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 it 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 whatever 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.
Preparation for Visit

The teacher 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 enter 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.

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.

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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.
**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 desert. 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 desert.

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 same 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.
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.
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 newspaper 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.
OBJECTIVE

1. 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

1. 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.)

2. 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.)

3. 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)

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### 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 an 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 pants 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.
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.
**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.
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 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 he 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 life 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 unpleasure. In fact, the experience of unpleasure 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 not to 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, calmly 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.
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.
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 difficulty to infer).

Outcome

The students will have a basic understanding of identification, reaction formation, identification with the aggressor, and splitting mental representations.
**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
**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 "rapprochemen 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
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 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.
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, depreciating, 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.