PARENTING FOR EMOTIONAL GROWTH

WORKSHOPS

ON THE DEVELOPMENT OF SELF AND HUMAN RELATIONSHIPS

by

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Acknowledgements

The authors are indebted to Patsy Turrini who not only read and commented on our materials, but especially for proposing the model we used in presenting these materials. "Question asked by Facilitator, Answers by Participants, followed by Discussion containing what the authors' research and clinical experience lead them to believe to be growth-promoting factors", this model was proposed by Turrini. She envisioned these materials to be used at the Mothers' Centers—to which she and her pioneering work gave rise—in the hope of introducing child development optimizing knowledge accumulated during the past century by psychodynamic child researchers and clinicians.
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WORKSHOPS SERIES

INTRODUCTION

The materials presented in these Workshops are derived from Parenting for Emotional Growth: A Curriculum for Students in Grades K Through 12 (Parens, Scattergood, Duff, and Singletary, 1997). This Curriculum was developed and written in order to formally, educationally prepare our young for the job of parenting, a job which like any other demanding, complex and challenging job requires much preparation, knowledge and skill.

Our aim, in this education for parenting Curriculum, is to spell out principles of how to optimize the mental development and health of every child. We aim to achieve this by securing the most growth-promoting parenting of which each child's parents is capable. The child we have in mind is the human child, the Homo sapiens child, whether Chinese, Hispanic, Italian, Lebanese, American, whether Muslim, Protestant, Jew, etc.

Our parenting education work is informed by the work of many international psychodynamic mental health researchers and clinicians. Important among them, Freud proposed in 1939 that parents are the representatives of Society to their children, and that the greatest contribution psychoanalysis would make would lie in the application of what psychoanalysts learn from their clinical work to the rearing of the next generation (Freud, 1933). In 1978 we were much encouraged to pursue our then beginning work in parenting education by a communication from Anna Freud, who when she saw some of our early parenting education materials responded quickly and with enthusiasm to our strategies toward prevention in mental health by means of formal parenting education for school age children. She endorsed our conviction of feasibility and told us that not enough is being done regarding the application of what psychoanalysts have learned toward the rearing of the next generation.

In addition, in the 1970s, Margaret S. Mahler (1978) was convinced that the education of parents would serve to achieve the prevention of major psychological, emotional, and social problems of our time. Like Brandt Steele (see Krugman, 1987), Mahler recognized decades ago that child abuse had become an urgent social problem.

We assert that optimizing the child's mental health, and therewith adaptive abilities, by means of optimizing growth-promoting parenting can be done no matter what the family circumstances. Growth-promoting parenting can be achieved whatever the socio-economic conditions or strains, respectful of whatever the ethnic and religious

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mores and customs of each family, whether the family is intact or the parents are divorced, whether a single parent family, whether one parent works outside the home or both do, part time or full time, and whether the family avails itself of home substitute care-giving or daycare. None of the variations in all these home and family conditions modifies or makes unique requirements of the basic principles of growth-promoting parenting.

Similarly, whatever the child's inborn adaptive abilities and givens, from temperament variations to the wide range of biological givens from normal to dysfunctional and disordered, the basic principles of growth-promoting parenting are the same.

Basic principles of growth-promoting parenting can be spelled out better today than ever before. The Twentieth Century, among other things for which it will be remembered, is the era when we achieved the most advanced ever degree of scientific and humanistic knowledge and understanding of how the depth psychology of the human infant evolves into that of the adult, how the infant becomes the adult who adapts to society for good or for bad. Although more is to be learned, what makes for good or troubled mental health and development has been studied and detailed in this century more than in the entire span of the history of civilization. Our Curriculum is constructed to spell out in some detail central principles of development and how to optimize these in order to secure good emotional development and health.

THE GOAL OF GROWTH-PROMOTING PARENTING

Growth-promoting parenting is to optimize the child's inborn potential abilities to cope constructively with everything the child experiences whether it comes from his or her internal goings-on (e.g., fantasies and interpretations of events) or from his or her external environment (e.g., family life, neighborhood conditions, etc.). To optimize her or his own growth-promoting parenting, it is best for every parent to:

First, have sufficient information on the human child's basic emotional and physical needs. This is required to have a clear enough view of what will be expected of the parent as well as what to provide the child with over the course of development from infancy through adolescence.

Second, have sufficient information on the details and dynamics of every child's adaptive and emotional developments from infancy through adolescence, as well as of those variations that come with the uniqueness of each child. For example, a normal shy child's way of coping differs from those of an assertive-outgoing child. Such information is required to have some reasonable idea of a specific child's age-appropriate abilities and limitations and how to make the best of these.

Third, and perhaps most important, every parent must have sufficient information on how to optimize, how to help the child "be as good as he/she can be", in...
the child's emotional and adaptive development. Both, a basic general understanding of how to optimize development and individualization of parenting, or tailoring parenting to each individual child, are needed.

THE MODEL WE USE

The model of human development, functioning, adaptation, and mental health, we use is a composite of much cumulative psychodynamic knowledge that has emerged from clinical work as well as formalized direct observational and laboratory research during this Twentieth Century. A number of specific areas of the totality that is the child have drawn the interest of individual clinicians and researchers during the 1900s. At times, such special interests have gotten much attention and have even come to be in vogue, to be believed to be more important than what has been known before. In some instances, efforts have even been made to replace well substantiated explanations of important aspects of human development, functioning, and what can optimize or damage these, rather than to add to the existing pool of information about this very complex system, the mental-psychological domain of the human child. We do not believe that any one of the remarkable psychodynamic developmental theories we now have, each addressing a particular aspect of the child's mental life, is more important than the others. We have found that our understanding is increased by availing ourselves of a number of these models as we try as best as we can to optimize each child's adaptive and developmental potentials.

A century of intensive depth-psychological (psychoanalytic, psychodynamic) clinical work with adults and children has taught us that humans are complex psycho-biological organisms. Each is a single entity, the sum of a number of crucial sectors of experiencing and of development (i.e., of functioning at sequential levels of developing, coping, and stabilizing into increasingly more complex levels of functioning and of adaptation), which in their totality make up each person's qualitative mental health. Among the most crucial sectors of mental-emotional experiencing and development are those that pertain to one's own internal self, to one's human relationships, one's system of adaptive functions (including one's emotional and cognitive functions), one's evolving sexuality (which secures reproduction and the preservation of the species), one's aggression (which serves adaptation, securing one's mastery of oneself, of the world around and one's goals), and the gradual formation of one's conscience (which includes one's code of conduct and morality) and self-esteem. Just as we have found clinically that sexuality is not "the" most important sector of human experience, nor are the development and the vicissitudes of aggression, nor is the development of conscience and self-esteem, nor will a singular focus on attachment prove "more important than" any of the others. Each is enormously important and makes its unique contributions to our understanding of and our ability to help the total, single developing human being "become as good as she/he can be".

The composite psychodynamic model we use is one then, that has been developed piece by piece, has progressively become organized from 1905 to the present.
(1997). Even if the pieces are not as fully developed as some wish, each has been forged sufficiently both in the research laboratory and in the clinical situation to be usefully applied to effect the promise Freud made to Society in 1933: that the greatest contribution psychoanalysis--which itself has developed enormously in its content and scope since that date--would make would be the application of what we learn from the clinical situation to the rearing of the next generation. We believe we have come to a point where we can propose strategies to do just that. The composite model we have seen gradually evolve over the past 40 years, a model 90 years in the making, is likely to stand for centuries to come, continuing to further evolve as we come to learn more about the child's biology and psychology.

THE WORKSHOPS

Whereas the Curriculum Parenting for Emotional Growth: A Curriculum . . . was conceived and developed by Parens, Scattergood, Duff, and Singletary--and a group of collaborating researchers and clinicians--for students in grades K thru 12, the Workshops are developed for child caregivers of all kinds, be they parents, daycare caregivers and administrators, teachers, etc. The authors of the Curriculum and of the Workshops, as noted above, aim their efforts at the prevention of experience-derived emotional disorders in children. As we have documented (Parens, 1988, 1993), we have learned that there is much teachable knowledge that can, and we believe must, be provided to current parents and future parents that will significantly lessen the frequency and intensity of experience derived emotional disorders in children. As we emphasized before, our principal aim is to promote the development of good mental health and constructive adaptation in our children by optimizing the way they are reared, by aiming toward their being reared by growth-promoting parenting.

These Workshops can be used in a variety of ways, in total or in part, with leeway for individual implementation by the Workshop leaders and participants. And they can be used for caregiver training purposes with many different groups of "students" including parents, daycare workers, teachers (especially early education), Nannies, etc. It is our intention that the Workshop leaders will use their creative skills to optimize the "fit" between any particular workshop and the participants. It is, however, important that the workshop leaders be well trained and sufficiently familiar with the subject matter; for this purpose they may want to refer to the actual Curriculum--Textbook and/or Lesson Plans--cited above, as well as Aggression in Our Children (Parens, Scattergood, Singletary, and Duff, 1987).

The major contents of the Curriculum have been divided into a series of sets of Workshops (Parens and Rose-Itkoff, 1997). To date these sets of Workshops are:

I. On The Development of Self and Human Relationships,
II. On Handling Aggression Constructively, and
III. On The Development of Conscience and Self Esteem.

The first two sets of workshops are especially geared toward children from 0-3 years, though these can be extended up in years by participants and instructors; the third set of

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workshops spans from infancy through early adolescence. In addition to these 3 sets of Workshops, others to follow include a set on *The Emergence and Handling of Sexuality in Our Children*, a set *On Optimizing Adaptive Abilities and Becoming a Responsible Member of Society*, and a set on *Basics of Early Child Development* (optimizing patterns of feeding, of sleeping, self care and regulation).

In order to be effective, the Workshop Instructors must, of course, be sufficiently familiar with the material presented in the "Discussion" sections of these Workshops. Instructors would be best informed by reading the *Textbook of The Curriculum* (Parens et al, 1997) from which the Workshops contents are drawn. As with any other educational effort, the better knowledgeable with the subject material, the better will they field the questions, address the participants expressed concerns, and integrate participants' concerns and interests and duly emphasize the salient points of each workshop. We would hope that during Workshop sessions all the text materials under the "Discussion" sections are covered during the course of answering the questions proposed. Additional questions by the participants would be most welcome, indeed ought to be sought, and addressed *ad lib* as best as can by the Workshop Instructor. Likewise, it is highly desirable that additional information be added (via examples, case vignettes, etc.) depending on the participants' grasp of the material, interest, life experiences, etc.

Workshop Instructors may want to add additional role plays, interactive exercises, etc. and/or to spend more time on one area of interest or another. It is important to make these workshops "come to life" to the participants and to encourage active discussion between the workshop participants as well as with the Instructors. It is also important that the workshop Instructors make the materials as applicable to the participants' everyday needs and concerns as possible. For this purpose examples derived from the participants' experiences are most useful.

These workshops are intended for educational purposes and are derived from the comprehensive education Curriculum. They are not intended to be used for formal psychotherapeutic purposes except for Parental Guidance in the course of doing psychotherapeutic work with children and adolescents. This is so even though participants and leaders may, indeed, find that the Workshops materials invariably touch on intimate feelings and memories the parents have of their own childhood and of their own parenting efforts. Nonetheless participants may want to share varying experiences they have had with their children and parenting and, as we said, this should be appropriately encouraged. Workshop Instructors will find, though, that this can take up much time and, therefore, should be weighed against the time allotted for any particular workshop.

Workshop Instructors should bear in mind that parents need special attention and support as they learn how to be effective parents. Empathy (trying to read the parents' feelings), support and respect for parents must be provided during the Workshops as they become more familiar and comfortable with their role as parents who are learning from their children what they need and want. We believe, and say so to the parents, that to be a growth-promoting parent one needs to be "perfect" 75 % of the time. It is normal and
natural to "make mistakes" as a parent; making mistakes within an overall loving, respecting, and sympathetic parent-child relationship need not necessarily hurt the child. In fact, in such a relationship, how the mistake is handled between the child and parent and what kind of dialogue occurs and develops between them can be highly growth-promoting!

Finally it should be said that these workshops are meant to be information-imparting and useful. They are intended to provide parents with much information about normal children and their normal needs that can and should be a part of the parents' knowledge base when interacting with their children. Good, growth-promoting parenting is now well known to be the most powerful means to lessen the frequency and mitigate the intensity of experience-derived-emotional disorders in children.

We hope that these materials will be useful in a multitude of settings with vastly differing audiences. Instructors must be cognizant and respectful of, and attuned and sympathetic to ethnic specific mores and customs of the Workshops participants, refer to local idioms, proverbs, lullabies, cultural heroes, etc. to illustrate any points further. It is important that Workshop Instructors where possible come from the participants' communities, and that both instructors and participants will come from all walks of life, all socio-economic levels, ethnic groups, from all nationalities. With respect paid to our differences it is our intention that full attention be paid to what we all share in common which is the present and future well-being of our children. Growth-promoting parenting aims to optimize every child's inborn givens, to make every child a reasonable and responsible member of society. With this it aims to achieve a better life and a better world for all children, and it is our job to do all we can to achieve this end.

REFERENCES


*Workshops on Self and Relationships*


**Volume 1: The Textbook (7 Modules):**

- Introductory Unit, pp. 68.
- Unit 1 -- 0 to 12 Months: *The First Year of Life*, pp. 153.
- Unit 2 -- 1 to 3 Years: *The Toddler Years*, pp. 169.
- Unit 3 -- 3 to 6 Years: *The Preschool Years*, pp. 112.
- Unit 4 -- 6 to 10 Years: *The Elementary School Years*, pp. 74.
- Unit 5 -- 10 to 13 Years: Pre-puberty, pp. 61.
- Unit 6 -- 13 to 20: Adolescence, pp. 107.

**Volume 2: The Lesson Plans (7 Modules) [Incomplete]:**

- Unit 1 for Grades K - 1, pp. 76.
- Unit 1 for Grades 4 - 5, pp. 119.
- Unit 1 for Grade 9 and up, pp. 108.
- Unit 1 Laboratory Manual for Grade 9 and up, pp. 269.
- Unit 2 for Grade 2, pp. 110.
- Unit 2 for Grade 6, pp. 137.
- Unit 2 for Grade 10 and up, pp. 198.
- Unit 2 Laboratory Manual for Grade 10 and up, pp. 354.
- Unit 3 for Grades 7 - 8, pp. 125

Further Lesson Plan Modules being developed.
GUIDELINES FOR WORKSHOP INSTRUCTORS

Introduction

These Workshops are developed for child caregivers of all kinds, be they parents, daycare caregivers and administrators, teachers, etc. We emphasize that our principal aim is to promote the development of good mental health and constructive adaptation in our children by optimizing the way they are reared, by aiming toward their being reared by growth-promoting parenting.

It is important that the Workshop instructors be sufficiently familiar with psychodynamic schools of thought and the contents of the specific Workshops. For better familiarization they most likely will find the Workshops source materials useful. These sources include Parenting for Emotional Growth: A Curriculum for Students in Grades K thru 12\(^1\) (the Textbook and/or the Lesson Plans) as well as Aggression in Our Children\(^2\). From these come the materials presented in the "Discussion" sections of the Workshops. The better acquainted with these or similar materials, the better they will be able to not only field the participants' questions, but especially to address the participants' child rearing difficulties, concerns and interests, while at the same time emphasizing the salient points of each Workshop.

In the following Section we will suggest a set of guidelines that we hope will prove useful to the Workshop instructors. These guidelines are drawn from our experiences in conducting educational parent-child groups, from our developing Parenting for Emotional Growth, A Curriculum for Students in Grades K Thru 12, and most recently from presenting some of our Workshops to a widely diverse population in rural Appalachia. In the Appalachia project, the Workshop instructors Cecily Rose-Itkoff, M.A., M.F.T. and William Singletary, M.D. prepared for this event in

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collaboration with Henri Prens, M.D. The guidelines are derived from our shared impressions.

These Workshops can be used in a variety of ways, in total or in part, with flexibility for individual implementation by the Workshop instructors and participants. And they can be used for caregiver training purposes with many different groups of "students". We leave it to the Workshop instructors to find ways to optimize the "fit" of the particular Workshops used and the participants' needs and level of training.

We suggest that it will be helpful to the instructor to bear in mind that these Workshops are models; that is, they can be individually tailored to suit the particular audience that is being addressed. For example, while discussing material under the "Discussion" sections additional questions from the participants can be integrated along with examples drawn from their life experiences. Doing this, the Workshops are more likely to spring to life and take on an immediacy that is most responsive and helpful to the participants. The questions from the participants will typically be "experience-near" and the ways by which the instructors respond and engage the participants in a dialogue can further make the material useful and emotionally meaningful to the participants.

As with any educational and communicational effort, the Workshops are most helpful to participants when the instructors "speak" the language of the group and when they sympathize with the everyday and specific dilemmas, hardships, hopes and aspirations of the participants. Materials are always better taken in when participants are encouraged to raise questions, voice opinions, disagreements, etc. and the instructor, at all times, has a receptive stance toward the input of the participants. It is productive when the instructor conveys to the participants that they can all learn from one another and that the instructor is ready to learn from them.

The following guidelines were useful to us and are offered here as suggestions for optimizing the use of the Workshop format with various audiences.

Guidelines

1. As Workshops go, each Workshops Set in this Series is rather large, consisting of about 10 Workshops each. Ideally we would like to see all the Workshops contained in this Series planned over a number of months. Many of you will not be able to present so long a Series except in a long standing parenting educational and/or support setting. Therefore, Workshop selections will need to be made for presentation.

   Each is sufficiently integrated to be able to stand on its own; this applies more readily for some Workshops than for others. The Workshop instructors task will be facilitated by learning from the participant-audience prior to Workshop time what concerns, difficulties, interests are most pertinent to them. In this way, the selection of Workshops can be more suitably geared toward your particular audience.

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2. The instructor will be best prepared the more familiar he/she is with the Workshop materials. Toward this end, instructors are encouraged to become familiar with the Parenting for Emotional Growth Curriculum Textbook and Lesson Plans. It may be helpful for instructors to pull out the most important themes and "sub-themes" in each Workshop and to articulate them in the instructors' own information imparting manner. These themes can then be emphasized at various appropriate times during the Workshop and can also be reviewed during the final phase of the Workshop. As in all teaching, the firmer the grasp of the subject matter, the easier the presentation, and the freer will the instructors be to attend to participants' interests and to accommodate to the participants' pace of taking in of the materials.

Workshop instructors can expect that participants may ask questions and raise topics for exploration that tap the instructors' entire range of expertise. Instructors need not be able to answer all questions; it is expected that any instructor might not know a particular answer at the time a question is asked. It is perfectly professional to not know an answer and to say so. Furthermore, if time permits, an answer may be provided at another time after some research by the Instructors.

3. In conducting these Workshops, especially when done directly with caregivers, it is important that the instructors convey a non-judgmental attitude, aim to supplement knowledge, and re-enforce the strengths already existing within the participant group.

4. Information is much better received and assimilated when the participants know that such information and whatever informed suggestions instructors make are derived from proven child development research complemented by decades' long clinical findings rather than when they are presented in an authoritarian and dogmatic manner.

5. We all rear our children in highly individualistic and extremely personal ways. This is why there often is disagreement among parents in how to deal with specific child rearing situations. And because we invest emotionally so much in our children and the ways we go about doing so, we are all very vulnerable to feel hurt by any criticism or disapproval of our parenting efforts. This is so whether the criticism comes from one's own mother, uncle or neighbor. But it is especially hurtful when criticism comes from "an authority" in parenting education. Disapproval by Workshop instructors is painfully felt by participants--and may even lead to withdrawal from the Workshop. For these reasons it is important to not approach any participant, any question, or any discussion from a position of criticism or disapproval. It is always best to be respectful and to accept disagreement. In fact, we welcome disagreement since disagreement, when well addressed, can lead to a greater degree of clarification of points made.

6. We have found over many years of parenting education with persons who are already parents that making suggestions for a better way of handling any given rearing situation than the one proposed by the parent, that such suggestions are better accepted when they are coupled with discernible parenting positives already seen in the
particular parent. For instance, "The point you made earlier about (whatever it was) is really on the mark. And, I'd say growth-promoting, to be sure. Here though, you might find it helps your child better to set limits with loving firmness, for this reason (specific reason given)"

7. As mentioned before, these Workshop materials are intended for educational purposes. They are to be used to educate the participants about growth-promoting parenting and how to optimize their child's development. Although the contents of these Workshops can be used in a therapeutic setting in the form of Parental Guidance, these Workshops themselves are not planned to be used for therapeutic purposes and instructors are best advised to use both an educational attitude and their expertise in guiding the discussions.

8. Finding the appropriate balance between personal disclosure and educational goals can be a delicate matter, especially where the subject matter is highly personal as it typically is with many of these Workshops. Skillful collaboration between Workshop instructors, where applicable, and a clear understanding of the purpose of the Workshop should be helpful in this regard. It can also be clarifying to the participants if the educational nature of the Workshop is clearly stated while also encouraging their active involvement. The instructor must use his/her best judgment as to whether to and when to introduce things about herself/himself or her/his family.

9. Because the Workshops will likely touch upon personal issues in the participants' lives the Workshop instructor is best advised to have access to information regarding referrals and follow-up in order to be further helpful to participants when and if appropriate and requested.

Knowledge of local agencies and services can also be highly useful. For example, while in Appalachia we were asked for specific advice regarding adjunct services for various cases and were fortunately able to turn to the local sponsors of the Conference to supply this valuable information to the participants when asked.

10. Where there are two instructors in any given Workshop, dividing tasks and labor between the two may be most beneficial. For example, one instructor may guide the formal discussions while the other may direct interactive exercises, role plays, etc. One may be better able to address overt specific, clinical issues while the other may be more attentive to nuances and un-addressed topics. Instructors may want to alternate who has the "Instructor" role and who the "Facilitator" role as well as other tasks.

Parental Guidance is an educational method that can often be highly useful in working with parents of children we see in psychotherapeutic treatments. H. Parnes has been teaching this method now for several years to child psychotherapists and psychoanalysts. It is somewhat similar to what S. Fraiberg called Developmental Guidance (in Clinical Studies in Infant Mental Health. Published in 1980 by Basic Books, New York).
These Workshops, of course, can be lead by one instructor quite well and the Workshops are actually written with this in mind. But, depending on the size of the audience, the task may be quite taxing. A skillful team of instructors who work well together can be quite more productive and less taxing on each instructor.

11. It is invaluable to the success of the Workshop to set a congenial learning atmosphere. All educators know this, of course. How the participants view the instructor will depend, in part, on how the instructor portrays him or herself. The Workshop instructor, of course, must be sensitive to the parent's feelings as well as the child about whom they are talking? One instructor may prefer to introduce herself by her first name when addressing the participants and welcomed them to do the same. This particular point will, naturally, vary from one Workshop instructor to another and may depend upon a number of different factors. Some participants feel more comfortable if the instructor takes a more formal stance that is, in part, denoted by the use of "Dr.", "Ms." or "Mr.". We feel that a professional and helpful stance is always warranted and should not be compromised and that perhaps the use of names can be left up to the preference of both the Workshop instructor and the participants as well as the local custom.

12. While in Appalachia we dressed casually for our work attire but did not dress too informally. In other words, we wanted to dress similarly to the participants (and were told ahead of time that the participants would feel more relaxed with us if we did that) but did not want to convey the impression that we were there to simply take it easy. The seriousness of our work with them was neither diluted nor accentuated by our appearance and we felt that if our choice of attire could further put the participants at ease, we were glad to do that.

13. Being on site away from home, we made ourselves available to the participants throughout the conference. We ate meals with them, socialized with them and even enjoyed some recreational activities together. This of course has to be determined by both invited instructors and participants. When Workshops are conducted in the instructor's home-town, one can make oneself available without participating in out-of-Workshop activities. What is important here is not the actual activities, of course, but the instructor's stance in relation to the participants.

14. How the members of the group interact among one another is a critical variable. Group composition can vary widely depending on size, experience, educational levels, ethnic mix, etc. There may be widely varying audiences (as we had in Appalachia) and there may be more homogenous groupings. It may be very useful to screen the group beforehand, if possible, or at the time of the Workshop, to ascertain the group mix as well as what the group's interests and concerns are and the nature of their experiences (personal, professional, etc.) Where possible, the program coordinator can do this and share the results of this process with the instructor while planning the Workshop event.

We found that some participants wanted to spend more time role-playing and in small discussion groups while others preferred to cover as much of the didactic material
as possible. Some members asked for a private viewing of the audio-visual materials that we had brought with us and reviewed them after the conference had formally ended. Others voiced the opinion that they would have preferred more time spent on actual skills-building methods. Such issues need to be resolved at the discretion of the instructors even at the risk of displeasing some participants.

15. Joining with the group effectively can also be accomplished through non-verbal means. For instance, in Appalachia we arranged the chairs in a semi-circle to facilitate conversation among the participants. We did not sit behind the table set up for us but pulled our chairs out from behind the table and closer to the participants; we used the table as a place on which to put our teaching materials. In these concrete ways we hoped to be more receptive and available to the group.

16. Workshops are much enhanced when they can be made personally meaningful to the participants. An instructor who feels comfortable doing so can occasionally use personal examples from her/his experiences as a parent; doing this seems to increase the positive interaction between the instructor and participants and also illustrates points and concepts in a tangible manner. Many participants appreciate this teaching method and hear and even accept the material better because it informs the participants of the fact that the instructor has experienced being a parent and it gives more reality to the instructor's information. Likewise, anecdotes either from one's personal or professional life can best illustrate certain principles and increase the participants' understanding of the subject matter.

17. Workshops can be made more lively when the instructor feels comfortable illustrating certain child behaviors, as making young child sounds (e.g., types of infant's cries) or demonstrating particular attitudes and gestures. At times the instructor may chose to emphasize a point by such intoning of a sound or acting out an expression or gestures in an illustrative manner; it usually makes the point more dramatically. Although this is not a requirement, participants generally are engaged by and enjoy the instructor's attempts to illustrate dramatically even if they are amateurish! The instructor can also enlist the help of willing volunteers to assist in such illustrations. An important didactic point can be made more clear through the use of illustration and example.

18. Similarly, if the Discussion text can be augmented by inserting a particular point of much relevance to the participants, such should be done and a good illustration may be very useful to do just that. Generally, participants enjoy learning through examples and the sharing of these; the instructor can use his/her judgment to improvise upon this theme.

In such ways further issues may also be added to the discussions as needed. For example, with a particular group committed to the benefits of breast feeding it is wise for the instructor to ask the group if they think that positive feeling experiences can also occur between a parent and a bottle-fed baby. Lively and productive discussion usually follows this question.

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19. Workshops, like with any audience, require of the instructor to be attentive to how the group is responding and feeling. For example, if participants appear restless, inattentive, unusually quiet, etc. it is often helpful to check with them to see if the material is making sense, if they would like to review a particular point, etc. It can help to briefly review the point that you are making and then to move to where the group's interest lies at that particular time. Although this point is debatable, we feel that it is most important to make and retain an emotional connection with the group and that the actual didactic content is secondary at those moments.

20. When discussing Workshop issues it may be particularly helpful to the participants if specific ages and developmental markers are indicated. It can help participants register the material better when specific age ranges are denoted. Discussion can also focus on differences between age groups and what a parent can realistically expect at a certain age range in terms of the child's emotional and cognitive development.

21. If instructors are addressing participants who generally face similar difficulties (e.g. raising children in an economically depressed environment) the instructor may find it advantageous to emphasize particular points rather than others. For example, in Appalachia socio-economic factors often came up during the Discussion and expression of the participants' reactions and solutions were encouraged. "What qualities make good parents?" was frequently raised and were these qualities primarily of a material nature, of an emotional nature, or what? That is, we talked frequently about whether buying children toys and giving them many material gifts is the most meaningful way of promoting a positive parent-child relationship or whether those "emotional gifts" of respect, understanding, empathy and love are more mental health promoting and socially adaptive. It is noteworthy that many parents from all socio-economic environments tend to give more weight to the importance of material giving than do mental health professionals. We need to convey to parents the enormous value and power of emotional giving to the child's developing mental health and well-being.

22. Using a blackboard or flip-chart can be useful in emphasizing certain points. Hand-outs are usually welcomed by the participants and can increase their ability to absorb the material through the activities of listening and writing. They are often glad to have something in their hands to bring away from the Workshop and this can further enhance recall.

23. Reviewing the Curriculum Lesson Plans (for High School Grades) and choosing various exercises to be either utilized verbally or in writing can be supplemental to the Workshops. This depends on the instructors' preference. In the Appalachia project we chose to use one written exercise from the Lesson Plans in an oral manner and found that this was highly effective especially because it was done with dramatic intonation and gesture. This empathy-enhancing exercise was used to increase participant appreciation of this crucial parenting ability and optimized the educational potential of this Workshop.

24. Finally, and not the least important, instructors are best advised to use all available methods to convey to the participants their respect for their ideas, life
experiences, innate wisdom, ethnic specificity and local customs. It is critical that participants feel acknowledged and respected by the instructor. There is no place in our work for judgments and criticism.
WORKSHOP # 1

OPTIMIZING THE PARENT-CHILD RELATIONSHIP

**Question:** What do you think is so important about the relationship you develop with your child?

**Answers** from workshop participants. Get them to go beyond "It makes you feel good" or such.

**Discussion:** The quality of the parent-child relationship is one of the most important influences on the emotional and physical health of the child. The primary ingredient, the "bricks and cement", in the formation of the parent-child relationship is the child's attachment to the parent and the parent's bonding with the child.

One of the most important factors that influence the quality of the child's attachment has to do with the **quality** of the emotional investment made in the child by the caregiver--that is, the way the parents feel about, react to, and treat the child, no matter what the age of the child. The Parent (or caregiver) must feel sufficient empathy, respect and affection for the child; the child will automatically feel all these then toward the parents.

A child requires being sufficiently valued emotionally, sufficiently touched, related to emotionally, shown signs of affection and love and must attach sufficiently emotionally to one or two particular parents (or other parent-figure) to develop as best as he/she can in all areas of his/her personality and to have the chance to develop optimally and attain his/her inborn developmental potential.

**Question:** Does the parent need special training and gimmicks to be a good parent?

**Answers** from workshop participants. Get them to provide examples or workshop leader, provide example(s).

**Discussion:** No. However, the parent must provide good-enough basic physical care for the child and a positive-enough emotional relationship, that is, the parent must rear her/his child lovingly, respectfully--no matter how old--and in growth-promoting ways (which is what these workshops are about).

Even in the most difficult of external circumstances a child can develop well and grow to be a productive member of society.

**Question:** What is a positive-enough emotional parent-child relationship?

**Answers** from workshop participants. Get them to provide examples or workshop leader, provide example(s).

**Discussion:** A positive-enough emotional relationship is provided when the child is loved, recognized to be an individual, respected and understood both emotionally and intellectually.

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As part of addressing this question discuss attachment and its importance to constructive personality formation.

**Question:** What would you consider to be a negative emotional parent-child relationship?
**Answers** from workshop participants. Get them to provide examples or workshop leader, provide example(s).

**Discussion:** A relationship in which the child does not feel valued, loved and respected by the parent. The child then does not develop a good feeling of trust in the parent(s) and the parent(s) feels disappointed, overly burdened and frustrated by the child.

**Question:** What is "good" parenting?
**Answers** from participants.

**Discussion:** "Good" parenting means to optimize, to make as good as one can, the child's inborn givens, his physical, emotional, cognitive and adaptive development. Good parenting requires a lot of time, thoughtfulness, problem solving abilities, patience, creativity and a sense of humor, tolerance for storms of feelings, and more. Love, respect, consideration, and the ability to empathize (which we'll talk about later) are very important to optimize all these developments.

**Question:** If there was one overall rule of parenting, what would you think it might be?
**Answers** from participants.

**Discussion:** We think a great "Golden Rule of Parenting" is: Treat you child the way you would like to be treated if you were the child.

**Question:** What skills and tools for coping do children get through a positive emotional relationship with their parent(s) (caregivers)?
**Answers** from group. Ask for examples (and be prepared to give examples).

**Discussion:** Much clinical experience and now formal studies show that children who have positive emotional relationships, or good attachments, are more likely to develop good adaptive skills and tools. Through positive emotional and verbal interactions with their children, parents directly foster the healthy--as healthy as it can be for any given child-- development of:

1. A healthy, self confident and respecting sense of self.
2. Good basic trust and human relationships.
3. Constructive adaptation to life.

In addition, sufficiently positive relatedness (loving, respectful, considerate) relatedness and attachment

1. Counters the development and accumulation within the personality of excessive hostility;
2. Lessens the hostile side of relating and feeling and fosters good relationships;

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3. Promotes the formation of a healthy, reasonable conscience;
4. Fosters healthy nondestructive aggression (assertiveness, goal achievement, etc.) and more.

**Question:** What can one do to make the parent-child relationship loving and positive—and when it is so, it is mutually so for both child and parent?

**Answers** from participants.

**Discussion:** Most typically, it is the most effective and growth-promoting parenting that will promote a satisfying relationship between parent and child, where the parent tries well to understand her/his child. Understanding the child's basic physical and emotional needs, experiencing at any given moment, and the child's behaviors, being able to empathize with the child including the child's temperament and patterns of development all lead to a more positive relationship between parent and child.

**Class Discussion:**

1. Why is talking together, including mother/father talking to the child even before the infant learns to talk, so very helpful?
2. Why should parents communicate emotionally and in words even with their infants and toddlers?
3. Why is it useful to put feelings into words?
4. Considering the expression of anger, is it useful to help the young child learn to be able to put these feelings into words rather than express them in actions, like lashing out at someone?
5. Discuss some examples of how to handle a young child being angry with her/his parents:
   - When mother goes out and the toddler experiences (separation) anxiety;
   - When mother is preoccupied or withdrawn from the child;
   - When mother is taking care of a sibling's needs.

Get more examples from the participants.
Discuss the best ways to help the child with these feelings.
Give examples of how a mother/father can talk to the child about his/her anger toward the parent(s).
(The parent will be most helpful if she/he can empathize and sympathize with the child and offer comfort.)

**Role Plays**

In small groups participants will devise scenes that emphasize the following skills:
Helping parent tolerate and deal constructively with expressions of anger and of hate from the child.

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Setting limits on excesses and physical expressions of hostility.
Help the child express full range of emotions in reasonable ways, including without causing harm to him/herself and others.

**Interactive Exercises**

In groups, what is your immediate reaction when . . . ?

You (as young child) are upset and angry. You turn to your parent for help, comfort, support, encouragement, etc., and you get:

a. No response: parent is preoccupied or impervious to child's distress.
b. Defense of other person: parent plays "devil's advocate" and leaves child isolated in his/her reactions and feelings, etc.
c. Many questions: the parent overwhelms the child with questions barely allowing child to tell the parent what she/he is thinking and feeling.
d. Advice: the parent "takes over" and ignores the child's input, etc.
e. Denial of feelings: the parent ignores and/or discounts the child's feelings.
f. Pity: the parent "feels sorry" for child, disregarding the child's emotions.
g. Apathy: parent shows no concern or reaction to child.

Class will discuss optimal responses to the examples above.

Discuss the process of **identification** between parent and child.

**Wrap-Up:** Place emphasis on **reciprocal communication**, including verbalization, between parent and child and how this fosters healthy development in the child.

**POSITIVE FEEDING EXPERIENCES**

**Question:** Why are feeding experiences important to the emotional well-being of the infant?

**Answers** from participants. Can they provide examples? How did they feel during a "positive feeding experience?"

**Discussion:** The feeding experience is one of the earliest experiences which influences the quality of the infant's beginning attachment to those who care for him and from these the child learns to expect or not to expect being gratified and emotionally nurtured.

What occurs between the infant and caregiver is much more than the physical feeding; a profound emotional interaction is taking place and significantly influences the quality and meaningfulness of the relationship between the infant and caregiver over time. This experience is one of the key experiences that become recorded in the infant's mind and eventually influences his/her feelings about himself and his family and those around him and will most likely have an influence on how he experiences events inside and around himself throughout his lifetime.

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**Question:** What are the key elements that go into the emotional interaction between the infant and caregiver?

**Answers** from participants with examples.

**Discussion:** Besides being provided with life-sustaining physical nutrients, the baby feels the mother's (caregiver's) holding, feels physically and emotionally supported, warmed, valued, and comforted by her. The infant also feels what the mother is feeling (her mood, her attitude toward the baby, and attention or preoccupation). And the mother feels not only her pleasure in holding and feeding her baby, she also feels what her baby feels. Each feels what the other is feeling. This facilitates the development of **empathy** in the child and its further stabilization in the parent.

**Question:** Why do you think then, that as positive as can be feeding experiences are significant?

**Answers** from participants.

**Discussion:** Most importantly, because they facilitate good emotional developments of all kinds, they facilitate good mental health.

We should emphasize that even children who have feeding problems can develop a very good attachment to their parents (and other caregivers) and develop very well. But it may be a bit more difficult. For instance, infants who start out with colic—which usually lasts for about the first 3 months of life—can readily develop very good relationships when the parents continue to try as best they can to feed as well as they can, continue to value, try to comfort, love and emotionally engage as positively as they can with their baby.

When the feeding experience for the most part is gratifying, when it is done in the arms of an emotionally tuned-in loving parent, these factors greatly facilitate the formation of a positive emotional attachment between the infant and the nurturing person. The major benefits are that a good emotional attachment to the caregiver contributes centrally to the development of a positive sense of one's self, of basic trust, and to the formation of good human relationships. The development of a positive sense of self leads one to become a person who in turn can be trusted, counted on, and will, then be able to nurture and to give to another. In sum, the total emotional development of the self is influenced by the quality of the emotional attachment between child and parent; this in turn, can be much influenced by the quality of the feeding experience.

**Question:** Should the mother be the only person who feeds the baby?

**Answers** from workshop participants. How do other family members get involved? Who is the primary feeder? How does this seem to affect the baby?

**Discussion:** Generally, the most important relationship in the first year of life is with the mother. We all know that the baby—in most cases—is developed within the mother's own body and that there are bio-genetic as well as psychological dispositions that make mothers more infant-responsive than most fathers. (This issue can be discussed further with consideration and caution [these days]).

It should be clear however, that fathers who really get involved in the care of the...
infant from the very beginning of life become enormously important to the infant from the very beginning of life too. The infant is not limited in his ability to attach to just one person. As the attachment between mother and baby stabilize over time and, assuming it is a positive and emotionally gratifying relationship for the two of them, good experiences—including feeding—between baby and father, as well as good experiences between baby and siblings, facilitate and stabilize favorable attachments and the development of positive relationships with them as well as with others. This will also enrich emotional and personality growth.

**Group discussion:** Discuss various feeding techniques that participants prefer. What are the benefits?
- How does the baby prefer to be fed?
- Have participants developed ways to enjoy feeding the baby?
- Do they ever fear that the baby would become overly attached to the feeding process? How was this handled?

**Demonstrate** ways to hold baby during feeding that will optimize the positive experience for both baby and mother (caregiver.)
- Illustrate ways that might foster negative feelings.
- **Further discuss** participants feelings and thoughts about breast feeding and that it is absolutely possible to have a nurturing relationship without breast feeding.

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**EMPATHY**

**Question:** What is empathy?
**Answers** from participants.

**Discussion:** **Empathy is the ability to perceive, to feel, what others seem to be feeling.** Human beings are born with the built-in ability to feel the way others feel. This is due to what we call the "contagion of affects." When you walk into a room where people are laughing, you will feel like laughing too; when you walk in where people are mourning, you too will tend to feel sad. This makes it possible to feel what others are feeling. It is invaluable in our ability to interact with others and it is essential for growth-promoting parenting.

**Question:** Why is empathy important to child-rearing?
**Answers** from participants. Try to get examples from them. Have one good example to give.

**Discussion:** When we know how an infant or a child feels we know better how to interact with that child and what to do to help that child in a growth-promoting way.
- The parent's empathic responses—that is, responses that are based on perceiving and feeling what the child is feeling—to their infant's expression of needs increases the

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child's comfort and helps him feel valued and good about himself. This begins a pattern of loving, respecting, and responsible relatedness with others.

**Question:** How can the parent/caregiver know what the baby is feeling before the baby is able to talk?

**Answers** from participants. Examples.

**Discussion:** **Imagining what the infant and small child is feeling** is a crucial step in being able to understand and help the child in growth-promoting ways.

When parents/caregivers imagine what they would feel if they were in the infant's place, they will much more easily learn to understand what the infant is feeling.

Because "feelings are contagious" how you find yourself responding to a child's feelings will give you a clue as to what he/she is feeling. This empathy will enable you to better understand and help your child.

**EMPATHY EXERCISE:**

1. Look at the child's facial expression--eyes, mouth, cheeks and forehead.
2. Look at the child's posture and movements.
3. Listen to his/her sounds (including moans, sighs, coos, etc.)

Now, imagine yourself feeling the way the child seems to be feeling.

How did the infant's affects make you feel?

**Discussion:** All people, including infants and small children, have reasons for doing what they do. Try to understand the reasons that account for the child's behavior.

Because "feelings are contagious", how you find yourself responding to a child's feelings will give you a clue as to what he is feeling. Your feelings, that in part come from your empathy, will enable you to understand and help your child.

**HOLDING THE BABY**

**Question:** Why does the way(s) we hold the baby matter?

**Answers** from participants. Urge them to provide examples.

**Discussion:** Especially during the first few weeks and months of life the infant is completely helpless and depends upon the nurturing environment (the mother) to satisfy all his/her needs. The normal infant is equipped at birth to attach emotionally to the nurturing individuals who attach and invest emotionally in the child. Crying, smiling, clinging, visually following and sucking are all mechanisms that forge the mutual attachment of mother and child. Notice how each of these built-in reactions is directed at "someone". How that "someone" or "other" reacts to the infant is very determining of
how this built-in system of attaching continues to unfold, becomes organized, and develops into a specific type of attachment, from "secure and comfortable" or very good, to "insecure, overly anxious, worrisome", not so good. How one holds the baby is one of the major ways that conveys to the baby how one feels about the baby. And babies feel that to their very bones!

All in all, it is especially according to the degree to which the child is emotionally invested by the parent that the child will reciprocally emotionally attach to that parent. The parent(s) is most advantaged--and so is the baby--when the parent is well capable of empathy, respect, affection for, and values the emotional dialogue, the reciprocity of being with the young child. In fact to put it simply, the child needs to be sufficiently valued emotionally, sufficiently touched, interacted with emotionally, shown signs of affection and pleasure in the arms of the loving mother (and father).

**Question:** Can infants "tell" if they are being held in a loving manner or not?

**Answers** from participants using examples.

**Discussion:** Infants can sense a great deal about the care-giving environment through their feeling senses, the sense of touch and of sound, and the affects (the feeling tones) they resonate with. They can feel what the caregiver is feeling. If they feel cared for, taken care of and attended to sufficiently they begin to feel that the care-giving environment is a reliable place where they will have their needs met and be valued. The infant begins to develop a sense of **basic trust** about the world and later about him or herself. (This will be discussed more fully in Workshop 3.)

**Question:** Do infants and very small children have feelings? We speak of feelings as "affects". How do we know they can have feelings (experience affects)--especially when they have not yet begun to talk?

**Answers** from participants using examples.

**Discussion:** Infants and small children automatically express feelings--they are born to do so to insure their survival and well-being. One of the major functions of affects, of expressing feelings is to communicate his experiencing with his/her caregivers.

In addition, infants develop a range of affects (feelings and moods) during the first year and although they can't talk, they express them in various ways. **Body language and non-verbal signals and cues tell us much about how infants feel.**

Parents can and are better equipped to help their infants when they recognize and understand these signals and cues in their own children.

**Infants have feelings from the beginning of life,** and these continue to develop throughout childhood, becoming more and more complex as time goes by.

**Summary:** It is very important that we hold the infant in a warm and loving manner. The infant absorbs a great deal through how he/she is handled and this will have an impact upon his/her developing personality. Through each loving interaction at the hands of the caring parent the infant begins to organize his/her experiences with the outside world and develop a sense of himself as a person who is valued, respected and loved.

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The emotional interplay of communications—the mutual dialogue between parent and child—begins and starts to develop well before a child is able to speak. This important dialogue occurs in large part through the sense and the quality of touch and of affects.

**ATTACHMENT/BONDING**

**Question:** What is a positive emotional parent-child relationship?

**Answers** from workshop participants with examples.

**Discussion:** A positive emotional relationship develops when, from birth, the child is emotionally valued, handled with affection and consideration, recognized to be an individual, respected and when efforts are made to understand her/him, emotionally and intellectually.

A positive attachment between child and parent, from early infancy on, is a critical factor in constructive personality formation. Some developmentalists say that, **given the child's inborn (bio-genetic) endowment, the parent-child relationship is the crucible in which the child's personality becomes formed.** (Discuss what this means.)

**Question:** What do we mean by "attachment"?

**Answers** from workshop participants using as much description as possible.

**Discussion:** We use the word attachment to describe the infant's forming an emotional relationship with his/her particular caregiver(s). Some people loosely use the word "bonding" to mean that. We use the word bonding to mean what the parent experiences in forming a relationship with the baby.

One of the most important factors that influence child-rearing has to do with the quality of the emotional investment made in the child by the caregiver.

The deeper and positive the emotional investment the parents make in the child and the child makes in her/his relationships, the greater and more optimal the development of the child will be. (We've talked already about the ingredients of what makes for positive relationships.) Once the child has attached well to the parent and the parent has invested well in the child one can expect the infant to have one of the most powerful factors that make for the child's developing as optimally as is possible, assuming that other basic needs (food, shelter, basic comfort, etc.) have been adequately provided for.

**Question:** How does the attachment process begin?

**Answers** from workshop participants. When did they first begin to invest emotionally in the infant? When contemplating becoming pregnant? Was it during pregnancy? At birth? When the infant first smiled?

**Discussion:** The infant is equipped at birth with an instinctual force that serves the

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preservation of the species. It is a biological attachment-forming force that arises from within each of us. Some of us speak of this force as an instinctual attachment system; others among us call that force the "libido".

We think that the infant's libido drives the infant to attach to the foremost caregiving person(s), most typically the mother. The helpless crying infant triggers a nurturing response, especially on the part of the human female, although many males respond to it similarly too. This tendency in the human infant to convey nurture needs is a strong attachment inducing mechanism with which every human infant is equipped at birth. Crying, smiling, clinging, visually following and sucking are all mechanisms that forge the mutual attachment of mother and child.

However, for our purposes what is most critical to discuss is the emotional investment made in the child by the mother. This emotional investment is the critical component in the attachment/bonding process. It is by her own emotional investment in the child that the mother will support and promote the child's built-in readiness to emotionally invest in her. So, if you eventually want to really be loved by your child, start the loving dialogue even before the baby is born.

**Question:** Are you saying that the mother has to take an active part in her interaction with her infant to facilitate this process?

**Answers** from workshop participants using their own examples.

**Discussion:** Yes, the mother most definitely has to take an active part in forging the attachment and bonding between herself and her infant. She starts quite naturally by loving the infant and making the love readily evident to the infant. She does this by holding the infant tenderly, by responding to the infant's physical needs (for warmth, food, comfort), by showing affection, attention, consideration to her infant.

(This topic will be further addressed in Workshop # 4.)
WORKSHOP # 2

THE DEVELOPMENT OF SELF AND HUMAN RELATIONSHIPS

SOME BASIC IDEAS

Discussion: In this section we will briefly review some of the major observations made by several key child development researcher-clinicians. We shall briefly detail and talk about the theories developed by Drs. Rene Spitz, John Bowlby, Erik Erikson, and Margaret Mahler. Each of these researcher-clinicians has made valuable contributions to our understanding of child development. Let's consider each in the order in which they appeared on the research scene.

Dr. Rene Spitz, a Swiss-American Psychiatrist-Psychoanalyst, in the 1940s was among the first--Anna Freud and her group then also began to do this kind of observational research--to start the type of research we ourselves--the authors of these workshops--value so much, namely, research carried out by a professional who was foremost a clinician. He was the first of three persons who made groundbreaking observations on what Bowlby called attachment. He proposed that during the period from birth to 6 to 12 or so weeks the infant seems not yet aware of the world outside himself. From about 12 weeks or so on, the infant begins to sense that there is an outside world, and the human face now elicits that remarkable phenomenon, what Spitz called the social smiling response. At this time the infant will react rather indiscriminately with such a smile at anyone who comes to him. This social smile then is not at first directed specifically to a favorite person. From about 3 months to 6 months then, progressively, the infant begins to show a special attachment to his mother, father, and siblings, by giving them specific smiling responses, interestingly quite discriminatively now, so that Mother gets the biggest, brightest smile and the rest according to the amount of care they give the baby and how the baby seems to feel about them. (We shall talk about this in more detail in Workshop #4)

Another behavior that gives us evidence of this attachment, Dr. Spitz pointed out, is the separation anxiety the infant shows when his mother leaves him, and by his enthusiastic or angry reunion response when she returns. This growing attachment to his mother (and father and siblings) helps the infant develop a sense of himself as an individual. Most important is that during this process of forming this attachment, the child feels himself or herself more and more defined, more and more feeling a sense of self. At the same time, this attachment makes separation from Mother difficult before he develops the ability to know and trust that his mother always will return; the child will then exhibit separation anxiety. He will also exhibit anxiety when encountering strangers, that is, people the infant has not yet come to know, because they are not among those to whom he is gradually becoming attached. (More detail in Workshop #4).
Like Spitz, Dr. John Bowlby, a British Psychiatrist-Psychoanalyst, also a child researcher-clinician, found in the 1950s very much the same enormously important fact; that the child's attachment to his mother and the quality of that attachment, plays an enormous role in the child's coping, his well-being, and beginning personality formation. Although Drs. Spitz and Bowlby differ in the explanations they give us as to how, that is, by what inborn mechanisms this attachment occurs, the many points on which they agree establishes this fact as one of the most important to occur in the child's early life. It is therefore very helpful for parents to know about this. Because attachment begins from the time an infant is born, it is well for parents to know this before their baby is born.

In a parallel way, an equally deep attachment to the father who is involved in the care of the baby unfolds side by side with the relationship with the mother. This also happens as the infant comes to value his siblings. All of these relationships make a powerful contribution to the development of what we all eventually come to feel is our self. As Dr. Margaret Mahler detailed (taken up in Workshop #6), infants have to be well enough attached before they can become healthy separate individuals.

Another person, who in the late 1950s added richly to our knowledge of child development, is Erik Erikson, an American Psychoanalyst, who described the importance of the development of basic trust, or its lack, basic mistrust. This occurs when an infant gradually learns to really be confident that first his mother, then others in the family are persons he can count on to take care of him in a loving and respecting way. This helps him feel secure, and a sense of trust in not only others but also in himself begins to take place. Then he feels encouraged to do things and learn things, and make relationships with other people, as an individual human being. We will further discuss this critical development in Workshop #3.

Time-wise the latest of these four major contributors, during the 1960s-1970s, Dr. Margaret Mahler, a Hungarian-American Psychiatrist-Psychoanalyst, studied infants and young children very closely and developed a model for how the young child forms his/her first relationships and develops the sense that he/she is an individual. She called this developmental process the Separation-Individuation theory.

Bird's eye view, the Separation-Individuation theory consists of two preliminary phases, the normal autistic phase and the symbiotic phase, and these are followed by the separation-individuation phase itself. In Dr. Mahler's model of this separation-individuation phase of child development is the time when the infant gradually comes to realize that he and his mother are not as if one unified entity, but that rather, he and Mother are two separate persons. This gradually leads to his developing a sense, a feeling of being an individual who at the same time has a deep sense of having relationships with key persons in his life. This is a very important development that begins in a small way at about six months and is quite well developed by the age of three years.

Because the separation-individuation phase is so complex, Mahler subdivided it into four subphases. During these subphases important changes occur in the small child which increase his/her ability to conceive of the separation between him/herself and the mother. The infant, who according to Dr. Mahler's view starts out believing that he and his mother are one, goes through these several stages and eventually ends up with the
realization that they are separate persons who are attached by a strong emotional bond, but not a physical one.

(Because we will devote Workshop #7 to the Separation-Individuation theory we make only a few comments here.)

Dr. Mahler held that the basic process of separation-individuation occurs during the first 3 years of life. During this time the infant progresses from experiencing the self and mother as one unit, as a twosome (dyad) enclosed as if in a unifying membrane, that gradually evolves into experiencing the self and the mother as two separate distinguishable human beings related to each other in a deeply meaningful emotional relationship.

Dr. Spitz has shown us that the smiling, separation and reunion responses and stranger anxiety are signals that attachment is developing, and along with Dr. Bowlby, emphasized that an emotionally valued (eventually loving) and stable attachment is essential to healthy emotional development.

Dr. Erikson has shown that the development of Basic Trust is necessary for a healthy, positive sense of self. The development of basic trust means the development not only of trust in others but equally of trust in oneself.

Question: How is a sense of self influenced by our developing relationships with other people?

Answers from workshop participants. (Instructor: caution here!) Can they, if they wish, describe how they felt themselves to have been influenced in their development through their relationships to essential others? How do they feel they have influenced the development of their own children? Or, of their siblings?

Discussion: How one experiences oneself and who one becomes on the one hand, and how we experience and form relationships to others, evolve hand in hand, influencing each equally. There is a parallel and reciprocal/mutual relation between the development of the self and our relationships to others: this principle of parallel and reciprocal/mutual development applies in a number of areas of human development and relationships. It also applies to the development of basic trust which means not only that one learns to trust others but equally to trust oneself.

For this reason, mental health professionals have found the development of a healthy emotional life to be dependent on the child's (and adults) relationships to those closest to him or her. For example, mental health professionals tell us that if you feel good about yourself, you feel like reaching out to other people; if you like and respect yourself, you will like and respect other people; if you have found that you can trust your mother to come back whenever she goes away, you will be learning that you yourself are worthy of trust, etc.

Discussion: Picture a ten month old infant who has not been fortunate to grow up in a loving family. He is in a children institution where the over-worked staff has time to do only the basics of feeding and cleaning the babies. Sometimes a tired caregiver will scold the child for having a B.M. in his diapers, although he is too young to be trained. This makes him feel shamed and unwanted. He would like to be talked to and comforted, but
no one has time for that.

**Question:** What kind of sense of self will that child develop?
**Answers** from workshop participants. Encourage them to use empathic skills and to imagine how they might feel if they were in that infant's position.
**Discussion:** He will not be able to develop a healthy sense of self and all that comes with it. Encourage further discussion.

**Question:** Why?
**Answers** from workshop participants. (Try to get more than "because of what you just said.")
**Discussion:** The infant will have not had the basic one-to-one attachment necessary for the development of a healthy self. Encourage further discussion.

**Question:** What kind of relationships with other people will this child have?
**Answers** from workshop participants. Encourage them to think this over carefully.
**Discussion:** We know that the development of the self is intimately and directly influenced by the quality of the child's human relationships and that the experiences that the child has in these early relationships contribute enormously to what his future relationships most likely will be like. Since the institutionalized infant does not have good, trusting, loving relationships, from where will his sense of being valuable, lovable, and trustworthy come from? Since he will feel frustrated in his basic need to feel cared for emotionally, to be held and comforted, he will no doubt experience intense feelings of unpleasure which will then generate hostile destructiveness in him. This alone will make him feel he is unlovable and undeserving of trust! Nor then, will he trust others. And he may well gradually come to not care for others, or even hate others.

**HOW CHILDREN BECOME LIKE THEIR PARENTS**

**Question:** What do mental health specialists mean by "identification?"
**Answers** from workshop participants, if any.
**Discussion:** One of the principal mechanisms at work in how relationships influence the child's developing personality and character is identification.

Identification is a psychic mechanism (it works without our being aware of it) whereby we take into ourselves features of a person who makes a meaningful impression on us and whom we want to be like.

**Question:** How is this pertinent to child development?
**Answers** from workshop participants. Have they observed their child identifying with aspects of themselves? How have they responded to their child?
**Discussion:** It is by means of identification that the child takes into his/her personality the dictates, demands, expectations and characteristics of the caregiver(s) to whom the child is emotionally attached, especially so with regard to Mother, Father, and even siblings. Thus identification profoundly influences the child's developing personality.

According to psychoanalytic developmental theory, a person generally gives up a past relationship to a highly invested (valued) person by identifying with that person. That is to say, a representation of that valued person is *internalized* into the mind by virtue of the many experiences one had with that person. For instance, we *remember* how that person smiled when we said this or that; or how that person cheered us on when we did something good, etc. In this way, over time, we internalize the experiences we had with that person. Once that valued person's image and actions are internalized we have a representation of that person in interaction with us in our brain (mind). When that person is felt to be lost (forever), to not completely lose that person emotionally, we take some part or parts or characteristics of that representation into our own self-representation, the image in our mind of ourselves. Thus, we *identify* with the valued person by taking that part into our own self-image.

This applies to what happens during the separation-individuation phase. In other words, by taking on some aspects of the mother into the child's character the tight dyad the young child experiences can be melted in a gradual progressive manner to allow the child to experience herself/himself as an individual and to experience mother as a separate individual.

**Question:** When does this process take place?

**Answers** from workshop participants. Have they noticed this with their children? If so, when?

**Discussion:** According to Dr. Mahler, this process occurs from about 18 to 36 months, during the later stages of the Separation-Individuation phase. (We shall talk about the separation-individuation process in Workshop #6). For now, let us say that this leads to the child's dissolving the sense of being one with the mother. This dissolution can occur by means of a basic *identification* in both normal boys and girls with the mother and makes an important contribution to the personality of the child.

This process will also occur with children and their fathers if they have been actively engaged with the infant from the beginning.

Psychodynamic clinicians believe that the process of identification takes place throughout the entire lifespan of the individual with those the individual highly invests emotionally. In addition to the genes we inherit from our parents, identification is the key psychic mechanism by which a child becomes a member of his/her specific family, as if bearing the stamp (Freud said) "Made in the Jones family, U.S.A".

**Question:** Is the process of identification better for children if they have had a positive relationship with the mother?

**Answers** from workshop participants. How would a positive relationship influence the quality of identification for the child? How would a negative relationship influence the quality of identification for the child?
Discussion: It is always better for the child (and the parent) when there is a positive relationship. The more optimal the human relationships the more optimal the identifications and, consequently, the more optimal will be their influence on the development of the character and personality of the child.
WORKSHOP # 3

BASIC TRUST AND BASIC MISTRUST
IN OTHERS AND IN ONESELF

Question: What do we mean by "basic trust vs. basic mistrust?"

Answers from workshop participants. Have they ever heard this term? What do they think it refers to?

Discussion: The concept "basic trust vs. basic mistrust" was developed by Dr. Erik Erikson (and also by Dr. Theresa Benedek). Basic trust means that the child develops an inner conviction that the nurturing caregiver will meet his/her needs to a sufficient degree, in other words, that mother (and/or father) will sufficiently protect, nurture and give care. Equally important is that with basic trust (of others) comes the inner feeling that the infant is deserving of this trust, that the infant in turn is trustworthy.

This inner "sense of basic trust" as Erikson taught us, describes a crucial quality of inner feeling that an infant acquires about himself/herself and others around him/her. This marvelous inner sense, inner feeling, develops gradually during the first year of life.

Again, crucial is that hand in hand with progressively trusting that mother will give good care, the infant begins to experience a sense of feeling worthy of being cared for, of being worthy of trust, of being valuable and lovable.

Basic mistrust, on the other hand, means that the infant comes to feel that the persons in his/her environment will not be sufficiently protecting, nurturing and caregiving. And, it brings with it a sense of not being valuable, of not being worthy of love and care.

Question: What happens to the infant's development if he/she does not develop basic trust and develops basic mistrust instead?

Answers from workshop participants. What do they imagine would occur?

Discussion: Basic mistrust, just as the words say, means that the infant comes to feel and believe that people cannot be trusted and that the infant himself/herself should not expect anyone to be thoughtful, considerate or caring about him/her. This creates a basic core in the personality that is negative (i.e., hostile) with the infant's having a negative (hostile) view of others, oneself, and the world. This colors, gives this negative (hostile) quality to personality formation and philosophy of life.

Another way of saying what happens is that without positive emotional nurturance and without the development of basic trust, highly adaptive potential developments fail to occur. These include the development of the capacity to form good relationships, the optimal development of intelligence and of learning, the development of conscience and moral responsibility. In other words, the total range of emotional and personality development is affected in a detrimental way.
Question: How does basic trust (or basic mistrust) develop?

Answers from workshop participants. What have they observed about this development in their own children?

Discussion: It is the quality of the parent's attachment to the child, of the care-giving and of the nurturing that determine whether good basic trust or mistrust develops in the infant. Infants need not only food, clothing and reasonably good hygiene, but they need attention to their basic emotional needs.

To develop basic trust mothers and fathers need to be sufficiently emotionally available to his/her infant—for instance, to respond with affection to the infant's emerging signs of what will become affection, to comfort when the infant needs comforting, etc. Every child needs a sufficient amount of his/her parents' emotional availability.

A child is not born with an inner sense of trust or mistrust in the self or in the environment. It develops. This development occurs under the influence of repeated experiences that when the infant is in a state of need or feels pain, persons in the environment gratify the need and at the very least try to undo that pain. At some level of experiencing, this kind of feeling and memory will be entered into the child's psyche (mind) and will influence his/her ongoing development.

A major factor that undermines the development of basic trust is when the child's major physical needs or emotional needs are frustrated too much and too often. Occasional inability to meet the infant's basic physical and/or emotional needs are unavoidable, even with the "best of parenting." If this occurs only occasionally and, by contrast, experiences of feeling well cared for, valued, gratified are frequent, basic trust can be well secured in normal children.

It is when frustration, neglect, physical and emotional pain are experienced too frequently that the development of basic trust can be severely thwarted and basic mistrust will develop.

The profound importance of Basic Trust is that the infant learns to be really confident that his mother, his father, and then others in the family are persons he can really count on to take care of him in a loving and respecting way. This helps him feel secure and a sense of self trust also begins to take place. Then, freed from worrying about basic physical and emotional needs, he can more freely respond to his inner need to discover the world into which he was born, to do things and learn things, and make relationships with other people, all as an individual.

Question: How does this development affect the child's personality?

Answers from workshop participants.

Discussion: When basic trust is sufficiently established early in life it will establish conditions within the child's psyche that make possible a lifelong sense of inner security and well-being. It creates an inner core of the self that is positive (self respecting and valuing) or negative (hostile toward self, others, and the world). As we said before, a sufficiently good sense of basic trust is necessary not only for the development of good self-esteem, for the development of respect for the self and for others, but also for developing positive, constructive ways of coping in life, of learning, and of developing a healthy, moral conscience.
The sense of being a lovable and trustworthy person has its origins in the experiences of the first year of life. Because it is a development that occurs so early in life, that is forged in the infant's everyday experiences, it becomes deeply rooted. It lies then at the core of the self and colors the foundation of the child's personality.

**Question:** How can the parent know that basic trust is developing in their infant?  
**Answers** from workshop participants. What indices do they use?  
**Discussion:** An index of developing trust (or mistrust) is the child's giving evidence of developing the "confident expectation" (Dr. Therese Benedek) that the mother will respond positively to the infant's appeals for help and nurture. Although during the first weeks of life such a response seems automatic it does not persist if the mother's voice does not become a reassuring signal that help is coming. When the infant stops fussing on hearing the mother's voice we can infer that the child is learning that comfort and nurturing will follow. From this kind of reaction we can infer that basic trust is emerging.

Also, some very early attachment can be assumed to be forming during favorable conditions in the first weeks of life when the 5-8 week old fussing infant calms when the mother touches the infant even before the infant is picked up.

When one sees the first signs of affection, pleasure and warmth (positive feelings) expressed by the 2-4 month old infant toward the mother and other nurturing persons one can assume the emerging of basic trust. As the 3-6 month old infant gradually selects particular persons who are smiled at preferentially this provides evidence that these individuals have become trusted to nurture, comfort and give care. The moods and the state of the infant both in interaction with these persons and when alone tell us about the inner quality of experiencing the infant is having.

It is very useful for parents to ask themselves if basic trust is developing well. To answer, check the state of the child's well-being. How does the infant look? How does he/she seem to feel?

Although basic trust is not fully organized and does not begin to stabilize until about the middle of the first year of life, one can measure its gradual emergence and development by ascertaining the quality of the child's mood and emotional appearance.

We emphasize the importance of learning to look for how the child may feel "inside." Infants have not yet learned to mask his/her feelings and these show quite openly on the infant's face and in his/her behavior.

Infants have feelings much earlier that we used to think and how they feel from the beginning becomes registered in their psyches. Feelings aren't simply forgotten!

**Question:** Are there any far-reaching consequences in the development of basic trust?  
**Answers** from workshop participants.  
**Discussion:** We repeat it because it is so important: the quality of a child's whole future depends on how well trusting relationships are established in infancy.

The establishment of basic trust has two key parts:

1. The confident expectation that the person you trust will be good to you and will have your best interest in mind.

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2. The feeling this person gives you that you are a worthwhile, lovable and valued individual.

Both parts will have a lasting influence and affect the quality of life, quite possibly for the entire lifetime of the individual. It will also affect the quality of parenting that individual will eventually demonstrate.

**Question:** Can the development of basic trust help prevent emotional disorders from occurring in infancy and childhood?

**Answers** from workshop participants.

**Discussion:** Fortunately, very early in life some crippling disorders can be prevented or be remedied easily enough. In some infants, listlessness, sluggishness, poor appetite, failure to thrive, to develop age adequately can be visible from the third or so month of life. As Dr. Rene Spitz and others have demonstrated, in some such infants, these symptoms arise due to the feeling of loss, absence, or neglect in the infant's earliest emotional relationships and with this in failures in beginning to trust. (This needs to be clarified to the participants.)

When an infant looks sickly, is often fussy and crying or appears sad or does not smile for too long periods of time--this infant is in trouble. An infant who by six months of age never smiles at caregivers--especially mother, father, sibs and others who tend to him/her-- is in need of professional help. It is a serious sign of potential, if not existing trouble and its cause needs to be ascertained and remedied.

Not as easily recognized is that an infant who seems to be eating and sleeping well, although he/she may be doing too much of both, during the second half of the first year of life may be **depressed**.

It is important to recognize that from about 6-7 months of age on infants can become seriously depressed and that something can and should be done about it. Such depression can have a detrimental influence on the development of that child for the rest of his/her life.

**HOW TO OPTIMIZE BASIC TRUST**

**Class discussion:** Basic Trust arises from the infant and child being **emotionally valued**. Infants need parents to be **sufficiently emotionally available** and to be nurtured when they express the need for it. Being emotionally available and emotionally nurturing is the most important ingredient that facilitates the development of basic trust.

**Discussion:** What does "emotional nurture" mean? Can some people provide examples? (Being held by mother or father, being paid attention to emotionally, being touched, being talked to in a loving and respecting way--in a way that conveys to baby that he/she is valued by the parent.)

What does "being sufficiently emotionally available" mean? What does being "reliably present" mean?
Question: How much time should a parent stay with the infant?

Answers from workshop participants.

Discussion: Securing basic trust does depend on being reliably present with the baby enough of the time. Not only should the parent be sufficiently emotionally available, but it should also be for enough time each day. The relationship must be experienced for a sufficient amount of time.

Being emotionally available, being reliable, means to be physically as well as emotionally present, to convey that mother and/or father will feed, protect and care for the child and it includes that the parent will explain when the parent is going to be absent and therefore will not be available.

Instructors continue: A further step toward securing basic trust is to make efforts to discern and respond to the child's specific needs. One learns to discern what the child's need is at a given time by the quality and the character of the child's communications.

When the parent listens with care to the infant, soon during the first year of life he/she will learn to discriminate, for instance, between the infant's asking for milk as compared to the infant asking for emotional nurture (i.e., for being held or being paid attention to).

It is best for the parent to respond reasonably, not like a maid or a slave, to a child's expressions of need (physical needs as for food and emotional needs as for affectionate contact, comforting and cuddling.)

Although it is important for the care-giving parent to respond to the child's expression of need it is also critical that parents recognize that children differ in their ability to wait for gratification. It is in the child's best interest gradually to develop the ability to wait reasonably for gratification. We all have to learn to be able to wait, reasonably, for things we need and want. In helping the child wait for gratification it is important to do so at a pace that the child can tolerate--one which the child does not feel as too painful.

Instructor: Help parents (participants) learn to check to see if the infant shows growing evidence that he/she expects that the mother will meet his/her needs.

Is the infant learning that when mother talks to him in response to his expression of hunger that mother will gratify his hunger? The increased ability to wait for a feeding on hearing mother's voice is a strong sign that the child confidently expects and trusts that mother will take care of his needs.

Role Play: Demonstrate various ways to help the child wait for gratification.

Using the empathy exercise steps where needed, help the parent read the infant and child's expressions of discomfort and distress and pace himself/herself accordingly.

Demonstrate ways that the parent can help the child try to make as bearable as possible the delay of gratification.

Discuss the use of limit setting constructively as it pertains to the various role
plays.

**Talking about why the parent is frustrating the baby is very useful.**

Communication cannot begin too early.

**Role Play:** Demonstrate positive ways to handle necessary absences from the child and the use of substitute caregivers.

Focus on the mother recognizing the problem that this creates for the child and their dealing with it verbally and emotionally.

Emphasize the necessity to not just disappear—thought by some mothers to be protective, i.e., that the child infant won't feel the pain of separation! Discuss what effect this has on the child—including the child's being vulnerable to magical thinking, i.e., mother disappears magically, poof!—and how it undermines the development of basic trust.

**Summary:** There are specific ways that parents can help their infants to develop a stable sense of basic trust.

1. **Learn the infant's language:** by paying close attention, sensitive parents soon learn the infant's signals and can distinguish his cries.

2. **Be a reliable reasonable responder to the infant's PHYSICAL needs:** being irregular in feeding or making the infant wait too long in the severe discomfort he feels when he is hungry, will make him anxious and distrustful. As the infant comes to realize that mother usually or always comes as soon as she reasonably can when he signals hunger, his sense of trust in her grows. This helps him endure the wait, especially if mother will talk to him reassuringly while she is preparing the food.

3. **Respond reliably and reasonably to the infant's EMOTIONAL needs:** sometimes an infant cries because he is longing to be held close. This is as vital a need as the need for food. When a child signals this need, picking him up for a while and cuddling him will not spoil him. It tells him that he is a loved and valued person, and that gives him a sense of security and well-being.

4. **Respond appropriately to the signals you hear:** tune into the need your baby is expressing rather than automatically giving food and creating a substitution of food for affection or physical-emotional contact, and with it creating an over-dependence on eating for comforting.

5. **Be trustworthy about comings and goings:** even though the infant may not understand your words, he will understand that you are caring about him when you explain to him why you have to go out and say specifically when you plan to return. Use landmarks the infant will know, such as "Mommy'll be back before Mommy feeds you", or "after your nap", etc. Doing this gradually will assure him that he can count on your return and that you will do what you say you will do.

   If you slip out (to avoid his fussing) without explaining, he will become hyper-alert and anxious, never knowing when you will be with him and when not.

6. **If it is necessary to thwart the baby, explain why and let him know that you understand how he/she feels.** It will help him tolerate the frustration as well as teaching appropriate behavior. For example, if mother explains why he is not allowed to snatch...
other children's toys. Being firm but kind and understanding will help the child eventually recognize that mother is frustrating him for a good reason, one that is genuinely in his/her best interest. This recognition will take quite some time to develop!

Using the above methods the parent will have learned that tuning in to an infant's signals and responding appropriately and reliably to them, and helping the infant cope with unavoidable frustration will establish a relationship of good basic trust.
WORKSHOP # 4

THE FIRST RELATIONSHIP(S) – HOW ATTACHMENTS FORM

Question: Why doesn't my baby smile at me? She's already 3 weeks old! What am I doing wrong?

Answers from participants.

Discussion: The emergence of smiling, what we call "the social smiling response", does not occur until about 6 weeks to 3 months of age. Here's a brief outline of how Rene Spitz described this development.

Prior to about 6 or so weeks, and infant "smiles" in reaction to bodily sensations such as the feeling of a gas bubble, or a waft of air across his face. It is not, we believe, a pleasure reaction to seeing someone the infant already knows. Although the infant indeed already "knows" the feel of Mother, her smells, her way of holding, we believe that he does not yet know her as a person. What the infant knows he knows because he has learned these things about Mother through simple learning, by conditioning learning.

With the earliest post-birth brain development, at about 6 weeks or so, when the infant sees a face, most commonly the mother's face, face on, it triggers in him a social smiling response. This smile now is readily distinguishable from the prior "smiles" in that the mother can activate the social smile by looking at the baby and can stop the smile by simply turning her head away! On and off, like that. It's looking at her or at any other face at this time, that brings the smile on. It is a social interaction, therefore, a "social smile". But now this smile can even be triggered by a simple drawing of a face or by a mask! It really is non-specific, any Tom, Dick, and Sara can get this wonderful gift from your baby!

But this changes. From about 6 weeks on to about 6 months of age, gradually, the infant becomes more and more selective. Little by little, the infant learns who is taking care of her/him. Each feeding, the infant stares at Mother's face while she nurses him, for minutes on end. It's as if she/he is taking photograph after photograph, or a movie of Mother's face, or Father's face, etc.--whoever is there soothing, comforting, interacting with, etc. Feeding events, holding events, cooing, playing, diapering events, each adds to the child's learning what this caregiver looks like, feels like, smells like, loves like. And with each even, more and more, the caregiver(s) becomes invested emotionally by the infant. Now the smiling response, increasingly becomes specific. The social smile now becomes more and more reserved for those who care for the infant, and the infant interacts with. As this social smiling becomes more and more specific, the infant's attachment becomes more and more organized and specific. Thus the social smiling response is an indicator of the child's forming a specific attachment.

Now things get more complicated. Whereas at 6 weeks or so the infant smiled at any face he looked at, even at a mask, now he no longer smiles. Quite the contrary. When he sees a mask or a face with which he is not familiar, he may very well suddenly feel anxious! That is stranger anxiety. Not only that. But now, every time Mother leaves the room, the infant begins to fuss, and indeed may even start to cry! What a
nuisance! The infant is now experiencing separation anxiety.

And wow, how she reacts when Mother comes back into the room! You'd think the sun came out after a scary storm! This is a reunion reaction.

Each of these reactions tells us a lot about the infant's beginning to form a love relationship.

**Question:** What is "separation anxiety?" What causes it?

**Answers** from workshop participants. Have they ever noticed this before in their infants? How have they dealt with it?

**Discussion:** Separation anxiety and separation reactions, as we said, are typically evident when six month olds become aware of mother's leaving the room. This causes them to experience more or less distress. When the reaction is mild, we think of it as a separation reaction. When there is clear evidence of distress it is Separation Anxiety.

When the infant experiences anxiety, the infant will appear upset and frightened, and may cry or scream.

The separation reactions arise out of the infant's experiencing Mother's absence as a loss. As the attachment to Mother is being formed, his specific smiles are directed to her, and when she leaves him, it feels like a disaster. The best explanation for what causes separation anxiety we have to date, is that because the infant's memory (brain function) is not yet well enough developed, he/she cannot retain a picture of Mother in his/her mind when she is not in his field of vision; nor can he remember at this age that when she has gone away in the past, she has always returned. Extremely important is that he/she recognizes her instantly when he/she sees her, but cannot yet hold a mental picture in his/her memory, so when she is out of sight, he/she feels she is gone forever.

In other words, he can recognize her, he has "recognitive memory"; but he cannot yet elicit her image when he does not see her because he is not yet capable of "evocative memory".

When fathers are involved from birth on or soon thereafter with their infants, very similar separation reactions may occur with them.

**Question:** Are these abnormal reactions in the child?

**Answers** from workshop participants.

**Discussion:** Quite to the contrary. Separation reactions are a sign that a very important highly desirable development is taking place. It indicates that the infant is investing emotionally in, is developing a specific relationship with the person who is investing emotionally in her/him.

With it, it is also beginning to dawn on the child that he/she and his/her mother are not the same person, and he/she may begin to fear being left and "abandoned."

Repeated reassurance will help him develop trust in her returning, and will help build a strong emotional attachment that he/she will be able to rely on. He/she will then be ready to reach out to make relationships with other people. (This will be discussed in greater detail later in this workshop.)

It is important for parents to know that excessively long separations can be very worrisome and painful for children up to three years of age and older. Separations for
days can be quite traumatizing to the infant up through about 3 years of age.

Like the stranger response (discussed next), the separation response has a component of anxiety in it and it is well to bear in mind to protect children against excessive anxiety.

Likewise, parents should know that there are periods when the infant is much more vulnerable to separations and experiences separations as more traumatizing than at other periods. For example, the 3 to 12 month old and the 16 to 28 month old generally will find separation more painful than the 1-2 month old or the 34 month old or older child.

**Question**: What are stranger responses?

**Answers** from workshop participants. Have they ever noticed this in their children? How have they handled this? What has worked well, what has not?

**Discussion**: As the infant from three months on gradually forms a specific attachment to mother, father, and other members of the family, he becomes aware of others in the world he/she doesn't know. When others try to pick him/her up he/she recognizes "This is not the one (or one of the ones) to whom I am attached," and the unknown person who is trying to be friendly, frightens him/her, and he/she may cry and cling to Mother (if she is there.) This can be embarrassing if the "stranger" is the child's own grandmother or grandfather!

**Stranger anxiety** then is a reaction due to feeling "This is not my mother (or father, etc.)." We assume that it brings with it the fear of having lost Mother. In this it resembles separation anxiety. It's as if the infant feels, when I am held, it is by my mother, or father, or big sister, etc. Seeing that the face does not match any of these, makes the infant feel as if the known faces (persons) have vanished.

Some children six months of age may stare at, and even gingerly touch the stranger's face as if to ascertain its features or become better acquainted with it. This comes from recognizing that this is not the face of a known person, and it is an effort to come to know the new face. This is a mild stranger reaction, and does not create much problem for the infant. Clearly infants have varying levels of stranger reactivity, some being more easily made anxious than others without it particularly meaning that one child is developing less well than another; children just differ in this, as in everything else.

Many a normal 6 month old, on the other hand, will look more or less uncomfortable if someone outside the family looks at or speaks to him/her. The infant may show anxiety, by clinging or crying if the "stranger" tries to pick him/her up. This too is not "bad". It means that attachment is taking place with mother, and other family members, but that others are experienced as strangers. It is most helpful if the parent can respond to the child's stranger reaction by recognizing that this is a sign of attachment to the mother, father, etc. and that the child should not be pushed to be friendly to someone he/she experiences as a stranger. Instead, gently reassure him that this person is a friend, and give the child time to get used to the person. Ask the "stranger", including impatient grandfathers, to approach the child slowly and gently.

Note that the stranger response is the complement of the specific social smiling response. As the infant 3 to 6 months of age begins to form specific attachments to those nurturing him or her, the infant usually reacts to unfamiliar people with some degree of
distress. As we noted, the degree of distress ranges from curiosity to panic or terror at seeing an unknown face. When stranger anxiety is excessive and creates panic states it suggests a problem or sensitivity in attachment and warrants professional attention.

**Question:** What makes children vary in the quality and intensity of their stranger responses?
**Answers** from workshop participants using their examples.

**Discussion:** There are two major reasons:
1. Some very normal children appear to be more shy than others. Shyness, we believe, is due to inborn factors. Shyness leads to heightened stranger responses.
2. The quality of attachment itself may be the cause of intense stranger anxiety reactions. An unstable attachment or a too hostile attachment may intensify anxiety in the face of an unknown person or situation.

**Question:** Why do separation responses, stranger responses and the specific social smiling responses all emerge become evident at about the same time? (Approximately 5-8 months.)
**Answers** from workshop participants.

**Discussion:** Because all three are the product of the same remarkable and crucial development: **the formation of the first relationship(s).** Using these 3 indices (indicators) we have measures of the development of human emotional attachments the 6 to 10 month old is developing.

Let us briefly review. As we said at the outset, during the first year the infant is beginning to form a memory representation of the person(s) to whom the infant is attaching. This "representation" becomes progressively recorded in his/her brain and mind, in memory. But at the age of 5-8 months this image seems not to be assessable by the infant when the mother is not within his/her visual field. This limited type of memory--"recognitive memory" (Piaget)--indicates that a child will remember a face or event which he has recorded in his brain before, only when the infant can see that face.

In the infant's mind, therefore, when the child sees the mother leave him or her he/she most likely experiences this as a threat that mother will disappear and will be lost to him/her forever. We assume that it is an experience of this kind that triggers the acute reaction of pain that the 6-12 month old child shows in the crying and fussing one sees when mother is about to leave her child, or when he is confronted by a stranger.

**Question:** What are reunion reactions? What do they indicate?
**Answers** from workshop participants. Can they provide examples?

**Discussion:** Just as the words say, a **reunion reaction** is the experience the child has when Mother, say, comes home after having had to go out for a while. Reunion reactions are the complement of the separation reactions; therefore, they too are an index (indicator) of attachment. So, reunion reactions, like the other indicators of attachment, emerge in the child between the 3rd-8th month of age, but these reactions occur later as well.
The reunion reactions also tell us that an attachment is taking place and they tell us something about the quality of attachment. The behaviors that we see in these reunion reactions may be either pleasurable or unpleasurable, or both. If there are no reunion reactions during the second half of the first year of life close examination of the other three attachment indicators are required to determine if and what sort of attachments are being formed.

We cannot overemphasize the importance of forming an emotional attachment in the first year of life. It is enormously important for the development of the self as an individual, the development of basic trust, the development of relationships to others, the establishment of the individual as a member of his/her own species, the development of total personality and the development of well-being.

**Question:** What is a "pleasurable" reunion reaction?
**Answers** from group participants using examples.
**Discussion:** This is simply a pleasurable, excited response to seeing Mother again. This reaction seems to indicate that the quality of attachment between infant and mother is secure.

**Question:** What is an "unpleasurable" reunion reaction?
**Answers** from workshop participants. Can they discuss how they felt and how they handled this reaction with their child?
**Discussion:** This reaction is a response of distress or anger, associated with either clinging to mother or ignoring her or even pushing her away.

Although this is an angry or even distressed reunion reaction it equally tells us that the infant is attached to the mother, that is, that the infant emotionally values the mother. This type of reaction, however, is complex and may indicate that the attachment is good but the infant is angry that Mother was lost for a time, or it may indicate an insecure, or troubled, attachment. This insecure attachment indicates that the infant is feeling anxious. The infant will then try to cope with feeling anxious by avoiding and withdrawing from the mother or by a variety of other negative reactions.

Remember that the early relationships become the models for all later relationships.

**Question:** How can the mother (or other significant caregiver) respond most helpfully to the infant and small child's distressed reunion reaction?
**Answers** from workshop participants using various examples.
**Discussion:** When the child has a painful or negative reaction to the parent's return the parent may not recognize it as a positive indication of attachment. However, it is an opportunity to work through the child's feeling angry toward the mother for having to leave. The mother who responds to an unpleasurable (painful and negative emotional) reunion reaction by rejecting the child or by a counter-reaction of being angry is doing herself and the child a great dis-service. This mother is reinforcing anger between the two of them, intensifying it rather than lessening the pain of separation in a reasonable
and growth-promoting way.

The parent needs to speak to the young child using words that reveal understanding and permit the child to express hurt and angry feelings. By acting in a conciliatory way, one can get this type of message across to as young a child as 6-8 months of age.

**Assignment:** Imagine that you are a six month old baby. You recognize your mother as a special person who takes care of you, who beams when she looks at you, keeps you fed, clean and dry, and who makes you feel wonderful when she picks you up and cuddles you.

Write a page describing how you feel, when one day she brings in a strange baby sitter, and then disappears for a whole evening. How do you feel when mother returns?

**Question:** What is a "clinging reaction?" Why do infants cling?

**Answers** from workshop participants using examples and describing how they have handled them in their children.

**Discussion:** There are several reasons why a child needs to cling.

First and foremost though, parents should understand that the child is clinging for a reason. And, it is most important to understand that the need for clinging is triggered in a child by an experience of real distress. Understanding this, parents will most likely respond, as is desirable, by comforting and reassuring the child.

To refuse to comfort the child makes the child feel misunderstood, undervalued or insufficiently cared about and lead to the child's eventually feeling uncertain that he/she is loved.

Furthermore, the parent who rejects clinging will intensify the child's need to cling.

Clinging reactions or pleas for comfort and help on the part of the child, are most often due to stress, fear or anxiety. Clinging is a plea for help, for protection or for comforting--foremost it is a plea for help to cope with a feeling or experience that is too difficult to tolerate.

Because clinging is always, except in play, the result of pain, stress, fear or anxiety clinging indicates two things: 1) that an attachment reaction is activated and 2) that a potential trauma is experienced by the child.

Two factors will intensify clinging during the first year:

1. When an actual event that produces pain, stress, fear or anxiety continues un-attenuated over time and
2. When the parent rejects the infant's plea to be held.

What decreases or extinguishes the need to cling is the parents' protecting and emotionally nurturing response that can calm the infant's stress, fear or anxiety.

**Question:** How can the parent know that the child feels distress before the child is able to speak?

**Answers** from workshop participants using their own examples.
Discussion: Parents, at all times but especially in this circumstance, by using their empathic abilities can discern how their child is feeling. Prior to the child's having the ability to talk, parents rely on facial and bodily expressions as well as preverbal sounds (crying, whimpering and exclamations of apprehension and fear.) Commonly the young child's clinging when near the parent will be a reliable indicator that the child is in distress and needs comfort.

Question: When do clinging reactions normally occur in the child's development? Answers from workshop participants. Have they noticed this with their children? Discussion: Clinging reactions are most common in the first year of life--especially toward the middle and latter half than in the first months of life.

Later on, at about 16-18 months of age new developments within the central nervous system and within the range and details of emotional experiencing now make the child increasingly aware that mother and self are two separate persons. This will cause the toddler to feel anxiety and will cause the need to cling.

During the Rapprochement subphase (to be explored in Workshops #7 and 8) the child experiences a conflict which consists of the inner push or wish to separate and individuate, to become an autonomous individual side by side with experiencing the fear of separation and individuation and the wish to remain one with mother. This basic Rapprochement conflict creates anxiety especially because the child's growing ability to accurately perceive reality makes the child aware that he/she is very small and vulnerable compared to the adults around. This anxiety then may lead the toddler to need to cling.

Question: How can parents best respond to this normal development? Answers from workshop participants. Discussion: When parents understand that this is a normal developmental conflict they do not need to respond with alarm and fear. When they realize that this increase in anxiety on their child's part which increases the need to cling is not regression but developmental progress they are then able to experience their child's renewed clinging with much less distress. This understanding also frees up the parent's wishes to comfort and reassure. It is very important for parents to know why a child needs to cling. The need to cling, the increase in separation anxiety, stranger anxiety and the use of comforters in the 16-30 month old are all usually due to a normal step in development.

Question: Should parents always gratify the need for clinging in their child? Answers from workshop participants. Discussion: Yes, within reason. Children cling for a reason, they do not cling if they do not need the reassurance of being held by the protective parent. Parents have to seriously weigh the consequences of not allowing the troubled child to cling. The need to cling is better gratified than frustrated, to gratify usually does no harm, to frustrate often does. To gratify with feelings of resentment does not work well. If it can be delayed tell the child that you will hold them after you have finished--but then, do it.

Here is an example that may be helpful: Often at bedtime there is a renewed need
for clinging on the part of the small child. This is because the child feels having to go to bed and sleep as a separation. It is important for the mother to respond to this appeal by understanding that the child is in real distress; and mother should respond by comforting and reassuring the child that Mommy and Daddy will be in the next room or downstairs and are not leaving the baby. It is not usually constructive to just put the child in his crib, saying "There is nothing to be afraid of, so stop crying and go to sleep." You may come to that after having tried to comfort and it hasn't worked; but don't start at this point. If this is the case, mother or father can say something like: "Listen Johnny, I've tried to comfort you and help you get back to sleep, I'm gonna stop now. Mommy's very tired too. There really is nothing to be afraid of. Go to sleep now." Otherwise, to refuse a genuine effort at comforting, the child may indeed stop crying and go to sleep, but it will be with feelings of not being understood, valued, or cared about (and eventually feel uncertain that he is loved.)

**HOW WE CAN MAKE IT A GOOD ATTACHMENT**

**Instructors begin:**

The parent is highly advantaged who knows his/her individual child's ways of experiencing each of the attachment indices (indicators) and has an understanding of what causes them. Knowing their child's characteristic ways of experiencing these and understanding their nature makes it much clearer and "easier"--not "easy"--for parents to know how to and what will help the child best.

Specifically, knowing, even being able to predict, what the individual child's responses and reactions to separation are likely to be helps the parent know how to best deal with that separation. At all ages, but especially with the average 5-8 month old, who is at the peak period for the separation reaction, it is important that mothers and fathers be honest about the separation, why, when, and for how long it will take place. It is also in the child's best interest to allow and acknowledge the child's reactions and to deal with these constructively, as often as is needed.

**Question:** How can the mother (parent) be "honest" before the child has learned to talk? What is the use of talking to an infant or small child?

**Answers** from workshop participants using examples.

**Discussion:** We really don't know how much of the spoken language children under 1 year understand. We do know that they understand a great deal of feeling tone, of emotional language. It is better to err on the side of telling a child what one is going to do, rather than assume the child may not understand. Although it is commonly thought that a child of six months does not understand what is said to him--we have no proof it is so--, it is important to talk with him/her anyway. Children begin to understand at a very early age, and before the words make sense, the tone of the mother's voice conveys many a message, including for instance comfort, to the child.

Here's an example. Mrs. J. accidentally tipped over a container with some food crumbs onto the floor. She turned to her 12 month old son and, without wondering...
whether he would understand her nor not simply said, "Iz, get me a broom!". The 12 month old went into the hall closet, opened the unlatched closet door, got out a broom and brought it to his mother. We were surprised. He did not yet speak. But he sure understood the words Mother used!

Likewise, it is extremely useful that parents allow their children to express whatever separation and stranger response feelings the infant and small child has. Parents help their children best who do not disregard the feelings the child expresses, verbally and nonverbally!

Similarly, when the parent returns after a separation it is best again to allow the infant and small child to express whatever feelings he/she has. If these are feelings of anger and/or rejecting the mother, the parent will be most helpful by responding to these in a reasonable way, allowing the infant and small child to have the feelings of anger and to reassure him or her that mother's love will not be withdrawn from the child. No mother or father can protect her or his child from all pain and frustration all the time, but she and he can help the infant and small child deal constructively with these difficult feelings.

**Instructors continue:** Regarding self-comforting:

Although all children from very early on in life will many times need parental comforting, the observant parent will recognize that children make efforts to and find ways to comfort themselves even during the first year of life. In one of their first problem-solving and creative acts, children use devices whose value is often misunderstood by many parents. For example, thumb-sucking, the use of a pacifier or some other comforter--usually a soft toy or favorite blanket--each of these is an attempt by the child to master a state of internal discomfort or tension. When the infant sucks his/her thumb the infant is acting in a self-reliant way and this is most likely one of the first acts of self-care, of mastery, and autonomy.

So, rather than being shameful or even undesirable, these acts are among the child's first efforts to cope on his own, without appealing to Mom for help, in the face of adversity!

We believe that thumb sucking occurs because sucking brings relief, it gives pleasure. The mouth, with all its abilities to feel and taste (with the help of the nose's ability to smell)--all vital sensations--, is vital to life from birth on. As the organ for food intake, it is a source of comfort and it plays a very large part in the child's life. Children turn to the thumb as a substitute for the nipple, for comforting, not for food.

The security blanket or soft toy can become meaningful as a "comforter", as the British call it, when it is part of the mother-child comforting experience.

The thumb and security blanket are means that the infant has devised for reducing tension within the self and ought not to be viewed as a troublemaker! When the infant finds means of reducing tension on his own, she or he is making efforts to problem solve and to adapt to his/her life stresses and strains.

**Question:** What is the result if parents discourage these forms of self-comforting?

**Answers** from workshop participants.

*Workshops on Self and Relationships*
**Discussion:** When parents try to discourage their children from using self-comforting devices, they are in effect interfering with the child's efforts to act self-reliantly and to adapt constructively. It is not in the child's interest for the parent to prevent these efforts. Most children will give up these devices when ready.

**Helpful suggestions:** (discuss together with workshop participants)

1. Regarding the **smiling responses**:

   During the **non-specific smiling phase:** The mother and father can help not only by responding reasonably promptly to the infant's needs, and by talking to and cuddling him, but especially by smiling back warmly whenever he smiles at the parent. Each time the infant gets a smiling loving feedback when he smiles reinforces the smiling response and the good feeling that goes with it. Then, in addition, each time the infant has the experience of being fed and held by his mother and other family members this registers in his mind that he can expect good things from these people, and this will gradually facilitate the formation of a positive attachment.

   This continues also during the **specific smiling phase:** The child becomes more and more clear who his mother, father and other family members are, and the smiling increasingly becomes attached to the parent or sibling who smiles warmly, affectionately back. Equally desirable, it for the parent or sibling to be the first to smile, to engage the infant in smiling back. With such events, feelings of attachment become stronger. It is very important that the care of the child be reasonable and reliable, that the person to whom the attachment is being formed be the bringer of good feelings, and the comforter when in distress. Too much pain damages the attachment-forming process.

2. Regarding **Separation Reactions**:

   If the mother (and father) tells the infant each time she leaves that she will return and when, this eventually will help the child tolerate absences and develop confidence that Mother can be counted on to tell you where things stand and to come back.

   Naturally mothers have to leave their infants at times, and there is no way to spare the child completely from the anxiety separation at this age produces. But several things can help. Again, it is important for a mother to be honest about the separation, to tell the child that she is going away, and that she will be back when it is time to feed him, or put him to bed, etc. Use a time post an infant will have experienced.

   A parting hug, and a soft toy to hold may comfort him.

   The child may still cry after mother leaves, but the cry will have less distress in it, than if mother slipped out, hoping that he wouldn't notice. Slipping out usually doesn't work, and it leaves the child insecure, never knowing whether or when his mother will suddenly vanish. The honest approach may make a child upset and angry temporarily, but builds trust, as the child gradually comes to know that mother will do what she says.
3. Regarding **Stranger Responses**:

   The mother can help by asking the "stranger" (grandparent, baby-sitter, etc.) to give the child time to get used to him/her, and to approach the child in a gentle way. It is important for the "stranger" to wait for a period of time before they hold the child, if the child is showing signs of being uncomfortable. At times it is best to not ask that the child leave his/her mother's arms.

   Grandparents also can help by not swooping down on the child, but by going toward him slowly and talking to him/her in a warm, perhaps even playful voice.

4. Regarding **Reunion reactions**:

   **Reunion** reactions should be dealt with as signs that a very important development is taking place. It is important for parents to remember that these responses are signs of attachment, even when the child is showing much anger and fury. Parents can help the child by telling him/her that she knows it was hard for him/her and that she understands that he/she is angry because she went away, and he didn't know for sure that she would come back. She can reassure him that she loves him when she is away just as much as when she is here, and she can remind him that she always does come back to him and the rest of the family. After many repetitions of going and returning, the infant will develop the confidence that this is so. And the confidence and trust will carry over into other interaction and other relationships.

5. Regarding **Clinging**:

   Sometimes a child will refuse to be comforted by his father, and will insist on clinging to his mother. This may show one of two things:

   (1) That the infant has already begun to assign specific functions to each parent. For instance, "Mother is for comforting when I feel tired and hungry." "Father is for when I feel scared of the dog or when I wanna play."

   (2) That the child's attachment to the mother is further along in its development at this point, than it is to the father.

   It is important for the mother (and father) to respond to the child's need for clinging by understanding that the child is in real distress, and by comforting and reassuring the child.

   Sometimes--make sure it's real--the parent will not be able to let the child cling and will then have to **set limits affectionately and constructively**.

**Role plays:** using participant examples role play the various scenarios:

   How to effectively comfort the child and also set limits constructively.

*Workshops on Self and Relationships*
How to leave the child for a period of time being "open and honest."
How to handle the child's stranger responses with well-meaning but too eager "strangers."
How to handle negative reunion reactions constructively.
WORKSHOP # 5

FORMING DIFFERENT KINDS OF RELATIONSHIPS

Primary and Secondary Relationships

**Question:** What's the big deal about "attachment" anyway?! And what's this "bonding" thing?

**Answers** from participants.

**Discussion:** The big deal about these two words is that they are very crucial to the well-being of human beings. And, they are so from the very beginning of life.

By *attachment*, we mean the infant is developing an emotional relationship with someone, usually those who care for her/him. Bear in mind that when an infant is born, she/he does not "know" or feel emotionally connected to those around her/him. Even though the baby is inside the mother's uterus, she/he hasn't seen mother's face, he/she doesn't know what mother's like from the outside. She/he sure does know what Mother sounds like though; from inside her uterus the baby heard mother's voice many times and sure knows it by the time he/she comes out of the birth-canal. And, according to research, as soon as he/she's born, the baby very quickly learns what her/his prime caregiver smells like. But the infant does not yet know who her/his mother is, nor father either.

By *bonding*, we mean that the mother and father are forming an emotional relationship with the infant. Not everyone uses the words this way. Some people use the word bonding to mean both attachment and bonding. It's not that important, so long as we know that we mean when we use the words.

But what makes *attachment* so important is this. A lot of very good clinical experience and research, both clinical and laboratory research, have by now made it very clear that

1. Human attachments are vitally important for healthy emotional development and social adaptation. In fact, they are also vitally important for good physical development--a large number of infants who fail to thrive do so because they do not have good enough emotional attachments.

2. Human emotional relationships are the most powerful experiential container--like the old pharmacist's crucible in which he mixed his drugs--in which, given his specific genes, the developing child's personality and becoming a social being are forged. This and his genes, are what makes every child identifiable as the child of his/her specific family as if carrying the stamp "Made in the Jones family, U.S.A." And,

3. The kind of emotional relationships the infant develops will determine how well or how badly he develops. The better and more positive (loving and respecting) the relationships, the more likely that the child's development and abilities to adapt will be better and more positive; and the worse and more negative (hostile) the relationships, the less the likelihood that the infant will develop emotionally well.
**Question:** What causes a child to attach?

**Answers** from participants.

**Discussion:** Here are some major "more recent" ideas about this. Let's talk about these ideas historically.

**Sigmund Freud**, a Hungarian born Austrian Neurologist-Psychiatrist-Psychoanalyst, proposed in 1915 that there is a powerful built-in force at play in every human being--he called it "libido"--that makes each of us need love relationships. This in-born force, he said, made us seek and lean upon relationships for our well-being from the very beginning of life. Without an emotional relationship this powerful force within us cannot be normally gratified and we are left in a very bad state of needing something very big and meaningful in our life.

Beginning in the 1930s, **Konrad Lorenz**, a German Ethologist (animal behaviorist) found in his research that geese he worked with since their birth would behave toward him like they did with each other. He came to believe that they had come to form a relationship with him like they had with each other. And, he wondered how could this "attachment" have come about. This sent him and many other researchers then to try to answer this question. They found the answer in what Lorenz called **imprinting**. Lorenz described **imprinting** as an in-born instinctive mechanism that leads the young of all kinds of species to attach to the members of their own species. This kind of relationship formation is very rapid, occurs within minutes, at best hours, from birth, and sticks. Needless to say, it is very important to maintaining the survival of any given species.

**John Bowlby**, a British Psychiatrist-Psychoanalyst, in the late 1950s proposed that the human infant comes into the world with built-in behaviors that show that the infant is born with a built-in mechanism to "attach" to the infant's prime caregiver(s). These behaviors, crying, smiling, following (visually), sucking, and clinging, all are part of the built-in process to attach. With the important help of **Mary Ainsworth**, Bowlby and she opened the large of field of research known as attachment research. This research strongly upholds the clinical conviction that forming emotional relationships is a critical positive development that has a large influence on the child's emotional- psychological development.

All in all then, there is powerful evidence that the normal infant is born with a built-in need to attach to his/her prime caregivers.

**Question:** Does the development of basic trust have any connection with the development of attachment?

**Answers** from workshop participants.

**Discussion:** As we see the infant begin to develop basic trust we also can see the development of attachment taking place. During the third, fourth and fifth months the child smiles gradually in a specific way at his/her mother and father (and other special caregivers) showing that these individuals are being trusted to give care and comfort. As the preferential smiling develops we can observe that trust is being established.

Earlier, during the first two months of life, there is the beginning of attachment.
Although the infant does not have a clear idea who his/her mother is, he/she gradually becomes aware that her approach brings food or comfort, and he/she will quiet when she touches or speaks to him or her.

Between six and twelve months, the child's specific smiling response shows a clear preference for mother, then father and siblings, as compared with his reactions to persons outside the family. This preferential smiling shows that trust is being established.

**Question:** What kinds of attachments does the child make?
**Answers** from workshop participants.

**Discussion:** Humans form relationships that have variable meaning for them. We think of their developing at least three types of relationships.

**Primary relationships** are those relationships we form with those to whom we feel closest. In these relationships we invest most emotionally. When such a relationship is lost, it creates a serious feeling of loss, of enormous pain, and requires a mourning process for getting over the loss. We form such relationships with our parents, our children, eventually our mates, and a few other special people in our lives. Those who are lucky enough may have such relationships with their grandparents.

**Secondary relationships** are those we form with people who come to mean a good deal to us, but quite less so than do our primary family relationships. For instance, good friends, some special people like grandparents, close aunts, uncles, a favorite teacher, a good doctor, etc. They are very important to us, but not in the same way as are those we invest emotionally so profoundly. When we lose a good friend, or a grandparent, it causes us pain. But the pain is much less than when we lose a primary relationship; though we feel sad, mourning is not required to get over the loss.

**Tertiary relationships** we form with acquaintances, nice neighbors, classmates, etc. We know them, but they play a much less vital part in our personal lives than the other types of relationships.

Despite familial and cultural variations, mother is the central figure of the child's feelings of oneness. This is the product of both emotional and biological factors. Generally, as a result, it is the mother who provides the relationship of greatest importance during the first years. Of course how important the father becomes very much depends on the extent to which father is involved with the baby and what the quality of this involvement is. Brothers and sisters will have an influence on the baby as well depending upon their involvement.

These relationships within the nuclear family are **primary relationships**. Later the child will become acquainted with and fond of people outside the immediate family--with them we will form **secondary relationships**.

**Question:** What factors influence the quality of attachment that the infant makes?
**Answers** from workshop participants.

**Discussion:** The degree to which and the quality of the ways the parents invest emotionally in and engage in the relationship with their child, and, in turn, how the child engages emotionally with and becomes attached to his/her caregivers, these reciprocal engagements are most determining of the quality of the child's attachment. All this, of
course, is profoundly co-determined by the infant's inborn dispositions.

For the parents, then, the way they invest emotionally in the care of their infant is profoundly influential. It is especially the way the infant feels emotionally meaningful and valued by those constant-enough caregivers that influences the quality of attachment. It is what the child means emotionally to them that makes the attachments more or less secure, meaningful and stable.

**Question:** What is so important about primary attachments and relationships?

**Answers** from workshop participants.

**Discussion:** The infant's attachments to his/her mother and father are probably the most important mental health determining experience the child has not only during the first year of life, but also well beyond.

Attachment may be growth-promoting or it may be growth-disturbing, depending on the quality of the nurturing environment. In order to form a growth-promoting attachment, the nurturing environment must be sufficiently loving and reasonably responsive to the infant's needs for nurture and affection, as well as for food, shelter and protection.

In general, the attachments we make in subsequent human relationships, the quality and character of these later relationships will be much influenced and even modeled on our earliest original attachments. In addition, the way the child was cared for, was treated, was related to as a child will be essentially the way that future adult will relate to his/her own children.

In addition, the quality of the attachments we make from early childhood enters into our skills and patterns of coping and into the formation of our self esteem and moral code.

It is within primary relationships that a child feels loved and learns to love, to express and receive love feelings, and to feel and learn how to deal with his unavoidable feelings of hostility and hate in reasonable ways.

**Question:** What is important about secondary attachments and relationships?

**Answers** from workshop participants.

**Discussion:** None of us lives in a world populated only with primary relationships. Many of our important relationships outside the family are secondary in nature. Grandparents, if they live elsewhere and are not frequent visitors, friends, daycare and later other teachers also become important although less so than those we emotionally invest as we do our parents and children. To be sure friends, and later in life, co-workers, etc. are all secondary relationships that are important in our daily life. These remain important for the transient types of attachments we make in life which carry us in critical ways, e.g. teachers and friends.

Children benefit from secondary relationships as they get older even though they do not need them like primary ones. Secondary relationships help the 1-3 year old, and older child learn to adapt and socialize. And they gain in importance as the child gets older, particularly during the elementary school years and adolescence.

In this way too, it's important for parents to know that there is a critical difference
in the kind of attachment the infant makes to a substitute caregiver in contrast to the parents themselves. We have at times come across parents who worry terribly that their infant is going to come to love a substitute caregiver more than Mom, or that it will take away from the way the young child loves Mom.

First of all, young children can safely make more than one meaningful relationship at a time without taking away from that with Mom or Dad. And, second, it is very important to recognize that there is a significant difference between the kind of emotional relationships parents make in contrast to the kind of emotional investments and relationships even very committed and devoted teachers, doctors, caregivers, etc. make in the children for whom they transiently care and feel limitedly responsible. The children feel this and develop similarly different, secondary relationships with those persons. One mother put it very well. "I love my neighbors' kids. But I know it's different than it is with my own. If I loved them the way I love my own, it would tear me apart to have to leave them as I can my neighbors' wonderful kids." It's the same with the young child. The young child who leaves a daycare he really likes to go home does not experience separation anxiety as he does when he leaves Mom to go to Daycare.

HOW TO HELP A CHILD DEVELOP GOOD RELATIONSHIPS

**Question:** What are the major ways in which parents can promote the positive development of the child's attachment to them?

**Answers** from workshop participants using examples that they have found helpful.

**Discussion:** Foremost parents can do this by valuing the child, by attaching emotionally to their child and responding affectionately and reasonably to the child's expression of attachment to the parent. As we said earlier, parents make an enormous contribution to the quality of relatedness children develop to them. The more the parent is able to empathize (perceive what the child may be feeling) and to react their infant with consideration, respect and love, the more will the relationship be positive and growth-promoting for the child.

**Question:** Are you saying that we should put our children above everything else in our lives?

**Answers** from workshop participants.

**Discussion:** No. Emphatically, no! In order to optimize the mother-child relationship as well as the father-child relationship, **the needs of each and all persons in a family must be recognized and taken sufficiently into account**, all the needs, but especially so the emotional needs. No one member of a family ought to be more important than the others. It is the need state of each that has to be weighed and considered. It is not always the infant who needs attention most. Parents have to use their judgment about whose needs at any given moment seem to be the ones that have to take priority. It may even be Mom's, or Dad's, or the oldest child. It's not always the baby!
**Question:** Isn't the relationship with the mother the most important for the child?

**Answers** from participants.

**Discussion:** During the first year of life, because of both biological and psychological factors, most agree that the infant's relationship to Mother is crucial.

But fathers can be enormously important too. Much of this, both for the infant, the father, and also the mother depends on how involved the father is in the care of the infant. Where possible, it is important to include father in the parenting of the very young infant, in fact, from before the birth of the child. It will be to the advantage of not only the young child, but also the father and the mother. Where the father is included in the relationship with the child from the start extremely important attachments are made by children and their fathers. The value of this to all three is enormous. For the mother, it means she need not feel overburdened and anxious feeling that she is carrying the load of the care for the infant all on her shoulders only. For the father it means developing a rewarding relationship with his child from the beginning, when it has its greatest impact on the child and gaining his wife's appreciation for his involvement as an added bonus. For the child, it multiplies those he feels valued by, can trust, can count on, many times.

From the 2nd year of life on, even not much-involved fathers take on a meaning equivalent in importance and in value for the child to that of the mother. Now, if the father is not so involved, the child will feel this lack and it will have serious consequences for the father-child relationship. It is especially from the 2nd year of life on that the father begins to be enormously valued by the child and can serve to enrich the child's early development side by side with the continuing important part played by the mother. Siblings also during this time take on a notably important part.

**Important for parents to know:** the prime tasks of human emotional-psychological development during the first five years of life take place most within the nuclear family. This is so no matter how much time the young child spends in daycare and with other caregivers. The psychological work required of children by the experiences they have in their primary relationships is what most contributes to the development of the child's personality. The more loving, respecting, reasonable the relationships, in meeting the difficulties of daily life, the better the opportunities to master the basic tasks of emotional development and the better the emotional (and physical) growth of the child.

**Question:** What might happen to the attachment-forming process if too much pain were experienced?

**Answers** from group participants with examples. Try to get their thoughts on this.

**Discussion:** For instance, if a mother is unreliable about feeding her infant in reasonable time, the infant will associate much discomfort, even pain, and hostile feelings then in key experiences with Mother. When with her then, even at other times, he would associate in his mind the distress he feels when with Mother who makes him wait too long to be fed. The attachment process does not stop; it continues. But now it becomes colored by these negative feelings: too much frustration, discomfort if not pain, hostile feelings, disappointment, not feeling valued enough, etc. All of these will become part of the relationship.

If a normally reliable mother who had to be out and is late getting home, for
instance because of being held up in traffic, she can feed him as soon as she returns, comfort him, explain (in words) what happened to her that caused her to be late, and he will no doubt recover his confidence in her and in the expectation that this kind of thing is just not likely to happen too often. No mother or father can protect her or his child from all pain and frustration all the time, but she and he can help the infant deal constructively with these feelings.

Note we suggest that mother explain her lateness to her baby. Although it is commonly thought that a child of 6 months does not understand what is said to him, it is important to talk with him/her anyway. Children begin to understand communications at quite an early age, well before they can talk. Before the words make sense, the tone of mother's voice conveys comfort to the child. And, children have ideas and grasp ideas well before they can express them in words. In fact, we know that children understand words before they are able to speak them.

**Question:** Suppose a person had these kinds of very hurtful experiences during the first year of life and others that are more severe (prolonged separation from mother, etc.). Could it be made up for later, when (and if) he/she were reunited with his/her mother?

**Answers** from workshop participants.

**Discussion:** Yes to a great extent, if Mother can be amply and demonstrably loving, sympathetic with his/her pain, responsive to him/her in a positive and timely manner, tolerate his/her initial mistrust of her, and even more, be patient and **never give up** on her infant. No doubt, it would take a long time, most likely more time than the average good mother would hope for. And with all this, the child might still have a sense of insecurity for a long time to come.

**Review and Discussion:**

1. The development of the self is intimately and directly influenced by the quality of the child's human relationships. It is important that the parents secure and protect two parallel developments: (a) that of the self, of the child as an entity with his/her own needs, feelings, thoughts and boundaries; and (b) that of the child's relationship to the parents-- which will pave the way for later relationships with others.

2. Attachment is a model for later relationships. The child's primary relationships in early childhood become the model for all his/her later primary relationships and also influence the quality of his /her later secondary relationships. Through the first attachments, the infant learns how to make relationships with others in his family, then later with peers, and much later with a mate and children.

**Further Review and discussion:** It is extremely useful to know the developing signs of attachment in infants. The parents can use the indices of attachment to sort out to what degree the infant is forming a sufficient relationship with the parents and with others.

1. **Recognition:** the infant, very early on, shows that he/she recognizes mother's voice, fragrance, her way of holding, of giving food. In a vague way the infant senses
that this is a person who makes him/her feel good.

2. **Non-Specific Smiling Response**: at about 6 - 12 few weeks of age the infant begins to smile, indicating a sense of socializing. These early smiles are non-specific and may even be in response to a picture of a face.

3. **Specific Smiling Response**: This is the first sign of beginning real attachment which begins at about 2 months and stabilizes at about 5 - 6 months.

4. **Stranger response**: A six month old will react uncomfortably to a person from outside the family. This means that attachment is taking place with the mother and other family members and that family-outsiders are not known by the infant.

5. **Separation Anxiety**: Most 6 month olds when aware of mother's leaving will experience distress predominantly because the infant cannot retain in his/her mind the image of the mother who has just left. The infant feels abandoned. (If the mother will tell the infant each time she leaves, that she will return and also tell him/her when, this eventually will help the child tolerate absences and develop confidence that she will always come back.)

6. **Reunion Reactions**: There are two types of reunion reactions which all indicate that the child is attached to the mother. (These were be discussed at length in Workshop #4.)

   Again, separation anxiety and stranger anxiety in the 5-6 month old child are not only part of normal development; they are desirable. They indicate that a meaningful degree of attachment to the specific mother and father is progressing normally.

**Group discussion**: Discuss male and female differences in attachment behavior, if any.

   How does the male child **identify** with the mother?

   How does the female child **identify** with the mother?
WORKSHOP # 6

COMING TO FEEL LIKE A "SELF"
AND THAT THERE ARE "OTHERS"

Review the basic principles of attachment and bonding mechanisms that occur between the infant and mother.

Question: How does attachment lead to the child's feel he or she is a person, a "self"? And how does a child come to realize that there are "others"? This second part may sound silly, but we'll talk about what we mean by this.

Answers from participants. (Since separation-individuation has not yet been talked about we can expect that the participants will most likely not have answers to this question.)

Discussion: The newborn is equipped with an inborn ready-to-function attachment-forming system (whether it is driven by a force ["libido"] or by a set of instinctive mechanisms or both). This inborn system serves the preservation of the species and drives the child to attach to his/her caregivers, especially so the mother (and father). Through the mother's (and father's) own emotional investment in the child, the mother (and father) can facilitate and optimize the child's investment in her (and in him).

The helpless crying young infant triggers a nurturing response; crying, smiling, clinging, visually following and sucking are all behaviors (the set of attachment instinctive mechanisms) that forge the mutual attachment of mother and child.

The powerful infant-mother mutual emotional investment in each other continues to be very strong through the first years of the child's life. Dr. Therese Benedek defined this as a true symbiosis—in the sense of the concept as it is used in biology. By this Benedek meant, in contrast to the way Margaret Mahler used the term symbiosis, that mother and infant are mutually dependent on each other, to the benefit of both, for the gratification of very strong individual differing needs. This brings the mother and her very young infant very close together. Indeed, many mothers experience their children as part of themselves—an extension or possession—which serves to intensify the young mother's attachment to the infant. The child experiences the mother as part of herself/himself as well.

It is equally important for the mother to recognize that her normal child will soon need to start becoming an individual and she will then, depending on her young child's expressed needs, at times have to allow closeness, and at other times, separateness.

Dr. Margaret Mahler focused "only" on the normal infant's earliest experiencing with the mother and conceptualized what she inferred the infant experienced from what she saw in her theory of separation-individuation. She saw behaviors that suggested to her (and her research collaborators) that the infant soon after birth came to experience the mother as a part of the infant himself/herself (see below). This phenomenon, the infant's experiencing himself as one with mother, as a dyad, Mahler
called "the normal symbiosis". In Mahler's theory, symbiosis does not pertain to the mother, only to the infant. In this her concept differs importantly from the biological concept by the same name, symbiosis. Perhaps not the wisest label to have given this new concept, but there it is.

Now, the work the child does in the course of the first 3 years of life to resolve the "normal symbiosis" (Mahler's concept) is termed the separation-individuation process. It is extremely important for healthy development, first of all, that the child experiences a strong attachment to his/her mother--as if they were one--during the first 2 years of life. It is then equally important that the child gradually modify the quality and degree of closeness: the child moves from a sense of oneness with the mother to an awareness of their physical and psychological/emotional separateness.

As we said in Workshop #2, a major mechanism which allows the child to emotionally, psychologically separate from the mother is through identification with the mother.

**Review question:** What do we mean by "identification" with the mother?

**Answers** from workshop participants with examples.

**Discussion:** By taking on some aspects of the mothering person into one's own character the tight dyad can be melted in a gradual, progressive manner to allow the child to experience herself as an individual and experience mother as an individual. Provide examples to illustrate this point.

**Question:** Are there differences between the way the male child identifies with the mother from the way the female child identifies with the mother?

**Answers** from workshop participants.

**Discussion:** During the first two years, no. From 2 or so years of age on, gender-specific identifications do occur. In this there are, of course, differences.

Every boy and every girl identifies with both Mother and Father. Boys identify with their mothers quite as much as with their fathers. Girls identify with their fathers quite as much as with their mothers. The distinguishing factor in both boys and girls comes from the large sector of the parent's personality they do identify with distinctively which has to do with each parent's gender-self. Especially during the 2 to 6 years period and again in adolescence, boys re-enforce their gender-related identification with their fathers and girls with their mothers.

**Discuss** how relationships are enormously important throughout the entire life-span. Etc.

**Question:** What do mean by the principle of parallel and reciprocal/mutual development?

**Answers** from workshop participants, if any.

**Discussion:** By this we mean that there are parallel and reciprocal/mutual influences
between the development of the self and of our relationships to others: how one experiences oneself and who one becomes on the one hand, and how we experience and form relationships to others, develop hand in hand, influencing each in equal measure. Similarly then, mental health professionals tell us that if you feel good about yourself, you are more likely to feel like reaching out to other people; if you like and respect yourself, you will like and respect other people; if you have found that you can trust your mother to come back whenever she goes away, you will be learning that you yourself are worthy of trust, etc. For this reason mental health professionals have found the development of a healthy emotional life to be dependent on the child's (and adult's) relationships to those closest to him or her.

A look at Dr. Margaret Mahler's Separation-Individuation Theory

Separation-Individuation theory holds that over the course of the first 3 years of life the infant progresses from (1) experiencing the self and the mother as one unit, as a twosome (dyad) enclosed as if in a unifying membrane, to (2) to recognizing self and mother as two separate distinguishable individuals who are related to each other in a deeply meaningful emotional relationship. The child now generally experiences them as attached by a strong emotional bond, but not a physical one, nor as if enveloped in a common membrane.

This process of evolving from feeling one with mother--like one entity enveloped in an emotional membrane--to recognizing self and mother as two separate individuals, Mahler found can be helpfully subdivided into several phases and subphases which we will soon discuss.

The development of the sense of self is a gradual development. Although the child may look as if he/she has totally separated from the mother and seems to be a totally independent "person", individuation (becoming a separate person) is not as complete as it often appears. Indeed, during the first three years, the child's reactions to the absence of the mother, the crying during separations, stranger responses and reunion reactions, tell us that the work of individuation and feeling secure on one's own is only beginning.

If the parent understands what the child may be experiencing through the course of this normal development she/he will be better able to help the child and optimize her/his healthy development.

**Question:** Did you ever wonder how a child comes to eventually know that she/he is a person? How have you been able to observe in your infant signs of a growing sense of self?

**Answers** from workshop participants. Can they provide examples?

**Discussion:** Let's see what Dr. Mahler said about this. Let's look at and talk about her theory of Separation-Individuation. (See handout: "An outline of Separation-Individuation Theory developed by Margaret S. Mahler, M.D.

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An outline of **Separation-Individuation Theory** – a theory that explains all this.

<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 himself (e.g., he may grab a spoon from her.) However, he still has a strong symbiotic attachment to her. He begins to look more alert, an appearance which led Dr. Mahler to describe this as a &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 newly acquired skills and capabilities and has a sense of elation doing so a good part of the time.</td>
</tr>
</tbody>
</table>
14 - 24 mos.  **Rapprochment 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. Outline prepared by H. Parens and E. Scattergood.
Further explanation of Separation-Individuation theory

On the average, during the first year of life, the biological unity of the child and mother plus basic psychological and continuing biological factors in the mother give priority to the mother-child relationship over other relationships during the first year of life and often even beyond.

However, while it is essential that the infant form a deep attachment with at least one constant person in his/her environment, deep attachments with several other persons (including, of course, the father--depending upon the degree of his emotional involvement with the child) can also exist and these do not detract or weaken the primary relationship the child has with his/her mother. In fact, these other relationships may enhance the development of the child's capacity to have deeply meaningful relationships.

Several points to be emphasized in Separation-Individuation theory:

1. During the **Differentiation Subphase** the six or seven month old child begins to move away a little bit from the mother. He/she is not yet aware that he/she is a separate person from Mother, but this is a first step toward that.

2. During the **Practicing Subphase** (approximately from the seventh month until about one and a half years of age) the child explores his/her world. Crawling and walking helps his/her efforts. His/her explorations are his/her way of learning what the world he/she was born into is made of and, in fact, are the child's first efforts at being a "student". Clearly then, such explorations should be made safe, should be encouraged, and are opportunities for parents to "teach" their young about everything they want to know.

   The reasonable parent will typically protect the child's explorations, and will have to limit these when he/she is in danger of hurting himself/herself or another person or thing. This regrettably but very normally will lead to frustration in the child who will protest the limit being imposed. This will often lead to a battle of wills. The child will feel a conflict between the strong need to explore and his/her parent's forbidding. A child will respond angrily, not knowing yet that he/she is in fact being reasonably protected. This is all the harder for the child because he/she finds himself feeling hostility toward the parent he/she loves. This mix of opposing feelings which is called **ambivalence**, creates a conflict of feelings within the child.

   People of all ages experience ambivalence. Ambivalence is normal. It is important to help children when they are little to learn to cope with the angry feelings they have. This topic will be more fully developed in Workshop #8.

3. As the child gets further into the Practicing Subphase he/she, without realizing it, is separating more and more from his/her mother, and is doing things as an individual. For example, he/she may get so interested in handling and testing out what she/he can do with a particular toy that she/he forgets her/his mother for several minutes at a time. Then he/she may toddle back to her and touch her, or from a distance he may just look at her, get her smile and go right back to his/her exploratory business. Mahler called this kind of checking with her, **emotional re-fueling**. It's as if mother's smile or hug has
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4. During the Rapprochement Subphase (from about 16 or 18 months of age until about 24 months of age) the mother and child often encounter difficulties due to the conflicting feelings that the child is experiencing. Whereas the child is able to move about freely and even express him/herself to some degree, the increased awareness of his/her separateness from Mother makes him feel anxious. Panicky feelings when mother leaves him, stranger anxiety, clinging and the use of comforters may reoccur as a means of coping with the anxiety the child feels. (The comforter temporarily can stand in for Mother.)

During this subphase, the child may become fairly moody and may feel a form of sadness Mahler called low-keyedness.

Group discussion: discuss low-keyedness and what the child is experiencing.

5. The child now also uses the word "NO!" almost constantly. This "No!" helps him/her feel like a person who can control things; it helps him to feel separate, as an individual with a will of his/her own and helps him consolidate his feeling of being a self.

The child also begins to insist that everything is "mine". This word refers not only to his/her own toys, but to anyone else's too, or anything else he/she wants. We believe that he/she experiences this seeming "greediness" because he/she feels that he has lost his special kind of closeness to his mother and is displacing his claim that mother is "mine" onto things and is trying to make up for this "loss" by trying to make everything his. (This will be further explored during Workshop #8.)

6. During the last subphase, On The Way To Self and Object Constancy, the child now has an increasingly better idea of what his/her own self boundaries are and what others' self boundaries are. She/he feels more secure in her/his knowledge of who she/he is, and that he/she is a separate person from his/her mother. With this, he is also more clear about who his mother and father and other family members and friends are. This realistic view of relationships doesn't happen all at once, and may not be complete by three years of age.

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/she develops a still close, loving but more mature relationship with mother, father, and other family members.

We see him/her identifying (wanting to be like) with them, imitating what they do, wanting to be like them, and at times making believe that he/she is Mommy or Daddy. This ability to identify with other people leads to important developments in his/her personality.

HOW TO OPTIMIZE THESE DEVELOPMENTS IN YOUR CHILD

Group discussion: Discuss the Separation-Individuation subphases and offer

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Helpful Suggestions include:

During the **Differentiation Subphase** allowing the child to crawl when it is safe, showing pleasure in his/her ability to crawl, and pointing out interesting things in the room.

Unhelpful responses include snatching her up while she is crawling off by herself (unless she is headed for danger). So is forcing her to look at another thing when she/he wants to look at something else she/he finds interesting. And so is making him/her anxious by handing her to someone to hold whom she doesn't know.

During the **Practicing subphase**, helpful activities would include baby-proofing the house so that explorations can occur in safety, without hurts and breakages that would spoil the learning experience. So is showing and explaining what the child finds while exploring—unless the toddler experiences that as bothersome or intrusive. Supporting and even where needed encouraging the baby to crawl, walk and climb, while protecting him/her from danger can be optimizing. And, of course, offering "emotional refueling" when needed maintains the interest in learning. And also very important is understanding why the toddler is resisting limit setting, trying to explain to him why the limit is set, try to help him accept it and not feel so "stepped on", and lastly to not feel too awful when she/he shows feelings of hostility and help her/him deal with these constructively.

Unhelpful responses include having too many breakables within reach and scolding, frightening or threatening the child when she/he toddles off limits. It is also extremely unhelpful to reject the child because she/he protests mother's limit-setting. And also hurtful is rejecting the child when she/he expresses hostile feelings during a battle of wills, and especially rejecting then the child's appeals for comforting. (Instructor: this may need further elaboration.)

During the **Rapprochement Subphase** helpful suggestions could include having patience, understanding what is happening, comforting the child; encouraging autonomy and self-reliance, but also allowing the child to feel like a baby, not shaming her/his need to be held, or when she/he needs to, the use of her "comforter".

Unhelpful responses include scolding the child, shaming her/him at times when she/he needs to be held and feel like a baby. When punishment is needed, time-outs and privilege withdrawal (not of things needed for health such as food or sleep) are best; spanking can cause more trouble than help.

During the **On The Way To Self and Object Constancy** subphase helpful suggestions would include encouraging the child to identify what is herself and what is
part of others, playing make-believe with her and teaching her to do some of the simple things Mother and Father do.

**Unhelpful responses** could include forcing the child to give up her/his comforter before she/he is ready; not preparing her/him for necessary absences of family members; making fun of her/his efforts to do things grown ups do.

**Question:** Why is it important to help a child in the Separation-Individuation process?  
**Answers** from workshop participants.  
**Discussion:** A child who gets through this process successfully, with few problems, will be better ready for the next challenges of development.

She will know who she is, will realize that she is loved and valued, and will have a fair amount of confidence that even though she is little and separate from mother, she can do things herself and if she needs help she can turn to her mother.

She will know that even though she is separated from mother, mother is still there for her.

She will have been encouraged in her efforts to learn, and now will be ready to learn new things; she will know that she can control some things, but can also cooperate when her parents say "No."

When she gets angry, she can cope with it, and get back on a loving footing with her parents.

She/he will have taken some very big steps toward becoming self-reliant.
WORKSHOP # 7

THE DEVELOPMENT OF INDIVIDUALITY
ALLOWING SUFFICIENT AUTONOMY IN A SAFE ENVIRONMENT

Question: What is "autonomy?"
Answers from participants. This may draw a blank for many participants.
Discussion: Autonomy means to initiate (that is, to think of things one wants to do) and to do things oneself, to be driven from within oneself to do what we ourselves do. Its earliest signs which emerge especially from when infants are about 10 months old, look like the infant would be saying: "I can do things!" Autonomy is the core of becoming an individual. So autonomy in a way can mean individuality. We'll use the word autonomy.

The inner push that drives autonomy in each of us is nondestructive aggression. It is nondestructive aggression that fuels the "Thrust to Autonomy"; it is called assertiveness by some theorists.

Question: When does one begin to see it in infants?
Answers from participants; ask for examples of the infant wanting to do things him/herself.
Discussion: The first signs of wanting to do things oneself appear in the first months of life with the infant's first efforts to master his body and the world into which he/she was born. Of course, we then see evidence of nondestructive aggression driving the infant to do these things that serve him/her to master his/her own body, to do things that lead to the infant's developing new adaptive abilities.

Question: What is important about the "thrust to autonomy?"
Answers from participants.
Discussion: The "thrust to autonomy" (Erikson, 1959) is at the core of the infant's becoming a self. The need to become a self is built in; we are born with it. It is as powerful as the need for emotional attachment.

The thrust to autonomy becomes visible in behavior from the middle of the first year and continues through life.

The thrust to autonomy drives the beginnings of learning. The earliest form of learning was called "sensorimotor intelligence" by Jean Piaget (a Swiss psychologist), because the beginnings of intelligence involves our sensory (seeing, hearing, smelling, feeling, etc.) and our motor (muscles and movements) systems. This early inner-driven activity marks the beginning of the push and energy the child will utilize later in school as will the adult in his/her work. This inner pressure and the activity it seems to fuel can be very productive and serve the child's adapting to everyday life, the demands of work and of the environment.

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**Question:** How do we recognize this in our infants?
**Answers** from participants; ask for examples.

**Discussion:** Infants show this inner push and pressure during the first year when they want to do something themselves, or reach for something themselves, or even make something happen or work.

From the 4th month of life on this "pressured activity" increases in frequency and in intensity and begins to play an important part in the child's actively interacting with his/her environment, both animate and inanimate.

Some child development specialists propose that this form of nondestructive aggressive pressure fuels the development of locomotor (hands, arms, legs and body movements) and cognitive (thinking, understanding cause and effect, problem solving, etc.) skills and contributes importantly to adaptation.

**Question:** How can the parent enhance the child's developing and handling of nondestructive aggression?
**Answers** by participants; ask for examples.

**Discussion:** The parent can play a critical role in enhancing the child's autonomy and healthy assertiveness by fostering the exploring-learning-achieving efforts the young child makes. The child's assertiveness and autonomy need to be nurtured as well as appropriately directed.

It is important that the parents recognize this constructive form of aggressiveness, of assertiveness, which fuel the child's emerging autonomy from the first months of their child's life on. It is important that the parent recognize this in his/her infant and that this form of healthy assertiveness be protected because it is much needed for healthy adaptation, healthy self-valuation and sense of worth, and it is also of enormous value to the growing infant's developing sensorimotor intelligence.

**Question:** Doesn't setting limits interfere with the child's developing sense of autonomy?
**Answers** from participants.

**Discussion:** It is very important to protect the infant's efforts to appropriately gain mastery over himself/herself and his/her environment but it is equally important to set limits where those efforts may cause harm to the infant, to others or to valued possessions. It makes the child feel safer in his explorations and in his acts of autonomy.

It makes the difficult task of limit-setting easier if parents bear in mind that setting limits when needed will facilitate the development of healthy assertiveness in their child.

**Question:** How can the parent protect healthy self-assertiveness while also set limits appropriately?
Answers by participants.
Discussion: This is an important question and we will spend an entire workshop on this topic. For now, let's say that because the marvelous thrust to autonomy is the prime producer of "battles of wills" between parent and child it is important that limit-setting be done constructively. Both, the inner thrust to explore, to learn must be protected, and the child's safety and learning to socialize reasonably need to be assured.

Question: What goals might you set yourself to enhance your child's healthy sense of autonomy? What would a well developing sense of autonomy give the child?
Answers from participants.
Discussion: Parents need to help their children over their childhood years to gradually become individuals who can govern themselves and will one day be able to function on their own by being properly assertive, able to initiate and carry on constructive work, and be sufficiently self-reliant while being warmly, lovingly related to another chosen person.

The child needs to be supported and may need to be encouraged to develop his/her ability to cope, to master difficult situations, to continue to explore and derive meaning from his/her environment. All these skills will enable the child to become a productive member of society and to better reach his/her potential due to his/her positive self esteem and self confidence. The beneficial consequences of encouraging healthy autonomy in children are far reaching and have implications throughout the entire lifetime.

The primary goal for parents is to make their child appropriately assertive by providing and supporting certain activities for their child that help him/her explore their world, assert their needs in reasonable ways, develop self mastery, and learn to get along in their environment and with other people.

Question: What happens to the child if this nondestructive aggressive thrust is persistently thwarted and/or frustrated by the environment?
Answers by participants. Ask for examples.
Discussion: If this drive is frequently frustrated the child will experience excessive unpleasure because it is, and can increasingly become, a painful experience, producing anger and hostility. It can also cause harm to the child's sense of initiative and basic sense of self as a capable functioning person. It may also result in negative interactions between the child and those who are thwarting him/her, leading to conflicted relationships.

Question: Are there some guidelines that can help parents foster a healthy sense of autonomy in their child?
Answers from participants to start with. Then,
Discussion: We have "Ten Commandments" to help parents with this:

1. Listen to the child when he/she tries to tell you something.
2. If you don't understand, ask him to repeat it so you can answer him/her.

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properly.
3. Give him/her choices about what to wear and ask him/her to tell you what he likes.
4. Respect her/his wishes, whenever possible (if she doesn't like a vegetable, try another; offer an alternative.)
5. When you have to deny him something he wants, let him know that you understand that it may make him angry with you.
6. Encourage but don't push too hard to do new things.
7. Praise him and show your pleasure when he accomplishes some thing new. Never shame him when he fails.
8. Teach him how to meet and greet new people in a friendly manner and how to play with other children in a positive way.
9. When he does express anger help him to deal with it reasonably, to let Mommy know by signs or words, but, given that these are normal feelings that come from feeling pain, don't make him feel that he is a bad child for having or expressing these feelings.
10. Let him/her always know that you value and respect her/him as a person.

Discussion:
Participants will consider the following questions and will discuss answers in either small groups or in general discussion.

1. Has your child shown non-destructive aggressive behavior so far today?
2. Did she tell you what food she wanted, and did not want for breakfast? (That of course means that she was being reasonably assertive.)
3. Did she/he say what she/he wanted to wear today? (Again, being reasonably assertive.)
4. Was she/he very busy exploring her/his environment, or trying to do somersaults or other physical activity? (Non-destructive aggression--in the service of learning and mastering her/his body.)
5. Did she get into a game with other toddlers on the playground (non-destructive aggression, assertiveness.)
6. Did anyone read her/him a book or did he/she seem to make some interesting discovery? (Exploratory learning--nondestructive aggression.)
7. Did she/he and you get into an argument in which you both said what you felt and thought? (Nondestructive aggression--assertiveness.)
8. Did she/he ask you to take her/him somewhere today? (Assertiveness.)

These are all non-destructive aggressive activities that help your child explore and begin to gain mastery over his/her world.

Instructors, ask students for more examples of nondestructive aggression and will focus upon growth enhancing methods to handle this constructively.

Instructors, discuss specific skills that encourage self-reliance. These skills will include helping children to help themselves and to persist in reaching their goals, providing
information to children which will assist their pursuit of gaining knowledge, encouraging children to find answers to their questions (adults have to hold back from providing answers too readily, asking too many questions, discouraging children from going to sources outside the home, etc.) It is also important to encourage children to strive to reach their potential and to use their persistence, imagination, creativity and courage in order to do so. Adults should be mindful of appearing too pessimistic about this endeavor and allow children the chance to develop themselves to their fullest potential even if it entails some temporary set-backs and frustrations.

HOW TO OPTIMIZE INDIVIDUALITY (AUTONOMY) FROM INFANCY THROUGH AGE THREE

**Question:** How does the Separation-Individuation process influence the drive to autonomy?

**Answers** from workshop participants.

**Discussion:** In brief (because this process was discussed at length in Workshop #6) there are four subphases in the Separation-Individuation process. Here we will touch on the first two subphases only.

1. During the Differentiation subphase (5-9 months) the infant begins to "hatch out" of the experience of oneness with the mother, turning away from her while on her lap and crawling away from mother.

2. During the Practicing subphase (which occurs during the second half of the first year into the second year), the infant becomes a remarkable explorer of his world into which he was born and upright locomotion is a major achievement that enormously facilitates this adaptation. Close observation suggests that the infant experiences a driving inner pressure to explore and master his/her world.

**Question:** What is the "inner pressure" that drives the young child to try to master himself and his world?

**Answers** from workshop participants.

**Discussion:** This inner pressure is a built in force within the growing infant that thrusts the child to be an autonomous, activity-initiating individual. Itpowerfully serves the development of the young child's sense of self. When under the child's control it shall be his/her "will." Until the child learns how to bring this powerful force under his/her control the child's driven behaviors are, to a substantial degree, involuntary.

**Question:** Why do you think children experience parental interruptions on their driven behavior as so unpleasurable? Are they just being wild or ornery?

**Answers** from workshop participants.

**Discussion:** Parental interruption interferes with the child's inner pressure to do, to discover and to act. With this, it interferes with the emerging sense of self as an autonomous, activity initiating individual. This creates an Autonomy Conflict.

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Although we shall discuss what the autonomy conflict is more extensively in Workshop #8, here is just a word about it.

An **autonomy conflict** is set in motion when

1. The child is driven from within to do something, be it explore or manipulate something; and
2. Mom says "No", hopefully for good reasons. Take for instance, the 12 month old who wants to explore an electrical outlet; Mother, understandably says "You can't touch that, you might get hurt!" But,
3. The 12 month old is driven by this inner pressure to do what he is in the process of doing.
4. A battle of wills develops between Mom and the child. The unpleasure at not being allowed to do what he wants to do makes him feel hostility toward his beloved mother!
5. Caught now between the inner pressure to do what he wants to do and his beloved mother's telling him he can't do that, he becomes conflicted: He wants to do what he wants to do and he wants to listen to the Mommy he loves. What should he do? Most important, is that he feels hostility toward the Mommy he loves.

That is the autonomy conflict.

**Question:** What can we learn about the Autonomy Conflict that can help us better understand our child's need to explore and master his/her environment?

**Answers** from workshop participants.

**Discussion:** The pressure pushing the child to develop a sense of self is propelled by strong internal forces that are inborn. This pressure unavoidably leads to the infant often doing things that the parents finds unacceptable.

The reaction of frustration experienced by the mother's prohibition leads to an experience of unpleasure in the child. Feeling pushed from within to do something that is felt to be a **need** and encountering the valued parent's prohibition, a chain of unpleasure-experiencing reactions is experienced by the child.

**Question:** Why does the child experience this as unpleasurable?

**Answers** from group participants.

**Discussion:** Frustration is experienced due to not being allowed to proceed in compliance with the inner pressure that is driving the child to action. This the child experiences as unpleasurable.

The higher the inner pressure, the higher the "will" to do what the child "needs" to do, the higher the degree of unpleasure experienced, the more will anger be generated in the child. The longer the periods of frustration persists, the more frequently these occur, the higher the level of unpleasure experienced, often to the point of becoming excessively unpleasurable, then the more will the anger intensify and become hostility, and eventually even rage in the child.

The second contributor to the child's distress is that the prohibition that is set up comes from the caregiver to whom the child is attached and values deeply. This now sets up a condition within the infant which the infant experiences as an emotional conflict.
(We will detail various aspects of this emotional conflict in Workshop # 8.)

**Question:** How can the loving parent handle best this "battles of wills" that emerges during the Autonomy Conflict?

**Answers** from workshop participants.

**Discussion:** This conflict will be difficult for both child and parent. However, it is the degree to which the battles of wills is experienced and the frequency with which these occur which is of much importance.

From the child's side, the degree of inborn inner-pressure and drivenness will determine how persistent and pressured the child will be to achieve his/her goals.

Equally important, the mother's own characteristic ways of handling assertiveness and her tolerance for the child's expressions of his/her own "will" significantly determine the character of the battle of wills.

The child's experience of these inner pressures needs to be protected and progressively organized by the child. The necessary guidance and protection can be provided in ways that will enhance the child's ability to be constructively assertive while protecting against the undue production and mobilization of hostility.

**Question:** How can the parent best do this?

**Answers** from workshop participants with examples.

**Discussion:** To do this it is necessary to understand and respect your child's needs for age-appropriate autonomy and opportunities for exploration, while also setting reasonable limits and helping the child master his/her inner pressures.

As in all parenting, **reasonableness** should determine the child's behavior and the parents' setting of limits.

It is vital to let the child do things on his/her own--children really do need age appropriate opportunities to be independent and autonomous. And, when it seems reasonable, children should be allowed to make independent decisions of an age-appropriate nature. (Examples)

It helps too if parents realize that setting limits, which are often needed to protect the child from harm, confronts and stands in the way of the child's strivings for autonomy. Here, too, the child will experience a conflict of Ambivalence (discussed in Workshop # 8.)

**Discuss in group setting what is "age-appropriate" for various ages.**

Have workshop participants discuss examples from their own experiences.

**Discuss in group setting methods of constructive limit-setting.**

Use role plays based upon participants examples to illustrate various methods.

**Discuss in group setting the negative consequences of expecting too much**

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cooperation from a young child.
    What is the impact on the child?
    How does this affect his/her general sense of self and assertiveness?

Discuss in group setting the negative consequences of expecting too little cooperation from a young child.
    What are the realistic expectations that a parent should have?
    How can they be determined?

Discuss in group setting what is "emotional refueling."
    How can this be accomplished at a distance, so to not disturb the child's exploratory activity?
    Use role plays to illustrate this point.
**WORKSHOP # 8**

**BASIC CONFLICTS IN THE FIRST THREE YEARS OF LIFE**

The following three *intrapsychic conflicts*, are normal more or less unavoidable developmental conflicts which generally appear developmentally in the order listed. However, the time sequence of their emergence can be very brief since the autonomy conflict almost invariably brings with it the first ambivalence conflict. The rapprochement conflict, which also brings with it a conflict due to ambivalence, comes developmentally almost a year later than the autonomy conflict. But since the autonomy conflict continues even into the era of the rapprochement conflict, the three conflicts often overlap, influence and generally intensify each other.

It is critically important that each of these conflicts be successfully enough negotiated and resolved in the context of the parent-child relationship, i.e., by the efforts of both the young child and his/her parents.

**Instructors** briefly describe the **Autonomy Conflict**. **Key conflict:** How to gratify the inner need "to do things oneself", "to be a self" versus complying with the wishes of Mom/Dad who is highly valued and needed, (and later whose love is needed).

As discussed in great detail in Workshop #7 "The Development of Autonomy", the autonomy conflict typically arises near the end of the first year of life out of and during the earliest battles of wills between child and mother. That is, the *autonomy conflict starts out* as the product of a *conflicted interaction* between the young child and his/her reasonably responsible parent. It starts then as an *interpersonal conflict*.

The *autonomy conflict* emerges in consequence of the child's inner-driven thrust to autonomy—which drives the child's exploratory activities—being restricted by the loving-responsible parent's prohibitions which are aimed toward protecting the child from harm. Because the less than one-year-old's thrust to autonomy is more or less powerfully driven and felt as a "need to do", the parent's prohibition is experienced as frustrating and therefore, more or less unpleasurable. How strongly the conflict will be experienced depends on the strength of the child's inner-drivenness and other inborn dispositions—e.g., how responsive to parental limits, how malleable the infant is—and the parent's ways of setting limits, i.e., of frustrating her baby.

Anger (if the frustration is felt to be mild) and hostility (if the frustration is felt as "too much") are invariably generated within the child by the (often excessive) unpleasure brought on by the frustration experienced at the hands of the limit-setting caregiver and this leads to more or less strong conflicted feelings. In particular, the child experiences **hostility toward the beloved limit-setting caregiver** (parent). This sets up within the child an *internal conflict* of **valuing feelings versus hostility feelings toward the same emotionally invested person**. This then creates distress and anxiety within the young child. This conflicted set of inner feelings toward the same highly valued caregiver is
called **ambivalence**.

The battles of wills that occur between child and parent, experienced by the child as an **Autonomy Conflict**, leads then almost invariably to an internal emotional conflict **due to the ambivalence** such battles of wills unavoidably create. This internal conflict due to ambivalence is of large consequence to both the child and the parent and to their relationship.

Instructors briefly describe **Conflict of Ambivalence**. **Key conflict**: to want to harm someone one loves; i.e., a conflict between feelings of valuing (and later, love) versus feelings of hostility (later hate), in short, love versus hate felt toward the same person.

Thus, it is when the parent sets limits on the just about one year old child, that is often needed to protect the child from harm, that this first normal **Conflict of Ambivalence** emerges. Because it creates problems within the child, if too intense, it may in turn lead to problems in the development of autonomy and the sense of self. Thus there is a reciprocal relationship between the autonomy conflict and the first conflict of ambivalence. The more intense the one, the more intense the other.

However, this conflict of ambivalence can also be helpful in the child's learning how to deal constructively with his/her own hostility and in developing a conscience. Because feeling hostility toward someone we value creates anxiety and distress in us, and especially so for the infant who is so attached and dependent on the prime caregivers, this inner conflict will trigger accommodative reactions on the part of the child that will lead, among other developments, to his/her learning how to deal constructively with his/her hostility and this can produce significant healthy growth.

The **Conflict of Ambivalence** then, which the child carries with him or her into the second half of the second year of life may be either intensified or lessened by the battles of wills that emerge between child and parent. Then, later again, the battles of wills will be either of greater or lesser intensity due to the love feelings or the feelings of hate stirred by the soon to follow **Rapprochement Conflict**. The better emotional quality of the parent-child relationship the less the hostility and hate and the less the ambivalence generated within the child.

Instructors briefly describe the **Rapprochement Conflict**. **Key conflict**: to want to be separate, an individual versus to want to remain one with mother, as if a dyad contained within one symbiotic membrane.

**Rapprochement** means "to come close together again."

The conflict of ambivalence normally started near the end of year one continues into the Rapprochement Subphase (between 18 to 24 or so months) and receives contributions from two sources:

1) from the continuing battles of wills (autonomy conflicts) and

2) from the **Rapprochement Conflict** itself.
According to Dr. Margaret Mahler, during the Rapprochement Subphase the child develops a new awareness that mother and self are separate beings. With this awareness comes the child's realization that he/she is small and vulnerable and these lead the child to feel anxiety, low-keyedness, and hostility. Due to the anxiety, a child may now exhibit more clinging behaviors—this clinging is due to a new development and not due to a regression in the child.

This subphase contains a basic conflict—the **Rapprochement Conflict**—which is caused by two opposing inner strivings: on the one hand the child continues to be thrust by inner developments toward a new level of autonomy (to initiate and to do things oneself), a new need to separate from mother toward becoming a self, an individual while, on the other hand, the new awareness of being small and vulnerable side by side with the painful and frightening feeling of loss of a valuable part of the self, stirs within the child a powerful wish to not grow, to remain one with mother.

Two opposing forces—one pushing toward individuation and becoming a separate self and the other pulling toward remaining one with mother—create within the normal child the **Rapprochement Conflict**.

This basic conflict takes different forms in different children. Some children become aware of this inner experiencing of opposing inner forces little by little, in small doses; others seem to become aware of this conflict all of a sudden, sharply, with full force.

These conflicted polar forces bring with them not only anger but a substantial degree of anxiety. This is especially evident in the re-emergence of separation anxiety, stranger anxiety and often of clinging behaviors. These anxieties are the product of the emotionally attached child's experiencing separation from mother now, again, but at a new psychological organizational level. The separation, stranger and clinging reactions lead to the child's needing to return to the physical closeness with the mother in a manner that seems to govern the child's behaviors.

The **Rapprochement Conflict** produced within the child during the second half of the second year brings with it not only anger and anxiety but also a soft deflation of mood Dr. Mahler called **low-keyedness**. This mood may be produced by the cognitive and emotional recognition that the child is small and vulnerable (being separate from mother), a feeling sharply in contrast with the prior feelings of elation and excitement that came with the discovery of new sensory and motor skills—feelings that prevail during the prior practicing subphase. The child may now return to a comforter or, if the child has not had one, may do so now. These are items which serve the child well in working their way toward tolerating separateness from mother.

Dr. Winnicott helps us understand that the comforter in some way becomes the representative of important aspects of the child's relationship with the mother and that it can often be used as a substitute for the actual presence of the mother. It is therefore a very useful and most often growth-promoting tool which helps the child in the process of becoming a self-reliant individual—one who is learning how to take care of his/her independent emotional needs.

Taking possession of things (especially another child's) is believed to be in reaction to the child's new awareness that mother is not part of himself. This behavior implies the feeling of losing the mother and that the gradual establishment within the child's mind that mother is attached by an **emotional and not physical bond** makes for a

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feeling of threat of losing what belongs to the self. This leads to an overreaction ("mine, mine!") of taking possession of anything that draws the child's interest. This, then, is compensatory to the feeling and the dread of losing something that is most valued by the self—the mother.

Battles of wills activated by the child's continuing thrust to autonomy will continue during the Rapprochement Subphase. Interestingly, the **Rapprochement Conflict** and how the child deals with it, can contribute to either further accumulation or, when the toddler learns to deal well with his/her hostility, to a lessening of ambivalence.

The degree to which anxiety is created in the child by the conflict of wanting to be one with mother and, on the other hand, wanting to be separate and individuate from her, the degree to which the anxiety generated brings with it excessive unpleasure (emotional pain), to this degree will hostility and even hate now be generated toward the beloved parent.

The more positive the parent-child relationship to date, the less will hostility be generated at this time. The more burdened the relationship between child and mother with accumulating prior high levels of hostility, the more will the anxiety be heightened during the **Rapprochement Conflict**, and the more then will unpleasure be experienced to excessive degrees. Further levels of hostility will then be generated and added to that which has already been stabilized within the young child.

The better emotional quality of the parent-child relationship the less the hostility and hate and the less the ambivalence generated within the child. The better the **Rapprochement Conflict** is resolved during the Toward The Way To Self and Object Constancy subphase the less will be the residual ambivalence experienced in the parent-child relationship.

The task of resolving the **Rapprochement Conflict** during this subphase becomes complicated by the emergence during the third year of life with the first major differentiation of sexuality. Here boys must selectively disidentify with the femaleness of their mothers (given the basic identification that comes with dissolving the symbiosis) as their masculinity gets its first major differentiation during the third year of life. (Instructor: this might be skipped when talking about the less than two year old. If it is brought up, it most likely will need more detailing.)

**Group discussion of these basic conflicts.**

Receive questions from workshop participants and encourage discussion.

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**HOW TO HANDLE THESE CONSTRUCTIVELY**

**Question:** Why should parents understand these normal conflicts in their children?

**Answers** from workshop participants.

**Discussion:** When parents understand what is causing the behavior that is occurring in their children, this understanding often guides the parents in handling their child's behaviors and distress in more growth-promoting ways.

For example, the child's anxiety can be less prolonged and made less intense by
the parent's empathetic and sympathetic (and when needed, firm) interventions. Feeling understood, feeling that Mom or Dad is really trying to help constructively, and feeling
the parent's sympathetic attitude, all help the child feel less anxious. Additionally, the excessive unpleasure that is generated by the anxiety experienced by the child will be less
and, therefore, less hostility will be generated within the child. As a consequence, less hostility will be generated toward the parent during the child's normal rapprochement
conflict and the existing ambivalence from before will tend to be lessened substantially.

**Question:** Are there any consequences if parents do not understand these developments in their children?

**Answers** from workshop participants.

**Discussion:** A parent's not understanding her/his child is felt by the child as bewildering and terribly frustrating. We all need to feel understood! Furthermore, not understanding what is causing the child's behavior takes away guidelines for how to handle things well. These factors will have negative consequences on the parent-child relationship in general and upon the outcome of the actual conflict in particular. Where parents do not understand the source of anxiety, there is a good chance they will handle the child's anxiety poorly and unsympathetically; this is most likely going to intensify anxiety creating more unpleasure (pain), and more hostility will be generated toward the parent. In consequence of this, the ambivalence experienced toward the parent and toward the self will be further intensified and continue to stabilize as part of the child's developing ways of coping and personality.

Not understanding that the child experiences a good deal of anxiety and internal conflict with the dissolution of feelings of oneness, is more likely to rob the parent of the ability to really help the child develop a healthy sense of self. Parents who are not aware of the meaningfulness of this experience may give the child no confirmation of the child's developing understanding and construction of emerging separateness between self and other and some may even ridicule the child. This will further heighten negative reactions within the child and create conflicts between the child and parent.

**Question:** What do parents need to know about their child's normal conflicts?

**Answers** from workshop participants.

**Discussion:** Parents need to know that the degree and the way the child loves the parents is basically the degree and the way the child will love himself/herself- and that the degree to which and the way the child hates the parents is basically the way and the degree to which the child will hate himself/herself.

It is important that parents realize the powerful position they occupy in their child's life and the opportunity that seeing evidence of these normal developmental conflicts give them for helping their child grow successfully and for the parent-child relationship to be optimized.

**Question:** What can be optimized in the Autonomy Conflict?

**Answers** from workshop participants.
Discussion: Here the parents have the opportunity to enhance the child's pleasure in his/her autonomy and in learning. This is where school type learning begins. It is important for parents to know that these developments can be undermined and the child's excitement about being himself/herself and the pleasure in and about learning can be damaged. (Instructor: this is critical. Emphasize the link between optimizing the development of autonomy and enjoying learning.)

It is very important that parents recognize in the child's behaviors the thrust, the inner push of the child's emerging sense of autonomy and the central part they play in their child's evolving sense of self.

Knowing that the inner pressure which drives the child is at first not fully controllable by the child and is experienced as a need can increase the parent's appreciation of what is going on and make clearer the task of setting limits in a constructive and growth-promoting way. Because the child experiences the inner-drivenness as a need, the development of internal controls over this comes gradually and is significantly helped by the parents' constructive limit-setting.

Any interference, any effort to block the thrust of that inner pressure to explore, and to learn leads to an experience of frustration, and if the unpleasure that comes with this frustration is sufficiently high it will at first generate anger and if the unpleasure intensifies or just continues it will generate hostility toward the person who is creating the obstacle to this inner-driven exploration.

Question: What is constructive limit setting?

Answers from workshop participants.

Discussion: (Instructor: as you know this is an entire workshop!) Limit setting should not be avoided where it is needed. On the other hand, limits should not be set when they are not absolutely needed. It is when limit setting is excessive or unduly harsh that it can lead to the discouragement of exploration where there could be pleasure and excitement in discovery and learning. Baby proofing the house will reduce unnecessary limit setting and, furthermore, it makes for an environment that is safer to explore so that learning can be more easily facilitated and encouraged.

The development of a sense of autonomy and sense of self enhances learning in general, toward learning what is appropriate and inappropriate behavior, toward the development of self-protective behavior rather than self-harming behavior, etc.

Parents have an opportunity from the end of the first year of life to protect and foster the child's curiosities and interest in the world. We repeat that this is where "school learning" begins--it may well be that enjoying learning at this time of life can be crucial for future learning.

Group discussion:

How should adults handle children's questions?
How can the adult know what the child understands?
When it is OK to limit the child's questions?
When does learning begin? (Reminder for emphasis.)
Practice constructive and destructive ways to handle children's questions and the occasional limit-setting of them.

**Question:** How can the parent provide good learning experiences for small children?  
**Answers** from workshop participants.  
**Discussion:** Providing such experiences do not require large expenditures of money on toys, etc. Children become interested in all sorts of things besides toys! Certain parenting activities can contribute to the child's interest in learning. Parents should be careful not to take over, to follow the child's lead and give the child enough opportunity to try and achieve the task himself. If the task is too difficult, help should be offered before the child becomes too frustrated and gives up with the feeling of being incompetent.

**Question:** How can parents constructively handle the child's hoarding of toys (which we understand to be a spin-off of the Rapprochement Conflict)?  
**Answers** from workshop participants.  
**Discussion:** It is useful for parents to determine which toys should be shared and which toys should be private. The toys the child deems special should be made private property. In this way, parents can have reasonable expectations of the child.

**Question:** How can parents effectively handle low-keyedness?  
**Answers** from workshop participants.  
**Discussion:** This affect needs to be dealt with sympathetically among 16-30 month olds. There is no need to try to do away with this feeling: it is part of learning to deal with the very trying tasks of development. Quiet time with the child--sitting, walking, reading together are all comforting activities that the parent can do with his/her child.

**Question:** How can the parent deal well with the child's assertive and sometimes obstinate "No!"  
**Answers** from workshop participants with examples.  
**Discussion:** From about 16--24 months of age this very important development occurs during the Rapprochement Subphase where the child feels yet another burst in their highly important developing sense of assertiveness, of self-confirmation manifest in their ability to say "No". "No" brings to the child a growth-promoting, increasing sense of being a self--of being an individual, an entity.  
Because "No" is an invaluable asset to the developing self, parents need to select when to protest the child's "No" and when to accept it, when in fact to derive some pleasure from it. The child's saying "I am a self" which is contained in the "No" can be respected while informing the child that although the child has the right to express his/her feelings, constructive limits (on the child's behalf) still have to be set.
Because the child's sense of self is just emerging it is very important to not be insulting, unduly critical or ridiculing of the child's ability to express his/her individuality.

**Group discussion and role plays:** Fully explore various methods to handle the child's assertion of self while setting reasonable and constructive limits. Role play various examples from the students' experiences and practice how the parent would explain the rationale for the limit being set.

**Question:** How can the parent further help the child during the Rapprochement Conflict?

**Answers** from workshop participants.

**Discussion:** During the third year of life parents will have continuing opportunities to help the child further work through the normal developmental conflict inherent in the Rapprochement Conflict as the child attempts to grow out of the emotional experiencing of mother and self as one. Understanding the large amount of anxiety and internal conflict that the child experiences during this subphase and knowing that the work of this period of development brings with it **identifications** with the parents should enhance in parents thoughtful and concerned parenting.

Helping the child to constructively work through the Rapprochement Conflict will facilitate and stabilize the child's identifications with the various features of the parents. The more likely it is then that the child will accept these viewpoints, values, philosophies and religious beliefs that govern their specific family.