

PARENTING FOR EMOTIONAL GROWTH

LINE OF DEVELOPMENT: SELF AND HUMAN RELATIONSHIPS

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PEG - LINE OF DEVELOPMENT: SELF AND HUMAN RELATIONSHIPS

INFANCY (0 to 12 MONTHS)

1.251 HUMAN DEVELOPMENT: Attachment Behavior

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

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

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

There are, however, specific indicators that some inborn psycho-biological mechanisms exist (which are complex instinctive mechanisms) that initiate attachment to the parents and, more slowly than in other animals, facilitate the attachment of the human infant to its parent organism. We will be talking about this in a moment. The important thing we underline here is that although the human infant is primed to attach to individuals in his environment, it is necessary that the environment facilitate a positive attachment, by the parent's responding adequately to the overtures and signals coming from the infant. Extremely important is that the nurturing environment itself positively induce attachment with behavior that is affectionate and responsive to the infant's attachment overtures (staring at the upper part of the mother's face, eventual smiling, etc.) as well as the infant's needs for physical and emotional nurturance and

protection.

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

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

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

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

The Development of Attachment

Attachment develops over time. Research by a number of mental health specialists has revealed that it begins during the first days of life, and must be well underway during the first year, in order for the child to develop age-appropriately well psychologically-emotionally, to

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

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

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

Social Smiling Responses:

From the work of Dr. Rene Spitz (like Dr. Mahler, a pediatrician, psychiatrist, and psychoanalyst) as well as others, we know that the "social smiling response" begins to emerge during the second or so month of life. Many infants, of course, smile from even the first weeks of life on; but the smiling then seems fragmentary and does not give the impression of being a social communication as does the social smiling response which we will describe in a moment. Fragmentary smiling of a very early kind is often seen in reaction to the sound of the human voice and especially to the sound of the mother's voice. Because some mothers are hurt and worried that their two week old infants do not smile at them yet, it is important to underline that the social smiling response does not make its appearance until the second, third or even fourth month of life. With respect to the earlier fragmentary smiles, it is difficult to ascertain whether or not they are simply a reflex-like reaction to body sensations (like a gas bubble in the stomach) or if they represent a degree of attachment.

This is not the case with the social smiling response which emerges by a readily discernible and specific inborn mechanism. Spitz showed that this mechanism is activated by the presentation to the infant, of a face, face-on. When looking at the face, the 6 to 12 week old infant will react with a bright smile. When the person turns his or her face to the side so that the infant sees the face in profile, the smile fades and, indeed, the infant may frown. Spitz, furthermore, showed that the infant would smile in response to seeing not only the face of a live human being, but equally by seeing a face that is line-drawn on paper (face on) and even on seeing a face covered with a mask. The critical factor seems to be that the infant is primed by

this psycho-biological mechanism, to respond by a smiling response to seeing a face configuration, especially the area of a pair of eyes and a forehead-hair line. There now is evidence that this configuration already elicits a gaze response in the newborn. It suggests that this mechanism seems to be built-in, seems to be akin to that which causes the much more rapid imprinting found in birds and mammals, that it serves the important function of the child's attaching to the members of the child's own species, and eventually, of course, the child's own parents. The social smiling response, we can therefore say, in its earliest manifestations is triggered by the presentation of a face, face-on. In the early weeks after its emergence, the social smiling response is extinguished (stops) by the withdrawal of that face from the child's visual field.

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

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

But let us come back to the question of social attachment. The non-specific smiling response means that the priming for attachment is activated but that a specific emotional attachment has not yet been formed. What follows then from about the second and third to the fifth to eighth month of age is critical for optimal attachment and general emotional development. It is that the non-specific social smiling response becomes organized in the child's mind as a specific social smiling response.

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

Of course, the more positive (gratifying, loving, and pleasant) the events of nurturing, the more these will elicit in the infant a feeling of well-being and the more it will facilitate the smiling, pleasure experience. Where the events of nurturing are devoid of loving feelings, are

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

Stranger Responses:

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

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

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

The stranger response was equally important as were the social smiling responses in telling us with whom Jennifer was forming emotional attachments. Children vary in the quality and intensity of their stranger responses. Two factors contribute to this variance in responsiveness. One is that some children appear to be more shy than others, a factor that we

believe is inborn. This shows itself very early in these children and usually leads to heightened stranger responsiveness -- which can be thought of as shyness in the face of a new or unknown person or situation. These children may have very good attachments, yet they experience acute stranger anxiety. The second factor is the quality of attachment itself. An unstable attachment, or a too hostile attachment, may intensify anxiety in the face of an unknown person or situation.

The stranger response is a highly useful response because it tells us that the infant is beginning to form or is now capable of forming specific attachments to someone other than a stranger. That, of course, confirms what we learn from the specific social smiling responses which is, that the infant is attaching emotionally with a specific individual or set of individuals. In other words, then taking social smiling responses and stranger responses together we have indicators and measures of the development of human emotional attachments the 6 to 10 month old infant is developing. And, we often find that the principal nurturer of the child, the mother, is the one who gets the broadest, the most easily elicited social smiling response. During this early phase of attachment formation, the father may get a nice social smiling response which, however, is not as easily obtained nor as broad as the mother's. Then the siblings may get a social smiling response perhaps somewhat weaker than that which father gets, and then individuals who are seen by the child for the first time will get no smiling response but rather a stranger response. In fact, the stranger who pushes himself or herself on the infant too strongly may induce in a normal child an acute stranger response which may in some normal children lead to sharp crying and even to a panic state.

Separation Responses:

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

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

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

Some child development specialists believe that the infant acutely experiences the dread

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

In the section on child rearing we will talk about how to handle unavoidable separation reactions. Here let us say that, of course, it is important for the child gradually to learn that when the parent leaves, the parent is not lost to the child forever, that indeed the parent does return. It is also important, for our present concern, to understand that the separation reaction like the stranger response has two paradoxical sides to it. It is a painful experience but it is also a positive one, in that it tells us that an emotional attachment process is taking place, that good attachment capability is developing, and that the child is forming human relationships. We emphasize again, that forming good enough relationships is imperative for emotional health and good total emotional development. Therefore, the moderate crying of the separation reaction which requires due attention and may be troublesome is, nonetheless, a positive indicator that the child is forming an emotional attachment, is coming to know who his or her mother is. Of course, the crying should be dealt with in a constructive and growth-promoting way.

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

Reunion Reactions:

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

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

valued by their baby.

Not so simple is the unpleasurable or angry reunion reaction which nonetheless is a positive indicator of developing attachment. The unpleasurable reunion reaction is one where on the mother's return; the infant reacts to the mother with anger, or with totally ignoring mother, or a mixture of the two. This reaction is a way of saying, if one can verbalize what might be going on in an infant's mind: "I am angry with you because you deserted me", or "I want nothing to do with you and I will ignore that you are here", both of these also indicating an attachment to the parent. Therefore, both the unpleasurable and the pleasurable reunion reaction are indices of attachment and are valuable. In the section on the child rearing we will talk about how to handle, especially, the angry reunion reactions.

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

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

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

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

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

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

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

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

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

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

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

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

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

Because attachment is so important for the child's emotional development and personality

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

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

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

Smiling Responses:

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

Obviously, parents should not smile to an infant when the infant is angry or upset, or when the parent does not feel like it. Again, it is important for parents to know that this emotional communication on the part of the infant is an expression of emerging, beginning feelings of affection and that these are more likely to stabilize in a healthy way when the parents react to the infant by smiling and responding verbally and gesturally with affection, warmth and pleasure. Faking it will not work to the child's advantage.

Stranger Responses:

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

One common instance where parents can help their infants who are experiencing a stranger response is as follows. It happens commonly that grandparents who live far away will visit their 6 to 10 month old grandchild perhaps for the second or third time. Under such conditions it is likely that many a well developing baby on seeing these grandparents will have a stranger response. Indeed, the infant may cry and scream at their loving and excited approach.

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

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

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

Not all children attach this easily to 4 adults in their early lives. A child who is born shy may be slower to do so. Parents tend to worry when their young (or older) children are shy (have painful stranger responses to persons or novel situations). Forcing young children to not be shy or to face anxiety producing strangers is quite undesirable. Most shy children tend to overcome initial shyness after a needed period of time for "acclimation", for getting used to the new person or situation. Forcing them to not be shy tends to intensify and prolong shyness or it may pressure the child to deny his or her feelings and develop ways of accommodating to them that may not be desirable. Patience is needed with shy children, as is reassurance.

Separation Responses:

Like the stranger response, the separation response has a component of anxiety in it and it is well to try to protect children against excessive anxiety. The separation response means that the infant is experiencing as painful the mother's (or caregivers) leaving the infant. Let us remind the student that between five to eight and more months of age, children often experience the mother's moving away from them as the threat of being left by the mother forever. A number

of factors we described in Section 1.215 under "Separation Responses" operate to make the infant vulnerable in this way at this time.

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

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

Near the end of the second week, 8 month old Suzy seemed to not notice when mother came home. Mother was shocked and her heart sank, she said. Twice she seemed to turn to Mrs. Sander when mother came home, and she fussed when Mrs. Sander was about to and then left. We saw Suzy's mother being upset about Suzy's not even noticing that she came home and her not wanting Mrs. Sander to leave as a welcome reaction for both Suzy and her mom. It was an opportunity for both of them. Mother could see, we told her, that Suzy is very upset at mother's being away and that she was trying to cope with that pain by shifting her attachment to Mrs. Sander. We told Suzy's parents that the pain probably was generating anger in Suzy toward her mother. It would be (and it was) very helpful for mother to hold Suzy and tell her: "I'm sorry you're so upset at my having to go to work and be away. But I'm here now, I'm your Mommy and I sure missed you too." This type of reaction by mother quite quickly brought up in Suzy the feelings of attachment to her mother and led to Suzy's molding into her mother's arms appearing to be fully re-engaged in her attachment to Mom. It surprised mom that sitting like that with Suzy for about 5 minutes, telling her how much she loves her, how she missed Suzy while at work, that she thought about her often, how effectively it calmed Suzy and made her smile and comfortable again. By the end of the 3rd week, not yet 9 months old, Suzy seemed accepting of Mrs. Sander, of Mom's going to work and she was usually now not upset when Mom came home.

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

month old generally will find separation more painful than the one or two month old or the 34 month old or older child.

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

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

With this in mind, we suggested to Suzy's parents that they tell Suzy for how long one or the other is going to be gone, when Mom and/or Dad is going to come home and to be truthful about it. If Mom expected to be away for two hours and it turned out of necessity that she was away for five hours, then we suggested that she express regret about being away longer than expected and that she explain to Suzy what happened. It is important for parents to know that excessively long separations can be very worrisome and painful for children up to 3 years of age, and even beyond that age. Separation of several hours during the day can usually be reasonably well tolerated by the less than one year old. Separations for days can be quite traumatizing to an infant up to 2 1/2 or 3 years of age. Consequently parental vacations away from the less than 2 1/2 year old should be taken with caution and alternative and substitute care should be of good and familiar quality. It is then also advantageous if the infant stays in his or her own, familiar home.

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

With all expressions of feelings, if we can allow our children to express them, nonverbally when they cannot yet speak and both nonverbally and verbally when they can, we will open channels of communication which will lead to the development between parent and child of an emotional verbal dialogue which will cement their relationship, facilitate the child's learning to accept certain realities, to accept certain inevitable frustrations as well as pleasures, and learn to make reasonable compromises. It is always disadvantageous and it can be harmful to disregard the expressions of feelings by young infants. It will make the infant feel uncared for,

not valued as a person, not understood; the infant will eventually feel that no one can relieve pain or provide comfort, all of which are detrimental to his or her psychic development.

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

Reunion Reactions:

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

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

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

As we said before, children usually cling because of acute feelings of distress. When the

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

Children do not appeal for help unless they need it, unless they feel threatened and unable to cope alone with a particular situation. Sometimes the appeal for help is one that needs to be talked about as well as complied with, depending on what is causing the stress. There are instances where reasonableness tells us appealing for help ought to be talked about with the child but ought not to be complied with. For example, when a child turns to the parent appealing for a toy with which another child is playing. Here it is important that the parent deal with the child's appeal by telling the child that she or he cannot have the toy at this time because another child is playing with it, and the parent can offer another toy to her or his own child in a supportive and comforting but firm enough way. One can be supportive and comforting without giving the child everything the child demands even when what the child's demand is reasonable. Obviously, it would not be helpful to comply with the child's demand if that demand is unreasonable.

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

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

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

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

The most important issue is that the thumb and the security blanket are means that the infant has devised for reducing tension within the self. It may surprise some people that children

in the first year of life experience a great deal of tension but all one need do to check this out is to look closely at children, and one will find that tension is a normal event, a normal state of affairs for the average, normal, less than one year old infant. To reduce tension, of course, is often essential to adapt well; and when the infant finds means of reducing tension on his own, she or he is making efforts to adapt to his or her own life stresses and strains.

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

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

What Could We Do To Help Richie:

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

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

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

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

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

Gradually, slowly, Richie's rage reactions, his outbursts of throwing toys diminished, his suspicious of others decreased. He slowly began to smile again, at times sadly. He began to be physically more active and began to interact with other children. Slowly he showed pleasant feelings in interacting with his aunt and some other mothers in the group. Slowly he began to show evidence of feeling safe. With all this, we inferred that his attachments were becoming more positive again. According to his great aunt, he was much more upset when his mother visited and continued to be afraid of her. Much repair work needs to be done to get such a child back on track toward healthy development. And to think that all this damage could have fairly easily been prevented! Many children have taught us the sad and costly consequences that come from child abuse, abuse even of children less than 1 year old. And they have taught us also the large value of secure and loving attachments.

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

Erik Erikson, a renowned Child Development Specialist, developed the concept of "basic trust versus basic mistrust", to describe a crucial quality of inner feeling that an infant acquires about himself or herself and others. Basic trust describes the quality of inner feeling and sense the infant develops gradually during the first year of life that his or her mother, or the nurturing caregiver, will meet his or her basic needs to a sufficient degree, that mother will sufficiently protect, nurture and give care. Hand in hand with progressively trusting that mother will care well, the infant begins to experience a sense of feeling worthy of being cared for, of being worthy of trust, of being valuable and lovable. In contrast to basic trust, basic mistrust implies the inability to trust that the persons in one's environment will be sufficiently protecting, nurturing and caregiving. It also implies a sense of not being valuable, of not being worthy of

love and care. Erikson and other child development specialists emphasize that the sense of being a loveable and trustworthy person has its origins in the experiences of the first year of life. The development of basic trust or of basic mistrust has far reaching implications for the human being's personality development. We will discuss some aspects of the schedule of its evolving in a moment.

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

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

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

Things were quite good too between Johnny and his 36 year old mother who got married one year before Johnny was born. Even though she was quite anxious at first, Johnny's mom

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

Bernie's basic trust developed well too in spite of some real strains on his mother and on himself for a while. His food allergy caused both of them some distress during his first month, but mother's being very responsive to him and her patiently trying to comfort him made their passage through that difficult period come out quite well. A greater problem came from mother's often being upset by her quarrels with Bernie's father. Even though both mother and father were good with him and were happy about Bernie's being their baby, their arguments caused them to be in bad moods quite often. It was especially important for Bernie that his parent's anger with each other didn't spill over onto him and was not taken out on him. This made it possible, at least he gave us the impression, for him to develop feeling that his needs would be met well and that he felt valued.

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

Now, things were very different for Richie. He started out so well; this we deduced from the information we obtained and especially from the photographs of him when he was 5-6 months old. These suggested an infant who experienced good interactions and was on the way to forming good attachments. We would therewith assume that he was developing good basic trust. Then with the move away from security and stability with mother's aunt, then 6 or 7 month old Richie's father leaving, his 17 year old mother became deeply troubled. A crucial piece of

information told us a great deal: when 7 month old Richie would cry, his bewildered, probably depressed and very troubled young mother would put him in the outside hall to cry himself out. This oppressed young mother, deserted and ignored by her mate, (and who knows what more), deserted and ignored her own baby when he most needed attention, comforting, and care. The expectation of care and nurturance was often frustrated, and disappointment and mistrust progressively intensified. Six weeks of such treatment by mother would erode whatever good basic trust had developed in an infant 6 to 12 months of age. Twelve weeks of it and Basic Mistrust would have stabilized significantly. Indeed, when we saw Richie at 14 months of age he was suspicious of people; mistrust was prominent. And with it, came depression, rage, and failure to thrive (physically and emotionally).

A child is not born with an inner sense of trust in the self or in the environment. This can only be achieved by the repeated experience that when the infant is in a state of need or feels pain, persons in the environment can gratify the need and at the very least try to undo that pain. When as happened to 7 month old Richie, an infant experiences pain too long, too frequently, and when the nurturing environment fails to alleviate the pain satisfactorily enough, the infant will learn that he or she cannot expect and trust that his or her pain will be readily undone. By the experience that the mother can gratify needs, comfort, can undo, or at least alleviate pain, as was the case with Bernie (very early) and especially with Suzy, the infant more and more values the environment as well as the self. "If my mother soothes my pain she must value me", might be a way of putting into words what Suzy might have experienced. We do not mean that Suzy thought these thoughts, but that at some level of experiencing, this kind of feeling and memory will be entered into the child's psyche, and will influence his or her ongoing development.

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

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

Another large cluster of behaviors that tells us much about the quality of developing basic trust is the set of reactions that pertain to the development of human relationships, namely, the quality of social smiling responses, the gradual evolving from the non-specific social smiling response to the specific social smiling response as we recorded on 6 month old Jennifer, reunion reactions, as well as signs of positive feeling and affection on the part of the infant toward the mother, father, and other nurturing persons. (These reactions are detailed under Attachment

Behavior [1.251] and The Development of the Self and of Human Relationships [1.331].) For example, we do not expect to find a specific social smiling response in a one month old baby; but we do expect it to be stable in an eight month old. If it is stable by then, it will tell us that a good development of basic trust is in progress. If an eight month old tends to be depressed too long, too often, and seldom smiles at persons in his or her environment as we saw in 14 month old Richie, we would have to assume that a problem in basic trust development is occurring.

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

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

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

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

attain these. It is not necessary to be a perfect parent for an infant to develop good basic trust. We will have more to say about the development of basic trust in the child's rearing aspects of this issue which follows.

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

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

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

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

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

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

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

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

Another factor on which securing basic trust depends is to be reliably present, with the baby enough of the time. The most important ingredient in the parent-child relationship which will promote the development of basic trust is the emotional quality of the mother-child relationship and the father-child relationship. Nevertheless, the relationship must be experienced for a sufficient amount of time. For example, to be available to a less than one year old infant for only 1 to 2 hours a day is not enough for any child, even if that 2 hour period is of the most

marvelous quality. On the other hand, being with the child for 24 hours a day and the quality of that relationship being poor will create its own problems too. The point we make here is that being physically present enough of the time is an important ingredient in being reliably, sufficiently emotionally available and experienced by the infant. Being reliable means to be physically present, to convey that mother and father (where possible) will feed, protect and care for the child, and it includes that the parent will explain when the parent is going to be absent and, therefore, will not be available.

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

It is quite a challenge for both child and mother, when mother needs to leave her less than 1 year old baby to go to work outside the home. The way this is done will have a large influence on the infant's evolving basic trust (or basic mistrust). From the time he was about 3 months old Johnny's mother needed to close herself off in her study to do her newspaper work (telephoning and writing) and at times had to go out as well. A college student helped her with Johnny. One week before the student began to take care of Johnny alone, she came to help Johnny's mother with his care. This gave mother the opportunity to not only see for herself how this substitute caregiver would relate to and care for him, it also gave her a chance to talk about what she would like for Johnny and how she wanted him to be cared for. They hit it off pretty well. Most important is that mother and her helper talked to Johnny about when mom needed to close the door and work. "I have to write now" Mom told him when she put him down for his afternoon nap. Janet will take good care of you, and I'll come out when it's time to eat." At first Johnny would be fussy when he'd wake up and seemed to expect his mother. But he responded well to Janet who told him that Mommy was writing now and Janet would take care of him. She got into it well, telling him what a cute baby he is and how lucky his mommy and daddy are to have such a wonderful boy. Her tone matched the words well. In part because he was not at the peak of forming an attachment to mother, Johnny seemed to accept Janet -- who clearly really liked Johnny -- quite well. In fact, when Janet could no longer come to take care of him when he was 10 months old, he showed signs of missing her and it took some introducing him gradually to Mrs. Clark (a neighbor who had two young children of her own) where his mom took him for the afternoon after his nap.

It was more difficult with Doug, we think because he was 6 months old when mom went

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

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

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

Another thing that will undermine the development of basic trust is when meeting the child's physical needs or the emotional needs are frustrated too much and too often. Now where occasionally, unavoidably the parent delays too long, or unavoidably a good nurturing parent frustrates a child, it is important that the parent acknowledge it and talk about it with the infant. For example, when an 8 month old Jennifer wanted something that belonged to her nearly 4 year old brother, Mike, in order to help her grow in a reasonable way, that is to not take what belongs to someone else, she had to frustrate her own beloved child. Talking about why the parent is frustrating the baby is very useful. Acknowledging that mother or father is causing the child

distress because the parent really wants to help the child grow in a reasonable way is very helpful. The child will not be happy with mother then and there, but will come to recognize that the parent is frustrating him or her for a good reason, one that is genuinely and will eventually be in his or her own best interest.

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

But when frustration, neglect, physical and emotional pain occur too frequently, as happened with Richie, basic trust can be severely damaged (if it got started as is did with Richie), or in its place, basic mistrust will develop. It is useful for parents to ask themselves if basic trust is developing well. As we said before, probably the most important aspect of the child's functioning and behavior that will tell us about the quality of his or her developing basic trust is the state of the child's well-being. How does the infant look, how does he or she seem to feel? Yes, we are speaking of the child's state of well-being from the first days of life on! Basic trust of itself does not begin to be organized until about the middle of the first year of life, but one can measure its gradual emergence and development by ascertaining the quality of the child's mood and emotional appearance.

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

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

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

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

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

1.331 HUMAN DEVELOPMENT: The Development of Self and Human Relationships

How one experiences oneself and who one becomes on the one hand, and how we experience and form relationships to others, evolve hand in hand, influencing each other equally. Some people think mistakenly that a person spontaneously becomes an individual and that this is best achieved by being independent from others even from the beginning of life. Many other people, however, including child development specialists, have come to recognize that there is a parallel and reciprocal relation between the development of the self and our relationships to others. Erik Erikson, reflecting this principle of parallel and reciprocal development, said that the development of basic trust means the development not only of one's trust in others but equally of trust in oneself. We have all heard, one time or another, the statement that respect for others starts with respect for oneself. In short, the development of a healthy self goes hand in

hand with the development of our relatedness to others and ultimately concern for and considerateness of others.

Because mental health professionals have found the development of a healthy emotional life to be dependent on the child's (and adult's) relationships to those closest to him or her, mental health researchers have explored the interplay of the child's own development and the character of his or her developing relationships. Nearly fifty years of collective work by a number of child development specialists have culminated in several theories of human development during the early years of life. Among the most useful and fully developed of these to date is the theory formulated by Dr. Margaret S. Mahler which she called Separation-Individuation Theory.

Before giving an overview of the theory, let us forewarn that this is only a working model; it is not a complete theory. Furthermore, this model makes the important but limited assumption that the biological and/or psychological mother is the prime relationship of the young child. Most child development specialists in the U.S. agree on this point, although we do not exclude reasonable variations of this assumption. Let us remember that there are families and living conditions where this assumption may not be sufficient to explain how a child is reared. The assumption that the mother is the prime relationship for the young child is not a false assumption; quite the contrary; but it is a limited one. Now, then, to an overview of Mahler's theory of separation-individuation.

The Theory of Separation-Individuation of Dr. Margaret S. Mahler:

Separation-individuation theory holds that over the course of the first three years of life, the infant progresses from experiencing the self and the mother as one unit, as a twosome (dyad) enclosed as if in a unifying membrane, to experiencing the self and the mother as two separate distinguishable human beings related to each other in a deeply meaningful emotional relationship. Of course, we cannot know for sure what infants experience because they cannot tell us what they experience or think. But many years of infant observations leads us to infer and assert that Mahler's theory represents well how the infant experiences himself or herself in states of need and in the relationships to prime caregivers. This process of going from feeling one with mother, to recognizing self and mother as two separate individuals, can be subdivided into several phases and subphases.

The first of these is the phase of one-ness with the mother, which Dr. Mahler labelled that of symbiosis . The second is that phase during which the one-ness with the mother becomes transformed into an emotional relationship that binds the self with the mother but as two separate, individual beings. This second Mahler has labelled the separation-individuation phase. The phase of symbiosis begins during the second month and spans about the first ten or so months of life. By symbiosis Mahler does not mean, as the biological term implies, that the mother and child are mutually and beneficially dependent upon one another; rather, Mahler means that the infant seems to experience the mother and self existing as one entity, as if enveloped in an emotional membrane.

The phase of separation-individuation begins around the middle of the first year. It thus emerges at the height of the symbiotic phase. The separation-individuation phase then spans from the latter part of the first year of life and the second and third years, to about 30 to 36 months. None of these figures are absolutes, since each child has his or her own schedule of development; these are given as an average.

The Phase of Symbiosis:

Dr. Mahler proposes that during the first two months or so, before the phase of symbiosis begins, the infant in essence tends to experience all events as emanating from and about herself or himself. We assume that the infant cannot yet form ideas about his or her experiences and perhaps cannot yet distinguish what is inside and what is outside the self. Nor does the infant distinguish what is the self and what is the other person who responds to him or her at times of hunger, and from time to time cuddles, holds and warmly communicates with her or him. In a simplified way of putting it, it is as if the self and the world around were all part of the self. The 2 month old infant does not have in his or her mind a clearly representative image of the self at all. Many child development specialists assume that during the first 3 months of life, the infant begins to organize and register in the brain not images of the self but only some representation of inner experiencing, especially of feelings.

From about the middle of the second or so month on through about the tenth month is the actual phase of the symbiosis. The way Mahler uses the term symbiosis, meaning that the child experiences the self and mother as if the two were in one unifying membrane, we could propose that the major mental representation of the self and of the mother (or other regular caregiver) at this time would consist of a unified "self - other" or "me - mother". During the course of these first ten months an extremely important development occurs which we have already talked about in Section 1,251 but which we now would like to bring into the context of the child's development of the child's emerging sense of self and of relationships. That is the phenomenon of emotional attachment on which so much of the child's personality development depends.

A number of researchers have worked arduously and contributed significantly to our understanding of how during these first ten months the infant comes to feel emotionally connected to and establishes the all important relationship with his or her mother. Of these we shall refer especially to the work of

Dr. Rene Spitz and Dr. John Bowlby. Their research, but especially that of Spitz, led to ideas and concepts that fall very well in line with those of Dr. Mahler. Focusing on how the child establishes a emotional relationship with the mother during the first eight months of life, Spitz proposes three phases in the development of this process. First, during the first two months or so, the infant experiences everything as coming from an undefined and all-life-encompassing sense of self. During the second phase the infant begins to respond to the external environment in a highly specific manner, which is signaled by the emergence of the nonspecific social smiling response which we described before (see Section 1.251). This response emerges from about the middle of the second month of life in some children to about the 4th month of life in others. This second phase which gives evidence of beginning attachment, goes until about the 6th month or so, each child varying to some degree from others, until the time when the infant clearly now identifies the mother as a specific person and shows evidence of preferring her over other persons.

This point is signaled by the specific social smiling response which tells us to whom the child responds most intensely and meaningfully. For example, in Section 1.251 we described how studying 6 month old Jennifer's social smiling responses, we graded her social smiling response for her mother to be a +6, a +4 to +3 for siblings and several individuals well known to her and 0 smiling response for persons Jennifer did not know. Thus over the period from about five to eight or so months of age, she showed evidence of having sorted out from the experiences

in the environment, a face, a mosaic of smells, feelings, and modes of handling of that one person to whom she became most strongly attached, with whom Jennifer had begun to make that vital emotional attachment. Similarly we later found her to also have a unique attachment with her father, and a well stabilizing attachment with her siblings and others frequently experienced by her.

In Section 1.251, we detailed those valuable indices which help us know how the process of attachment is taking place. We have just mentioned the social smiling responses, especially as it progresses from being nonspecific to becoming specific and selective. Let us add again that the stranger responses help us sort these things out too. A stranger response in essence tells us "this is a person I do not know at all, in fact a person who causes me distress."

The two other important indices that help us sort out and affirm the establishment of attachment to the prime person, are the separation and the reunion reactions. As we have explained before, the separation reaction might be said to mean: "I don't want you to leave me now, your leaving me scares me". The positive reunion reaction could mean "I'm so glad to see you, its wonderful seeing you"; whereas the negative reunion reaction could be said to mean "Where have you been, I needed you; I am very angry with you for having left me". All of these indices help us determine when the child has formed that very special, strong, emotional relationship with a specific person.

At this juncture in the child's development, at about six to eight months of age, the child is still experiencing that very special relationship with mother, a symbiotic emotional relationship Mahler proposed, as if self and mother are part of a dyad that is bound by a common membrane.

While the infant is developing this emotional relationship, other factors essential to his or her development are maturing, including the ability to recognize that even though mother and self are experienced by the child as if in a common membrane, mother and self are separable individuals who do from time to time move apart from one another. And one can see this in an infant who is comfortably fed and rested and is then content to be by himself or herself, busily looking around exploring his or her surroundings. The infant's growing intelligence also begins to help him or her sort out that certain experiences and feelings comes from within the self, from inside, and others come from outside the self. This development especially helps the infant begin to sort out the universe around him or her. Of course, the development of the ability to assess what is actual reality takes a number of years; at this point it is beginning.

The Beginnings of Separation-Individuation:

From just before the middle of the first year, at the height of the symbiotic phase, the infant begins to push away from the mother from time to time in several ways. First, by crawling away from where the mother may be located. Second, at times now, when the mother is holding the infant, he or she seems to be pushing away from the mother's body as if placing distance between and separating from her body. The molding seen earlier still occurs, but occurs less frequently. Mahler proposes that the infant now is actively differentiating herself or himself from the mother, and she labels this period the Differentiation Subphase.

Then in parallel with this differentiation subphase, from about seven or so months of age on, depending on the particular child's maturation schedule, the infant begins to move away physically from the mother in a rather consistent and more or less vigorous manner. This is done at first by crawling and soon by walking. This subphase of the separation-individuation phase is

a highly exciting period for the infant; this is when the infant becomes a magnificent explorer of the universe about him or her. Mahler calls this period the Practicing Subphase. This is because during these periods of exploration, the infant is exercising newly developing sensory and motor skills, exercising physical and psychological systems that serve adaptation, and deriving much pleasure from their being exercised. (See Section 1.261 on Exploratory and Locomotor Activity.) As we described in Section 1.261 close observation of the infant also shows that this activity is pressured, strong, and seems obligatory, which is much suggested in the child's facial expression and total bodily efforts. In our discussions of explorations (Section 1.261) and of aggression (Section 1.291) we proposed that the tremendous inner pressure that causes this kind of activity is one which makes the child as much the victim of that inner pressure as the mother, and commonly leads to battles of wills between them and makes it necessary for mother to set limits on that activity.

But we must emphasize here that, although the young explorer looks as if he or she has now totally separated from the mother, and seems to now be a totally independent young creature, individuation (becoming a separate individual) is not as complete as it appears. Because of the children's reactions to the absence of the mother, the crying during separations, stranger responses, and reunion reactions, we know that the work of individuation (feeling stably secure on one's own) is only beginning. The less than one year old infant at moments very sorely needs to feel the presence of the mother. It is quite true, that there are moments during the child's exploratory activities, when the less than one year old gives the impression of being totally self sufficient and of needing no one in the universe. As we shall describe further when we talk about the second year of life, this apparent individuation, apparent independence, is not yet a true one. We say this at this point because some mothers become alarmed when during the middle of the second year, due to normal developmental processes, the child needs to cling to the mother again somewhat as the child may have during the third, fourth and fifth months of life, behavior which, after months of seeming independence, many mothers find disconcerting. These mothers seem to experience and indeed say, "But she or he looked so independent six months ago and now she or he is a little baby again." We shall describe and discuss the reasons for this seemingly regressive activity when we talk about it during the second year of life.

Hierarchy of the Child's Earliest Relationships:

How important each member of a family is to the less than one year old child varies. We have assumed in the above paragraphs that in usual circumstances, in a family that consists of a mother, father, and one or more siblings, that we find the mother to be usually most valued by the child during the first year of life, then the father, then the siblings and individuals with whom the infant is quite familiar. As we indicated earlier, the model that we are using makes the assumption that the mother is the individual most emotionally and physically available to the young child. But there are variations. In fact, the experiences of each child vary, perhaps even widely, depending on a number of factors including the degree of emotional valuing and involvement on the part of the mother, the father, siblings, etc., as well as personality factors in each of the parents. There are instances where a father may be more nurturing than the mother resulting from their respective individual earlier life experiences. Also relevant, is the emotional and actual physical availability of the parents, as when the father cannot find a job or prefers to

not have a job outside the home and stays home to care for the children. In such instances the father would be more available to the infant than the mother and this will variously impact on the earlier child-parent relationships. Also, conditions surrounding the birth of a child, as various types of traumas, may interfere with a secure child-mother attachment.

However, on the average, during the first year of life, the biological unity of the child and mother, plus basic psychological and continuing biological factors in the mother, give priority to the mother-child relationship over other relationships during the first year of life. In addition, as we said before, a relationship is also established between the infant and father, depending especially on the father's degree of involvement with the baby, especially the degree of his emotional involvement. Relationships to siblings also begin, depending on the degree to which siblings become involved emotionally with the infant. While it is essential that the infant form a deep attachment with at least one constant person in his or her environment, deep attachments with several other persons does not detract, does not weaken, and may, in fact, enhance the development of deeply meaningful relationships. Our observations to date suggest, however, that a higher priority emotional attachment with one individual, most usually the mother, seems typical for the child under one year.

In fact, the relationship to the mother is commonly so important to infants, that even when a father and older siblings are present, unless they become significantly involved in the care of the infant, the mother will most impact on the infant. Here is an instance of a child attaching to her depressed mother and how this attachment evolved during her first year.

When Vicki was about 6 month old we began to see that her mood tended to be subdued. She had been quite adequately reactive to events and responsive to interactions with much evidence of being a healthy, normal infant. Her own mother, a quite responsible woman with 4 other children, was overburdened and did at times look depressed. At times overstressed, she would be impatient with Vicki's average expression of needs and tended to give her a milk bottle whenever Vicki expressed any need. There were times when mother was overly impatient and detached in her handling of her baby. Vicki accepted her mother's handling quietly, never complaining, But we noticed that she smiled less often than expected in interactions with her mother, her siblings and peers. From 7 months of age on Vicki's subdued mood began to concern us. At moments she looked sad and she seemed less involved in peer interactions and even with her mother she seemed to initiate contact less frequently than before, and quite less frequently than the other children around her. By 8 months she appeared to be depressed. Her face looked sad and stiff, her cheeks were flat, and her mouth drooped at the corners. She had a vacant look and moved slowly, sluggishly, and minimally.

Because she presented the picture of a depressed infant we began a course of psychotherapy with the infant and her mother. Mother had been unaware of the fact that her daughter was depressed -- what we call an anaclitic depression. In part it may have been due to the fact that mother herself was depressed. In twice a week treatment, both infant and mother improved gradually and good recovery of both occurred by the time Vicki was 3 years of age.

During year one, Vicki's affect had gradually become less cheerful and smiling, and more and more subdued, then sad and eventually depressed. Her mood was depressed; her well-being painfully poor.

Vicki's attachment to her was quite age-adequately developed and stable even though the quality of this attachment to mother was sad and poor. Vicki's trust in mother and in herself seemed poor. Her lack of demandingness, her passive acceptance of what mother gave her, led to us to feel that she did not expect to be reasonably gratified and lovingly taken care of because

these just did not happen.

The consequences of being brought up without a mother or parents, as occurs in institutionalized upbringing or in socialist type of group upbringing, are not yet fully clear. Studies going back to the 1960's, of infants in institutions such as orphanages have long shown strongly negative consequences of not forming an emotional attachment to one specific caregiving person; the absence of such a singular and emotionally meaningful attachment is seriously detrimental to the development of a number of aspects of personality which can have a life long influence. More study is required of those forms of group upbringing as occurs in a number of countries including Russia and other countries that once formed the Soviet Union, China, Israel, and others where children are reared in small groups and in nurseries.

The effects of daycare in the U.S. and in Europe on children one year old or less have been studied for years. Because many factors influence the outcome of daycare experience on very young children, the results are difficult to evaluate and much controversy exists. Major concerns lie in (1) the number of hours per week children less than one year old spend in daycare -- 20 hours per week seems a common cut off point thought by some researchers to produce detrimental effects; (2) the quality of care in daycare; and (3) the quality of the parent-child relationship(s). In general, the findings, which are still uncertain, suggest that infants between 3-12 months should be in daycare less than 20 hours per week; the better the care in the daycare center, the more favorable the outcome; and the better the attachment and the relationship between the child and his or her parents the less the likelihood that daycare will cause the infant harm. Much more work needs to be done to truly evaluate this complex issue.

In speaking of the hierarchy of the earliest human relations, having now commented on that hierarchy for the first year of life, let us briefly comment on later relationships. During the second, and even more so, during the third, fourth, and fifth years, where the father is present in a family, the father can take on a meaning equivalent in importance and in value for the child to that of the mother. It is especially from the second year of life on that the father begins to be enormously valued by the infant and can serve to enrich the child's early development side by side with the continuing important part played by the mother. During the third, fourth and fifth years siblings also begin to take on a notably important part as co-players, peers and models for the younger child; their playing together and their relationship can be quite enriching for the individual child.

We might emphasize at this point, that the prime tasks of human emotional-psychological development during the first 5 years of life occur within the family. Under average expectable conditions, it is in the home, in working on the principal tasks of the first 5 years of development which we are addressing in this curriculum, that the largest emotional and psychological growth takes place. It is the psychological adaptive work required of children by experiences in these early relationships that most contribute to personality development in the child. It is for this reason that the current trend toward getting children into schools at earlier and earlier ages (even less than 3 years of age), and the use of day care centers for infants even less than one year old brings some concern among many mental health professionals. The issues are complex and the challenge of doing justice to children and parents alike continues to need our attention. For now, we must recognize that the prime tasks of human emotional and psychological development occur in the context of family relationships. If this is disregarded, it may deprive children of the opportunities they need to master the basic tasks of emotional development.

1.332 CHILD REARING: What Can the Parent Do That Is Growth-Promoting Regarding the Child's Development of Self and Human Relations?

We have attempted to impress on the student that the development of the self is intimately and directly influenced by the quality of the child's human relationships. In this, it is important that parents secure and protect two parallel developments: that of the self, of the child as an entity with her or his own needs, feelings, thoughts, and boundaries; and that of the child's relationships to the parents--which will pave the way for later relationships to others. Let's first talk about the parents' helping the child begin to become a self during the first year of life, and then about the parents' helping the child secure growth-promoting and gratifying relationships.

A good sense of self can be fostered in simple common sense ways. Reasonably prompt and warm responses to the child's signals for help convey to the child a sense that he or she is valued. Playing with the infant, using his or her name when speaking to him or her will help build a sense of identity. Helping the infant in her or his struggles to do something on her or his own (reach for a toy, stand on her or his feet) will help the child see himself or herself as someone who can do and accomplish things. Siblings as well as parents can invent many ways to help the infant discover who he or she is and what he or she can do.

Let us now turn to how the parents can help the child's developing human relations. In speaking about attachment we have talked about how parents can help by dealing and responding to the child's social smiling responses, stranger responses, and separation and reunion reactions. The parent can use these indices of attachment to sort out to what degree the infant is forming a sufficient relationship with the parents. We repeat that separation anxiety and stranger anxiety in the 5 - 6 month old child is not only a normal development, but a desirable one, because it indicates a meaningful degree of attachment to the specific mother and father. If there is no social smiling response in a six month old child, as we have indicated before, it should alert the parent to some problem which needs to be professionally evaluated. We urge that parents ask questions of qualified mental health professionals if they have doubts about their child's attachment reactions, since deep attachment is essential to healthy development.

The quality and the quantity of relating to the child are both important in the formation of good relationships. With regard to how much time parents need to spend with a less than one year old, we often hear that quantity of time spent with one's child is not enough, that the quality of interacting with one's child is critically important. That statement is absolutely right; the quality of the child-parent interaction is extremely important to the character of attachment and to all those developments which are influenced by it. But we must also add that a minimum quantity of such good quality time is needed too. In other words then, a sufficient amount of time has to be spent by the parent in the relationship with the child, and good quality, although extremely important, is not enough in and of itself. The parents' time, affection, and interest in their own child are more valued and needed by children than gifts of toys, candy, entertainment, etc. Very important issues come up when one considers the quality and quantity of time spent by parents in the relationship with their children. It is better to spend less time with the child if that time is mutually gratifying to the parents and child, than it is to spend more time together with resentment or the parents' feeling constantly trapped, deprived and frustrated in needs the parents have in other areas of their lives. In the section on parenting for the first year of life (following this section) we will take up this point and describe some of its details more extensively.

We want to look here at what the parents of the children we have talked about in this Unit

did that, generally speaking, was growth-promoting on the one hand, and was growth-disturbing on the other, during their child's first year. Specifically, what did they do to optimize or trouble their child's developing sense of self and of relating to others.

Jennifer at 12 months was doing very well with respect to both of these developments. Mother, whose input we knew better than father's, -- as was the case with all the children we saw in our project --, was quite comfortable with her role as a mother. Jennifer was her 4th child. Mother clearly took pleasure in her daughter's inborn spunk, interest in the world around her, and determination. Mother had much of this in herself too. We thought her liking this in her child most likely facilitated Jennifer's experiencing of these feelings which clearly contribute to one's sense of self. Mother had a nice way of being able to be firm with spunky Jennifer without becoming hostile; she could be firm without putting her daughter down or being otherwise destructive. She could comfortably get annoyed and angry with Jennifer perhaps because it seemed to never get out of hand. Actually, even though Jennifer seemed to have a mind of her own from very early on, she did cooperate well enough with her mother and seemed to know, to learn, when her mother would not back down. Probably the strongest factor that made their interactional challenges work out well is that their emotional dialogue was so positive. It was clear that mother loved Jennifer, took her seriously, responded warmly and well to her needs, often cuddled her warmly and enjoyed Jennifer. Mother also responded well to our explanation of her child's behaviors and had a very good feel for what to do with her daughter once she understood what Jennifer's behavior might be about. By the end of year one, Jennifer's mood, her activities and interactions suggested good basic trust and a secure feeling about her sense of self. And Jennifer's relationships were good. This, we learned, also included her relationship with her father even though he was not as involved with her care as some of the other fathers. Her first year was very good.

Much of the same can be said for Diane and her parents, but there are some differences. Mother who had been depressed (for several reasons including her own mother's death at mid-pregnancy) was really thrilled at having a daughter to add to her two sons. So was father who had been in the delivery room during Diane's birth. He too was thrilled about having a daughter. Diane was a well put together baby who, like Jennifer, ate well and was quite emotionally responsive. But she was not as active during the first 6 months as Jennifer was. She explored more by looking than by getting her hands and mouth onto things. She was a calm, moderately active infant in fact up to about 6 months. Attachment to mother was really very warm and secure. This, in spite of the fact that mother was still moderately depressed during the first several months of Diane's life. But mother was nonetheless well engaged with her children, indeed very positively with Diane. We saw that this was so with father as well on the several occasions when he too came to the project. Interestingly, Diane all at once became a much more active child from about 6-7 months on, and like Bernie, gave the impression that her motor was suddenly switched on. By contrast Jennifer had gradually, progressively become more active. With this the need for limit setting began and battles of wills became more intense than we had predicted when she was 3 months old, we felt, because the aggression motor that got turned on drove her into activity with force and persistence, and it would be a matter of months and many battles of wills before Diane would get her inner pressure under some control. In fact this did not occur until into her second year and we shall describe this in Unit 2. Two major factors at least prevented the battles of wills between Diane and Mom from leading to significant problems for Diane: (1) The emotional relationship between them was visibly very loving and with this, Diane's attachment to her mother seemed very secure and basic trust was stabilizing; and (2)

unlike 10 months old Diane who was by now a very assertive, vibrant and determined child, mother was a stable, gentle, soft and quietly deliberate woman who held her ground pretty well when she needed to. Like most of the mothers in our project, Diane's Mom (and father too) grasped very well our explanations for Diane's behavior that needed limits to protect Diane, and rather than getting into hostile limit setting, she did a very good job of explaining, holding the line, and helping Diane pull herself together, all in a non hostile reactivity to these difficult interactions. We shall describe what she did in Unit 2 (Section 2.242, Handling Aggression in Growth-Promoting Ways). Given her good inborn disposition, it was especially due to the quality of parents' efforts, that Diane's attachment and basic trust were good, her hefty aggression satisfactorily handled, that by the end of year one, although tension was mounting between Diane and her mother, we evaluated her sense of self as stabilizing well and her primary relationship to be of very good quality.

Johnny was also a well endowed healthy infant, born to a 36 year old woman and 38 year old man, both of whom immediately "fell in love" with Johnny. He felt like a gentle baby from the beginning. Although mother had been worried that she wouldn't know how to take good care of her baby, she and father were very responsible, patient, and loving with him which laid the foundation for Johnny's easily developing a very good attachment to both of them. Johnny responded quite nicely to the two substitute caregivers he had during year one, and seemed to not have been very pained by mother's withdrawing into her "office" at home to do her work for a few hours a day since Johnny was about 3 months old. We assume that the separation between Johnny and his mother was made less intense because she did not leave home to "go to work", she went into one of their rooms and shut the door. When Janet, the college student who took care of Johnny from 3 to 10 months, left, Johnny did have a loss reaction which showed itself in his seeming to look for her and some adjustment had to be made by him when Mrs. Clark (and her 2 kids) became his substitute caregiver. Johnny had a stranger response to Mrs. Clark which was nicely worked through with Johnny's mother's explaining that Janet went out of town, that mommy would work in her office until 4, that Mrs. Clark would be nice to him, and she would get Mommy if it was necessary. Johnny seemed to be a readily accepting baby. As we saw when Jennifer pulled his pacifier from his mouth, rather than letting her know she can't do this to him, he just let her do so. He was gentle and seemed a bit soft and passive (something mother and father would need to help him with during year two [see Section 2.242]). Nonetheless, although he was not able to stand up for himself as readily as is optimal, Johnny seemed to have a pretty good sense of himself and seemed to have very good relationships with his mother and father. He also had good relationships with his 2 substitute caregivers.

We have not said much about Doug in this Unit. He will appear more in later Units. For now we can say that he was a healthy newborn who was very much wanted by his 24 year old parents. He attached well to his mother (and his father). He was nicely disposed infant with a moderate level of activity and healthy aggression. Mom went back to work when he was 6 months old, 4 hours a day, for 5 days a week in her uncle's business (an office manager). Doug had a fair amount of separation anxiety which was handled well by mother, a very good, warmly responsive caregiver. It seemed to have produced no lasting problem for them. Doug's reunion reaction during year one was quite positive. All in all, Doug was developing well and by end of year one seemed to feel pretty good about himself and his relationships seemed quite good as well.

At birth Bernie was a healthy infant, was nicely reactive to his 30 year old mother and 36 year old father. He was much wanted by his mother, even though her relationship with Bernie's

father was difficult, with much discord and fights between them. She had been worried during her pregnancy because she already felt she wanted to separate from his father. Father was pleased with Bernie but did not become very engaged with his care. Mother turned much attention to Bernie's care and did very well. At 2 weeks then, Bernie developed a milk allergy which caused Bernie and mother a good deal of difficulty until about the 4th week by which time the problem has been diagnosed by Bernie's pediatrician and a milk substitute eliminated his distress. Although mother initially felt it was all her fault, and got little encouragement to think otherwise from Bernie's father, the pediatrician's diagnosis, Bernie's favorable response to the mild substitute, and our finding that she was responding very well and lovingly to her baby given the stresses of her relationship with her mate and Bernie's reaction of pain and distress, all seemed to give her more confidence that she could care well for her baby. She could read his feelings well and she was superb at interacting with him in play activities as he got into the 5th month of life. Mother also dealt with Bernie's upsurge of activity and aggression which occurred at about 7 months. There was a feeling of strain in both mother and Bernie which we felt came more from the difficult relationship between mother and father, and mother's eventually demanding that 6 month old Bernie's father leave the home. His father did so after quite a scene which mother told us really upset Bernie. By the end of the year one, Bernie was developing quite well, was a busy explorer, seemed to have a good sense of himself, had a very good relationship with his mother and his trust in her was solid. We could not be certain of his relatedness with his father, although later life events told us that his father was quite important to him.

Suzy started life at a disadvantage because from birth on she was irritable, difficult to calm and showed strong evidence of some immaturity and dysfunction of her central nervous system. Her 31 year old parents were understandably very upset but wanted very much to be good parents. The hardship, the disappointment in the degree of difficulty encountered in caring for her, in feeding her, in getting her to sleep, created a strain between mother and father. When father lost his temper on several occasions he blamed mother for Suzy's difficulties. This unfortunately added to mother's feelings that she was being a bad mother. We welcomed being involved with them from the time Suzy was 3 weeks old. It did not take long to see that Suzy's problems did not arise from mother's being a "bad mother" at all. It was truly rewarding to see the good efforts made by mother especially, but also by father, in trying to calm her, feed her, diaper her, respond to her smiling (which was like a large ray of sunshine in between storms), and to gradually learn, as Suzy gradually became more and more responsive to their efforts, the ways that most reliably worked for her. This difficult beginning was complicated some when mother felt (by the time Suzy was 6 months) that she would have to go back to work, at least part time, and did so when Suzy was 8 months old. Fortunately mother really valued being a lawyer, found gratification in this work, had missed it, and decided that she would just work as hard as she could both there and at home with Suzy. She interviewed 2 women to take care of Suzy and liked Mrs. Sander who proved to be very good with difficult Suzy. Mrs. Sander's entry into her care was managed well; mother reacted pretty well to Suzy's rage reaction and following our recommendations, detailed for Mrs. Sander how to deal with them as we had done with Suzy's mother and father. Despite these large difficulties, we felt that by the end of year one, Suzy's relationships with her mother and father were really of good quality. Most important we came to realize how persistent her parents were in caring for her as well as they could. She could count on their being there, intent on helping her, -- and Mrs. Sander did a good job of substituting lovingly when mother was at work -- which led to her developing good basic trust. We were less

certain of how positive Suzy's sense of self was at the end of year one. She experienced much pain and distress from her own body. She experienced rage reactions. These would become part of her sense of self and take away from whatever good feelings of being valued, loved, and cared for with love, understanding, and respect by her parents and Mrs. Sander. Fortunately, she was developing pretty well, her irritability was much less, being able to be calmed was much easier from about 9 months of age on, and she was just beginning life. With good experiences she could grow well and even overcome these difficult beginnings.

We have said much about Richie in this Unit. The severe traumas he experienced at the hands of his troubled teenage Mother during the second half of his first year had enormous consequence to his sense of self and his relationships to others. From a very healthy, cheerful, even joyful baby, who was well on the way to forming loving and secure attachments, good basic trust, at 6 months of age, by 12 (or 14 months when we saw him), he was a depressed, enraged, profoundly hurt child who seemed to have stopped growing and developing. By 14 months it was painfully clear that he mistrusted everyone, had a very poor ability to relate, and seemed to not feel related positively to anyone. We assumed that he must have felt unloved, unvalued, a discarded and abused baby, and that his sense of self must have been very poor. His good beginnings seemed to be severely damaged, almost altogether destroyed.

Vicki, the last child we shall comment on here was healthy at birth. Her mother had again had a painful and upsetting delivery (as she felt all of her 4 to have been) but seemed pleased with her baby and started caring for her well. Vicki's first two months seemed good; mother seemed nicely responsive to her. But then, gradually, mother's care became less and less tender, gentle and loving. Mother seemed irritable, terribly burdened and becoming more and more depressed, and she had less and less to give to her infant. By 6 months, mother's handling of Vicki was brusque, at times painful (she would almost smash Vicki's face when she wiped her nose, and would handle her baby roughly when changing her diapers), and disengaged from her, as if there was no contact between them. By 9 months Vicki, somewhat like her mother though more severely so, was depressed. Her relationship with her mother existed, there was an emotional investment between them, and mother never stopped attending to her physical needs. It seemed clear that mother was valued by Vicki but that there was much pain in that attachment, pain especially coming from mother's brusque handling but also, pain coming from not being cuddled, talked to with tenderness, comforted when hurting. We knew nothing of her relationship with her father. When treatment of mother and Vicki began, Vicki was a very passive and depressed infant. She began slowly to warm up to her therapist who handled her clinically very well, modelling holding and interaction for mother. Mother was, of course, also treated and she too improved very nicely in time. But by the end of year one, Vicki's relationships, focused on her mother, was stabilizing but seriously lacking the expectation of love, warm care, joy and closeness. (Fortunately, their treatment eventually changed all this as we shall detail in Unit 2). We assumed her sense of self at this time to be that of a self who does not expect to be loved, cared for with tender affection, pleasure and joy. This has to be a poor sense of self.

Hierarchy of Relationships:

Regarding the hierarchy of relationships which we discussed in the previous section, what of the emotional attachment that can develop between a less than one year old child and father? We find that where the father is included in the relationship to the child from the start,

from the labor and delivery rooms, from feeding and diapering, etc., important attachments are made by children and the fathers in a mutuality that is not only useful, but is, indeed, enormously gratifying to both. Where possible, it is important to include father in the parenting of the very young infant, in fact, from before the birth of the child.

Next in line in the hierarchy of relationships made during the first year of life, are the infant's siblings. Siblings can become important and helpful to an infant from quite early on. We have seen meaningful attachments on the part of 10 month olds and 12 month olds to an older sibling as well as to a twin. Reports indicate that a 12 month old infant can miss, will search for and show signs of sadness because a sibling is no longer available to him or her (a sibling who died) to whom the infant was more attached than was realized.

As is well known, a good caregiver, a good substitute for a parent who must absent herself from the baby during the day, also can become a source of positive attachment. Varying factors play a part in how significant an attachment the infant makes to such, other than parent caregivers. For example, caregivers know, many without being aware of it, that a particular child is in their care for only a certain number of hours during the day and that they will leave the child at the end of the day. These caregivers understandably withhold the level and degree of emotional investment that a parent makes in a baby that (comes from her own uterus and) is part of the family. We shall discuss this point further under the section on parenthood.

A question that is often addressed to us is "From how early on should the infant have playmates?" During the first year having playmates is a very minor consideration. The critical developments that occur during the first year of life, in fact during the first five year of life, occur most in the context of the child's relationship to his or her primary caregivers, foremost to the parenting figures. Indeed it is in the best interest of the child that this is where most early basic personality developments take place, since, under optimal conditions, no one has the child's best interests so much at heart and in mind as that child's parents.

1.333 PARENTHOOD ASPECT OF: Furthering The Development Of Self and Human Relationships and On Optimizing The Parent-Child Relationship

As we said in the section above, the value to the infant's development of making the nuclear family relationships as mutually gratifying to child and parent as possible is of cardinal importance. This should be the central goal of parenting. The way this is achieved has been a topic of interest, concern, and discussion for centuries. Current cultural trends fortunately make us more aware than before that mothers have economic needs and/or professional, or emotional, intellectual, or social needs which are equally important to their well-being as is their need to be mothers. A complementary statement can be made regarding fathers; that fathers to too large a degree have been excluded from or seem not to have been considered sufficiently important to the child's healthy emotional development. Without taking up the complex issues that have led our culture to its attitudes regarding the roles and the functions of fathers and mothers, we are now aware that certain considerations pertinent to this issue are also pertinent to the best interest of the child's optimal development.

We propose that in order to optimize the mother-child relationship as well as the father-child relationship, the needs of each and all persons in a family must be recognized and taken sufficiently into account. In order to take into account the needs of each member of the mother-

father-child triad, it is important to know what the mother's needs are. We are speaking of all kinds of needs that human beings experience, including especially emotional needs. In the section on human development pertaining to dependence, we have talked about the character of the less than one year old infant's needs. Let's look briefly first at the character of the needs of the mother and then at those of the father.

For most women, if not indeed all women who become mothers, whether the pregnancy was a planned one or not, having a baby is a very important emotional experience in and of itself and also has very large consequence for her own life. Our own research and current, updated understanding of human development leads us to hypothesize that, generally, women think of, have fantasies of, and plan to have a baby from the time they are about 2 and 3 years of age. We find that the wish to have a baby is an experience that can be generalized to occur in girls during the period from 2 1/2 to 6 years of age and beyond. Because this wish produces a conflict in the child at this age, it usually becomes repressed and is then out of the child's awareness. (We will talk about this further in the Units that follow.) Nonetheless, even while repressed and made unconscious (put out of awareness), this wish to have a baby becomes an important motivator of her behavior and goals, and an important determinant of the personality of the girl and subsequently the woman.

But side by side with that wish to have a baby, to become a mother, are other components that make up the girl's evolving self-image and personality. Some of these include seeing herself grown up perhaps as a teacher, a writer, a doctor, a nurse, etc. In other words, the self image of some day being a mother is not the only one important to the girl's psyche and personality. When a person becomes a mother, the fulfillment of that old long existing wish and component self image is a large source of gratification. But that does not eliminate the need to also gratify these other component self images, depending on the extent to which those self images are valued by the person and have achieved importance in her experiencing of herself. In other words, a woman physician who has just become a mother may not at all stop wanting to be a physician, nor stop actively practicing medicine. If by pressures from outside or from within herself, this woman totally denies her need to be a physician because of her current very large need to be and the gratification she feels in being a mother, she may at the same time feel frustration, resentment, and anger. Because her own baby is the agent causing these frustrations, the resentment and anger that the frustrated professional woman may feel will become directed toward the baby she loves deeply. Such feelings of resentment toward the baby, because the baby is highly valued by the mother, will precipitate a conflict within her which can make her life very difficult, may hamper and interfere with her parenting and with the smooth evolving of a positively affectionate and unconflicted parent-child relationship. This conflict, therefore, will work against the development of an optimal relationship between the mother and her child.

Furthermore, when she makes valiant efforts at being both a mother and a doctor, she may experience much distress at leaving her baby, while at the hospital or office will often think of and worry about the baby, which in turn hampers her being the very good doctor she may be. It is a serious dilemma for the woman -- who has the good fortune of having two major goals of her self-image gratified but, because of the demands of each cannot gratify both fully. Of course, the situation becomes even more difficult for the mother who must work outside the home not because she needs to fulfill an idealized self image of being a factory worker or a saleslady, but because she needs to earn living money. This may be due to her being a single mother or, as is prevalent today, because the cost of living comfortably enough is so high that 2 salaries are needed by the family. In this woman, leaving her baby may be even more difficult

because the reason for leaving the baby daily does not come from the gratification of an important component of her idealized self-image. This statement does require the following clarification. Working to make a living in itself does gratify a component of our idealized self-image. We would say, in most if not in all of us. That is, in that it gratifies seeing ourselves as capable as well as responsible, caring and reliable individuals toward those we value most, our mates and children (as well as aging parents), to that degree working to make a living is emotionally rewarding. What robs it of greater pleasure and gratification than for the woman who does the work she has seen herself doing even when she was a kid, "Being a teacher like Aunt Jane", or "Being a doctor like Uncle Ben, or Mom", is that the work itself is not idealized. This makes it more difficult to work and to leave the baby.

With these thoughts in mind, we believe that it is important for each mother to develop a formula for herself which will account for and integrate the needs within herself, the needs of her child, and the needs of her mate. In this, it is best if the mother and her mate work together on developing this prescription (or formula), and if the young father can judiciously give due weight to the needs of his wife as well as his baby. From the standpoint of optimizing her relationships, the young mother must consider the needs of all three partners and give due weight to each. It is only when a mother duly gives consideration to her own inner needs and pays reasonable attention to them, that she and her mate will be able to develop a formula for the family that is more likely to optimize her own relationship with her own baby and her mate. Babies do not always need to come first nor to have all their needs always met in order to develop well, to feel deeply loved, appreciated and respected. It is so far the parents as well.

Let us comment about the needs of the father. Again, without going into the possible causes for it, we are all aware of the fact that many fathers see their primary functions as being that of bread winner and disciplinarian in the family. Like mothers, many fathers have wanted to be fathers from the time they were two and a half to three years of age. Again, child development research and clinical work teaches us these assumptions. When there is a tendency in a mother-child relationship to exclude the father from that relationship, a situation that occurs more often than seems recognized, a potentially good father feels deprived of deep wishes to be meaningful to the baby as well as to his mate. For example, we find that when fathers are permitted to be in the delivery room to witness and share in the process of the delivery, some say with excitement, some with awe, that they feel part of the process of the woman's giving birth to their baby.

Diane's father asked and was allowed to be in the delivery room when she was born. Even though this was their third child, father just "could not believe it" (as the expression goes) when he saw the baby come out of the birth canal (as we say in medicine). He just could not believe it. And he nearly fainted -- which did not surprise the nurses nor the doctor. Although he had gone to Lamaze classes with his wife, he clearly indicated by his words and feelings how drawn he felt into his wife's experience and how he suddenly, at the moment Diane came into the world outside mother's womb, he felt bonded to her. This feeling visibly continued in this father as we saw him from time to time.

Johnny's father did not go into the delivery room although he was at the hospital in the 3 day live-in arrangement this hospital had. For some time, Johnny's father was worried about how having a baby would take time away from his very meaningful work, given that his wife a newspaper writer wanted very much to have a baby but also continue with her career, and this meant he would have to pitch-in with the baby's care. Besides, they would need mother's income since his income would continue to be quite limited for sometime to come. Despite these

worries, he did feel drawn in when he felt the baby's movements while still in his wife's enlarging abdomen and he attended Lamaze classes with her. But when soon after the delivery he was called into the delivery room, he saw his drained but broadly smiling wife holding their baby, then -- half scared and half in awe -- he took the baby in his arms, he said, and he "just fell in love" with the baby. He sounded as if he had heard what pediatrician Dr. Berry Brazelton likes to say, that parents ought to "fall in love" with their babies. Although some of us prefer to reserve the phrase "falling in love" for mates, we believe that all concerned are winners when fathers feel this marvelous surge of love for their babies, which powerfully draws them into meaningful relatedness with their babies.

Unfortunately for the baby, the mother and the father, many a father feels excluded from direct relatedness with the baby, especially during the first year of life. This is the result of several factors. First is the exclusion of the father (by his own or his mate's doing) from the evolving pregnancy and the birth process itself, and then from the very intimate two-some relatedness (dyad) that naturally and normally exists between a mother and her newborn infant. This tendency in a father to exclude himself or accept being excluded is, of course, enhanced by the fact that the mother-infant twosome is biological and powerfully physically and instinctually intimate.

There are issues about which we have no definitive proof to date. One of these is that there seem to be instinctual factors for parenting that play a much larger part in the human female than in the male. It seems that mothers are equipped biologically and psychologically for nurturing infants in a way that fathers are not, and that some of this comes from biological and instinctual factors. To some these assumptions are obvious; to others, they seem insufficiently proven. It may be that it is this kind of factor that accounts for the common and natural tendency on the part of infants to develop a more important relationship with their mothers than their fathers during their first year of life, indeed perhaps during the first five years and, perhaps for the rest of life.

We have found fathers to feel pushed away exactly by this factor, that when infants are upset and in need of care, they tend to prefer their mothers during the first year of life. For example, it is common that an 8-month old child will accept father's caregiving and interactions and enjoy these. As the infant tires, however, we find as the father tries to comfort the infant, his efforts fail and the infant begins to demand that the mother comfort the child. This is a common experience, and one which causes many a father to feel rejected, to feel not important to the baby. The mother, on average, seems psychobiologically better equipped and capable in this function, and by her baby's eighth month she has become the prime comforter. There are, of course, individual variations in that some children prefer to be held by their ably soothing fathers calming and comforting than by their tense and/or stressed out mothers, both being the way they are due to temperament and emotional factors in these parents. The more usual finding tends to be that the mother seems preferred by the young infant for nurturing and comforting whereas the father seems preferred for playful activity and rough-housing. These different forms of attachment to the father serve useful purposes which will become clearer as we talk about the child and parenting in subsequent Units. The point that we want to emphasize here is that the father can be brought into the parent-child relationship earlier than has been characteristic for our culture, and this can be advantageous to the infant, the mother, and the father.

This discussion brings our attention briefly again to the question of the hierarchy of relationships which the infant normally develops during the first year. Although the child's earliest attachment to the mother in general tends to be greater than to the father, we must

encourage fathers not to back off or withdraw from their emerging and evolving relationship to their babies.

Fathers ought to be encouraged to enhance the formation of the relationship with their baby, and can gain comfort from knowing that from the second year of life on, observations show that fathers begin to play a unique, special part which enlarges enormously the quality and the character of the child's experiences in human relations. During the second year of life, as we shall detail in the next Unit, where fathers are involved with their children in a meaningful, loving and respecting way, they begin to have a large importance for their children, an importance equaling that of the mother. Obviously the child is most fortunate where both these relationships are gratifying, loving and respecting of the child.

A Note on Primary Relationships in Contrast to Secondary Relationships:

In speaking of the hierarchy of relationships we have touched on the importance to the infant of not only a mother and where possible, a father, but also the usefulness of siblings, the relationships to caregivers and the question of playmates. In talking about the attachments of the infant to the caregiver, we made the point that there is a critical difference in the quality of the attachment the infant makes to a caregiver in contrast to the person or persons who are the child's parents. Let us clarify this here.

In the course of our work with parents and their young children, one mother expressed feelings that stated well the point we want to make: she recognized that when she takes care of one of her neighbor's children or one of her nieces or nephews, she cannot invest emotionally in those children as she does in her own. She wondered why and came to the realization that it is because, without having previously been aware of it, she felt and recognized that if she invests emotionally in these children as in her own, when it comes time for the children to go home to their own families, she would experience too much pain on separating from them.

How right she was! It is exactly this more complete emotional investment that parents make in their own children which accounts for the very important difference between the kind of emotional relations parents make in contrast to the kind of emotional investments and relationships very committed and devoted teachers, doctors, substitute caregivers, etc., make in the children for whom they are transiently and limitedly responsible. It is this large differential of emotional investment parents make in their own children that reciprocally leads to the child's forming relationships of an equivalent emotional degree with them which makes for primary relationships. In contrast, with teachers, substitute caregivers, and the like, infants form relationships of a more limited or secondary degree of emotional investment which makes for secondary relationships. We cannot overstate the importance of the qualitative difference between primary relationships and secondary relationships.

To clarify the point further, let us add the following. In a conference of teachers, a number of kindergarten and elementary school teachers expressed much distress in being baffled and at a loss to know what to do when some of the more emotionally deprived young children in their classes turn to them for nurturing, when the teachers challenge and responsibility are to teach. These children make demands for a primary relationship in a secondary relationship setting, creating an enormous conflict and burden for the teacher. Teachers are often challenged by such children who, because of deprivations in their family relationships turn to teachers for more than the kind of relationship most students look for in teachers and their teachers are trained and set to give. Teachers who try to gratify their students' needs that are of a primary

emotional degree quickly find themselves unable to also perform their functions as teachers, because the demands of primary relationships are large, require much of their energies and seriously complicate their functions as teachers.

THE TODDLER YEARS (1 to 3 YEARS)

2.22 THE DEVELOPMENT OF SELF AND HUMAN RELATIONSHIP

2.2211 HUMAN DEVELOPMENT: Separation - Individuation (Continuation from Unit 1, Section 1.331)

Dr. Donald W. Winnicott has said that there is no such thing as an infant, there is only an infant-and-his or her-mother. Psychodynamic and psychoanalytic child developmentalists say that the development of the self goes hand in hand and in parallel, so to speak, with the development of relationships to others and the way we come to know, feel about, and perceive ourselves and others. In Unit 1 we began to detail the theory of separation-individuation developed by Dr. Margaret S. Mahler. We emphasized that the separation-individuation theory makes the central assumption that the infant may experience himself or herself during the early months of life as being one with mother, as if self and mother are one unit. This, we said, Mahler proposed to be a psychological "symbiosis". Mahler defined 'symbiosis' differently that it is defined in general biology. In biology the term means that two organisms depend on each other for survival in a manner equally beneficial to each. Mahler's term means that the infant emotionally experiences himself or herself to be in a state of oneness with the mother. Separation-individuation is the process whereby the infant resolves this experience of oneness in such a way that by the end of the third year of life, the infant has a stable inner feeling, mental image, and a sense of self and of mother as two separate entities, two individuals who are attached to one another by a powerful emotional bond.

This process of separation-individuation occurs from the middle of the first year of life through the third year, and has been identified by Mahler as the separation-individuation phase. Further, Mahler subdivided this phase into four subphases, those of Differentiation, Practicing, Rapprochement, and Toward Self and Object Constancy. In Unit 1 we described the period Mahler conceived of as the normal symbiosis, the symbiotic phase, and we also detailed the beginnings of the separation-individuation phase, detailing its first two subphases, the differentiation subphase and the practicing subphase. We said that the differentiation subphase extends over several months from about five to nine months of age when the infant seems to, as Mahler said, begin to "hatch out of" the experience of oneness with the mother. The infant does so when sitting on her lap by turning away from her, by separating his or her body away from the mother, and by crawling away from the mother, all giving the impression of the infant pulling himself or herself away from her. Mahler made a point of saying that the infant's first steps (or crawling) are away from the mother.

We also described briefly that in parallel with this differentiation subphase, from about seven or so months of age on, the infant begins to move away physically from the mother in a rather consistent and vigorous manner. This movement away from the mother, it became clear to Mahler, was not only suggestive of a differentiation away from the mother, but by virtue of specific features characteristic of the infant's efforts, Mahler identified the second subphase of separation-individuation as the practicing subphase. As we described in Unit 1, principal features of the practicing subphase are that the infant becomes a remarkable explorer of the world he or she has been born into and develops a number of sensorimotor skills which the child

"practices" with much effort and persistence, skills which serve adaptation and bring with them much pleasure. These pleasure-yielding exploratory and practicing activities become typical of the well-cared-for child's experiencing during the practicing subphase. Because the practicing subphase begins in the second half of the first year of life and continues into the second year, let us take it up further at this time.

The Practicing Subphase (Continuation into the Second Year):

With entry into the second year the practicing subphase is in full swing. Most children, though not all, are upright, moving about for the most part on their own two feet, albeit with tentativeness given that this important new capability has only recently developed. Upright locomotion is a major achievement for the one year old which enormously facilitates adaptation. As in the development of a number of sensory and motor skills, the amount of energy and effort the infant puts into upright locomotion is remarkable and brings with it much exhilaration and excitement. All one needs to do to test the infant's inner pressure, inner need to be upright is to try and keep a toddler down. Of course, some toddlers are more pressingly motivated from within to do things than are others. Important for both child and parent is that the inner pressure which leads not only to walking, but also to the perpetual exploratory activity most young children engage in, is driven by a powerful inner pressure which makes the activity in question almost obligatory.

We believe that this inner pressure is due to a built-in force within the growing infant, which thrusts the child to be an autonomous, activity-initiating individual. It powerfully serves the development of one's sense of self. This is the inner force which when it comes under the child's control shall become his or her "Will". For instance the infant does not elect to walk, does not "decide" to explore, but rather is compelled to walk and to explore, as if pushed, indeed, driven from within. Someday it will be his or her "Will". But now, this pressure, the quality and degree of the effort that goes into these inner-driven activities is readily visible on a child's face and in his or her total body effort. Once this is understood by parents, the child's driven behaviors are recognized to be to a substantial degree, involuntary. This is in large part why children experience parental interruptions (say by limit-setting) of this inner-driven activity as so unpleasurable: (1) because it interferes with the child's inner pressure to do, to discover and to act upon the universe into which he or she is born, and (2) it interferes with the emerging sense of self as an autonomous, activity-initiating individual. This interference by the parent makes the child experience a conflict which arises out of his or her more or less rigorous thrust toward autonomy, what we have called an autonomy conflict.

Diane and Bernie were children in whom this inner-driven exploratory activity and autonomy thrust was especially vigorous from the latter part of the first year on, through their second and third years. Jennifer too was strongly driven to autonomy and activity and was challenging to set limits with; but she had been a more "determined", knowing-what-she-wants infant from the beginning. This inner pressured determination and demandingness was not as strong in Diane and Bernie until they reached about nine to eleven months of age. It was as if a switch in their brain got turned on then, and they became significantly more vigorously active and autonomy striving (see also Section 2.241).

During year two Diane and Bernie were very busy children. They actively explored and exercised newly developing sensorimotor skills. When she was 13 months old, Diane wanted to push the toy cart into the hall at our research center. For a variety of reasonable reasons, Diane's

mother did not want her to push the toy cart into the hall, as she had not let her reach for cups of hot coffee or touch electrical outlets. Diane at first objected moderately to her mother's not letting her do what she "wanted". But now, Diane was getting more and more troubled by mother's prohibitions. At 13 months Diane's objections and vocal complaints mounted, we saw her face redden, and with much effort she tried to squirm out of mother's interfering arms. She began to cry angrily, waved her left arm toward Mother in a striking movement several times, kicked her, and twice actually struck her mother's arm. Once she also struck herself.

The reason it is important to understand that the one year old is as active as he or she is not simply by his or her Will, decision or intention, but also by a more or less powerful inner-drivenness, is that the pressure pushing the child to autonomous activity unavoidably often leads the infant to do things which caring and responsible parents, like Diane's mother felt, will find unacceptable. In consequence of this, as we began to describe happened between Diane and her mother, a crucial interaction between child and parent occurs. Every mother and father becomes alarmed when a one year old reaches for a hot cup of coffee, an electrical outlet, or when the toddler is about to run into the street. Not yet able to understand that each of these acts is a potential danger, driven from within, the infant forges ahead to his or her target, the cup of coffee, the electrical outlet, etc. The parent automatically reacts much like Diane's mother did, with an interference, a protective prohibition, which, however, seemingly often creates a most unpleasant chain of reactions. Rather than experiencing the parents prohibitions as protective, the young child feels his or her toes have been stepped on, prohibition has been set up against doing what the child feels he or she needs to do, the reaction of frustration experienced by mother's prohibition leads to an experience of unpleasure in the child. Feeling pushed from within to do what she felt the need to do, and encountering the valued parent's prohibition, Diane experienced a state of distress which began a chain of unpleasure-experiencing reactions.

First, as we saw in Diane, frustration is experienced due to not being allowed to proceed in compliance with the inner pressure that is driving the child to action. This the child experiences as unpleasurable. The higher the inner pressure, the higher the "Will" to do what the child "needs" to do, the higher the degree of unpleasure experienced, the more will anger be generated. The longer the episodes of frustration persists, the more frequently these occur, the higher the level of unpleasure experienced, often to the point of becoming excessively unpleasurable, and the more will anger mount and then change into hostility and even rage in the child, just as we saw in lovely Diane.

The second link of the usual chain reaction, and the second contributor to the child's distress, is that the prohibition which is set up comes from the caregiver to whom the child is attached and values deeply, namely in this instance, Diane's mother (or father). This means then that the hostility and rage generated in Diane by the excessive unpleasure she felt were experienced toward her deeply valued mother. This now sets up a condition within the infant which the infant experiences as an emotional conflict. After the outburst we described above, Diane stopped struggling and, troubled and surprised, Diane's mother sat down cautiously in a chair, holding Diane less tightly as she felt her daughter stop struggling. Thirteen month old Diane looked very upset. For the first time we found (in our observations of them since she was born) that her crying could not be comforted by her mother's very good usual efforts. We noted her crying angrily in mother's arms, and pulling away as if she wanted to get out of mother's now more gentle hold. Responding to Diane's signals, mother put Diane down on the floor, quite nicely. Now Diane cried even more loudly and angrily. Mother could not hold her and could not put her down! She picked Diane up comfortingly while sitting in the chair, continued to hold her

on her lap and Diane calmed down a little. As she sat on mother's lap, Diane did not lean back into her mother's body -- which she has always done easily -- but, rather, she sat upright, separated from mother's body. Mother, wanting to comfort Diane, reached to touch her arm; Diane pushed mother's hand away, clearly a gesture of rejection. Both mother and child looked sad and serious. It was clear that the physical struggle between Diane and her mother evolved into a physically quiet but sad and serious experience. What did we see happen so far?

First, we saw the gradual emergence of a battle of wills between parent and child. This is one of the earliest clear cut conflicts between a well-cared-for child and the caregiver to whom she is well attached emotionally. Diane wanted to take the toy cart into the hall again. It could be a child who wants to grab a hot cup of coffee; or play with an electrical outlet, etc. The loving parent sets up a reasonable prohibition. The degree to which the battle of wills is experienced and the frequency with which these occur is of much importance. From the child's side, the degree of inborn inner-drivenness will determine how persistent and pressured the child will be to achieve his or her own goals. Equally important, the mother's own characteristic ways of handling assertiveness and her tolerance for the child's expressions of his or her own will, also significantly determine what the character of the battles of wills between child and parent will be.

Perhaps the most dramatic and emotionally most important feature of these battles of wills is that the anger and hostility generated within the child by this experience of excessive displeasure (where the displeasure indeed becomes excessive) will be directed toward the caregiver most valued by the just one year old. This means that the child, like Diane's behavior showed, feels hostility toward the same caregiver to whom she is attached and values deeply. This then sets up feelings toward the caregiver that stand in conflict with one another: feelings of hostility versus feelings of valuing positively. Note that speaking of 13 month old Diane, we do not yet say "feelings of hate versus feelings of love". As we discussed in Section 2.2131, feelings of love and hate do not become organized until about 16 to 18 months of age. Prior to this, strong positive feelings of attachment and valuing are felt as are strong feelings of hostility and rage; these can be experienced by the young child. As with Diane now, her strong feelings of hostility (and her attack of mother) experienced toward the mother she so highly valued now seemed to have produced within her an internal conflict which created distress and anxiety. We speak of such conflicted inner feelings toward the same highly valued (and later loved) caregiver as ambivalence. Here is what we believe occurs within the just one year old child which we infer from the behavior we saw in 13 month old Diane. We saw quite similar experiencing in Bernie and Jennifer. First, picking up where we left our narrative, here is what we saw:

Diane now sat on her mother's lap and, looking quite troubled, did not let her mother comfort her nor did she want her mother to put her down. She looked tense, anxious, and restless. Gradually, she positioned herself on mother's lap, sitting on it but separated from mother's body. Twice more she rejected mother's comforting hand. After Diane remained poised, sitting upright on her mother's knees for about one minute, mother got up cautiously and carrying Diane, bent down to pick up a toy with which to engage her. As mother bent down, Diane suddenly began to cry as if she had been struck a blow! Mother and we were startled. When mother rather quickly returned to her chair, Diane calmed quickly and again sat upright on her mother's lap. Gradually, her body tone softened and as she relaxed, mother brought her closer and Diane molded into mother's body, thumb in mouth, where she remained, awake, subdued, for about 30 minutes.

Here is what we infer: Diane, feeling much hostility toward her mother wanted to push

and pull away from her, reject her, even hit her and probably hurt her. But she felt very pained and wanted the good mother (which was already quite stably represented in her mind) to comfort her, to make her feel better. But these two wishes were opposite to one another. She was unable to act on either one. We might guess that when she felt she wanted to be comforted, the feelings of hostility and wanting to hit mother came up. What was she to do? She was conflicted then and there. We thought that she was stuck between experiencing those opposing feelings almost at the same time. She needed to not move, and for mother to not move. Thus, immobilized, she sat upright on her mother's knees, until gradually, she calmed, probably her hostile feelings quieted a bit, and she could yield to her need from comforting. We felt that she was somehow "working" on dealing with the ambivalent feelings she experienced during the 30 minutes she stayed on mother's lap.

Thus, the 14 month old's inner-driven thrust to autonomy and exploratory activity coming upon the responsible-loving parent's protective prohibitions leads through battles of wills (experienced by the child as an autonomy conflict), to an internal emotional conflict because of the ambivalence such battles of wills (autonomy conflict) unavoidably generate. This ambivalence and the internal conflict it creates are of large consequence to both the child and the parent, and to their relationship.

There is another issue of much importance that rides on the self-developing experiences just described. It is that the exploratory activity so amply evident in the child's autonomy strivings represents the child's learning about the new world into which he or she was born. In the discovery of that universe begins the all important process of cognitive learning, the type of learning children get in school. Whereas the eight month old has begun to explore this new magnificent universe into which he or she was born, that eight month old's explorations are brief, less focused, often more interrupted by distraction than one finds in the 14 month old. The eight month old child's interest is short lived. By contrast the 14 month old now exhibits an interest that is much longer and with a capacity to explore and thereby learn which is a significantly advanced from just four to six months before. The point we want to underscore here is that the practicing subphase is the period when learning as an activity that does not grow out of immediate needs such as the need for food, the need for air, the need to be comforted when in pain begins. Learning about the world that surrounds us, purely cognitive learning, begins at this time. Learning begins not when children go to school but during the practicing subphase. This is a remarkable opportunity for securing a good basis for later school learning. It is important that parents be aware of this. In the section on child rearing we will address this point further.

As we have said, it warrants emphasizing, that this first phase of moving away from mother, of being an individual explorer of being able to tolerate separateness from mother for many minutes now, is a crucial stage of developing one's sense of self and becoming an individual. That is to say, a 14 month old will be able to be engaged in exploratory activities away from mother for as much as 10, 15, 20 minutes without needing to be in touch with the mother. Such periods of exploration, the longest yet initiated by the child himself or herself, may from time to time be punctuated by moments when an internal need will make the infant aware that he or she is separate from mother, will make the child turn from the activity in which he or she is currently engaged and look around as if searching for something, the search then stopping when the infant catches the mother visually. The child will pause momentarily, or may elect to move back toward mother, may either glance at her briefly from a distance or come to touch her briefly, and then return to the business at hand, exploring whatever the infant was exploring. This, Dr. Mahler and her coworkers came to recognize as a brief moment of

"emotional refueling." It is as if the infant, drawn by some inner experience of need, suddenly is aware of the need for mother and it may suffice to just look at her in order to feel emotionally reassured, emotionally "refueled", to proceed with the experience of separateness and of autonomous exploratory activity. It is important to note that the experience of separateness of the 14 to 16 month old, is at the same time self experiencing, critical in the evolving of self reliance, autonomy, selfhood, but at this age is still far from being a complete sense of self, a complete sense of separateness. As the next subphase of development will clarify, the sense of self achieved during the practicing subphase is of enormous importance but is only "on the way toward" a distinct and stable enough sense of self.

The Rapprochement Subphase:

At about 16 to 18 months of age dramatic developments occur within the child's central nervous system (CNS). New functions, new capabilities seen in children's behavior, suggests the differentiation (a further developmental change due to maturation) of the brain into a new, higher level of organization. This is a continuation of the progressive growth in function of the brain. During the first year there are two nodal points or periods of further differentiation of the central nervous system, as well as of other physiological and hormone-based systems, each of which brings with it a higher level of brain and behavioral organization and functioning. For instance, scientists have shown that the first such organizational differentiation occurs at four to six weeks of age, evidenced in the physical sphere in a stabilization of the infant's heart rate and of the electro-encephalogram (the brain wave recording a greater stabilization of brain activity than before), and in the emotional sphere evidenced in entry into the symbiosis (Mahler), with a new awareness that "help comes from the outside".

The second such organizational differentiation occurs at about six to eight months of age, manifests in physical sphere by a marked increase in locomotor capability, the eruption of teeth and by new capabilities in the infant's immunological system, and in the psychological emotional sphere by an upsurge in aggression, a forging of attachment with peaks in separation and stranger anxiety reactions.

The third organizational differentiation which brings with it a new level of functioning occurs at about 16 to 18 months when in the psychological sphere, the infant is now capable of object permanence and the now full capability for evocative memory, a more accurate ability to evaluate reality, a higher level of autonomy (self activation) experiencing and functioning, a greater differentiation of affects (see Section 2.2131). With regard to the separation-individuation process, this new central nervous system differentiation and the emotional developments to which these can give rise now make the child aware (better reality recognition) of the fact that mother and self are not one but are in fact two separate individuals.

According to Mahler's theory, the new awareness that mother and self are separate beings, brings with it the child's awareness that he or she is small and vulnerable. Most importantly this brings with it a set of experiences, activities and behaviors which Mahler proposed constitutes a new subphase in the separation-individuation phase; she called this the rapprochement subphase. Furthermore, she said that this subphase usually contains a basic conflict characteristic for this period, the rapprochement conflict. This conflict is caused by these two opposing inner strivings: on the one hand the child continues to be thrust by inner developments toward a new level of autonomy (to initiate and to do things oneself), a new need to separate from mother toward becoming a self, an individual; while on the other hand, the new

awareness of being small and vulnerable, side by side with the painful and frightening feeling of loss of a valuable part of self associated with the awareness that mother and self are not one, stirs within the 18 month old a powerful wish to not progress, to remain one with mother. Thus, two opposing forces, one pushing toward individuation and becoming a separate self, and the other pulling toward remaining one with mother, create in the normal child now a second internal emotional conflict, the rapprochement conflict. (The first one was the conflict due to ambivalence which begins with battles of wills during the practicing subphase, which we have called the autonomy conflict).

The basic conflict takes different forms in different children. When Jennifer was just under 20 months old, we witnessed a striking series of events during one of our observational sessions. That morning, Jennifer seemed to stay close to mother, more than usual. Three other girls and one boy (all about her age) decided to take off their shoes and somewhat excitedly went to the matted playroom. Jennifer, who had been close to mother on the sofa, busily playing with toys she had taken there, took off her shoes too, excitedly readying to join the others. Once her shoes were off, though, she suddenly became subdued and got back onto the sofa, with a little bit of help from her mother. Five seconds after she had climbed onto her mother's lap, Jennifer began to cry and twist her body away from mother, pushing away from her as she did this. Her mother, sensing Jennifer's wish to get down, put her down on the floor gently enough. Jennifer dropped to the floor (she was good on her feet and easily could have stood) and began again to cry, twist and kick her legs in a mild tantrum, which was very unusual for her. Surprised, mother tried to comfort Jennifer by talking to and touching her. Finally, by mutual agreement, mother picked her up. Once in mother's arms though, Jennifer started to cry again, twist herself and push away. Again mother complied; looking a bit troubled and put Jennifer down. Mother and Jennifer went through this same sequence two more times. This behavior wound down after the sixth time, ending with the sixth hold-me-close communication. Jennifer's pain and distress were mirrored in the feelings of confusion and bewilderment mother told us she felt.

Four days later, Jennifer seemed angrier than usual, smiling she threw a football that nearly hit another child, she threw down a lollipop someone had given her, and she threw down mother's emptied plastic coffee cup. At one point, she became irritable, cried and twisted her body in mother's arms. As she had done four days before, she twisted out of mother's arms twice. Three days after, this irritability and the wanting to be held and then pushing away behavior appeared near the end of the two-hour group session. She had stayed near her mother for nearly the entire observation session.

Two weeks after the session when this sequence of behaviors first appeared, Jennifer remained close to mother for most of the session. When she moved away, several times it was within a radius of four to six feet only from mother. Again, much of her anger was directed at things, not at mother. We believe that the anger was caused by the internal distress and pain Jennifer was feeling for which she blamed her mother (see Section 2.241).

Some children became aware of this inner experiencing of opposing inner forces gradually, in small doses; others, like Jennifer, seem to become aware of this conflict in a sharp, intense manner, with full force. At the peak of this conflict--be it a gradually mounting one or a sharp, intense one as we saw in Jennifer--a crisis seems to be experienced emotionally by the child. Mahler and McDevitt spoke of this as the "rapprochement crisis".

The intrapsychic conflict produced by these polar forces brings with it not only anger as we saw in Jennifer but also a substantial degree of anxiety. This anxiety is especially manifest in the re-emergence of separation anxiety and stranger anxiety which we talked about in Unit 1.

These anxieties are the product of the emotionally attached child's experiencing separation from mother now, again, but at a new psychological organizational level. The separation and stranger anxieties lead to the child's needing to return to the physical closeness with the mother in a manner that seems to govern the child's behaviors. This is why Mahler identified this period as the "rapprochement subphase", *rapprochement* being the French word for "to come close together again". As we shall discuss in the Child Rearing section, this is what makes many children cling to mother again as they did during the first year, and makes many mothers worry that their child is becoming a little baby again! The clinging now is due to a new development, not due to a regression in the child. When parents understand this, we have found that not only are they greatly relieved, but that they then deal with their children more constructively.

Indeed, looking at young children during the period from about 16 months to 24 months of age, one finds them tending to stay close to their mothers, to bring their activities to the area where mother is located. The 20 month old who four months before was quite comfortable 20 feet away from mother or even in a different room, now finds it necessary to stay at mother's feet, or to move away from her for perhaps a couple of minutes and then need to return to mother, perhaps climb onto mother's lap to be held and comforted by mother; the child clearly manifests great difficulty tolerating separateness from her, a factor which creates much stress not only for the child but for the parent as well. We shall discuss this further in the Child Rearing section.

Another striking challenge meets the child especially from the second year on as well, which interdigitates with the *rapprochement* subphase and the subphase that follows, *On the Way to Self and Object Constancy*. It was described by Dr. Louis Lander, also a remarkable researcher of early mother-child interaction. He speaks of it as the paradox the child has to negotiate of "being able to feel together with" mother (or father or primary other) and at the same time "being distinct from" the other. It is an important facet of the child's developing sense of self and of relatedness to loved ones, again reflecting the complex interplay and pull of forces within the child (as well as the mother- and father-child relationships) as the child develops from a feeling of oneness with his or her primary caregivers into an individual, a distinct self deeply emotionally engaged in one or more love relationships that will have life long implications.

The *rapprochement* conflict produced within the child during the second half of the second year brings with it not only anger and anxiety but also a soft deflation in mood, a soft sadness which Mahler called "low-keyedness". This differs from feeling downcast (shame) when mother or father scolds or feeling anxious and mildly depressed after being angry with mother or father. Rather, it may be produced by the cognitive and emotional recognition that the child is small and vulnerable (being separate from mother), a feeling sharply in contrast with the prior feelings of elation and excitement that come with the discovery of new sensory and motor skills as well as of the "new" world into which the child was born, the prevailing feeling the well-cared for child has during the practicing subphase.

To be sure 20 month old Diane and her mother had had some pretty hefty battles of wills at the end of year one and the beginning of year two. But Diane had also been quite a lively, cheerful and busily exploring toddler during those times. When she was 20 months old she seemed less cheerful in general. In fact, she seemed somewhat deflated in her mood. She did not look depressed; she just seemed a bit worried, thoughtful, mellowed at times quite apart from when an occasional but now less intense battle of wills occurred.

We should say here that given many burdens, normal developments brings to the 18 to 24 month old child, a number of factors could be responsible for this dampening of mood. This age

child experiences not only the new awareness that the child and mother are not one, the feeling (due to better recognition of reality) that the child is small and vulnerable, but also the inner thrust to individuate, to firm up the sense of self, to become a source of and the initiator of action (autonomy), as well as experiencing continuing battles of wills, having to deal with limit-setting by those the toddler now loves and at times now hates (ambivalence), each of which produces anxiety, may produce storms of anger and even rage -- and more. And this is not a complete list of what challenges and may trouble the 18 to 24 month old. Some already become concerned about their genitals, a concern which can then already be quite distressing (see Section 2.2311). In addition there are the daily fluctuations of tiredness, low blood sugar (from about one hour prior to meal times), the occasional tooth pushing painfully through the gums, the common colds or ear infections, etc. This, of course, is in the average healthy toddler; add the burdens of allergy, irritability (like Suzy), etc. in many other toddlers as well. With all this, it is difficult to be certain just what causes the "low-keyedness" commonly seen in the 18 to 30 month old child. It is well to point out here that those who say that childhood is a problem-free period of life do not remember well their own childhood experiences and do not look at children closely.

Side by side with the second upsurge of separation anxiety and stranger anxiety and the appearance of "low-keyedness" that arise from the rapprochement subphase stresses, the child who earlier had acquired a comforter will probably return to it and the child who did not acquire a comforter before may do so now. The comforter, which for some children may be a piece of blanket or a preferred teddy bear or doll, or for many others that very familiar but parent-worrying comforter the child's own thumb, the night bottle or much less commonly a residual pacifier, are items which serve the child exceedingly well in working their way toward tolerating separateness from mother. D. W. Winnicott helped us to understand that the comforter in some way becomes the representative of important aspects of the child's relationship to the mother and that it can often be used as a substitute for the actual presence of the mother. This means that a child's using a comforter is done in place of using the actual mother or meaningful caregiver. It is therefore a very useful and most often growth-promoting tool which helps the child in the process of becoming a self-reliant individual, one who is learning to take care of his or her own independent emotional needs.

Also during this rapprochement subphase, one commonly finds a reaction in children which grows out of the stress created by the conflict contained in that subphase; it is the child's claim that whatever draws the child's interest is "Mine, mine". Taking possession of things, including only too commonly items that belong to someone else, especially to another child, may well be in reaction to the child's new awareness that mother is not part of himself or herself. This awareness, we infer from the child's behaviors, implies the feeling of losing the mother, and that the gradual establishment within the child's mind that although mother is not a built-in part of self, mother is nonetheless deeply attached to the self by an emotional bond, makes for a feeling of threat of losing what belongs to the self and results in an overreaction of taking possession of anything and everything that draws the child's interest. It is, in other words, a reaction that is compensatory to the feeling and the dread of losing that which is most valued by the self, that most experienced as "mine", namely the mother. This phenomenon leads some children to hoarding toys, particularly in a play setting where a number of children are interested in the toys accessible to them. This is often the reaction that may occur when a child is visited by another child who wants to play with the first child's toys and is told these are "Mine, mine".

The Rapprochement Contribution to the First Conflict of Ambivalence:

The conflict of ambivalence which we described above in the section on the practicing subphase, continues into the rapprochement subphase and receives contributions from two sources: (1) from the continuing battles of wills (autonomy conflicts) like the ones that occurred during the practicing subphase; and (2) from the rapprochement conflict itself.

Battles of wills activated by the child's thrust to autonomy will continue during the rapprochement subphase. In some children those become less intense, easier to contain and to resolve as was the case with quite assertive Diane and Jennifer as well as with difficult to calm Suzy. In other instances battles of wills may intensify. We shall address this further when we discuss aggression in the one to three year olds (Sections 2.241 and 2.242).

From around 18 months of age on, battles of wills are better profiled and more visible by the child's emerging ability to assert "No!". Many a child accompanies his or her resistance to a demand by the parent with a more or less assertive verbal "No!". The acquisition of the "No" is more than a language acquisition; it is the acquisition of a newly experienced strength, underscoring a sense of autonomy, a sense of assertive firmness in the self. At times this acquisition of the "No" seems to give the child a feeling of self that leads to overuse of the "No", as if the integrity of the self depended on this often repeated assertion. Sometimes the overuse of the word leads to the child's saying "No" even before the child has heard what he or she is being told or asked. We smile at the child who so fluently says "No", is so ready to say "No" even before mother or father finishes the sentence that you sometimes get: "Do you want some milk?"; "No". "Do you want some ice cream?"; "No', Huh, yes". Ready to say "No" to anything, the young child sometimes says "No" to something the child likes very much. Unpleasant as it is to parents then, it is helpful for them to realize that the "No" has the capacity to give the child not only an increased sense of autonomy but also a sense of assertiveness, self-possessiveness, and self-confirmation. Indeed, it helps the child to define better her or his own sense of self.

Most importantly, the rapprochement conflict contributes to the accumulation or the lessening of ambivalence in the following way. The degree to which anxiety is created in the child by the conflict of wanting to be one with mother and, on the other hand, wanting to separate and individuate from her, the degree to which the anxiety experienced brings with it excessive unpleasure (emotional pain), to this degree will hostility and even hate now be generated toward the also loved parent. We speak now of "hate" and of "love" because this is the developmental period when the child becomes capable of feeling love and hate which are respectively, positively felt and negatively felt accumulated and organized feelings that now have stability and endure (see Section 2.2131). They can neither be produced all at once, suddenly, nor can they be made to disappear suddenly except by psychological defense mechanisms (see Section 2.2531). In general, the more positive the parent-child relationship to date, the less will hostility be generated at this time. The more burdened the relationship between child and mother with accumulating prior high levels of hostility, the more will the anxiety be heightened during the rapprochement conflict, and the more then will unpleasure be experienced to excessive degrees and further levels of hostility will be generated and added to that already stabilized within the young child.

The conflict of ambivalence, then, which the child carries with him or her into the second half of the second year of life may be either intensified or lessened by the battles of wills that

emerges between child and parent, and again, will be either of greater or lesser intensity due to the love feelings or the feelings of hate stirred up by the rapprochement conflict itself.

This difficult and critical rapprochement subphase, the primary task of which is the setting in motion of the dissolution of the child's sense of oneness with the mother, is continued and if all goes well will be age-appropriately resolved during the subphase which follows it. This fourth subphase was entitled by Mahler "On the Way to Self and Object Constancy".

On The Way To Self and Object Constancy:

The subphase Toward Self and Object Constancy spans the periods from about 24 to 36 months of age. The sense of self, which began during the first weeks of life, now achieves a substantial degree of definition and organization. From brief periods of wakefulness, when ten day old infants can be seen to explore visually their environment, have an observable inner sense of feeling hunger, appear aware of painful sensations, experience and in some way register the feeling of increasing unpleasure and crying, from such beginnings of sense of self-experiencing, we assume with little cognitive capability to form an idea of self, now organizes and emerges a sense of self more and more separate from mother, from father, from those emotionally invested by the child, a sense of self with inner cohesiveness and a feeling and perception of being an entity. Children now can verbally identify themselves as "me" -- given that few very young children properly use the pronoun "I", which is however, what they mean.

Equally, other persons, the valued and needed mother, father, other devoted constant caregivers and siblings, go from being experienced as part of the self to now, becoming perceived as other separate entities highly emotionally invested by the child.

It was when we were talking about this process, this specific development that one mother who had twins reported what follows. She and her 29 month old twins were sitting side by side on the bus to come to our program. Mother reported that one twin, with a thoughtful look, touched her own leg; then she touched her sister's leg; then again she touched her own leg, and looked up to her mother with a smile on her face. Mother said to us that she had wondered to herself if her daughter was checking which legs were her legs and which her twin's. We agreed that this was a very sensitive observation and that her daughter seemed pleased with her discovery. She was distinguishing the entity that is her twin and the entity that is herself. Similarly 30 month old Jennifer said to her mother: "You're Janet; I'm Jennifer". Mother said that she protested "I'm your mother"! To which Jennifer insisted: "You're Janet; I'm Jennifer." We clarified to mother that Jennifer was simply stressing to mother that she, Jennifer, is an entity, is named Jennifer, and her mother as an entity is named Janet. This did not mean that she did not understand that Janet is also her mother, but that rather in addition to being her mother, mother was an entity called Janet. In these examples, the process of further stabilizing these toddlers' sense of self and of other could readily be inferred.

According to Mahler, the process which produces the rapprochement and the "on the way to self and object constancy" subphases leads to the child's dissolving the symbiosis with mother (that earlier experienced sense of oneness of self and mother). This dissolution brings with it a basic identification in both normal boys and girls with the "mother of symbiosis" which makes an important contribution to the personality of the child. Where father is actively engaged with the infant from the beginning of his or her life, a similarly basic identification with the father occurs. This hypothesis grows out of the psychoanalytic developmental theory that we can only give up a past relationship to a highly emotionally invested person by identifying with that

person. That is, by taking aspects of that person within our own self. In the course of normal development, this major psychological mechanism is what leads the child to identify with his or her parents. Sigmund Freud said that this important process is what makes the child be the child of his or her own parents, as if, he said, the child carried the stamp "Made in the U.S.A."

There is much clinical and research evidence to show that the better emotional quality of the parent-child relationships, mother and child, father and child, the less the hostility and hate, and the less intense the ambivalence generated within the child. In parallel with this, the better the rapprochement conflict is resolved during the subphase Toward Self and Object Constancy, the less will be the residual ambivalence experienced in that parent-child relationship. This also means that the remaining ambivalence experienced toward the parent and toward the self will be less.

The task of resolving the rapprochement conflict during the subphase Toward Self and Object Constancy, becomes complicated by the emergence during the third year of life of the next major task of psychological-emotional development, namely, the first major differentiation of sexuality (Section 2.23, below). Again, we emphasize that life becomes complicated and full of challenges for the young child very quickly. This major differentiation of sexuality brings a special complication for the boy; we make the assumption that boys must selectively disidentify with the femaleness of their mothers -- given the basic identification that comes with dissolving the symbiosis --as their masculinity gets its first major differentiation during the third year of life. More about this in Section 2.23.

2.2212 CHILD REARING: What Can The Parent Do That Is Growth-Promoting Regarding The Child's Continuing Separation-Individuation Process?

It is important that parents bear in mind that the development of self and the development of our relationships to others occur in parallel, influencing each other at nearly every step of the way. Put most simply, the degree and the way the child loves the parents is basically the degree and the way the child will love himself or herself; the degree to which and the way the child hates the parents is basically the way and the degree to which the child will hate herself or himself.

The Practicing Subphase:

The magnificent practicing subphase can be a source of substantial problems for parents. The practicing subphase is magnificent because it is the period when the excitement and pleasure of feeling full of oneself (sense of autonomy and power), as well as of learning and of discovery first bursts forth. Here, the parents have the opportunity to enhance the child's pleasure in his or her sense of autonomy and in learning, or they can undermine, even smash the child's excitement about being himself or herself and the pleasure in and about learning. Given that most parents recognize the value of learning, the value of eventually doing well in school, it is important that they recognize the powerful position they occupy in a child's life and the opportunity this phase of development gives them in terms of enhancing the child's excitement about learning at its beginnings. But it is also very important that parents recognize in the child's behaviors the

thrust, the inner push of the child's emerging sense of autonomy and the central part they play in their child's continuing evolving sense of self.

The major source of problem for the parent as well as for the child, comes from the fact that the enormous inner pressure which seems to drive the child's earliest autonomy and learning experiences -- his or her curiosity and explorations--, leads the child to often explore items which parents recognize they cannot allow. As we said, this inner force cannot yet be considered to be the child's "Will" because it has not yet come under the child's control. Knowing that the inner pressure which drives the child is at first not fully controllable by the child, can increase the mother's or father's appreciation of what is going on and make clearer the task of setting limits in a constructive and growth-promoting manner. Any interference, any effort to block the thrust of that inner pressure to explore, to learn, leads to an experience of frustration; and if the displeasure that comes with this frustration is sufficiently high, it will at first generate anger, and if the displeasure intensifies or just continues it will generate hostility toward the person who is creating the obstacle to this inner-pressured exploration.

In Section 2.2211 we described that this well-meaning interference by the limit-setting parent leads to the child's experiencing a battle of wills (as does the parent) between self and the valued and needed parent, which creates within the child a conflict due to his or her thrust to autonomy, an autonomy conflict. Furthermore, we said, that as the child experiences displeasure and as this displeasure mounts it will generate in the child at first anger, then hostility, hate and even rage and temper tantrums. With this, the child experiences an internal conflict due to ambivalence. Although we shall discuss more fully the issue of generation of hostility, hate and rage toward parents and how to handle these, including limit-setting in Sections 2.24, 2.241 and 2.242, let us here get a preliminary look at the handling of the child's autonomy striving and battles of wills, the setting of limits, and the healing of hurt caused by battles of wills.

We saw in Section 2.2211 that 13 month old Diane, and quite similarly, Bernie, was a very healthily busy explorer. We also saw a very difficult conflict she ran into with her mother when mother did not want her to push the toy cart into the hall. At our encouragement, mother several times had told Diane she did not allow it because the toy cart should stay in our main meeting area so that it could be available to the other children too. The child should always (at the outset) be told why she or he cannot do something the child wishes to do. But Diane really "wanted" to do just what mother said she could not and she protested more and more as mother nicely enough picked her up to keep her from going into the hall. Diane squirmed, cried angrily, moved her arm, struck her mother, kicked her, and once even struck herself. Mother got increasingly upset, embarrassed and angry with Diane. She had said why Diane could not do what she was trying to do, she then told her she was sorry to upset her so and tried to calm her down. When Diane hit her, kicked her, and struck herself we told mother to tell Diane "It's OK for you to be angry with me. But it's not OK for you to hit me or kick me or try to hurt me. And you are not allowed to hurt yourself either!". The reason we told mother to say this is that letting Diane hit her would eventually make 13 month old Diane feel bad about having hurt the mother she values and (and soon will love), and it would make her afraid of her own feelings of anger, of hostility and later of hate. Mother should also prohibit Diane's hitting herself to discourage her child's attacking herself to protect her and to convey to her child that she loves her even if she is angry with her for being difficult right now!

Mother was troubled too. She was surprised when Diane stopped struggling. Still holding Diane, she sat down. She knew that her child was very upset. We encouraged mother to not put Diane down, to hold her and try to comfort her. She tried to comfort her to help her stop

crying, told her she was sorry that Diane was so upset. Diane continued to cry angrily, and she pulled away from mother. Reading Diane's signals (in her behavior), mother gently put her down on the floor. When she saw that this made Diane cry louder, she responded by picking her up again. She did not force Diane to mold into her. She just quietly held her, sitting on her knees, when she thought Diane might let her comfort her, mother tried to gently rub her shoulders to comfort, but Diane brushed her hand away, clearly angry. Mother pulled her hand back. Again we encouraged mother to just sit there and let Diane deal with this, on her own, while sitting on mother's lap. The battle of wills was over, Diane's autonomy strivings and inner push to explore were subdued; Diane's mild rage toward her mother was calming down. Because mother did not reject her child when the child was raging at her and did not scold Diane when Diane pushed her hand away, and was willing to pick her child up when she signalled that being put on the floor felt worse than being on the knees of the mother she felt very angry with, mother facilitated Diane's dealing with her feelings of anger and hostility toward the mother she values, is attached to, and has large positive feelings for. Mother in this way helped the healing of Diane's hurt feelings. And as she allowed her child to stay on her lap, mother, too, readily felt her anger toward Diane get less and less and her feelings of love for her daughter were the stronger, took over, and made her want to just make her hurt child feel better. As Diane relaxed and molded back into her, she warmly held her child, both healing from the hurt feelings this battle of wills had caused them.

It bears emphasizing that the child will be upset when mother or father stops him or her from getting his or hands on a plug engaged in an electrical outlet. It will lead the parent to complaint impatiently "Why is he so stubborn!" and "Why does he never listen to me!". The answer to these questions is that the inner-drivenness which activates the child to these behaviors is experienced by the child as a need; it is not the child, at will, turning on the switch to this inner energy. In fact, as we will detail in Section 2.2521 below, the development of internal controls over just such inner-drivenness comes gradually and is significantly helped by the parents' constructive limit-setting.

Therefore, the unpleasant encounters every parent has with the average 14, 16, 22 month old child, while unpleasant, time consuming and challenging, are important in that they make a major contribution toward the development of the sense of autonomy and sense of self, of emerging internal controls, toward learning in general (like what things do, how they are made, etc.), toward learning what is appropriate and inappropriate behavior, toward the development of self- protective behavior rather than self-harming behavior, etc.

As we emphasized in the Human Development Section of the continuation of the practicing subphase (Section 2.2211), babyproofing the house, putting out of reach things which the 18 month old should not touch, items that too easily can get broken, items that the parents value, or those that can cause the infant harm, make for an environment safer for the infant to explore, an environment in which limit-setting will be needed less frequently and, therefore, one that will facilitate and encourage learning. We want to emphasize that limit-setting should not be avoided where it is needed; it is excessive limit-setting that can lead to the discouragement of exploration where there could be pleasure and excitement in discovery and in learning.

We want to emphasize that parents have the opportunity from the end of the first year of life to protect and foster the child's curiosity, interest in the world around, which is the first stage where the child's inner motivated need to learn dominates the child's activities. We emphasize also that this is where "school learning" begins, not in kindergarten or first grade. It may well be that enjoying learning now can be crucial for future learning. With this in mind, it is important

for us all to know that the parent's enjoyment of the child's learning, of the child's excitement about discovering new things, the parent's enjoyment in helping the child to learn (be it parts of the body, colors, numbers, etc.), all contribute to the child's own pleasure in his or her first experiences in learning.

Most two year olds ask questions, some ask many questions. It is highly valuable to answer a child's questions, to answer them in a way that the child can understand. A word about this. Parents tend to underestimate how well children can understand words that are spoken to them. It is important for parents to realize that children understand words well before they can speak. As we said in Unit 1, when 12 month old Johnny's mother -- who had just spilled trash on the floor -- without thinking asked him to get a broom, the 12 month old who did not yet speak, left the observation room, went into the hall, into the work room, into a closet and brought out a broom he could barely carry. Of course, the parent has to guard against assuming that the child understands more than he or she can. Some parents make the mistake of expecting too much understanding, but most often we have found parents of young children tend to underestimate how much children understand. Close observation will reveal to parents how much their children understand and how much they do not; it is valuable that parents try to ascertain what their children understand and what they do not, and that they guard against both underestimation or overestimation of it. Thoughtfully, answering questions is valuable for the child's learning, and will eventually prove to be rewarding given that this is where becoming a good student begins. It will also help the parent learn how much the child does and does not understand.

Of course, children will sometimes use asking questions as a means of badgering their parents. Parents have a right to say that they have had enough of the child's questions for awhile. They also would do well to try and sort out whether the child is trying to badger them or whether the child is really in search of information. Parents should not be discouraged by the fact that children tend to ask the same questions over and over again. Again here, the task is sorting out: Is the child trying to badger me or is the child trying to gain mastery over an idea that does not yet make enough sense to her or him?

Certain parenting activities clearly contribute to a child's interest in learning. For instance, the parent's approving and applauding a task her or his child is undertaking will facilitate the child's performing that task. The caution here, is that the parents not take over; that they follow the child's lead, give the child enough space, enough opportunity to select and try to achieve the task himself or herself. If the task is too difficult, help should be offered before the child becomes too frustrated in trying and gives up, with the feeling of being incompetent. But parents who do not let their children try enough on their own, discourage their children from trying. Parents who are too impatient in getting certain tasks done, and do not give their young children an age-appropriate opportunity to help or to do it themselves, are depriving children of just that, the opportunity to try, to learn to do something. This, of course, applies not just for the one and two year old child but for children from this age on.

Reading to children is wonderfully enhancing of interest in reading, in learning. It is well to bear in mind that from the end of the first year on, in addition to exploring and beginning to play with toys, children become able to participate in being read to. That the parent the child is attached to is reading to the child will heighten the child's interest in learning to read. It is not necessary to provide children with large libraries of books or many toys. A few well chosen books, a few well chosen toys is enough for most children. Children become interested in all kinds of things besides toys, like pots and pans, stoves, refrigerators, buckets of water, cartons, silverware, etc. Providing good learning experiences for very young children, from one to three

years of age, does not require large expenditures of money on toys, and furthermore, all local libraries have many books for young children.

One more note before we leave this exciting practicing subphase of separation-individuation. Mahler described a striking behavior which most 10 to 18 month old children, and older ones too, show. During this period of development the young explorer usually moves away from where the valued caregiver is sitting or working. After all, there are fascinating things that seem to beckon the toddler's curiosity farther and farther from where the caregiver is. Now and then, Mahler observed, as we described in Section 2.2211, the young explorer suddenly stops his or her exploration, looks about to where mother (or father) is, usually smiles (especially when mother or father is then looking at the toddler), and in one or two seconds is back at work exploring. Mahler thought that the busy toddler may suddenly remember he or she is not near mother (or father) and feel the need for "emotional refueling" which can occur at a distance, not requiring that the child be physically comforted then -- which would interrupt the exploratory activity. It is well for the parent to simply smile back, to not get up and go to the toddler, to thus give the toddler permission to be on his or her own in this autonomy enhancing exploratory activity.

The Rapprochement Subphase:

New developments at about 16 to 18 months within the central nervous system and within the range and details of emotional experiencing now make the child increasingly aware that mother and self are separate persons. This now brings with it the conflict which we describe in Section 2.2211 on Human Development, namely, the inner push or wish to separate and individuate, to become an autonomous entity and an individual person, side by side with the fear of separation and individuation, the wish to remain one with mother, attached to her as emotionally experienced up to now. This basic rapprochement conflict creates anxiety, especially, but not only, because the child's growing ability to accurately perceive reality makes the child aware that she or he is very small compared to the adults around and vulnerable.

We have found that when parents do not know of this normal developmental conflict they often become alarmed when -- due to this increase in anxiety -- they see (and feel) an increase again in separate anxiety which then again makes the toddler cling to the mother. The renewal of clinging, due to both separation anxiety and often also to stranger anxiety, make many a mother fear that the child is "regressing", that the child is losing the level of development to which she or he had advanced only two or three months before. "He's becoming a baby again", say some mothers with distress. No, this is not a regression, as we have told many a mother, this is a step forward in development. The parents we have had the privilege to talk with are greatly relieved by this information. What they assume to be regression is not a regression but developmental progress. When mothers know this they are able to experience their child's renewed clinging with much less distress and it frees up the parent's wishes to comfort and to reassure. And it works.

Now let us go back to what happened to Jennifer and her mother during her clearly detailed rapprochement conflict. We said that when Jennifer was just under 20 months old, what seemed to mother to be a very troublesome series of events occurred. Jennifer had been sitting with her mother on the couch. As her peers were milling about and in excitement taking their shoes and socks off readying to go into our matted activity room, Jennifer joined in the excitement and took her shoes and socks off as well. She got off the couch to join them when

suddenly she stopped, sombered, became acutely distressed, turned around and reached for mother to pick her up. Taken by surprise but nonetheless positively responsive to her child, Jennifer's mother picked her up and put her on her lap. Jennifer was there for about two seconds when she began to squirm in distress and wanted to be put down on the floor. Mother, not sure what to do, put her on the floor. No sooner was Jennifer on the floor then she began to whimper and again appear distressed and turn to her mother, arms up, wanting mother to pick her up. Mother a bit baffled, picked Jennifer up and put her on her lap. Calmed for perhaps two or three seconds, Jennifer began to fuss again, and so on. This back and forth, wanting to be held, wanting to be separated from mother, repeated itself six times. We said that Jennifer was much distressed and appeared conflicted; seemingly not sure whether she wanted to be held or put down. We recognized in this that Jennifer was not certain whether she wanted to be one with mother, or to be separate and individual from her. Mother mirrored this distress as well; she did not know whether to hold Jennifer or to put her down; furthermore she sympathetically mirrored Jennifer's distress by means of the "contagion of affects" which is a critical contributor to people's understanding of one another, particularly so important between child and parent.

Jennifer was experiencing an acute rapprochement conflict; mother shared in that distress. But mother was baffled by what was going on, understandably so. When we explained to mother what we understood to cause Jennifer's behavior, namely that Jennifer was torn by the conflicting wishes to be separate, be an individual, and on the other hand to remain one with mother, mother calmed immediately. Now understanding what was going on she could make herself emotionally available much better to her child's difficult experience. No longer upset herself, although she could feel (it was easy to see) her daughter's distress, she could calm her better, reassure her that she will be fine and make herself available to accommodate Jennifer's quickly alternating wanting to be held or let alone without experiencing either as worrisome.

Parents then also understand that the clinging behavior that may reappear during the second half of year two is not due to regression but rather to forward progress. It is important for parents to know why a child feels the need to cling. No child clings to parents without reason. It may be due to the need for comforting, reassurance, "emotional supplies", hurt feelings, anxiety, fear, etc. Parents have to seriously weigh the consequences of not allowing the troubled child to cling. The need to cling is better gratified than frustrated; to gratify usually does not harm, to frustrate usually does. To gratify with feeling of resentment does not work well. To hold the child who needs to cling should be done on the basis of understanding the child needs this at the time. Sometimes, at this age, the need to be held can be delayed; it is useful to then tell the child you cannot hold the child now but you will after you have finished what you are doing. But then, do it. Do not say you will and not hold to your promise, unless you have a very good reason and explain it to your 18 or so month old child. The need to cling, the increase in separation anxiety, stranger anxiety, in the use of the comforters in the 16 to 30 month old, are all usually due to a normal step in development.

On the other hand, the need to negotiate the paradoxical feelings of "being together with" and "being distinct from" can also be facilitated by the parents' themselves feeling of "being together with" and "being distinct from" their own children whom they love dearly. Jennifer's mother's being able to put Jennifer down and to as easily pick her up, back and forth at Jennifer's request supported Jennifer's efforts to deal with the crisis feelings she had and with this, was also dealing with the paradox Dr. Sander has described. "Being together with" the mother Jennifer loves but also "being distinct from her", being an individual got set in motion dramatically in Jennifer and was very well supported by her mother.

This age child's hoarding of things, toys particularly, at times, is also a spin-off of the rapprochement conflict and development. Knowing this will make it easier for a parent to help her or his child deal with this phenomenon. Of course, this will arise when a child in play with other children, grabs other children's toys saying "Mine, mine", or when another child wants to play with a toy which your child is holding. Certain principles ought to be developed on this issue. For instance, it is useful for parents to identify certain toys as their child's favorite toys and that these toys should be safeguarded; and when your child says "That's mine", about a toy that a mother knows is one of the child's preferred toys, then that toy should not be made accessible to other children without the toddler's consent, "Is it OK for Johnny to play with your truck or rabbit for awhile?". This makes it possible then for a mother or a father to determine which toys a child should be expected to share and which should be the child's private property. Not all toys should be private property, nor should all toys be shared. Those the child deems special should be made private property; for the others, it is reasonable to expect, and tell this to him or her, your child to be able to share things with his or her young house guests given that when your child goes to that friend's house your child will want his or her friend to share some of his or her toys with your child as well.

Parents are very wise to be attentive to how their children feel, from the day of birth through their years of development, until they leave home and beyond. Among the many feelings we find in 16 to 30 month olds, low-keyedness too needs to be recognized and dealt with sympathetically. Seeing 20 month old Diane who was a lively toddler, whether she was exploring or asserting herself with her mother or others, now appear deflated in mood was noteworthy. Mother was initially concerned about it. We pointed to the many stresses Diane was experiencing by the demands made on her by normal development and that Dr. Mahler took special note of it and that it usually occurs at this age. There is no need to try to do away with this low-keyedness. It seems to be part of learning to deal with the now very taxing tasks of development. It is important and helpful for parents to try to make time to just spend some quiet activity time together, like reading a book, sitting comfortably close together, or going for walks together.

The Continuation of the Conflict of Ambivalence:

As we said in Section 2.2211, the conflict of ambivalence (love and hate feelings toward the same person) during the rapprochement subphase is either intensified or lessened by two factors (1) by continuing battles of wills caused by the child's further evolving thrust to autonomy which is now amplified by the child's newly emerging ability to feel and say "No!"; and (2) by the degree of hostility generated by the rapprochement conflict itself. Let us take one at a time.

Battles of wills emerge and need to be dealt with by parents most commonly in the context of limit-setting, which we shall discuss in detail in Section 2.24 (The Development of Aggression). Where much ambivalence caused by earlier life experiences has become and remains in the child's relationships with the parents, the continuing battles of wills that occur during the rapprochement subphase may, depending on the current quality of parent-child interactions, either intensify or decrease the already accumulated ambivalence the child experiences. It is helpful for parents to bear in mind that child rearing consists of a complex set of functions which parents learn and, therefore, which can be improved; every parent who has a second child knows this. The exception to this is where the second and first child are vastly

different. For thousands of years, our first child has been the workshop in which we become parents. But this also means that parents can grow in their child rearing functions. Therefore, even where battles of wills were difficult during the practicing subphase, a parent whose skills in handling battles of wills improves, may now be able to deal with such battles in ways that are more growth-promoting. This can then lead to an amelioration of the ambivalence unavoidably generated between child and parent.

It was most advantageous too that Suzy's parents, especially mother, were committed to and were able to continue to help Suzy try to calm herself and cope more comfortably with everything. It was rewarding to see that with the new maturations (biological evolving) of the central nervous system that occurs during the middle of the second year, and the gradually improving interactions between 26 month old Suzy and her parents, their battle of wills became less intense and Suzy's reactions of hostility were less intense as well. So too, according to mother, it was with Mrs. Sander, her substitute caregiver. In fact, we wondered if each battle of wills now between Suzy and her mother seemed to be an opportunity for Suzy to practice having better control over her reaction of hostility, of reacting with less hostility, of having a better recognition of mother's efforts to help her and in the end, each episode seemed to lead to a lessening of Suzy's feelings of hostility toward the mother she clearly loved. This usually also decreased Mother's unavoidable feelings of hostility toward her own beloved somewhat biologically troubled daughter. It also seemed to us that Mother's handling of Suzy was increasingly becoming self-assured as she could see the gradual good growth that was occurring in Suzy. We shall say more about what mother did in setting limits with Suzy in Section 2.242. We are of the optimistic school which says that parents can learn to improve their parenting even up to the time when their children become adults; therefore, one should never stop trying to improve one's parenting.

With regard to dealing with battles of wills and limit-setting, a very important new ability develops during the rapprochement subphase. From about 16 to 24 months of age, children feel yet another burst (the first major burst occurring from 8 to 12 months) in their highly important developing sense of assertiveness, of self-confirmation, manifest now in their ability to say "No!". Most parents do not like to hear that "No!". Indeed there are times when a "No" should not be accepted by parents. But it is important for parents to understand that this "No" brings to the child a growth-promoting, increasing sense of being a self, of being an individual. Think of it: someone tells you to do something you do not want to do and with firmness you say "No!". This at time unpleasant "No" is a uniquely effective way the child finds of drawing a clear line around his or her self, of feeling a sense of power, a sense of entity. Therefore, when the child's "No" is always experienced by the parent as an offense, as a resistance to doing what the child is told to do or not do, as an undesirable reaction, it robs the child of an increment of sensing herself or himself as an individual with rights.

Given that this "No!" is an invaluable asset to the developing self, parents need to select when to protest the child's "No" and when to accept it, when in fact to derive some pleasure from it. Some parents cannot tolerate a child saying "No" to them because they experience it as defiant, insulting or whatever. This can be regrettable, because it may rob the child of a sense that he or she can decide things, can assert herself or himself, and will undermine the budding sense of autonomy and individuality. For this reason it is well to bear in mind that one can just as easily say to a child when telling her or him it is time to go to bed and the child reacts with a "No!": "Don't you ever say `No' to me!" as it is to say "Look, I understand you do not want to go to bed yet; but, it is time for you to go to bed now; I do not want you feeling cranky tomorrow

because you did not get enough sleep!". In other words, the child's saying "I am a self", which is contained in the "No" can be respected while informing the child that although the child has the right to express his or her feelings, it still is time to go to bed and is expected to do so. Children experience feeling put down, being insulted, every bit as much as we adults do, and react to that experience much the same way we do. If anything, it is more hurtful to them because their sense of self is then just burgeoning, just emerging.

We have seen that when parents understand the behavior we saw in 20 month old Jennifer and her mother, when they understand what we believe to be the cause of the child's renewed clinging, heightened separation anxiety, renewed use of the thumb (or other comforter), that this understanding makes it possible for the parent to handle the child's distress due to her or his rapprochement conflict, with more patience, more sympathy, and makes possible the parent's developing strategies for helping the child tolerate anxiety in ways that are more growth-promoting. The result of this is that anxiety will be less prolonged, made less intense by the parent's empathetic and sympathetic (and when needed, firm) interventions, that the excessive unpleasure generated by the anxiety experienced by the child will be less and therewith less hostility will be generated within the child (see Sections 2.241 and 2.242, below). Then too, less hostility will be generated toward the parent during the child's normal rapprochement conflict and therewith, as we saw in Suzy, the existing ambivalence from before will tend to be lessened substantially. Where parents do not understand the source of anxiety, handle that child's anxiety poorly, unsympathetically, anxiety will be intensified, more unpleasure (pain) with it, and more hostility thereby generated toward the parent. In consequence of this, the ambivalence experienced toward parents and toward self will be further intensified and continue to stabilize as part of the child's developing ways of coping and personality.

Toward Self and Object Constancy:

During the third year of life parents will have continuing opportunities to help the child further work through the normal developmental conflict inherent in the rapprochement subphase as the child attempts to grow out of the emotional experiencing of mother and self as one. Understanding that the child experiences a good deal of anxiety and internal conflict with the dissolution of the feelings of oneness into a meaningful emotional relationship between self and other, can be of large consequence to the development of a healthy sense of self, which is essential for good mental health and emotional well-being. Equally understanding that other human beings are also individuals, makes for healthy adaptation and good relationships.

In the example given in Section 2.2211, Toward Self and Object Constancy, where Franny touched her twin's leg and then her own, and 30 month old Jennifer said to her mother "You're Janet; I'm Jennifer", the mothers (and fathers) who can appreciate what this means to their children are likely to confirm that the child is quite right in her understanding and construction. By contrast, the parent who is not aware of the meaningfulness of this experience may give the child no confirmation and some may even ridicule the child.

Knowing that the work of this period of development, namely the resolution of the rapprochement conflict, brings with it identifications with (taking on characteristics of) the parents, that these identifications contribute to making the child the specific child of her or his own parents, should enhance in parents thoughtful and concerned parenting. Helping the child to constructively work through the rapprochement conflict which is facilitated by understanding what it's prime conflict is, will facilitate and stabilize the child identifications with the various

features of the parents. The more likely it is that the child will accept those viewpoints, values, philosophies and religious beliefs that govern their specific family. We will talk about the question of boys selectively disidentifying with the gender features of their mothers in Section 2.23, when we talk about the emergence of sexuality. There as well, we will address the emergence of the next major task of psychological-emotional development which occurs during the third year of life, namely, the first major differentiation of sexuality in both boys and girls.

2.2221 HUMAN DEVELOPMENT: The Earliest Human Relationships

As we said in Unit 1, there are variations in the distribution of caregiving responsibilities in each family, each family determining how much and which responsibilities will fall to the mother and which to father. There are also cultural as well as personality differences among caregivers. Bearing this in mind, we continue with the model of Mother and Father being the prime caregivers, even with daycare use, mothers usually being most involved with early child rearing and fathers varying widely in their degree of parental caregiving to their one to three year olds.

On the average, Mother is the central figure of the child's feeling of oneness with the prime emotionally invested caregiver, what Mahler called the "symbiosis". We reiterate that this is the product not only of emotional factors but of biological ones as well -- the mother having carried the infant in her uterus for 9 months and the remarkable biological influence on emotional life that goes with it -- , and that Mother therewith becomes the central figure for the one and two year old child as the child traverses the Rapprochement subphase as well as the subphase Toward Self and Object Constancy we just talked about in Section 2.2211.

We here discuss the hierarchy of the child's earliest relationships especially in the context of the theory of Separation-Individuation (Mahler) because, we believe, at the time of this writing it is the most developed model which explains what happens to the child during the first three years of life in the context of the child's relationship to others. But other component models are integrated here as well including especially those developed by psychoanalytic theorists on the development of attachment (J. Bowlby and M. Ainsworth), on the development of affects (R. Emde and D. Stern), the development of aggression (H. Parens), of adaptive interaction (L. Sander, B. Brazelton, and D. Stern), and on the development of self (Erikson).

The mother, when she is the central caregiver in the child's first three years of life, is the person most drawn into the child's experience of oneness and into the task of its resolution (through separation-individuation), becoming then the person most emotionally invested by the child with feelings of need, valuing, and dependency. But she also becomes the first person to be the object of her child's ambivalence, that is, side by side with developing love feelings are the child's feelings of frustration, anger and hostility as these emerge during the first, second and third years of life. In other words then, the person most important in the child's life becomes the first person to be loved but also the first to be hated by the child (see Section 2.24).

The first signs we saw in Diane, Bernie and Jennifer of "being angry with" during the end of the first year was toward their mothers. We talked about it in Unit 1. During year two, this appeared especially during their battles of wills and limit-setting which almost always occurred

together. That is, limit-setting often leads to battles of wills, which in turn often lead to the need for limit-setting. These occur to a greater or lesser degree in all child-parent relationships during the second and third years, as well as from even earlier (in year one) and well into adolescence.

During the second and third years, we saw a good deal of hostility on the part of Diane, Bernie, and Jennifer toward their mothers. In 13 to 14 months old Diane's dramatic battle of wills and autonomy conflict, her rage toward her highly emotionally valued Mother was so intense that it created a virtually paralyzing conflict within her mind. Although neither Bernie's nor Jennifer's battles of wills nor their resulting internally felt autonomy conflicts were as intense as the one we described between Diane and her mother, there were a number of times that limit-setting was required and hostile feelings toward Mother were readily visible. Each such episode activates and makes for the child's experiencing ambivalent feelings toward the most important person in their young lives. More on this in Sections 2.241 and 2.242.

A very difficult picture was found with Vicki and her mother during the second and third years. Because Vicki had become quite depressed during the second half of year one, and her mother was depressed as well, we worked with them therapeutically. We shall describe in Section 2.2222 what we did. Here we can say that very fortunately both Mother and Vicki gradually responded very well to our psychotherapy. Vicki had formed a meaningful and stabilizing attachment to her mother, but their relatedness was severely dampened due to their depression. Her overburdened Mother not being able to be sufficiently emotionally available to Vicki during her first year made it so that Vicki's emotional needs (to feel valued, loved, important to Mother, through the way she fed her, diapered her, help her, talked to her, etc.) could not be met well enough. This made Vicki depressed. The changes in her actually devoted Mother's caring for her led to a slow but gradual lifting of Vicki's depression and a welcome improvement in their relatedness with much more communication between them, more holding, comforting with warmth and the feeling of being together. Interestingly, we saw few battles of wills between them through years one, two and three, as well as later. Perhaps it is because the repair work each was doing to mend their troubled relatedness made them extremely sensitive to not upset or challenge each other too much. We could not be certain that Vicki's thrust to autonomy, self-development and self-reliance were troubled by these beginnings. She was less self-assertive during years two and three than the other children. However, her relatedness with her mother and her siblings improved very well so that in this, we felt Vicki was having a good recovery of normal functioning, adaptation, and relatedness. There was no clear evidence in Vicki of ambivalence toward Mother.

With regard to the father, the attachment by the child to the father, as with the mother, is totally determined by the degree of the father's emotional engagement in the relationship with the child, especially how much time and what quality time the father spends with the child and from how early on he becomes involved in the care of, in interaction with the infant. We want to emphasize here, that early involvements by fathers in the care of their young make for a highly meaningful engagement to the father on the part of the child which can have life long reverberations. Generally, when a father does not relate to (interact emotionally with) his infant and delays his involvement with his infant until the third year, and sometimes later, the child's feelings of closeness to the father will seldom (if ever) become as strong as the feeling of closeness children develop towards their mothers. We have all heard of fathers who make this discovery too late and then live to regret it profoundly.

During the second year of life many a father becomes a "knight in shining armor" as some child developmentalists have said, a person full of splendor who will help the child

separate from the mother of infancy, separate and individuate out of the experience of symbiosis with her, by means of the excitement, the fun and adventure of discovery of the world outside the oneness with mother, a world full of new things to discover and learn about opened to the child by an emotionally involved father.

Throughout cultures, Father becomes prominent as a primary person in the child's life from the middle of the second year of life on, in many cases from the end of the first year of life on as the person who can be there as the child begins the process of differentiating out of the oneness with Mother. Throughout cultures, Father is the great facilitator to activity and the excitement of action and discovery, and uses play and learning about the world as major pathways by which he approaches his very young child and engages the child in meaningful interaction. Studies show that for the most part, fathers throughout cultures play with their children. Why this occurs is not clear. Some 1980 and 1990 studies also show, however, that when fathers are the principal caregiver during the first year of life (and after) rather than mother, that the child's attachments to both Father and Mother can be of very good quality, secure and lead to very good overall development in the child. Observing elementary school age children in interaction with infants, we have found many a boy's approach to a baby to be one of trying to make the baby laugh, rather commonly by poking it, by tickling it. Girls by contrast, tend to approach babies with awe, with a quieting, a wanting to gently touch and hold the baby. This is not uniformly the case, but we have seen it as general trends. Nonetheless, when they are adults, many fathers approach their babies very gently, comfortingly and are very sensitive caregivers, we believe that sensitive and effective, loving caregiving is not just "maternal"; it is also "parental". Many men are equally good at it as women. We reiterate, that those fathers who also engage with their children from birth on, who participate in feeding, changing diapers, and especially those who can also comfort and calm their young ones -- i.e., nurture -- become more fully and comfortably, emotionally invested by their children.

Like with mother, during the years from one to three, father too becomes emotionally invested not only with feelings of love and admiration, but also with hostility and hate. Interestingly, this especially occurs in the context of father's playing with his toddler as in his becoming too stimulating (not reading the child's varying tolerance for level of excitation), and/or becoming too rough in physical "rough housing". Also, when he is involved in limit-setting, the same ambivalence is generated by battles of wills between child and father as occurs with mother. We shall talk about other than biological parents as caregivers in a moment.

Siblings also are critical persons to the young child. By 6 months of age the infant will begin to predictably respond to and by 12 months to value, to have formed an attachment to a sibling. One 12 month old had the serious misfortune of losing a sibling who died in an accident. For a number of days, according to E. Furman who reported on this case, the 12 month old kept searching for something and it became clear from his depressive reaction that he was searching for the sibling he could not find. In a similar vein but more cheerful circumstances, we have often seen less than 12 month old infants smile broadly, kick their legs and wave their arms excitedly on the approach to them by their 3 or 4 year old siblings. This despite the fact that most if not all siblings are at times hostile to each other and especially to the newcomer, the infant. For instance, sitting on her Mother's lap, seemingly deep in thought and her thumb in her mouth, 2 1/2 year old Jane looked subdued, somewhat sad. Her by then 6 month old sister Sara was asleep on the floor at Mother's feet. Impressed with this seemingly meaningful state of being in a 2 1/2 year old, one of our observation team, half-directed to Jane, said "I wonder what Jane is thinking about?" Jane pulled her thumb from her mouth and, (pointed to her sleeping sister)

soberly said: "She stole my Mommy". We were not surprised that she felt so. But we were surprised by how clearly the experience was organized in her mind and how clearly and directly she said it. Her mother and the other mothers too were surprised they said both by how Jane felt and by her saying so. We shall say in Section 2. 2222 how mother dealt with this state of affairs.

During the one to three year period siblings continue to grow in importance to the child. Although siblings do not achieve the level of importance in emotional attachment as do mother and father during these first three years, the attachment to them usually reaches a high level of importance and we have occasionally seen an older sibling to be used as a substitute for a brief period of time in the place of parents. Like with mother and father, siblings are experienced emotionally by the child both positively and negatively depending on the circumstances and the quality of relatedness. Positively, siblings can be fun, can be a substitute caregiver, can be a teacher, a protector, a helper; siblings can also be provocative, hostile, mean and nasty, a source of jealousy and envy, etc.

From our research with mothers and their young children, here is an example of the sibling being experienced as parent substitute. One morning, two year old Bernie was brought to our program by Diane's mother, one of the other participating mothers. His mother told him that she would come later, after she had finished a chore she needed to do. This morning Bernie seemed particularly uncomfortable, experiencing some anxiety, we assumed, at being here without his mother. At one point in the course of our observing him he suddenly brightened and moved toward the door. Not having seen the person's entry, we assumed that his mother had just walked in. We turned to find that it was not his mother who just came in but is 4 year old sister, Terry. The two year old greeted her much as if it was his mother; the difference may have been mostly influenced by the fact that the 4 year old's greeting was not similar to the one mother might have given him. That is to say, whereas mother would probably have responded by picking Bernie up, 4 year old Terry was satisfied to just put her arm around him, giving him a squeeze and moving on to something else. All parents know how older siblings can be most unpleasant to younger ones. They often though do not sufficiently appreciate that older siblings can be enormously valued by younger ones in a wide range of functions.

Relationships the one to three year old experiences do not consist only of attachments to mother, father, and siblings. There are also grandparents, aunts and uncles, cousins, and, nowadays especially, substitute caregivers (be it in home care or in daycare). As we have emphasized, the degree to which and the quality of the ways the child engages emotionally with, and becomes attached to, his or her caregivers is most co-determined by the infant's inborn dispositions and the experiences he or she has. This, the experiences the infant has, are most determined by the degree to which the infant is invested emotionally by those who daily care for him or her and the ways the infant is reared. It is especially the way the infant feels emotionally meaningful and valued by those constant-enough caregivers that influences the quality and degree of attachment.

This is why and how, as in the case of adoptive parents, alternatives for the biological parents can truly become the child's "emotional parents". It is what the child means emotionally to them that makes the attachment more or less (depending on how positively they feel toward and how much the baby means to them) secure, meaningful and stable. This is also why and how, adoptive child-parent relationships can have just as much depth of meaning, love and life long stability as "biological" child-parent relationships. There are many variations of depth and quality of attachment to non-biological parents.

Another case in point is where grandparents become actively engaged to take care of their

young grandchildren. For example, Victor's Mother and Father, two full time employed professionals, valued their child deeply. But because of their work outside the home they, needed alternative care for Victor (and his later to arrive baby brother) and they engaged the Mother's parents to care for Victor during the week. Because of the variety of factors, including personality traits, patience, ease with feeling close and showing affection, acceptance of infant's demands and needs, Victor made closest attachments to his mother and his grandfather. He was well attached to his father and grandmother too, but his grandfather seemed the one he most reliably and predictably turned to when Victor felt stressed and would initiate physical contact. Each of these familial caregivers could comfort him and make him feel secure; but Grandfather and then Mother were the first he would turn to. There was no doubt from what we saw, that Victor's grandparents were very important emotionally valued persons for Victor. We have seen this with other children as well, with variations in the order of preference by the child.

We also have seen such very valuable attachments to substitute caregivers outside the family. For example, live-in substitute caregivers, and even some who do not live-in, can be highly emotionally invested by a child. In some cases the child's attachment to them may outweigh the attachment to the parents who do not make themselves sufficiently emotionally available to their child, in either the amount of time they spend with their baby or in their ability to feel close emotionally with the baby. In several instances we know of, being separated (by moves out of town) from substitute caregivers (as live-in caregivers) led to the young 1 to 3 year olds suffering significant, painful reactions of loss (depression). We should also note that young children who have been in foster home placements from early in life (e.g. during year one) for two to three years or more years and who have formed sufficiently loving, attachments, may suffer serious loss reactions (anxiety, rage, depression) when retrieved by their biological parents or adopted by others than the foster parents to whom the infant is attached.

And then, there is what happened to Richie who separated from his troubled 17 year old Mother after she was alleged by authorities to have excessively abused him when he was 9 1/2 months old. From the time we saw him with his great-aunt, his attachment to the aunt did not appear at all to be secure. In fact, he seemed to feel threatened all the time and was hyper vigilant we assume due to his dread of being maltreated by whoever would care for him. Only very gradually and to a limited degree did we see the attachment to the aunt improve during his second year of life. We saw that the quality of attachments, which were stable, was poor, made him expect being maltreated and hurt. Only gradually did his expectation of being hurt lessen.

We point out here again, as we did in Unit 1, that it is useful to understand that the attachments made by children during their first three years and later can be understood by consisting of primary and secondary types of attachments which is the basis for relationships being primary or secondary. Both types of relationships are of enormous importance to the child. Human beings need primary relationships throughout life. It is especially so for children under 6 years, and these are obligatory for children under 3 years. We believe, in fact, that they are obligatory throughout life. In the first six years they are needed for healthy, socially adaptive development. As we mentioned in Unit 1, children reared in orphanages, as those studied by Provence and Lipton¹, although well cared for in terms of feeding, hygiene and dress but who are not attached to one specific caregiver were found to develop abnormally, with retardation in the development of specific adaptive functions such as language, or age-appropriate internal control, which we will talk about below. Some of these children developed depressive moods, while others developed shallowness of emotional reactivity, etc. Primary relationships are essential for the experience of symbiosis, which forges attachment and the separation-

individuation process, including the experience of the rapprochement and the developments these experiences bring. Primary relationships as we will see in Unit 3 also bring with them the development of the ability to love deeply and romantically, as well as, the development of conscience, of morality, and many other factors. Primary relationships become the prototype, the model for the formation of eventual relationships to one's future wife or husband, and to one's eventual children.

On the other hand, secondary relationships are also important. They are important for the transient types of attachments we make in life which carry us in critical ways. For instance, preschool teachers are often the object of a 2 to 5 year old child's transient attachment. It is so as well during the elementary school years. Even in adolescence, teachers can be critical, as they can be even in later years. Teachers become critical as persons even very young students fall in love with, as persons who become models for the self and as persons who can be counted on to help us learn. Some young students may be so influenced by the love they feel for a teacher that they may identify with the teacher and want to become teachers themselves. Unfortunately, however, a young child can also be so hurt by a teacher as to come to hate the teacher and school or, later, the subject that a particular teacher taught.

Friends, secondary persons in our lives, are of course, of enormous consequence. Friends can carry us through bad times, they can be a source of support, someone to whom one can complain about one's parents, etc.. The degree to which we invest emotionally in friends or course is variable, some can be friends for life in which case they may achieve a level beyond secondary relationships, touching into the quality of primary relationships.

When psychoanalysts Anna Freud and Dorothy Burlingham and their staff cared for World War II orphaned infants they were impressed by the remarkable extent to which one, two and three year olds can turn to each other for nurturance, including feeding, comforting and soothing, when they live in a group home. Of course, one sees some of this in children from normal homes as well. It is important to recognize that these caregiving behaviors in one to three year olds with one another, are not just seen in play; they are also seen in real situations of need. We shall talk about 1 to 3 year old's emerging empathy and altruism in Section 2.2531. Although developing friendships does not truly appear until several years later -- and does not become crucial until entry into adolescence --, some 1 to 3 year olds may prefer one or two young children in their neighborhood, or daycare, or pre-school over others and can be said to be forming a friendship. Of course, peers or "friends" as the children in our project came to be thought of, can get into, in fact usually do, get into a good deal of trouble from time to time with each other, as Johnny and Jennifer did. Of course so can siblings, as we said before. Some people have the good fortune of experiencing their doctor as someone special, or their neighbor as someone they can always turn to, etc. There is a place in our lives for both primary relationships and for although less emotionally invested but nonetheless at times very important secondary relationships.

It is important to emphasize, though, that even good secondary relationships cannot make up for the need for primary relationships. What is not present in a secondary relationship is the depth of and the enduring emotional investment we make in persons with whom we have a primary relationship. One mother described it well, as we related in Unit 1, how could she attach equally to her neighbor's children as she did to her own if at the end of the day the children would go home to their own mothers. The depth of emotional investment we make in primary relationships brings with it the gratification of very basic needs we have, needs which begin from soon after birth, of valuing specific others deeply, of loving them and of being loved by them.

We do not make that demand of secondary relationships. Although we want to be cared about, admired, respected, loved by everyone, the need for love from secondary relationships does not reach the depth that it does in primary relationships. And we can add that although a 1 to 3 year old, and later, may miss a friend who has moved, it is not experienced as a terribly painful loss and does not lead to the need to mourn. There are exceptions to this, especially in adolescence. And there are complexities about the question of loss and mourning in childhood we need not address at this time.

2.2222 CHILD REARING: Optimizing the Child's Earliest Relationships

From one to three years of age human relationships expand. Parents make an enormous contribution to the quality of relatedness children develop to them. The more the parent is able to empathize (perceive what the child may be feeling) and the child is treated with considerateness, respect, and love, the more will the relationship be a positive one. It is not necessary for parents to be perfect in their parenting for children to develop optimal relationships to them. We like to say that being perfect 70 percent of the time tends to be enough for most children to develop a good relationship with their parents.

We have already remarked that the normal 12 to 36 month old child's relationships to mother and father will unavoidably be burdened by feelings of anger, hostility and hate. We have seen this in all the children we have seen over many years of research and clinical work. Because this strongly determines the quality of the child's relationship, state of well-being and total development, we shall speak of it in Section 2.24. There we address the child's experiencing of anger, hostility and hate (Section 2.241) and what parents can do to handle these feelings in growth-promoting ways (Section 2.242).

As we noted in Section 2.2221, we worked with depressed Vicki and her mother during Vicki's second and third years of life. Vicki's traumatized and over-burdened mother was herself somewhat depressed. She was surprised when we told her that her baby was depressed, so we helped her see it better by drawing her attention to the sadness on her face (her sad eyes, her flat forehead and cheeks, the slightly drooping corners of her mouth), the slowness of her movements, her lack of interest in the things around her, her seeming tiredness and sluggishness. As Mother came to see these things about her daughter, we encouraged her to hold her not only when feeding her but also to comfort her. When she seemed sufficiently fed and after periods of just holding and comforting, we encouraged Mother to try to play with her (as by gently over-rocking her, or by holding her hands and gently clapping them, or gently tossing a small ball into her hands while holding her nestled in one arm).

In all of these activities we encouraged Mother to talk to her lovingly, gently. Mother at first wondered why she should talk to her since, she believed, Vicki would not understand what she said. We told Mother that we have evidence that one year olds, and younger, even infants, do understand words and most important, that they feel the feelings conveyed by the parent as the parent talks to the infant. We suggested that Mother tell Vicki that she is sorry that she did not realize that Vicki was feeling sad, that she loves her, that Vicki really is a pretty girl and she is so glad Vicki is her daughter. It was not so easy for Mother to say these things at first, but she tried and gradually it came more easily. From time to time, the therapist would work with them, picked Vicki up, held her, talked to her gently and reassuringly and played with her, all to let

Mother see how he did it and to encourage Mother to do it her own way; mostly the child psychiatrist did this to help Mother overcome her discomfort and embarrassment about talking soothingly to her one year old. Many parents think it is silly to talk to babies, but, he told her, it is not silly at all. It may have helped Vicki's mother also to see that Vicki seemed to respond nicely to their doctor's efforts to make her feel better. In fact, Vicki seemed to respond favorably while Mother held her, talked to her and played with her, which Mother came to see as well. Most important, we felt, was that Mother came to recognize that Vicki needed to be paid attention to, to be held when fed and comforted, and to be played with.

Gradually Vicki became less sad, more active in her movements and engaged more not only with Mother and the therapist but with the other group children as well. By the end of the second year she readily turned to the other children and guided activities (guided by one of our nurses).

By the beginning of her third year, Vicki seemed no longer depressed. She tended to be a quiet child, but she seemed neither sad, nor slow in her movements, nor withdrawn from the other children. We did note that she was not as assertive as the other children, and we saw no expressions of anger, hostility or hate on her part. With this we were concerned about her feelings of autonomy and her sense of self. We saw that she did have a mind of her own, but she was not as insistent about it as the others seemed to be. We believe that her depression might have dampened her standing up for herself, as well as her autonomy and her assertiveness, at least for her first three years of life. But her relationships to her mother, her siblings and her doctor became quite stable, positive and deep.

This was not the case with Richie during the time we saw him. When we first saw him at fourteen months, he had (at least for the time being and during the year we saw him) lost his mother to whom he was attached in a very hurtful, neglected, emotionally and physically abusive relationship. Such a relationship, much overloaded with hostility and rage feelings the child feels, becomes every bit as internalized (taken into the child's mind and soul {psyche}) and stable, as a deeply loving relationship. This basic internalized emotional relationship would, when Richie's development made it possible, become one where hate seriously over weighed feelings of love for the mother and himself. Even though he had now been returned to his great-aunt for three months (and he had lived a quite good first six months of life in her home with his 17 year old mother and his young father), the neglect, rejection, and traumatic caregiving he received between 7 and 11 months of age (from 7 to 9 1/2 months with his abandoned mother and then from 9 1/2 months to 11 months in a city shelter) made him unable to trust, feel safe, and be comfortable with the great-aunt in spite of her efforts to make him feel so. He came with her, went with her, a waif of a child who looked 8 months old, thin, painfully sad and subject to sudden outbursts of rage at even minor displeasures. The relationship to his great-aunt which at 6 months of age was becoming trusting, positive and would have become loving was now, at 14 months, seemingly barely meaningful to Richie, and little if any a source of supplies for his starved emotional needs. She was there, emotionally available; but he seemed unable now, despite his emotional starvation, to accept what she held out to him. We encouraged the aunt to do more than just be emotionally available, taking good advantage of the project mother (a friend of the great-aunt) who brought them to us, reaching out to Richie on a number of occasions, picking him up gently and holding him "just because he looked so hurt". We talked about Richie's needs to be held, comforted even at times when he did not ask for it. If he had resisted, which he did not, we would have suggested that the idea to do so was very good but that great-aunt or Mrs. S. would have to first gain his trust more, by responding to Richie say by saying

"OK, Richie, you don't want me to hold you now. It's OK. You let me know when you want me to hold you." Even though he might have resisted, sometime later or the next day, great-aunt ought to try to hold him even before he asks for it. The idea is to convey to him the wish to make him feel better, feel paid attention to, valued, to overcome his having been neglected and rejected. Most important was to explain to great-aunt that repair of damage to his ability to relate is what was needed and that this needed to be done in words and by actions.

It was a project to help Richie deal with the outbursts of rage and we shall talk about what we suggested to his great-aunt on this matter in Section 2.242. Richie's relatedness improved slowly. He seemed to especially respond to the way Mrs. S. approached him. Mrs. S. seemed to have a good feel for how hurt and stressed Richie was and he clearly responded with more security with her than when his great-aunt reached out to care for him. We could not be certain why great-aunt seemed not as gentle and tender as Mrs. S. with Richie. Perhaps she just was not so as part of her personality. But we also wonder if Richie was not as accepting of her efforts, because he had had a developing attachment to her and perhaps he was very angry with her for letting all the hurtful things that happened to him occur, and she did not put a stop to what her niece was doing to her baby Richie. Richie "knew" his great-aunt from before 7 months of age. Could he have felt: "Why did she let all this happen to me!" We encouraged the aunt to be patient but to try to regain his trust. Unfortunately, she could not tell him she was sorry that she could not help him and his very troubled mother sooner; great-aunt did not accept our ideas about talking to babies, we thought perhaps because we had not worked together long enough. We were very concerned when they did not return to our project after the summer break and we could not follow up on helping them. Our impression is that although relating to others improved, much more work would be needed to regain the level of relatedness he showed himself capable of in the first 6 months of life.

We have emphasized that there are strong psychobiological factors that make for the unique relationship that develops between child and mother. Because those psychobiological factors make for the child's experiencing the relationship to the mother as a "symbiotic" one, without being aware of it, there is a tendency in some families to making the mother-child relationship a "closed system" which does not allow the admission of other primary members of the family, especially of father and siblings. When this happens, which may not be recognized by the members of the family, it can create problems for all concerned. There is a natural tendency for children under two years to turn to their mothers for calming and soothing when distressed. This is not always the case, especially when fathers have been intimately involved in the care of the baby and have been able to be calming, soothing, and comforting. Nonetheless, in many instances, many a father has become discouraged when the child's symbiotic experiencing of his or her relationship to the mother makes the child call for mother when upset. This state of affairs is intensified when this closed system is overly enhanced by the mother's own needs, by a mother's overly enlarged need to "keep the baby to herself", so to speak. During a child's first years of life, many a father has felt rejected by his own child because the child invariably turns to mother for comforting, for nurturance, for calming and, as a result, the father has developed negative feelings toward his own child. Mothers need to be aware of this common phenomenon and to promote, rather than to discourage, fathers becoming involved with their infants. The foundation of the father-child relationship can, in many ways, be laid down through the first three years of life side by side with that to the mother. (Of course, the next period of development, from four through six years also makes its major contribution to the father-child relationship as we shall see in Unit 3.) It is worth repeating that we have found that fathers who

become involved with their infants from birth on, and interestingly, when fathers are involved, observe or participate in the actual birth of the baby, such fathers tend to form a relationship with the infant immediately at birth, do so with much more comfort, much more fully, more deeply and meaningfully, than those who wait until the third or fourth year of life before trying to engage in a relationship with their child.

Similar principles apply to the relationships with siblings. It is enormously harmful to children of all ages when a new baby is born to whom the mother reacts with an attachment that excludes the children who are already there. Children feel rejected and displaced when a mother (or father) buries herself (or himself) into the relationship with the new baby at the exclusion of those already there. Of course, this is an unusual occurrence; most parents, most mothers and fathers continue to show that they are emotionally invested in their other children even when they have a new baby, and often draw the siblings into a relationship with the new baby, encouraging the siblings to share in the care of the new baby, a most salutary thing to do.

There is a usually remarkably effective rearing strategy for facilitating a positive response in young (and older) children to the birth of a new sibling. We encouraged two and one-half year old Jane's mother and father to do two things when Jane said somewhat sadly and angrily of her six month old sister, Sara, "She stole my mommy". First we suggested that they reassure Jane by words and activities that they love and value her just as much as they do Sara, and that Sara had nothing to do with being born. It was mommy and daddy who decided to have another baby; because they find having Jane to be so great, they want to have another (or others). Second, we suggested that the parents find ways of getting Jane to help with the care of Sara. Here the parent has to be sure that, for instance, Jane feels that she is directly involved with Sara as by holding her, or by patting her gently when she is fussing, letting the child hold her while bottle feeding (where bottle feeding is used whether only or as breast feeding supplement) as mother sits close by supervising. Do not just ask the older sibling to get things like a diaper or a rattle which might lead her to feel she is a servant. The idea is to directly involve the child, girl or boy in the actual care and handling of the baby. It is important to compliment the child for being loving, gentle, appropriately responsive to the baby's cues; and it is also important to not allow, and to help the child control herself or himself from, being unkind, too rough or outrightly hostile to the baby. In such instances, it is better to say to the older child: "I wouldn't let her do that to you and I don't want you to be mean to her!" Or, "Look, don't act mean. Treat her like you like me to treat you." These are better than "You're bad! I won't let you help me with her anymore", etc. Most parents realize that older siblings feel pushed out by a newborn; and that anger toward the baby will especially be activated when that newborn becomes a toddler, and actively gets into the older child's things, which unavoidably occurs when the new sibling is from years one to three. Anger, and even hate, toward a younger sibling who is truly favored by mother -- siblings often feel this even when it is not true -- can, of course, continue through a person's life.

Parents realize that one to three year old children can benefit from secondary relationships even though they are not needed as are primary ones. Some parents place too much importance on the need of one to three year olds for peer relationships; it is useful, however, for parents to secure their one to three year olds' with occasional peer interactions. The opportunities having same age or a bit older or younger peers brings for helping the one to three year old learn to adapt and socialize makes having peer interactions well worthwhile. For example, when spunky 11 month old Jennifer repeatedly pulled the pacifier from 11 month old Johnny's mouth, it presented both children and their caregivers the challenge and the opportunity

to help each child adapt constructively (see Unit 1, Section 1.261 for a description of the event). Jennifer's mother had the opportunity to help her 11 month old begin the process of controlling herself from grabbing what belongs to someone else, to learn some things belong to her and some to others, to learn there are things she can do and things she cannot do, that if she wants other kids to like her and want to play with her, she cannot be inconsiderate or mean, and much more. So too, Johnny's mother could see the need to help her 11 month old stand up for his rights, protect what belongs to him, not let others just grab things from him, learn how to deal with other children's aggression and his own. We shall address this further in Section 2.242, in dealing with aggression. Thus peer relationships, as well as having other family members to relate to, and of course when there are grandparents available to insure the young child's relationship to them is enriching for the one to three year old.

Because daycare is increasingly used by young parents, a word is warranted here on how the parents can be helpful in facilitating their child's relationship to caregivers when in daycare. However capable and talented in caring for young children daycare caregivers are, and of course the better they are, the better for the children, children do not experience daycare caregivers in the same way they experience their own mothers and fathers. Let us pause for a moment.

Daycare is here for very good reasons and for very good reasons it is here to stay. The research to date leads us to hypothesize that young children who have good relationships with their mothers and fathers, for the most part will be able to tolerate the daycare experience without substantial problems being created by it. But, to secure that daycare does not create problems that will interfere with personality development and growth, it is well for parents to understand what the daycare experience may be for a child one to three years of age. To expect that the child will have no reaction to being separated from mother for a number of hours during the day is to ignore an unavoidable normal experience. To ignore it will make the parent not able to deal with it constructively. It is important that mothers and fathers recognize that a normal 18 month old, with entry into the rapprochement subphase, will probably experience heightened separation anxiety, stranger anxiety, or the need for comforters, all in response to being separated from mother and father for a number of hours during the day (see the experience Jennifer had when which we described in Section 2.2211). To ignore the child's reactions will rob the parent of the opportunity to help her or his child cope better with the distress the child experiences from being separated from mother and father for those hours. It will mean that the child's reaction of distress will not be recognized, not be permitted expression, and rob the mother and the child of the opportunity to talk about, yes, talk about, not only the child's distress but also the anger the child feels toward the mother. It is important to bear in mind that parenting is not fun and games, it is a very serious enterprise; issues of pain arise between child and mother, between child and father, and this pain is not necessarily bad if expression of it is permitted and if children are helped to cope with it constructively. To disregard an experience of pain that is caused by a mother's going to work outside the home, father's going to work outside the home, is to disregard an experience that can usually readily be resolved, and that can work to the advantage of the child and parents. Young children can feel pain just as adults do; young children are not fragile just as most adults are not fragile; young children can tolerate frustration, even moderate deprivations, some better than others, just like adults can. But these need to be recognized as such, so that learning to cope with them constructively can occur; denial that they occur is often harmful to the child and the parents. For example, denying that a painful experience is taking place leads many a child to learn to deny his or her own feelings; this may then lead to the inability to express his or her feelings well and reasonably, and it then leads to

the accumulation of resentment and hostility which also will not become expressed; and more.

Let us underscore again, daycare which is needed by many young parents, does not have to become a source of trauma; it is less likely to become traumatic when the parent-child relationship is predominantly good and when opportunity is given for reasonable expressions of the feelings engendered by the separation from parents as well as whatever experiences the one to three year old may have in daycare.

THE PRESCHOOL YEARS (3 to 6 YEARS)

3.2211 HUMAN DEVELOPMENT: Self and Human Relationships

The Development of Self:

The remarkable development of each person into a "self" which begins from birth, has undergone complex development during the first 3 years of life. Through the dual process of (1) an unfolding of the most primitive sense of self, hand in hand with (2) the separating out of that budding sense of self from the all-important sense of being one with mother through the process of separation-individuation which Dr. Margaret Mahler describes, by 30 to 36 months the sense of self as an individual progressively acquires stability and reliability. The child who develops favorably has negotiated and established well the sense of "being together with" and "being distinct from" those emotionally closest to the child, as Dr. Louis Sander proposes. The child now knows, is aware of being a self, an individual person. And equally important, where life experience has been good enough, this "self" has deeply meaningful relationships with those the child now loves, parents and siblings especially.

Differentiation of Gender Self:

Now a major internal organization of the self begins to unfold. From about 2 1/2 to 6 years, the first of two major developments of one's gender and sexuality occurs. The second development occurs at puberty, which brings with it adolescence. The less than 2½ year old child already has some sense that she is a girl or he is a boy. This comes from the child's biology as well as from the way she or he is identified and treated by the parents. "Good boy!", "Good girl!"; "Bad boy!", "Bad girl!", etc. have already been said to the child many times. The way the child is dressed, the toys that are bought for the child, the way the child is treated by the parents all already instill in the child an increasingly stable sense of being a girl or a boy. In addition, in many instances, the child already has seen and reacted to exposed genitals of other children and knows that there are differences between boys and girls.

From about 2 or so years of age on, as a result of some internal maturations the child's behavior shows much concern and preoccupation with sexual matters, sexual differences between male and female, and the recognition of the self as a boy or a girl (see Section 3.23). Quite more than before too, between 2 1/2 and 6 years of age the child is becoming a certain type of self, a male self or a female self. Most children seem to appreciate that they are a male or female with pleasure, pride, and good feeling. But certain factors make it more or less difficult for many a child to accept features of being a male or a female (we shall detail in Section 3.23).

From the child's behaviors, during the 3 to 6 years period, one sees that the self achieves and establishes the all important differentiation into a gender self (that is, a male self or a female self). This is an infantile form of being a female or male self, as compared to the adult form of being a female or male that begins with puberty (see Units 5 and 6). This infantile form of gender formation, though, is important and tends to be decisive for becoming and feeling oneself to be a female or a male person.

Other Differentiations of the Self:

Children's behaviors, especially visible in their fantasy play but also in their actual daily ways of being themselves, suggest that they see themselves as a particular type of person. Among the many things they may pretend to be, be it a teacher, a doctor, or a dancer, many a girl will most pretend that she is a mother; a boy will mostly pretend he is a father. Most often, this results from identifying more selectively with the parent of the same sex. It is important though to know that both girls and boys identify with both their mothers and fathers. These behaviors indicate a further shaping of the self into a mother-self, or father-self, as well as a or a teacher-self, or doctor-self, or a secretary-self, or policewoman-self, etc.

Developing Relations:

As was detailed in Unit 2, the development of the self proceeds hand-in-hand with the development of our relationships to others, with the stabilizing negotiation of "being together with" and "being distinct from" those the child most values emotionally. This is especially so in our primary relationships, with those who invest emotionally in us and play a vital part in our lives from the earliest days of life on.

During the 3 to 6 years period, the child's relationships with her or his caregivers, especially the parents, dominate the child's emotional life. The parents because of the high level of emotional investment in their child (which constitutes primary relationships) continue to be most important to the child's emotional development, now in a new way as will be detailed below and in Section 3.23. The child's primary relationships also continue to include increasingly more meaningful interactions with their siblings. Grandparents too become increasingly meaningful. Some young children now also form more or less meaningful secondary relationships (at a substantially lower level of emotional investment than in parents) with one or several peers or a neighbor. In many instances a child may also have developed an important, but still secondary, relationship with a caregiver other than the child's own parents, e.g., a daycare person. Then, when children 3 to 6 go to school, they also develop relationships with some schoolmates and teachers.

The child's relationships with the parents become more complex. What do we see? To see more clearly, let's simplify matters. (We shall detail this further in Section 3.23.) Let us assume two families where there is a mother, a father, one with a daughter (Jennifer) and one with a son (Johnny) between the ages of 3átoá6. Jennifer and Johnny are both 4 years old. And let's also assume that the family gets along pretty well, that there is good love feeling when things go well, and when mother or father gets angry with the child this is made clear but there is no child abuse or violence.

Relationship to mother:

Mother continues to be experienced by most children as the one who most effectively is able to nurture and comfort, to calm and soothe, and to perform the functions she has performed since the child was born. In addition now, at four, Johnny has warmed even more toward his mother. He often wants to be physically close to her more than since he was an infant, to touch her, even caress her arm and be amorous with her. Clearly he prefers to be with mother than he

had in some time. In fact, Johnny has now said on several occasions that when he grows up he will marry her. At age four these behaviors which have been going on for about 1 year or more continue; but some increasing annoyance with mother appears also. Johnny at times becomes annoyed with mother, even angry, when mother is paying attention to father or other men; Johnny seems to be most angry with mother when she gives father a hug or a kiss. We assume that like most boys, by the time he is five or six years old he will be less amorous, and no longer say that he will marry his mother. He may even give mother a hard time then. He may also become quite clingy to her at times; and at other times virtually ignore that she exists.

Why is this happening? Briefly now, we shall explain and detail further in Section 3.23, those biological development-inducing factors that produce the sense of self as being a boy or as being a girl also bring with them the fact that the boy's biology (and the psychology to which this biology leads) makes him choose his mother as the one he prefers over all others.

Jennifer, for similar reasons, chooses her father. Mother continues to be experienced by Jennifer as the one she prefers for nurturing, calming, soothing, and those other functions mother has most performed with Jennifer. But at four, Jennifer, whose relations with her mother during the first 2 or so years of life have been quite warm and comfortable has become much more difficult during the past year or so. Jennifer's Mom was very worried and sad that her relationship with her daughter seemed to have gotten bad for no apparent reason. Mom was surprised but a little relieved when her friend Gloria told her playfully but with some exasperation that she was ready to lend her own 2 1/2 year old daughter out for a year! "She has become so difficult!" "Would you believe it, she wants her father to take her camping without me!" At 2 1/2, this girl wanted father to take her on a trip and leave mother home. In fact, Jennifer's mother recalls that 4 1/4 year old Diane had put on her mother's powder and perfumes and then dumped them in the toilet. According to Diane's mother, she did this three times!

But these difficult behaviors alternate with periods of the old well known warmth, closeness, even clinginess, like when Jennifer was 1 1/2 years old. Jennifer will probably continue in this vein till she is about 6 years old but expectably with less hostility toward mother and in some instances that hostility will give way to predominantly very positive relatedness.

Relationship to Father:

The relatedness to father that has evolved during the first 2 1/2 or so years continues. The various functions he performs, the comforting and calming, the playing with, the occasional rough-housing, the fixing of a hurt or broken toy, etc., continue. But for the average four year old girl like Jennifer, her father has become even more exciting than before and she just adores him! She has said that when she grows up she will marry her Daddy. When he comes home from work she is the first to greet him and gives him a glowing welcome home. She becomes annoyed with him when he pays attention to mother or to other females. Mostly so, when he hugs mother or gives her a kiss. Interestingly, even though Dad is the one who kissed Mom, Jennifer is more likely to be angry with mother than with father. Every now and then, however, she retreats from this behavior, will ignore her father and be all kindness and warmth with her mother. She is also at times angry with her father for ignoring her needs in favor of her mother. As we noted in Section 3.2121, one 4 1/4 year old Diane sashayed up to her father, fluttered her eyelashes and asked him to take her out to the movies and dancing. We see less of this in many 5 and 6 year olds although it tends to continue, in perhaps slightly modified or slightly hidden

ways for some years to come.

For Johnny too, the relationship of the first 2 years continues into this period of development. Like the average 3 year old boy who is emotionally valued and engaged in interaction by his father, Johnny finds his father very much fun, exciting, and adores him. He may even idealize him. His father is great! But now and then, he wishes Dad wouldn't come home, or that he would stay on his business trip longer. When he finds mother and father hugging he tends to express most of his anger toward his father, as if the father were to blame for this parental behavior. At 4, this behavior will continue. From time to time we will also find Johnny's behavior suggestive of competing with father, of wanting to do things better than his father, of wanting to be big like father. We even see instances of Johnny showing that he believes himself to be stronger than his father. When he is 5 and 6 year old, Johnny's relationship toward father will more or less abruptly change to again a more positive one with occasional expressions of fear of father as well as episodes of competitiveness and rivalry with him.

This is a simplified model of the new behaviors that appear in 3 to 6 year old children in their primary relationships to their mothers and fathers. These become superimposed on and admixed with the types of relationships and behaviors we saw in the first three years of life, from the very infantile positive and negative behaviors through those characteristic for the first 2 to 3 years of life.

Relationships to Siblings:

Siblings are enormously meaningful to 3 to 6 year olds. During this age period, we may expect siblings within 2 years of the 3 to 6 year old to be experienced as peers, whereas more than 2 years older or younger puts more distance in peer-experiencing. As years pass, these differences in years become less distancing in being peers. For the 3 to 6 year, where the relationship is mostly positive, siblings older in years tend to be looked up to with admiration and are often used as models. This is so for both boys and girls. Younger siblings may be readily accepted and become very meaningful to the 3 to 6 year old. But they also are commonly experienced as competitors who are taking a lot of Mom and Dad's time away from the self. This leads to the well-known "sibling rivalry", a virtually unavoidable problem in all sibling relationships, even, albeit less so, in twins.

Siblings are the closest persons to whom the child normally attaches, next in line to the parents. During the 3 to 6 year period, where the relation is good, an older sibling will from time to time be experienced as a parent substitute. This can serve both the older and the 3 to 6 year old well. For instance, like the time when Jennifer's mom has to go for a doctor's appointment. Her brother Mike had to go to a cub scout meeting after school just one block away from home. So Mom asked her friend and neighbor Gloria to take care of Jennifer until Mom got back from her appointment. Gloria and Jennifer's Mom did this from time to time for each other; and besides Jennifer and Gloria's 2 1/2 year old daughter Jane got along pretty well. After some time there, the door bell rang and Gloria let Mike in. Mom had called Mike at the Cub Scout's and told him to please pick Jennifer up because Mom was going to be later than expected. When Jennifer saw Mike, her face lit up. Gloria thought! Jennifer reacted as if, she had seen her Dad or Mom! But it was only her brother. She was surprised at how happy or relieved Jennifer was to see her brother. She also noticed that Mike seemed very pleased when he saw Jennifer's pleasure at seeing him. In this event, Jennifer experienced Mike as a stand-in for her parents.

This meant a lot to Gloria because she recalls every now and then how Jane had once sadly complained to her Uncle Jack that her 8 month old sister Sara "has stolen my mommy!" Gloria hoped that maybe someday soon Jane would recognize that Sara really likes her and values her. 2 1/2 year old Jane then had acutely experienced sibling rivalry. So has Jennifer who at times envies Mike. But Jennifer also values and loves Mike a lot; and it is likely that the same will happen to Jane and Sara.

Siblings are also important to 3 to 6 years olds as playmates. But here too, play can end up causing hurt feelings and lead to argument and fights between siblings.

Relationships to Secondary Caregivers:

The 3 to 6 year old child's world still, like during the first 3 years of life focuses most emotionally around the nuclear family, mother, father, and siblings. Substitute caregivers or day care workers who work with children under 5 know that much caregiving including nurturance is needed by them. This in large part is due to the still dominant need to be taken care of, to have caregivers available for emotional sustenance as well as for help with physical needs. The less than 5 year old's dependence on caregivers is still much larger than his or her self-reliance. This is why many children in preschool often turn to a teacher for comfort or reassurance.

Children who experience such a substitute (for parents) caregiver as helpful, kind and friendly may very well develop very positive feelings for that person which can stabilize into a quite meaningful relationship. But the child emotionally perceives that this kind of relationship is usually less emotionally invested than with the parents, that while this caregiver is very nice, that the caregiver would not "take the child home", nor would the child want to go home with her or him. Regrettably, we do from time to time see young children whose relationships at home are so poor and painful -- due to parental emotional illness, or neglect, or abuse -- that they would welcome a very nice caregiver's offer to take them home. Under such conditions, the 3 to 6 year old child may attach to such a caregiver and then, separating from her may cause painful separation reactions. Some children who are in emotionally very poor home situations may attach to an aunt or an uncle who offers the young child feelings of love, respect, and enjoys being with the child. Such an attachment may become the major source of feeling loved and valued and provide the child with positive identifications which give the child positive images of the self and others, provide models for coping, reacting, and behaving. Such a relationship may have all-important consequences to the child's developing ability to cope constructively and to his or her personality. Clearly, the child whose relationships with her or his parents are loving, respecting, and gratifying enough, is enormously advantaged over the child whose sole source of positive relatedness is a loving aunt, uncle or teacher.

There was a time when throughout the world, families including grandparents, even aunts, uncles and cousins all lived together. In many countries now, including the USA, grandparents generally no longer live with their grown children and grandchildren. There are, however, many families in the USA that are constituted of a grandmother, a young mother and child(ren). Some two-career families wisely convince grandparents to live with them to care for the child when both mother and father are at work. 3 1/2 year old Victor's Mom and Dad both work long hours outside the home. His paternal grandparents have lived with them for 7 years, since the birth of his 7 year old sister. Victor has developed very good, loving relationships with all those in his family, his Mom and Dad, grandmother and grandfather, and his older sister. His relationship with each is different, as is the case with all children. At 3 1/2, he seems to turn to

his grandfather for protection, and any time he needs something done he cannot do himself. In fact Grandpa and his Mom seem most comfortable for him. Victor has formed primary level relationships with his grandparents as well as his parents and sister.

Relationships to Peers:

In the USA, peers are now introduced in the lives of 3 to 6 year olds more than was the case years ago. Peers are introduced to 3 to 6 years in countries where daycare is needed; in the USA and Western Europe it is because parents need to work outside the home; in other countries, such as Russia, China and Israel, it is because of social philosophic convictions as those that come with socialism. Child developmentalists (of certain schools) believe that the nuclear family is where the 3 to 6 year old child's basic developmental tasks lie. These professionals do not think that peer relations are necessary as they will become during the 6 to 13 years, and especially during adolescence.

However, there are advantages to 3 to 6 year olds having some peer relations to pave the way for their learning to get along with peers during the years that follow. For instance, 5 1/2 year old Bernie had a hard time sharing his toys with Suzy and Tom. Although Bernie's Mom didn't do the best job in helping him with this problem, it was a valuable lesson for him; and it was helpful to him that Suzy and Tom were sympathetic and quite positive about it. You could see the relief on his face when Suzy put her arm around his shoulders and Tom said he feels like this sometimes too. And, of course, Jennifer's Mom was really very helpful to Jennifer when she told her she could not take or play with things that belong to her brother Mike without his permission. And then it is also quite useful that Jennifer has a chance to play with 2 1/2 year old Jane who seems to enjoy Jennifer's "mothering" her; Jennifer seems to take that play and that relationship pretty seriously; in fact Jane likes Jennifer quite a lot, probably because Jennifer's practicing at being a Mom is thoughtful, considerate and caring.

Relationships to Teachers, Others:

Teachers become quite meaningful to 3 to 6 year olds. Some become so more than others. They can become important to the child because the child likes them or because they have hurt the child and evoked feelings of hate for them. Of course, a young child being hurt (emotionally or physically) by a teacher may have serious consequences for the child's feelings about school. On the other hand, a 5 year old liking or even having a "crush" on his kindergarten teacher will make him look forward to going to school and like school.

The last situation mentioned can be very real for the child. 5 1/2 year old Bernie showed the degree to which a child can feel "in love". We learned of it gradually, but its proof came later. For the past 2 months Bernie had been asking his mother to have her invite the young woman who lived in the apartment below theirs to come to visit. One time she said that when she came he wanted mother to leave them alone. Reasonably enough, mother did not invite her, but she was sympathetic to her son's very strong feelings for this 24 year old woman. She was taken by surprise that her 5 year old could feel so infatuated with a young woman he hardly knew; he saw her a few times and she was always very pleasant with Bernie and his Mom. But the proof of the depth of his feelings for her showed when Mom told Bernie that the young woman was moving away, out of Philadelphia. Bernie became sad, looked forlorn, and gave the impression of a broken-hearted lover. We shall talk more about this in Section 3.2312. A child's

romantic attachment to a teacher, or a neighbor may surprise parents by its intensity. Although its disappointment caused Bernie much pain, that he could develop such a romantic attachment for someone other than his mother was quite advantageous for him. We shall explain why in Section 3.2312.

3.2212 CHILD REARING: How to Optimize the Development of Self and Human Relationships

Optimizing the Development of one's Gender Self:

We will withhold a full discussion of the child rearing aspect of this issue until Section 3.23 because it will make more sense after we have talked about a major emotional-psychological development that comes with the emergence of the child's sexual life. For the moment, it may suffice to say that the parent who does not know to expect these kinds of normal behaviors, the concerns children express about being a boy or girl, the concerns about their genitals, the boy's preference for and erotic feelings toward his mother and rivalry and competitiveness with father, the girl's rivalry, competitiveness and increased hostility toward her mother and preference for and erotic feelings toward her father, that parent will be startled by these behaviors. Many also will be hurt by what they will experience as unreasonable, unfounded hostility, be surprised by and made uncomfortable or anxious by the expression of erotic-romantic feelings. While the girl's adoring her father and the boy's adoring his mother are pleasant to the parent in question, they commonly reach proportions of erotic experiencing -- like Bernie showed -- that will from time to time make most fathers and mothers feel uncomfortable. Most parents deal with this reaction within them by ignoring or denying (believing it does not mean what it appears to mean) the child's behavior. As a result many parents tend to not see that it is happening and then cannot help their children cope with these behaviors in ways most advantageous to the child. Knowing that these behaviors occur normally and understanding what causes them and what their implications are can make easier the parents' efforts to help their child become a self who likes being a male or a female (see Section 3.23).

Other behaviors, as well, that enhance the development of the child's gender-self can be encouraged or discouraged by the parents' reactions to them. Obviously, a parent who ridicules or is indifferent to her/his child's pretending to be a mother or a father or a doctor or a secretary or a truck driver may have a significant discouraging impact on the child's self image. The parent who appreciates the genuine interest the child has in pretending to be or wishing to be a mother, a father, etc., and is optimistic (and says so) for the child's future as a mother, father, truck driver, etc., enhances the child's self attitude about these wishes and ultimately helps to make them part of the child's future, achievable goals.

For now, we can say that Doug's mother did not do well when she called him a "Sissy" for fearing learning to swim. Calling him a Sissy due to such a fear can undermine his sense of being a boy -- besides offending him (hurting him) and making him angry with her. Doug's Dad was much more helpful because he essentially told Doug that being afraid of swimming or riding a bike (like Bernie was) does not mean one is not a fine boy who can grow into a strong and capable man.

Jennifer's Mom and her friend Gloria are being helpful to Jennifer's sense of being a girl

when they make opportunities for Jennifer to "mother " (pretend) Jane now and then when they play. Jennifer's pretending is a trial experiencing, as if the child were saying "This is how I will feel when I am a Mom". It is very helpful that Jennifer's Mom said to her; "You were acting like a very nice Mom when you were playing with Jane. Jane really likes you." Had Jennifer been mean in her pretending to mother Jane, Jennifer's Mom could have asked her why she was acting like such an angry Mom with Jane? What had Jane done to make her so angry? Such attention by mother further supports Jennifer's sense of being a girl who will grow into a woman who can become a mother. Also noting that Jennifer was acting like a good mother, or, had it been the case, noting that Jennifer was acting like a mean mother can help Jennifer further sort out what it is to be a growth-promoting as compared to a growth-disturbing mother.

Diane's father too helped in a growth-promoting way Diane's sense of being a girl. When she sashayed up to him and fluttered her eye lashes, etc., he did not ridicule her. He said he couldn't take her to the movies and dancing like he does with mom, but maybe they could all go the movies together some day soon. And, Dad took her seriously; we'll see later what else he said to her about this (see Section 2.312). And Bernie's mom too contributed well to her son's feeling he is a boy, with real boy's feelings about a (grown) girl which she approved of.

Developing Relationships:

All children throughout their development identify with the people they value emotionally and to whom they become emotionally attached, that is, with those with whom they have a primary relationship. All 3 to 6 year old children identify most with both their mothers and fathers and in some with their grandparents, or an aunt or uncle to whom they feel very close. Children identify with both the positive as well as the negative attributes in both their parents. Parents cannot influence which aspect of themselves their children will select for identification. They can expect, however, that children are more likely to identify with what their parents do than with what the parents wish their children would do.

We will also withhold a full discussion of the child rearing aspect of developing primary relationships during the 3 to 6 years period until Section 3.2312, after we discuss some basic emotional-psychological dynamics brought about by the child's first major phase of sexual development. The relationships to the parents in all its aspects is of such large importance to normal psychological development that a fuller understanding of it for the 3 to 6 years period is warranted before we proceed. We will only note that the concern many parents have that their children need peers in these early years or they may never learn how to get along with other people is erroneous. The relationships we make, as children and as adults, as peers, as mates, and as parents are first and foremost dependent on the primary relationships we formed with our own parents during the first six years of life. Later experiences with our parents, experiences with our siblings and then peers and others count also toward the kinds of later relationships we make. But there is no urgency to children under six years of age having a steady diet of peer relationships; there is urgency to their having a good enough relationships with their parents and their siblings.

Optimizing the Relationships to Siblings:

It is useful to bear in mind that relationships between siblings are usually the longest lived and experienced relationships any of us have. Usually siblings come into our lives very

early if not from birth on, and on average, will live as long as we are alive. Our siblings will be around 20 to 30 years longer than our parents and our mates. It is reasonable to say then, that optimizing these relationships is of great value.

One factor that adds value to sibling's relationships is that sibs are not only individuals with whom we have a primary relationship, as we do with immediate family members, but that they are also peers. In this then they also belong to that unique world outside the family: peer relationships. As peers they are not yet as important to the 3 to 6 year old child as they will become during the 6 to 12 years period and especially during adolescence and later.

It is therefore very helpful for parents to try to secure and protect good-enough relatedness between their children. In Sections that follow we shall especially focus on how to handle sexual behaviors between siblings -- and they happen much more than most parent recognize -- and how to handle aggressive, especially competitive and hostile behaviors between siblings (see Sections 3.2312 and 3.2412).

Although Jennifer's parents were aware that they did not want to make unreasonable demands on her 7 year old brother, Dad especially would say to Mike "Take care of your sister," or "You're her big brother, you have to protect her when she needs it". That helped, even though Mike felt, most of the time anyway, that nobody needed to tell him that, he knew that. Mom helped this too, when she trusted Mike to take proper care of Jennifer and asked him to please pick Jennifer up at Gloria's because Mom would be late. Some mothers or fathers would not trust their seven year old to do this. Parents have to use their judgment about it. But where the 7 year old has shown age-appropriate responsibility, it is confidence and self-esteem building for a mother to ask her 7 year old to help her as Jennifer's Mom did. The skill needed by the parent here is to be able to determine and make a demand that is not beyond the child's capability or sense of responsibility and at the same time not underestimate what the child can do.

Jennifer rewarded Mike too by reacting on seeing him like he is someone she trusts and loves. Parents can help siblings have such rewarding experiences with one another.

Gloria and her husband had their work cut out. 2 year old Jane feels very angry that they had another baby, Sara. She did not ask to have a sister and she feels that this little unasked for sister "stole" her mommy from her! (See Section 2.2212 for how Jane's parents tried to help their children.)

Optimizing Relationships to Secondary Caregivers:

It is important that parents continue to allow their children to make immediate family members, mother and father especially, the central relationships they have. One young mother of 3 had somehow come to understand that 3 to 6 year old children are no longer as much in need of being with their parents as they were during their 3rd year and before. The way they need and use their parents differs, but parents are still very much at the center of children's lives. This young mother was no less drained by the demands made on her by her 3 children, ages 2, 6 and 8, when she received this information, but she was relieved that it told her there was nothing wrong with her children's needs for her attention.

But it is also advantageous for their 3 to 6 year old children that relationships with substitute caregivers be good. It is important that children be prepared for substitute caregivers, whether they come to the child's home, are in daycare or in preschool. Parents need to find out what these caregivers are like. How do they seem to feel about children? Do they respect them? Enjoy their behaviors and efforts to cope? Do they welcome the child's efforts to communicate?

Can they facilitate the child's efforts in communicating, in coping with challenges, in being sociable with others (where appropriate), etc.? Are they too distant? Do they allow the child to take their hand in times of stress? Can they comfort the child reasonably when needed? Are they interested in what the child says, does, and feels? Is their view of children and childrearing very different from the parents and, if so, are they unable to treat your child according to your views? This last issue is important in selecting a private substitute caregiver. Day care centers and preschools too have ways of treating children parents need to become well acquainted with.

It is also very useful to keep close track of how the 3 to 6 year old feels about her day care center or preschool caregivers or her home substitute caregiver. Does the child enjoy them or her or him? Is the child afraid? Is the child experiencing a good deal of separation anxiety? Fear differs from separation anxiety. Fear comes from an outside source, that is, fear of a dog, or of a scolding, punishing caregiver, or of a bully in daycare, or of sexual abuse. If the child is afraid, parents are wise to take this seriously and explore with the child what she is afraid of. Anxiety, like in separation anxiety, comes from within the child. It is activated by separation from all the persons to whom the child is attached, which is an outside event. But there is no external threat that the child is losing the loved parent or will be abandoned; this false perception of being abandoned, or of loss comes from within the child and results from the still not stable enough inner emotional construction of a self and a loved one who love and value each other no matter what. Therefore, if 4 year old Jennifer is very angry with her mother because she felt Mom prefers Mike over her, this anger toward Mom could make her feel anxious about leaving Mom to go to school out of guilt for being angry with the Mom she loves. The guilt makes her feeling loved and valuable unstable.

It is much help to the child if the 3 to 6 year old child becomes especially fond of a day care worker or preschool teacher. If the relationships at home are good-enough, such an outside-of-the-family relationship takes nothing away from the child's love for the parents. Children and parents do not have a limited amount of love; love does not need to be distributed. It's time and energy that are limited. When a parent (or child) cannot be emotionally available at a given time it often is not because of a lack of love, but because a parent cannot be in 2 places at the same time, just as Gloria cannot get some food for 2 1/2 year old Jane while she is diapering 6 month old Sara. It is useful to be aware of this and say so to Jane and Sara; and it is well for parents to know that a child really liking or even loving a substitute caregiver is no threat to the parent-child relationship. Quite the contrary.

In this way, for example, 3 1/2 year old Victor has the advantage of being cared for by very reliable, very loving grandparents. They provide him with emotional experiences of everyday life that make him feel valued, paid attention to with interest and respect. In this, the grandparents add to the good life experiences he has with those with whom he interacts, which he internalizes in his store of experiences, memories, expectations of others, and become part of his personality. It is good and to Victor's advantage that his mother and father are grateful to Victor's grandparents for the way they take care of their son; and the grandparents know they feel that way.

Optimizing Relationships to Peers:

Parents know how often their 3 to 6 year olds need them to referee their play together. It is unavoidable that children this age will become upset and that this will be reflected in their interactions with peers. It was not clear to Bernie's mother, nor to Bernie either for that matter,

why Bernie did not want to share his toys with Suzy and Tom that day. As we already said, we know there was a reason and his mom was not helpful when she just scolded him. It could have helped if she had let Bernie know he must have a reason for feeling upset, angry, and not wanting to share his toys. What was it? If it was that Suzy and Tom were being mean or were teasing him, Mom could have helped them to stop that by telling them she knows they wouldn't want to be treated like that and to cut it out. Or if she could take more time, she could get into it more extensively with them. It would be worthwhile; there are many reasons this would pay off. Mom would not only be helping Bernie learn to deal with his friends better, but she would be helping Tom and Suzy too, all at the same time. In addition, she would get to know Suzy and Tom better herself. It is highly useful for parents to get to know their children's friends. This is important not just for adolescents. Some 5 year olds can be surprisingly hostile when an adult is not looking; but this can be picked up by talking not only to one's own child but to his friends too.

In what actually happened with Bernie, Suzy and Tom, Mom could have repaired some of the hurt her scolding caused Bernie by taking her cue from Suzy and Tom. She could have apologized for what she said; "I'm sorry Bernie, that wasn't a helpful thing for me to say" would have done a lot to undo her premature scolding. She could have complimented Suzy for wanting to make Bernie feel better (she did try to comfort him) and Tom for admitting that he too at times feels like Bernie did then. And again, then everyone would have benefited from this unpleasant event.

Jennifer's Mom was very helpful because what she did when she told Jennifer she cannot play with her brother's constructions without his permission includes Jennifer's seeing that Mom protects her children's property and rights, that Mom is trying to help Jennifer be fair and reasonable, that she protects her against doing things that will get her in trouble, and more. Jennifer could remember times when she told Mike that being Jennifer's big brother doesn't mean he can play with her things without asking Jennifer if it's ok, and Dad has told Mike he should protect her against anybody trying to hurt her when they are outside.

Optimizing Relationships to Teachers, Others:

Bernie's Mom did a good job because even though she was surprised by Bernie's reactions to the young woman in the apartment below theirs, she let Bernie's behavior inform her. Parents often tend to feel that what their children show in their feelings cannot be like what adults feel. That is not true at all. Letting the child's emotional, verbal, and behavioral expressions inform the parents is by far better for all than when parents have a preset notion of what children are supposed to feel, experience and understand. We shall talk more about handling such a situation in Section 3.2312.

Facilitating 3 to 6 year old children's relationships with teachers, neighbors and others is not simple, nor is it trivial. Parents want to help their children try to sort out whom the child can trust and whom the child should not trust. This is difficult. Some teachers, neighbors, others are very fine people who really like children; some are not; and some are people with emotional problems who may be hurtful to children. With 3 to 6 year olds, it is wise to caution children to not accept candy or car rides from people their parents do not know. It is wise to help them understand that unfortunately not everyone can be trusted. It is especially to help the child sort such questions out that parents must talk to their children, must try to facilitate their children's

talking to them. It is easier to do so with children under 6 years than later. Furthermore if it is not done with young children, it will not all at once become possible to do so when they are teenagers. If parents want their children to talk to them when they are teenagers, we say, talk to your children when they are babies (from birth on), talk to them and listen to them, listen to what they say.

It is not wise to tell children they cannot trust anyone because this may do much harm to the child's learning to socialize reasonably. So parents must have their children develop the ability to use their judgment, and this should begin even before age 3 years. There are many opportunities to help children learn to use their judgment. For instance Gloria should talk with 2 1/2 year old Jane about her complaint that Sara had stolen her Mommie. It's true that Mom needs to spend a lot of time to make Sara feel loved and valued, and a lot of time feeding, diapering, holding and comforting Sara, but Mom really loves Jane too. Talking with Jane about the way things really are can help Jane try to use her judgment about things she feels and thinks.

Bernie's Mom, who did so well with Bernie's feeling terribly forlorn that his beloved neighbor was going to move, but did not do so well when he did not want Suzy or Tom to play with his toys, has many opportunities to help Bernie use his judgment. And so did Jennifer's Mom when Jennifer took her brother's erector construction. Both mother's could have added: "How would you feel if this was done to you? Please think about that." They would be asking their children to use their judgment. This contributes to the child's being in a situation, when she or he needs to think "Is this a safe person? Should I do what he or she says? Does my Mom or my Dad know him?" And add, "If you're not sure, don't do what he or she tells you to do."

THE EARLY SCHOOL YEARS (FROM SIX TO TEN YEARS)

4.2211 HUMAN DEVELOPMENT: The Development of Self and Human Relationships

The development of self continues to be significantly intertwined with the development of the child's relationships to others. To be sure, there are components of self development that are independent from relationships to others, such as that component that pertains to the child's gender identity formation which is now stabilizing at the level of the family romance resolution, and especially during the 6 to 10 years period in the component self development that pertains to becoming industrious, capable of work, of developing skills required to do competent work. The consolidation of the gender self continues with a relative quieting of the child's preoccupations with these specific self experiences. The industrial self grows by means of a process which to a degree does require others, but in effect, enlarges the self capabilities, autonomy, and as these succeed, lead to positive self feelings, self perceptions, and positive self image. Where success in the development of skills and industry is high, the sense of adequacy will be usually high. Where success in these efforts is low, a sense of inadequacy will stabilize. This of course contributes importantly to the child's fantasized or idealized self, the evolving of industry identifications (as with mother the parent and the lawyer, father the parent and the engineer) adding to the earlier autonomous, initiative capable self identifications established by the child.

Side by side with these self-initiated strides in self development, the child's relationships to others significantly contributes to the evolving of the self. The importance of others to the self is complex. Other persons continue to be experienced at a level of **primary** relatedness as well as at a level of **secondary** relatedness. As we described in Unit 2, **primary** relatedness is experienced where the other is valued emotionally by virtue of the child's experiencing this other as capable of gratifying needs for affection, nurturance, protection against dangers, toward whom the child experiences love (as well as hate) and occupies a place of large importance within the child's mind and everyday experiences. It is the kind of emotional investment parents make toward their children, toward each other, and children make toward their parents, toward their siblings. In contrast, **secondary** relatedness is one in which the other fulfills a specific function for the child, a function limited in character, such as the function of a teacher, the function of a physician, the function of friends for social interaction, play and work. In such relationships, the child does not experience the profound need for love, for nurturance, for protection, for interactional commitment characteristic of relationships within families. Nonetheless, positive relationships with teachers, with peers, are essential within the specific functions they serve. A further point of distinction of the two types of relatedness could be stated in that the loss of a secondary relationship does not impact as painfully or as globally on the child as does the loss of a primary relationship. Consider the impact of the loss of a parent as compared to the loss of a teacher or a friend. Even though the loss of a friend can be very painful it usually does not in a child 6 to 10 years of age carry the weight, nor the importance or pain, of losing an emotionally valued parent or a sibling.

During the 6 to 10 years period with the increasing importance of life outside of the home, life in school and on the playground, a slight shift in importance occurs from primary relationships to secondary relationships.

Primary relationships, relationships to mother and father and siblings, evolve in the direction of a stabilization of the feeling of primary relatedness. Parents continue to occupy a prime position in the child's life, fulfilling needs for love, guidance, feeding and protection, support in a child's endeavors to develop skills, and increasingly as consultants for the handling of problems outside of the home. Siblings, especially older siblings may at this time acquire yet another degree of importance which is, that in addition to feeling primary relatedness toward siblings, that is that they are part of the family, a sibling also now comes to represent the peer group perhaps even more than he/she did before. As the peer group acquires new importance to the 6 to 10 year old, the sibling becomes a representative of that group as well. Where the sibling is older, that sibling also is sought out for counsel, for help in adapting to the peer group ranging from ways to facilitate relatedness to peers themselves, tasks assigned by school, performance in social situations, etc. Nonetheless, in spite of its continuing great importance to the child, a family does not have the all encompassing centrality it had for the child prior to this age.

Extrafamilial Relationships:

Teachers begin to acquire importance. Of course many children prior to age 6 have already been in preschool and in daycare and have there established secondary relationships with teachers and daycare caregivers which may in fact have been of much emotional meaning to them. Nonetheless, a developmental stage factor plays its part during the 6 to 10 years period in the shift to greater importance of teachers and especially of peers. It is not uncommon for many a 6 to 10 year old to prefer one particular teacher over others. In some instances, such a teacher can become enormously important; some may even be sexualized (see Section 4.23).

Peer relationships now begin to acquire an importance which for most children they have not acquired before, even for those who have been in preschool and in daycare. But first, just a word about preschool children's relationships to peers. Mental health professionals have found that where children younger than 6 years of age whose relationships with their parents are too limited, insufficiently gratifying, or for one reason or another are not sufficiently available to these young children, that they will make efforts to have their needs met not from adults but by children as young as they are. Some studies have shown that children without parents, in child protective centers, turn to each other with the expectation of being nurtured by another child, and that some children even as young as 2 years of age respond to such expectations by indeed feeding another child, helping another equally young child when in distress, to a surprising degree. There is concern among mental health professionals that the degree to which such young children can gratify others is very limited, as well as the concern that they may develop premature parenting attitudes and sense of responsibility and that such children may foreclose the growth experiences that come with being a young child who is nurtured by adult caregivers.

Peer relatedness during the 6 to 10 years period begins a process which will mostly be worked through during the 10 years of adolescence whereby the level of importance achieved by parents for the young child gives way to an increasing importance of peer relationships. During adolescence, as we shall detail further in Unit 6, the peer must acquire a progressively increasing importance in preparation for the selection of a peer as a mate, an eventual relationship which will become primary and central to the individual. This gradual process of increasing valuation

of the peer has its beginnings during the 6 to 10 years period of development. Peers do not yet achieve the level of importance they will attain during adolescence nor the level of importance achieved by nuclear family members. Nonetheless it now begins to be important for children to be able to begin to develop some friendships even if they are brief in duration, experienced only in the context of school or in the context of the neighborhood, and do not preoccupy the 6 to 10 year old as relationships do for the adolescent who is constantly on the telephone, for example.

Peer relationships occur one on one, one on several, and one on group or the self as a component member of a team. Each of these plays an important part and contributes to adaptation at these varying levels. One on one relationships tend to be more intimate, more individually focused, and more than the others begin the child on the trajectory to eventually forming the one on one relatedness which will evolve through several critical steps into relatedness to a mate. That is to say, it is important to emphasize that peer relationships at this age tend to predominantly be within same gender, same sex relationships. A boy will tend to select another boy to be a friend; a girl is more likely to select another girl at this age. This of course does not exclude the occasional interest a boy has in befriending a girl, or a girl in befriending a boy.

One-on-others relationships function especially to produce the capacity to relate to several peers at one time. This too acquires importance and paves the way for relatedness in the work place, in the collaboration with a small group of people where the self is not as submerged as it is in a team effort. One particular set tends to be difficult, that is the one-on-two type of interactions. A major problem here comes from the possibility for imbalance in relatedness. It is not uncommon when three boys or three girls get together that when things gets difficult, the collaboration of two to exclude the third becomes particularly difficult, and at times damaging. While this happens to boys and to girls, some reports suggest that this may happen more frequently among girls where it may become more painful.

The one-on-group type of relatedness, relatedness of a child as a member of a team, tends to be more tentative, the child tending to be more passive and more swayed by the direction taken by the group. The experience in the group however becomes stabilized by the development of rules and regulations by which the group functions. This, however, also requires the child's relinquishing some individuality in order to comply with the rules and regulations. This too becomes enormously important as a way of functioning in society and can serve the child exceedingly well. While all in all any relatedness will be modeled on the earlier relationships to the parents, during the 6 to 10 years period relationships to peers add to the child's ability to relate socially in a variety of contexts.

Relationships to Pets:

Many a 6 to 10 year old becomes interested in owning a pet. This seems to be more prominent than in children under 6 years of age, although some younger children also experience affectionate feelings toward animals and want to own pets. We are not certain why the interest in owning a pet increases in children during the early elementary school years. It may have to do with the child's first large steps away from the large dependence for love and support from the parents and, where the child may feel that the relationship with an animal may give the

child more control over that organism. It remains that pets can become enormously valued by the child and at times fulfill the function of being a listener to the child's complaints (especially about the parents), or a source of affection and attention. This is especially so with dogs, who are very responsive to attention and seem to always welcome the interest of a child. In some troubled children, children who are abused especially, or who have in other ways been significantly hurt, some of the hostility generated within the child may become displaced upon the animal and sadistic behavior toward animals may become evident. Such sadistic behavior toward animals is invariably a sign of the child's having an internal load of hostility which the child has difficulty modulating and controlling. Persisting sadism toward animals should be taken as a sign of a child needing professional help.

4.2212 CHILD REARING: Optimizing the Development of Self and Human Relationships

Parents continue to be needed much as they have before, for love, nurturance, protection, but now, in addition, for help with the mediation of relationships to peers and to teachers. Many a parent may sense the increasing importance of peers as a pulling away from the parents themselves. Although this pulling away from parents occurs only to a modest degree, it is essential for the 6 to 10 year old in order to adapt well to the world outside the home. Some parents, more often mothers than fathers, may find it difficult to allow their child's forays into the outside world, such as the child's developing affection for a teacher, or the child's need to visit a peer or have a peer visit him/her at home. It is important for the child to be able to visit a peer or have the peer visit the child at home. This is so for a number of reasons, including the possibility for supervision and guidance, the opportunity for the parent(s) to observe their child in action with a peer, the opportunity to get to know the peer the child is befriending. These opportunities will be enriching for both the child as well as for the parents. Furthermore, the child's forming relationships with peers will be facilitated when the parents accept such visits. The child will know when a parent experiences the child's turning to peers as a rejection, or as a lessening of love for the parents, or as a rejection of the family as a whole. This tends to occur more sharply in families where there is difficulty between father and mother, where the allegiance of a child is more needed by each individual parent. This is even more acutely the case in families where there are separations and divorce. There, a child may be filling a place which should be occupied by a mate, a function many a child this age will be only too willing to serve. Unfortunately, it can impede the child's normal progression to developing relationships with peers which during adolescence will become enormously important. In other words, even though the child's ventures into relationships outside of the home are only modest, are only moderately emotionally invested by the child, a parent has to be able to let go without feeling pain, resentment, or rejection by and of the child.

There are unique opportunities for the parents' to help the 6 to 10 year old child grow. The parent can play a large role in helping the child organize, facilitate and complement the child's efforts at increasing the development of skills, particularly those pertaining to school as

well as with chores at home. A parent as protector of the child's learning, as facilitator of doing homework, is of enormous importance to many a child who may have difficulty organizing these activities to a successful degree.

Equally, a parent can become a person who can counsel the child on how to get along with peers, how to protect oneself, one's interests and one's rights with peers, but to understand and come to accept and tolerate rules and regulations which govern peer relationships.

The tasks of parenting are not diminished during this age period. Limits continue to be needed where the 6 to 10 year old is not serving herself/himself well by what she/he is doing. The parent will often have the annoying task of insisting that the child get to his/her homework, his/her practicing be it a musical instrument, a gymnastics routine, catching ball and swinging a bat. The parent will also find it often necessary to insist that a chore be done which the child has been delaying in getting to. The parent will often find herself/himself a taskmaster in getting the youngster to keep his/her room or part of room in a reasonably healthy state. Parents will often have the continuing task of mediating arguments between siblings, now also between peers who come to visit. And now as before, age appropriate demands for help with chores, for task performance can be made of the child, the expectation of their being fulfilled counted on, insisted upon, all, however, with respect for the child and the trust that the child will meet these expectations. In order to be successful, schools, teachers, need parental investment in their children's schoolwork, count on the parents assisting the child where assistance is needed in order to be successful.

In addition to the continuing needs for limit setting, for helping the 6 to 10 year old do the work required of him/her, there will be a continuing need for supervision in the activities of the 6 to 10 year old in relationships with siblings as well as in relationships with peers. This will include a child's tolerating the limitations imposed upon him/her by rules and regulations that govern children's play and games, as well as supervise their interactional play, including the possibility of sexual activity between them. Similarly, supervision will be necessary in their relationships with pets especially so, where hostility experienced is directed toward the pets.

In closing this section we want to emphasize the importance of parents in securing the continuing development in the child of the sense of self side by side with the developing of good relationships, even if they are only fragmentary with peers. In line with this is a time, from about 6 years of age on, where demands for politeness, sociability, the greeting of neighbors, the answering of neighbor's questions can begin to be insisted upon on the part of children. Many parents have already made efforts to help their young child socialize; this now begins to become a necessity; 6 to 10 year olds are truly entering into society and the parents need to help, guide them in relating socially in a way that will be advantageous the child.

PRE-ADOLESCENCE (FROM ABOUT 10 TO 13 YEARS)

5.22 SELF AND HUMAN RELATIONSHIPS

In the first six years of life our self, our identity, sense of entity, and the representation of these in our minds, develop in reciprocity with our constructing a sense of and inner representation of the other (be it parent, sibling, or other meaningful person [or creature]). To the extent that our self is well developed and has, in balance, a positive valuing of this self, to that extent will the awareness of and positive valuing of others develop. In the early years, to the extent that those in our lives are hated and not trusted, to that extent is the self felt to not be trustworthy, to be depreciated and hated. Interestingly, a clear and sound sense of entity, of identity, and of deserving love and respect, of both self and other, is profoundly determined by the quality of child rearing and reciprocal relatedness between child and parents (others).

With the increased separateness from parents and the progressive need for self-reliance brought about by "going out into the world" of the early school years (5 to 10 years), this early reciprocity of influence between the development of our sense of self and of other decreases. Although such reciprocity continues to play a part in our own emotional development, to some degree some aspects of the development of self, such as the development of intelligence and capacities for learning and for work, of adaptive skills, of creativity and sublimation, can evolve to a substantial degree apart from relatedness to others.

We have not yet sufficiently studied and are, therefore, not yet certain to what degree and how regular, many hours daily separations from parental caregiving (primary care, see Unit 1 or 2) brought about by the increasing need of young parents to place their very young children in daycare, will influence the development of those personality factors that depend on direct, preponderant emotional reciprocity with primary caregivers. Report from daycare studies in the U.S., suggest that where the parent-child relationship is of good quality from early on in life, the more likely the child's satisfactory experiencing of daycare without substantial detriment to the child's relatedness and adaptation. Reports from European countries that have long used early year's daycare to free mothers for the workforce (outside the home), tell us of both benefits and detriments to personality development. Benefits tend to be along the lines of earlier developments in certain cognitive (school learning) functions, in compliance to group pressures and in peer relationships. Detriments are reported in a weakening of individuality, self-initiation and self-reliance in later development, with a shift to greater dependence on peers and the group, a shift of greater ties to the group and government authority rather than to family (especially in totalitarian systems). In the U.S., studies suggest greater problems in age-expectable attachment to family, increase in hostility and resistance to benevolent demands for compliance with both parents and teachers (classroom). Studies to date suggest that stressors in parent-child relatedness from early on tend to be correlated with more detrimental adaptations than where parent-child relationships are warm, not overly burdened with stress, and gratifying to both parents and child. But more work is needed to more thoroughly understand the conditions under which earliest years daycare is beneficial and when it may be detrimental.

Addressing the concern of this unit, the period from about 10 to 13 years, the development of self now continues on the parallel tracks of the self developing in interaction with others, family and increasingly now peers, as well as on the individual track of self as a separate entity, as an autonomous being with skills, intelligence, talents, capacity for work, etc.

5.2211 HUMAN DEVELOPMENT: The Development of Self and Relationships

The Self:

10 to 13 year olds universally become aware of biological changes in them which herald the oncoming of adolescence. Awareness of the self's body is especially heightened by the beginning signs of secondary sex characteristics, pubic hair in both girls and boys, budding breasts, enlarging hips and menstruation in girls, enlarging shoulders and chest and leg muscles as well as voice changes in boys. Both boys and girls tend to have a spurt in height as well, often bones growing faster than muscle mass and weight, which in many a pre-teen causes a temporary problem in coordinating longer legs and arms resulting in an apparent clumsiness and "gawkiness". In some pre-teens at least, some clumsiness is more due to embarrassment and bewilderment of sexual bodily changes which, of course, become apparent to others well before the self has assimilated and mastered the emotional stirrings these physical changes bring with them. Many a pre-teen experiences these changes gleefully, with pleasure and excitement, at "growing up". Most 10 to 13 year olds experience both pleasure and anxiety, excitement and alarm at these changes.

The development of adaptive functioning (detailed in Section 5.21, as well as those detailed in 5.24, 5.25, and 5.26) also heighten the awareness of the self and set the stage for the adolescent task of developing a sense of self-identity which will frame the personality of the adult-to-be. The sense of identity is a critical factor making for an increasing consolidation of the sense of self as an individual in a world of relationships, challenges, and enormous needs for adaptation and work. During adolescence, the many possible types of persons the child is capable of becoming will become sorted out and a much more specific personality type and individual will develop. This process is preceded during the pre-teen years by a loosening of adaptive patterns, self concept, and concepts of others which have stabilized during the 6 to 10 years period. We mean this in the sense that each new phase of development brings with it a reorganization of inner experiencing and adaptation, usually at a higher level of organization, and that this occurs during this period of development as well. See Sections 5.21 (Adaptive Functions), 5.23 (Sexual Development), 5.24 (Development of Aggression), 5.25 (Adaptive Functioning, Part 2) and 5.26 (Conscience Formation), for specific component developments that are integral to the changing self.

Relationships:

To Parents:

10 to 13 year olds continue to rely quite heavily on their parents for the gratification of emotional, adaptive, and physical needs. Parents also continue to serve as primary models for identification; the admiration for the parents continuing and wishes to be like the parents, where relationships between child and parents are good enough, continue to influence the child's efforts at coping with the many demands of life. Side by side with this continuing large reliance on the parents, the world of peers including siblings, acquires a new meaning and a new level of interest.

To Siblings:

There is an intensification of relatedness to siblings which may manifest in an increasing sense of comradeship but at the same time may bring with it increased harshness and hostility under the influence of a number of factors. For instance, the painful experience the child may have with her/his parents, or with a peer, may lead by displacement to the discharge of hostility toward a sibling. This may be toward an older or toward a younger sibling; it may be toward a same sex sibling or toward an other-sex sibling. On the other hand, gratifying experiences in relationships with the parents, or with peers, or in a classroom situation, may also by displacement lead to a warming of relatedness toward siblings.

The development of secondary sex characteristics which results from substantial biological stirrings within the self, will lead to an intensification of interest in the sexual characteristics of siblings. The natural condition in a home makes for a special problem: the constant presence of an other-sex sibling in the same house, exposures to varying states of dress, use of the same bathroom, the proximity of sleeping arrangements, make for more frequent exposure of a sexually stimulating kind, in the home more at times than in the external world. As a result, siblings are unavoidably attracted to and interested in each other's sexual developments and experiencing. These lead to conflict within the self due to already existing conflicts over sexuality which have their origins during the three to six years of life period, including among which are the child's own imposing of incest taboos. (More on this issue in Section 5.23).

Sibling rivalry will, of course, continue along the pathway that already exists between siblings and will be co-determined by the quality of experiences at home as well as experiences in the world outside the home. Because the peer group acquires a new level of importance, experiences in peer relationships both positive and negative will also become reflected in the relationships to siblings.

Siblings are in the unique position of being highly emotionally invested as a member of the family and now increasingly as a member of the peer group. In a sense, siblings "bridge" a relationship between the universe of the home and the universe of the world outside. As a result they become critically important now at a new level of experiencing, even more than before although not yet to the level of importance that they will acquire in adolescence and even adulthood; yet they are important during the 10 to 13 years period in a unique way. That is, the child experiences the sibling as a "bridging" person to relationships, at a time when the peer achieves a new level of importance which brings with it the anxiety and stress created by the pre-teen task of preparing for and entering adolescence. We wish to emphasize that, of course, adolescence is the long period of development during which the child becomes transformed into the adult. This process is now beginning and brings with it the loosening of past internal stabilized patterns of adaptation, creating thereby a degree of instability, greater vulnerability to anxiety and inner stress. The sibling can then serve as a member of the family and a peer and under good conditions of sibling relatedness be enormously facilitating for the self, and under poor conditions of sibling relatedness intensify problems with peers and the world outside the home.

Relationships to Peers:

From 10 to 13 years of age, the development of self and relationships is influenced by the emerging awareness of new attractions to and interests in peers, both of the other sex and of the same sex. Crucial here is the influence of sexual growth which stirs much feeling toward, thought and fantasy about "the other" peer (in contrast to parent) as well as to the changing self. The peer of the other sex generally stirs high pitched feelings of excitement and of fear, even of bewilderment. The peer of the same sex generally is turned to in a new way, to share the excitement, fear and bewilderment these stirrings create.

As has already been said, the importance of the peer rose as the pre-teen experiences those remarkable biologically-induced bodily changes which initiate his/her evolving into an adult sexual being. We may wonder why the peer becomes so important to the self during adolescence, a development which has its beginnings now, during the pre-teen years. It is after all important that the centrality of our relationships to our parents shift to making the peer a central person in our lives. The selection of a mate in the early adult years is necessary for the survival of the species, for procreation as civilization has come to depend on. Changing from making the parents the most important persons in our lives to placing peers at a level of primary importance to us, must be set up by certain conditions; we cannot assume that such a shift would occur spontaneously. A number of factors can be called upon to explain this shift. First, is the fact that the peer has become over time, at the very least from preschool years on, the type of person with whom the child spends much of her/his time. The more the time spent in any situation the more one is likely to interact with that person or persons. And the better the chances for forming relationships with them, both for good and for bad. It is possible that in some instances, a peer relationship can be of such good and rewarding quality over the years that a child may develop a preference for peers rather than for members of his/her own family, including the parents. It is, however, not likely that in good family relationships a peer will attain at this age the level of emotional importance to the self as the parents.

Psychoanalytic theorists and clinicians hold that some obligatory internal experiencing to which every child is subject, make an important contribution to this shift toward making the peer a more central person in one's life and to shift away from the central importance of the parents to the self. Because this development is primarily influenced by the evolving of the self as a sexual human being, we will discuss this issue in Section 5.23.

Relationships to Teachers, Other Adults, Idealized Figures:

Many a 6 to 10 year old child has already formed a relationship, at the very least within the child's own mind, with a preferred teacher, or a fantasy figure such as Superman or Spiderwoman, and has consolidated an attachment to one or more non-family person or such figure which serves the child in a variety of ways. A teacher may become an anchor for the child during the school hours. Moments of feeling isolated or distressed can be calmed by thinking of a preferred teacher who is in the same building. Experiencing the classroom which that teacher teaches may be a high point for the child which makes the school experience a valued one. Approval by that teacher can be elating, and disapproval painfully deflating. Idealized figures such as Superman or Spiderwoman, or other figures from myths and fiction may serve in the child's fantasies which are generated by the child in an effort to cope with feelings of smallness, low self esteem, or as goal models to aim for which sustain the inner feeling of self. Such

figures can in fact be enormously influential in a child's self determinations and serve as models for the self for even a lifetime.

Non-Human Relationships:

Stress and anxiety brought about at this time by the obligatory changes in the self, may lead in many instances to an intensification of a relationship with a pet, a dog, a horse, in which the animal may become the object of intimacies, of worries, and even of affection. It is not uncommon for a pre-teen child who experiences difficulties in relationships with family members, such as more than average anger toward parents and estrangement from siblings, to turn to an animal and to feel the animal as a source of comforting, solace, and even understanding. Of course, many a child with a good relationship with parents and siblings may experience a pet in this kind of way.

5.2212 CHILD REARING: Optimizing the Development of Self and Relationships

The Self:

Parents who are aware of the child's experiencing of the bodily and psychological changes which occur at this age period, and quite especially those resulting from emerging sex characteristics in their children, are more likely to appreciate their child's pleasures and excitements but also anxieties and bewilderment these changes bring with them. Given that they will know that their children are very sensitive to these changes, that when these changes occur earlier than usual or when they occur later than in other children of their child's peer group, will know that thoughtfulness needs to be exercised in drawing attention to these new developments. That is to say, parents who are accessible for questions, relatively tolerant of the ups and downs of feeling, of the mood swings that begin to be apparent, will obviously be better able to help their children. The child will experience the parent as one to whom the child can turn, can count on. Teasing about these changes may be experienced by some children as mortifying. Of course, the character of the teasing, how much it is loaded with hostility, is going to be highly determining of how the child experiences these.

In the same way, the emergence of clumsiness, the child's heightened self consciousness, will be better accepted by children whose parents do not react negatively to these changes in appearance as well as in behavior. Respect for the child's feelings while enormously important, does not mean that demands on the child to continue to act as a member of the family, to share in responsibilities around the house or for the child's own clothes, school materials, room or part of the room, should in any way be diminished. While the 10 to 13 year old is undergoing important physical and psychological changes, it does not mean that he/she is becoming less capable of meeting the demands made on him/her by family life, school life, etc. The thrust of what we want to say here is that continuing sensitivity, respect for, empathy for the child at a time of substantial inner stirring, can be enormously growth- promoting; and that such respect and considerateness carry with them a continuing expectation that the 10 to 13 year old will be a responsible member of the family.

In this vein as well, parents' continuing support of the child's academic efforts, doing

homework, participating in and practicing sports or musical or other-talent activities is of enormous value, given that these extra-curricular activities serve pathways for sublimation and for creativity. All of these, of course, are an opportunity to enhance the child's self-esteem, feeling of increasing competence, the development of goals for oneself which at this time, in many a child, may have life-long implications. (See Sections 5.21, 5.23, 5.24, 5.25, and 5.26 for specific aspects of the developing self and the ways in which parents can contribute to their growth-promoting development).

Relationships to Others:

To Parents:

Parents, sensitive to their children, will recognize their continuing importance to the child, especially in the functions they fulfill as a source of affection, concern and appreciation, as individuals who will help in organizing the child's work, in doing homework against the child's own resistance; as promoters of success in efforts, and to be sure, as those most appreciative of the 10 to 13 year olds successes in all efforts and endeavors. The need for parental approval for what the 10 to 13 year old does, for controls over behaviors that are hurtful to the self and to others, is heavily relied upon by the 10 to 13 year old. In other words, parents are much needed by the child for continuing emotional needs as well as for guidance in adaptive skills, in effort and work, and in guidance for ethical and moral conduct.

Relationships to Siblings:

By now, the challenge to parents of mediating the relationships between their children has a long history. Like before, at times of heightened stress resulting either from development or from life circumstances, sibling relationships are vulnerable to becoming more troublesome and parents are by now well acquainted with the patterns of difficulty that emerge among their children at such stressful times. Given the biological stirrings of the 10 to 13 year old period and the psychological stresses these bring with them, parents should not be surprised if the relationships between their children tend to become more difficult at this time.

It is well to bear in mind that sibling relationships have both positive and negative experiencing components to them. Siblings are often very considerate, thoughtful and generous with each other. They often turn to each other for emotional support, for support in the community outside of the home, and even within the home at times of parent-child strife, many a sibling has attempted to protect another from parental hostility. Equally, sibling relationships can be hurtful, need parental guidance and parental mediation. Also important to know is that sibling relationships not only tend to be more difficult at times of stress for a given child, but that because there are more stresses during childhood than there are in adulthood, contrary to widespread conviction, it is well to anticipate that relationships between siblings will improve as the years pass and that even somewhat difficult early childhood relationships may evolve from late adolescence on and especially during adulthood, into relationships that are valued and occupy an important place in a person's life. It is well to bear this in mind because parents often wonder, at times of heightened difficulty in sibling relationships, whether their children will ever value their relationships to one another.

Especially valuable a contribution can be made by parents in the supervision of interactions between siblings of the other sex. Because of the conditions we described in Section 5.2211 (and we shall further elaborate on in Sections 5.23 and 5.24, sexual interest and feelings between siblings can lead to sexual activities between them which usually bring much guilt and often long standing emotional problems. It is, therefore, protective of their children for parents to thoughtfully and considerately keep an eye on interactions between brothers and sisters. Rationale for such behaviors between siblings will be further detailed in Section 5.23.

Relationships to Peers:

Parents' recognition of the growing importance to the 10 to 13 year old of peer relationships places a large responsibility on the parents. Many parents are convinced of the importance of peer relationships for their children even from the second year of life on. Our position on this is as follows: The most important relationships in a child's emotional life during the first 6 years of life are to family members, parents especially, but siblings as well. Peer relationships during these early years can be very pleasant; but they become important only when there is an absence of good relatedness to family. Of course, when young children are in daycare, peer relationships become important because the child must learn to live with them from moment to moment. During the 6 to 10 years period peer relationships begin to acquire a greater meaning because first, by virtue of the child's being in school, he/she spends much time with that population. Secondly, a shift away from the parents at this age thrusts the child toward peers (see Unit 4, Section 4.23). Learning to get along with peers is important now in order to form a congenial enough environment in which the child spends many hours and where the child feels accepted. During this 6 to 10 years era, although the shift away from parents begins, the family continues to be by far more important to the child than are peers. But from 10 to 13 years on, the major shift in relatedness which we described in Section 5.21, namely, that life will eventually require the selection of a mate from a group of peers, that this will require heightening the importance of the peer to the self with a concomitant relative diminution of the importance of the parents as relationships at the center of our lives, this shift now gives the peer a new importance. Although this major shift eventually occurs during adolescence, a point we will elaborate in Unit 6, this shift to making peers more central to the self has its beginnings during the 6 to 10 years period with yet another increase in this shift occurring during the 10 to 13 years period when a new interest in peers emerges, one especially governed by the development of sexuality.

Parents, therefore, need to recognize the importance to the child of peer relatedness and to try to facilitate this in reasonable ways. Parents who welcome their children's friends into the home will facilitate the formation of peer relatedness. Parents who are respectful and considerate of their child's peers will become known for that. Children 10 to 13 years of age, and even younger, are highly aware of the reactions of their friends' parents to them. Invariably, 10 to 13 year olds value being welcomed, being respected and treated in a friendly manner. It is possible for a child who is well liked by peers to not be able to invite peers to his home where there is much strife, family problems, and especially a high level of free-floating hostility.

Here again, like with siblings, relationships between peers of the other sex require supervision and guidance. Needless to say, not all relationships between boys and girls become sexual relationships. Many a boy will appreciate the friendship of a girl and vice-a-versa, without it becoming governed by sexual interest and excitement.

Relationships to Teachers and to Other Valued Adults:

Parents know that their children develop special feelings for particular teachers from very early on in school life experience. During the 10 to 13 years period, they may find such a special teacher and find their child to have strong special feelings for him/her. A parent's approval, appreciation of such a teacher in the child's life will facilitate the child's beneficial experiencing of such a relationship, even facilitating the child's identification with this teacher. By contrast, parents experiencing such an affection for a teacher with rivalrous feelings, or the parents' disapproving of such a teacher may be troublesome for the child and interfere with possibly desirable identifications.

Of course, parents may at times experience some concern when a child is especially courted by a teacher who may have some personal problems, leading to parental anxiety that their child may become enmeshed in a troubled teacher's problems. Such concerns are reasonable and have to be dealt with thoughtfully by the parents. For instance, the parents of a 10 year old boy were at a loss to know what to do when their son was invited by a male teacher to go to a ball game and to spend the night at the teacher's home. The teacher had always been very pleasant, very sensitive and attentive to this boy who was himself a very sensitive and affectionate child. The parents became concerned about the possibility that this good and pleasant teacher might have some sexual identity problem; knowing nothing of him, they were worried that he might be a child-interested homosexual. Concerns as these are unavoidable, even though they may be totally unwarranted. And, of course, sexual transgression of children is known to be carried out, more than is reported, by heterosexual adults as well.

Because children's fantasies at this age are usually essentially kept to themselves or brought into play in relationships with peers, parents may not learn about some of the child's idealized figures which play a part in their child's fantasies. These may become evident to the parents by some of the child's communications, or by the pictures the child may hang on his/her walls, but these may stay somewhat removed from the parents' awareness. Where they do become evident, parents have an opportunity to exert an influence by their approval or disapproval of particular idealized figures. The idealization of sports figures is quite common and may be prominently displayed on some children's walls. It is well for parents to know that such figures tend to serve as meaningful models for their child.

Non-Human Relationships:

Parents know when their children form a special relationship with an animal and recognize that such an animal can achieve much importance to the child. Some supervision in the way a 10 to 13 year old handles an animal may be required in terms of expressions of anger and hostility as well as extensive interest in the animal's genitals and the child's attitude toward them.

5.22 SELF AND HUMAN RELATIONSHIPS

5.222 SOCIAL-PLAY INTERACTIVE ACTIVITIES

Interactions with peers and adults undergo a higher level organization during the 10 to 13 or so years span. This is part of the maturing and relative decentralization in importance and de-idealization for the self of one's parents which is accompanied by an increased degree of centralizing peer relatedness and the outside world. As we noted in Section 5.22 (Introduction to the Development of Self and Relationships), peer relatedness begins from even the first year of life (siblings) and then in daycare and preschool settings, but is of far lesser importance than the relationships to parents. Peer relatedness then acquires a new meaning during elementary school years due to actual as well as daily experience (being in school, having to adapt to peers one on one and in a group) as well as by psychological-emotional development (see Section 5.23, Sexual-Reproductive Life) which thrusts the child "outwardly" from the family toward the child's outside world, a world most populated by peers. The attraction to peers, which is evident from toddlerhood (second year of life) on, acquires new importance with an increase in social organization, the learning and setting up of rules by which to interact, by which to play (games as well as fantasy play), of social interactive patterns for one on one and one on group relatedness, varying with social contexts (classroom, playfield, parties, etc.). During the 6 to 10 years period, games and social play -- which differ in some respects between boys and girls (see Unit 4, Section 4.22) -- are among the pre-eminent contexts in which children learn to live with one another and to develop societal interactive patterns. The degree of stabilization of these developments brings with it an equivalent degree of comfort and adaptation in outside-the-home social interactions.

This stabilization, however, during the 10 to 13 years period is challenged by the pubertal bodily and psychological-emotional changes which begin to stir and emerge. The unavoidable recognition of bodily changes in self and peers becomes a powerful determiner of feelings, fantasies, and behaviors in social interaction. This results in more complex codes of behavior emerging in interaction between self and peer, one on one. With this too then, there is a beginning loosening of prior interactive regulations which will progressively re-organize and stabilize during the adolescent years to come.

5.2221 HUMAN DEVELOPMENT: Social-Play Interactive Activities

Games:

Much play activity during the 10 to 13 years period occurs in the context of games. These, as we have emphasized, are enormously important for the development of social interaction by their structuralization, their reliance on rules and regulations, governing the way individuals interact with each other. A major forms of games consist of table games and sports. Table games tend to mostly be carried out one on one, such as checkers, chess, but can also be

carried out in a small group, such as in Monopoly, Trivial Pursuit, etc. Similarly, sports games can be carried out in the one on one context or in the one on group (team) context. Individual competitive sports pit the self against either one's own past efforts as well as against one opponent such as in tennis, wrestling, etc. Other individual competitive efforts pit the self against a group such as in swimming, track, etc. The other major context of sports is in team efforts, where the self is an integral part of a team effort, such as in baseball, basketball, etc.

These activities during the 10 to 13 years period apply to both boys and girls. It is important to bear in mind that games are not only organizing of social interaction, of regulating the self's action and competition (aggression), but they are also sublimations, that is, they channel emotional energies into acts of creativity.

Other Sublimational Activities:

In some cases artistic endeavors are either continued or begun at this age in group contexts that make for social interaction, and again, structure conditions for peer interaction. Experiences in groups such as in the performance of music, vocal as well as instrumental, efforts in plastic arts (painting, pottery, sculpting, sewing, etc.) also create conditions for individual interaction with peers. Other artistic activity such as dance and theater tend to occur more during the adolescent years than at this time. There are of course exceptions. Such artistic group endeavors provide opportunities as well for competitive activity which again, is regulated by rules of social interaction. Pathways of sublimation are constructed gradually over the years, beginning usually during elementary school years and continuing during the 10 to 13 years period, opening important pathways for the channeling of vast emotional energies into acts of creativity, a magnificent pathway for adaptation.

Religious Group Activities:

Growing religious identifications accruing by now from prior religious school, church and temple attendance and family practices begin to stabilize during the 10 to 13 years period. This is in substantial part due to the recognition of society that the 10 to 13 year old child's capacity for understanding increases. For instance, increased cognitive functioning (with the emerging capacity for abstraction) brings with it an increased recognition of "facts of life", conceptualizations of God, the universe, the finiteness of one's own life, etc. This increase in capacity for understanding and abstraction brings with it not only much thought and even anxiety, but occasion for social interaction in these domains as well. Awareness of religious grouping affiliation and identity increases during this age and sets the stage for the remarkable intellectual activity, concerns for society, of a philosophical nature, typical of mid and late adolescence.

Sexual Activity in the Context of Social Interaction will be discussed in Section 5.23 (Sexual-Reproductive Life).

Antisocial Activity:

Although antisocial activity is more a phenomenon of first and second phase adolescence (see Unit 6), some 10 to 13 year olds' small group activities can lead them into socially

destructive acts of vandalism, violence, and even beginning drug and alcohol use. Often, children 10 to 13 years who are inclined to challenge authority and society may be the first to smoke cigarettes and drink alcohol, skip classes, etc. Cigarette smoking, is not of course considered an antisocial activity, but tends to be picked up quite later by some healthy adolescents. As with all other activities there are exceptions. Those 10 to 13 year olds most inclined to antisocial activities are most often driven to these by excessive loads of internalized hostile destructiveness accumulated in them by excessively painful deprivations and traumatic child rearing, and/or by rebelliousness against what they experience as too harsh parental authority of many years duration.

5.2222 CHILD REARING: Social-Play Interactive Activities

Games:

Many a 10 to 13 year old has learned to play games accepting the rules and regulations set down by the peer group (which they inherit from the adult world) and no longer require parental guidance. Of course, in peer relationships, both with siblings and non-familial peers, parents are often still needed to mediate disagreements, to comfort a hurt loser, to help a gloating victor contain his/her vanity, to mediate their experiences in ways that are more congenial to social interaction and do not stir excessively hurt and hostile feelings among game participants. Complimenting a victor and helping him contain hurtful gloating, can be very helpful. We do not mean that children should be deprived of the pleasure of feeling victory; quite the contrary, feeling victory, feeling success, can enhance a child's well-being and self-esteem and should be supported by parents. It is when children become abusive of others with their victory that parents can help in containing that kind of behavior. It is also well for parents to recognize how painful loss in a game can be and to be sympathetic as well as supportive of a child who feels unduly hurt by a loss. Shaming and ridiculing tend to be hurtful themselves and compound the pain of having lost, and are generally not constructive strategies to use with children. Setting limits on too much complaining, on feeling sorry for oneself too much is better than humiliating and shaming.

Mothers and fathers who give some of their parenting time to coaching a sports team or any group activities in which their children participate, generally make an enormously important contribution to their children's as well as other children's increasing adaptation in social-play interactions. Although children may occasionally have difficulty with "Dad/Mom being the coach", or "Mom/Dad being the instructor", such difficulties tend to arise from personal, common and normal problems children have such as in sharing their Mom or Dad, or in seeing Dad or Mom as authorities in the nonfamily world, or feeling the parent is intruding in the child's nonfamily world, etc. These need attention as well as discussion between child and parent so as to try to optimize the child's experience of the parent's generous contribution to the child's peer group. Many factors of very different kinds can operate to make a child feel embarrassed by or feel inhibited by a parent being a coach or group instructor. Usually, when these become apparent to the parent, talking with the child about his/her discomfort can be enormously helpful.

As is the case with other sublimational activities, parents attending their 10 to 13 year old children's group activities such as games in organized sports, can be of enormous importance to

children. Although children may feel embarrassed when they don't succeed in their athletic efforts, feeling supported by their parent's presence can be of large comfort to them. Then, of course, those children who do well in their efforts are much rewarded by being able to do so in front their parents. Many a child has reported, as have adults as well, on the profound disappointment of not having their parents attend a sporting event or a concert where the young 10 to 13 year old has excelled. Memories of such events can be retained for many years after.

Other Sublimational Activities:

The same principles apply to artistic endeavors as to the question of games. Parental support of children's creative efforts, whatever the artistic endeavor, makes for much facilitation of such efforts.

It is especially in the domain of artistic endeavors that parents are needed to encourage a 10 to 13 year to practice his/her instrument of music. Parents know only too well the enormous effort that is required to attempt to master a difficult instrument, be it the piano, clarinet or a cello. No instrument is easy to play, and no one masters an instrument without enormous and continuous effort. Given the load of school and home responsibilities young 10 to 13 year old children already carry, it is an arduous task to practice in order to learn to play an instrument. Here, as in other parental efforts to encourage their children's work, a balance of encouragement, reminding, helping, complimenting work well done, are needed. Excessive efforts, too severe restrictions, of a child who resists making the effort necessary to develop such "extracurricular skills" can be costly emotionally (psychologically).

Religious Group Activities:

These activities are usually totally dependent on parental participation, identification, and valuing. Such activities, whatever the religion, whatever the parents own personal convictions, help the child to organize his/her own inner structuring of religious belief. This is equally the case for families that are highly religious as it is for families whose philosophy of religion does not include well structured participation in religious activities and practices.

Children who have the opportunities to speak with their parents, to engage in discussions about facts of life, concepts of God and religion, the universe, death, are far advantaged over children who cannot discuss such issues with them. The hazards of parents not making themselves available to their children for such discussions with their children, is that they will seek answers elsewhere which will include their peers and where the information they get may not be as constructive as might that coming from the parents themselves.

Here again, as in games and other sublimational activities, parental involvement in group activities pertaining to religious life, can be a source of pleasure, pride, but also occasionally embarrassment to children. The same principles apply for parental involvement in such activities as for those discussed before.

Sexual Activity: Parental handling of sexual activity will be discussed in Section 5.23 (Sexual-Reproductive Life).

Antisocial Activity:

Children 10 to 13 years of age who engage in acts of vandalism, violence, or who begin to explore the social use with their peers of alcohol and drugs, are in strong need of parental intervention. While all 10 to 13 year olds will engage in some lying, petty stealing (such as of change from parents' drawers), perhaps even a minor degree of vandalism, parents should be alert to such activities and intervene in a guiding and limit setting way. Where youngsters engage in such individual or group activities repeatedly, parents are wise to turn to professional help for intervention given that the conditions underlying such activity usually need professional attention. Mental health professionals have much experience in helping parents and children who become overly involved in antisocial activity. Parents are especially well advised to consult professionals when repeated antisocial activity occurs at this age because it is a much easier task to intervene early than to allow such activity to continue into mid and late adolescence when treatment intervention of antisocial problems is much more complicated, requires much more effort, and may not succeed as well.

ADOLESCENCE (FROM ABOUT 13 TO 20 YEARS)

6.22 SELF AND HUMAN RELATIONSHIPS

It is a remarkable, now well known fact that humans need good relationships from early on in life in order not only to form good relationships later but also to develop a healthy sense of self. We now know this to be the case for all mammals, not just humans, for apes and monkeys, for goats and dogs. Furthermore we know this to also be the case for bird species and wonder if we may not assume this to be so for other animal life as well. It makes much sense that this would be the case given the necessity for one on one relationships with animals of one's own species for the purpose of reproduction and the preservation of that species. All animals need the collaborative effort of their individual members of the species in order to survive and adapt to the world in which we all live. Such collaboration requires the formation of relationships and with it insures the survival of both, the individual and the species.

In Unit 1 we detailed how the infant comes to know those members of the species to whom she/he is most important, by whom the infant is most valued, and due to built-in, inborn tendencies and capabilities, forms a profoundly important attachment to those members of the species most invested in the infant's survival, namely the infant's own mother and father. We detailed the relevance and importance of this attachment to the development of the infant, this being most represented in the development of Basic Trust versus Basic Mistrust which make it possible for the young infant to develop a sense of being worthy of love and protection side by side with expecting the environment to provide those needs basic to survival and to a sense of well being. Where basic mistrust becomes organized, these of course are lacking.

In Unit 2 we detailed the unfolding of the attachment of the infant to the parents from an inner sense of being one with those to whom the infant is attached, to progressively and gradually developing not only a recognition of separateness, but indeed a valuing of that separateness, of that beginning sense of being an entity unto oneself, who is also closely emotionally engaged in a relationship with those most valued by the child. Here we emphasize the importance of the developing sense of self, of autonomy, which are positively experienced in contrast to a sense of self which is unworthy of being cared for and gives the child a sense of shame. We have emphasized that this healthy Sense of Autonomy versus a Sense of Shame are significantly contributed to by the quality of the earlier established sense of basic trust vs. a sense of basic mistrust.

In Unit 3 we detailed the enormously important development of a complex pattern of interrelating with two highly valued individuals, namely one's mother and one's father. This new context of relating is powerfully influenced by the child's emerging and beginning sexuality. This important development now further organizes the sense of self as a sexual self, namely a sense of feeling like and of being a boy or a girl. This contribution of sexuality and gender formation to the development of self bring with it the complex interrelationship with a parent of the same sex and the parent of the other sex, we identified in Unit 3 as the child's "family romance". With this, a remarkable enlarging of the child's emotional experiencing brings with it highly positive and at the same time a somewhat troublesome internal conflict. Where the child deals with this new challenge successfully, it brings with it enormously important adaptive as well as interrelational developments. As we detailed in Unit 3 what the child experiences as

his/her family romance leads to the development within the child of a Sense of Initiative, a sense of being able to make things happen in a meaningful way versus a Sense of Guilt, a sense of having bad and unacceptable feelings and being not deserving of caregiving, love and respect. Through this age we have emphasized the development of self, of the relationships with one's mother and father, and detailed its complex unfolding and the enormously beneficial internally organized, developments which follow from these.

In Unit 4 we detailed the widening of the child's relationships to now include the formation of relationships outside of the nuclear family, beginning the critical step of becoming a member of society at large, interacting with members of the child's society, both the adult world but especially the world of peers. Of course, children prior to the early elementary school years have already made many contacts with peers, be it in the home with siblings, in daycare or nursery school with classmates. Nonetheless, the less than 6 year old child's need for nurturance, organizing identifications with caregiving persons, and developing and consolidating sense of separateness and individuality, make for the child's ascribing to others greater authority and power than he or she will ever after. Indeed, many developmentalists hold the view that "others" are far more determining of the child's personality during the first 6 years of life than they will thereafter.

The interrelations with peers from the elementary school years on acquire a new level of meaning superimposed on the fundamental and basic relationships with the family. Experiencing oneself as developmentally similar, equal in age, capability, and achievement, feeling oneself a peer to others and experiencing others as peers, now acquires new importance. Highly important for the development of self as an entity comes now the developing Sense of Industry, a sense of inner capability to adapt, to work, to learn, and to function at a higher adaptive level than before. Those children who do not succeed well in dealing with the tasks of the elementary school years, develop an inner Sense of Inferiority which brings with it enormously painful experiencing and a lowering of self value and self esteem. Such feelings will be experienced not only in the context of the child's individual functioning but also in the context of the child's relationships with peers and functioning in the peer universe. This basic development of a Sense of Industry versus a Sense of Inferiority is carried into the prepubertal years, during the era we detailed in Unit 5. During the prepubertal years, the peer universe is going to begin to undergo a second critical change due, in substantial part, to the beginning changes in the self produced by the maturation of the sexual-reproductive system, and the modifications it produces in the child's body, beginning the transformation from childhood into adulthood.

Now, during adolescence this second major change in peer relatedness occurs with significant consequences to the developing sense of self and of relationships. It now becomes a task for the adolescent to begin the very long process, nearly a decade long, whereby the centrality occupied by the child's mother and father now becomes somewhat diminished bringing with it a heightening in importance of the relationships to peers. In large part this is due to the necessity of preparing for adaptation in adulthood, where the peer will achieve sufficient importance to become a mate with whom the individual will share the rest of his or her life and with whom the new generation will be created. Without the shift in importance to the self of the relationship to one's mother and father to a heightening in importance of the relationship with peers, the preservation of the species would be in jeopardy. Again it is for the continuation of the survival of the species that such changes occur in the growing individual. During adolescence large steps are taken toward decreasing the centrality to oneself of the relationships

to the parents of childhood and making the peer a high priority relationship which in adulthood will culminate in the selection of a mate and the start of one's own family.

With young adulthood, as the stresses and strains of establishing oneself in peer relatedness and then selecting a mate decrease, a restabilization of relatedness to parents at a different level of emotional meaning occurs. The character of relatedness to one's parents of adulthood is powerfully determined now by the quality of the past relatedness which existed. Where good relationships have a long history, the revised relationship to parents is maintained, at a mellowed level of love, respect, and mutual pleasure. Relationships with siblings that overall are positive, progressively stabilized in young adulthood to a new level of constancy, with patterned schedules of communication and visits, and in consequence a heightening of the importance of sibling based family relatedness. Where, on the other hand, relationships to parents have long been painfully troubled, especially where they have been burdened with excessive hostility and rejection, in young adulthood, these will re-stabilize at a level of much reduced importance while often still bringing with them painful feelings of resentment and rejection. The same can be said for relationships to siblings, indeed in some families, sibling relationships regrettably becoming non-existent.

6.2211 HUMAN DEVELOPMENT: The Development of Self and Relationships

The Self:

Foremost as we have emphasized, the further development of the self continues, now much as before, to be organized reciprocally by the character and qualities of the relationships, the self experiences which occur during the long course of adolescence. Each of us, in healthy emotional life, is deeply bound to specific, powerfully meaningful others. Even in our periods of deepest aloneness, when one is most by oneself, as well as of loneliness, when one most painfully misses another, specific others occupy an important place in our minds, in our emotional life which gives to our sense of self highly specific meaning.

Erikson has defined the major task for developing that inner organized capacity of experiencing oneself and one's abilities to adapt to life as being the development of a cohesive, increasingly integrated Sense of Self-Identity vs. a bewildering, more or less disorganized Sense of Identity-Diffusion. The process of disengaging, relatively speaking, from the parents in the process of decentralizing them, brings with it a powerful thrust toward further organizing, strengthening, and indeed further evolving of oneself as a distinct individual. This process of further individuation includes an increasing sense of self responsibility including new attention to hygiene, to one's dress, to one's taking on the tasks assigned such as in school, at home, in the peer group. It is also brings with it the responsibility for one's own actions and reactions. With this increasing sense of self responsibility comes a sense of heightened self reliance. Of large importance for the adolescent is the increasing control over her or his inner feelings including feelings of healthy assertiveness and competitiveness, feelings of hostility and even rage, and, to be sure, over feelings of sexual excitement and the fear of yielding to inner as well as external sexual pressures.

This brings with it a continuation of the sense of industry clearly exercised by the increasingly large demands made on the adolescent from early adolescence, through mid and late

adolescence by school, as well as by home and the peer group. Nowhere, of course, is this more essential than in meeting the demands made from school. But this equally applies to the demands from a job position, even if limited in scope, hours and in challenge. So too this applies to those areas of extra curricular interests be it in sports, or in special talents as in the arts. Being able to be a worker, to perform well is especially important to a sense of self reliance, of capability, and is a major contributor to the quality of the adolescent's self esteem.

From early adolescence on, the large anxiety of anticipating the demands made on the self by high school, of gaining governance over one's enlarging bones and muscle mass, of the pressing powerful sexual thrust typical of adolescence, all in all then from a state of uncertainty, a relative sense of not being in control of one's inner life and of self doubt, passing through mid adolescence and the increasing recognition of being able to meet these large demands from all aspects of the individual's life, through late adolescence with its much firmer establishment of self responsibility and self reliance, gradually, progressively, a sense of cohesive individuality establishes itself. Of course where success is modest, where failures are too frequent, such a cohesive sense of self will not be established and lead, rather, to a sense of identity diffusion with its attendant poor self regard, self esteem, and self confidence.

During this era, significantly contributing to a sense of self identity that is cohesive versus one that is not, is the adolescent's progressive integration of the sense of one's sexual self, the young girl's growingly accepting her newly developing sense of adult-form femaleness and the male's accepting his sense of increasingly adult-form maleness. We are all familiar with how the powerful demands made by sexual feelings on the adolescent can create all kinds of problems including the highly difficult problems created by premature parenthood. The enormous tasks of becoming a self during one's adolescence require the extensive use of emotional energy. Premature parenthood, due to the energies and efforts required by parenthood, creates an exceedingly taxing and doubly burdening set of tasks which commonly make it virtually impossible to achieve fully healthy adolescence and competent parenthood at the same time. Parenthetically, the problem of premature parenthood creates not only a virtually unfeasible challenge for the adolescent parent but creates an even greater difficult situation for the young child born to the young teenager. More on this in Section 6.23.

Highly contributory to the quality of the sense of self-identity is the success with which the relationships to the parents can be progressively decentralized and how the developing of peer relationships succeed. From both vantage points, the relationships to parents and to peers, a large contribution to the sense of self comes not only from the degree to which these relationships are negotiated more or less successfully by the adolescent, but also by how much the adolescent feels the parents are able to accept this decentralization, and how much the peer can accept this new importance of himself or herself to another. It is well to bear in mind that one of the most difficult aspects of forming relationships with peers during this era of development arises from the fact that the peer does not come into the self's world with a readiness to unconditionally love, assure respect, offer affection, empathy and an ability to listen which parents bring to their relationship to their child. The peer has to be won over, has to be engaged with considerateness for the peer while at the same time expecting considerateness from the peer. The child tends to expect parents to love unconditionally, to respect and take care of him or her. Adolescents usually know only too well that this is not the case with peers. The adolescent indeed has to win over the peers' interest, respect, friendship and affection. This is not an easy task for all concerned.

Relationships:

To parents:

Adolescence brings with it an enormous vitality, an enormous upsurge of strength and vigor, with this an upsurge of healthy aggression, and it also brings with it a powerful thrust of sexual interest. As these become experienced toward the parents, it creates substantial difficulty for the adolescent as well as the parents. For instance it would be highly problematic for a 15 year old boy to become sexually interested in his mother. So too would it be highly problematic for a 16 year old girl to become sexually interested in her father. We shall detail this further in Section 6.23. For now suffice it to say that such feelings cannot be permitted to attain their target and that they need to be redirected toward appropriate others. Happily, the appropriate others most usually selected are others from the peer group. The same can be said for healthy aggressive feelings of competitiveness, and to a degree also of anger and hostility. Namely, to prove oneself better than one's mother or one's father brings with it much feeling of danger, of guilt and even shame. These natural and healthy aggressive feelings are seeking expression and here too, directing these toward others safeguards to self against such feelings of guilt and shame. Indeed, set up in relationships to others, healthy assertiveness, healthy competitiveness and even anger and hostility are more easily tolerated in relationships to those others who are peers. All in all then the early adolescent and certainly the mid adolescent recognizes both at a level of awareness (consciously) and even at a level of which he/she is not aware (unconsciously), the value and reasonableness of pulling away from the parents and turning more and more to selected peers. In order to achieve this, given the normal resistance there is in each of us to grow and move on with life, many an early adolescent but especially a mid adolescent will push his/her parents away at times clumsily, awkwardly, at times with hostility and even hate creating thereby feelings of anger, hostility and rejection in the parents which, of course, sets up a very difficult situation.

Where the relationships to the parents have long been quite positive, these episodes of pushing the parents away will be experienced as less threatening, less dangerous, less foreboding of family disintegration. Episodes of tension, conflict and rejection, often will give way then to episodes of repairing, of reconciling, and allow the progress of pushing the parents away to occur step by step, bit by bit. Where, on the other hand, the relationships to parents have for a long time been overloaded with hostility, whether parents have not sufficiently respected the child and the child not sufficiently come to respect the parents, episodes of pushing the parents away may take the form of intense hostility, depreciation of the parents, even rebellion and violence which has dire consequences for both the adolescent and the parents. Some degree of adolescent rebellion seems to occur in most adolescents. The frequency of such episodes, their intensity, the continuousness of this rebellion, is highly variable and more likely to occur where much hostility exists in relationships and insufficient permission is given to the adolescent's need to individuate from the parents.

Relationships to Peers:

To Siblings:

The relationships to siblings continue to be multifaceted. Siblings are both a member of

the family and a peer. In a sense we are experienced in both spheres of relatedness. This gives siblings an advantage although at times this is experienced as a disadvantage. It is especially experienced as an advantage where the relationship to siblings is positive, has a long history of having been able to get along albeit with episodes of rivalry and hostility, but in the overall the relationship has been good. Age plays its part here in that the early adolescent is not as likely to be turned to by the mid adolescent for council on how to relate to peers in school, to teachers, how to negotiate a difficult interaction during a ballgame in which the mid adolescent participates, etc. The converse however is expectable, namely that the early adolescent may on occasion ask the mid or late adolescent how to negotiate a problematic interaction with a peer or with a teacher; or may simply take example from how the older sibling behaves in certain situations. There is a problematic instance where a mid adolescent may focus interest and attention on a younger sibling especially an early adolescent, and that is in the domain of sexual curiosity and interest. We shall address this question further in Section 6.23. On the negative side of sibling relatedness is the often found displacement upon siblings of hurt feelings, of hostility, etc., which come from other sources (e.g., parents, a teacher, or hostile peers) with which the older adolescent may have difficulty dealing.

To Non-Sibling Peers:

It is especially here that the tasks that confront the adolescent are large. Peer relatedness is experienced in several contexts. There is the relationship of the adolescent to the peer group; the relationship of the adolescent one on one, predominantly of a non-sexual nature; and one on one of a sexual nature. Of course, there are some instances of group experiencing of a sexual nature as well.

Early in adolescence of most concern is the need to establish a relationship with the peer group with some explorations into one on one predominantly non-sexual relationship. This task brings with a good deal of anxiety in the early adolescent due mostly to the fear of rejection, to the fear of being a less valued member of the group, to fear of being humiliated in performance, etc. The adolescent knows that the peer does not come into the relationship prepared to accept, respect, and value the other. Of course, the early adolescent whose relationships within the family have predominantly been positive will expect the ability of interaction and relatedness; the peer who has experienced much rejection and hostility in the family relationships is more likely to be highly guarded and expect further injury from the peer group. Interestingly though, some early adolescents who come to find greater acceptance by one or more peers than she or he experienced in the family, will find this new world of relatedness a highly promising, exhilarating, and highly valued source of relationships.

Adolescents, discovering that peers both in a group and one on one offer a more rewarding and sympathetic relationship than he or she has known at home, may make very good use of this discovery and bring about a significant modification in the character of his or her relationships even to the point of over-riding conflicted and hostile relationships with family members. Some very creative and positively disposed individuals in early adolescence may bring a true turnabout in their relatedness. Of course, the advantage still will go to the early adolescent whose relationships with the family have a long history of being loving, respecting, overall highly rewarding.

One on one relationships for the early adolescent will be more tentative. There is a degree of difficulty in one on one relationships which can be masked in relationships to the peer

group. It is more difficult to hide one's vulnerabilities, one's reactions in a one on one relationship than it is in a one on group relationship. This is so because there is greater opportunity for intimacy in one on one relationships which makes them experienced at a more intense and meaningful level. Again here, past relationships will significantly determine what the early adolescent expects from another peer.

During early adolescence one on one sexual relationships tend to occur mostly at a fantasy or mental level and do not actually become activated. Most commonly it is through the relatedness to the peer group that sexual activity becomes introduced, most commonly with "party games" which tend to be of an introductory nature. Of course, there are instances where such group activity goes beyond the introductory level with sometimes highly problematic consequences.

The mid adolescent also places much importance in the peer group experience, in self to peer group relationships. But now there will be an increase in the importance of the predominantly non-sexual one on one relationship and there will also be an substantial increase in the organization and the efforts toward generating a one on one sexual relationship. We do not mean that some early adolescents do not get involved in sexual relationships with a peer. Quite the contrary, this is in fact, where problems of premature pregnancy creates its greatest degree of difficulty. On average, which is what we are attempting to present, the early adolescent will not be ready for a sexual one on one relationship; that usually does not begin until mid adolescence. During mid adolescence one on one sexual relatedness achieves a large level of importance and significantly influences the behaviors of mid adolescent girls and boys toward one another. More on this in Section 6.23.

During late adolescence the peer group continues to exert a significant influence on the adolescent. So too, one on one non-sexual relationships continue to be important, to become a vehicle for much exploration and discussion of human interaction, the meaning of life, religion, philosophic ideas, and much more. Such occur also of course in the context of a group. With regard to one on one sexual relationships, these now achieve central importance and increasingly some degree of stability, continuity, may occur in some such relationships. It is especially during late adolescence that the peer should have achieved a high level of importance, the emotional investment in a peer achieving significant meaningfulness, all preparatory for spending the rest of one's life interacting predominantly with a mate and peers of one's own generation, creating one's family and one's society.

Relationships to Non-Familial Adults:

For many a mid and late adolescent one or several teachers may achieve a level of importance which may have an influence for many years to come. Even in adulthood a particular teacher will be remembered as having been especially meaningful in a positive way to the individual. Regretfully, of course, in some instances a teacher may be a source of enormous pain and also be remembered as such for many years to come.

Also, in many a mid adolescent a figure from literature, or from the world of science, or a sports figure may become idealized and provide the mid adolescent with an image, with goals, similar to this idealized figure which may have enormous importance to the organization of the individual's self image and actual life. Many a mid adolescent will identify with a renowned scientist or sports figure and decide to become a scientist or a sports professional. The same of course can be said for an admired neighbor, aunt or uncle, etc.

At a less self organizing but nonetheless of importance to the self, is the idol from the music world or the movies which draws much interest from the peer group and becomes a source of much mutual excitement, preoccupation, and activity.

6.2212 CHILD REARING: Optimizing the Development of Self and Human Relationships

The Self:

It is most important that parents know the enormous tasks that face the adolescent, and especially those that pertain to the shift from the parents being at the center of the adolescent's life, to making the peer a highly valued individual in order to make the continuation of a full life possible. Parents must be aware of the great difficulty the adolescent experiences in developing the high level of self responsibility, self reliance, self control over internal pressures and feelings and that these may at times be experienced by the adolescent as bewildering and anxiety producing. It is, at least in part, the enormity of the tasks of adolescence that make for the adolescent's frequent mood changes. These result in large part from feelings of inadequacy, feelings of anxiety about being accepted, about being able to acquire the necessary self reliance and self responsibility toward becoming an adult, as well as from the hurt feelings that come from rejections in peer relationships as well as feelings of humiliation at not performing as well as the adolescent wishes. Furthermore, it is important for parents to recognize that achieving the desired goals the adolescent sets for himself/herself usually does not occur in a straight line; rather there are periods of success and there are times of disappointment and failure. Bearing this in mind, parents will be able to be sympathetically supportive of their adolescent's continuing efforts to acquire that increased sense of self responsibility, self reliance, self control required for the development of a cohesive sense of self-identity.

Usually, the early adolescent has acquired skills to do the work required in school, work assigned to be done at home, and meet some of the demands for chores performance within the home. Certainly the mid adolescent should be experiencing an increasing sense of being able to do what she/he needs to do to consolidate the sense of industry of which he/she is capable. Nonetheless many an early adolescent and even some mid adolescents will continue to require the supervision of parents for performing these tasks, for making efforts even in the face of increasing degrees of difficulty (particularly in terms of homework and studying for tests) some even asking for help, others not asking for help but needing it, and it is the parent's responsibility to attempt to determine when such help is needed even if not asked for. As before, perhaps even more so now than before, parents must use good judgment in the way they impose demands for task performance, be it at home or in school, and not be too restrictive or over controlling of the adolescent. This is especially because the thrust to autonomy, the need to become self reliant and capable of doing things on one's own will be thwarted by parental over-control. This is where adolescent rebellions particularly come from. That is, when parents are overly controlling of their mid adolescent, when they are blind to the adolescent's need for autonomy and to govern himself/herself and all that comes with these.

Much delicacy is required on the part of the parent in helping their early adolescents especially in tolerating their changing sexual self identity, tolerate disappointments, delays in development, and in self care. Some mid adolescents too will require parental understanding (empathy) and sympathy in their efforts to gain increasingly greater comfort with their developing sexual self image.

Sensitivity to and alertness to interactions of a sexual nature between the adolescent and his/her siblings can be enormously protective and helpful to the growing adolescent. On the other hand, insensitivity to issues of parent-adolescent sexual interaction, or sibling sexual interaction, may have long-lasting harmful consequences that can be quite substantial. More on this in Section 6.23.

In developing relationships with peers early adolescents, mid adolescents and even late adolescents secure a better sense of self as well as strengthen the chances of forming meaningful relationships with peers in later years. All in all parents continue to be major contributors to the adolescent's developing sense of self, empathy (putting oneself in the adolescent's position and trying to ascertain how the adolescent feels), understanding, sympathy, patience can all enormously contribute to the adolescent's stabilizing a healthy sense of self that is cohesive and well organized. Unfortunately, hostility from parents, lack of respect for the adolescent, disregard for the adolescent's well being can still have highly detrimental effects on the adolescent's developing sense of self.

Relationships to Others:

To Parents:

The parent who recognizes that his/her adolescent's efforts to push away from childhood may at times be offensive, clumsy, even at times painful to the parent, is more likely to be able to help his/her teenager behave in more reasonable ways toward the parent, moderate the expressions of rejection and push away with less hostility.

Probably one of the most challenging aspects of parenting with the mid and especially the late adolescent is the setting of limits appropriate to the age, and setting in such a way as to not overly stir adolescent rebellion reactions. In setting limits, stating the intent of the limits on the well being of the adolescent is much more constructive than to insist that the adolescent do what the parents says; "Because I said so", or "Because I'm your father -- mother". To assert authority in setting limits should come only after efforts to set limits in a more constructive way fail. Mid adolescents who flaunt parental guidance in the face of doing injury to themselves, be it in the overuse of alcohol or drugs, or in peer group behavior challenging to the police and the neighborhood, will need a more authoritative and even authoritarian limit setting approach. Indeed punishment may be needed here. In this though the way can become very rough; success is not always insured; further rebellion may be instigated. Where parents truly have difficulty in guiding their adolescents, professional consultation may be very helpful and be more successful when school authorities or the police are not yet brought into the act. Parents who are attentive to what their adolescents are doing and who take over when such taking over is needed will be more protective of their adolescents. It is important to recognize the adolescent's needs for individuality, for developing self reliance, for developing self confidence; but this does not mean that one should allow one's adolescent to do things that are self destructive, destructive to others,

or clearly show poor judgment. Here, even in the face of rebellion, parental authority will have to be exercised. More on this in Section 6.24.

Relationships to Peers:

Siblings:

Parents will continue to be needed in helping to settle arguments between siblings, in stopping acts of hostility by one sibling to another, will often still be needed to mediate and to referee at times when the siblings are not able to settle their differences before things get out of hand. In the subsequent sections we shall discuss parents' handling sexual activity between siblings (Section 6.2312) and acts of hostility toward one another (Section 6.2412).

To Non-Familial Peers:

It is very useful for parents to come to know the peers their adolescent becomes involved with. The best way for parents to do this is to make the adolescent's home open to his/her peers. There is no better arena for parents to observe, get to know what kind of friends the adolescent is making than to have them come into the adolescent's own home where they can be seen, heard, experienced as individual human beings. Most adolescents value bringing peers home when that is made possible and is positive. Adolescents can become very fond their peers' parents.

Even though they may not say so, adolescents, especially early adolescents and even some mid adolescents truly welcome their parents input, observations, guidance in relating to their peers. Here, we caution parents to act like parents and not try to act like their adolescent's friend, peer, or buddy. Adolescents need parents, continue to need parental guidance; and most do not accept their parents' attempting to act like adolescents themselves, bet it in the way the parents dress, the language they adopt, or the things they do. This does not contradict the adolescent's need to decentralize the relationship with their parents; they nonetheless need parents who continue to be parents even if a necessary change in the centrality of their relationship to them has to achieved.

Relationships to Non-Familial Adults:

It is a mixed matter whether or not adolescents want their own parents to become acquainted with adults whom their adolescent has befriended or really admires. What we mean is that while on the one hand adolescents welcome their parents meeting people they admire, teachers whom they respect highly, at the same time they seem at times embarrassed on such meetings, at times fearing that the parents are going to say something "stupid" to the adult the adolescent admires. This is simply part of the adolescents need to temporarily devalue his/her parents in order to let go of the long admired parents of childhood and feel competent and comfortable enough as an individual person, as a person moving toward becoming an adult.

We close this section with the note that while it is extremely difficult for parents to be decentralized from their mid and late adolescent's life, it is essential for the adolescent to go on, make a life for himself/herself, make his/her own family and create his/her own society. The relationships to parents continue where these relations have been good over the years. Parents continue then to have large importance to their offspring although clearly that relationship is now

structured in a different way. This may be one of the periods for parents which is most difficult for them by virtue of their having to let go of their adolescents as their "children" approach adulthood, and parents recognize the importance of the change in their relationship with their offspring, an experience that is at times very difficult for them, often more for mothers than for fathers. In fact this development is so difficult and takes so much effort that parents need to begin the process of letting their adolescents more or less gradually distance themselves several years before the adolescent is "scheduled" to leave home by virtue of his/her going on to college or to other work.