

General

Babies depend on others for survival - not only for physical needs, but relationship needs too - **Rutter** notes that orphanage raised children where only physical care was given still 'failed to thrive'.

They are born tuned into other humans (**Reddy at al**)

They desire 'relatedness' (**Hobson**)

If we accept this, then 'attachments' between babies & caregivers are a basic start point for psychological development.

Biological mothers are not always the primary caregivers - cultural differences as to who does this. But the common feature is that a baby typically has one or a small number of caring relationships that are 'dyadic' (two-person.)

Psychoanalytic theory provides many of the roots for developmental psychologist's research and theories. However, there is a tension between the two disciplines, as there are fundamental differences on what counts as evidence. Psychologists interested in language, personality, cognition & emotion have suggested that the subjective interpretation of these phenomena applied by those working in the psychoanalytical tradition are inadmissible or at best inadequate. Yet the two approaches continue to influence each other.

Describing Relationships

Important to us, but difficult to describe or understand how they operate and develop. Can be examined as moment by moment interchanges; images of what each person in a relationship has about each other; language between people. Important factors include:

- Duration - they are ongoing
- Proximity-seeking
- Rewards ; Intimacy
- Commitment ; Conversation

Book 1 Chapter 7 - First Relationships

- Meshing ; Empathy
- Concern ; Warmth
- Mutual knowledge

They depend on each having a *mental representation or model* of the other party. Such models include what others say and do, but also our own thoughts/feelings about them. The idea of emotions in us being experienced as coming from someone else is the psychoanalytic concept of *projection*.

The development of a relationship with an infant brings the greatest rewards - e.g. recognition, smiles, significance of dependence etc.

Winnicott - babies only exist as part of a relationship (you describe a baby + someone.) No uniqueness about a biological mother - only importance is that care is given by someone consistently and in an ongoing manner.

Use of the word 'mother' is problematic - much theory and research is based more or less on care being given by the biological mother, which produces data based on such an image.

Norman - notes that babies are portrayed as 'pure cognitive systems' and much research attempts to minimise the involvement of emotions [is this a problem for such research as it is not 'normal?']

Winnicott - introduces the idea of a 'good enough' rather than 'perfect' mother - a more attainable goal where caring is sufficient for a baby's needs.

Meshing

How an infant's and adult's behaviours 'fit in' with each other. Can see meshing in the context of a conversation - turn taking, mutual action, synchronising (**Trevarthen** - 'co-regulation'.)

Orchestrated through:

- Speech
- Non-verbal behaviour - e.g. nods, eye contact

Seen as having originated in the interactions babies and mothers have.

Observations of *proto-conversations* between mothers and babies look as if they are closely meshed - but it may be simply that the adult fits their behaviour around the infant - i.e. they could be '*pseudo-dialogues*'. Even so, they give the infant the experience of taking part in a dialogue. The richness of an adult's response gives the sense of being closely *engaged*. Significantly, the adult's behaviour is contingent on the infant's.

Examples - **Brazelton & Cramer** - graphs of mother/baby looking at each other / looking away.

Turn taking in feeding (human burst-pause rhythm) - **Kaye & Brazelton** found 'jiggling' baby lengthens pauses (rather than waking them up) - but jiggling does cause new sucking to start afterwards. Produces a 'conversation-like' interaction.

Face to face interactions & turn-taking - **Kaye & Fogel**

52 mothers/infants, at ages 6,13 and 26 weeks.

Task - 'try to get their attention as you usually do'

6wks - no control of smiles, vocalisations etc.
13wks - emergence of 'packages' of behaviours
26wks - clearly clustered together

Babies gave reactive and proactive greetings
6&13 weeks - more reactive; 26wks - equal numbers

Mother's greetings didn't change in frequency - but what did change was how they fitted in with their baby's behaviours. Evidence that baby modifies mothers behaviour too (Transactional model.)

Baby-talk / infant-directed speech / Motherese

Snow & Ferguson - distinctive, characterised by short utterances, raised pitch, exaggerated expressions.

Not limited to mothers - others, for example, women without children and 4.y.o. children do the same. (Snow; Shatz & Gelman)

Cross cultural too - seen in many societies including Kalahari Bushmen, Forest dwellers in Cameroon, Yanomami, Eipo (Fernald et al)

Baby-talk may be more about what they can learn than what they can perceive. Mother 'frames' the conversation for short bouts of interaction with the baby - the start of a range of behaviours that fit together to make up social interaction.

Imitation

Imitation - as building blocks for pseudo-dialogues, rather than as an indication of cognition (tongue protrusion examples from earlier in the course.)

Moran - study with 1.y.o. - mothers imitate their babies more than v.v.

Pawlby - longitudinal study of 'imitative sequences' of infants between 4 and 10 months found the same. Additionally, facial units of imitation dominant focus at 4-6 months; hand movements/sounds accompany 6 months onwards; 8 months onwards imitation with rattles (objects) dominates.

Mother behaves as if the baby is responding to them - i.e. had communicative intent. Baby learns particular units of response are effective - i.e. a predictable response from a mother reinforces baby's use of particular units of interaction and so leads to the beginnings of 'theory of mind'.

Kaye & Marcus - produced evidence that imitation increases (frequency & accuracy) over first year.

Imitation therefore makes more sense when considered as being at the centre of interactions with mother, rather than being a solitary achievement of the baby (transactional.)

Trevarthen - **primary intersubjectivity** - common in first 6 months - topics of interaction between mother and baby are 'of the now'. When it extends to topics that include *joint action*, such as play with rattles, then the topic is more than just the interaction itself. Baby starts to realise there are events and objects in the world that can be part of a shared experience. This realisation is **secondary intersubjectivity**.

Scaffolding

Bruner - joint action provides an essential building block for the development of language. Mother creates simplified/stereotyped sequences of actions with objects. Repeated many times - baby learns them as potent intersubjective topics and through their involvement they become possible to do themselves.

Scaffolding allows an infant to make progress in a way they would not be able to alone - the adult controls some elements of the situation.

Example - **book reading** action format:

Look; What's that?; It's an X; That's right

Mother only moves to next step when the child has responded appropriately. If the child initiates (say by pointing and vocalising), the mother will begin the cycle at the appropriate point - following the ordinary rules of polite conversation

Wood et al - modelling, cueing, raising the ante

Modelling - mother shows what can be done
Cueing - indicates to infant what is appropriate
Raising - elaboration - to achieve more complex goals

Shows how important the social world is to development - supporting **Vygotsky** (s. constructivism)

Containing

Oates - beware the rose tinted view of mother-infant relations - e.g. researchers fail to get data from around half of babies studied because of fretting, sleeping, burping ... and that's just the babies(!)

General agreement on babies states:

- 1 - Deep Sleep
- 2 - Light sleep
- 3 - Quiet, alert, attentive
- 4 - Active, vigorous movements
- 5 - Crying/fretting

Average is to spend 1.5-3 hours per day in state 5 (**Bradley**) - so 25-50% of waking is in this state. Therefore, a major task for mothers is to address this.

Oakley - sample of 55 mothers - 'losses'

Can't get enough sleep -	100%
Babycare harder than expected -	77%
Feeding problems -	73%
Anger/violent feelings -	70%
Disinterested in baby at birth -	70%
Felt anxious about baby -	45%
Disappointment at baby's gender -	25%

Infants under 1 month can spot happy/angry/surprised/sad expressions (but not fear) - **Walker-Andrews** and can express emotions through face and body movements - **Haviland & Lelwica**.

Sorensen - the successful handling of crying/fretting provides infant with sense of negative emotions being contained (and hence not being catastrophic) - similar to scaffolding for pseudo-dialogues.

People and Objects

The formation of a mental model - seen as central to the formation of attachment to a mother.

Klein - object-relations model - makes suggestions on how a baby's inner world becomes populated with objects based on their experiences and relationship with their mother.

1. The baby builds up a model based on an amalgam of their own experiences and what the baby senses/perceives of their mother
2. They don't understand the boundary between them and mother at first
3. Dominance of emotion in experience is paralleled by a primitive ability to separate the emotions evoked by something from the thing itself
4. At first, they don't recognise that it is the same object that can give a good experience one time or a bad experience the next

(Similarities to Piaget's mental representation of objects - object permanence not present at birth.)

Klein - part objects (good nipple/bad nipple) at first not related. Objects are introjected (taken in) and representations built up in the mind. The splitting of good/bad objects is the paranoid-schizoid position - we regress to that when under stress as adults (contrary view to Piagetian theory where regression doesn't happen.) The crisis at around 4m.o. is the realisation that the part objects are the same object under different circumstances. Baby feels their first major sense of loss - the 'depressive position'. This is important for forming good relationships in future - the realisation that the same person can evoke positive and negative emotions - their bad aspects can be accepted as well as their good aspects.

Criticism - generally - lack of empirical evidence; specifically - **Stern** argues 'splitting' comes later as its

too complex a task for a baby - instead, they build up a model of what is invariant in its relationship with its mother - allowing it to quickly build up the concept of a boundary between themselves and their mother.

Transacting

Evidence in this chapter implies that a behaviourist explanation (of the passive infant) is incomplete. Desired model of development has to have/acknowledge the influence of mother and baby acting on each other and 'feeding back' into their behaviours.

Conclusions

Beware of the 'paradox of familiarity' - **Schieffelin & Ochs** - attributing motives and interpreting behaviour without considering the impact of cultural assumptions.

Dyadic relationships are not the only model - e.g. Kaluli people - regard babies as being helpless; mothers take care of them because they are sorry for them; they never leave their babies alone with other caregivers (e.g. cook while feeding); when not holding they carry them in netted bags, facing outwards - they are part of the general social group. They don't engage in dyadic conversation - i.e. the things that have been covered in this chapter.

Tim Holyoake 2009, <http://www.tenpencepiece.net/>