Main theories/ideas influencing modern American infant-rearing practices

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Note: A narrative and appendices follow this chart, elaborating on various aspects of the theories and ideas being presented. Appendix B presents a view of evolution in which one does not have to choose between religion and science; it states that human have always been a separate species as we evolved, with the potential to someday manifest the powers of our rational souls. Explanations for terms marked with an asterisk are given immediately following this chart.

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| **Facets/dimensions/**  **applications of theories** | **Behavioristic/**  **Independence-training theory** | **Optimum Psychosocial**  **Development theory** |
| **Source where**  **general theory**  **is presented** | “Psychology as the behaviorist views it”  Talk given by John Broadus Watson,  PhD. Subsequently printed as article  in *Psychological Review.* (Watson, 1913) | “Attached at the heart: Eight proven  parenting principles for raising  connected and compassionate  children”    Book written by:  • Barbara Nicholson, MEd  • Lysa Parker, MS, CFLE  (Nicholson & Parker, 2009) |
| **Description of**  **general theory** | “Psychology as the behaviorist views it  is a purely objective experimental branch  of natural science**. Its theoretical goal is**  **the prediction and control of**  **behavior.”** [Emphasis added.]  (Watson, 1913) | Nurturing, responsive parenting  practices that are cognizant and  respectful of the emotional needs of  children result in children and adults  who find security and warmth in their  primary and/or significant relationships,  who have highly developed capacities  for empathy, trust and affection that  endure throughout the lifespan, and who  contribute to a more peaceful, ethical,  psychologically healthy and  compassionate world.  Psychologically healthy children and  adults:  • are healthily interdependent  (nobody is independent)  • feel and demonstrate joy, healthy  trust, and compassion for others  • have ability to form and maintain  strong, enduring, empathetic,  respectful and responsive  relationships, in which they find  deep meaning and happiness  • are free of addictions and violence  • feel confident and act competently  in tasks and relationships. |
| **Source where**  **theory as it**  **pertains to**  **infant-rearing is**  **presented** | “The psychological care of the infant  and child”    Book written by John Broadus  Watson, PhD. (Watson, 1928) | “Attached at the heart: Eight proven  parenting principles for raising  connected and compassionate  children”    Book written by:  • Barbara Nicholson, MEd  • Lysa Parker, MS, CFLE  (Nicholson & Parker, 2009) |
| **Description of**  **theory as applied**  **to infant-rearing** | Goal of parenting  • To raise happy, normal, problem-  solving and independent children.  • To avoid the creation of “crippled  personalities” with “a load of  infantile carryovers” (Watson, 1928, p.  9) caused by coddling and “over-  conditioning in love.” (p. 78)  Means for achieving goal  • Maintaining strict schedules for  eating, sleeping, toileting and  playing.  • Conditioning/training infants into  appropriate, independent behavior,  beginning at birth. | Goal of parenting  • “To stimulate the optimal  development of children” with  emphasis on their psychosocial  development and health.  (Nicholson & Parker, 2009, p. 5)  • (See also definition of  psychological health as explained  above.)    Means for achieving goal  • Caring for infants in a “sensitive,  responsive and developmentally  appropriate” manner. (Nicholson  & Parker, 2009, p. 4)  • Meeting the psychosocial and  other needs of infants through  specific infant-rearing practices  supported by abundant research. |
| **Some theories and research findings drawn upon in development of theory** | ► Watson’s parental ethnotheory\*  that children should be taught to be  independent in all circumstances,  and should not be coddled or over-  conditioned in love. Attachments to  mothers were unhealthy “fixations.”    ► Pavlov’s findings regarding classical  conditioning.    ► Theories of mentors and other  behaviorists. | ► Parental ethnotheories\* that  babies should be responded to  lovingly and with sensitivity, as  expressed in publications by  Founding Mothers of LLLI (La  Leche League International) and  by physician William Sears and  his wife Martha, a nurse, lactation  consultant, childbirth educator and  La Leche League Leader.    ► Scientific theories and findings:  • Attachment theory: Seeking  proximity to primary caregiver is  an instinctive behavior that  increases infants’ chances of  survival. Originated by  psychiatrist John Bowlby, who  drew upon the “object-relations  tradition in psychoanalysis” as  well as “concepts from evolution  theory, and cognitive  psychology.” (Bowlby, 1988, p. 120).  He also drew on the security  theory developed by  psychologist William Blatz and  contributed to by Mary  Ainsworth. (Ainsworth, 1988)  • Findings of neuroscience  pertaining to the impact of early  experience on brain  development. (Described and  explained by psychiatrists such  as Daniel Siegel and  psychotherapists such as Margot  Sunderland.)  “A baby’s brain and even his  DNA is [sic] shaped by  relationships.” (Nicholson  & Parker, 2009, p. 182)  • Findings of anthropologists such  as Dr. James McKenna. He  draws on cross-cultural and  primate studies as well as  evolutionary\*\* and attachment  theory in formulating his theory  about optimal infant sleep  environments.  • Many other theories, pertaining to  the development of empathy, to  attunement, to strategies for  positive discipline, etc.  • Many research findings  pertaining to the importance of  touch and “baby-wearing,”  breastfeeding, preparing for birth,  etc. |
| **Significant ideas/opinions**  **that have long influenced infant-**  **rearing practices** | Although physician Luther Emmet Holt  presented no theories and almost no  reasons or explanations for his infant-  rearing instructions, the 15 editions of  his book “The care and feeding of  children: a catechism for the use of  mothers and children’s nurses” sold  between 1894 and 1935 testify to the  popularity of his ideas. (Blum, 2002, p.40)  Also, the U.S. government’s Child  Bureau “recruited Luther Holt as its  primary advisor on its ‘Infant Care’  pamphlets, and 3 million copies were  distributed between 1914 and 1925.  (Blum, 2002, p. 42) Holt’s ideas have  influenced countless professionals and  parents throughout the decades since  then, including John Watson, and are  apparent in mainstream American  infant-rearing practices today. | Parental ethnotheories of loving,  empathetic and responsive parents  who have wanted to meet their  babies’ needs and to do what “feels  right” to them. e.g. comfort a crying  baby. |
| **Modern promoters of theories and practices** | ► Religion-oriented theorists such as  Gary and Anne Marie Ezzo, who  advise parents that moral/Bible-based  parenting involves keeping infants  on strict sleeping and feeding  schedules. However, “Problems have  been associated with these programs –  cases of slow weight gain, failure to  thrive, depressed babies, even  hospitalization. Its feeding  recommendations were the subject  of a warning sent out by the AAP.”  (Ezzo Info, 2010, para. 1)  ► Many other self-proclaimed experts  in mainstream media and publishing.  For example:  • Celebrity parenting coach Tracy  Hogg, author of “Secrets of the  baby whisperer.” She says that  encouraging independence “starts  in infancy; it’s not something you  can begin teaching when a child is  fifteen, or even five.” (Hogg, 2001,  p. 9) She says “not even scientists”  know when we should start helping  a child become independent.  “Therefore I say, start now.” [at  birth] (Hogg, 2001, p. 173)  • “Supernanny” television program.  The nanny uses behavior  modification techniques and  recommends standard  independence-training practices of  mainstream America.  • Columnist John Rosemond. He  recommends behavioristic  approaches in childrearing; refers to  this approach as “traditional  parenting.” For example, he  recommended that parents tell a  5-year-old who scratched himself  till he bled that “the doctor”  had said this behavior was caused  by lack of sleep and that they put  him to bed for the night right after  supper. Also, each time he  scratched himself, he had to lie  down in his bedroom for half  an hour. This was to be done for 2  weeks, and, if necessary, another 2  weeks. The mother reported the  child being “cured” after 2 weeks.  (Rosemond, 2010). (The  behavior was “extinguished,”  but the underlying causes were  never identified and the  motivations behind the behavior  may cause worse behaviors to  erupt at some point.)  ► Parents whose children’s  “independence” is a high priority. | ► Empathetic and responsive  parents whose parental  ethnotheories dictate that they  listen to their babies and respond  to their cues, that they meet their  babies’ needs and do what  “feels right” to them. e.g.  helping their children feel  secure, understood, respected  and loved.    ► Authors/promoters of a respectful  and responsive parenting style  known by many different names:  • Empathic parenting  • Attachment parenting  • Conscious parenting  • Natural parenting  • Responsive parenting  • Aware parenting  • Attuned parenting  • Original parenting (used by some  native Americans)  The works of these authors and  promoters can be found in  “alternative” magazines such as  “*Mothering*,” books such as  “*Let the Baby Drive*” and  websites such as  [*www.naturalchild.org*](http://www.naturalchild.org)  These promoters can be found in  many professions, including:  • Child Development Specialists  • Psychologists/Researchers  • Parent Educators  • Pediatricians  • Childbirth Educators  • Therapists  • Infant Massage Educators  • Lactation Consultants  Some organizations:  • La Leche League International  • Attachment Parenting Intrntl.  • Holistic Moms’ Network |
| **Theories and**  **recommendations**  **about infant-rearing**  **practice of:**  **Touching/holding, carrying** | “Touching and stroking of the skin of  the young infant brings out a love  response. No other stimulus will.”  (Watson, 1928, p. 72.) On the next page,  however, he says “The infant child loves  anyonewho strokes *and feeds it*.”  [Emphasis added] (Watson, 1928, p. 73.)  Also of note is his belief that infants do  not care who provides the touch and  food.  Watson believed nothing was “more  delectable to the mother than to kiss her  chubby baby from head to foot after the  bath” but that “petting” and kissing  should be limited to a few times a day:  after its nap, when putting it to bed and  after its bath. (Watson, 1928, p. 74)  In the passage which follows, Watson  appears to be referring to young  children rather than babies, but  presumably his views about touching  babies were similar in principle,  though perhaps not quite so severe, as  indicated by the quote above. “There is  a sensible way of treating children. Treat  them as though they were young  adults…Let your behavior always  be objective and kindly firm. **Never hug**  **and kiss them, never let them sit in**  **your lap. If you must, kiss them once**  **on the forehead when they say good**  **night. Shake hands with them in the**  **morning. Give them a pat on the head**  **if they have made an extraordinarily**  **good job of a difficult task.…**In a  week’s time you will find how easy it is  to be perfectly objective with your child  and at the same time kindly. You will be  utterly ashamed of the mawkish,  sentimental way you have been handling  it.” [Emphasis added] (Watson, 1928, pp.  81- 82) | “For infants, touch is as vital as the air  they breathe and the milk they  drink….[it] is the one sense that we  cannot live without, as has been  tragically demonstrated in orphanages  and hospitals where untouched babies  used to die of a strange disease called  ‘hospitalism’ or ‘marasmus,’ known  today as ‘failure to thrive.’”  (Nicholson & Parker, 2009, p. 126)    For optimum physical *and*  psychosocial development, babies  must receive abundant nurturing  touch and physical contact from  primary caregivers.  This includes:  • Being carried in arms or in  soft carriers for a good part of its  waking hours.  • Sleeping in the same bed with  parents or within arm’s reach.  • Receiving specialized infant  massage regularly.  • Receiving mother’s milk at the  breast if at all possible. If  receiving milk in a bottle, being  held lovingly instead of  having bottle propped.  Benefits of infant massage include  improved immune system function,  promotion of parent/infant bonding  and communication and improved  circulation, sleep and digestion.  (Nicholson & Parker, 2009, p. 137)  Babies carried in soft carriers cry less,  are calmer and more content. Their  neurological development is  enhanced because their needs for  “physical contact, comfort, security,  stimulation, and movement” are  being met. (Nicholson & Parker,,  2009, p. 139) Also, they are more  likely to form secure attachments, as  indicated by a study in which 83% of  the babies whose low-income mothers  had been randomly assigned a soft  carrier at their birth were securely  attached at 13 months, as opposed to  only 38% of babies whose mothers  had been given a plastic infant seat.  At 3.5 months of age, the mothers  who had used soft carriers were  more “contingently responsive” than  the infant seat mothers. (Anisfeld,  Caspar, Nozyce and Cunningham, 1990)  “Premature babies who were held  skin to skin with their caregivers had  less severe infections, less time in the  hospital…” “Premature babies who  were touched and held gained weight  faster and were healthier than the  control group.” (Nicholson & Parker,  2009, p. 148)    “Cultures that rate high in physical  affection, touch, holding or carrying  rate low in adult physical violence.  Those cultures rating low in physical  touch have high rates of adult  physical violence.” (Nicholson, B., &  Parker, L., 2009, p. 131) |
| **Theories and recommendations**  **about specific infant-rearing practice of:**    **Rocking babies** | Watson applauds Holt for convincing  mothers to train their babies to go to sleep  without being rocked to sleep, beginning  at birth. (Holt said that rocking babies to  sleep “is a habit easily acquired, but hard  to break, and a very useless and  sometimes injurious one.” He did not  explain what made rocking injurious.)  (Holt, 1921, p. 182) | “No matter what the stresses of the  day have been, one of the most  relaxing things you can do [for self  and baby] is rock and sing to your  baby…The rocking motion is also  important for the baby’s vestibular  system in the brain which is  responsible for balance, spatial  perception, movement and motor  coordination.” (Nicholson & Parker,  2009, p. 166) |
| **Theories and**  **recommendations**  **about infant-rearing**  **practice of:**  **Transitioning to sleep;**  **choosing sleep environment** | When putting a child to bed, Watson  recommended making sure he had had a  drink of water and used the toilet, that  he was not dressed too warmly and that  he had a flashlight under his pillow in  case he needed to get up at night. Then  the child was to be given a pat on the  head and said goodnight to, the lights  were to be turned off and the door closed.  At this point, “If he howls, let him howl.  A week of this régime will give you an  orderly bedtime.” (Watson, 1928, p. 120.)  No reasons are given for the following  statements:  “No mother has a right to have a child  who cannot give it a room to itself for the  first two years of infancy. I would make  this a *conditio sine qua non*.” (Watson,  1928, pg. 8)  “No nurse or other adult should ever  sleep in the same room with infant or  child.” (Watson, 1928, p. 120)  “If it can possibly be avoided never let  children sleep together in the same  room.” (Watson, 1928, p. 120) | “An infant is not neurologically or  developmentally capable of calming  or soothing himself to sleep in ways  that are healthy. The part of the brain  that allows him to begin the process  of learning to regulate his own  emotions...isn’t well developed until  he is two and a half to three years of  age.” Parents are the “emotional  regulators” for babies and young  children.  (Nicholson & Parker, 2009, p. 173)  The ideal sleep environment for  infants is cosleeping: sleeping within  arm’s reach of a primary caregiver,  preferably the breastfeeding mother.  Unsafe practices, such as the baby  sleeping with an intoxicated parent,  should be avoided. Parents should  inform themselves about safe  cosleeping practices.  Cosleeping researcher Dr. James  McKenna stated “There has  never been a scientific study  anywhere that has shown any benefit  for babies whatsoever in sleeping  through the night at young ages, or  even sleeping through the night at any  particular time. What is important is  the nature of social relationships and  support within which babies develop  all kinds of skills pertaining to  independence.” He also said “Three  or four studies show quite  conclusively that putting babies to  sleep in a room by themselves at three  to six months of age doubles their  chances of dying from SIDS.”  (Parker, 2005, as cited in Nicholson and  Parker, 2009) |
| **Theories and recommendations**  **about specific infant-rearing practice of:**  **Teaching/**  **Disciplining** | Watson recommends “gently rapping  the fingers or hand or other bodily part  when the undesirable act” is taking  place, *but as an objective experimental*  *procedure*—never as punishment. An  example of an undesirable act is  “reaching for objects not their own.”  This “painful stimulus” is intended to  “establish a conditioned negative  response.” “Unless negatively  conditioned in this way how else will  children learn not to reach for glasses  and vases? How can they learn not to  touch strange dogs, fondle strange cats,  to walk out into the water?” (Watson,  1928, pp. 62-64) | “When a child is treated respectfully  within loving, age-appropriate  boundaries, he will develop a  conscience guided by his own internal  discipline and empathy for others.  Positive discipline is rooted in a  secure, trusting, and loving  relationship between parent and child.  With a strong foundation of trust,  positive discipline incorporates  empathic and respectful strategies that  over time will strengthen the  connection between parent and child,  while harsh or overly punitive  discipline weakens the connection.”  (Nicholson & Parker, 2009, p. 205)  Using positive discipline increases  the likelihood that children will be  “happy, joyful and compassionate”  and will “do what is right because it  is the right thing to do, rather than  because they are afraid of  punishment.”  (Nicholson & Parker, 2009, p. 210)  “Using shame, humiliation, guilt,  manipulation, coercion, or physical  forms of punishment,” and/or fear  “may change behavior in the short  term” but these tactics are harmful to  the child’s psychological  development and to its relationship  with the people using these tactics.  (Nicholson & Parker, 2009, p. 213)  Meta-analysis of many studies found  a correlation between parental  corporal punishment and increased  child aggression, delinquency and  antisocial behavior, increased adult  aggression, criminality and antisocial  behavior, increased risk of abusing  own child or spouse, among other  undesirable behaviors and conditions. |
| **Theories and**  **recommendations**  **about specific infant-rearing practice of:**  **Responding to crying** | When putting child to bed: “If he howls,  let him howl.” (Watson, 1928, p. 120)  Watson doesn’t address the crying of  infants, but presumably he endorsed the  advice of Holt, who defined the “cry of  indulgence or from habit” as being when  infants “cry to be rocked, to be carried  about, sometimes for a light in the room,  for a pacifier to suck, or for the  continuance of any other bad habit which  has been acquired.” Holt stated that a  parent “can be sure that a child is crying  to be indulged…if it stops immediately  when it gets what it wants, and cries  when this is withdrawn or withheld.” An  infant that “cries from temper, from  habit, or to be indulged…should simply  be allowed to ‘cry it out.’ This often  requires an hour, and, in extreme cases,  two or three hours. A second struggle  will seldom last more than ten or fifteen  minutes, and a third will rarely be  necessary.” In addition to leaving babies  to “cry it out” when temper or habit was  involved, parents were to let babies cry  every day, since crying was “the  baby’s exercise.” It expanded the  lungs and was “necessary for the  health.” In normal crying, “infants get  red in the face with it; in fact, it is a  scream” but “from fifteen to thirty  minutes a day is not too much.” (Holt,  1921, pp. 185-187).  (Though Watson does not specifically  say that parents teach babies to cry more  by picking them up when they cry, it is  implied by his theory of reinforcement,  and other behaviorists promote this  concept.) | “Infants cry to communicate their  needs and feelings.”  (Nicholson & Parker, 2009, p. 105)  “If a child’s need for comfort is not  met by an emotionally responsive  adult, the child’s nervous system can,  over time, remain in a hyper-aroused  state.”  (Nicholson & Parker, 2009, p. 121)  “Uncomforted stress can lead to a  host of physical ailments later in life,  including eating and digestive  disorders, poor sleep, panic attacks,  headaches and chronic fatigue.”  (Nicholson & Parker, 2009, p. 121)  “If left to cry alone in childhood  without therapy in later life, the  higher-level brain functions that  regulate antianxiety chemicals in the  brain are impaired. This may result in  clinical depression.” (Nicholson &  Parker, 2009, p. 122)  “A longitudinal study of twenty-six  infant-mother pairs shows that  consistency and promptness of  maternal response is associated with  *decline* in frequency and duration of  infant crying.” [Emphasis mine]  (Nicholson & Parker, 2009, p. 120) |
| **Science supporting**  **theory and recommendations** | Conclusive, abundant evidence  demonstrating that behaviors can be  “reinforced” or “extinguished” in many  situations. However, not all behavior can  be controlled this way, and there is no  body of evidence that the behavior  modification techniques applied to the  above-mentioned infant-rearing  practices are good for the babies.\*\*\* To  the contrary, there is abundant scientific  evidence to demonstrate the harmfulness  of techniques such as “extinguishing”  infant signaling/crying. For example,  “Babies who are left to cry for long  periods or who are afraid in a  strange situation release massive  amounts of cortisol….” which “if  released at toxic levels…can damage  key structures in the brain.” .”  (Nicholson & Parker,, 2009, p. 183)  At the end of his book, Watson admits  that he, the behaviorist, “does not  know how the ideal child should be  brought up.” (Watson, 1928, p. 184) | Converging evidence from many  branches of science, as cited above. |

\* Parental ethnotheories: parental belief systems that have complex cultural, psychological, and personal histories. (Harkness and Super’s construct, explained by Small, 1998, p. 56.)

\*\* See Appendix A, following the narrative, for a perspective on evolution which allows for the uniqueness of the human species.

\*\*\* One study claimed that these techniques increased infant security. See Appendix C for comments on the test used to determine security, the Flint Security Scale, which does *not* measure security.

Narrative

The purpose of this paper and accompanying chart and appendices is to identify, compare, contrast and critique the main theories and ideas influencing modern American infant-rearing practices. The strongest influence on infant-rearing over the last several decades has been the behavioristic, independence-training theory first presented by John B.Watson in a parenting manual published in 1928. Many other behaviorists since then have promoted this theory and made recommendations to parents. However, while behavior modification techniques have been proven to work with many individuals and in many situations, they do not always work as predicted. And even when they do produce the desired results, many believe that the *cost* of changing the behavior is too high, in terms of stress suffered by the subject or damage to its physiological and/or psychosocial development. Proponents of the theory of optimum psychosocial development argue that parents and professionals should focus on the biological and developmental needs of infants and children, which includes developing strong, secure, loving and healthy relationships with primary caregivers and others. Scientific evidence from neuroscience, anthropology, psychology and other fields supports this second theory and demonstrates the harmfulness of behavior modification techniques such as sleep training and “crying it out.”

The ultimate goal of this work is to encourage and enable parents to re-examine and, if warranted, modify the “parental ethnotheories” they have inherited and/or developed for themselves. Parental ethnotheories are, as explained by Small (1998), “parental belief systems that have complex cultural, psychological, and personal histories.” (p. 56.) (Small cites Harkness and Super, 1996, as the source of this construct.)

An excellent case for changing mainstream America’s infant-rearing practices is made by Nicholson and Parker (2009) in their book “Attached at the heart: Eight proven parenting principles for raising connected and compassionate children.” They present disturbing statistics from the Children’s Defense Fund about the number of children killed every day in the U.S. by abuse or neglect (4), the number of children and teens who commit suicide every day in the U.S. (5), and the number of children arrested every day for violent crimes (192). (p.2). They report that “child and adolescent mental health experts are witnessing ever-rising rates of depression, anxiety, attention deficit disorders, conduct disorders…and other serious mental, emotional and behavioral problems” in the U.S. (p. 3) While I believe that many factors, such as nutritional deficiencies and our ever-increasing exposure to toxic chemicals are undoubtedly contributing to these problems, I agree with Nicholson and Parker that one major contributing factor is that children are “feeling a lack of connectedness to their parents and their community.” (p. 3) Nicholson and Parker cite a report from the 2003 Commission on Children at Risk which attributes this lack of connectedness to the lack of “close connections to people and deep connections to moral and spiritual meaning.” (p. 3) The purpose of their book is to contribute towards the solution of these extremely serious problems by promoting strong, healthy connections between parents and children through the practice of their eight parenting principles. They draw on many theories and scientific findings from several disciplines to support their theory of optimum psychosocial development, which will be explained later on. I would first like to describe the behavioristic theories and ideas that have, unfortunately, been strongly influencing the parenting practices of mainstream America for many decades.

The behavioristic independence-training theory presented in 1928 in a parenting manual written by John Broadus Watson, PhD, sometimes referred to as the “father” of behaviorism, is the foundation from which forceful recommendations about infant-rearing practices are still being launched today. According to Blum (2002), “Watson…was driven by the need to prove psychology a legitimate science—with the credibility and chilly precision of a discipline such as physics” (p. 38). Thus he declared in a 1913 talk, later printed as an article, that “psychology as the behaviorist views it is a purely objective experimental branch of natural science**.** Its theoretical goal is the prediction and control of behavior.” [Emphasis added] (Watson, 1913, para.1) Later in this “Behaviorist Manifesto” (Blum, 2002, p. 38), Watson stated that the goal of his work is “to learn general and particular methods by which I may control behavior.” (Watson, 1913, para. 14) His mentioning only control when speaking of his personal goals indicates that his goal of prediction was only a means by which to *control* behavior. (In the theory of optimum psychosocial development, the goal is to *influence* behavior *and* feelings from the base of a trusting, respectful and compassionate relationship.)

In Watson’s widely-read book, “The psychological care of the infant and child,” (1928), he declared that the only innate infant behaviors were reacting with fear responses to loud noises or loss of support and reacting with rage responses to being restrained. All other behaviors, including “love reactions,” (p. 75) were conditioned responses. All desirable characteristics in adults were to be trained into the child beginning at birth. One example of behavioristic training will be given here; see chart for more examples. The following advice seems to be more of an example of *interfering* with behavior than conditioning a response, but he presents it as good behavioristic technique. To prevent thumb-sucking, mothers were to “keep the hands away from the mouth as often as you are near the baby in its waking moments.” (What mother would want to spend her valuable time doing this?) Until the baby turned one year of age, mothers were also to tuck their baby’s hands under the covers at bedtime. (After the first birthday, the hands were to be placed *on top of* the covers to prevent masturbation.)…If the infant started sucking his or her thumb despite these preventive measures, soft mitts were to be sewed on to the sleeves of all his clothing and left on for “two weeks or more—day and night.” If the baby still tried to put her thumb in her mouth, parents were to “make the materials of the mitts of rougher and rougher material.” (Watson, 1928, pp. 137-138)…Watson apparently was not aware that babies need to suck, nor did he see the harmfulness and ineffectiveness of trying to *control* thumb-sucking, especially through such means as denying the baby access to her hands and by placing the baby’s hands on top of the covers at nighttime. When unobserved, the baby could do what she wanted, but the attempts to control her would be detrimental to her wellbeing and to her relationship with its mother. As for preventing masturbation this way….I believe the absurdity is obvious and no further comment is needed.

In evaluating child-rearing theories, it is important to keep in mind the view the theorist has of parents and parenting, of infants and children. Watson asserted that “the behaviorist…recognizes [no dividing line between man and brute](http://psychclassics.yorku.ca/Watson/glossary.htm#nodivide).” (Watson, 1913, para. 1). Parents who believe that they and their children are spiritual beings should be aware that this theorist saw all human beings as mere animals, lacking free will, a soul, and spiritual attributes. In his book he referred to the infants he studied in his lab as “laboratory raised *products.*” (Watson, 1928, p. 18) [Emphasis added.] Many worthwhile applications for humans have come from animal studies, but Watson went too far in applying the Pavlov’s findings about the conditioning of dogs to humans. He believed that humans were *completely* a product of conditioned responses, except for the above-mentioned fear and rage responses. He criticized educators such as John Dewey for teaching that there are “hidden possibilities of unfolding within the child which must be waited for until they appear and then be fostered and tended.” (p. 40) Watson rebutted with: “There is nothing from within to develop. If you start with a healthy body…and the few elementary movements that are present at birth, you do not need anything else in the way of raw material to make a man, be that man a genius, a cultured gentleman, a rowdy or a thug. ” (pg. 41) In addition to questioning this absolute faith in the power of conditioning, the aware modern-day thinker must ask: “Why is a healthy body necessary to be a gentleman, or anything else? Is he not interested in the formation of women?” Watson did live in a time before our culture became more enlightened about the capacities of women, but still, he seemed to have a very low opinion of mothers. He had apparently known many hovering mothers, who did not allow their children to “draw a breath unscrutinized,” who showered physical comforts on them and rained “love *and tears* upon them constantly.” [Emphasis added. Why the tears?] (Watson, 1928, p. 12) One can understand his concern about these behaviors, but rather than seeing them as an *excess* of a good thing, he proclaimed “mother love” to be “a dangerous instrument.” (p. 87)

While Watson gave credit to mothers for wanting their children to be happy, he argued that mothers used their children to meet their own needs, that they were “starved for love.” (p. 80) He held that that physical demonstrations of affection are “at bottom a sex-seeking response” in the mother, “else she would never kiss the child on the lips.” (p. 80). He was convinced that mothers found it “delectable” to kiss their babies “from head to foot,” which also has sexual implications. (p. 74.) He doubted that mothers would’ve given up the practice of rocking their babies in cradles, as recommended by Dr. Holt in his book “The Care and Feeding of Children” (1921), had they not found that in doing so they had “more time for household duties, gossiping, bridge and shopping.” (Watson, 1928, p. 73.) He believed that most American children were “over-conditioned in love” (p. 78) by mothers fondling, kissing and hugging them for long periods of time. He believed that “petting and coddling” children robbed them of time better spent “conquering the world.” (pp. 79-80) Concerned about the many “crippled personalities” he saw, (p. 9), he questioned “whether there should be individual homes for children—or even whether children should know their own parents. There are undoubtedly much more scientific ways of bringing up children which will probably mean finer and happier children.” (pp. 5-6.) Watson believed that because of societal pressures “to have a child, to own a child…” (p. 6) a mother would refuse to give up her child for him to raise scientifically even if he guaranteed that the child would be “happy, efficient, well adjusted to life.” (p. 6) and even if he convinced her that she was “unquestionably unfitted” to raise her child and that “she would inevitably bring up a weakling, a petted, spoiled, sullen, shy youngster who would grow up a liar and a thief.” (p. 6) He believed that most children were “spoiled,” as a result of mothers hugging, rocking and kissing their infants so much that they became “unhappy and miserable whenever away from actual physical contact with the mother.” (pg. 14) This belief is certainly a large part of the behavioristic child-rearing paradigm in mainstream America today, that infants shouldn’t be allowed to “get used” to many things, because a habit will form that will likely never be broken. These beliefs are fear-based. Instead of doing what’s right for a child in his particular stage of development, parents think they must train their child now in whatever behaviors and habits they want him to have when he’s grown. For example, parents are told never to let the baby into bed with them because “You’ll never get him out.” (The theory of optimal psychosocial development says that we must recognize the *needs* our infants have and do our best to meet those needs, such as providing “proximity, protection and predictability.” (Nicholson and Parker, 2009, pg. ????). When children’s needs are met--when they feel secure and confident--they will naturally “grow out of” dependent behaviors and grow into more mature and “independent” behaviors.)

Watson believed that mothers “should keep away from the child a large part of the day” to reduce “love conditioning” (p. 83), and that mothers whose children had still somehow become attached to them or dependent on them should leave them for a “long enough period for the over-conditioning to die down.” (p. 84). Watson did not consider it detrimental to children to have 5 different nannies in the same year, or “25-40 nurses and governesses from birth to 12 years of age…“because it would tend to keep down fixations” (p. 147). Psychiatrist Bruce Perry and his co-author, however, in Szalavitz and Perry (2010) assign most of the blame for the sociopathy of a 17-year-old boy who raped a developmentally-delayed teen to the fact that by age 3 he had been “abandoned” by 18 nannies. (Each time the baby seemed to prefer the nanny to the mother, the mother would fire the nanny and hire a new one. The first one was fired when he was 8 weeks old. See chapter 7 of Szalavitz and Perry for more about this case and its implications.)

Watson resigned himself to the fact that “The home we have with us—inevitable and inexorably with us. Even though it is proven unsuccessful, we shall always have it. The behaviorist has to accept the home and make the best of it. (p. 6).

It is important to be aware of the *goals* for childrearing, whether explicitly or implicitly stated, of whoever takes upon him or herself the responsibility of giving advice to parents. As mentioned earlier, Watson stated unambiguously that the goal of psychology should be to predict and control behavior. The goal of his book was to help parents raise an “independent child, “a child as free as possible of sensitivities to people and one who, almost from birth, is relatively independent of the family situation.” (Watson, 1928, p. 186.) He wanted children to be “happy” and dedicated his book to “the first mother who brings up a happy child.” (Watson, 1928, dedication page.) (With such a dedication, he was judging all mothers throughout history as incompetent. Deprived of his insights and recommendations, they had brought up nothing but unhappy children.) I find it interesting that he referred so often to happiness and other internal states when the foundation of his theory rests on the psychologist being “objective” and studying only behavior. He had insisted that “psychology must discard all reference to consciousness….It need no longer delude itself into thinking that it is making mental states the object of observation.” (Watson, 1913, para. 9), yet he made a non-observable inner or “mental state”—happiness—a chief goal of his parenting advice. This is particularly intriguing because while most people could agree on whether an individual was angry or not, there would be great variety in definitions of happiness and many would have difficulty identifying happiness, even within themselves, especially if one was not referring to fleeting moments but to a stable, pervasive emotional state. In analyzing Watson’s description of a happy child, I was struck by the fact that almost all these behaviors protect the adults from being bothered by the child but indicate nothing about how the child is feeling. These behaviors could indicate stoicism and even inner strength, but are not “scientific proof” of happiness. Here is his definition of a happy child:

“a child who never cries unless actually stuck with a pin, illustratively speaking—who loses

himself in work and play, who quickly learns to overcome the small difficulties in his environment

without running to mother, father, nurse or other adult—who soon builds up a wealth of habits that

tides him over dark and rainy days—who puts on such habits of politeness and neatness and

cleanliness that adults are willing to be around him at least part of the day; a child who is willing to

be around adults without fighting incessantly for notice—who eats what is set before him and ‘asks

no questions for conscience sake,’ who sleeps and rests when put to bed for sleep and rest—who

puts away 2 year old habits when the third year has to be faced—who passes into adolescence so

well equipped that adolescences is just a stretch of fertile years—and who finally enters manhood

so bulwarked with stable work and emotional habits that no adversity can quite overwhelm him.”

(pp. 9 and 10).

Watson defines a normal child as “a child that is comfortable—a child that adults can be comfortable around—a child more than nine months of age that is constantly happy.” (Watson, 1928, p. 14) Any reasonable parent will contest the assertion that normal children are “constantly happy,” citing countless times when their children were frustrated, in pain, angry, sad or whiny. And this same

reasonable parent will also tell you that there are innumerable *un*comfortable moments raising even

“normal” children.” For someone who claims to be interested in the happiness of the child, he never mentions their feelings as something to at least notice or take into consideration when interacting with her or making decisions that affect her. For those who believe that feelings and relationships are more important than controlling behavior, his pronouncements about particular infant-rearing situations are approached at the outset with an extremely skeptical eye. I will now discuss some of these situations and his advice.

At least a few of Watson’s recommendations for parents were taken from a book written by physician Luther Emmet Holt, “The care and feeding of children: A catechism for the use of mothers and children’s nurses.” The use of the word “catechism” implies moral/divine authority, though the book, first published in 1894, was also written in a question- and- answer format as was customary in religious catechisms. The word “nurse” was used then to signify both medical professionals and nannies. Watson appears to have been an admirer of Holt’s, as he referred to him and his recommendations several times in his own book. (For many decades, physicians in America have had great influence on parenting practices, despite having no training in child development. See Appendix A.) Watson gave Holt the credit for eliminating the time-honored practice of rocking babies to sleep in a cradle. Holt said that rocking babies to sleep “is a habit easily acquired, but hard to break, and a very useless and sometimes injurious one.” (Holt, 1921, p. 182.) Holt did not explain *why* rocking was injurious. (See chart for *benefits* of rocking.) Because of Holt’s influence, the stationery crib became the new standard for infant sleep furniture. (Watson, 1928, p. 73). Watson agreed with Holt that children should never sleep in the same bed with their mothers or nannies/nurses. (See chart for benefits of bedsharing and co-sleeping.) Holt gave one of his few explanations about this prohibition, saying that with bedsharing “there is always the temptation to frequent nursing, which is injurious to both mother and child.” (Holt, 1921, p. 180) Holt did not explain, however, *why* frequent nursing would be injurious to either the mother or the child. The experience of countless mothers, as well as much breastfeeding and cosleeping research, has demonstrated clearly that frequent nighttime nursing has many benefits to both mother and child, such as keeping milk supply up, suppressing ovulation/fertility and more frequent maternal “checking” behaviors that have saved many infant lives. Watson went further than Holt and pronounced that “no nurse or other adult should ever sleep in the same *room* with infant or child” (p. 120) [Emphasis added]. He even went so far as to say that “No mother has a right to have a child who cannot give it a room to itself for the first two years of infancy. I would make this a *conditio sine qua non*.” (Watson, 1928, p. 8). He also said “If it can possibly be avoided never let children sleep together in the same room.” (p. 120). When putting a child to bed, Watson recommended seeing to the child’s *physical* needs, such as checking that “he” is not dressed too warmly and having him use the toilet right before bed, but then “the child should be given a pat on the head and said goodnight to, the lights should be turned off and the door closed. At this point, “If he howls, let him howl. A week of this régime will give you an orderly bedtime.” (p. 120.) This advice about letting babies howl was undoubtedly influenced by Dr. Holt’s book, in which he said that an infant that “cries from temper, from habit, or to be indulged….should simply be allowed to ‘cry it out.’” (Holt, 1921, p. 187) Holt didn’t have a problem with this experience lasting “an hour, and, in extreme cases, two or three hours. A second struggle will seldom last more than ten or fifteen minutes, and a third will rarely be necessary.” (p. 187) Though Dr. Holt did say that “such discipline is not to be carried out unless one is sure as to the cause of the habitual crying” (p. 187), apparently illness, physical pain and hunger were the only legitimate reasons to respond to crying. The cries of “indulgence or from habit” that were to be ignored were defined as being when infants “cry to be rocked, to be carried about, sometimes for a light in the room, for a pacifier to suck, or for the continuance of any other bad habit which has been acquired.” (p. 186.) A parent “can be sure that a child is crying to be indulged…if it stops immediately when it gets what it wants, and cries when this is withdrawn or withheld.” (p. 186) Instead of seeing cessation of crying as being caused by a need being met, Dr. Holt takes a behavioristic view, consciously or not, and sees crying as a random, meaningless behavior that can and should be “extinguished.” Besides being one of the earliest known advocates of “crying it out” to avoid over-indulgence, Dr. Holt may also have been the original promoter of crying as a means of exercising the infant’s lungs. He said that crying “expands” infant lungs, and that “it should be repeated for a few minutes every day.” He said that “from fifteen to thirty minutes a day is not too much,” and that the nature of a normal cry is “…loud and strong. Infants get red in the face with it; in fact, it is a scream. This is necessary for health. It is the baby’s exercise.” (p. 185). Pediatric psychologist Lee Salk’s response to that opinion is “If crying is good for the lungs, then bleeding is good for the veins!” (La Leche League International, 1997, p. 97). (See also chart for some of the many scientific findings about the harmfulness of prolonged crying and uncomforted stress.) I will close this section about Holt’s recommendations with his assessment of playpens, which he considered “an excellent device” and “a convenient box stall for *the young animal.*” (p. 184). [Emphasis added] Apparently Holt, like Watson, also viewed humans as just another animal.

The views of behavioristic psychologists such as Watson and of physicians such as Holt combined to present a united front in the promotion of a “hands-off” approach to infant-rearing. As Blum explains, in the early twentieth century “medicine reinforced psychology; psychology supported medicine.” (Blum, 2002, p. 44.) While Watson was warning about the dangers of over-coddling, physicians were conducting intensive campaigns to promote sterility and isolation, which had become “the gods of hospital practice” because “human contact was the ultimate enemy of health.” (Blum, 2002, p. 35). Aware that pathogens could be transmitted by physical contact and alarmed at the extremely high mortality rate of infants in foundling homes and hospitals, physicians recommended that even in family homes children should be touched as little as possible so as to reduce the spread of germs. One way of reducing physical contact was having babies and children sleep in their own beds in their own rooms, as mentioned above, though Holt does not give *any* reasons for insisting babies and children sleep alone.

Though Watson makes many absolute statements about scientific parental behavior, in his last chapter he states: “After this brief survey of the psychological care of infant and child the behaviorist hasten to admit that he has no “’ideals’ for bringing up children. He does not know how the ideal child should be brought up.” (p. 184) So why did he presume to pass off as science what was mostly unsubstantiated opinion on poor unsuspecting parents, causing untold suffering to infants and to the adults they grew into? His influence can still be found in the works of self-proclaimed behavioristic experts in popular culture (see chart) and in modern behaviorist practitioners and researchers, even though they cannot explain, for example, why some babies resist having their night signaling behaviors “extinguished.” Selim, France, Blampied, and Liberty (2006) reported that, for “reasons that are unclear,” (p. 2) some babies continue to call for parental attention at bedtime or when waking during the night “despite multiple treatments on multiple occasions.” (p. 1) In other words, the babies are not behaving as they should behave, according to behaviorist theory. Not perceiving these persistent calls for their parents as an attempt to get vital needs met, the researchers label these infants “treatment resistant,” and use *sedative medication* and other behavior modification techniques on these determined, assertive babies who keep trying to get their parents to care for them.

Fortunately for American babies, there have always been some parents who listened to their hearts and did not follow the harsh behavioristic infant-rearing practices that were thought to be so scientific. Many parents have had compassionate and responsive ethnotheories that they strongly believed in and put consistently into practice. Over the last several decades, more and more scholars and professionals have been advancing theories and doing research that support an attuned, respectful parenting style. These theories complement each other and can be synthesized into one overarching theory that I have decided to call “the theory of optimum psychosocial development.” A secure attachment to one or more primary caregivers is an important and worthy goal in the development of psychosocial health, but babies can be securely attached and at the same time be deprived of important developmental “nutrients.” For example, a baby may be responded to consistently throughout the day—enough to form a secure attachment—yet be left to cry herself to sleep at nighttime. Though her positive daytime experiences might enable her to be classified as “securely attached,” she is still experiencing regular “abandonment;” she is still being deprived of comforting touch, consistent security, assistance with emotional and physiological regulation and the protection a proximate caregiver can provide.

The most comprehensive articulation and application of this theory of optimum psychosocial development that I have found is in Nicholson and Parker’s book (2009), “Attached at the heart: Eight proven parenting principles for raising connected and compassionate children.” The principles are “designed to stimulate the optimal development of children” (p. 5), particularly their psychosocial development, through “sensitive, responsive and developmentally appropriate” parenting practices. (p. 4). The authors’ goal is to facilitate a secure parent-infant attachment. Solid, healthy relationships contribute significantly to the psychological and physical wellbeing of parents and children as they grow together, and these warm and secure relationships are the prototypes of all future healthy and enduring relationships. (See chart for characteristics of psychological health.) This book was written for parents, not for the academic/scientific community, yet it supports its theory of optimum psychosocial development by citing other theories and presenting abundant research findings from many disciplines, including anthropology, neuroscience and psychology. Following are a few examples of these findings.

Nicholson and Parker (2009) cite the findings of Anisfeld, Caspar, Nozyce and Cunningham (1990) to support their principle of using “nurturing touch.” One way of providing abundant nurturing touch, as well as promoting secure mother-baby attachment, is through “babywearing.” This term refers to “carrying a baby in a sling or other soft carrier,” which “provides the same benefits as carrying the baby in arms.” (Nicholson & Parker, 2009, p. 139). Anisfeld et al found, in a study involving low-income mothers, that “experimentally induced” increased physical contact, did, as expected, result in greater maternal responsiveness and in significantly more securely attached babies. Mothers were only accepted into the study if they had no preference regarding whether they received a soft carrier or a plastic infant seat. They were then randomly assigned to one product or the other and asked to use the product every day. When the babies were 3 and a half months old, the soft carrier mothers received somewhat higher ratings on the Maternal Sensitivity Scale than the plastic seat mothers. When the babies were 13 months old, fully 83% of the soft carrier babies were assessed as being securely attached, whereas only 38% of the plastic infant seat babies were found to be securely attached.

A correlation between child-rearing practices and adult personality was made years ago by anthropologist Margaret Mead, who was interested in the origins of aggressiveness. Nicholson and Parker quote from Ashley Montagu’s (1978) book “Learning non-aggression:”

“Years ago Margaret Mead was the first anthropologist to inquire into the origins of aggressiveness in nonliterate societies. In her book, *Sex and Temperament in Three Primitive Societies*, [published in 1935] she pointed to the existence of a strong association between child-rearing practices and later personality development. The child who received a great deal of attention, whose every need was promptly met, as among the New Guinea Mountain Arapesh, became a gentle, cooperative, unaggressive adult. On the other hand, the child who received perfunctory, intermittent attention, as among the New Guinea Mundugumor, became a selfish, uncooperative, aggressive adult….Later research among nonliterate *and civilized peoples* has substantially confirmed this relationship….” [Emphasis added] (Montagu, 1978, pg. 7)

One kind of confirmation was made by U.S. Navy psychiatrist James Clark Moloney, who was stationed in Okinawa at the end of World War II. He was told to expect to see not only the physical ravages of war caused by bombings and exposure to starvation, but “horrific” psychological problems among the native people. (Nicholson & Parker, 2009, p. 23). He was amazed to discover that the Okinawans were, in general, psychologically healthy, and also had a long history of non-violence. He began to study their child-rearing practices, and concluded that they were responsible for this peaceful and psychologically healthy society with well-behaved children. These practices included all those recommended by proponents of responsive parenting styles, described in this narrative and in the accompanying chart. To wit, “babywearing,” gentle discipline (no spanking), the showing of respect to children by adults, and breastfeeding for comfort as well as nourishment (not on a schedule) for up to two years or more. (The World Health Organization recommends nursing for two years or more, along with providing “appropriate complementary foods” beginning around the age of 6 months.) (World Health Organization, 2010.).

Other anthropological research cited by Nicholson and Parker was the cross-cultural findings of Sharon Heller (1997), who reports that “cultures that rate high in physical affection, touch, holding or carrying rate low in adult physical violence. Those cultures rating low in physical touch have high rates of adult physical violence.” (as cited in Nicholson & Parker, 2009, p. 131.) These findings are certainly relevant for the U.S., where most American babies, the population most affected by touch deprivation, spend their days and nights in some kind of plastic or wooden container, and where we have high rates of domestic violence, street violence and child abuse. The work of biological anthropologist and cosleeping researcher Dr. James McKenna is also referred to in Nicholson and Parker’s book. (Cosleeping refers to babies sleeping in close proximity with a primary caregiver or caregivers, possibly in a different bed, but very close by. Bedsharing is a form of cosleeping.) McKenna’s years of studying babies sleeping alone and with their mothers have demonstrated that the optimum sleep environment for infants is bedsharing with a breastfeeding mother, as long as reasonable safety precautions are taken. Since bottle-feeding mothers have been found to not use the protective body postures of breastfeeding mothers, and to awaken less easily, their babies should sleep on a separate surface that is close to their mother. McKenna cites studies which have shown that the chances of a baby dying from SIDS *double* when left to sleep alone in a room by himself. (Parker, as cited in Nicholson and Parker, 2009). Cosleeping babies who suffer apneas, fevers, seizures and other life-threatening problems, are more likely to have their problems noticed and thus are more likely to be saved.

Another form of support for the theory and practice of optimum psychosocial development comes from psychiatrists such as Daniel Siegel (1999) and psychotherapists such as Margot Sunderland (2008), who interpret neuroscientific findings for those of us who did not major in anatomy and physiology. Nicholas and Parker cite the various neuroscientific findings that affirm the impact of relationships and early experience on infants’ developing brains, on their various interconnected biological systems, and on their future psychological and physical well-being. In his book “The Developing Mind,” Siegel (1999) succinctly explains that “the mind develops at the interface of neuropsychological processes and interpersonal relationships.” (p. 21). He goes on to state that interpersonal experience “plays a special organizing role in determining the development of brain structure early in life and the ongoing emergence of brain function throughout the lifespan.” (Siegel, 1999, p. 21).

Just as I did with Watson, I looked at the goals and values of Nicholson and Parker, their sources of inspiration, and their views of parents and infants. The authors report (p. xix) being greatly influenced as new mothers by the philosophy, support and practical help they experienced through La Leche League International, an organization begun in 1956 by seven mothers who wanted to help others experience the joys and benefits of breastfeeding. La Leche League’s science-backed information and responsive, loving mothering style have now spread throughout the world. Nicholson and Parker also found encouragement and practical suggestions in the books about “attachment parenting” written by pediatrician William Sears, and his wife Martha, a registered nurse, board-certified lactation consultant, certified childbirth educator and La Leche League Leader.

Nicholson and Parker identify their core values as being “respect, trust, empathy, and affection,” (p. 28) and these values resonate throughout the book as they address the reader, speak of parents and advocate for infants. They encourage parents to rely on “common sense and sound science” (p.2) rather than the opinions of others. They believe that most parents will do a good job if given “good information about why it is so important to nurture children,” the tools they need to meet their children’s needs, and the support of informed parenting groups with similar values such as are found in the organization they co-founded, Attachment Parenting International. (p. xx). In fact, they believe that empowered parents working together “might just create a paradigm shift in childrearing.”(p. xx). Infants are not viewed as manipulative, demanding and easily spoiled creatures, but rather as vulnerable little ones who are nevertheless fully capable of communicating their needs, wants and feelings to their parents, if parents would only listen. Nicholson and Parker have made it their life’s work to promote their theory of optimum psychosocial development and their principles for child-rearing. Their book was the result of many years of work advocating for infants, supporting parents and strengthening families through the organization they founded, directed and supervised as groups formed all over the world.

I will now review Nicholson and Parker’s eight principles for promoting secure and strong attachments, for facilitating the optimum psychosocial development of infants and children and building strong, happy families. Each principle has an entire chapter devoted to it. The first principle is to prepare oneself for pregnancy, birth and parenting, *before* initiating a pregnancy, if at all possible. This involves psychological preparation in the form of dealing with unhealed emotional wounds and unresolved childhood issues so that they do not, unconsciously, negatively influence or even control one’s parenting attitudes and behavior. Practical preparation includes eating nutritiously, exercising and abstaining from drugs and alcohol, and making decisions about the upcoming birth. (Where? Birthing center, hospital or home? With whom? Midwife or OB? Doula, friends, family members?) Other preparations include informing oneself about scientifically-grounded parenting and making decisions about breastfeeding, circumcision, vaccinations, etc.

The second principle is to “feed with love and respect,” and has implications for preventing obesity and eating disorders as well as for meeting infant needs for touch and healthy relationships. Breastfeeding is the recommended model for feeding, but bottle-feeding parents can adapt principles from that model to provide touch, loving interactions and security by not propping bottles and always holding the baby closely and lovingly while feeding. Oxytocin is an “anti-stress chemical,” (p. 272) and a bottle-feeding mother and even the father can, like the breastfeeding mother, “receive oxytocin benefits from holding the baby skin-to-skin, and also by giving and receiving nurturing touch through massage and gentle caress.” (p. 72). Abundant research demonstrates the superiority of human milk for human babies, as well as the reduction in risk for the mother of developing diseases such as breast cancer. Feeding at the breast provides comfort and touch for the baby in addition to nutrition and protection from infections and other health problems. Weaning to solid and nutritious foods should be a gradual and gentle process. One way to “feed with love and respect” and reduce the risk of eating disorders such as anorexia and bulimia is to avoid power struggles about food. (Or anything else.) Children should never be forced to eat; they should be allowed to stop eating when they’re full and to eat only when they’re hungry.

The third principle, of “responding with sensitivity,” is “the foundation that strengthens all the other principles, and it is the foundation of developing a secure attachment with your children….It implies the ability to set aside one’s own needs for the needs of the baby; it presupposes a change in…the capacity to feel empathy….As you learn to understand and respond to your infant’s cues (signals), through consistency you will build a strong foundation of trust and empathy.” (p.94) The implications for applying this principle are described throughout the book.

The implications of the fourth, fifth and seventh principles, of “using nurturing touch,” “ensuring safe sleep-physically and emotionally” and “practicing positive discipline” have been covered already, in this narrative and in the chart. Chapter 7 describes the implications of the sixth principle, which is to “provide consistent, loving care.” Parents are given information about why consistent, loving care is so important for the optimal development of their babies and are offered “resources and creative solutions to help make this happen. (Nicholson & Parker, p.181.) Included are suggestions for child care arrangements for employed parents. For example, parents can arrange their schedules so that each parents spends “at least two-thirds of the day with baby, not necessarily at the same time,” (p. 182) or finding day care centers with low caregiver turnover rates. (Another improvement, not mentioned in this book, would be for day care centers to make the necessary changes so that an infant will be able to stay with the same caregiver/employee till about the age of 3, instead of “graduating” to different classrooms as they get older.) The eighth principle is about “striving for balance” in one’s “personal and family life.” Chapter 9 discusses the importance of self-care and of nurturing the couple relationship, and provides suggestions for doing so.

Nicholson and Parker summarize their recommendations by citing the “*golden rule* of parenting,” (p. 28) which is to treat children as we would like to be treated, and by exhorting parents: *“Listen to your baby and trust your instincts*.” (p. xxi). I believe that trusting parental instincts is good advice for their audience, which consists of parents who have chosen to read and possibly buy a book entitled “Attached at the heart” and who value the goal expressed in the subtitle of “raising connected and compassionate children.” However, parents who were abused as children, who come from dysfunctional homes or are struggling with substance abuse may not be able to trust or even identify any parental instincts. These parents will need much guidance and support, from professionals, support groups and trusted friends, if they are to develop good instincts and attain their goal of being good parents.

Finally, I would like to share Nicholson and Parker’s dream for the future:

“Our dream is that one day AP [attachment parenting] will become the mainstream way to parent, and that as these children grow up, they will be the adults who will permanently change our culture to one of peace and respect for all living beings and the world they live in.” (p. 28).

That is a dream worth striving for, worth the effort it will take to make it a reality.

Appendices

Appendix A

Since our society does almost nothing to prepare citizens for the crucially important and challenging job of parenting, one can hardly blame physicians for wanting to help their patients who are desperate for answers to their child-rearing problems. Since they are not trained in child development, however, physicians would do well to inform themselves of scientific findings pertaining to the optimum psychosocial development of infants and children. Many physicians havedone this, though not nearly enough. A positive development occurred in 1995 when pediatricians, anthropologists and child development researchers gathered to form a new branch of science known as ethnopediatrics. (Small, 1998, pg. xi). The goal of this discipline is to study parents and children across cultures and ‘to explore the way different caretaking styles affect the health, well-being, and survival of infants.” According to Small, “These scientists want to uncover whether mismatches might exist between the biology of the baby and the cultural styles of the parents, with an eye toward realigning parents and babies into a smoother, better-adjusted biological and psychological relationship.” (p. 58.) I hope that all physicians will soon inform themselves of the findings of this new field so as to give *informed* parenting advice, rather than passing on their own parental ethnotheories, based on opinions, anecdotes and disproven theories.

Appendix B

Since many people do not accept the widely-held *interpretation* of evolutionary evidence, which is that humans have just randomly advanced farther on the evolutionary scale than other primates, I thought it important to present an alternative interpretation. It is not necessary to believe that humans are merely an advanced animal to believe in evolutionary change and to understand behaviors that facilitate survival and growth. I use the following analogy to explain that humans have always been a separate species, as we evolved, with the potential to someday manifest the powers of our rational souls: A human embryo goes through stages where it looks like a fish or a pig, but no one wonders whether a pregnant woman is going to give birth to a fish, a pig or a human. This is because that embryo belongs to the human species from the moment of conception. It is “programmed” to be a human. In the same way, humans no doubt have gone through many changes over millions of years, but from the beginning we have been a separate species, capable of “evolving” into the consciousness of ourselves as spiritual beings. This concept comes from the sacred scriptures of the Baha’i Faith, the newest world religion and the second most widespread, which teaches that true science and true religion must be, and are, in harmony.

Appendix C

The Flint Security Scale purports to measure security in children ages zero to two years of age, and has been used to claim that behavioral interventions of “planned ignoring” for night waking and crying *increase* security. The 13-page manual that accompanies the test looks scientific, but optimum psychosocial development theorists would interpret high scores in “security” as indicating passivity, compliance with adult demands, conformity with adult expectations, easygoingness of temperament and lack of a secure attachment to a primary caregiver. For example, the child is considered to be secure if it “accepts being left alone with people other than family.” There is no continuum of security on the scale, from less secure to more secure. Behaviors are scored as either indicating “security” or lack of security. The designer of this test was apparently unaware that security resides in being securely attached, because she expected the following behaviors to indicate security: “cooperates when put to bed by an unfamiliar person,” “relaxed when bathed, washed, or toileted by an unfamiliar person,” and “sleeps readily in new bed or in new surroundings.” Attachment theorists would argue that no *securely* attached baby or toddler would manifest these attitudes or behaviors.

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