



Chapter 5 – Socialization and Guidance with Infants and Toddlers

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Creating Responsive, Reciprocal Relationships with Infants and Toddlers

By Peter L. Mangione, Ph.D.

In our work with the Program for Infant/Toddler Care (PITC), we consider responsiveness to be at the heart of positive, nurturing relationships with infants and toddlers. Our definition of responsiveness corresponds to that of Marc and Helen Bornstein (1995) and includes three elements: contingency, appropriateness, and promptness. Contingency means that the adult nurturer's actions occur in response to the baby's behavior or cues. By appropriateness, the Bornsteins suggest that the adult's response meets the child's need or fits with the child's interest. Promptness, of course, means that the adult's response follows shortly after the child's behavior or cue. However, for those responses that are under the adult's conscious control, promptness does not mean a hurried or rushed response. Responses that occur at a pace the infant can attend to support the development of reciprocal or back-and-forth interaction between the baby and the adult.

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The definition of responsiveness raises a critically important question for the infant/toddler field: How can we help infant care teachers or caregivers respond to infants contingently, appropriately, and promptly? PITC's answer to this question centers on the "Responsive Process," which infant care teachers can use to increase their responsiveness to babies. This process consists of three steps: Watch, Ask, and Adapt. It starts with watching or observing the infant or toddler. Giving empathetic attention while providing care opens up the possibility of deepening one's understanding of an individual child's behavior and cues. Observation thus enables adults to follow the child's lead and respond contingently and promptly. The "ask" step helps adults avoid giving rapid responses and overstimulating babies; it instead leads them to explore the meaning of children's behavior moment by moment. It puts adults in the role of researchers who are trying to discover how to respond appropriately. The search for an appropriate response that meets the baby's need flows into the "adapt" step. The attempt to adapt to the baby may or may not meet the child's need. The adult's search for an appropriate response continues until one is found. In effect, the responsive process supports the

development of attunement between the adult and baby, and it contributes to positive relationship experiences for the child.

But attunement with a baby is not achieved simply through a process of watching, asking, and adapting. When we observe responsiveness in action, we see harmonious interactions between adults and babies. Infant care teachers convey peacefulness and a sense of ease and emotional security through the calm pace with which they relate to children, the tone of their voices, the openness of their facial expressions, and the quiet attentiveness of their hands. Adults communicate so much to babies through their eyes, voices, and hands. The hands, in particular, can convey warmth, affection, and respect — a sense of peace. Leboyer's (1975) words come to mind:

The hands that touch the child reveal everything . . .

*The child knows if the hands are loving
In attentive and loving hands, a child
abandons self, opens up*

*We must let our hands lie on the child
motionless.*

*Not hands that are inert, perfunctory,
distracted*

*But hands that are attentive, alive, alert,
responsive to the slightest quiver*

*Hands that are light. That neither com-
mand or demand. That are simply there.*

Learning to communicate calm, attentive regard to a child in a predictable way takes time. As Magda Gerber reminds us in a PITC video (1988), we have to unlearn what we think we should be doing and learn a new way of being with the infant. But does the need to learn to communicate responsively mean that we have to give up being spontaneous with babies? Hanuš and Mechthild Papoušek (1987) suggest otherwise. In reviewing a large body of psychobiological research on parent-infant interaction, the Papoušeks describe how infants and adults have biologically built-in responses to one another, for example, the greeting response. When a young infant raises her eyebrows and opens her eyes widely, the adult will intuitively or spontaneously do the same within a fraction of a second. There are many other examples of spontaneous responses to infants. These inborn responses provide the foundation for the intuitive care of an infant. Although intuitive responses are biologically based, they may be inhibited or absent in some adults. A psychological disturbance in the adult, in particular clinical depression, negative relationship experiences, or a tendency to “think too much,” may interfere with the adult’s inborn responses to infants. The concern

about adults thinking too much resonates with Gerber’s comment (PITC, 1988): “You have to unbusy your head and unbusy yourself.”

Yet, increasing one’s responsiveness with babies requires focused awareness and thought. The challenge for all adults responsible for caring for infants is to learn techniques such as the responsive process while continuing to be spontaneous and intuitive during interactions. Anna Tardos (personal communication, March 8, 2005) indicated that the Pikler Institutue in Budapest, Hungary, addresses this balance in training nurses (caregivers). Once nurses internalize the Pikler technique, their interactions with babies become natural and spontaneous. The technique — the way one picks up, holds, feeds, changes, and washes the baby — is prescribed or choreographed, so to speak. But some things are never prescribed — for example, eye contact, smiling, or caressing a child.

The Pikler approach also specifies how the nurse uses language with the child. The first level is prescriptive. It consists of telling the baby what will happen next in the sequence of care. However, the second and third levels are not prescribed. The second level is about what

happened and what will happen in a general sense. This level includes the nurse acknowledging what the child is doing. At the third level, the nurse expresses emotion as an adult, which Tardos believes provides an emotional mirror for the infant. The second and third levels are always novel, for each situation and every moment with the baby are unique. The nurse integrates the communication techniques into a natural, spontaneous way of interacting with babies.

The need to be responsive to novelty and spontaneous with infants suggests that trying to teach them specific concepts or skills would be counterproductive. Indeed, in the language development domain, Hart and Risley (1995) did not observe instances of intentional teaching in their study of ways in which parents foster early vocabulary growth. Rather, they observed that “talking was laid onto social interaction” (Risley, 2005). In commenting on how adults used “extra talk” with babies, Risley (2005) described it as

...capitalizing on the teachable moment to expand and elaborate your child's comment or words. That's where the best teaching happens. It always turns out that's an automatic part of extra talk.... It's automatically there if you're talking about extra things that are not business.

Responsively following the child's lead and offering expansions based on the child's present interest provide rich learning experiences. Adults possess the intuitive capacity to be responsive to babies verbally as well as nonverbally. To draw on this capacity, adults need to be intentional about opening themselves to developing a passionate interest in the children in their care. With such an interest, adults can become keen observers of development, sensitive to infants' cues and behavior, responsive to their needs, and better able to follow infants' lead and help them engage in expansive learning experiences.

A passionate interest in a young child stems from an emotional connection. Human relationships are emotional and reciprocal. Two adults in a relationship stabilize and regulate each other emotionally (Lewis, Amini, and Lannon, 2000). Although still reciprocal, a relationship between an adult and an infant differs from one between two adults. Babies are completely dependent on adults for emotion regulation (Siegel, 1997), but at the same time infants have an emotional impact on adults. At a very basic level, the baby affects the way the adult self-regulates as the adult guides emotion regulation for the baby. As an attachment develops between the infant

and the adult, their reciprocal emotional connection provides the foundation for the sharing of novel, creative, and lively learning experiences.

Carlina Rinaldi (2001), of the Reggio Emilia schools in Italy, makes a compelling case that our image of the child greatly influences our interactions and relationships with children. There are different images of the child in our society, and sometimes one image may dominate over others. When this happens, many people may adopt the dominant societal image as their personal image. A commonly held image in our society today is that our relationships with children are mainly about power. In this view, either the adult wins or the child wins. It follows that effective childrearing requires the adult to assert or exercise power. The corresponding image of the child includes the following elements:

- ❖ someone who has to be motivated and directed to learn;
- ❖ someone who needs to be controlled; and
- ❖ someone whose interests or desires are in conflict with the adult's interests, desires, and expectations.

Needless to say, the image of the baby presented in this essay differs greatly from the above image. In responsive, reciprocal relationships, the adult relates to the child in ways that reflect the following image:

- ❖ someone who is competent — an active, motivated learner;
- ❖ someone who looks to the adult for nurturance and guidance; and
- ❖ someone who is capable of cooperating in a relationship with an adult and who thrives when given the opportunity to do so.

With this image, rather than focusing on power differences that are present in relationships between adults and infants, we focus on being responsive and engaging in reciprocal exchanges or nonverbal and verbal dialogue — dialogue at a pace that invites the child to take the lead, dialogue that is not intrusive but gives the child time and space to solve problems, dialogue that communicates respect, dialogue in which we share attention and meaning with the child, dialogue that communicates a genuine interest in the child, dialogue that helps the child to become emotionally secure, and dialogue that facilitates the child's active engagement in learning.