

The First Two Years: Psychosocial Development

Chapter Preview

Chapter 7 notes that psychosocial development includes not only the characteristics of the individual, such as self-awareness and personality, but also the relationships between the child and parents and the child and his or her culture. It begins by exploring the infant's emerging emotions and how they reflect increasing cognitive abilities. Newborns are innately predisposed to be sociable, and they are capable of expressing distress, sadness, and contentment, as well as pride, shame, embarrassment, and guilt. As self-awareness develops, they become capable of responding to the emotions of other people.

The second section describes the psychoanalytic theories of Freud and Erikson, along with behaviorist, cognitive, and sociocultural theories, which help us understand how the infant's emotional and behavioral responses begin to take on the various patterns that form personality.

In the next section, emotions and relationships are examined from a different perspective—that of infant–caregiver interaction, which is the focus of both humanism and evolutionary theory. Active, synchronous infant–caregiver interaction based on secure attachment and a nurturing environment is recognized as a central factor in the child's psychosocial development. Videotaped studies of caregivers and infants, combined with laboratory studies of attachment, have greatly expanded our understanding of psychosocial development. By referencing their caregivers' signals, infants learn when and how to express their emotions. This section also explores the impact of day care on infants.

Chapter Guide

I. Introduction and Emotional Development

1. Within the first two years, infants progress from reactive pain and pleasure to complex patterns of social awareness. About one-third of infants have bouts of uncontrollable crying (*colic*). Emotions are expressed in speedy and uncensored reactions.
2. The first emotions that can be reliably discerned in infants are pleasure and pain. Other early infant emotions include curiosity and happiness. **Social smiles** begin to appear at about 6 weeks and laughter begins between 2 and 4 months.
3. Anger becomes evident at about 6 months. During infancy, anger is a healthy reaction and usually occurs in response to frustration. In contrast, sadness indicates withdrawal and is accompanied by an increase in the stress hormone *cortisol*.
4. Fully formed fear emerges at about 9 months. One expression of this new emotion is **stranger wariness**; another is **separation anxiety**, or fear of abandonment, which is normal at age 1, intensifies by age 2, and usually subsides after that. During the second year, anger and fear typically decrease and

5. During toddlerhood, the new emotions of pride, shame, embarrassment, and guilt become apparent. Because these emotions require an awareness of other people, they emerge from family interactions and are influenced by the culture.
6. The infant's emerging **self-awareness** leads to a new consciousness of others. That consciousness fosters the ability to experience emotions about and express them toward other people.
7. In the classic self-awareness experiment, 9- to 24-month-old babies look in a mirror after a dot of rouge is put on their nose. If the babies react to the mirror image by touching their nose, it is clear they know they are seeing their own face. Most babies demonstrate this self-awareness between 15 and 24 months of age.
8. Emotional development depends partly on maturation of the developing brain, along with having varied experiences and good nutrition. Maturation of the anterior cingulate cortex is directly connected to emotional regulation.
9. Chronic early stress can impair the hypothalamus, which regulates various bodily functions and hormone production. Fathers play a crucial role in the infant's stress level, both directly and indirectly through helping the mother.
10. *Synesthesia* (the stimulation of one sensory stimulus to the brain by another) is partly genetic and more common in infants than it is among older children. The development of *cross-modal perception* may become the basis for early social understanding.
11. **Temperament** refers to the "biologically based" core of individual differences in emotions, activity, and self-regulation.
12. Infants are born with distinct temperaments that are genetic in origin. Temperament may overlap with personality. However, personality traits are generally considered to be primarily learned; temperamental traits are considered to be primarily genetic.
13. According to the *New York Longitudinal Study* (NYLS), infants can be described as possessing one of four temperaments: easy (40 percent), slow to warm up (15 percent), difficult (10 percent), and hard to classify (35 percent). An important factor in healthy psychosocial development is the **goodness of fit** between the developing child and the caregiving context.
14. (A View From Science). Research studies demonstrate continuity between infant temperament and adolescent personality, especially for antisocial traits. Other factors, including the effect of family and culture, also influence personality.
15. Adult personality is often assessed using the **Big Five**. These traits include openness, conscientiousness, extroversion, agreeableness, and neuroticism. Adults who are high in extroversion and agreeableness, while low in neuroticism, tend to be warmer, more competent parents.

II. Theories of Infant Psychosocial Development

1. Psychoanalytic theory connects biosocial and psychosocial development, emphasizing the need for responsive maternal care.
2. According to Freud, during the first year infants are in the *oral stage* of psychosexual development, when the mouth is the infant's primary source of gratification and the mother's attitudes regarding feeding and weaning are critical factors in the infant's psychological development. An *oral fixation* later in life may occur if a child becomes distressed at this stage. During the second year, infants are in the *anal stage*, when toilet training becomes the focal point. A fixation at this stage may result in an anal personality.
3. Erikson maintains that development occurs through a series of basic crises. He describes the basic crises of infancy and toddlerhood as those of **trust versus mistrust** and **autonomy versus shame and doubt**, respectively. In Erikson's view, parental guidance and protection are the keys to the child's gaining a healthy sense of autonomy. Infants who fail to develop trust or achieve autonomy may become adults who are suspicious and pessimistic or who are burdened by shame. Cultural norms and expectations affect views on autonomy and shame.
4. According to early behaviorism, personality is molded through the processes of reinforcement and punishment of the child's spontaneous behaviors. A strong proponent of this position was John Watson. Later theorists, such as Albert Bandura, incorporated the role of **social learning**, that is, infants' tendency to imitate the personality traits of their parents. Watson thought that "failure to bring up a happy child, a well-adjusted child (assuming bodily health) falls upon the parents' shoulders." Developmentalists have found that social learning takes place throughout life.
5. According to cognitive theory, a person's thoughts and values determine his or her perspective on the world. Thus, it is the child's interpretation of the experience, not the experience itself, that is crucial. More specifically, infants use their early relationships to build a **working model** that becomes a frame of

Ethnotheories are culture- and ethnic-group specific theories that are not usually apparent to the people. One ethnotheory involves ideas about child rearing. Researchers have found considerable cultural variation in the use of **proximal** (close, physical) **parenting** and **distal** (distant, more intellectually focused) **parenting**. Proximal parenting predicts toddlers who later will be more compliant and less self-aware than toddlers who experienced more distal parenting and became more self-aware but less obedient.

III. The Development of Social Bonds

1. Researchers have found an impressive **synchrony** between infant and caregiver. Synchrony helps an infant learn to read other people's emotions and to develop some of the basic skills of social interaction, such as taking turns and paying attention.
2. Researchers use the **still-face technique** to study synchrony between infant and caregiver in order to determine whether synchrony is needed for normal development.
3. Approaching and following their caregivers are signs of **proximity-seeking behaviors** while holding and cuddling are signs of **contact-maintaining behaviors**. Both types of behavior are clear signs of **attachment**.
4. A **secure attachment** (type B) is one in which the infant derives comfort and confidence from the caregiver, as evidenced by attempts to be close to the caregiver and by readiness to explore the environment. In this type of attachment, the caregiver acts as a *base for exploration*.
5. Infants who display insecure attachment may engage in little interaction with their mothers and show no apparent distress when they leave (**insecure-avoidant attachment** or type A) or they may show an inconsistent mixture of behavior toward their mothers, such as both resisting and seeking contact (**insecure-resistant/ambivalent attachment** or type C). Type D is **disorganized attachment** and may be found in the most troubled infants.
6. Mary Ainsworth has developed a laboratory procedure for measuring the security of attachment. In this procedure, called the **Strange Situation**, infants' reactions to the comings and goings of their mothers and to friendly strangers are monitored.
7. Although secure attachment predicts both personality and social development, attachment status can change, either for the better or for the worse.
8. The emotional expressions of others begin to assume new meaning because infants begin to engage in **social referencing**; that is, they look to others for emotional cues in uncertain situations. This becomes important as crawling and walking increase infants' mobility.
9. Researchers have found that although fathers provide less basic care than mothers, they play more, and they can teach infants appropriate expressions of emotion, especially anger. Consequently, infants tend to look to fathers for fun and to mothers for comfort. On the average, parents and infants spend about an hour in face-to-face play daily.
10. Infant day-care programs include **family daycare**, when children of various ages are cared for in a paid caregiver's home, and **center daycare**, in which children are cared for by several paid caregivers in a place designed for that purpose. Nonmaternal care tends to vary in quality and availability.
11. (Table 7.5) Researchers have identified five factors that seem essential to high-quality day care: (a) adequate attention to each infant; (b) encouragement of sensorimotor and language development; (c) attention to health and safety; (d) well-trained and professional caregivers; (e) warm and responsive caregivers.
12. According to the NICHD Early Child Care Network, day care is detrimental only when (a) mothers are insensitive, (b) the day-care quality is poor, and (c) the infant is in poor-quality day care for more than 20 hours per week with too many children per group.