

No Child Left Different

The Building Blocks of Children's Mental Health: Care and Community

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Urie Bronfenbrenner, one of the leading scholars in developmental psychology, found it “sobering” to discover that after fifty years of work in the field, he was able to distill the necessary conditions for healthy child development down to two facts. In order to become fully intact human beings, he concluded, children need:

- “The enduring, irrational involvement of one or more adults ... [i]n short, *somebody has to crazy about that kid*”.
- And Caregivers in turn “need public policies and practices that provide opportunity, status, resources, encouragement, stability, example, and above all *time* for parenthood[.]”¹

To word it even more simply, children need unconditional love and consistent care from their families, and families in turn need a “village” to support their efforts. These two principles not only capture the essence of Bronfenbrenners’s prolific research, but also that of a number of towering figures in child psychology including Diana Baumrind, John Bowlby, Erik Erikson, and Stanley Greenspan. They also echo the “child honoring” philosophy of children’s troubadour and advocate, Raffi Cavoukian. In recent years, with the advent of brain imaging techniques, researcher Allan Schore and his colleagues have documented that reliable, loving care during infancy and early childhood has a profound impact on the development of regions of the brain that are critical for regulating emotions and coping with stress. And the ability to regulate feelings and manage stress, are the hallmarks of mental health.²

In this chapter, I describe the kind of care and community support that all children need, and some of the adverse consequences for children’s mental health when these needs are not met, as is increasingly the case in the U.S. In so doing, I contest the prevailing belief that psychological disturbances in childhood are predominantly the result of genetically primed brain disorders. When brain disorders are in fact implicated, research suggests that neglect or trauma in early childhood are more likely the causal factors. Therefore, this alternative perspective emphasizes the role of families, communities, and the governments that serve them, in fostering children’s mental health.

Talk of giving children “unconditional love” sounds clichéd, unless we clarify what this means within the context of parents’ daily routines of feeding and carrying infants, coping with tantrums and toilet training, and juggling domestic and work schedules. It is also necessary to explicate the kind of support that parents need in order to be fully present both emotionally and physically for their children.

A few generations ago, new parents expected to learn these precepts from their own parents, and from hands-on experience gleaned from helping to care for younger siblings and cousins in stable, family and community networks. But in recent decades, technological innovation and globalization have engendered radical

changes in our lifestyles – often within a single generation – and as a result, the lessons to be learned from our parents and grandparents may seem obsolete. In addition, changes in the workplace require many adults to relocate frequently, separating young parents from their families of origin. And so, new parents must often sort out the challenges and complexities of parenthood for themselves.

A Portrait of Care

Time and again over the past half century, a veritable army of researchers has demonstrated that a relationship with at least one loving, responsive and dependable caregiver is essential for a child's present and future psychological well-being. The quality of this relationship extends well beyond the mere provision of food and shelter, and impacts intellectual, language, personality, social, emotional and brain development. This caregiver-infant relationship is called "attachment".³ It is not essential that the caregiver in the attachment relationship be the biological mother. Any adult – who in Bronfenbrenners's inimitable words – is "crazy about that kid" can serve as an attachment figure, and in fact it is better for the child to have more than one caregiver to rely on.

As psychologist Robert Karen explains in *Becoming Attached*:

"The concept of "attachment", born in British psychoanalysis some forty years ago and nurtured to near maturity in the developmental psychology departments of American universities ... encompasses both the quality and strength of the parent-child bond, the ways in which it forms and develops, how it can be damaged and repaired, and the long-term impact of separations, losses, wounds, and deprivations. Beyond that, *it is a theory of love and its central place in human life.*"⁴

Attachment – An Anthropological Perspective

Beyond the immediate pleasure that tender loving care might give an infant or young child, why does its presence or absence have profound psychological consequences that reverberate throughout our lives? In *Childhood Lost*, anthropologist Meredith Small helps us to understand why the attachment between parent and child is of such central importance. Small explains that:

"Humans, like all primates, are designed to be involved with the upbringing of their offspring for many years, but as we will see, particular evolutionary pressures have rendered the human caregiver-child relationship especially intense and long-lasting. About four million years ago ... when early humans stood up and started to walk on two legs, that type of locomotion required an increase in the gluteus maximus and minimus muscles which in turn pushed for a short and broad bony pelvic shape. As a result, the pelvic opening, or birth canal, also changed; the opening became essential ovoid instead of round with the sacrum tilted inward forming a bowl. This change in pelvic architecture was not a problem at first because our earliest ancestors still had small brains - comparable in size to the brains of modern chimpanzees - and infants could easily navigate the birth canal. The real crisis came about 1.5 million years ago when there was intense pressure for brain growth in the human lineage and suddenly babies had much bigger heads relative to the size of the pelvic opening. At this point, evolution had to make a compromise because there is only so far you can

push the width of the pelvis to accommodate infant head size; if the human pelvis were any wider, women would not be able to walk.

Instead, Natural Selection opted for another route; human infants are born too soon – neurologically unfinished compared to other primates. As a result they are physically and emotionally very dependent. But this level of dependence could not have appeared if there hadn't been some corresponding evolutionary shift in parental behavior that facilitated the capacity to respond to infant needs. And so, there must have been a "co-evolution" of dependent infants and responding adults for human infants to have survived. A human newborn, therefore, is designed by evolution to be "entwined" with an adult of its species. In other words, human infants have evolved to be "attached" both emotionally and physically to their caregivers and when that attachment is denied, the infant is at risk."⁵

Small also reminds us that for ninety five percent of our human history, we were all hunter gatherers. And it was in this physical and social milieu that our species evolved. And so, studying the few extant hunter gatherer tribes in modern history provides us with a window on the conditions in which we first evolved as a species, and the way that we are designed to live and raise our children. Today, most people on earth practice a subsistence form of farming called small plot horticulture and so it is instructive to examine the parenting practices of these societies as well. *Why? Because in spite of the headlong pace of technological change, which repeatedly re-shapes our social, cultural and economic lives, children's irreducible needs endure.* Therefore, parents cannot simply adjust themselves and their children to prevailing conditions. They must also seek to adjust conditions to address their – and their children's – real human needs.

A survey of different hunter gatherer and horticultural groups reveals the rich diversity of beliefs, values and lifestyles that is typical of our species. But despite these variations, a common pattern emerges – in the pre-industrial milieu, infants are in almost constant skin contact with their caregivers, who respond immediately to their needs and never leave them to cry. This style of infant care is not just a "third world phenomenon" born of poverty or lack of resources. It is also standard practice in technologically advanced countries like Japan. In fact, even today, it is typical of the vast majority of human societies. *And this style of care is precisely what a half century of "attachment" research tells us that infants need for optimal psychological and neurological development.*

The Premature Push for Independence

It is striking that the U.S. – where so much attachment research is conducted – is one of the few countries in which parents do not routinely care for their infants in these physically responsive ways that are optimal for psychological and neurological development. Why is this so? As Small suggests:

"The primary goal of Western – that is North American and European parents, but especially American parents – is independence and self-reliance for children. This push for independence is most striking in infancy when babies are expected to sleep alone and are fed on a schedule. Western parents also expect infants to "self comfort" when they cry so many parents

delay responses to crying or do not respond at all but believe in a policy of letting the infant “cry it out.”

This caretaking style results in many hours during which infants are not held and are not part of a social group. Western babies are held 50% less than in all other cultures, spend 60% of day time alone, and the West is the only culture in which babies are expected to sleep alone.”⁶

Paradoxically though, infants who are in constant physical contact with their caregivers, and never left to cry – as opposed to infants who are “trained” to be independent by being left alone to “cry it out” several hours a day – are much more likely to become confident, independent children. This is not too difficult to understand when we place ourselves in comparable circumstances. Imagine that you are alone in your bedroom. You have fallen and broken your ankle, or perhaps you have awakened with a high fever, or from a terrifying dream. Your spouse is in the next room. You call out in anguish, and he pops his head in, smiles benevolently and suggests that you settle down and go to sleep. You cry out to him repeatedly, but he does not return. The familiar sounds of the household – conversation, music, laughter – surround you, but you are alone, too incapacitated to move, and unable to effectively communicate how desperately ill or frightened or sad you feel. Eventually you fall silent because your efforts to reach out to your loved one are fruitless. Over the coming weeks you are routinely ignored by your spouse. But you are a competent adult with many personal and interpersonal resources. If your relationship with your husband does not improve, you are free to leave and seek out a more gratifying relationship.

An infant on the other hand, does not have these competencies or freedoms. She is utterly dependent on her caregivers. When left for hours to cry herself to sleep, day after day, week after week, she will eventually stop crying and become “well-behaved”. But inwardly, she may be paralyzed with fear, seething with anger, or overwhelmed with sadness. And in the process, she is acquiring an overarching orientation of mistrust – of herself, of others, of her world. While learning to self-comfort and not to cry, other important lessons are being learned as well: that her needs and feelings are insignificant, that she can’t rely on others to help her when she is in pain, that how she feels is not particularly informative, that how she communicates is not particularly effective. By contrast, the infant who is in continual contact with her caregivers, who take seriously and respond quickly to her needs as they arise, builds up an image of herself as competent, of her family as loving and of her world as safe. And it is this infant who will acquire the confidence with which to exercise true independence.

The Dance of Attachment

Given how vital attachment is to the infant’s survival, it should not come as a surprise that human infants are born with a number of characteristics and instinctive behaviors that help to “woo” the parent into a loving relationship. Research has shown that infants’ physical characteristics – their round faces and eyes, soft skin, their gentle grasp, the way they mold their bodies when held, their radiant smiles, coos and babbles, are deeply appealing to adults. In addition, from birth, infants are attracted to the smell of their mothers’ breast milk, the sound of her voice, the rhythm of her heart beat, the touch of her skin.⁷ Daniel Stern’s

analysis of videos of infants and mothers revealed that quite unconsciously, they engage in a synchronous dance as first one and then the other gaze, touch, and communicate with each other verbally and non verbally.⁸ Infants are so attuned to and dependent on this dance of attachment, that they become distressed when a beloved caregiver does not return their smile. Touch is a key element in the attachment relationship. Research has shown that when premature infants are held and stroked each day, they show more rapid neural and physical development than those who receive standard hospital care.⁹

Born Too Soon

Because babies are “born too soon” – neurologically unfinished – during the first several months of life, human infants are not yet capable of regulating their bodies. Therefore, the attachment or entwined relationship is one of physiological and not just emotional dependency. Sleep expert James McKenna has demonstrated that when nursing mothers and their infants share sleep, their heart rates, brain waves, breathing patterns and sleep cycles become synchronized.¹⁰

Breastfeeding also helps to regulate and augment their physiological processes. Over and above the nourishing proteins, minerals, vitamins, fats and sugars, breast milk also supplies antibodies to assist the infant’s immature immune system, growth factors that help in tissue development and maturation, and a variety of hormones, neuropeptides and natural opioids subtly shape brain development and behavior. The breast has been described as the “external counterpart of the placenta, picking up where [it] left off the task of ushering the infant toward physical and neurological completion.”¹¹

Learning to Feel

The attachment relationship helps infants to modulate, interpret and communicate emotions. Sue Gerhardt describes this process in *Why Love Matters: How Affection Shapes a Baby’s Brain*:

“To become fully human, the baby’s basic responses need to be elaborated and developed into more specific and complex feelings. With parental guidance, the basic state of ‘feeling bad’ can get differentiated into a range of feelings like irritation, disappointment, anger, annoyance and hurt. Again, the baby or toddler can’t make these distinctions without help from those in the know. The parent must also help the baby to become aware of his own feelings and this is done by holding up a virtual mirror to the baby, talking in baby talk and emphasizing and exaggerating words and gestures so that the baby can realize that this is not mum or dad just expressing themselves, this is them ‘showing’ me my feelings. It is a kind of ‘psychofeedback’ which provides the introduction to a human culture in which we can interpret both our own and others’ feelings and thoughts. Parents bring the baby into this more sophisticated emotional world by identifying feelings and labeling them clearly. Usually this teaching happens quite unselfconsciously.”¹²

Brain Development

In recent years, with the help of brain imaging technologies, Allan Schore and his colleagues at the UCLA school of medicine, have documented that brain development in the first few years of life is dependent on the social and sensory

stimulation that is part and parcel of the attachment relationship.¹³ Despite a growth industry in flash cards, videos, toys and software, which boasts that it can turn your baby into the next Einstein, it is human rather than electronic stimulation that grows a baby's brain. The human touch, voice, gaze, and smile, trigger a complex cascade of neurochemicals that catalyze growth in regions of the brain that play a critical role in our ability to empathize, control our impulses, and develop a sense of self. One of the most vital brain regions to develop as an outgrowth of attachment relationships is the orbitofrontal cortex.

The orbitofrontal cortex plays a key role in emotional life. It enables us to empathize with others, and to control our emotional responses. Although social emotions such as the pain of separation from a loved one and shame, originate in the amygdala and hypothalamus, the orbitofrontal cortex serves to control our impulses and express ourselves in socially appropriate and reflective ways. It is very significant that the prefrontal cortex in general and the orbitofrontal cortex in particular has a growth spurt between six and twelve months of age, corresponding exactly with when the attachment bond is being consolidated. There is a second growth spurt in early toddlerhood, around the time the child begins to walk –which is also a period of intense pleasure between parent and child.¹⁴

In a study conducted with Romanian orphans who had no opportunity to form attachments with caregivers during infancy and early childhood, brain imaging revealed a black hole where the orbitofrontal cortex should be. People who sustain damage to the orbitofrontal cortex, become insensitive to social and emotional cues. They may also be prone to dissociation or even to sociopathy.¹⁵

After the orbitofrontal cortex has matured, other areas of the social-emotional brain begin to mature including the anterior cingulate, which helps us to tune into our feelings. Soon thereafter the dorsolateral prefrontal cortex – the primary site of working memory – begins to develop. Together, the anterior cingulate and dorsolateral cortex facilitate verbal and non verbal communication of feelings. During the third year of life, the hippocampus, which plays a key role in long-term memory begins to mature, and becomes strongly linked to the anterior cingulate and the dorsolateral prefrontal cortex. The hippocampus enables the child to create a personal narrative with a past and a future, and so, for the first time, she has an enduring sense of self and no longer lives just in the moment. *This sequence of postnatal brain development is largely dependent on the sensory, intellectual and emotional stimulation that is integral to the attachment relationship.*¹⁶

Beyond Attachment

The style of parenting that fosters attachment is ideal during infancy and early toddlerhood. But what then? Although space constraints prevent me from exploring their work at length, the parenting research of Diana Baumrind and Erik Erikson's psychosocial theory of development provide excellent guidelines beyond the intense early months of "attachment" parenting.

Authoritative Parenting In the 1970s, Diana Baumrind conducted research to discern what style of parenting is optimal for psychological development. She discovered that an approach to parenting which she named "authoritative" has the best long term outcomes for children. In the decades that have ensued, her research

has been replicated and elaborated, and there is now wide consensus among parenting experts, that this approach fosters healthy development.¹⁷

Authoritative parents are warm, attentive and sensitive to their child's needs. At the same time, they consistently assert age appropriate expectations and responsibilities. So for example, their young children know that they are not to eat cookies before dinner, that they must do their homework, complete household tasks and treat others with respect. When making their expectations known, these parents provide their children with a cogent rationale. As a result, over time, their children internalize their parents' underlying motives and values, so that they don't remain dependent on authority figures to "do the right thing". As children get older, authoritative parents grant their children increasing autonomy over decisions that affect them, thereby gently ushering them along their journey towards adulthood.

Authoritative parenting has been linked to a variety of positive outcomes. During the preschool years, children of authoritative parents are happier, they have better impulse control, they persevere at challenging tasks, and are more cooperative at school. Older children have higher self-esteem, are more socially and morally mature, and perform better at school.¹⁸

Psychosocial Stages Psychoanalyst Erik Erikson's theory of psychosocial development describes the central psychological challenges that confront all human beings at different stages of the lifecycle.¹⁹ The central psychological challenge of infancy is the acquisition of *trust*. Securely attached infants whose caregivers consistently respond to their needs in a loving and timely fashion, come to approach life with optimism. Children who are imbued with trust, find it easier to acquire *autonomy* in toddlerhood. Toddlers have a burgeoning sense of self that is ushered in by an explosion of new intellectual, linguistic and motor skills. Suddenly, they are walking, talking, climbing and exploring. Parents who allow their toddlers to "do for themselves" whether it be climbing the stairs, putting on their own shirt, or feeding themselves, without providing absolute freedom on the one hand – which would be unsafe – or too little freedom on the other hand – which conveys a message of incompetence – provide optimal support during their bid for autonomy. During the preschool years, children need time for unstructured imaginative play in natural settings in order to develop *initiative*. Psychologically healthy school-age children feel a natural desire to develop the capacity for *industry*. When children find their passion, whether it be tennis, literature, or woodwork, they will work with great diligence towards mastery when parents and teachers facilitate their efforts as mentors and guides.

The predominant psychological challenge of adolescence is to acquire a coherent and meaningful sense of *identity*. Adolescents who begin their search for identity with a healthy sense of trust, autonomy, initiative and industry are greatly advantaged. And when they enter adulthood knowing who they are, what they believe in and value, and where they are going in life, they are more capable of achieving the central tasks of adulthood: the capacity for enduring *intimacy* and *generativity*. Generativity refers to our desire to nurture the next generation. While parents and "helping professionals" such as teachers and therapists may nurture children in direct ways, everyone, whether they be artists, managers,

environmentalists, or politicians can make “generative” choices that inspire or secure the safety and prospects of the next generation.

And now we come full circle. Adults who were securely attached infants with authoritative parents who helped them to successfully negotiate the central psychological challenges of childhood, will acquire a healthy sense of identity, which is a precursor for intimacy and generativity. The capacity to sustain intimacy and act generatively are in turn necessary to successfully parent one’s own children. In other words, adults who lack trust, autonomy, initiative, industry and a strong sense of identity, will be greatly compromised in their ability to offer intimate and altruistic care to their children.

Portrait of Community

As anthropologist Meredith Small reminds us, there is an evolutionary push towards an “entwined” or “attachment” relationship with our children that is as old as our primate history. But our potential for intimacy and generativity will not be actualized unless we ourselves have been the recipients of responsive and responsible care from our own parents. Harlow’s research with monkeys revealed that infant monkeys who were separated from their mothers at birth were incapable of nurturing their own offspring.²⁰ But even when we were well parented ourselves, our natural desire to parent must be augmented by direct experience with childcare, as well as a healthy dose of intelligence and energy. And still these circumstances do not suffice. In Bronfenbrenner’s evocative words: *“The heart of our social system is the family. If we are to maintain the health of our society, we must discover the best means of nurturing that heart.”*²¹ In other words, parents must be supported in myriad ways by their communities and the wider culture.

What Parents Need

If adults are to have the time, resources and the physical and emotional health necessary to parent their children, they need:

- Family, friends and neighbors who can provide practical and emotional support
- Health care for themselves and their children that is affordable, comprehensive and not contingent on the whims of an employer
- Affordable housing in safe neighborhoods with amenities that support family life such as parks, community centers, libraries and grocery stores
- Paid parental and child sick leave that is generous enough to enable parents to form secure attachments with their children and that never obligates them to choose between nursing a sick child or paying the rent
- Daycare that is affordable, and of the highest quality
- A living wage so that their “second shift” can be at home with their children
- Flexible work arrangements – that allow them to complete work at home or share a position – without forsaking essential benefits such as health care or permanently compromising opportunities for career advancement
- Public schools that are safe, with small teacher-child ratios and that utilize developmentally sensitive approaches to education

- Media regulation so that their children are no longer relentlessly exposed to violence, pornography, sexism, racism, and commercials for products that undermine their health
- Clean air, soil and water

American parents who read this “wish” list may dismiss it as utopian, and yet it describes the status quo in many industrialized nations. In fact the conditions listed above should be regarded as fundamental human rights because they are the preconditions for fostering attachments and authoritative parenting which in turn are essential for healthy psychological and neurological development.

When Care and Community Break Down...

How can a mother who must return to work only days after giving birth – while placing her newborn in substandard care – establish a secure attachment with her infant? If a single mother must work two or three low wage jobs to make ends meet, while her children return to an empty home, how can she scaffold their arduous journey towards adulthood? And how can she protect them from the tidal wave of violence, hatred, racism, sexism and pornography that pervade the media? And if this mother is the second or third generation to have raised children under these compromised circumstances, how will she herself have acquired the psychological maturity and wisdom to relate lovingly and responsibly towards her children? But these are precisely the conditions under which millions of American parents are obligated to raise their children. As Bronfenbrenner has lamented, “*the comparative lack of family support systems in the United States is so extreme as to make it unique among modern nations.*”²²

Sadly, it appears that support for families in the U.S. continues to deteriorate in lockstep with the rise in psychiatric disturbances. Psychologist Laura Berk described this downward spiral in *Childhood Lost*:

“American children and adolescents of all walks of life are experiencing more stress than their counterparts of the previous generation. An examination of hundreds of studies of nine- to seventeen-year-old carried out between the 1950s and the 1990s revealed a steady, large increase in anxiety over this period. A combination of reduced social connectedness and increased environmental dangers (crime, violent media, fear of war, etc.) appeared responsible[.] ... Interestingly, whereas societal indicators of diminished social connectedness ... showed strong associations with children’s rising anxiety, economic conditions such as poverty and unemployment had comparatively little influence. *A child’s well-being, it appears, is less responsive to whether the family has enough money than to whether it promotes close, supportive bonds with others.* Other changes in the American family also point to a withering of social connectedness. For example, Americans are less likely to visit friends, join community organizations, and volunteer in their communities than they once were. [P]arents and children converse and share leisure time less often than they did in the past.

Simultaneously, young people’s sense of trust in others has weakened. In 1992 only 18.3 percent of high school seniors agreed that one can usually

trust people, compared with 34.5 percent in 1975. Young people's increased anxiety is a natural response to lower quality relationships. *As social connectedness in the United States declined, youth suicide rates rose. Between the 1950s and 1970s, they rose by 300 percent for fifteen – twenty-five-year olds; and between 1980 and 1997, by 109 percent for ten-to fourteen-year-olds.*"²³

Conclusion

The current and ongoing breakdown in caregiving and community support is largely responsible for the epidemic of psychiatric disturbances that we are now witnessing among children in the U.S. That view is not very popular however, because policy based efforts to heal communities, empower parents and regulate industry do not generate profits for the pharmaceutical or genetic technology industries. And stellar careers in research are not built upon promoting practices that many of our grandmothers and great grandmothers knew intuitively to be true. In contrast, the claim that mental health or illness is encoded in our genes is so widespread that social psychologist Carol Travis apparently had no qualms about including the following statement as part of a list of false assumptions that have been "*resoundingly disproved by research*":

- "*The way that parents treat a child in the first five years (three years) (one year) (five minutes) of life is crucial to the child's later intellectual and emotional success.*"²⁴

And this statement was published in *The Chronicle of Higher Education*, one of the most widely read and respected newspapers in academic circles.

As a result of our skewed emphasis on the heritability of mental illness, public funds are being used to develop screening programs in schools to detect early signs of mental illness in children, and to create "medical algorithms" that mandate drug therapies. Meanwhile, and in spite of all the bipartisan talk about "family values", we are not providing even the most rudimentary support to our families, which is what we *must* do if we are to address the root cause of children's psychological disturbances. I close with a quote from Bronfenbrenner:

"One telling criterion of the worth of a society – a criterion that stands the test of history – is the concern of one generation for the next. As we enter our third century, we Americans, compared to other industrialized societies, appear to be abandoning that criterion. ... It would appear that the process of making human beings human is breaking down in American society. To make it work again, we must reweave the unraveling social fabric and revitalize the human bonds essential to sustaining the well-being and development of both present and future generations."²⁵

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³ Karen, R. (1998) *Becoming attached: First relationships and how they shape our capacity to love*, New York: Oxford University

⁴ Karen, R. (1998) *Becoming attached: First relationships and how they shape our capacity to love*, New York: Oxford University, p. 3.

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