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Parenting in context

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ABSTRACT

Epstein's (2012) paper posed the following question: "how should a parent respond to a crying baby?" Although Epstein's (2012) behavioral account of infant crying is excellent, I also find it to be incomplete. Building on this, I present my own contextual account of infant crying and parental caregiving, propose an early developmental pathway to psychological flexibility, and provide my own answer to Epstein's (2012) question. Further, I call for an end to piecemeal behavioral accounts of infant behavior. In order to develop a truly contextual understanding of a particular infant behavior and give appropriate advice on parental responses, we need to look beyond the behavior, beyond the child, and beyond infancy.

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1. Epstein's behavioral account of infant crying

This article was prompted by reading a recent paper in this journal (Epstein, 2012). In it, Epstein (2012) poses the following question: "how should a parent respond to a crying baby?" He suggests that there are two well-known options: to ignore the baby's cries or to respond immediately. Epstein (2012) then presents an excellent behavioral account of infant crying, which suggests that it is often a respondent behavior elicited by an aversive conditioned stimulus (CS) or unconditioned stimulus (UCS). He states that parental caregiving is also likely to function as a CS, calming the baby by producing a compound stimulus that is less aversive than the stimulus that elicited the crying. Further, he critiques simplistic behavioral accounts of infant crying as an operant behavior (reinforced by parental attention) and also critiques related behavioral parenting advice to decrease crying by ignoring it. In particular, Epstein (2012) objects to the assumption that an ignored baby will necessarily develop appropriate and efficient self-comforting behavior. Based on his behavioral account of infant crying, he proposes a third option for parents: they should wait for a pause in crying behavior (or a decrease in the intensity of crying) and then respond to reinforce competing non-crying behaviors. In essence, the parent responds but it is contingent on signs that the infant is calming. Epstein (2012, p. 47)

describes the message this response is sending in words as "I love you; I am always ready to help you; and I love it when you calm down, however you manage to do so". He recommends this option as the best for all parents.

Epstein's (2012) article is well written and thought provoking, and his behavioral account of infant crying is a great contribution to the literature. However, I still find it to be incomplete. Within this article, I will attempt to build on Epstein's (2012) contextual account of infant crying and to elucidate my own recommendations for parents, based on my own contextual account of infant crying and parental caregiving. Further, I call for a new contextual approach to infancy and parenting.

2. Developmental context

Crying behavior shows a natural developmental trajectory, peaking during the first 3 months of life and decreasing after 3 or 4 months (Wake et al., 2006). However, there is no scientific consensus on the reasons for this developmental pattern (Douglas & Hill, 2011a). Excessive crying in the first 3 months may indicate the presence of a feeding problem or a medical condition; however, often the reasons are unclear. (Douglas & Hill, 2011b). One explanation is that it reflects a sensitized stress response that requires increasing neurodevelopmental maturity to resolve (Douglas & Hill, 2011a, 2011b). Patterns of crying during the first 3 or 4 months of life must be understood in the context of this normal developmental trajectory toward a reduction in crying.

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3. Non-crying signaling behaviors

Epstein's (2012) behavioral account of infant crying and other behavioral accounts of crying as an operant behavior (Glavin & Moyer, 1975) do not consider the influence of competing non-crying signaling behaviors. A newborn infant is equipped with a range of respondent signaling behaviors or cues, including but not limited to crying. For example, in response to the UCS of hunger, a newborn may demonstrate numerous respondent signaling behaviors, including mouth opening, lip smacking, and rooting (searching for the nipple) (Gill, White, & Anderson, 1984). For newborns, crying is usually a late hunger cue in response to a high intensity UCS of hunger that occurs only after other respondent signaling behaviors have failed to produce results. Therefore, we need to distinguish two kinds of immediate parental responses: immediate response to crying in the absence of a response to other signaling behaviors and immediate response to all recognizable signaling behaviors. If the parent is responding to all recognizable signaling behaviors and is attentive and skilled at recognizing the infant's signals then the infant is reinforced for a broad range of signaling behaviors.

With time, the infant develops a range of operant signaling behaviors, including vocalizations and non-verbal signaling, such as eye contact. The development of a broad repertoire of operant signaling behaviors is an important developmental task of infancy because such behaviors are the precursors of language, social interaction, and connection seeking (Goldstein, Schwade, & Bornstein, 2009). The development of a range of operant signaling behaviors may be the reason for the reduction in crying behavior at 3 to 4 months. Crying may be an operant signaling behavior for some infants, particularly if non-crying signaling behavior has been ignored. However, it is unlikely that an infant with a rich repertoire of competing non-crying signaling behaviors who reliably receives parental attention and assistance for such behaviors would develop a long-term crying problem, even if the parent responds immediately to crying. In fact, cue-based care (including immediate response to crying) in combination with physical contact is associated with greater settled behavior in the first 12 weeks (St James-Roberts et al., 2006).

4. Contextual account of parental caregiving

A contextual understanding of parental caregiving (the other side of the parent-child interaction) is necessary to answer the question posed by Epstein (2012) appropriately. Firstly, it is likely that crying is an aversive UCS, eliciting parental attending behavior (Boukydis & Burgess, 1982). Other infant respondent signaling behaviors may also serve as UCS, and it is likely that many come to serve as CS, eliciting attending behavior in parents. For many parents, attending regularly to their infant is also an operant behavior, which is reinforced by a range of natural positive reinforcers, such as smiling and vocalizations.

More complex parental responses (such as rocking, changing diapers, or feeding) and the timing of such responses are learned through a combination of operant and verbal processes. For some parents, it is likely that parental caregiving is primarily under aversive contextual control (e.g., cessation of crying) and, for others, it is primarily under appetitive contextual control (e.g., natural positive reinforcers such as smiles and affection, as well as acting in accordance with parenting values – long-term desired qualities of living such as being a kind parent). Behavior under aversive contextual control is relatively narrow, inflexible, and insensitive to context; whereas, behavior under appetitive contextual control, except in cases of deprivation, is more likely to be

flexible and experienced as freely chosen and rewarding (Hayes, Strosal, & Wilson, 2003; Wilson & Dufrene, 2008).

For parents who respond to all recognizable signaling behaviors, it is likely that the infant signaling behavior has come to function as a discriminant stimulus, signaling the availability of positive reinforcement with interaction, such as physical affection, infant smiling, and laughter, as well as acting in accordance with parenting values, such as being a loving parent. In such parents, parental caregiving behavior can be described as being under appropriate and appetitive contextual control. Within the attachment and the emotional availability literature, this is described as sensitive caregiving, and it is related to secure attachment (Ainsworth, Blehar, Waters, & Wall, 1978; Biringen & Easterbrook, 2012; Sroufe, 2005). Sensitive caregiving is not merely warm and loving; it is sensitively timed to the infant's signals. It is not sufficient for a parent to perform loving behaviors toward their child frequently. These loving behaviors must be under the appropriate contextual control of the child's signaling behavior because, then, the child receives daily reinforcement for an ever-broadening repertoire of signaling behaviors, which are the precursors of social interaction, language, and connection (Goldstein et al., 2009). Further, the attachment, emotional responsiveness, and meta-emotion literature suggests that sensitive parental care giving and parental acceptance of children's emotions, is associated with better independent emotional regulation abilities in the long-term (Ainsworth et al., 1978; Biringen & Easterbrook, 2012; Gottman, Katz, & Hooven, 1997, 1996; Sroufe, 2005).

Parental caregiving behavior may also be under the control of verbal rules. Verbal learning is important for parents, as it is essential for acquiring core parenting skills, such as feeding or changing diapers. However, it is well understood that the dominance of verbal rule following can become problematic, especially in the case of pliance and inaccurate or untestable tracks (Hayes et al., 2003), including for parents (Coyne & Murrell, 2009; Coyne & Wilson, 2004). Within our culture, parents are exposed to a multitude of verbal rules regarding parental caregiving, that is, when and how to give love, attention, and care to their infant. Many of these rules are expressed in universal terms (all parents should x or never x), are directed at parents of newborns, and are behavioral in origin. Further, through relational frames, many of these verbal rules take on weighty psychological meaning (Coyne & Murrell, 2009; Coyne & Wilson, 2004). Fusion with verbal rules about parental caregiving, particularly rules functioning as pliance (e.g., if I rock my baby to sleep then my baby will not learn to self-settle and I am a bad parent), is likely to decrease parental sensitivity to context. This undermines the development of appropriate and appetitive contextual control of parental caregiving behavior and creates a loss of contact with parenting values and workability (e.g., a parent may fail to notice that they enjoy rocking their baby to sleep and that it is an efficient and convenient parenting practice for them).

5. Long-term developmental perspective

To answer Epstein's (2012) question, it is also necessary to take a long-term developmental perspective. It is possible that, of the three proposed strategies, one strategy is superior in terms of a reduction in crying behavior during infancy, but a different strategy holds a long-term benefit. It may even be the case that there is not one clearly superior strategy, with one approach offering one set of long-term benefits and another approach offering a different set. It is plausible that, with relational framing, a learning history of calming down *before* seeking connection and assistance from others could be problematic in later childhood and adulthood, making experiential avoidance more likely in some

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