



## PARENT EDUCATION: What is Required To Build The Skills Parents Need To Raise Healthy Children?

Carol Crill Russell, M.S.W., Ph.D.  
Vice President  
Research and Programs  
Invest in Kids



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Prepared by:  
**Carol Crill Russell, M.S.W., Ph.D.**  
Vice President, Research and Programs  
Invest in Kids



## ACKNOWLEDGEMENTS

In preparing this report, I was very pleasantly surprised to find the knowledge base on parenting in the early years is not totally hidden away in a myriad of journals in the stacks of university libraries. Much of the research has been consolidated into a number of recent books and edited volumes. A relative small library can provide a very good compendium of the state of the field.

Bornstein, M. (Ed.), (2002). *Handbook of Parenting*, Mahwah, NJ: Lawrence Erlbaum Associates Publishers.

Vol. 1. *Children and parenting*.

Vol. 2. *Biology and ecology of parenting*.

Vol. 3. *Being and becoming a parent*.

Vol. 4. *Social conditions and applied parenting*.

Vol. 5. *Practical issues in parenting*.

Cowan, C.P. & Cowan, P.A. (2000). *When Partners Become Parents: The Big Life Change for Couples*. Mahwah, NJ: Lawrence Erlbaum Associates.

Cunningham, M.K., Meriorg, E., & Tryssenaar, L. (2003). *Parenting in Canada: Human Growth and Development*. Toronto, ON: Nelson/Thomson Canada Ltd.

Goldberg, S. (2000). *Attachment and Development*. London, GB: Arnold, a member of the Hodder Headline Group.

Gottman, J. M., Katz, L. F., & Hooven, C. (1997). *Meta-emotion: How Families Communicate Emotionally*. Mahwah, NJ: Lawrence Erlbaum Associates, Inc.

Grusec, J & Kuczynski, L. (Eds.) (1997). *Parenting and Children's Internalization of Values: A Handbook of Contemporary Theory*. Toronto: John Wiley & Sons, Inc.

Kuczynski, L. (Ed.) (2003). *Handbook of Dynamics in Parent-Child Relations*. Thousand Oaks, CA: Sage Publications.

Lamb, M.E. (Ed.) (1997). *The Role of the Father in Child Development*. Toronto: John Wiley and Sons, Inc.

Landy, S. (2002). *Pathways to Competence: Encouraging Healthy Social and Emotional Development in Young Children*. Baltimore, MD: Paul N. Brookes Publishing Co.

Solchany, J.E. (2001). *Promoting Maternal Mental Health During Pregnancy: Theory, Practice & Intervention*, 1st paperback ed. Seattle, WA: NCAST Publications.

Willms, J. D. (Ed.) (2002), *Vulnerable Children: Findings from Canada's National Longitudinal Survey of Children and Youth*. Edmonton: AB: University of Alberta Press.

Zeanah, C.H. (Ed.) (2000). *Handbook of Infant Mental Health*, 2nd ed. New York, NY: The Guilford Press.



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"A baseball manager has learned a lot about his job from having played the game, but a parent has not learned a thing from having once been a child."

Bill Cosby <sup>1</sup>

... Freud opined that childrearing is one of the three "impossible professions" -- the other two being governing nations and psychoanalysis.

Marc H. Bornstein <sup>2</sup>

<sup>1</sup> P. 20, William H. Cosby, Jr. (1986). *Fatherhood*. New York, NY: Berkley Books.

<sup>2</sup> P. ix., Marc Bornstein (ed), (2002), *Preface in Handbook of Parenting, Vol. 1, Children and Parenting*. Mahwah, NJ: Lawrence Erlbaum Associates, Publishers.

# EXECUTIVE SUMMARY



## EXECUTIVE SUMMARY

This report presents Invest in Kids' conclusions taken from an overview of what social science and expert informants convey about infants, parents and parent education programs that could assist parent educators to build the skills parents need to raise well-adjusted children.

To do this, the report begins with an overview of what babies need from parents. From pregnancy to their second birthday, the quantity and quality of babies' growth and change is astounding. A sensitive, responsive and warm parent/child relationship is the key to healthy development. Every parent wants this. Yet it is very difficult for parents to provide this if they do not know how babies grow and develop and if they do not have the skills and confidence to fulfill their role.

Parents today are entering parenthood with little experience and knowledge of their own to rely upon. Nearly all parents think parenting is the most important job they will ever undertake. Their view of parenthood before their first baby arrives is often idyllic. Although many do their best to educate themselves, after their baby arrives many see their expectations crash. They feel incompetent and unsupported, they become personally demoralized, their marital relationship suffers, and likewise, their parenting.

This report reiterates the conclusions of the previous report -- Canada provides woefully few opportunities for parents to become truly educated about parenting and child development. Even worse, Canada has not created an environment that is conducive to enhancing parenting skills. When parents look around their communities what do they see that could help them? In truth, most communities have a myriad of parenting programs available. However, no program exists that could be identified as comprehensive, structured parent education and support for ordinary parents. There are points along the way during pregnancy and early parenthood when information is directed toward parents in quasi-educational efforts, but there is nothing that constitutes a real education program that fully shows ordinary parents how to prepare for parenting and how to enhance their child's social and emotional development during the first two years of life. This is unfortunate. Many ordinary parents lack the knowledge, skills and confidence to ensure the best possible start in life for their children. Most parent education programs are targeted solely to "high risk" parents – generally either low income families or families with specific problems. Very few parent education programs are evaluated. We do not know their impact.

Therefore, based on the literature review and key informant interviews, the following are the key parameters for a modern parent education program, for ordinary parents that reflect the needs of today's parents.

### THE KEY PARAMETERS FOR A MODERN PARENT EDUCATION PROGRAM

**VISION:** to ensure the best possible start in life for children by transforming the way we prepare and educate first-time parents to acquire the skills they need for their most important role – raising a child.

**GOAL:** to ensure children's positive social, emotional and intellectual development during the beginning years.

**OBJECTIVES:** to create the best possible parents by:

- Increasing parents' knowledge, skills and confidence in parenting and child development.
  - Increase parents' knowledge about how their child is growing and developing
  - Increase parents' skills in parenting their child
  - Increase parents' confidence in their own parenting
  - Increase parents' confidence in their spouse's parenting.
- Promoting sensitive, responsive and warm parent/child relationships.
- Fostering parents' sense of support for their role.
  - Support for the parents' couple relationship.
  - Build the parents' network of other parents with children
  - Provide access to caring and knowledgeable experts.

## **PARENTS**

- Targets first-time parents, because they are the most eager to learn.
- Designed for both fathers and mothers, because both mothers and fathers play important roles in children's social, emotional and intellectual development.

## **PARENT EDUCATORS**

- Affords parents access to educators who can:
  - Connect parents with the latest information on parenting and child development.
  - Address both the physical/medical concerns and the psychosocial/couple communications issues, because these are closely connected to parenting and child development.
- Supplies expert up-to-date educators who have time to develop relationships with their classes, because:
  - The field is changing rapidly and parents want expert advice. The educators must be alert to changes and additions from the science as they occur.
  - Parents need experts who have the time and ability to really understand the particular circumstances each couple faces.

## PROGRAM DESIGN

- Presents an easy-to-understand overarching framework of child development and parenting, concentrating on Comfort, Play and Teach™ as the key parental factors to build the relationship with their child, as an overall framework applicable to most situations.
- Emphasizes how to adapt the framework to the specifics of each parent-child combination and home situation, because every family and every child is unique.
- Includes very practical parenting strategies that apply to typical challenges such as sleeping through the night, going to daycare, stranger anxiety.
- Teaches parents the basics of development through infant ages and stages, newborn cues and signals to communicate and how parents can respond appropriately, the basics of temperament and what is typical, and the fundamentals of balancing parental warmth or supportiveness with control.
- Demonstrates the fun and playful side of parenting children, without being artificial, because new parents put themselves under incredible pressure to achieve unreachable standards of parenting.

## TIMING AND CONTENT

- Begins during the "teachable moment," that starts mid-pregnancy, because:
  - This is the time when the reality of "becoming a parent" becomes very salient, as the baby's first movements in the womb can be detected by both parents, and the mother first begins to "show."
  - This is also the beginning of high affiliation-seeking for first-time parents, as they begin to try to reach out to others couples, who will go through this transformation with them.
  - This is also when parents first try to educate themselves. The research shows there is content of interest to parents, which if covered in advance of the baby's arrival, helps parents through the demanding adjustment period right after birth.
- Before the baby is born, assists the expectant couple to:
  - Together, think through the kind of parents they want to become. And to deal with any worries about the impending changes and responsibilities.
  - Articulate expectations, and make joint plans in advance for childcare, housework, leisure, personal time, couple time and social relations away from the baby. This reduces the chance for a crash of unmet expectations after the baby is born.

- Expand their network of friends who are also pregnant, because many first time parents have none. They feel a need to find others who are experiencing this same transition for support and to help them gain a broader experience base.
  - Acquire actual experience with babies before the couples' baby is born, because many parents become pregnant with little or no prior experience with babies and young children. Hands-on experience in advance of baby's arrival increases parents' self-confidence and competence.
  - Learn about pregnancy and infant development as they experience it. And to begin to examine their attitudes, beliefs and attributions about their baby, as they are just beginning to be formed.
- Continues through the baby's first year of life, because:
    - This is the time when the reality of the practicalities of parenting (feeding, sleeping, soothing) become central, and they need caring experts to guide and reassure them.
    - The pace of change in a baby is so rapid throughout the first year (feeding, sleeping through the night, teething, stranger anxiety, talking, crawling, standing and walking) that the parents are constantly being faced with new challenges. Knowledge and confidence are vital at this stage.
    - This is when parents establish a secure parent-child attachment, laying down the basics of warm, sensitive, knowledgeable responses to their infant's cues and signals.
    - Parents need support as they ease themselves back into employment, because securing good child care, and then leaving the infant or toddler for long periods of time is very stressful for the entire family.
    - Parents will benefit from hands-on interactive sessions with infants present, because most parents have not had prior experience to learn hands-on parent-child interaction skills such as massage, rhythm, music and touch.
  - Continues through the baby's second year, because:
    - This is the period when the baby becomes mobile, and the fundamentals of a child's compliance and willingness to go along with the parents' agenda becomes crucial -- a time of great uncertainty for many parents.
    - The fit or the misfit of the toddler's personality and each parent becomes more obvious.
    - The toddler learns even more about regulating his/her emotions and developing his/her first real relationships outside the immediate family.

# PART I - INTRODUCTION



# PART I - INTRODUCTION

## A. PURPOSE AND DIRECTION

The report presents Invest in Kids' conclusions taken from an overview of what social science and expert informants articulate about infants, parents and parent education programs that could assist parent educators to build the skills parents need to raise well-adjusted children, and then identifies Invest in Kids' vision and key parameters for a modern parent education program for today's parents.

What is parenting? For researchers, parenting is the sum of behaviours and strategies parents use to create a relationship with their infants and young children. Because human newborns are so undeveloped and helpless at birth, and because they carry their immaturity into their teens, parents want and need to create a relationship wherein infants and young children become receptive to parental influence. However, limiting the definition of parenting simply to the behaviours and strategies that engage a child to become receptive to parental influence would seem far too limited to many parents. For many parents, their parenting also is undertaken to fulfill their needs to be together with someone with whom they can have a loving relationship, and be loved in return, and with whom they can share experiences together.

What can or should parents do to create this mutually responsive and gratifying relationship with their child that will last a lifetime? The answer to this question should become the foundation content for educating parents.

## B. METHODS

The information presented in this report was gathered through a review of the research literature and through Key Informant interviews with some of Canada's leading authorities on parenting and child development.

### 1. LITERATURE REVIEW

The research for this review was scattered across a wide-range of disciplines: from psychology to nursing and midwifery, from early childhood education to adult education, from nursing to social work, from socialization to parenting, from temperament to attachment, from beliefs and attitudes to discipline styles and attributions, from ethology to psychology to genetics, from promotion to prevention to early intervention, from prenatal to postnatal, from Health Canada to Statistics Canada. Clearly it would be impossible to go into depth in any area. The purpose, therefore, was to weave together key elements across disciplines in a way to meaningfully guide the development of parent education programs.

### 2. KEY INFORMANT INTERVIEWS

The experts interviewed for this report included: Dr. Susan Bradley, Dr. Gina Browne, Ms. Dana Brynson, Ms. Mary Cunningham, Dr. Joan Grusec, Dr. Jean Hughes, Dr. Leon Kuczynsky, Dr. Sarah Landy, Dr. Dona Lero, Dr. Freda Martin, Dr. Carol Matusicky, Dr. Alison Niccols, Dr. Denise Sommerfeld, Dr. Elizabeth Thompson, Dr. Richard Tremblay and Ms. Rhona Wolpert. (See Appendix A, for more information.) Taken together they represent seven leading practitioners and nine academicians. Their professional expertise was varied: two child psychiatrists, three maternal and child health nurses, eight developmental psychologists, one high school parent education director and two early child development specialists.

Three worked in hospitals, three in clinics, five in child behaviour laboratories, one in a Board of Education, and all devote a significant portion of their time to applied community settings.

The questions, which were the focus of the interview included:

- Within your purview, what research has been undertaken to identify the most important content to best equip parents to become knowledgeable, confident parents who are positive and effective in their behaviour?
  - Do you know of any rigorously evaluated parent education programs?
  - Do you know of any popular parent education programs that you think are offering parents the preparation or education they need to become good parents?
  
- What content parameters should be considered to build effective parent education programs?
  - What process parameters?

The answers to these questions did not come easily to these experts. Only the high school parent education director was fully prepared to specify what she thought is important for new parents to know. However, all responses were thoughtful, and each interview provided excellent advice on the key areas of child development that the experts thought should be important for inclusion in educating new parents.

**PART II - PARENT  
EDUCATION: ASCERTAIN  
THE CONTENT**



## PART II - PARENT EDUCATION: ASCERTAIN THE CONTENT

This part of the report summarizes the answers to two questions: What skills do experts think parents need to raise socially, emotionally and intellectually vibrant young children? What would thoughtful researchers identify as the most important content to best equip parents to fulfill their role?

### A. WHAT DO WE KNOW ABOUT INFANTS?

"Parenting an infant is a 168-hour-a-week job..."

Marc Bornstein, 1995<sup>1</sup>

This report begins by focusing the spotlight on infants because knowledge about what infants need must be the keystone for determining what is needed from parents, which leads directly to what is required for the content for parent education programs.

#### 1. OVERALL DEVELOPMENT: BIRTH TO AGE TWO

Marc Bornstein, the editor of the five volume set, *Handbook of Parenting*, provides the best depiction of the sheer scale of development which takes place during the first years of life. The "Introduction" section of his chapter on "Parenting Infants" is exceedingly condensed below.<sup>2</sup>

Infancy defines the period of life between birth and the emergence of language approximately 1 1/2 to 2 years into childhood. This is the shortest period in lifespan development, but the amount and speed of changes are the most dramatic of any period of life. The most striking observation about infancy is transformation -- rapid transformation. From birth to eighteen months the newborn changes from a helpless babe to a child who talks and walks with some degree of proficiency. This overall change is the result of extraordinary:

- Increasing complexity of the nervous system;
- Alterations in the shape and capacity of the body and its muscles. In the year after birth, most babies double their length and triple their weight;
- Sharpening of sensory and perceptual capacity;
- Enhancements in the ability to make sense of, understand and master objects in the world.

And these lead to:

- The advent of communication;
- Formation of specific social bonds;
- Emergence of characteristic personal and social styles.

Most parents are captivated by these dynamics and try to anticipate them. Consider the eagerness with which parents await their child's first step, a strong signal of new independence. By walking, the baby gains freedom and his/her individuality comes even more strongly into play. These changes, in turn, affect the ways in which parents treat their young child. As the infant grows into a toddler parents re-organize their baby's physical environment, and they even talk differently to the walking, as opposed to the crawling, child.

Children develop through predictable stages. However, the variation in what is "normal" in the timing of these developmental achievements is compelling. Each child is unique. Some children say their first word at 9 months, others at 29 months. At 1 year, some toddlers understand 10 words, others 75; some speak no words, while others speak nearly 30. To further confound parents, normal development may stall or even lose ground periodically. Parents need to know about and learn to recognize these complications and subtleties. Research into the origins and expression of this variability among young children occupies a central position in thinking about infant development and parenting.

Taken all together, as Bornstein says, "Parenting an infant is akin to trying to hit a moving target..."<sup>3</sup>

**2. LANGUAGE DEVELOPMENT** - This section, unless otherwise noted, is taken primarily from Bornstein's chapter on "Parenting Infants" in the *Handbook of Parenting*, (1995) Vol. 1, and Hanus Papousek and Mechthild Papousek's chapter on "Intuitive Parenting," in the *Handbook of Parenting*, (1995) Vol. 2.

Perhaps the single most perplexing problem that parents face is constantly trying to fathom, "What is going on inside my baby's head?" That is, what infants want, how they feel, and what they understand. Although it is not always apparent, there is no question that infants have an active mental life. For more than three decades researchers have been documenting that infants are constantly learning and developing new ideas, and that they do so in many different ways. They actively scan the environment; pick up, encode and process information; and aggregate their learning over time and experience.

Many experts agree that of all the amazing changes in infancy, learning how to communicate is likely the most important developmental process. Although no one can explain to a preverbal infant precisely how to learn to talk, infants typically learn a spoken language in the space of about two years.

Speech must be learned from scratch. Talking and understanding entails both physiological functions and complex relational capacities. Infants can identify particular speakers -- notably mother -- right after birth, apparently on the basis of prenatal exposure to her voice. Parents take the lead in teaching children language. Interestingly, the primary parental method of teaching babies about the world is based on conversational interchange (including music and play) rather than on some systematic stimulation.

Fortunately, universally across cultures, infants provoke most adults to talk to them, although some parents seem embarrassed to do this, and others seem to think it is unnecessary if the infant is very young. But babies need parents who can accurately assess the momentary state of alertness or mood of their infant. This is often difficult during interactions with very young infants, especially if parents are not familiar with the non-verbal cues newborns typically use.

In addition to be attuned to a baby's receptivity, parents need to provide good visual contact. This is a particularly important prerequisite for human communication. In order for sounds to become instructive for infants, infants depend on good visual availability of parents, at best in a face-to-face position with about 23 centimeters between them. Researchers have concluded that the striking effort in parents to achieve and maintain direct visual contact with their infant is one of the species-specific features in human parenting that is not known in other animals, including primates.

Research shows it is important for parents to begin with simple words, and to use their facial expressions and tone of voice to attractively display language. Both mothers and fathers most frequently use one-syllable utterances toward three-month-olds. Moreover, both mothers and fathers use a higher average pitch. They simplify the structure of their speech, prolongate their vowels, and highlight certain sounds with their expression. They model a very distinct, easily observable elementary vocal repertoire. When researchers look at micro-interchanges between parents and infants they observe a high frequency of short episodes in which the infant is encouraged to imitate attractively displayed models of vocal sounds.

When babies make sounds, it is up to the parents to reward their infant's imitations. This is accomplished when parents express pleasure during conversation-like sequences. The rewards for the infants include matching the infant's responses and modeling the taking of turns in communication.

Playfulness is a natural part of learning to communicate, and has been identified as being "species-specific" and crucial to learning how to integrate language into self and social context. From this point of view, the human vocal tract is the first naturalistic toy and musical instrument. Additionally, it is important to provide rhythmical games of sound. When babies are 6 - 7 months old, parents frequently introduce rhythmic games. According to linguists, the mastery of rhythmical patterns is crucial for the onset of babbling and subsequent speech because syllables are considered the minimal rhythmic unit of most languages of the world.

Also, at about 6 or 7 months of age, the baby's vocal production reaches the level where the infant can produce not only distinct syllables but also consecutive chains of syllables, called "infant babbling." Parents at this stage start modeling two syllable "protowords," such as "da-da," "ma-ma."

Therefore, at this age it is quite natural for parents to introduce word models in the context of an interaction with another person. Mothers increasingly direct or follow infant attention to objects within the infant's intimate environment, often in play. At the same time, the infants start crawling. This provides them with new forms of parental and cultural support and the first parental and cultural limits to the beginning of independence. As the baby crawls and then walks, it clearly becomes increasingly urgent for the child to associate words with actions ("Stop!" "Don't touch!") and objects ("Fire." "Mommy.") Almost everyone has seen an infant crawling toward a forbidden object while repeating to himself "No, no," as he moves closer and closer.

As noted by Kochanska and Thompson (1997) from the middle of the first year onward babies attend closely to faces, discriminate among facial expressions associated with different emotions and even distinguish variations of the intensity of some emotional expressions. Parents can use this feature of baby's development to acquaint him/her with the emotions of other people, by talking about emotions. It is not surprising to find that during the second and third years of life, young children who converse more frequently with their mothers about feelings and their causes are more competent on later

measures of emotional understanding.<sup>4</sup>

Through the above types of actions, parents support their infants in learning not only how to put words together, but also how to connect social and mental processes in general, including such skills as taking turns between speaking and listening, integrating what is heard and what is expected to be produced, and imitating sounds. Early parent-child conversations are a major influence on how children come to remember events and their place in them, as well as their understandings of themselves and their emotions.

**3. EMOTIONAL AND SOCIAL DEVELOPMENT** - Unless otherwise noted, much of the content for this section has been derived from articles by Eisenberg, Cumberland & Spinrad (1998a, 1998b).

Emotional and social development are reviewed together in this report because emotion-related capacities are understood to play a very important role in social development. Emotional competence is defined as understanding one's own and others' emotions, the tendency to display emotion in a situationally and culturally appropriate manner, and the ability to modulate emotional behaviour in order to achieve goals in a socially appropriate manner.<sup>5</sup> Social competence is the ability to achieve personal goals in social interaction, while simultaneously maintaining positive relationships with others over time and across situations.<sup>6</sup> Thus, it is the development of positive emotional relationships with parents which constitutes one of the most important achievements of infancy.

In keeping with the directions of this report, the focus of this section is concerned specifically with how parents may affect children's understanding, experience and expression of emotion. Research shows this is accomplished in three major ways: through parents' reactions to children's emotions, parent's discussion of emotions with their children and parent's own ways of expressing emotion in the family.

**Parent's reactions to infant's emotions** -- Although young infants have some ability to control their emotions (such as through sucking their thumb or focusing their gaze), the early regulation of their emotions generally requires assistance from parents.

Overall, the research indicates parents who show prompt, sensitive and effective responses to their infants' distress emotions, are believed to modulate the infant's immediate arousal and to act as a learning experience for the infant. Parents who handle their infants' emotions in this way help them maintain an optimal level of arousal, and by encouraging infants' positive emotions they come to have infants who display more positive emotion.

There is considerable support for the notion that hostile negative parental emotion, especially if intense and directed at the child, is associated with the child's low quality of social functioning and low levels of understanding of emotion. However, it is less clear whether non-hostile negative emotions, such as parental anxiety and sadness, have negative effects. Typically, the effects on children of these types of emotions depend on the type, intensity and chronicity of these moods. (Parental depression is discussed separately in this report.)

Not all reactions to emotions are communicated verbally or visually. A parent's "touch" is a major communications link to their infants. Hertenstein (2002) conducted a recent review of the literature on touch. He found that in one U.S. sample,

infants were touched for 33 percent to 61 percent of the time during brief interactions with their mothers. He distinguishes between touch which transmits the caregiver's intended perceptions, thoughts and/or feelings to the infant (e.g., anger), and touch which transmits a feeling or emotion which is incorrect and unintentional (for example, an abrupt touch may irritate an infant, but the parent had no feelings of irritation).<sup>7</sup>

Hertenstein notes there is a substantial body of literature indicating that touch soothes and arouses, as well as regulates the infant's emotions. Babies are more likely to smile at their mothers when their mothers touch them in addition to smiling at them. Babies are less likely to reach for an attractive toy, if when presented with the toy the mothers press the infants' stomachs and inhale sharply.

As Hertenstein points out, attachment theorists have long regarded the quality of parent-infant physical touch as a central feature of the responsive and available caregiving that is necessary to foster an infant's sense of security. Some types of touch signal the infant that s/he is safe and secure. Touch undoubtedly signals the availability of the caregiver. Researchers have found a robust relationship between maternal aversion to contact with the infant in the early months of life and displays of odd behaviour by the infant, such as repetitive rocking and banging, echoing speech, hand-flapping, and hair-pulling later in the first year of life.

Overall, Hertenstein concludes the evidence indicates that infants are sensitive to very specific qualities and parameters of touch. Yet the study of touch and its relation to communication, especially emotional communication, represents one of the great understudied areas of child development, especially considering the power that it has.

**Parent's discussion of emotion** -- Most mothers talk about emotions with very young babies and toddlers. ("You're a happy baby!" "You made your sister sad.") Parental discussion of emotions has been called "emotion coaching" by Gottman and colleagues (1996, 1997, 1998). The discussion of emotions with young children is associated with some benefits. As noted in Eisenberg et al. (1998a) there is research evidence to show that when toddlers have the ability to talk about their feelings, to negotiate and to verbally change the subject or to verbally refuse to follow instructions, they were less likely to become distressed during a clean-up task. Also, parents who are good emotion coaches have children who are physiologically better regulated. They are not as likely to spin emotionally out of control, which in turn influences their ability to manage their social behaviour with their friends. Similarly, in homes where preschoolers discussed emotions with their parents, the preschoolers were rated by teachers as more cooperative, empathic and prosocial.

**Parental expressivity of emotion** -- Infants as young as one year understand and respond to emotional messages, showing signs of distress when witnessing angry interactions between family members. About the same time, infants begin to deliberately search for and use emotional expressions from parents and others (facial, vocal, gestural) to help clarify how to respond to novel or ambiguous people and objects. This is called "social referencing." Infants become fairly good consumers of emotional information from others and use it to guide themselves.<sup>8</sup> Infants are especially responsive when the parent uses both facial and vocal cues. Over time infants come to associate certain people, objects and activities with different degrees of expressed emotion. Through noticing the degree and kinds of emotion expressed by the parents, the infant generally develops similar ways of expressing emotion. (For example: being afraid of dogs, loving grandma, etc.) Thus, infants learn the types and degree of emotional expressivity preferred in his or her family.

## a) ATTACHMENT

Attachment is the quality of the relationship between caregiver and child. There are four basic types of attachment: securely attached, insecurely avoidant, insecurely resistant and disorganized. Secure attachment is thought to develop when the parent reads the infant's cues and responds with consistent, responsive and warm caregiving. Over an extended period of time, interactions of this type are theorized to provide the basis for the young child to develop an internal working model of him/herself as valued and of the caregiver as available and caring. Thus, caregivers' interactions with infants are thought to set the stage for their children's self-concept, which in turn, guides children's future behaviour with others. The growth of a secure parent/child relationship over the first year of life and beyond is seen as an important cornerstone for emotional and social development. Research shows that children, who as infants were securely attached, responded more cooperatively and compliantly and with greater enthusiasm and positive emotion during encounters with their mothers. Their mothers, in turn were also found to be more supportive, sensitive and helpful in later observations than were the mothers of insecurely attached infants.<sup>9</sup> However, early secure attachment is not an inoculation. If the early harmonious and sensitive relationship changes for the worse, an early secure attachment does not always provide later benefits.<sup>10</sup>

Attachment theorists have argued that the quality of the infant-mother attachment influences infants' emotion regulation. Cassidy (1994) hypothesized that secure infants may feel free to express a range of emotions, whereas insecure infants may feel the need to minimize or maximize their emotional expressivity based on the messages they receive about emotions.<sup>11</sup> In support of this position, Goldberg, et al. (1994) found that mothers' talk about emotions varied across the three primary classifications of infant attachment:<sup>12</sup>

- Securely attached infants - mothers referred to both positive and negative emotions, thereby their babies receive the message that all types of emotions are acceptable, and these babies displayed a full range of emotions.
- Insecurely attached/avoidant infants – mothers were unlikely to comment about emotions, especially negative emotions. As a group these infants were least expressive.
- Insecurely attached/resistant infants - mothers were more likely to comment than mothers of avoidant infants, but when they did it was primarily about and in response to negative emotions. Not surprisingly, there was a high level of fussing and crying observed in these infants.

In general, according to Bornstein (1995) attachment studies show that parents who respond promptly, reliably and appropriately to their babies' signals of physical and emotional distress give babies a good message from the start -- their parents will be there for them. A baby whose parent has been unresponsive is frequently angry because the parent's inaccessibility may be painful and frustrating. Further, because of uncertainty about the parent's responsiveness, the infant may be apprehensive and readily upset by stressful situations.<sup>13</sup>

Why is attachment security important? There have been many studies relating attachment security to trust, self-confidence and prosocial skill which relate to problem-solving, competency, prosocial behaviour in preschool, elementary school and beyond. However, the results although often significant and generally in the expected direction, have produced modest to moderate effect sizes and the strength of the findings appears to depend on the length of time between the

mother's behaviour and the elapsed time to the assessment, as well as the context of the assessment.<sup>14</sup>

Nonetheless, the concept of attachment security is being hypothesized as a fundamental relationship for later conscience development because it provides a foundation for a mutually positive parent-child orientation.<sup>15</sup> Parental warmth, in particular, is seen to be a central component that motivates family members to bond together by making close relationships pleasurable to their participants. Parent-child warmth, therefore, motivates a child to be more willing to accept parental values in order to please the parent and to maintain a harmonious relationship with the parent. In this view, the secure attachment needs to be maintained over time, well past infancy.

b) **COMPLIANCE AND INTERNALIZATION** - unless otherwise noted the following is a summary primarily taken from Sanson and Rothbart (1995), and the various research articles by Kochanska and colleagues (1998a, 1998b, 1999, 2000, 2001).

Just as attachment is the major emotional/social developmental task for the parents and the young infant, compliance and internalization is the major task for parents and the toddler. One of the most consuming issues of parenting in the second year of life centers around the issue of how long it will take for regulation of behaviour to shift from the parent to the child. Children make great strides in this capacity during their second year, starting soon after they become accomplished walkers. Dr. Sarah Landy, a developmental psychologist who was interviewed for this report, emphasizes that many parents sail right through the first six months of a baby's life establishing a great relationship, only to stumble when the baby begins to become more independent and seemingly not willing to go along with the parents' agenda.

The current view of compliance is that the inclination on the part of the child to cooperate with parents is based on the very early relationship developed between the parent and child. Mother-infant interaction itself is thought to be most accurately described as a closely coordinated, mutually accomplished action -- sometimes called co-regulation. The basics of this co-regulation begin soon after birth as shown by the research of Brazelton and others, which documented the face-to-face interactions between mothers and newborns showing a sequential and reciprocal pattern of interactions operating in establishing mutuality. (E.g., in facial expressions and vocalizations involving the newborn's cues, the mother's contingent response to those cues, the infant's responses to mother, and so on.)<sup>16</sup>

This has been described by attachment researchers as "mother-infant synchrony," a "mother-infant dance," "mother-infant attunement" and most recently as "mutuality" by the socialization researchers. As described by Barnard and Martel (1995)<sup>17</sup>:

- (1) ...the partners ... must have a sufficient repertoire of behaviors so that interlocking sequences are possible and a smooth-flowing interactive system develops. ...
- (2) ... the partners' responses must be contingent on one another; as the child matures, the mother must remain both consistent and contingent in responding to the child. ...
- (3) the interactive content must be rich in terms of positive affect, verbal stimulation and range of play materials.
- (4) the patterns between mother and child must change over time relative to the emerging developmental capacities of the child.

Kochanska and Thompson (1997) operationalized mutuality as a property of the relationship that cannot be defined by the behaviour of either parent or child alone, and consists of parent-child cooperation and shared positive emotion, as well as parent responsiveness to the child and child responsiveness to the parent.<sup>18</sup> This type of mutuality is moderately stable in early childhood and associated with maternal discipline that is less power assertive and with children's greater internalization of maternal values.<sup>19</sup> Deater-Deckard and O'Connor (2000) suggest that by the time a child is three years old, child-specific qualities of parent-child mutuality within families have been established, but mutuality is relationship-specific, differing between each child and each parent.<sup>20</sup>

Mutuality is a bi-directional process. Mutuality, as defined by Grusec and Kuczynski (1997), is the parent-child relationship which is characterized by interdependence of needs and goals where both members respond to the wishes and demands of the other, through conflict, cooperation, mutual shaping and observational learning, leading each to negotiate, transform, co-construct and select from the information each presents to the other.<sup>21</sup>

How is mutuality expressed in compliance and internalization? Kochanska and her colleagues proposed that compliance appears in two distinct forms:<sup>22</sup>

- Committed compliance - the child appears wholeheartedly to embrace the maternal agenda, endorses it as his or her own and enthusiastically follows maternal directive in a self-regulated, proactive manner, not contingent on immediate maternal control.
- Situational compliance - the child, although essentially cooperative and non-oppositional, does not appear genuinely to embrace the mother's agenda, and compliance seems mostly reactive, perfunctory, "half-hearted" or "shaky" and sustained mostly by her continuing control. The child's motivation, although not negativistic, appears to be driven by external factors rather than originating "inside."

Kochanska and her colleagues conducted some interesting experiments in a laboratory concerning the development of compliance. First, the mother was asked to teach her child to complete a boring, repetitive job, and then to leave her child alone while asking the child to continue it (a "Do" situation). Subsequently, the mother was asked to instruct her child not to touch an attractive toy, and then to leave the child alone while reminding the child not to touch the toy (a "Don't" situation). To summarize some of the results: it takes a while to build "committed compliance." "Committed compliance" occurred on average 27 percent of the time for children aged 13 - 15 months; 41 percent of the time for children aged 26 - 41 months; and 56 percent of the time for children aged 43 - 56 months. It is certainly notable that even four-year-old preschoolers were only achieving committed compliance about half the time. It is also notable that the "Do's" were a much harder type of compliance than the "Don'ts." Even children who under ordinary circumstances worked enthusiastically with their mothers, when the mothers left the room the children were very unlikely to continue a boring repetitive job by themselves.

One additional finding was that the children who were able to achieve "committed compliance" when the mothers were not in the room, were also noticeably more willing for their mothers to teach them, and their mothers were similarly eager to teach them. This is considered to be of major importance because "teaching" is absolutely crucial to show children how to learn. Having a child be willing for his/her mother to teach them is critical to development.

What happens when children do not conform to parents? (As shown above, even the "committed" children did not conform for much of the time.) As noted by Kuczynski and Hildebrandt (1997), children from a very early age have been found to ignore, defy, politely refuse and negotiate parental requests.<sup>23</sup> These types of small "c" conflict are now viewed as a normal, natural, mutually tolerated feature of ordinary parent-child relationships. Although mothers may have more power than their children, they do not exercise it very often by suppressing conflict or by demanding their children's submission.

A view that is gaining credence in child development these days (Kuczynski and Hildebrandt, 1997; Kuczynski, 2002) explains that within close relationships even direct commands for compliance come to be understood as inviting accommodation and negotiation rather than submission.<sup>24</sup> In accommodating the parent, a child may acknowledge 1) the parent has been heard, 2) the child will attempt to coordinate the parent's wishes with his own plans, or 3) the child is willing to negotiate an alternative course of action. Accommodation implies that the parent and the child act with the mutual expectation of a cooperative response, and also that the form of the cooperative response will be chosen by the recipient rather than the sender. Thus, during a history of interaction over time, parents and children evolve shared understandings of what will pass for compliance in different situations. Thus, accommodation passes for compliance in the close relationship context.

As noted by Kuczynski and Hildebrandt (1997), accommodation and negotiation are not just children's prerogatives, but legitimate parenting practices.<sup>25</sup> They note that negotiation as a parenting practice was identified in Baumrind's (1967, 1991) identification of the "authoritative" parenting style, which was found to be associated with higher levels of social competence in both girls and boys than the authoritarian and permissive parenting styles.<sup>26</sup>

Why would parents be advised to sometimes "accommodate" their children rather than to press for strict compliance? Because there is evidence that as children grow older some of their decision-making on whether to conform to their par-

ents' wishes rests on the children's acceptance of the parental messages.<sup>27</sup> The acceptability of parents' messages depends on the child's motivation to accept them, which, as discussed earlier depends on the parent's warmth with the child, which increases the child's desire to please. If the child perceives that the value of the request is important to the parent, and there is a tradition of mutual compliance (where the parent follows child's requests sometimes and the child follows parents' requests sometimes) the acceptability of the request is higher. Acceptability also depends on the child's evaluation of the request. That is whether the nature of the request is deemed to be valid, whether it is believable, and whether there has been due process, etc.

Would it not be better for the parent to just use his/her power? In authoritative parenting, parents do use their power sometimes. However, although parents certainly have lots of power over children, there are reasons why parents are not comfortable using their power. As noted by Kuczynski (2003), using power interferes with their love, ego investment and their long-term goals.<sup>28</sup> Parents often prefer to characterize their relationships with their children as intimate or companionate. When asked to consider what might hurt their relationship with their school-aged child, parents' most frequent response was that their relationship might be damaged if they mishandled their coercive power in their role as parents.<sup>29</sup> Indeed, this is a concern parents of toddlers have too, according to Dr. Landy. The point is this, many parents and children (even very young children) prefer a relationship where compliance and cooperation are embedded in a warm relationship and where behaviour can frequently be negotiated. Also, when parental power is embedded in a warm relationship, then negotiation and accommodation are more important than submission.

Thus, in moving from old frameworks of compliance and internalization, which focused on specific techniques for obtaining obedience, managing the parent-child relationship becomes the central goal of achieving compliance and internalization.

#### 4. TEMPERAMENT

"Parents often do not become believers in temperament until after the birth of their second child."

A. Sanson and M.K. Rothbart, 1995<sup>30</sup>

There is a popular belief that the parenting that parents provide to their child is the leading, if not the sole, contributor to how the child turns out. Thus, before the second child, many parents see the first child's behaviour as a simple and direct outcome of their parenting skill. With the advent of the second child, most parents spend vast amounts of time marveling at the temperamental differences between their two children, and in mentally reassessing how much influence they really have over their children's behaviour.

Temperament is a set of influential biologically based, "... individual differences in reactivity to internal and external stimulation, and in patterns of motor and attentional self-regulation."<sup>31</sup> Temperament is typically described as variation along four dimensions: activity level, mood, soothability and emotional intensity. In other words, infants range from high to low on activity, happy to sad on mood, easy to hard on soothability and high to low on intensity.

Thomas and Chess, about 25 years ago, were the first to promote the idea that the child's temperament must be considered in any discussion of appropriate parenting.<sup>32</sup>

"... the environment is first filtered by the child's own characteristics. Children with different characteristics, therefore, will be affected differently by the same objective occurrence. Not only does the child screen his environment, he also influences it. ... The child, by his own nature, "conditions" his environment, at the same time that the social and cultural environment affects him."

This early research on temperament led Lerner and Lerner (1983) to suggest that it is the "Goodness of Fit," or the congruence between the child's temperament and his parents' adaptability to it, that is important. It is how the parents perceive and adapt to the temperament that is thought to make the difference.<sup>33</sup>

Why are the dimensions of temperament so important? Much of what infants learn about people, their own abilities and the world around them is acquired during periods of quiet alertness and attentiveness. For some children, this state appears to be easily available. For others, it is something their parents, and eventually they, themselves, must strive for. Babies who are congenitally distractible, for example, are likely to learn slowly about what they see or hear because they do not attend to or concentrate on them for sufficient periods.

The dimensions of temperament are assumed to be genetic predispositions, although their strength and amenability to change are largely unknown. But for most researchers there is no question, "the infant's temperament regulates and is regulated by the actions of others from the earliest hours."<sup>34</sup>

Even if there is evidence for these kinds of genetic predispositions, how stable is temperament in children? When Sanson and colleagues (1995) investigated the stability of early temperament traits from infancy to middle childhood, they found, "...When children ... were placed in four categories from lowest to highest on the basis of their temperament scores at each age, few remained in the same category over all years from infancy to 8 years. ... On the other hand, very few changed from one extreme category to the other extreme."<sup>35</sup> However, other researchers have found more modest evidence of stability of temperament features over time, which Ostergren (1997) has noted is actually "... in accord with the interactionist view of temperament which argues that temperament may be modified by interaction with the environment."<sup>36</sup>

One of the researchers who has studied the interaction of temperament and environment is Dr. Emmy Werner who followed high risk children longitudinally from birth to early adulthood. She found that positive dimensions of temperament (easy to soothe, low on intensity) may act as resilience factors when there is a high level of psychosocial stress and parenting is poor (e.g., Werner, 1986; Werner & Smith, 1982).<sup>37</sup> Thus, Sanson and Rothbart suggest the easy-going sociable or adaptable child may be able to elicit more care and concern from parents and from significant others who can act as mentors to protect the child from adverse outcomes.<sup>38</sup>

However, it is likewise important to note that even "difficultness" can be adaptive. Marten DeVries (1984), a physician who worked among the Masai during a terrible drought in the 1980s, found that contrary to expectations, mortality was greater for infants with easy temperaments. Under these extremely difficult childrearing circumstances, the infants with

difficult temperament (difficult to soothe) elicited more adult attention and feeding, and their temperament was vital to remaining alive.<sup>39</sup>

There are numerous less extreme examples of boisterous high energy children who contribute greatly to their families and to society. Most new parents are likely to categorize their children as being "difficult" or "easy." "Difficult" babies are characterized by frequent and intense expressions of negative emotion. But parents generally respond to crying children. Therefore, it is not too surprising that Rothbart, in a review of the literature, found only a modest direct relationship between infant temperament and parenting responsiveness. Temperament on its own had little impact on outcome. Even the most "difficult" children had only a slightly raised incidence of problems on the outcome measures.<sup>40</sup>

This finding led to a large number of studies investigating the conditions that may influence such the relationship between temperament and parental responsiveness:

- **Measuring and assessing temperament** - Rothbart found that parents differed from external observers on whether a child could actually be labelled "difficult" or "easy." Sometimes parents labelled a child as "difficult" when the external observers would not; and vice versa. But whose label matters? If the parent thinks a child is difficult, the parenting behaviour will be different than if the parent labels the same child as "easy."
- **Infant characteristics which interact with temperament** - There is evidence that temperament, in combination with other attributes such as the baby's sex or age, are associated with differences in parenting behaviour. Parents seemed to tolerate "difficultness" more in male babies than in female infants, especially on the part of fathers.<sup>41</sup> Thus, the same level of "difficultness" appears to depend on the sex of the child and his or her age.
- **Exhibiting the extremes of temperament** - Dimensions of temperament are conceived as falling along a continuum. It is assumed that children who exhibit extreme behaviour are more likely to influence their parents than the parents are able to influence such children.<sup>42</sup>
- **Maternal stamina and child's temperament** - Some mothers seem to start out parenting "difficult" infants responsively and compassionately, but are not able to sustain this over time. Thus, parenting behaviour is not consistent from one period of time to the next for the same type of temperament.<sup>43</sup>
- **Mother's personality and child's temperament** - There is also evidence that personality characteristics of the mother create different environments for babies of similar temperament:
  - **More anxious mothers** tended to lose confidence when their usual soothing techniques failed to work for their infants, whereas the confidence of other non-anxious mothers was relatively unaffected.<sup>44</sup>
  - **Mothers who were low in maternal self-efficacy** were associated with lower competence (sensitivity, warmth, engagement) when their children had high "fussy-difficult" ratings;<sup>45</sup> were associated with maternal depression when their infants were "difficult."<sup>46</sup>

It must be noted that genetic overlap is an issue in these studies. Do irritable infants lead to anxious/depressed mothers or do anxious/depressed mothers lead to irritable infants because of genes they share in common? Or is the relationship reciprocal, leading to a downward spiral? Perhaps the researchers, such as those above, were observing mothers' own temperaments interacting with their babies' temperaments.

Two studies from the attachment literature point to the impact of maternal characteristics on their children's temperament. These studies are not as potentially confounded by genes which are shared between the mother and child.

- One study found no main-effects between "prone to distress" (a temperament trait) of 9 month old infants and "security of attachment" classification at 13 months. However, the infant's attachment classification was predicted from the interaction between the mother's personality and the infant's temperament. An insecure attachment was more probable when distress-prone infants had mothers with high constraint scores, indicating rigidity, traditionalism and low risk taking.<sup>47</sup>
- Another study of a group of extremely irritable infants found more infants were classified as anxious/avoidant in their attachments to mothers at 12 months and their mothers were rated as more unresponsive and in gradual retreat from contact with baby. However, an intervention providing parent education and support was effective and mothers became more responsive, stimulating and the formerly extremely irritable babies became more sociable and exploratory.<sup>48</sup>
- **Maternal parenting style and child's temperament** - One of the most intriguing studies relating temperament and maternal parenting style was reported by Fowles and Kochanska (2000) who are following a group of mothers and children from birth to kindergarten. They have identified two groups of children -- those that were temperamentally "fearful" and those that were "fearless." The purpose of her investigation is to observe the development of conscience in these children (or their ability to "do the right thing" when mother was not in the room) relative to the mothers' parenting style. For fearful children, gentle parental discipline, which de-emphasizes power and capitalizes on the tendency of the child to easily experience internal discomfort or anxiety, has been found to foster internalization of moral behaviour. For fearless children, this type of subtle discipline does not create sufficient discomfort or anxiety. Instead the parenting style particularly well-suited to develop conscience is a mutually warm, responsive, cooperative orientation between the parent and child that left the child eager to accept parental values.
- **Poor parenting and child's temperament** - As noted by Sanson and Rothbart (1995), the most "difficult" children had only a slightly raised incidence of problems on the outcome measures. However, when children who were rated as difficult were living in families with poor parenting style, the level of risk for behavioural problems in children increased substantially.<sup>49</sup>
- **Infant as active agent** - Patterson (1997), one of the leading researchers in the area of antisocial behaviour, takes the study of temperament back to its roots. He notes that a common failing of past models of parenting is that they did not take into account the child's active contribution to the process of selecting and shaping their social environments.<sup>50</sup> Starting when? It is not clear, but from the beginning there seem to be some infants who are more easily soothed by one parent than the other. Some infants seem to prefer active play and appear to elicit this from

their parents more than other infants. Nearly all of the temperament research studies to date focus on how parents influence their children rather than the other way around. Patterson reminds researchers to ensure the opposite view is taken into consideration in future research and parent education programs.

Nearly all subsequent research referenced in this report presupposes that all children are affected by parenting in the same general manner. This should not be presumed. Some children are more susceptible to parental influence than are others. As noted by Belsky (1997), it may well be the case that most estimates of parental influence are both under- and overestimates -- under for those children who are most susceptible to influence and over for those least susceptible.<sup>51</sup>

The research to date suggests that temperament cannot be seen as operating directly on parenting, attachment or child behaviour. However, there is substantial indication that temperament interacts with nontemperamental characteristics of the child (age and sex) and characteristics of the parent (psychological health, personality characteristics) to influence parenting, attachment and child behaviour. The number of studies that have explicitly examined interactive effects is small, and the field is still far from specifying precisely the particular configurations that constitute a "good fit" between various temperament dimensions of both parents and children and the optimal outcomes for children.

Sanson and Rothbart (1995), at the end of their review chapter on temperament, suggest that because of all the interaction effects between child's temperament and child outcome, the best explanations may arise if researchers examined:<sup>52</sup>

- Parents' attitudes and beliefs about parenting and children which are likely to be very important in discerning patterns between children's temperament and parenting behaviour. For example, the decreasing parental responsiveness to difficult children makes sense if parents believe the irritable infant "can't help it," whereas the more negative toddler is "naughty" or will be "spoiled" if parents give in to a negative disposition.
- Parents' own psychological characteristics, such as sense of parental competence, stresses they experience and supports available to them very likely affect parents' ability to adapt to their child's temperamental characteristics.

Although, in general, the concept of temperament is thought to be real and important for parents, there are cautions about its over-liberal use.<sup>53</sup>

- The definition "difficult" depends on a child's fit with a particular parent or setting.
- To label a child as "difficult" has the danger of becoming a self-fulfilling prophecy.
- The stability of temperament is quite low from infancy to later childhood, and moderate from preschool to later childhood.
- Extreme temperament characteristics are more stable than moderate characteristics.

The task, then, as noted by Rothbart (1989) is for the parent to foster "respect for the individuality and integrity of each child, and flexibility in creating environments that may lead to positive outcomes for them and for us."<sup>54</sup>

## 5. CONCLUSIONS – WHAT DO INFANTS NEED FROM PARENTS?

Ultimately, it is the quality of the relationship that parents have and manage daily with their infants and toddlers that is the foundation for self-esteem, self-confidence, peer and family relations. More than anything else, infants need a warm responsive relationship with their parents.

The best environment parents can provide to achieve this is one with plenty of:

- **Comfort:** The research clearly shows that a warm relationship is built when parents provide comfort through words, physical presence and touch. Comfort is more than relief from distress. When it is provided with overall warmth, responsiveness and sensitivity to children's wide-ranging interests and needs, it is strongly related to infants' forming attachments to their parents and to toddlers' willingness to accept parents' guidance and requests.
- **Play:** The research shows that parent's provision of music, rhythm and play are very important venues for helping children learn to communicate and relate well with others. Play cements the parent-child relationship in uniquely human ways.
- **Teaching:** The research shows that parental teaching is crucial not only for language development, but is also an important part of emotional and social development. Called "emotion coaching" by some, parents teach children how to handle their emotions and relate to others.

In addition infants need parents to have knowledge about how they grow and develop, tailored to their ever-changing capacities.

- Infants need parents to know the major cues and signals newborns and very young infants employ to indicate their moods and preferences for relating.
- Infants need parents to know what children are capable of at various ages and stages, including the wide variations of what is "normal."
- Infants need parents to know about temperament, those biological differences that become the character dimensions that parents work with. Parents also need to know that their children will actively be choosing environments that fit best with their temperament.
- Infants need parents to know a repertoire of practical effective parenting strategies, and how to adapt them to each individual child.

## 6. IMPLICATIONS – WHAT DO PARENTS NEED TO DO?

For each major area of development there is a body of knowledge and there are skills which parents need in their repertoire to enhance their child's social, emotional and intellectual development. These are summarized below:

- **What skills do parents need to promote language development?**
  - To be able to accurately assess the momentary state of alertness or mood of the infant.
  - To provide good face-to-face visual contact.
  - To allow themselves to talk to even very young infants.
  - To provide simple language and display it attractively.
  - To reward their infant's imitations with pleasure.
  - To model the taking of turns in communication.
  - To assume a "playful" approach in teaching language.
  - To provide rhythmical games of sound.
  - To direct or follow infant attention to objects in the intimate environment, and to explain what to do and how to react.
  - To talk together about emotions and social relations.
- **What skills do parents need to promote emotional and social development?**
  - To accurately assess the momentary state of alertness or mood of the infant.
  - To provide prompt, sensitive and effective responses to the distress of young infants.
  - To realize that their own emotions are monitored very closely by infants.
  - To avoid becoming angry with young children, and protect them from others' anger.
  - If either of the parents is anxious, depressed or in other negative states, to provide some periods of relief from this atmosphere for the infants and young children.
  - To understand that they communicate their own emotions, especially the intensity of their emotions, through

their voice, their facial and body expressions and their touch.

- To talk about their own and their children's emotions from a very early age.
- When other people are around, to help even very young children understand the emotions that the others are experiencing.
- **What skills do parents need to promote a secure attachment?**
  - To accurately assess infant cues and signals so they can respond. If parents do not know the sometimes subtle cues and signals, they cannot respond appropriately.
  - To respond promptly and sensitively when their infants are in distress. If the response is not prompt, infants can lose control. If the response is not sensitive to what the child needs, the distress is not relieved.
  - To know what babies are capable of and know what can be done to assist them. This way the parent's responses can be appropriate.
  - To feel and communicate warm feelings with their infants and young children. Responsivity without warmth is not enough to build an affectionate relationship.
- **What skills do parents need to promote compliance and internalization?**
  - To develop a warm relationship with the child, which motivates the child to want to please.
  - To be patient. Learning to conform to parents' wishes takes a long time to establish.
  - To know that even very young children will accommodate and negotiate when they are reluctant to follow parental directions. This is normal.
  - To use parental authority, but use it in moderation, and always in the context of a loving relationship.
- **What skills do parents need to build the strengths of their child's temperament?**
  - **To know about the different kinds of temperament.** Virtually every expert contacted for this report urged this. These experts, who spend their lives observing children and talking to parents, discern an excessive, uncalled-for pressure that parents put upon themselves, thinking they have the total responsibility for the way a child "turns out." In reality, parents are working within biological features of their children, which in some cases are malleable, and in others are hardly malleable at all. Children are not "blank slates."

- **To respect the temperament individuality in each of their children.** Children vary a lot. Sometimes a particular child will have temperamental characteristics that are difficult for a parent to appreciate. Some parent-child relationships take more effort to become a warm one.
- **To know the cues and signals their child sends them concerning their state and needs.** For example, some babies temperamentally dislike being cuddled and resist mothers' attempts at close physical contact. If mothers recognize this and substitute ways of communicating warmth to their children without direct cuddling, then problems are less likely.
- **To know that parents have "temperament", too.** Some parents are extroverts, others are introverts. Some very emotional, and others are not. Parents' own preferences for relating and communicating will interact with their child's temperament, making the relationship easier or more difficult.
- **To know that it is unrealistic to try to treat each of their children "exactly the same."** A goal of parenting may be accomplished in one way for one child, and in a different way for another, depending on the child's temperament characteristics. Some children will need extra encouragement; others will need more help with limits and controls on behaviour.
- **To know that some temperament characteristics are more challenging than others.** Some children are challenging to the parent's nervous system, challenging to the parent's cultural or gender preferences for how they expect children to behave, challenging because of the parent's personal or psychological preferences for how children should behave, challenging because of practical considerations such as the type of physical environment parents will need to provide to cope with their child's temperament.
- **To know how typical children grow and develop to know how to work with a specific child's temperament.** Because there is great individual variation in temperament, parents need to know about how typical children grow and develop, including the spread of normal variability. Knowledge about child development will help parents be able to discriminate whether their child is "on track" or "about right" for his or her age, taking into consideration the child's temperament. Knowing how children typically grow and develop will also provide a foundation to build appropriate beliefs and attitudes about parenting, while taking into consideration the child's temperament.
- **To know that even young children "select" people and environments to suit their temperament.** Some children feel more comfortable with one person or one location than another, based on the way the other person or environment fits with their personality. Just as not every parent feels totally comfortable with every child, likewise not every child feels totally comfortable with every parent.
- **To know parenting programs can be helpful.** Parenting programs can help parents learn about the dimensions of temperament generally, and as they appear in their specific child. Parenting programs can provide adaptive parenting approaches suitable to the different types of temperament, as well as feedback on specific parent/child relationships. Parenting programs can also be helpful to parents just by providing public acknowledgment that some children are more difficult to parent.

## B. WHAT DO WE KNOW ABOUT TODAY'S PARENTS?

"By their very coming into existence, infants forever alter the sleeping, eating, and working habits of their parents; they change who parents are and how parents define themselves. Infants keep parents up late into the night or cause them to abandon late nights to accommodate early waking; they require parents to give up a rewarding career to care for them or take a second job to support them; they lead parents to make new circles of friends with others in similar situations and sometimes cause parents to lose or abandon old friends who are not parents."

M. Bornstein, 1995 <sup>55</sup>

A recent review of the research evidence shows positive proactive parenting (involving praise, encouragement, and affection) is associated with high child self-esteem and social and academic competence, and the evidence also indicates positive parenting can be protective against later disruptive behaviour and substance misuse. <sup>56</sup> Clearly, positive parenting is good for children. But what is known about parents, the way they think about and live their lives and the way they relate to children, which can guide the development of effective parent education programs? This section describes some of the major factors influencing first-time, ordinary parents and how they parent.

### 1. WHAT DO WE KNOW ABOUT MOTHERS?

"... there is a clear relationship between poor maternal-infant relationships and emotional and cognitive deficits, poor educational achievement, criminality, and a range of mental health problems."

J. Barlow and J. Parsons, 2002 <sup>57</sup>

#### a. Setting the Stage

There have been periods in the not too recent past, when mothers were seen as solely responsible for how children turned out. This is because social scientists looked only at mothers in relation to how infants grew and developed. The scope of research on children's environments is expanding, and mothers are no longer viewed this way.

However, in terms of child tending, mothers still are the main source of support. According to Bornstein (1995),<sup>58</sup> mothers on average:

- Spend between 65 - 80 percent more time than fathers do in direct one-to-one interaction with their infants.
- Spend more time with babies than do fathers whether in the United States, the U.K., Australia, or France or Belgium.
- Interact with and take care of babies and toddlers more than fathers.

## b. Transition to Parenthood

"Pregnancy is often seen as an idyllic period when the mother-to-be waits patiently as she radiates a glow of love and eager anticipation. This, unfortunately, is rarely the case.

Pregnancy is a time of change for a woman: her body changes, her view of life changes, and her understanding of her relationships and her own life history change as well. Nothing is the same anymore; the woman shares her body, her time, her sleep, her health, her thoughts, her place in the world, her family, her friends, her roles in life ... everything."

J.E. Solchany, 2001 <sup>58</sup>

As summarized by Rising (1998), pregnancy is a time of introspection and transition for most women. It is a time of general good health but also a time of many physical discomforts and emotional fluctuations. Women tend to compare notes with other women as pregnancy progresses and to share reactions with their partner. They are open to learning and are eager to know more about the childbearing process and parenting a new child.

As noted by Corter and Fleming (1995), although there are large individual differences among mothers, there is some predictable attitude and behaviour change over pregnancy. For example, mothers experience heightened feelings and readiness to respond at about 20 weeks of gestation, the time of the first fetal movements, and then once again at the parturition, with the birth of the baby. As Corter and Fleming also note, even mothers who initially have negative attitudes toward being pregnant generally come to possess positive ones at about 5 months, when fetal movements are first detected.

A prominent nursing researcher, R.T. Mercer (1985), defined maternal role attainment as "a process in which the mother achieves competence in the role and integrates the mothering behaviours into her established role set, so that she is comfortable with her identity as a mother." <sup>60</sup> This process of maternal role attainment begins in pregnancy and continues into the year following birth. According to Barnard (1995) maternal role attainment is conceptualized as having both cognitive and affective components:

- Cognitive components include the how, what and why of caring for the baby.
- Affective components include developing commitment, empathy and positive regard for the child.

Several decades of studies conducted by nursing researchers on the normal psychological "work" of mothers-to-be from pregnancy to birth is summarized by Solchany (2001). She found the work starts when a woman begins planning to have her first baby, or when she discovers she is pregnant. During this time period she mentally reviews all the input she has stored up over the years about mothering and baby care. This mental review includes:

- **Re-evaluating ideas about motherhood and babies.** This part of the mental preparation for becoming a mother includes the mother's re-thinking her own childhood, how she was parented and how she wants to parent her own child; thinking about herself as not only a woman, but as a mother. She conducts an important mental review that

focuses on her evaluation of the parenting she received, especially her relationship with her own mother.

- What was good?
  - What did my parents do right in raising me? What was not good?
  - What could they have done better?
  - Why did they do what they did?
- **Re-evaluating current relationships and making role adjustments.** This part of the mental preparation for motherhood includes examining the risks, benefits and experiences in life as not only having an impact on herself, but also having an impact her child and her relationship with that child. This re-evaluation is especially focused on her husband (what kind of father will he make?) and her own parents (Will they approve of how she mothers? Will they undermine her?). But this re-evaluation also applies to her current circle of friends (Will they be able to contribute positively to herself and her child?).

These mental tasks represent smaller components of the major task of transitioning from woman without child to woman with child. Reva Rubin (1984), another well-known nursing researcher, has identified four independent tasks in which pregnant women engage:<sup>63</sup>

- Seeking safe passage for herself and her child throughout her pregnancy, labour and delivery:
  - 1st trimester, focusing on her own safety;
  - 2nd trimester, focusing more and more on the child within her, often becoming more protective and emotional; and
  - 3rd trimester, becoming unable to separate her needs from her child's causing her to demonstrate no real separation of the two and making the mother and child together the focus of concern.
- Ensuring the acceptance of the child she bears by significant persons in her family:
  - Developing a support network for her and the baby; and
  - Re-considering the significance of persons in her life and deciding whether to exclude or minimize their involvement.
- Binding-in to her unknown child.
- Learning to give of herself -- e.g., stopping drinking and smoking.

Solchany (2001) points out that the ideas a mother forms about what her baby will be like, how her baby will act, how her baby will respond to her and how she, herself, will fulfill her idea of what a mother should be like, will all affect the development and quality of the mother-child relationship.<sup>64</sup>

It is interesting to note that this review of the literature on pregnancy uncovered a significant body of research on the emotional components of pregnancy, but little on how pregnant mothers learn about how to actually care for babies.

### c. Maternal Behaviours and Impact on Children

Probably no other relationship in psychological and sociological research has been more closely examined than that of the mother and child. According to Barnard (1995) in her review of mothering, the main conclusion of this body of research demonstrated important links between the qualities of responsive, sensitive, warm caregiving in mother-child interactions and children's subsequent intellectual and language capacities and to more secure attachments to major caregivers.<sup>65</sup>

Barnard concludes that, "A fundamental aspect of this responsiveness is contingency. The ability to monitor, interpret and respond to the child's behaviour in an immediate and appropriate manner is key to the child developing a sense of the trustworthiness of his environment and that his behaviour has an influence on others. The lack of concordance between the child's behaviour and mother's response makes it difficult for the child to realize cause-effect relations." <sup>66</sup>

Therefore, the primary focus of mothering in the early months of an infant's life is to establish routines, patterns of interaction and patterns of communication -- to learn to know each other so this ability to respond appropriately can begin. It is within this framework, built from thousands of repeated interactions between mothers and infants, that children's emotional, intellectual and physical needs are met, or not.

What are the skills mothers need to bring to the interaction to provide the responsive caregiving that enhances their infants' development? They need the knowledge of and the ability to read their infants cues to know when to respond and when to delay responding, and the knowledge of how to stimulate the baby through touch, movement, talking and looking. Mothers who promote social, emotional and cognitive growth accomplish this by use of voice, touch and movement primarily to serve the purpose of soothing, orienting and/or alerting the infant.<sup>67</sup> In particular they position the babies to see eyes and faces, vary the pitch and tone of their voices, perhaps singing or humming to their baby, they talk to their babies about what they are doing or about some aspect of the infant's personality they like and they use gentle types of touch like stroking or patting and engage their babies in games, such as finger plays.

How do mothers obtain these skills? Primarily from experience. It has been reported by Corter and Fleming (1995) that first-time mothers who have more prior caregiving experiences with children report a stronger attachment to their infants, display more maternal self-confidence and show higher levels of affectionate contact behaviours with their infants at three months postpartum.

### d. Maternal Role Attainment

"From onset to its destination, childbearing requires an exchange of a known self in a known world for an unknown self in an unknown world."

Reva Rubin, 1984 <sup>68</sup>

While giving birth defines motherhood in the biological sense, a great body of research shows that in the emotional and personal sense "becoming a mother" is more complex, takes some time and is less precisely defined. In fact, most researchers conclude that an easy adjustment to first-time motherhood is unusual.

There is a major theme which emerges from the nursing literature on the lack of preparation about what to expect in the weeks after birth, and its impact on mothers. Most women have few opportunities to gain a true understanding of parenting, and the marked disparity between the expectations of mothers to be, and the reality of actual motherhood is believed to have a marked impact on self-esteem.<sup>69</sup>

In summarizing their qualitative research project, "Becoming a Mother," from the point of view of mothers themselves, Barclay, Rogan and their colleagues (1997a, 1997b) noted that mothers were found to undergo a profound reconstruction of self concept, and undergo significant self-esteem losses, before any benefits of motherhood became apparent. The new mothers were exhausted by the all-consuming nature of mothering, particularly the need to be constantly learning. They felt bombarded with advice and criticism, and so felt confused and uncertain, and they lost self-esteem. "Becoming a mother" for most women caused them to feel isolated, alone and depleted rather than nurtured and supported. It took time for them to renegotiate relationships incorporating their new sense of self as a mother. Most women in this study drew heavily on their own resources while working it out, and their social context provided little support or nurturing.<sup>70</sup>

How long does it take for women to become comfortable with the mothering role? For most women it takes some time. Mercer (1985) tracked women's feelings over the first year postpartum and found the following spread of responses in answer to the question, "Do you feel comfortable in your role as Mother?"<sup>71</sup>

3% responded as "Yes, since pregnancy."

33% responded as "Yes," by the time the baby was 2 weeks old

49% responded as "Yes," by the time the baby was 2 months old

64% responded as "Yes," by the time the baby was 4 months old

85% responded as "Yes," by the time the baby was 9 months old

96% responded as "Yes," by the time the baby was 12 months old.

Note, 4% replied, "Not yet, I'm still working on it," when the baby was 12 months old

Researchers note there is an important distinction between "feeling comfortable" in the role and "feeling competent" in the role. Mercer's study (1985) found that in contrast to feelings of comfort in the mothering role, where mothers showed a linear increase over the first year of the infant's life, competency rose during the first 4 months, but it had decreased at 12 months postpartum. Why? Mercer offered the following as an explanation for this pattern. In the latter half of the first year, the baby becomes much more mobile (crawling and then walking, getting into everything), baby goes through a major period of clinging to mother (stranger anxiety) and teething (putting everything into mouth and general fussiness). These increase the demands on mother, and decrease the amount of relief she can obtain from others. In varying degrees, mothers did not know what was predictable and normal, and they did not know what to do. So, the discontinuity between mothers' expectations for increased competence in their role, and reality of decreased competence was something for which the women appeared unprepared.

Taking these two studies together, one might interpret that many mothers do not instinctively feel comfortable in their role, immediately upon pregnancy or birth – the moment when biologically they are becoming mothers. Over the first year of life, it appears the women slowly become comfortable with their role, but they do not feel competent in it. The baby keeps changing, and the mothers, for the most part, feel unprepared and unsupported as these changes occur. Thus, they do not reach a point where they actually feel competent.

What are the challenges to attaining feelings of comfort and feeling competent in the mothering role?

- **Not having or finding any personal time.** This was the top-ranked challenge to new mothers in Mercer's study,<sup>72</sup> but it shows up repeatedly in other research as well. Mothers found they had little time to eat meals, to bathe or apply makeup, or to talk with their husbands. Although this decreases over the first year of the baby's life, for many women this loss of personal time remains an important part of motherhood.
- **Lack of knowledge about what behaviours and stages to expect.** As indicated in Mercer's study, typical but challenging infant behaviours, if unanticipated, can trigger feelings of incompetence. This goes hand-in-hand with not having mastered role skills, with its resulting feeling of incompetence. The concept of "unpreparedness" appears frequently in the research on new motherhood.<sup>73</sup> Mothers dislike it and frequently complain about it. This reaction also appears repeatedly in evaluations of prenatal childbirth education programs, which are viewed as not adequately preparing mothers for "mothering." In Mercer's study, this lack of knowledge about what behaviours and stages to expect was the second most frequently cited challenge to motherhood.
- **Sleep deprivation and nighttime care of the infant.** What has been called "superordinate fatigue" dominates the three or four weeks following delivery.<sup>74</sup> Fatigue has been shown to interfere with successful adaptation to the maternal role in a number of studies. In Mercer's study, positive feelings about the baby, gratification in the role, and maternal competency behaviours increased from 1 to 4 months as sleep deprivation decreased. This demand, similar to demands on personal time, decreased overall during the first year of the baby's life, yet it, too, remained an important part of motherhood for a significant portion of mothers.
- **Pervasive demand.** The unremitting demand of mothering is an issue throughout the 1st year of motherhood, described as "a loss of freedom" and "always having to be there."

**What helps?** Researchers appear unanimous in identifying the factors that help mothers feel comfortable with their role and competent in it. As expressed by Barnard (1995):<sup>75</sup>

- **Previous experience** - whether the mother knows what to expect from prior experience with babies, such as babysitting and having a previous child.
- **Knowledge** - whether she has seen/learned about infant development and parenting strategies before.
- **Infant's behaviour** - whether the particular baby's temperament or developmental stages are difficult or viewed to be difficult.
- **Social Support** - whether she has help dealing with the situation, such as through her husband, her parents, her friends or helpful others.

Nonetheless, despite all the studies on maternal role attainment (and there are many more than are cited in this review) as Barnard and Martel (1995) note, the absence of studies that links "feeling like a mother" to optimal mothering behaviour,

or to child outcomes is striking. In the future, research needs to focus on studying the links between mothers' self-concept, knowledge, attitudes and past experience with both maternal role attainment and optimal maternal performance.<sup>76</sup>

#### e. MOTHERS: CONCLUSIONS AND IMPLICATIONS

**There is probably no other time in women's lives when they are as open to learning about parenting as they are during their first pregnancy and the first year of their child's life.**

**Pregnancy is a time of introspection and transition for most women.** Parent educators can build on the natural tendency of women to mentally review the type of parenting they received, and to think through the kind of parent they want to become.

**Pregnancy and early parenthood are times of affiliation** for new mothers. They seek out more experienced women, and they seek out other women who are also "becoming a mother" for the first time. Parent education approaches which can link new mothers to experts and other new parents would be favoured.

**Pregnancy is a time when women try to obtain advance experience with infants to help them feel more prepared.** Since few expectant mothers these days have the kind of prior experience necessary which would give them confidence, parent education programs which can provide this would be beneficial for new mothers.

**Because their babies change so rapidly, and each change is different from the last, new mothers need information on child development.** As women come to grips with one aspect of their baby, another confusing feature appears which once again leaves them feeling incompetent as the baby arrives at a new stage.

**New mothers need information on temperament and parenting strategies** to respond appropriately and positively with their children.

## 2. WHAT DO WE KNOW ABOUT FATHERS?

"Substantial progress has been made by scholars over the past 20 years. ... When the first edition of this book was published in 1976, for example, social scientists in general, and developmental psychologists in particular, doubted that fathers had a significant role to play in shaping the experiences and development of their children, especially their daughters. As a result, contributors to the first edition all made concerted and often explicit efforts to demonstrate that fathers 1. indeed, had a role to play in child development; 2. were often salient in their children's lives; and 3. affected the course of their children's development, for good as well as for ill. ... By contrast, the chapters in this volume all reflect widespread acceptance of the notion that fathers are often affectively and formatively salient ... and that fathers play complex, multi-dimensional roles, that many patterns of influence are indirect, and ... fatherhood var[ies] across historical and subcultural contexts."

Michael Lamb, 1997 <sup>77</sup>

Although a substantial redressing of the over-emphasis on researching only mothers has been underway for quite some time, there is simply not the same depth and history of research on fathers and fathering in comparison to the voluminous research on mothers and mothering. Additionally, the subject matter differs. For example, there is little research on "father role attainment," in contrast to the extensive research on this topic where mothers are concerned.

#### a. Transition to Parenthood

The research on transition to fatherhood, in comparison with the research on transition to motherhood, is still in its formative stage. Nonetheless, there is evidence that how "ready" expectant fathers feel about becoming fathers is related to how easily they adapt to their role when the baby arrives. Prominent researchers have been in agreement, that "most expectant fathers do not discuss their own emotional reactions with others (not even their spouses) and thus feel somewhat isolated as they make these adjustments."<sup>78</sup> In a study by the Cowans, men who did not feel ready for or accepting of the birth of their first baby had lower self-esteem, reported more symptoms of depression, and had greater marital dissatisfaction when their babies were 18 months old.<sup>79</sup> Further analyses by the Cowans revealed that when men have very strong feelings about not being ready to become fathers, but go along with the pregnancy for the sake of preserving the couple relationship, it is very likely that the relationship will end in divorce before the child enters elementary school.<sup>80</sup>

#### b. Paternal Behaviours and Impact on Children

A substantial literature has emerged over the last three decades that clearly demonstrates the relationship between the quality of father involvement and children's subsequent social, emotional and cognitive development. When there is a high quality of father-child relationship, the results are positive for children. These findings for the most part generalize across subgroups of children and these results appear in a variety of countries, including Canada.<sup>81</sup>

There is substantial evidence that infants form attachments to both mothers and fathers at about the same point during the first year of life.<sup>82</sup> A hierarchy appears to exist among attachment figures such that most infants prefer their mothers over their fathers, probably because mothers spend the most time with infants. However, despite the low quantity of interaction and different style of parenting, infants become attached to their fathers as they do to their mothers.<sup>83</sup>

In his summary of research to date, Lamb (1997) concludes that children with highly involved fathers are characterized by increased cognitive competence, increased empathy, less sex-stereotyped beliefs and a more internal locus of control (i.e., looking to themselves for motivation and satisfaction, rather than looking to others). Pleck (1995) provided these examples which illustrate this conclusion:<sup>85</sup>

- Positive paternal engagement in the month following birth has an independent association with infants' cognitive functioning at one year. A factor probably contributing to this is that fathers who are more engaged perceive their infants as more cognitively competent.
- Preschool children of substantially engaged and accessible fathers (i.e., performing 40 percent or more of the within-family child care) show more cognitive competence, more internal locus of control, more empathy and less gender-role stereotyping.

Lamb (1998) makes a key point about the quality of involvement. The positive effects of father involvement, above, were evident in families when both fathers and their partners desired this. The effects on children appear quite different when fathers are forced to become involved, perhaps by being laid off. In other words, these findings are applicable only to fathers who voluntarily involve themselves in their children's lives.

### c. Paternal Accessibility, Engagement and Responsibility

What has been researched about fathers' accessibility to their children, their engagement with their children and their responsibility for managing their children? Pleck (1997) examined studies of father-present families that used time diaries or other real time estimates to assess involvement with a particular child. In averaging across studies from the 1980s and 1990s, he found fathers' proportional engagement with the child is somewhat over two-fifths of mothers' (43.5 percent), and their accessibility to the child was nearly two-thirds of mothers' (65.6 percent). Fathers' absolute levels of engagement and accessibility were higher with young children than with adolescents, reporting time spent with younger children to be 1.9 hours for weekdays and 6.5 hours for Sundays for young children.<sup>86</sup>

Regarding parental responsibility for planning and organizing children's lives, it has been noted: "In most families, husbands notice less about what needs to be done, wait to be asked to do various chores and require explicit directions if they are to complete the tasks successfully ... most couples continue to characterize husbands' contributions to housework or childcare as 'helping' their wives."<sup>87</sup> Furthermore, Lamb (1997) states there is no evidence, that maternal employment has any effect on responsibility. Even when both mothers and fathers are employed 30 or more hours per week, the amount of responsibility assumed by fathers for planning and organizing children's lives appears as negligible as when mothers are not employed.

Parke's (1995) review of survey evidence concluded that fathers seem to be increasing their involvement and moving slowly toward more equal participation with their wives in the care and rearing of children. Lamb (1995) agrees in a qualified manner. He cautions that despite current shifts in cultural attitudes concerning the appropriateness and desirability of shared roles, equal levels of participation in routine caregiving and interaction, as well as responsibility for managing children, the shifts are more apparent than real in the majority of intact families.<sup>88</sup>

### d. Paternal Sensitivity and Competence

It is worth noting that from the earliest studies of father involvement, there was clear evidence that characteristics such as fathers' masculinity and intelligence were irrelevant to healthy child development, while the characteristics of warmth or closeness felt between fathers and their children were clearly beneficial to children.<sup>89</sup> Success in caregiving, to a large degree, depends on the parent's ability to correctly "read" or interpret the infant's behaviour so that the parent's own behaviour can be regulated to respond appropriately. The following are short descriptions of the research that best illustrate father warmth, sensitivity and competence that appear in the reviews of Lamb (1997), Corter and Fleming (1995) and Bornstein (1995).

## At birth

- **Biological Responses** - Fathers, during interaction with their newborns, evidence heart rate and blood pressure increases characteristic of a preparatory response.<sup>90</sup>
- **Feelings** - Most fathers report being elated when their infants are born, frequently visit hospitalized newborns, and continue to feel emotionally connected to their infants, such that fathers and mothers are equivalently anxious about leaving their babies in someone else's care.<sup>91</sup>
- **Behaviour** - New fathers behave just as mothers do when introduced to their newborn infants.<sup>92</sup>
- **Recognition** - When blindfolded and denied access to olfactory cues, fathers were able to recognize their infants by touching their hands, just as mothers were. (Mothers were more able to identify their infants by touching their faces. But both mothers and fathers were better at identifying their infants by their hands than by their faces.)<sup>93</sup>
- **Interest and Involvement** - Unstructured observations of mother-father-newborn interaction in a maternity ward revealed that fathers are neither inept nor uninterested in interaction with the newborns. Indeed, all but a couple of measures employed by Parke and his colleagues showed that fathers and mothers were equivalently involved in interaction.<sup>94</sup>
- **Feeding Competence** - When observed feeding their infants, both fathers and mothers responded appropriately to infant cues, although fathers tended to yield responsibility for childtending chores to their wives when not asked to demonstrate their competence for investigators.<sup>95</sup>

## With Infants

- **Distress** - Fathers' sensitivity to a variety of cues -- such as auditory distress signals during feeding (sneeze, spit-up, cough), vocalizations and mouth movements -- was just as marked as mothers' responsivity to these cues.<sup>96</sup>
- **Feeding** - Fathers were equally successful in quantity of feeding. Both fathers and mothers respond to infants' cues, either with social bids or by adjusting the pace of their feeding.<sup>97</sup>
- **Crying** - Fathers were somewhat less likely to retrieve their crying infants than mothers were.<sup>98</sup>
- **Language** - Fathers and mothers both adjust their speech patterns when interacting with infants -- speaking more slowly, using shorter phrases and repeating themselves more often when talking to infants than with other adults.<sup>99</sup> Mothers are more "in tune" with their infants' linguistic abilities: Mother utterance length relates to child utterance length, whereas father utterance length does not. Fathers' speech is more diverse than mother speech, it is shorter, and fathers correct children's speech less often and place more verbal demands on the child; it thereby "pulls" for higher levels of performance.<sup>100</sup>

However, not all the evidence shows fathers to be equally sensitive and competent as mothers. Lamb reports (1997b) that overall, in a large study using external observers of mother- and father-infant interaction, (by Heermann, Jones and Wikoff, 1994), there were similar ratings of mother- and father-infant interaction, however fathers were rated lower than mothers on all scales and at every age. Lamb concludes that fathers were either less sensitive than mothers in absolute terms, or the ratings were biased in favor of maternal styles.<sup>101</sup>

#### e. Paternal Play

There is a body of research accumulating that shows fathers may contribute in unique ways to children's social development through play. According to Lamb (1997), "Studies have consistently shown that fathers tend to 'specialize' in play whereas mothers specialize in caretaking and nurturance, especially (but not only) in relation to infants. In absolute terms, most studies suggest that mothers play with their children more than fathers, and fathers still spend a small proportion of their time with their children in play. However, it is thought that because play is prominent in father-child interaction (particularly boisterous, stimulating, emotionally arousing play), fathers' playfulness and relative novelty may help make them especially salient to their children. This enhanced salience may increase fathers' influence beyond what would be expected based on the amount of time they spend with their children."<sup>102</sup>

In all studies reviewed, a reasonably consistent pattern emerges: fathers are tactile and physical, and mothers tend to be verbal, didactic and toy mediated in their play. Again, illustrations, as provided in Bornstein (1995):<sup>103</sup>

- When in face-to-face play with their 2-week old to 6-month old babies, for example, mothers tend to be rhythmic and aimed at keeping the emotional tone calm and steady, whereas fathers provide staccato bursts of both physical and social stimulation.
- Mothers are more likely to hold their infants in the course of caregiving, whereas fathers are more likely to do so when playing with babies or in response to infants' requests to be held.
- With older infants, mothers tend to engage in less physically stimulating, unpredictable and arousing play than fathers do.
- When sharing attentional focus on a toy, mothers tended to follow the baby's focus of interest whereas fathers tended to establish the attentional focus themselves.

Why is play important? According to Gottman (1998), in the emotion area, mothers appear to exert their influence via direct instruction, whereas fathers appear to have their effects primarily through play.<sup>104</sup> Probably the most important recent set of discoveries about fathers concerns their special and unique role in intense positive affective play with their children. The work of Parke, MacDonald and their associates (Parke, 1995) has shown that physical play is an especially useful setting for looking at how children learn to regulate their emotions because of the potential for overstimulation and the need for mutual regulation and because children typically express their displeasure when their optimal level for stimulation is exceeded.<sup>105</sup>

As noted by Gottman (1997), the research showed fathers who exhibited high levels of physical play with their children, and elicited high levels of pleasure from their children during the play sessions, had children who received the highest peer

popularity ratings. For boys, this was qualified by fathers' level of directiveness. Boys, whose fathers were both highly physical during play and low in directiveness about how to play, received the highest popularity ratings, and the boys whose fathers were highly directive in play received lower popularity scores. The researchers think that boys who interact with a physically playful father and at the same time have an opportunity to regulate the pace and tempo of the interaction themselves, as with low-directive fathers, learn how to recognize and send appropriate emotional signals during social relations.<sup>106</sup>

#### f. Determinants of Paternal Involvement

Given that fathers who are warmly and sensitively involved with their children have a positive impact on their emotional and social development, what factors are associated with the increased involvement of fathers with their children? Several researchers have examined this question and found the following:

- **Family of Origin** - Parke (1995) and Pleck (1997) indicate that fathers who are involved with their children are influenced by mentally evaluating the parenting they themselves received. However, the research shows mixed results indicating that some fathers try to reduplicate all or part of the way they were parented, and other fathers "compensate" for their own parenting, by trying to do better. However, Pleck conjectures that the mixed results may be occurring in subgroups of roughly equal size. This awaits further research.
- **Knowledge, Skills and Self-confidence** - Bornstein (1995) noted that ostensibly motivated men often complain that a lack of skills (exemplified by ignorance or clumsiness) prevents increased involvement and closeness. Some can be excuses, but they can also reflect a very real fear of incompetence and failure. Parke's (1995) review notes a number of studies show that fathers who receive training in caregiving and/or play, that presumably increased their skills, engaged in higher levels of involvement with their infants. Why is self-confidence important? As Pleck (1995) notes, generally research indicates that fathers' self-perceived competence in interacting with children is associated with their involvement. Pleck notes that self-confidence often goes hand-in-hand with knowledge and fathers' knowledge of development is associated with positive engagement, though not to the amount of time they spend in routine care.
- **Mothers' Attitudes: Mother as gatekeeper** - Father involvement was positively related to wives' views of the competence of fathers as caregivers and negatively related to mothers' belief in innate sex differences in female and male ability to nurture infants. These findings were present even after controlling for whether the mother was employed or not, whether the baby was bottle-fed or breast-fed, whether father attended childbirth preparation classes, and controlling for different family histories.<sup>107</sup>
- **Marital Relationship** - Several researchers are now in agreement that father involvement with children is strongly related to a satisfactory and mutually supportive marital relationship. Fathers tend to withdraw from their children during marital conflict. The research tends to show that fathers' involvement with their children is more dependent on a supportive marital relationship than mothers' involvement with their children. (Parke, 1995)

## **g. FATHERS: CONCLUSIONS AND IMPLICATIONS**

**Fathers clearly have an impact on children's social, emotional and cognitive development.** However, the independent contribution of fathers, relative to mothers, remains only weakly documented.

**There have been some modest increases in father involvement over the past several decades,** though it remains significantly lower than mothers' involvement, and the increases are slow in coming.

**The amount of time that fathers and children spend together is less important than what they do with that time.** Fathers are clearly sensitive and competent caregivers despite their limited amount of time for involvement.

**Fathers and mothers influence their children in similar ways,** through parental warmth, nurturance, and closeness which are associated with positive child outcomes.

**Characteristics of individual fathers -- such as their masculinity, intellect and even their general warmth -- are much less important than a warm, secure, supportive, reciprocal and sensitive relationship with a particular child.**

**Fathers perform an important role in active physical play, helping their young children learn to regulate their emotions.** They teach and show infants and little children how to become excited in a positive way, how to calm themselves back down and how to relate to others in a physically active way.

**The extent to which fathers are involved with their children depends partially on how important and effective they and mothers believe fathers can be as caregivers.** Mothers and fathers who believe that fathers are capable of competent caregiving are more likely to have fathers who are involved with their children to a greater extent than mothers and fathers who do not have those beliefs.

**Positive paternal impact on a child is more likely when the father's relationship with the mother, and other children, establishes a positive family environment.**

**Fathers do not easily discuss their personal concerns with anyone.** Therefore, parent education approaches that rely on group discussions would have to take this tendency into consideration.

**Fathers are enthralled with their newborns and infants.** Presumably parent education approaches that would demonstrate their infant's capacities would build on this feeling.

**Fathers need to know about child development and temperament,** because the fathers who have the most positive impact on their children are responsive and know what is appropriate for their infants and young children.

**Fathers are especially inclined to boisterous play with their infants and young children.** Fathers who recognize the cues that indicate the play is no longer enjoyable and who let their children set the pace and direction of the play have children who are in better control of their emotions and who get along better with their friends. Parent

education programs that assist fathers to recognize these cues, and the importance of following the child's lead would assist fathers to maximize their tendency to engage in physical play to the benefit of their children.

### 3. WHAT DO WE KNOW ABOUT THE MARITAL RELATIONSHIP?

"Every pregnancy involves a new paradigm shift for the entire family. If the paradigm shift causes much stress, it may deplete the energy the parents need for attachment with their new child. Conversely, if the developmental tasks are completed, the maternal-paternal-child relationship is enriched and allowed to grow and develop through healthy developmental stages."

M. E. Malnory, 1996 <sup>108</sup>

#### a. Setting the Stage

Investigators in the 1980s began to follow couples from pregnancy into the early childrearing years. These longitudinal studies revealed negative changes in many aspects of men's and women's adaptation as individuals and couples when they became parents. As noted by Wilson and Gottman (1995), conflicts and disagreements between couples increase with the birth of a baby and marital satisfaction decreases from pregnancy to early childhood and contributes to an increase in overall stress level. For couples, the difficult aspects of the transition to parenthood include: disruption in routine habits, increased financial problems, loss of leisure time and couple time, contention around division of family labour and greater fatigue.

Demo and Cox (1995) remind readers that it is important to note that most children in these studies seemed to be doing well, after the initial marital disruption following the birth of the child, and most couples also seemed to be doing well. Not surprisingly, the best single predictor of postpartum marital adjustment was prenatal marital adjustment.<sup>109</sup>

However, on average, almost every study reviewed by Demo and Cox noted a precipitous average decrease in both men's and women's marital satisfaction after the birth of a child. Nonetheless, averages mask an important difference. Other researchers have found essentially two groups of parents: a large group (30 percent to 60 percent) experiences a decline in marital quality, while a smaller group (10 percent to 30 percent) experiences increasing marital satisfaction.<sup>110</sup>

Cowan and Cowan (1995), who have examined studies of couple relationships before and after birth, note that one of the most interesting features of these studies is that they focused primarily on two-parent families in relatively favourable socio-economic and relationship circumstances. In other words, a meaningful proportion of nominally low-risk couples were found to experience significant problems when they moved from being childless to having their first baby.

What can explain the drop in marital satisfaction before and after a baby? One group of studies points to parental expectations. Several studies were reviewed for this report that tracked what parents thought their lives would be like before and then again after the baby was born. Although for the most part parents' expectations tend to match their later experiences, marital problems arise when there is a greater discrepancy between expectations of what parenthood would be like from the actual experience.

In particular, before the birth of the baby some parents tend to overestimate their involvement in social activities after the baby arrives, underestimate the amount of time they will have for themselves and the amount of time they and their partners will spend in caregiving activities. These "violated expectations" are associated with stress-related outcomes such as decreased energy levels, lower confidence as a parent, and upset schedules and routines (Crnic and Avededo, 1995). This pattern, while evident for both mothers and fathers was much stronger for mothers.

Other research along the same lines shows (as noted in Cowan and Cowan, 1995 and Demo and Cox, 1995):

- Wives often prefer husbands to participate in child care to a greater degree than husbands actually participate, and new mothers often feel overwhelmed by these responsibilities.
- High, but unmet expectations regarding child care assistance from the spouse and the extended family were associated with a more difficult adjustment for women
- Fathers' positive caregiving behaviours were strong predictors of marital satisfaction among both husbands and wives in the nine months after the first child's birth.

In explaining the decrease in marital satisfaction for men, Cowan and Cowan have found that if the men's prenatal personal stress levels were high, and if they anticipated during pregnancy that being a parent would be stressful, then they went on to have a more difficult adaptation to parenthood when the baby was born. The Cowans note men generally are not inclined to discuss the stress they feel, and are inclined to keep it to themselves. There are a number of studies that show that men who have a personality trait, "vulnerability to stress," were more likely to experience distress during parenting. Cowan and Cohn and their colleagues (1985, 1996) in a relatively recent small study, found important predictors of later marital problems and childhood disorders in young children are fathers who came from families with low cohesion and with whom they have had attachment difficulties during their own upbringing.

In another report, the Cowans' showed that a positive marital relationship can act as a buffer. If a parent with an insecure attachment to his/or her own parents is able to participate in a positive marital relationship, the expected continuity between parents' insecure attachment status and subsequent negative relationships with their own children is mitigated (Cohn, Silver, Cowan, Cowan and Pearson, 1992). Thus, protecting the marital relationship is paramount to good parenting in marriages where one of the parents has had problematic relations with his or her own parents.

One of these longitudinal studies showed marital conflict during the baby's first year was strongly related to children's subsequent aggression, shyness, and a decreased ability to concentrate in school and lower reading and math scores. (Cowan, et al., 1996)

The Cowan's have suggested that approximately 50 percent of general parenting stress during early parenthood can be predicted by variables assessed late in the mother's pregnancy (Crnic and Avededo, 1995; Cowan and Cowan, 1985). The Cowans' work points to the importance of preparation and realistic expectations in negotiating first-time parenthood. A six-month intervention program developed by the Cowans provided expectant couples with opportunities to discuss expectations, adjustments and feelings in a supportive group environment led by experienced psychologists. The intervention

couples still experienced the adjustments and conflicts typical during the newborn period, but the stress and strain did not transfer to their marital relationship or children. This intervention will be discussed in more detail later in this report.

## **b. Impact on Children**

Marital satisfaction is important for two reasons: 1) Good marriages are related to good parenting, and 2) Good marriages are related to healthy child development.

### **1) Good marriages are related to good parenting**

Recently, two meta-analyses of marital conflict and parent-child relationship quality found that high levels of marital conflict were associated with poor parenting, with moderately strong correlations (.3 - .4) and moderate effect sizes<sup>111</sup> although the effect size for younger children was lower than the effect sizes for older children and teens.<sup>112</sup>

These results indicate that marital conflict impairs many dimensions of child-rearing and the strongest impact of marital conflict appears in parenting with harsh discipline and low levels of expressed love, support and sensitivity -- the very factors that infants need so much. The association is strongest when there is hostility between the parents, rather than the mere presence of disagreement between parents.

Krishnakumar and Buehler (2000) interpret these findings, and those of their fellow researchers, Erel and Burman (1995), as showing considerable support for what is called the "spillover hypothesis" that emotions and tensions of marital conflict spill over into parent-child interactions.<sup>113</sup> However, these meta-analyses were unable to rule out an alternative explanation that marital hostility and harsh parenting may both be due to generally poor interpersonal skills, rather than the deterioration of parenting skills during marital distress.

In an attempt to address this issue, Rogers and White (1996) analyzed a nationally representative panel of 2,034 American parents interviewed in 1988 and 1992. In this survey, marital quality was the strongest and most consistent determinant of parental satisfaction. They conclude that although some of this association may be due to stable personality dispositions, "... panel analyses and structural equation analysis are consistent that at least part of this relationship is causal."<sup>114</sup> It appears that good marriages provide a resource for successful parenting.

The most important unique finding of Roger and White's study is the significant reciprocal relationship between marital satisfaction and parenting satisfaction for both mothers and fathers, although it is higher for mothers than for fathers. Why is there a strong relationship between marital satisfaction and parenting satisfaction? Rogers and White offer this explanation:<sup>115</sup>

- Parenting is highly salient for both men and women; it makes unremitting and virtually lifelong demands for role performance and role commitment.
- Parenting satisfaction probably spills back over and improves marital satisfaction, as well as through increased commitment to one's partner in parenting.

- Parents (especially mothers) view their partner's parenting effort as one component of marital satisfaction.
- Parents may include their own success as parents as one component of their marital evaluation.

## 2) Good marriages are related to healthy child outcomes

"The absence of familial hostility is the most consistent correlate of child adjustment, whereas marital conflict is the most consistent and reliable correlate of child maladjustment."

Michael Lamb, 1997 <sup>116</sup>

Research reviews have found good predictability from the quality of marriages to children's development. As noted by Amato (1998), "...reviews of the literature consistently conclude that marital discord is negatively associated with children's academic success, conduct, emotional adjustment, self-esteem and social competence."<sup>117</sup> Children's aggression increases and children's ability to regulate their emotions decreases as a function of increased exposure to unresolved family conflicts.<sup>118</sup> Although some of the effects of marital discord appear to be mediated through individual mother's or father's relationships with their children (with distressed parents being relatively unsupportive and punitive), other effects appear to be direct.<sup>119</sup>

The Cowans have been publicly proclaiming for over a decade that, "It is even the case that we can predict from what the marriage is like before children arrive to what the children will be like when they are in preschool."<sup>120</sup> They base this on their longitudinal research which found that parents' attitudes about their marriages premaritally and during the transition to parenthood influenced the quality of their interactions with their children and their children's development.

According to Wilson & Gottman (1995) the mechanisms that account for these predictions are not well understood at this point. They and Bornstein (1995) bring attention to some research which indicates the possible paths in early parent child interactions that may lead to poor outcomes for children:

- Children as young as 1 year of age show signs of distress when witnessing angry interactions between family members.<sup>121</sup>
- Uncertain 1 year-olds are less likely to look to their maritally dissatisfied fathers for information or clarification than are infants of more satisfied fathers.<sup>122</sup>
- Children whose parents reported lower levels of marital satisfaction played at lower levels with their best friends than children from more satisfied marriages. Higher levels of play are thought to require greater emotion regulation and interpersonal coordination on the part of children. It is likely that this happens for infants as well as young children.<sup>123</sup>

Kandel (1990) found that mothers' ratings of disagreements with fathers about childrearing are associated with poor child adjustment. Amato (1998) found evidence that mothers' reports of co-caregiver support from their husbands (e.g., talking over the child's behaviour) and co-caregiver conflict (e.g., disagreements over how to raise the child) are associated with children's self-control and academic competence in the expected direction. On the basis of evidence such as this,

Bornstein (1995) suggests conflict between spouses may reduce the availability of an important source of support in early parenting, namely one's partner, and support is very important to being able to produce high quality parenting. Additionally, parents with marital conflict may have difficulty attending to the sometimes subtle signals infants use to communicate their needs. Infants in these homes may learn that caregivers are unreliable sources of information or assistance in stressful situations.

Nonetheless, not all marital conflict is detrimental to children. It is important to remember that marital disputes which are constructive and emotionally positive are associated with positive affective responses by the children (Cummings & Watson O'Reilly, 1997).

In summary, the research shows that children's sense of emotional security derives in part from the quality of their parents' marital relationship as well as from the quality of parent-child relationships. Problematic emotional and social behaviour in children, such as aggressiveness and withdrawal, place further stress on marriages. It's really circular. Marital relationships affect children and children affect marital relationships.

### c. CONCLUSIONS AND IMPLICATIONS

**Many marriages undergo stress when a baby is born.** Since good marital relationships are highly associated with benefits for children, it is important to ease this stress.

**Since some of the important factors that stress marriages are evident during pregnancy, it is important to address those factors before the baby is born.**

**Developing realistic expectations for the amount of child care that will be needed, who will provide the care and the impact of the baby on housework, leisure and social life** are important issues that can be most profitable during pregnancy. A parent education approach that supports open, joint and realistic planning for couples before the baby is born could make an important contribution.

**Providing couples with opportunities to improve their communication before the baby is born** may be helpful in addressing disappointments and dissatisfactions that often arise after a baby is born.

**Identifying parents who are fearful and/or unready for the baby** as part of an early intervention component to parent education during pregnancy may reduce the marital stress.

**Couples' groups can provide an important source of relief to expectant parents in learning that their concerns about impending parenthood are very typical and not due to their own imperfections.**

**Providing parents with concrete parenting strategies to increase their competence** would be very helpful in terms of both increasing each parent's feelings of self-efficacy as well as increasing each parent's confidence in their partner's competency. This could reduce the stress on the marriage that is a result of thinking one of the partner's is not competent to play his or her role.

At the very least, it is important for parent educators to understand, that even if they do not address marital issues directly, a very potent part of the stress many new parents feel may be due to the dissatisfaction they are feeling in their marriage. This is very threatening and affects how parents feel about themselves and their children.

#### 4. WHAT DO WE KNOW ABOUT PARENTAL DEPRESSION?

##### a. Why it is Important.

Epidemiological studies of postnatal depression indicate a prevalence of between 10 percent and 15 percent and suggest that such episodes may mark the onset of long-standing disorder.<sup>124</sup> It has been well-documented that stresses associated with parenting and life in general, along with diminished social support may elevate emotional distress and depressive mood during pregnancy as well as afterward (Nolan, 1997; Walker & Wilging, 2000). Invest in Kids' report, *National Survey of Parents of Young Children*, found rates of elevated depressive symptoms that were quite high: 19 percent for married fathers, 28 percent for married mothers and 48 percent for single mothers.<sup>125</sup>

It is important to note that if depression rates in the general population are high, it is likely that there are many more parents whose absolute level of symptoms are lower, but whose symptoms nonetheless would lead to far from optimal parenting.

b. **Impact on Children.** Unless otherwise noted, this section has been adapted from the chapter on "Maternal Depression," by Tiffany Field (1995) in the *Handbook on Parenting, Vol. 4*.

There is evidence from a range of follow-up studies of clinically depressed mothers to suggest that a number of factors associated with this condition can have a significant effect on the mother-infant relationship, resulting in both emotional and cognitive deficits in the infant and attachment problems in childhood (Barlow et al., 2002). As noted in the section on infancy, newborns and babies are dependent on early face-to-face interaction with parents. In the context of early interactions, infants come to modulate their emotional behaviour and arousal level with the help of caregivers. Together mothers and infants experience a state of what is called "affective attunement."<sup>126</sup> Normal face-to-face play of infants and parents is all about miscoordination and repair. When caregivers and infants are chronically miscoordinated, such as with depressed mothers and their infants, infants experience prolonged periods of interactive failure, negative affect and low rates of interactive repair.<sup>127</sup>

A depressed or emotionally unavailable mother typically does not provide adequate attention to her infant, stimulation of her infant or ability to soothe her baby when needed. During early interactions with their newborns, depressed mothers typically look at their infants less, show fewer positive facial expressions, vocalize less, and provide less stimulation through touch and body contact than non-depressed mothers. They also exhibit fewer affectionate and contact behaviours, and they are more likely to display anger and disengagement and fewer playful behaviours with their infants.<sup>128</sup> Depressed mothers have more negative perceptions of their infants and are more likely to perceive any noncompliance in their children as a character trait, rather than the child is just temporarily disobedient (Field, 1995).

While it is not certain which comes first, the feelings of inadequacy leading to depression, or depression leading to inadequacy, several studies have identified interesting links between these characteristics. Kochanska, et al. (1987) found

unipolar and bipolar depressed mothers were more likely to attribute child outcomes to things they as parents could not control, and to think they were helpless to do anything about much of their baby's behaviour. Bugental and her associates through their research have become particularly concerned about parents who see themselves as having less control than their children, a pattern frequently typical of depressed parents. Bugental and her associates have evidence that this activates high threat reactions in the parents, sending emotionally negative and inconsistent messages to their children.

According to Field (1995), ultimately, the negative emotion expressed by depressed parents over time affects their children's ability to regulate their emotions and behaviour. In fact, a frequent result is that infants become depressed, too. Infants of depressed mothers, in comparison to infants of non-depressed mothers, have been found to display more negative affect and self-oriented regulation (thumb-sucking, "zoning out") behaviours, as well as low levels of positive affect during face-to-face interactions with their mothers and strangers. Moreover, there is some evidence that depressed mothers and their infants share negative affective states more often and positive states less often than do non-depressed mothers and their infants.

Field (1995) notes that exposure to maternal depression is particularly problematic if it appears during the first few months of life and persists across the first year. Some data suggest, for example, that exposure to maternal depression early in the first few months of life may be more compromising to later development than being exposed to a depressed mother at later ages. In a longitudinal study following the infants until the preschool period, the infants of depressed mothers were noted to have more internalizing and externalizing problems and greater overall vulnerability.<sup>129</sup>

However, infants who show depressed behaviour with their depressed mothers do not generally show depressed behaviour in the presence of their fathers or other familiar caregivers who are not depressed. Such people seem to be able to buffer the negative effects of maternal depression.

Infant massage is a parent education technique that has been effectively used with infants of depressed mothers, provided either by massage therapists or by the mothers themselves. This will be discussed further in the section which evaluates parent education programs.

There is very little research on father depression. Invest in Kids survey found 19 percent of fathers of young children exhibited elevated symptoms of depression. In comparison with rates for married mothers (28 percent) and single mothers (48 percent), the 19 percent looks less alarming. However, the level, in and of itself is worrisome. It indicates that one father in six experiences elevated depressive symptoms, and this likely has a negative impact on fathering.

## c. CONCLUSIONS AND IMPLICATIONS

**For many parents, depressive symptoms are a daily fact of life.** When parents are depressed they are more likely to feel negative toward their children, to attribute negative characteristics to their children and to avoid relating to their children.

**New parents, their families and friends, need to be alert to signs of elevated rates of depressive symptoms, and be prepared to take action.** Infants, especially newborns, require responsive caregivers and may suffer if left for too long with a depressed parent.

**Depression is not limited to mothers – fathers of young children can easily experience this mental health problem, too.**

**One of the best interventions for infants may be to provide access to responsive stimulating child care while the parents undergo treatment.**

**Since depression is frequently related to feelings of competence, parent education programs may have an important role to play by increasing feelings of parental competency.** Strategies used by parent educators should stress increasing parents' feelings of competency.

**Infant massage may be a useful technique to help parents reconnect with their infant, when they are feeling otherwise disconnected through symptoms of depression.**

## 5. WHAT DO WE KNOW ABOUT PARENTS' KNOWLEDGE?

### a. Knowledge about Child Development

"By far the biggest reason for the failure of parents to translate their best intentions into the right behavior is a lack of knowledge."

Lawrence Steinberg, 1996 <sup>130</sup>

Throughout this report there are repeated implications that parents' feelings of their competency as parents are based on "knowing" about how children grow and development, and how to parent. However, beyond the quotation above, the literature review provided virtually no research comparing parents with and without knowledge about child development.

Furthermore, as noted by Dr. A. Rae Simpson, of the Family Resource Center at the Massachusetts Institute of Technology and a Consultant at the Harvard School of Public Health, "The notion that powerful effects can be gained from providing information to parents is reinforced by research that shows most parents' knowledge of child development to be limited. This 'information deficit' together with a 'time crunch,' emerge as the two fundamental barriers to better parenting, ... ." <sup>131</sup> Two major surveys, one in the U.S. by the Zero to Three organization, and the Invest in Kids' national survey of Canadian parents, both document that parents of young children know little about how children grow and develop.

## b. Beliefs and Attitudes

Jacqueline Goodnow summarizes the position of many social scientists who define beliefs and attitudes as the deep-seated understandings a parent holds as true about how children grow and develop and how these understandings relate to a particular child. Beliefs and attitudes provide parents with a means for setting parenting priorities, evaluating success in parenting as well as means of preserving self-efficacy. They organize the world for parents, easing everyday life without the demands for moment to moment decision-making.<sup>132</sup>

Certain parenting beliefs and attitudes have been shown to influence parenting behaviour, including beliefs about how children learn and about appropriate expectations at given ages (Holden, 1995; McGillicuddy-De Lisi and Sigel, 1995). As noted by McGillicuddy-DeLisi and Sigel (1995), the reason beliefs are important is that the content of beliefs is what passes for knowledge, accepted as truth by the parent.<sup>133</sup> It is therefore important that the beliefs about child development be as correct as possible, or the parenting behaviour may be inappropriate for the child.

As presented earlier in this report, Wilson and Gottman (1995) have shown that in addition to beliefs about how children grow and develop, families build specific belief systems about emotions, especially about particular emotions (e.g., anger, sadness). The nature of this belief system may be related to whether parents choose to notice and accept their children's emotions and whether they assist when their children are experiencing a particularly strong emotion. These central organizing beliefs about emotions are important because the emotional world of the child and the child's ability to regulate his or her own emotions are related to the development of peer-related social competence.

Regarding parents' attitudes, Holden (1995), after reviewing the entire field of research, concludes, "In the study of parent-child relationships, no psychological construct has held as much promise, maintained a similar level of interest and popularity, or achieved such prominence as parental attitudes toward childrearing."<sup>134</sup> For years, the attitudes of parents toward child-rearing have been a fundamental construct in clinical, community, counseling, cross-cultural, educational, personality, school, and social psychology. As part of his review, Holden found that over 90 different parental childrearing attitude questionnaires had been developed. The most popular have focused on attitudes about:

- Controlling a child (discipline and punishment);
- More general parenting style (authoritarian or rejecting orientations);
- Parents' views about children (dependency, emotional health, fearfulness); and
- Marital relations.

Given the promise of parental attitudes, and the large investment of time and effort in assessing parents' childrearing attitudes, what is there to show for it? Holden's review found the magnitude of the correlations to be modest at best. With a slight mocking tone, Holden states, "It is clear that parental attitudes have not provided the key for revealing the mysteries of development."<sup>135</sup>

Why have researchers not been able to establish a strong connection between parents' attitudes about childrearing as being very influential on child development? As Holden notes, given that behaviour is determined by many influences, it is unlikely that childrearing attitudes alone (even if they were perfectly assessed) would be found to determine behaviour. Until recently, attitudes have been studied in a vacuum, independent of other very important factors such as how much time parents spend with their child, whether the parent-child relationship is warm or not, and so forth. There are many unresolved questions in the area of research on parental attitudes. For example, there is the perennial chicken and egg question of which comes first, the parent's attitude or the parent's behaviour? And even if this question could be answered, the second perennial question comes up, is it the parent's behaviour, or is the parent's emotion that accompanies the behaviour which has the greatest impact?

On the other hand, two of the main areas of success in relating parental attitudes to behaviour have been in the areas of "attributions for children's behaviour" and "parenting styles."

c. **Attributions about Children.** Unless otherwise noted, this section has been adapted from the chapter by J. Grusec, D. Rudy and T. Martini in *Parenting and children's internalization of values: A handbook of contemporary theory*, 1997.

Parental attributions are the result of the prominent tendency of parents to search for the causes of their children's behaviour. Parents regularly attribute the cause of a child's behaviour to his/her character or to the situation. Over time they come to see a child's disposition as stable and predictable. Causal attributions are not simplistic character judgements. Attributions appear to be embedded in complex schemas that involve conscious and unconscious ideation, and are accompanied by strong affect (Grusec, Rudy, and Martini, 1997)<sup>136</sup>.

Why are attributions important? Parents use them to decide what further information is important. (E.g., A parent might conclude, "My child is hyperactive, therefore I need information on that"), and parents organize these attributions into categories and theories that shape attention and interpretation of parental roles vis-à-vis the child, to plan their behaviour and routinize it. (E.g., A parent might further conclude, "Parents of hyperactive children are supposed to do this, and so I will build this into our lives."). Note, that almost any attribution can be entered into the previous examples. Anything from "My child likes Barney" to "My child is a reader."

Grusec, et al., (1997) in summarizing the research on attributions note that mothers are more likely to see prosocial acts as intentional, stable and as part of the child's general disposition than they are antisocial acts.<sup>137</sup> Parents who attribute antisocial behaviour to stable dispositional factors and who see it as intentional and under the child's control are likely to experience negative emotions about their children and they are also more likely to be more punitive in their response.

There is some indication in the research literature that parents who have distorted views of their child may contribute to his/her deviance either through a halo effect (e.g., "My Johnny would never do that.") or through negative labelling (e.g., "Johnny has always been bad."). Thus, as noted by Grusec and colleagues, the implications of distorted attributions for child outcomes are considerable. If behaviour is in fact unintentional, resulting from lack of knowledge on the child's part, then punitive parental reactions without explanations will be ineffective in teaching the child more acceptable behaviour. Contrarily, dispositional attributions for good behaviour could be expected to have positive outcomes, given that positive labeling of a child's disposition (e.g., "You are a kind and helpful person.") increases the probability of the parent's acting in accord with that positive label.

Parental knowledge about child development is crucial to parental attributions. They provide a foundation of knowledge which can reduce negative or distorted attributions that are inappropriate.

#### d. Parenting Style

Although specific parenting behaviours, such as spanking, reading aloud, or requiring a child to do homework may influence child development, it is generally accepted that looking at any specific behaviour such as those in isolation, may be misleading because in and of themselves they are less important in predicting child well-being than is the broad pattern parenting style.

Most researchers these days rely on Diana Baumrind's concept of parenting style. Her framework of parenting style is based on two important elements of parenting:

1. **Parental responsiveness**, which is parental warmth or supportiveness, or "... the extent to which parents intentionally foster individuality, self-regulation, and self-assertion by being attuned, supportive and acquiescent to children's special needs and demands."
2. **Parental demandingness** which speaks to behavioural control, or "...the claims parents make on children to become integrated into the family whole, by their maturity, demands, supervision, disciplinary efforts and willingness to confront the child who disobeys."

On the basis of these elements, she conceptualized three types of typical (not deviant) parenting, each with more or less "responsiveness" and "demandingness":<sup>140</sup>

- **Authoritative parents** create warm and nurturing relationships with their children, with set firm limits for their behaviour. Within these limits they present options to their children, discuss alternate ways of behaving, and allow them to participate in family decisions.
- **Authoritarian parents** expect their children to meet an absolute set of standards and the parents see it as their role to provide the controls necessary to achieve this. They are less flexible and lack responsiveness and warmth.
- **Permissive parents** believe that children are their own best guides in development and that it is not necessary to provide standards for behaviour. They are very tolerant of misbehaviour.

As noted by Grusec (1997), authoritative parenting balances clear, high parental demands with emotional responsiveness and recognition of child autonomy. Authoritative parents impose rules and demand mature behaviour, but they also reason and negotiate with their children, taking into account their point of view, the context of the situation, the child's temperament and encouraging their autonomy.<sup>141</sup>

As noted by Willms (2002) and Demo and Cox (2000), the authoritative parenting style has been found to be positively related to a number of schooling outcomes, including academic achievement, school grades, time spent on homework, pos-

itive school behaviour and completion of secondary school.<sup>142</sup> As well, Darling and Steinberg (1999) concluded that authoritative parenting is one of the most consistent family predictors of competence from early childhood through adolescence. Nonetheless, as noted by Grusec, et al., (1997), Darling and Steinberg (1993), Demo and Cox (2000) and Chao (1994) there are cultures where authoritarian parenting is practiced without the apparent negative outcomes it produces in Anglo-European cultures, which Grusec, et al., attribute to authoritarian parenting being linked to positive, rather than negative, social values in particular social and ethnic milieus.

#### e. Knowledge, Acquisition and Change

What does the research show about when and how child development knowledge, beliefs, attitudes, attributions and parenting styles are acquired or changed? The research is fairly consistent in identifying the following factors as being very influential as to whether parents will acquire new knowledge or change their current knowledge:

**TIMING** - According to Goodnow's review (1995) parents seek information when they are close to taking actions for which the information will be relevant. Parents-to-be, for instance, seek information about pregnancy when they are in the early stages of pregnancy, about birth in the later stages, and about life with a baby as they get close to the actual birth. Pregnant mothers also seek information first about baby's physical shape ("Is everything there?") and later -- still while the baby is in utero -- about potential temperament ("Is it likely to be quiet or active? An easy sleeper or restless?"). There is clear evidence that parents want "just-in-time" information.

**INTERNAL MOTIVATION** - As suggested by Goodnow (1995), parents are unlikely to spend much time looking for explanations of a child's behaviour or health as long as things are going well -- unless they happen to be parents who believe things could always be better, that "a still better way" of facilitating development might be found. She notes a parent's sense of a "satisfactory state of affairs" also contributes to a mood state that is associated with no active search for alternative explanations and a fairly ready acceptance of the info that comes one's way, with few checks on the validity of that info. Internal motivation is also related to factors such as the extent to which the search for information may be public or private and whether or not it is acceptable to appear ignorant.<sup>143</sup>

**PRIOR EXPERIENCE** - A number of different times in this report, researchers have called attention to the importance of prior experience with children as easing the way to parenthood. However, the attitudinal researchers, summarized by Goodnow (1995) below, draw attention to the fact that this can be advantageous or disadvantageous depending on:<sup>144</sup>

- Specific ways in which experience with children alters the kinds of explanations that adults consider when an infant cries, together with the kinds and number of questions they ask in order to decide on the cause;
- Accuracy of parents' perceptions regarding that experience;
- Assumption that different degrees of exposure to children would or should bring changes in the views held.

**PARENTS' PARENTING** – Grusec, et al. (1997) note that how parents were parented is complex due to both its conscious and unconscious influences. Clearly, many new parents spend time ruminating on the parenting they received. Although the nature of the parents' parents' influence has been difficult to tease out empirically, the fact that it is so challenging to grasp may help explain why parenting attitudes and beliefs may frequently be so difficult to change, and why some parents cling so strongly to actions that they know are detrimental to the welfare of their children.

**CULTURE** – Grusec and colleagues also note that the cultural surrounding of a family, including social group beliefs about the inherent nature of children, the differential value of particular character traits or developmental timetables are beliefs that are often embedded in a larger ethnic or cultural world view about politics, religions, education, social change and the like. Some parents think these ideas through, while others hardly think about them at all, but nonetheless are affected by them.<sup>145</sup>

**AFFECT/EMOTION** - As suggested by Grusec, et al., (1997), parents think as they socialize their children. They decide why their children are acting the way they are, they select goals they want to achieve, they reflect on the likelihood of achieving those goals. However, positive or negative emotions frequently accompany this thinking.<sup>146</sup> Both thoughts and emotion are instrumental in determining parenting strategies.

- Ideas on parenting strategies may shape or give rise to emotions.
- Emotions may also lead to new parenting strategies.

Why is emotion an important consideration in thinking about how knowledge is acquired or changed? Emotion directs thoughts and behaviour by narrowing attentional processes, selectively guiding memory retrieval, and possibly interfering with reflective appraisal of and coping with the situation. Clearly the appraisals parents make about children are linked to the emotional state they are experiencing at the time (Grusec, et al., 1997).

**DOMAINS** - Smetana (1997) makes the case that it is often the situation or types of acts (which he refers to as "domains"), rather than parental styles or child temperament, that generate different parental responses. Parents' choice of disciplinary strategy frequently depends on the situation or the transgression as well as the child's perceived developmental level. Parents facilitate children's understanding by providing reasoning and explanations that are appropriate to the type of situation, while trying to remain sensitive to the child's developmental level. The amount and type of emotion that appear in these situations is also often determined by different aspects of either the situation or the type of action that triggers the parent to intervene.

**GOALS** - Grusec and her colleagues (1997) have noticed that the goals a parent wishes to accomplish with a particular child or in a particular child-rearing situation are one of the most under-studied, yet potentially fruitful influences on parental beliefs, attitudes, attributions or parenting style. For example:

Out loud the parent may say, "Stop it," but the parental goal is "I want you to listen to me."

Out loud the parent may say, "Don't do that," but the parental goal is "I want you to be safe."

Out loud the parent may say, "Go ahead," but the parental goal is "I want you to take initiative."

**COGNITIVE DISSONANCE/ CONGENIALITY BIAS** - Finally there are issues of cognitive dissonance (not wanting to be seen to be changing your mind) and congeniality bias (wanting to appear good-natured to others) which have been part of the fundamentals of attitude research for decades, but which surprisingly appear very infrequently in parenting research.

#### f. Consistent or Contradictory

One of the biggest stumbling blocks to assessing knowledge, is the fact that frequently people hold two or more contradictory beliefs, attitudes, attributions and parenting styles at the same time. Eleanor Goodnow (1995), one of the leading researchers on parental attitudes and beliefs, confronts the issue of what might be labelled "multiple truths."<sup>147</sup>

"It is easy to regard double messages in a negative light and to see progress as a movement toward a single truth. The analysis of parents' ideas could benefit, however, from an alternate view: one that regards the presence of several positions, even contradictory ones, as the normal state of affairs in the world. In a sense, there is always a formal and an alternative view of education, medicine ... good parenting.

Parents, for instance, may now be seen in a position of choice or active blending. Researchers may look upon the acquisition of ideas as the acquisition of several viewpoints, rather than as the internalization of one.

Researchers may also now take a different view of what might otherwise seem perplexing: the extent to which parents can show rapid changes in their ideas, for instance, or ... display "ambivalence" in their ideas about themselves and their children.

Shifts, ambivalence and inconsistency all appear in a different light when one considers that any culture, and any parent, may look upon parenting and childhood in more than one way.

One way may be more salient or receive stronger endorsement than the other at particular times, but the alternate view is not likely to be completely absent.

Advisors to parents, and parents themselves, might well benefit from the recognition that double endorsements, varying in their strength but nonetheless double and possibly contradictory, are more likely to be the case than not.

Advisors in particular might well take note also of what is emerging with regard to one particular kind of encounter for parents: encounters with information that is out of line with -- that disconfirms -- ideas already established. This is the kind of encounter most likely to be involved in any attempt at education or persuasion.

We should anticipate more than one route to revision. We should also expect that revision will most likely to occur when the revision is in line with a parent's social position or sense of identity.

What else might advisors or researchers take into account? ... the need to consider the several ways in which ideas are linked to emotions and to actions. To pull out one of those connections, we need to recognize that the ideas we hold may arise from the actions we take and may be difficult to change unless we change the actions that express them and support them."

Goodenough's view is an important consideration for parent education. It implies that although parent educators might be advancing the acquisition of certain knowledge, it is likely that parents will simultaneously hold competing views.

#### d. CONCLUSIONS AND IMPLICATIONS

**Any parent education program needs to be prepared to address the beliefs, attitudes and attributions parents hold about children generally, or a particular child.**

- Parents' beliefs and attitudes about child development and parenting are accepted as truth by parents. Therefore, one of the purposes of parent education is to ensure parents' beliefs and attitudes are as correct as possible.
- Parents' attributions about the causes of their child's behaviour and disposition come to be seen by parents as facts that are stable and predictable. Therefore, one of the purposes of parent education is to ensure parents' attributions are not distorted, through lack of knowledge about child development or parenting.
- Parenting style is each individual parent's balance between parental warmth or supportiveness (responsiveness) and parental control (demandingness) with a particular child. One of the purposes of parent education is to help each parent adapt the general knowledge about child development and parenting to his/her own particular parent/child relationship.

**Parents do not easily drop out-dated or mistaken ideas for new ones.** They need to be motivated to change, they will experience emotions in relation to new ideas, and they need opportunities to practice new skills on a trial basis.

**The best time to provide parent education is when parents are highly motivated. For many parents this motivation is highest during their first pregnancy, during the early stages of parenting their first baby, and when a childrearing problem arises.** This means that parent education programs need to start prenatally, be present when the baby arrives and be available on a continuing basis during the period of rapid developmental change during the first two years of life as the baby presents new challenges to parents.

**Parents do not receive knowledge about how children grow and develop in an emotional vacuum.** Parent educators can expect highly emotional reactions to the content provided.

**Parents will always be applying the information they receive to a particular child(ren), to particular situations and particular types of acts.** This is to be encouraged, because the general information provided in parent education needs to be adapted by each parent to their personal family environment.

**Parents are not totally logical or rational. They may hold two competing beliefs, attitudes, attributions or parenting styles simultaneously.** Parent educators should not feel as if they have failed if parents exhibit incompatible, inconsistent or contradictory thoughts and behaviours.

## **6. SUMMARY - KEY PARENTAL FACTORS AFFECTING PARENTING**

**It is not easy becoming a parent.** It is a difficult period for many individual mothers and fathers, and contrary to popular myths, it does not enhance marriages.

**Expectant parents undergo profound changes during pregnancy.** It sounds trite, but they leave the single life behind, and can never go back. And this change is intensely real to them. During pregnancy both fathers and mothers spend a great deal of time reflecting on their own parenting and the parent they want to become. But it is difficult for them to know what to do or how to behave in advance of having the babe in arms.

**Both parents need parent education.** Most children who do well in life have warm, responsive fathers as well as mothers. Fathers and mothers undertake parenting together. They both need assistance in planning for parenthood before the baby is born, and enhancing baby's development afterward.

**The period of time during the first pregnancy is a potent time for parents to synchronize their expectations for parenting.** This includes mutual discussion to evaluate the parenting each received, what kind of parent each would like to become, and to make specific plans for the expected level of effort each plans to contribute to taking care of the baby, doing housework, enjoying leisure time and having a social life apart from the baby. It is also a time to address any personal misgivings about becoming a parent. Such sensitive issues should not be avoided. Misgivings generally do not disappear once the baby is born.

**Additionally, parents need knowledge about child development and parenting.** They need programs shortly after baby arrives to teach them about how newborns grow and communicate, and they need programs to continue throughout the first two years to assist them with parenting challenges that emerge as their baby grows and changes dramatically. These information programs will need to emphasize the importance of parents, not just mothers, in providing comfort to their babies, playing with their infants and young children and in teaching their children, not just about people and things, but about their feelings and their relations with others.

**Parents need to feel confident in their role.** When parents do not know what to expect or what to do with what they clearly feel is their most precious relationship, they feel incompetent. Parents who are not confident in their parenting doubt themselves and doubt each other. They are more vulnerable to depression and more susceptible to marital stress.



**PART III - PARENT  
EDUCATION PROGRAMS:  
IDENTIFY AND EVALUATE**



## PART III - PARENT EDUCATION PROGRAMS: IDENTIFY AND EVALUATE

### A. OVERVIEW AND FINDINGS

The purpose of this section of the report is to identify promising parent education program. Unfortunately, the results were not encouraging. Therefore, an overview of the findings is provided at the beginning so they can be top of mind when reading this section.

**No program exists that could be identified as comprehensive, structured parent education.** There are points along the way during pregnancy and babyhood when information is directed toward parents in quasi-educational efforts, but there is nothing that constitutes a real education program that fully shows parents how to prepare for parenting and how to enhance their child's social and emotional development during the first two years of life. What is available is fragmented in several important ways. Perhaps only covering a part of the age span from pregnancy to age two; addressing one or two important factors and not others; etc. Most are provided for only 1 hour a week for 4 - 10 weeks.

**Very few programs are evaluated or based on research.** Even large programs that appear in almost every community, such as Nobody's Perfect and childbirth preparation classes have not been thoroughly evaluated. This lack of evaluation and research as been cited many times as a barrier to being able to identify effective programs. The two programs that were found to meet high standards of research, Becoming a Parent and Right from the Start, focus on a small portion of the time between pregnancy and the child's second birthday, and they focus on a few key issues, rather than the holistic parenting experience.

**There are no national or widespread programs for ordinary non-high risk parents which prepare them during pregnancy and educate them during the first two critical years of their child's life.**

**There are programs, such as prenatal childbirth preparation, which reach most ordinary parents, but these programs do not focus on "parenting" education.** The goal of prenatal classes is to provide information and teach techniques which will reduce worry and pain during labour and delivery. Most touch lightly, if at all, on parenting.

Consequently, this section presents only a handful of programs or activities which surfaced (either during the literature review or interviews) because they contain a few factors that are important in parent education, while recognizing that none come even close to covering all the parameters needed for a holistic comprehensive parent education program.

### B. BEFORE AND AFTER BIRTH PROGRAMS

When looking for programs that might be available before birth or shortly after birth, the results are sparse. There is basically one experimental intervention for expectant couples, the broadly available prenatal doctor visits, childbirth preparation classes, in-hospital teaching at the time of birth and "Home from the Hospital" programs.

## 1. Becoming a Parent

In the 1990s Philip Cowan, Professor of Psychology and Director of the Institute of Human Development at the University of California at Berkeley, and his wife, Carolyn Pape Cowan, a distinguished professor in her own right, undertook a longitudinal study of partners becoming parents for the first time. The now well-known, Becoming a Family Project began by randomly assigning 24 expectant couples to the group-based intervention and longitudinal follow-up, 24 non-expectant couples to a pre-post assessment but no group intervention, and 24 additional couples to a post-baby assessment and longitudinal follow-up. These were ordinary, non-high risk couples.

The intervention was designed to support communication between partners as they made the transition to "becoming parents." Bi-weekly meetings were held with couples during the last 3 months of pregnancy and the first three months of parenthood. This is the only program designed to assist parents both before and after the birth of the child, and it is the only program to primarily address parents' personal and adjustment needs. Mental health professionals with clinical skills offered the couples a safe setting in which they could explore intimate and troubling family matters that partners say they do not discuss on their own: feelings about themselves; relationships with their families of origin; social support networks; parent-child relationships; and relationships with their spouses.

Comparing new parents with and without the group intervention, the Cowans found positive intervention effects for husbands, wives, the couple relationship and their children. For example among those in the program:<sup>148</sup>

- Men described themselves as more psychologically involved in their roles as fathers than men with no intervention.
- Women maintained their prior level of role satisfaction, while women with no intervention were more unhappy with their role arrangements.
- Men and women reported fewer negative changes in their sexual relationships after giving birth.
- Couples reported less decline in marital satisfaction in the first two years of parenthood than couples with no intervention.

The longer-term evaluation was mixed. By the time the children completed kindergarten, there was no difference in divorce rate between the experimental and control groups, but the intervention participants who had stayed together maintained their marital satisfaction over the whole period, while satisfaction of couples in the control group continued to decline.<sup>149</sup> The Cowans suggest that it is not realistic to expect the benefits of any intervention during the transition to parenthood to serve as a lifetime inoculation against all future problems. The Cowans suggest their results imply that periodic follow-up booster programs to monitor and bolster the couples' strengths would help ensure that parents and children maintain the earlier gains.

Not all new parents need or want assistance in managing the transition to parenthood. But the ordinary first-time parents in this study clearly welcomed the services.

The disadvantage of this intervention is that it is costly to implement.

## 2. First Prenatal Doctor Visit and At-Birth Information and Teaching

Prenatal doctor visits and at-birth information and teaching efforts are considered to be parent "education" by many doctors and nurses although they are clearly quite limited. These types of programs provide quick one-on-one instruction, primarily on physical health issues, and such programs become distribution points for brochures, booklets and other reading material.

There is one interesting point that surfaced from the research on these types of programs. A survey of mothers in the hospital after birth showed about 50 percent of the mothers welcomed handouts and books to read. This is despite the fact that many also consider the total amount of information to be assimilated to be overwhelming. Written materials which can be read at home were viewed favourably by many of the new mothers. This is in contrast to what nurses reported in the same study. Nurses thought only about 10 percent of the mothers wanted reading material of this sort at time of birth.<sup>150</sup> This survey points to the importance of obtaining information about parenting programs directly from parents, not relying on indirect informants, such as service providers.

## 3. Childbirth Preparation and "Home from the Hospital" Programs

Nolan (1997) notes that while there has always been an emphasis on trying to recruit more mothers to attend prenatal classes, there is an equally urgent need to identify clearly what it is that those women who enjoy coming to such classes want from them.

In fact, review after review, and a number of the key informants for this report, indicate that the social support women gain from participating in a small group of pregnant or new mothers which meets regularly over a period of four to eight weeks before or after the baby is born is one of the most valuable, if not the most valuable, aspect of class attendance.<sup>151</sup> The studies show the most enjoyable parts of the classes were:

- Meeting a new group of friends who will be going through the same experience.
- Meeting other prospective parents and discussing fears and worries with them.
- Exchanging views with other 'parents-to-be'.
- Interacting with a good social group of people.

Why is social support so important? Women today have little access to the knowledge and experience of childbirth and parenting. Many do not live in the region in which they were reared. Working fulltime generally isolates them from their neighbours, and often they do not socialize with them. When they start their maternity leave in late pregnancy, many expectant mothers find themselves without the support of mother, family and friends during the period immediately before and, more importantly, after the birth of their babies. Therefore, as noted by Rising (1998), "Pregnancy is a time of affiliation for most women."<sup>152</sup> They are seeking out the support and information that they so greatly need. For such women, the opportunity provided by the prenatal course to meet other women in the same position as themselves is invaluable. Discussing their issues in a group helps to normalize the typical concerns of pregnancy.

However, mothers-to-be do not solely want social networking and support from their pre- and post-natal classes. Research has also strongly suggested that women feel that their classes before and after birth do not equip them with the practical skills they need to care for their babies in the first weeks after birth.<sup>153</sup> These skills include diapering, bathing, soothing and assisting the baby to sleep. Mothers criticize these classes for either omitting these topics or treating them superficially. In aiming to help women acquire greater confidence and autonomy, educators need to ensure that class participants become competent in baby care skills.

## C. INFANCY: CLASSROOM PROGRAMS

There is no lack of classroom programs focusing on one aspect or another of parent-child relations. Boards of education and schools, religious groups, childcare centres, public health and libraries offer many. However, most are one-offs created by an "expert" of one type or another, but without any evaluation of how it is being received, nor research on whether it has been of any benefit. Of the four programs included in this section, only "Right from the Start" meets rigorous research standards. The others are included because they are popular or uniquely suited to address one or more of the parenting factors which influence children's healthy social and emotional development.

### 1. Right from the Start

The "Right from the Start" program is reported here because this intervention has been piloted, and reported in a peer-reviewed journal. The results showed that parents reported lower levels of parent-child dysfunctional interaction, and parental distress and depression (Niccols & Mohamed, 2000).

This program was designed by Dr. Alison Niccols of McMaster University, for the broad population of ordinary parents with a child under the age of two and for infants at risk due to parent, family and/or infant factors. The course is based on attachment theory, focusing on sensitivity in perceiving, interpreting and responding to infant cues and signals. It also shows parents how their own attitudes, knowledge and abilities can interfere with sensitive responding, and how differences in children's temperament can influence what is needed from parents. "Right from the Start" is the first attachment-based intervention to use a group format.

In addition to the strong theory-based approach to the content of this program, the delivery method has also been tested over time. Developed by Dr. Charles Cunningham at McMaster, it is an active learning approach in which participants identify common parenting errors depicted by videotaped models, discuss their consequences, suggest alternatives and formulate supporting rationales by identifying the advantages of the alternative approaches. Through this approach, parent peer support and opportunities for social networking are provided.

The eight sessions in this program follow a weekly format of large and small discussion groups and homework practice sheets. The emphasis is on learning to identify nonverbal infant cues and signals, including the very subtle ones that are not obvious to many parents, and responding sensitively to them, including following the child's lead on when to engage and when to disengage. There are special emphases on:

- Responding to distress signals;
- Temperament and each child's individuality;

- The importance of parents in infant play, using sound, language and music to communicate, and employing everyday activities and materials in relating to baby.

In discussing this model with Dr. Niccols, she reported that most often classes start with enrollment of 20 - 25, which drops to 15 who complete the course. This is typical of many community-based courses for parents. Dr. Niccols indicated that trainers prefer larger groups, because the diversity of parents makes the parents' input more interesting for everyone. The course is appropriate for a primary caregiver. Fathers are frequently present but they are usually a minority in the classes.

The main disadvantages of "Right from the Start" are: the randomized clinical trial is not yet complete; it is not that well-known and has not met the test of broad audience acceptability, although it is rapidly being implemented in quite a few communities.

## 2. "Nobody's Perfect"

Nobody's Perfect is presented in this report because it provides a good general introduction to child development and parenting, the goals of the program are so clearly in line with what is recommended as key content for parents and because it is so broadly available. According to their brochures, Nobody's Perfect has been shown to be effective for parents with low income/education, including immigrant and Aboriginal parents, in reducing parent's sense of isolation and increasing parenting skills and confidence. However, these results do not result from clinical trials, and do not meet standards of rigorous research.

"Nobody's Perfect" is a parenting education and support program for parents of children from birth to age five available in most communities across Canada. It was originally designed, with support from Health Canada, to meet the needs of parents who are young, single, socially or geographically isolated and who have low income or limited formal education. This program is not available for ordinary parents, who are not low income, although a number of sponsoring organizations are advocating for this.

The overall goal of the Nobody's Perfect Program is to improve participants' capabilities to maintain and enhance the health of their young children (0 - 5 years old) through the use of the provided resources. The specific objectives of the program are to:

- Increase participants' knowledge and understanding of their children's health, safety and behaviour;
- Effect positive change in the behaviour of participants in relation to their children's health, safety and behaviour;
- Improve participants' confidence and self-image as parents;
- Improve participants' coping skills as parents; and
- Increase self-help and mutual support among parents.

Nobody's Perfect was originally created and offered as a series of 6 - 8 weekly group sessions. However, it is now being adapted by home visiting programs to be delivered in a one-to-one setting. Parent materials include five colourful, easy-to-read booklets and two age-paced charts of developmental milestones which come with the course. Its content generally covers the main features of parenting and child development. It focuses on practical skills. One of its major emphases is on building supportive relationships among the participants. The specific content of the course is as follows:

- BODY:** How to keep a child healthy;  
How to recognize the signs of illness;  
What to do for common childhood illnesses
- SAFETY:** What causes injuries;  
How to prevent injuries;  
What to do for specific injuries
- MIND:** How a child's mind and feelings develop;  
How to encourage a child to learn;  
How to help a child develop through play
- BEHAVIOUR:** How to tell the difference between loving and spoiling;  
How to encourage cooperative behaviour;  
How to handle common behaviour problems
- PARENTS:** How parents can look after their own needs;  
How to find and choose different kinds of child care;  
How to find support and resources in the community

Trained facilitators support participants as they work together to discover positive ways of parenting. The process is to tailor each session to the participants' own experiences, rather than following a specific curriculum. Nobody's Perfect also aims to build networks among parents and encourages them to see one another as sources of advice and support. There are tips for recruiting fathers, both as facilitators and participants. In reality, not many fathers attend.

The preferred group size is recommended to be 6 - 12 parents who meet in 6 - 10 sessions, depending on the sponsoring agency. Although no exact figures are kept, the Nobody's Perfect website claims that over 5,000 community workers, parents and public health nurses have been trained as facilitators. The facilitation training provides information about delivering the Nobody's Perfect Program, helps trainees develop skills to lead parent groups and requires 3 and 1/2 to 4 days of residential learning. Networks in every province and territory provide a modest degree of support for facilitators and trainers. The Nobody's Perfect Program has been loosely coordinated through a National Office supported by Health Canada.

The main disadvantages of Nobody's Perfect are:

- it is currently only available for disadvantaged parents;
- it is not especially father-friendly
- the content needs to be updated
- it lacks infra-structure supports, which means:
  - lack of standards for facilitators' performance
  - lack of monitoring for facilitators' performance

### 3. "Parent-Child Mother Goose"

The "Parent-Child Mother Goose" program is included in this report because it has achieved some degree of popularity in Ontario, Alberta and British Columbia, and because it addresses three of the main features of important parent education programs for this age group – it focuses on language and cognitive development through rhythm, rhyme and storytelling, it works directly on the parent/child relationship by having both parents and children in the same room learning at the same time, and it promotes parent-to-parent friendship networks.

The "Parent-Child Mother Goose" program is for parents and children (birth to 2-1/2 years) which meets with two teachers once a week for ten weeks at a time. Through the program parents become accustomed to using patterned and imaginative language with their children, and to seeing their children respond to the language and rhythms from a very early age. The teaching during the sessions is directed at the parents, with the children joining in, playing or napping. The program is delivered with everyone sitting in a circle on the floor. The parents learn rhymes and songs which lead naturally to holding, touching and bouncing the children. The teachers encourage the parents to:

- Use language with their children from infancy on;
- Touch their children;
- Really look at their children: making eye contact and observing the child accurately; and
- Notice what other children are doing.

Each session ends with a story or folktale provided by the facilitator so parents can experience the same sort of pleasure in language and listening that they are being trained to give to their children with rhymes and songs.

The objectives of the program are for:

**PARENTS:** gain confidence as learners and parents; see that they can positively affect how their children behave and learn; learn appropriate alternatives to strong physical control; develop realistic age-paced expectations of their children's capacities; learn new ways of dealing with cranky, fussy times

**CHILDREN:** show a marked improvement in language and pre-literacy skills; gain self-esteem; develop social skills

**PARENTS AND CHILDREN:** experience the spark of delight and magic that comes from enjoying a favourite rhyme or song together; take away a repertoire of rhymes, songs and stories; enjoy strengthened bonding; develop a network of friends

This program was developed in Toronto about fifteen years ago, and is now in about two dozen settings around Ontario, and likewise in Alberta. In addition, it has spread to hundreds of locations in British Columbia.

The major disadvantages of Parent-Child Mother Goose are: there has been no substantial research of its effectiveness; it is not well-known.

#### 4. Infant Massage

Infant massage is included in this report because it is gaining rapidly in popularity, it promotes touch, which is a core method of parent-child communication, and it promotes confident physical handling of infants, as well as a warm, intimate parent-child relationship.

Infant massage is a technique that is gaining credence among health care and mental health workers who work with depressed mothers and their babies. The research to date with both depressed and ordinary parents is encouraging. This technique gives parents instant feedback on the baby's pleasure or displeasure. Parents learn very quickly what kind of physical handling their baby likes or does not like. It only takes one session to learn the proper technique.

As noted in Bee and Stainton (2000), not all infants would benefit from infant massage. Not all infants like to be touched. Infants consistently show individual variation in their pattern or range of response to infant massage. Inappropriate timing or touching can lead to crying, irritability, tension and other problems. So the infant must like and be ready for a massage in order for both the parent and child to obtain the positive benefits. Massage is best when the baby is in a quiet alert state. Engagement cues include bright-eyed focused expression, still/calm attentiveness, relaxed arms, shoulders and palms. Disengagement cues include gaze aversion, yawning, arching, grimacing, anxious tongue poking and legs/arms held stiffly. Parents are encouraged to respond to such cues as quickly as possible to promote longer periods of quiet alertness and to avoid emotional upset.<sup>156</sup> The parent must also be similarly relaxed and ready to focus on the baby.

The initial massage session is usually about 10 minutes, and even infants less than 1 month old will tend to accept a short massage. The approach is gradual and gentle, with oiled hands. The massage usually begins in a face forward position at the head and finishes at the toes. The arms are massaged from the shoulders to the fingers. The degree of intensity applied to the body surface is increased gradually as the infant becomes accustomed to the feeling and communication is established between the parent and infant. Then the baby is turned on to the front and massaged using circular motions. At the end of the session the infant is wrapped in a sheet or towel and held in a flexed position (Bee and Stainton, 2000).

Massage has become popular with middle-class parents who seek instruction by trainers. The International Association of Infant Massage, started by Vimala Schneider-McClure has trained thousands of infant massage instructors since its inception in 1989.

The main disadvantage of infant massage is that a baby could be injured if the parents do not receive instruction from a qualified infant massage trainer.

## D. INFANCY: MEDIA PROGRAMS

Media programs continue to hold an important potential as part of an overall parent education program because parents increasingly rely on the media for their parenting education because they are:

- More pressed for time
- More geographically distant from family
- More accustomed to a wide variety of media
- More exposed to advertising promoting media parenting information
- Accustomed to the ideas of popular psychology and self-help
- Deterred by the high cost and limitations of professional consultations

Despite their potential, there were no comprehensive media parent education initiatives found for this report.

Dr. A. Rae Simpson, of the Family Resource Center at the Massachusetts Institute of Technology and a Consultant at the Harvard School of Public Health completed a study on "The Role of the Mass Media in Parenting Education." (Simpson, 1997) Although she did not limit her review to parents of young children, and she reported on American trends, a number of her points appear valid for the Canadian scene as well. Her work is reported here because it provides some insights into the last two types of parent education programs reviewed for this report -- age-paced newsletters and the Internet. She summarized her report's findings as follows:<sup>157</sup>

### Strengths in the Media's Role in Parent Education

- Parenting has become a staple among topics in many print media - Parenting books, magazines, and newspapers, as well as child and family beat reports at major newspapers have increased dramatically. Almost every parent is exposed to printed information about parenting, many repeatedly.
- Parenting initiatives within the electronic media are expanding. In particular, rapid growth is occurring in public television, cable television, local news and the Internet, and new developments are occurring on the commercial networks as well.
- The demand for media information among parents is substantial and increasing. By a number of measures, many parents have a high level of interest in information about child-rearing, including information from the mass media, on a broad range of topics.
- The preponderance of professional opinion, ... is that the media, ... can and do have a significant impact on parents and parenting. Together the media, in conjunction with other forces and strategies, have important influences on parents' attitudes and behaviours, and hence on child outcomes.

## Weaknesses in the Media's Role in Parent Education

- Easily accessible sources of information for the media on parenting topics are scarce and scattered. Researchers and resources related to parenting are embedded in hundreds of organizations and dozens of disciplines, with no centralized access to information.
- Parenting advice conveyed by the media is often confusing and conflicting. Caught in the interaction of economic, intellectual, cultural and social forces, the only constant in child-rearing advice has been change. This leaves everyone including researchers, practitioners, parents and the media all frustrated in their efforts to seek reliable information from each other.

Interestingly, Simpson found that relatively little direct research has been undertaken to assess the impact of the media on parents, especially compared to the vast amount of research on the impact of media on children. The major source of research is the body of knowledge regarding media effects on audiences in general, of which parents are a part.<sup>158</sup>

### 1. Age-Paced Child Development and Temperament Newsletters

"A 1977 survey found, in a sample representative of the national population, that reading was the most preferred method of learning about childrearing, regardless of educational level, socioeconomic status, or race of the parent."

Dorothy Cudabeck, et al., 1985<sup>159</sup>

Dr. Dorothy Cudabeck is a long-time family life educator associated with the U.S. State Cooperative Extension Family Life Education Programs. She conducted a survey of these programs in the mid-1980s and found 19 of them to be using age-paced newsletters, reaching more than 100,000 parents. The following is a summary of her findings:<sup>160</sup>

Most age-paced newsletters were reaching parents who were middle class, married, and fairly well-educated. The newsletters were keyed to the birth month and mailed to the expectant parent prior to birth due date and monthly thereafter during the baby's first year of life -- sometimes beyond. These family life education programs found the age-paced newsletters to be a useful parent education program because they were:

- Keyed to the birth month, therefore reaching parents when they are most ready to use it
- Serving those who might not take part in a parent education class
- Available for parents to read at their convenience
- Relatively inexpensive to produce

When the content was analyzed the subject matter of the newsletters was found to be:

- 100% on infant development - nutrition and parenting issues, such as crying, affection and touching, stimulation of environment, safety and toy selection; discipline, games and activities
- 90% on sleep, baths and baby equipment
- 80% on marital relationships
- 50% on characteristics of good parents
- 40% on parental stress

Almost 1,000 parents in three states returned questionnaires evaluating the usefulness of the newsletter. Overall, the majority of respondents reported that the newsletters were useful in promoting their self-confidence as parents, improving their knowledge of child development and increasing their ability to be effective nurturing parents.

- 71% reported that at least one additional person, besides the respondent, read the newsletter regularly.
- 60% kept or filed the newsletters for future reference.

Kishchuk and colleagues (1995) reported on their experience with a similar age-paced newsletter distributed to families in Quebec as a public health program in the early 1990s. It was undertaken because it could reach whole populations at once with relatively small investment per family and it could, by publicizing existing family support programs, increase their use, thereby optimizing existing public investment.

Parents received the Quebec age-paced newsletter twice a month for the first three years of their child's life. After three years of distribution the public health department distributed a questionnaire to be completed by the parents. Sixty-three percent of them replied. The utilization results were as follows:

- 99% were satisfied with the newsletters, and this was unrelated to socio-demographic characteristics of the parents
- 95% read the newsletters regularly
- 86% kept copies for future use
- 84% indicated that someone else in their social network also read the newsletter.
- 53% referred to them subsequently
- 20% said the newsletters were their sole source of information about child development and parenting

In addition, differential utilization was noted for:

- **Low income** - Readership was lower among poorer respondents. However, poorer respondents were more likely to keep and reread the newsletter issues, and those with the least education were most likely to report that the newsletter was their only source of information about child development and parenting. Therefore, the newsletters met a real need.

- **Mothers/Fathers** - Mothers were both more likely to read the newsletter and to gain something from it. Nonetheless, 70 percent of fathers claimed to read the newsletter regularly.

Regarding parental change in attitudes, competence and use of community supports, the results from the survey showed:

- **Attitudes** - 46 percent reported the newsletters changed their perceptions or methods of childrearing
- **Parental Competence** - The newsletter did not produce significant effects on variables associated with parental competence. The evaluators suggested this may have been due to a problem with the scale they used to measure parental competence.
- **Community Resources** - Where the newsletter had its greatest impact is clearly on knowledge and perceived adequacy of community resources. Thus, the newsletter can be an effective means of promoting existing resources.

The major disadvantages with newsletters is they provide little opportunity for parents to interact with experts or other parents.

In addition to Age-Paced Newsletters, there are Temperament Guidance programs which mail materials to parents for their use. According to Ostergren (1997) one important reason to provide this information is that parents want it - they look for guidance on issues of child rearing when things are not going well.

Nonetheless, the program is controversial, because guidance on temperament must be individualized to a particular parent and child. This means that a child must be "labelled" as "difficult" or "easy" by his/her parent.

There is a set of individualized guidance materials now in use based on parents' temperament assessments of their infants. These include 9 temperament scales from which a child's particular style of behaviour is classified into activity level, rhythmicity, approach/withdrawal, adaptability, sensory threshold, mood, intensity of reaction, distractibility, and persistence. Designations of "difficult" and "easy" are determined by whether the child scores high in 4 or 5 of the "difficult cluster" of traits -- adaptability, approach/withdrawal, mood, intensity and rhythmicity. The materials suggest strategies for managing temperament-related behaviours during the first year: 5 - 6 months, 7 - 8 months, 9 - 10 months and 11 - 12 months.

Using these types of materials, Ostergren reports that Cameron et al., 1989, found parents of 4-month-olds with high scores on the temperament dimensions found the materials more useful than parents of children with low or moderate scores.

Ostergren, in conducting an evaluation of a similar service for 459 parents of 4-month-old infants in six south-central Wisconsin counties, uncovered some unexpected results:

- Most parents (76 percent), regardless of how "difficult" or "easy" they rated their child, found the temperament guidance materials useful. Ostergren provides these reasons for this finding:

- Parents of easy children also have concerns even though their child's behaviour is not difficult to manage.
- Reassurance that their infant's behaviour was normal was beneficial even for parents of easy children.
- It reinforced parents' own parenting behaviours.
- Parents who perceived their child's behaviour as "difficult to handle" appeared to benefit more from the guidance materials than parents who did not see their child's behaviour as a problem. The study showed:
  - "Increased understanding" of their infant's behaviour was by far the most frequently given reason for the usefulness of the materials.
  - 37 percent stated that the temperament materials provided them with "constructive management strategies."
  - The less education the parents had the more likely they were to find the materials useful.

While it should be noted that neither of these studies had a comparison group of parents without the temperament guidance materials, given the cost effectiveness and efficiency of written guidance materials and the overall high level of usefulness for respondents, these materials may be appropriate for parent education programs for parents of infants.

In summary, age-paced newsletters and temperament guidance materials are particularly useful because they time the presentation of the material to the points when the parents are most apt to be motivated to need them, and therefore, use them. Unlike classroom programs, information that is mailed to parents tends to be shared with others. The research also suggests that many parents keep the materials around, for later consultation. Therefore, they are not limited in use to one period of time. Additionally, compared to classroom approaches, the quality of the material is easier to monitor.

## 2. Internet

"The cultural sands beneath us are shifting in six fundamental ways:

1. The locus of information control has shifted from the expert to the consumer.
2. Learning is becoming anarchistic and chaotic. You don't need a degree to be taken seriously on the Internet.
3. Information has become global business.
4. Learning is now embedded in a culture of speed.
5. Infoglut and corresponding information anxiety are challenges.
6. New technologies create new communication communities."

Charles A. Smith, 1999 <sup>161</sup>

While there continues to be a multitude of internet websites for parents of young children, on the internet there are no comprehensive parent education programs for parents of infants and young children up to the age of two. Nonetheless, the speed of the spread of Internet use in Canada is astonishing and worth mentioning, because many parents use the internet regularly. According to a July 2002 report from Statistics Canada on "Household Internet Use Survey":

45%, 50%, 55% of Canadian households had a home computer for 1998, 1999, 2000.

**2001 Internet use by family type:** 80 percent of single-family households with unmarried children under the age of 18 used the Internet, double the level of 38 percent in 1997.

**2001 Internet use by income:**

- **Highest Quartile** - 97 percent of households in the highest income bracket regularly used the Internet, up from 58 percent in 1997.
- **Lowest Quartile** - 32 percent of households with the lowest income bracket regularly used the Internet, almost triple the rate of 12 percent in 1997.

**2001 Internet home cable access:** 30 percent of households, or 1.75 million, accessed the Internet regularly from home by means of a cable connection.

**2001 Internet home utilization:** More than 5.8 million households had at least one member that regularly used the Internet from home up 23 percent from 2000, although somewhat less than the gain of 42 percent from 1999 to 2000.

**2001 Internet home education/training:** Almost half (2.75 million) of the regular users from home had at least one household member in 2001 who used the Internet as a tool for formal education or training.

- The bulk of this group went online to do research for projects or assignments or to solve academic problems.
- About 12 percent reported that at least one household member had taken an online correspondence course or used the Internet for self-directed learning in 2001.

Despite this incredible transformation, what does the research show about the Internet as a parent education tool for parents of young children? Very little information has been published in the peer-reviewed journals. The biggest interest in the internet is coming from Family Life Educators. The journal of Family Relations devoted an entire issue to the topic of the Internet,<sup>162</sup> yet there were no articles on studies of parents' utilization, or even substantive evaluations of what works and what does not. Basically, there is little research on the utilization of family life education services on the internet, let alone on the impact of these types of internet programs on parents.

# **PART IV - THE PARAMETERS FOR EFFECTIVE PARENT EDUCATION PROGRAMS**



## **PART IV - THE PARAMETERS FOR EFFECTIVE PARENT EDUCATION PROGRAMS**

Parents today are entering parenthood with little experience and knowledge of their own to rely upon. Nearly all parents think parenting is the most important job they will ever undertake. Their view of parenthood before the baby arrives is often idyllic. Although many do their best to educate themselves, after their baby arrives many see their expectations crash. Too many feel incompetent and unsupported, become personally demoralized, and their marital relationship suffers, and likewise, their parenting.

When parents look around their communities what do they see that could help them? Most communities have a myriad of parenting programs available. However, no program exists that could be identified as comprehensive, structured parent education and support. There are points along the way during pregnancy and early parenthood when information is directed toward parents in quasi-educational efforts, but there is nothing that constitutes a real education program that fully shows parents how to prepare for parenting and how to enhance their child's social and emotional development during the first two years of life. What is available is fragmented in several important ways. Perhaps only covering a part of the age span from pregnancy to age two; addressing one or two important factors but not others; etc. Many parents feel that pre-natal programs desert them just when they need someone the most – right after birth.

Even among the partial programs that are available, very few are evaluated or based on research. Most are focused on low income families or families with specific problems. There are no national or widespread programs for ordinary non-high risk parents which prepare them during pregnancy and educate them during the first two critical years of their child's life.

Therefore, based on the literature review and key informant interviews, the following are the key parameters for a modern parent education program, for ordinary parents that reflect the needs of today's parents.

### **THE KEY PARAMETERS FOR A MODERN PARENT EDUCATION PROGRAM**

**VISION:** to ensure the best possible start in life for children by transforming the way we prepare and educate first-time parents to acquire the skills they need for their most important role – raising a child.

**GOAL:** to ensure children's positive social, emotional and intellectual development during the beginning years.

**OBJECTIVES:** to create the best possible parents by:

- Increasing parents' knowledge, skills and confidence in parenting and child development.
  - Increase parents' knowledge about how their child is growing and developing
  - Increase parents' skills in parenting their child
  - Increase parents' confidence in their own parenting
  - Increase parents' confidence in their spouse's parenting.
  
- Promoting sensitive, responsive and warm parent/child relationships.

## OBJECTIVES: cont'd

- Fostering parents' sense of support for their role.
  - Support for the parents' couple relationship.
  - Build the parents' network of other parents with children
  - Provide access to caring and knowledgeable experts.

## PARENTS

- Targets first-time parents, because they are the most eager to learn.
- Designed for both fathers and mothers, because both mothers and fathers play important roles in children's social, emotional and intellectual development.

## PARENT EDUCATORS

- Affords parents access to educators who can:
  - Connect parents with the latest information on parenting and child development.
  - Address both the physical/medical concerns and the psychosocial/couple communications issues, because these are closely connected to parenting and child development.
- Supplies expert up-to-date educators who have time to develop relationships with their classes, because:
  - The field is changing rapidly and parents want expert advice. The educators must be alert to changes and additions from the science as they occur.
  - Parents need experts who have the time and ability to really understand the particular circumstances each couple faces.

## PROGRAM DESIGN

- Presents an easy-to-understand overarching framework of child development and parenting, concentrating on Comfort, Play and Teach™ as the key parental factors to build the relationship with their child, as an overall framework applicable to most situations.
- Emphasizes how to adapt the framework to the specifics of each parent-child combination and home situation, because every family and every child is unique.

- Includes very practical parenting strategies that apply to typical challenges such as sleeping through the night, going to daycare, stranger anxiety.
- Teaches parents the basics of development through infant ages and stages, newborn cues and signals to communicate and how parents can respond appropriately, the basics of temperament and what is typical, and the fundamentals of balancing parental warmth or supportiveness with control.
- Demonstrates the fun and playful side of parenting children, without being artificial, because new parents put themselves under incredible pressure to achieve unreachable standards of parenting.

## TIMING AND CONTENT

- Begins during the "teachable moment," that starts mid-pregnancy, because:
  - This is the time when the reality of "becoming a parent" becomes very salient, as the baby's first movements in the womb can be detected by both parents, and the mother first begins to "show."
  - This is also the beginning of high affiliation-seeking for first-time parents, as they begin to try to reach out to others couples, who will go through this transformation with them.
  - This is also when parents first try to educate themselves. The research shows there is content of interest to parents, which if covered in advance of the baby's arrival, helps parents through the demanding adjustment period right after birth.
- Before the baby is born, assists the expectant couple to:
  - Together, think through the kind of parents they want to become. And to deal with any worries about the impending changes and responsibilities.
  - Articulate expectations, and make joint plans in advance for childcare, housework, leisure, personal time, couple time and social relations away from the baby. This reduces the chance for a crash of unmet expectations after the baby is born.
  - Expand their network of friends who are also pregnant, because many first time parents have none. They feel a need to find others who are experiencing this same transition for support and to help them gain a broader experience base.
  - Acquire actual experience with babies before the couples' baby is born, because many parents become pregnant with little or no prior experience with babies and young children. Hands-on experience in advance of baby's arrival increases parents' self-confidence and competence.

- Learn about pregnancy and infant development as they experience it. And to begin to examine their attitudes, beliefs and attributions about their baby, as they are just beginning to be formed.
- Continues through the baby's first year of life, because:
  - This is the time when the reality of the practicalities of parenting (feeding, sleeping, soothing) become central, and they need caring experts to guide and reassure them.
  - The pace of change in a baby is so rapid throughout the first year (feeding, sleeping through the night, teething, stranger anxiety, talking, crawling, standing and walking) that the parents are constantly being faced with new challenges. Knowledge and confidence are vital at this stage.
  - This is when parents establish a secure parent-child attachment, laying down the basics of warm, sensitive, knowledgeable responses to their infant's cues and signals.
  - Parents need support as they ease themselves back into employment, because securing good child care, and then leaving the infant or toddler for long periods of time is very stressful for the entire family.
  - Parents will benefit from hands-on interactive sessions with infants present, because most parents have not had prior experience to learn hands-on parent-child interaction skills such as massage, rhythm, music and touch.
- Continues through the baby's second year, because:
  - This is the period when the baby becomes mobile, and the fundamentals of a child's compliance and willingness to go along with the parents' agenda becomes crucial -- a time of great uncertainty for many parents.
  - The fit or the misfit of the toddler's personality and each parent becomes more obvious.
  - The toddler learns even more about regulating his/her emotions and developing his/her first real relationships outside the immediate family.

## ENDNOTES

- <sup>1</sup> M. H. Bornstein in M. Bornstein, (Ed), *Handbook of parenting: Vol.1, Children and Parenting*, 1995, 3.
- <sup>2</sup> M.H. Bornstein: 3 – 13
- <sup>3</sup> M. H. Bornstein: 13
- <sup>4</sup> G. Kochanska, & R.A Thompson, in J. Grusec & L. Kuczynski (Eds.), *Parenting and children's internalization of values: A handbook of contemporary theory*. 1997, 66 – 67
- <sup>5</sup> N. Eisenberg, A. Cumberland, & T.L. Spinrad: 242.
- <sup>6</sup> This definition of social competence is quoted from Rubin, et al., in N. Eisenberg, A. Cumberland, & T.L. Spinrad: 242.
- <sup>7</sup> M.J. Hertenstein, *Human Development*, 2002, 45(2). 70-94.
- <sup>8</sup> G. Kochanska & R.A. Thompson: 53-77
- <sup>9</sup> G. Kochanska & R.A.Thompson: 63.
- <sup>10</sup> G. Kochanska & R.A. Thompson: 53-77.
- <sup>11</sup> J. Cassidy, *Monographs of the Society for Research in Child Development*, 1994, 59 (240), 228 – 249.
- <sup>12</sup> S. Goldberg, S.Mackay-Soroka & M. Rochester, *Infant Behavior and Development*, 1994, 17, 338 – 339.
- <sup>13</sup> M. Bornstein: 18
- <sup>14</sup> For recent discussions of maternal behaviour and attachment assessments, see Atkinson, et al., 2000 and De Wolff & van IJzendoorn, 1997.
- <sup>15</sup> G. Kochanska & R.A. Thompson.
- <sup>16</sup> K. Deater-Deckard & T.G. O'Connor, *Developmental Psychology*, 2000, 36(5). 561.
- <sup>17</sup> K.E. Barnard & L.K. Martell in M. Bornstein (Ed.), *Handbook of Parenting: Vol. 3. Status and Social Conditions of Parenting*, 1995,18.
- <sup>18</sup> G. Kochanska & R.A. Thompson: 53-77.
- <sup>19</sup> M. Bornstein: 5.
- <sup>20</sup> K. Deater-Deckard & T.G. O'Connor: 569.
- <sup>21</sup> J. Grusec & L. Kuczynski (1997) Introduction and Overview in J. Grusec & L. Kuczynski (Eds.), *Parenting and Children's Internalization of Values: A Handbook of Contemporary Theory*.
- <sup>22</sup> G. Kochanska, T.L. Tjebkes & D.R. Forman: 1378.
- <sup>23</sup> L. Kuczynski & N. Hildebrandt (1997) Models of conformity and resistance in socialization theory, in J. Grusec, & L. Kuczynski (Eds.), *Parenting and Children's Internalization of Values: A Handbook of Contemporary Theory*, 1997.
- <sup>24</sup> L. Kuczynski, (ed.), *Handbook of Dynamics in Parent-Child Relations*, 2002; L. Kuczynski & N. Hildebrandt, in J. Grusec & L. Kuczynski (Eds.), *Parenting and Children's Internalization of Values: A Handbook of Contemporary Theory*, 1997.
- <sup>25</sup> L. Kuczynski & N. Hildebrandt.
- <sup>26</sup> D. Baumrind, *Genetic Psychology Monographs*, 1967, 75, 43 – 88; D. Baumrind, D., *Journal of Early Adolescence*, 1991, 11(1), 56 – 65.
- <sup>27</sup> G. Kochanska, & R.A. Thompson: 53-77; G. Kochanska, K.C. Coy, T.L. Tjebkes & S.J. Husarek: 375-390; G. Kochanska, T.L. Tjebkes & D.R. Forman: 1378-1389; G. Kochanska, D.R. Forman & K.C. Coy: 249-265; G. Kochanska, K.C. Coy & K.T. Murray: 1091-1111.
- <sup>28</sup> L. Kuczynski, Beyond bidirectionality: bilateral conceptual frameworks for studying dynamics of parent-child relations, in L. Kuczynski (Ed.), *Handbook of Dynamics in Parent-Child Relations*, 2002.
- <sup>29</sup> L. Kuczynski.
- <sup>30</sup> A. Sanson & M.K. Rothbart: 299.
- <sup>31</sup> A. Sanson & M.K. Rothbart: 299.
- <sup>32</sup> Chess, Thomas and Birch (1965) as quoted in Sanson & Rothbart: 21.
- <sup>33</sup> R.M. Lerner in D. Magnusson & V.L. Allen (Eds.), *Human development: An Interactional Perspective*, 1983, 279 – 294.
- <sup>34</sup> M.K. Rothbart in G.A. Kohnstamm, J.E. Bates, & M.K. Rothbart (Eds.), *Temperament in childhood*, 1989, 195.
- <sup>35</sup> A. Sanson & M.K. Rothbart: 303.
- <sup>36</sup> C.S. Ostergren, *Family Relations*, 1997, 46(1), 64.
- <sup>37</sup> As suggested by Sanson & Rothbart in E.E. Werner, 1998, 312. *Journal of Studies on Alcohol*, 47, 34 – 40; E.E. Werner & R.S. Smith, *Vulnerable, but Invincible: A Longitudinal Study of Resilient Children and Youth*, 1982.
- <sup>38</sup> A. Sanson & M.K. Rothbart: 312.
- <sup>39</sup> M.W. DeVries, *American Journal of Psychiatry*, 1984, 141, 1189 – 1194.
- <sup>40</sup> A. Sanson & M.K. Rothbart: 312.
- <sup>41</sup> A. Sanson & M.K. Rothbart: 307.
- <sup>42</sup> A.Sanson & M.K. Rothbart: 306.
- <sup>43</sup> D. Van den Boom, *Child Development*, 1994, 5, 1457 – 1477, as noted in A.Sanson & M.K. Rothbart: 309.
- <sup>44</sup> Escalona 1968, as noted in Sanson & Rothbart: 306.
- <sup>45</sup> Teti and Gelfand, 1991, as noted in A. Sanson & M.K. Rothbart: 306
- <sup>46</sup> Cutrona and Troutman, 1986, as noted in A. Sanson & M.K. Rothbart: 306.
- <sup>47</sup> Mangelsdorf, Gunnar, Kestenbaum and Lang, 1990 as noted in A. Sanson & M.K. Rothbart: 309.
- <sup>48</sup> D. van den Boom, 1989, as noted in A.Sanson & M.K.Rothbart: 309.
- <sup>49</sup> A. Sanson & M.K. Rothbart: 309.
- <sup>50</sup> As found in G.R. Patterson, in J. E. Grusec & L. Kuczynski, (Eds.), *Parenting and Children's Internalization of Values: A Handbook of Contemporary*

Theory, 1997, 193 – 226.

<sup>51</sup> J. Belsky, *Psychological Inquiry*, 1997, 8, 182 - 186.

<sup>52</sup> A. Sanson & M.K. Rothbart: 316.

<sup>53</sup> A. Sanson & M.K. Rothbart: 314.

<sup>54</sup> M.K. Rothbart: 236.

<sup>55</sup> M. Bornstein: 5.

<sup>56</sup> J. Barlow & J. Parsons, *The Cochrane Library*, 2002.

<sup>57</sup> J. Barlow & J. Parsons.

<sup>58</sup> M. Bornstein: 20.

<sup>59</sup> J.E. Solchany, *Promoting Maternal Mental Health During Pregnancy: Theory, Practice & Intervention*, first paperback edition, 2001, 8.

<sup>60</sup> R.T. Mercer, *Nursing Research*, 1985, 34(4) 98.

<sup>61</sup> K.E. Barnard & L.K. Martell: 7.

<sup>62</sup> The following information comes primarily from J.E.Solchany, *Promoting Maternal Mental Health During Pregnancy: Theory, Practice & Intervention*, first paperback edition, 2001, 9, 30,33.

<sup>63</sup> R. Rubin, *Maternal identity and the maternal experience*, 1984.

<sup>64</sup> J.E. Solchany, *Promoting Maternal Mental Health During Pregnancy: Theory, Practice & Intervention*, first paperback edition, 2001.

<sup>65</sup> K.E. Barnard & L.K. Martell: 13.

<sup>66</sup> C.E. Barnard & L.K. Martell: 20.

<sup>67</sup> C.E. Barnard & L.K. Martell: 18.

<sup>68</sup> R. Rubin: 52.

<sup>69</sup> R. Rubin; L. Barclay et al., *Journal of Advanced Nursing*, 1997 (25(4)); F. Rogan et al., *Journal of Advanced Nursing*, 1997, 25(5).

<sup>70</sup> F. Rogan et al.: 884.

<sup>71</sup> R.T. Mercer, *Nursing Research*, 1985, 34(4), 202.

<sup>72</sup> R.T. Mercer: 201.

<sup>73</sup> K.F. Pridham & A.S. Chang, 1992.

<sup>74</sup> R. Rubin, *Maternal Identity and the Maternal Experience*, 1984, 97.

<sup>75</sup> K.E. Barnard & L.K. Martell: 9.

<sup>76</sup> K.E. Barnard & L.K. Martell: 22.

<sup>77</sup> M.E. Lamb in M. E. Lamb (Ed.), *The Role of the Father in Child Development*, 1997, 1.

<sup>78</sup> C.P. Cowan & PA Cowan, quoting an earlier finding from May & Perrin, 1982, *Family Relations*, 1995, 44(4), 416.

<sup>79</sup> Ibid.

<sup>80</sup> Ibid.

<sup>81</sup> PR. Amato, (1992), in A. Booth & A.C. Crouter (Eds.) *Men in Families: When do they get Involved? What Difference Does it Make?* 1998, 241 – 278; M.E. Lamb, 1 - 18; M.E. Lamb 104 – 120; R.D. Parke, in M. Bornstein (Ed.) *Handbook of parenting: Vol. 3. Status and Social Conditions of Parenting*, 1995: 27 – 73.

<sup>82</sup> M.E. Lamb: 15.

<sup>83</sup> M.E. Lamb: 119.

<sup>84</sup> M.E. Lamb: 12.

<sup>85</sup> J.H. Pleck, in M. E. Lamb (Ed.), *The Role of the Father in Child Development*, 1997, 96-97.

<sup>86</sup> J.H. Pleck: 72.

<sup>87</sup> Coltrane, 1995, 175, as quoted by R.D. Parke in M. Bornstein, (Ed), *Handbook of Parenting: Vol.3, Status and Social Conditions of Parenting*, 1995, 30.

<sup>88</sup> M.E. Lamb: 10.

<sup>89</sup> M.E. Lamb, 1998: 9.

<sup>90</sup> C.M. Corter & A.S. Fleming: 105.

<sup>91</sup> M.E. Lamb: 105.

<sup>92</sup> M.E. Lamb: 105

<sup>93</sup> M.E. Lamb: 106.

<sup>94</sup> M.E. Lamb: 106.

<sup>95</sup> M.E. Lamb: 106.

<sup>96</sup> R.D. Parke: 33.

<sup>97</sup> R.D. Parke: 33.

<sup>98</sup> M.E. Lamb: 106.

<sup>99</sup> M.E. Lamb: 106.

<sup>100</sup> M. Bornstein: 21.

<sup>101</sup> M.E.Lamb: 107.

<sup>102</sup> M.E Lamb: 5.

- <sup>103</sup> M. Bornstein: 20.
- <sup>104</sup> J.M. Gottman, in A. Booth & A.C. Crouter (Eds.), *Men in Families: When do they get Involved? What Difference does it Make?* 1998.
- <sup>105</sup> R.D. Parke: 34.
- <sup>106</sup> J.M. Gottman: 168.
- <sup>107</sup> R.D. Parkes, *Handbook of Parenting, Vol. 3*, 2002, 39.
- <sup>108</sup> M.E. Malnory, *Journal of Obstetric, Gynecologic, and Neonatal Nursing*, 1996, 25(6), 526.
- <sup>109</sup> D.H. Demo & M.J.Cox, *Journal of Marriage and the Family*, 2000, 62(4) 878.
- <sup>110</sup> C.P. Cowan & P.A. Cowan, *Family Relations*, 1995, 44(4), 415.
- <sup>111</sup> A. Krishnakumar & C. Buehler, *Family Relations*, 2000, 49(1); O. Erel & B. Burman, *Psychological Bulletin*, 1995, 118(1).
- <sup>112</sup> Krishnakumar & Buehler note that with the younger children, parents were most often the informant, so they may not have been "picking up on" or otherwise fully reporting on all that the children were feeling or how they were behaving, 28, 31.
- <sup>113</sup> Krishnakumar and Buehler found little support for two popular justifications as to why marital conflict would not have a negative effect on children: 1) parents who are in conflict are likely to compensate by becoming positively involved (or over-involved) with their children, and 2) parents compartmentalize their marital conflict from their parenting roles.
- <sup>114</sup> S.J. Rogers & L.K. White, *Journal of Marriage and the Family*, 1998, 60(2): 305.
- <sup>115</sup> S.J. Rogers & L.K. White: 305.
- <sup>116</sup> M.E. Lamb: 13.
- <sup>117</sup> P.R. Amato, *Men in Families: When do they get Involved? What Difference does it Make?* 1997, 252.
- <sup>118</sup> M.E. Cummings & A.W. Watson O'Reilly, *The Role of the Father in Child Development*, 1997, 57.
- <sup>119</sup> P.R. Amato: 252.
- <sup>120</sup> C.P. Cowan and P.A. Cowan, *Family Relations*, 1995, 44(4).
- <sup>121</sup> M. Bornstein: 11.
- <sup>122</sup> B.J. Wilson & J.M. Gottman in M. Bornstein (ed) *Handbook of Parenting: Vol.4, Applied and Practical Parenting*, 1995, 37.
- <sup>123</sup> B.J. Wilson & J.M. Gottman: 37.
- <sup>124</sup> J. Barlow et al., *British Journal of General Practice*, 2002, 52(476), 223.
- <sup>125</sup> L. Oldershaw, *A National Survey of Young Children*, 2002, 67 – 69.
- <sup>126</sup> T. Field in M. Bornstein (ed) *Handbook of Parenting: Vol.4, Applied and Practical Parenting*, 1995, 85.
- <sup>127</sup> B.J. Wilson & J.M. Gottman: 36.
- <sup>128</sup> T. Field: 95.
- <sup>129</sup> T. Field: 96
- <sup>130</sup> Steinberg, 1996, p. 103
- <sup>131</sup> A.R. Simpson, *Harvard School of Public Health*, 1997, 29.
- <sup>132</sup> J.J. Goodnow in M. Bornstein (ed) *Handbook of Parenting: Vol. 3, Status and Social Conditions of Parenting*, 1995, 349.
- <sup>133</sup> A.V. McGillicuddy-DeLisi & I.E. Sigel in M. Bornstein (ed) *Handbook of Parenting: Vol. 3, Status and Social Conditions of Parenting*, 1995, 347.
- <sup>134</sup> G.W. Holden in M. Bornstein (ed) *Handbook of Parenting: Vol. 3, Status and Social Conditions of Parenting*, 1995, 359.
- <sup>135</sup> G.W. Holden: 375.
- <sup>136</sup> J.E. Grusec, D.Rudy & T. Martini: 261.
- <sup>137</sup> J.E. Grusec, D. Rudy & T. Martini: 262.
- <sup>138</sup> D. Baumrind, *Journal of Early Adolescence*, 1991, 11(1), 62.
- <sup>139</sup> D. Baumrind, *Journal of Early Adolescence*, 1991, 11(1), 61 – 62.
- <sup>140</sup> J.D. Willms, p. 149
- <sup>141</sup> J. Grusec in J. Grusec & L. Kucznski (eds) *Parenting and Children's Internalization of Values: A Handbook of Contemporary Theory*, 1997, 13.
- <sup>142</sup> J.D. Willms: 149.
- <sup>143</sup> J.J. Goodnow: 312.
- <sup>144</sup> J.J. Goodnow: 308.
- <sup>145</sup> J. Grusec, et al.: 262
- <sup>146</sup> J. Grusec, et al.: 259.
- <sup>147</sup> J.J. Goodnow: 328.
- <sup>148</sup> C.P. Cowan & P.A. Cowan, *Family Relations*, 1995, 44(4), 418.
- <sup>149</sup> C.P. Cowan & P.A. Cowan, *Family Relations*, 1995, 44(4), 421.
- <sup>150</sup> D. Berger & C.A. Loveland Cook, *Journal of Obstetric, Gynecologic, and Neonatal Nursing*, 1998, 27(2).
- <sup>151</sup> M.L. Nolan; D.Gould, *Nursing Times*, 1986, 82(12).
- <sup>152</sup> S.S. Rising: 51.
- <sup>153</sup> M.L. Nolan, Antenatal education – where next?, *Journal of Advanced Nursing*, 1997, 1198 – 1204.
- <sup>154</sup> Health Canada, Nobody's Perfect Training Manual, 1988, 12.
- <sup>155</sup> Health Canada, Facilitator's Manual, 1998, 10 – 11.
- <sup>156</sup> K. Onozawa, V. Glover, D. Adams, N. Modi, & C. Kumar, *Journal of Affective Disorders*, 2001, 63(1-3), 202- 203.

<sup>157</sup> A.R. Simpson, *Harvard School of Public Health*, 1997, iv - vi, and others.

<sup>158</sup> A.R. Simpson: 27.

<sup>159</sup> D. Cudabeck, et al., *Family Relations*, 1985, 34(2).

<sup>160</sup> D. Cudabeck, et al.: 271 - 275.

<sup>161</sup> C.A. Smith, *Family Relations*, 1999, 48(1), 31.

<sup>162</sup> See R. Hughes, et al., *Family Relations*, 1999, 48(1) and R. Hughes, *Family Relations*, 2001, 50(2); M. Elliott, *Family Relations*, 1999, 48(1); C.A. Smith, *Family Relations*, 1999, 48(1).

## REFERENCES

- Amato, P.R. (1998). More than money? Men's contributions to their children's lives. In A. Booth & A.C. Crouter (Eds.), *Men in families: When do they get involved? What difference does it make?* (pp. 241-278). Mahwah, NJ: Lawrence Erlbaum Associates Publishers.
- Atkinson, L., Niccols, A., Paglia, A., Coolbear, J., Parker, K.C.H., Poulton, L., Guger, S., & Siteraneos, G. (2000). A meta-analysis of time between maternal sensitivity and attachment assessments: Implications for internal working models in infancy/toddlerhood. *Journal of Social and Personal Relationships*, 17(6), 791-810.
- Barclay, L., Everitt, L., Rogan, F., Schmied, V., & Wyllie, A. (1997). Becoming a mother -- An analysis of women's experience of early motherhood. *Journal of Advanced Nursing*, 25(4), 719-728.
- Barlow, J., Coren, E., & Stewart-Brown, S. (2002). Meta-analysis of the effectiveness of parenting programmes in improving maternal psychosocial health. *British Journal of General Practice*, 52(476), 223-233.
- Barlow, J., & Coren, E. (2002). Parent training programmes for improving maternal psychosocial health (Cochrane Review). In: *The Cochrane Library*, Issue 2, 2002. Oxford: Update Software.
- Barlow, J., & Parsons, J. Group-based parent-training programmes for improving emotional and behavioural adjustment in 0 - 3 year old children (Cochrane Review). In: *The Cochrane Library*, Issue 2, 2002. Oxford: Update Software.
- Barnard, K.E. & Martell, L.K. (1995). Mothering. In M. Bornstein (Ed.), *Handbook of parenting: Vol. 3. Status and social conditions of parenting*. Mahwah, NJ: Lawrence Erlbaum Associates Publishers.
- Baumeister, R.F., Leith, K.P., Muraven, M., & Bratslavsky, E. (1998). Self-regulation as a key to success in life. In D. Pushkar, W.M. Bukowski, A.E. Schwartzman, D.M. Stack & D.R. White (Eds.), *Improving competence across the lifespan: Building interventions based on theory and research*, 117 - 132. New York, NY: Plenum Press.
- Baumrind, D. (1967). Child care practices anteceding three patterns of preschool behavior. *Genetic Psychology Monographs*, 75, 43-88.
- Baumrind, D. (1991). The influence of parenting style on adolescent competence and substance use. *Journal of Early Adolescence*, 11(1). 56-65.
- Bee, L.K., & Stainton, M.C. (2000). A case study of infant massage outcomes. *The American Journal of Maternal/Child Nursing*, 25(2), 95-99.
- Berger, D., & Loveland Cook, C.A. (1998). Postpartum teaching priorities: The viewpoints of nurses and mothers. *Journal of Obstetric, Gynecologic, and Neonatal Nursing*, 27(2), 161-168.
- Belsky, J. (1998). Paternal influence and children's well-being: Limits of, and new directions for, understanding. In A. Booth, & A. C. Crouter (Eds.), *Men in families: When do they get involved? What difference does it make?* (pp. 279 - 293). Mahwah, NJ: Lawrence Erlbaum Associates Publishers.
- Belsky, J. (1997). Variation in susceptibility to environmental influence: An evolutionary argument. *Psychological Inquiry*, 8, 182-186.
- Blackwell, P.L. (2000). The influence of touch on child development: Implications for intervention. *Infants and Young Children*, 13(1), 25-39.
- Booth, A. & Crouter, A.C. (Eds.) (1998), *Men in families: When do they get involved? What difference does it make?* Mahwah, NJ: Lawrence Erlbaum Associates Publishers.

- Bornstein, M. (1995). Parenting Infants. In M. Bornstein (Ed.), *Handbook of parenting: Vol. 1. Children and parenting* (pp. 3-39). Mahwah, NJ: Lawrence Erlbaum Associates Publishers.
- Bornstein, M. (1995). Preface. In M. Bornstein (Ed.), *Handbook of parenting: Vol. 3. Status and social conditions of parenting*. (pp. 3 - 39). Mahwah, NJ: Lawrence Erlbaum Associates Publishers.
- Bornstein, M. (Ed.), (2002). *Handbook of parenting: Vol. 1. Children and parenting*. Mahwah, NJ: Lawrence Erlbaum Associates Publishers.
- Bornstein, M. (Ed.), (2002). *Handbook of parenting: Vol. 2. Biology and ecology of parenting*. Mahwah, NJ: Lawrence Erlbaum Associates Publishers.
- Bornstein, M. (Ed.), (2002). *Handbook of parenting: Vol. 3. Being and becoming a parent*. Mahwah, NJ: Lawrence Erlbaum Associates Publishers.
- Bornstein, M. (Ed.), (2002). *Handbook of parenting: Vol. 4. Social conditions and applied parenting*. Mahwah, NJ: Lawrence Erlbaum Associates Publishers.
- Bornstein, M. (Ed.), (2002). *Handbook of parenting: Vol. 5. Practical issues in parenting*. Mahwah, NJ: Lawrence Erlbaum Associates Publishers.
- Bradley, R.H., & Caldwell, B.M. (1997). Parents' socioemotional investment in children. *Journal of Marriage and the Family*, 59(1). 77-90.
- Bretherton, I., Golby, B., & Cho, E. (1997). Attachment and the transmission of values. In J. Grusec, & L. Kuczynski (Eds.), *Parenting and children's internalization of values: A handbook of contemporary theory* (pp. 103-134). Toronto: John Wiley & Sons, Inc.
- Broussard, A.B., & Kidman, S. (1990). Incorporating infant stimulation concepts into prenatal classes. *Journal of Obstetric, Gynecologic, and Neonatal Nursing*, 19(5), 381-387.
- Cassidy, J. (1994). Emotion regulation: Influences of attachment relationships. *Monographs of the Society for Research in Child Development*, 59(240), 228-249.
- Chamberlain, P., & Patterson, G.R. (1995). Discipline and Child Compliance in Parenting. In M. Bornstein (Ed.), *Handbook of parenting: Vol. 4. Social conditions and applied parenting*. (pp. 205 - 225). Mahwah, NJ: Lawrence Erlbaum Associates Publishers.
- Chao, R. K. (1994). Beyond parental control and authoritarian parenting style: Understanding Chinese parenting through the cultural notion of training. *Child Development*, 65, 111 - 119.
- Chao, R.K., & Willms, J.D. (2002). The effects of parenting practices on children's outcomes. In J. D. Willms (Ed.), *Vulnerable children: Findings from Canada's National Longitudinal Survey of Children and Youth*, (pp.149-165). Edmonton, AB: The University of Alberta Press.
- Cochran, M. & Niego, S. (1995). Parenting and Social Networks. In M. Bornstein (Ed.), *Handbook of parenting: Vol. 3. Status and social conditions of parenting*. (pp. 393 - 418). Mahwah, NJ: Lawrence Erlbaum Associates Publishers.
- Cosby, W.H. (1986). *Fatherhood*. New York, NY: Berkley Books.

Cigales, M., Field, T., Lundy, B., Cuadra, A., & Hart, S. (1997). Massage enhances recover from habituation in normal infants. *Infant Behavior and Development*, 20(1), 29-34.

Collins, W.A., Maccoby, E.E., Steinberg, L., Hetherington, E.M., & Bornstein, M.H. (2000). Contemporary research on parenting: The case for nature and nurture. *American Psychologist*, 55(2), 218-232.

Cooke, B. (1991). Thinking and knowledge underlying expertise in parenting: Comparisons between expert and novice mothers. *Family Relations*, 40(1), 3-13.

Corter, C.M., & Fleming, A. S., (1995). Psychobiology of Maternal Behavior in Human Beings. In M. Bornstein (Ed.), *Handbook of parenting: Vol. 2. Biology and Ecology of Parenting*. (pp. 87-116). Mahwah, NJ: Lawrence Erlbaum Associates Publishers.

Cowan, C.P. & Cowan, P.A. (1995). Interventions to ease the transition to parenthood: Why they are needed and what they can do. *Family Relations*, 44(4), 412-423.

Cowan, C.P. & Cowan, P.A. (2000). *When Partners Become Parents: The Big Life Change for Couples*. Mahwah, NJ: Lawrence Erlbaum Associates.

Cowan, P.A., Cohn, D.A., Cowan, C.P. & Pearson, J.L. (1996). Parents' attachment histories and children's externalizing and internalizing behaviors: Exploring family systems models of linkage. *Journal of Consulting and Clinical Psychology*, 64(1), 53-63.

Crnic, K., & Acevedo, M. (1995). Everyday stresses and parenting. In M. Bornstein (Ed.), *Handbook of Parenting: Vol. 4. Applied and Practical Parenting*. (pp. 277-297). Mahwah, N.J.: Lawrence Erlbaum Associates.

Cudabeck, D., Darden, C., Nelson, P., O'Brien, S., Pinsky, D., & Wiggins, E. (1985). Becoming successful parents: Can age-paced newsletters help. *Family Relations*, 34(2). 271-275.

Cummings, M.E. & Watson O'Reilly, A.W. (1997). Fathers in family context: Effects of marital quality on child adjustment. In M.E. Lamb (Ed.), *The role of the father in child development*. (pp. 49-65). Toronto: John Wiley and Sons, Inc.

Cunningham, M.K., Meriorg, E., & Tryssenaar, L. (2003). *Parenting in Canada: Human Growth and Development*. Toronto, ON: Nelson/Thomson Canada Ltd.

Darling, N. (1999). *Parenting style and its correlates* (Report No. EDO-PS-99-3). Champaign, IL: ERIC Clearinghouse on Elementary and Early Childhood.)

Darling, N., & Steinberg, L. (1993). Parenting Style as Context: An Integrative Model. *Psychological Bulletin*, 113(3), 487 - 496.

Deater-Deckard, K., & O'Connor, T.G. (2000). Parent-child mutuality in early childhood: Two behavioral genetic studies. *Developmental Psychology*, 36(5), 561-570.

Demo, D.H., & Cox, M.J. (2000). Families with young children: A review of research in the 1990s. *Journal of Marriage and the Family*, 62(4), 876-895.

DeVries, M. W. (1984). Temperament and infant mortality among the Masai of East Africa. *American Journal of Psychiatry*, 141:10, 1189-1194.

- De Wolff, M.S., & van Ijzendoorn, M.H. (1997). Sensitivity and attachment: A meta-analysis on parental antecedents of infant attachment, *Child Development*, 55, 753 – 771.
- Eisenberg, N. (1998). The socialization of socioemotional competence. In D. Pushkar, W.M. Bukowski, A.E. Schwartzman, D.M. Stack & D.R. White (Eds.), *Improving competence across the lifespan: Building interventions based on theory and research*, 59 - 78. New York, NY: Plenum Press.
- Eisenberg, N., Cumberland, A., & Spinrad, T.L. (1998). Parental socialization of emotion. *Psychological Inquiry*, 9(4), 241-273.
- Eisenberg, N., Spinrad, T.L., & Cumberland, A. (1998). The socialization of emotion: Reply to commentaries. *Psychological Inquiry*, 9(4), 317-333.
- Elliott, M. (1999). Classifying family life education on the world wide web. *Family Relations*, 48(1), 7-13.
- Erel, O., & Burman, B. (1995). Interrelatedness of marital relations and parent-child relations: A meta analytic review. *Psychological Bulletin*, 118(1), 108-132.
- Field, T.M. (1998). Touch therapy effects on development. *The International Society for the Study of Behavioral Development*, 22(4), 779-797.
- Field, T. (1995). Psychologically depressed parents. In M. Bornstein (Ed.), *Handbook of parenting: Vol. 4. Applied and practical parenting*. (pp. 85-99). Mahwah, N.J.: Lawrence Erlbaum Associates.
- Fowles, D.C., & Kochanska, G. (2000). Temperament as a moderator of pathways to conscience in children: The contribution of electrodermal activity. *Psychophysiology*, 37(6), 788-795.
- Freda, M.C., Andersen, H.F., Damus, K., & Merkatz, I.R. (1993). What pregnant women want to know: A comparison of client and provider perceptions. *Journal of Obstetric, Gynecologic, and Neonatal Nursing*, 22(3), 237-244.
- Goldberg, S. (2000). *Attachment and Development*. London, GB: Arnold, a member of the Hodder Headline Group.
- Goldberg, S., Mackay-Soroka, S., & Rochester, M. (1994). Affect attachment and maternal responsiveness. *Infant Behavior and Development*, 17, 335-339.
- Goodnow, J.J. (1995). Parents' knowledge and expectations. In M. Bornstein (Ed.), *Handbook of parenting: Vol. 3. Status and social conditions of parenting* (pp. 305 - 332). Mahwah, NJ: Lawrence Erlbaum Associates Publishers.
- Gottman, J. M., Katz, L. F., & Hooven, C. (1996). Parental meta-emotion philosophy and the emotional life of families: Theoretical models and preliminary data. *Journal of Family Psychology*, 10, 243-268.
- Gottman, J. M., Katz, L. F., & Hooven, C. (1997). *Meta-emotion: How families communicate emotionally*. Mahwah, NJ: Lawrence Erlbaum Associates, Inc.
- Gottman, J.M. (1998). Toward a process model of men in marriages and families. In A. Booth & A.C. Crouter (Eds.), *Men in families: When do they get involved? What difference does it make?* (pp. 149-192). Mahwah, NJ: Lawrence Erlbaum Associates Publishers.
- Gould, D. (1986). Locally organized antenatal classes and their effectiveness. *Nursing Times*, 82(12), 59-61.

- Grusec, J. (1997). A history of research on parenting strategies and children's internalization of values. In J. Grusec & L. Kuczynski (Eds.), *Parenting and children's internalization of values: A handbook of contemporary theory* (pp. 3-22). Toronto: John Wiley & Sons, Inc.
- Grusec, J & Kuczynski, L. (Eds.). (1997). *Parenting and children's internalization of values: A handbook of contemporary theory*. Toronto: John Wiley & Sons, Inc.
- Grusec, J., & Kuczynski, L. (1997). Introduction and Overview. In J. Grusec & L. Kuczynski (Eds.), *Parenting and children's internalization of values: A handbook of contemporary theory*. Toronto: John Wiley & Sons, Inc.
- Grusec, J.E., Rudy, D., & Martini, T. (1997). Parenting cognitions and child outcomes: An overview and implications for children's internalization of values. In J. Grusec & L. Kuczynski (Eds.), *Parenting and children's internalization of values: A handbook of contemporary theory*. (pp. 259-282). Toronto: John Wiley & Sons, Inc.
- Gunnar, M. R., & Vazquez, D.M. (2001). Low cortisol and a flattening of expected daytime rhythm: Potential indices of risk in human development. *Development and Psychopathology*, 13 (3), 516-538.
- Hays, S. (1998). The fallacious assumptions and unrealistic prescriptions of attachment theory: A comment on parents' socioemotional investment in children. *Journal of Marriage and the Family*, 60(3), 782-795.
- Health Canada: Ministry of National Health and Welfare. (1988). *Nobody's Perfect - Training Manual*.
- Health Canada. (2000). *Working with Nobody's Perfect: A Facilitator's Guide*.
- Heinicke, C.M. (1995). Determinants of the transition to parenting. In M. Bornstein (Ed.), *Handbook of parenting: Vol. 3. Status and social conditions of parenting* (pp. 277 - 303). Mahwah, NJ: Lawrence Erlbaum Associates Publishers.
- Hertenstein, M.J. (2002). Touch: Its communicative functions in infancy. *Human Development*, 45(2), 70-94.
- Hinde, R. (1995). Foreword. In M. Bornstein (Ed.), *Handbook of parenting: Vol. 3. Status and social conditions of parenting* (pp. xii - xiv). Mahwah, NJ: Lawrence Erlbaum Associates Publishers.
- Holden, G.W. (1995). Parental attitudes toward childrearing. In M. Bornstein (Ed.), *Handbook of parenting: Vol. 3. Status and social conditions of parenting*. (pp. 359 - 392). Mahwah, NJ: Lawrence Erlbaum Associates Publishers.
- Hughes, R. (2001). A process evaluation of a website for family life educators. *Family Relations*, 50(2), 164-170.
- Hughes, R., Ebata, A.T., & Dollahite, D.C. (1999). Family life in the information age. *Family Relations*, 48(1), 5-6.
- Johnson, E.M., & Huston, T.L. (1998). The perils of love, or why wives adapt to husbands during the transition to parenthood. *Journal of Marriage and the Family*, 60(2), 195-204.
- Kishchuk, N., Laurendeau, M-C., Desjardins, N., & Perreault, R. (1995). Parent support: Effects of a mass-media intervention. *Canadian Journal of Public Health*, 86(2), 128-132.
- Kochanska, G., Coy, K.C. & Murray, K.T. (2001). The development of self-regulation in the first four years of life. *Child Development*, 72(4), 1091-1111.
- Kochanska, G., Coy, K.C., Tjebkes, T.L., & Husarek, S.J. (1998). Individual differences in emotionality in infancy. *Child Development*, 64(2), 375-390.

- Kochanska, G., Forman, D.R., & Coy, K.C. (1999). Implications of the mother-child relationship in infancy for socialization in the second year of life. *Infant Behavior and Development*, 22(2), 249-265.
- Kochanska, G., & Thompson, R.A. (1997). The emergence and development of conscience in toddlerhood and early childhood. In J. Grusec & L. Kuczynski (Eds.), *Parenting and children's internalization of values: A handbook of contemporary theory* (pp. 53-77). Toronto: John Wiley & Sons, Inc.
- Kochanska, G., Tjebkes, T.L., & Forman, D.R. (1998). Children's emerging regulation of conduct: restraint, compliance, and internalization from infancy to the second year. *Child Development*, 69(5), 1378-1389.
- Kraut, R., Patterson, M., Lundmark, V., Kiesler, S., Mukopadhyay, T., & Scherlis, W. (1998). Internet paradox: A social technology that reduces social involvement and psychological well-being? *American Psychologist*, 53(9), 1017-1031.
- Krishnakumar, A., & Buehler, C. (2000). Interparental conflict and parenting behaviors: A meta-analytic review. *Family Relations*, 49(1), 25-44.
- Kuczynski, L. (2003). Beyond Bidirectionality: Bilateral conceptual frameworks for studying dynamics of parent-child relations. Kuczynski, L. (Ed.), *Handbook of Dynamics in Parent-Child Relations*. Thousand Oaks, CA: Sage Publications.
- Kuczynski, L and Hildebrandt, N. (1997). Models of conformity and resistance in socialization theory. In J. Grusec, & L. Kuczynski (Eds.), *Parenting and children's internalization of values: A handbook of contemporary theory*. Toronto: John Wiley & Sons, Inc.
- Lamb, M.E. (1997) (Ed.), *The role of the father in child development*. Toronto: John Wiley and Sons, Inc.
- Lamb, M.E. (1997). Fathers and child development: An introductory overview and guide. In M.E. Lamb (Ed.), *The role of the father in child development*. (pp. 1-18). Toronto: John Wiley and Sons, Inc.
- Lamb, M.E. (1997). The development of father-infant relationships. In M.E. Lamb (Ed.), *The role of the father in child development*. (pp. 104-120). Toronto: John Wiley and Sons, Inc.
- Landry, S.H., Smith, K.E., Swank, P.R., Assel, M.A., & Vellet, S. (2001). Does early responsive parenting have a special importance for children's development or is consistency across childhood necessary? *Developmental Psychology*, 37(3), 387-403.
- Landy, S. (2002). *Pathways to Competency: Encouraging Healthy Social and Emotional Development in Young Children*. Baltimore, MD: Paul H. Brookes Co.
- Lerner, R.M. (1983). A 'goodness of fit' model of person-context interaction. In D. Magnusson & V.L. Allen (Eds.), *Human development: An interactional perspective* (pp. 279 - 294). New York, NY: Academic Press.
- Lewis, M. (1998). Emotional competence and development. In D. Pushkar & W.M. Bukowski, A. E. Schwartzman, D.M. Stack & D. R. White (Eds.), *Improving competence across the lifespan: Building interventions based on theory and research*, 27 - 36. New York, NY: Plenum Press.
- Litton Fox, G., Bruce, C., & Combs-Orme, T. (2000). Parenting expectations and concerns of fathers and mothers of newborn infants. *Family Relations*, 49(2), 123-131.
- MacDonald, K. (1997). The coherence of individual development: An evolutionary perspective on children's internalization of parental values. In J. Grusec, & L. Kuczynski (Eds.), *Parenting and children's internalization of values: A handbook of contemporary theory* (pp. 362-397). Toronto: John Wiley & Sons, Inc.

- Malnory, M.E. (1996). Developmental care of the pregnant couple. *Journal of Obstetric, Gynecologic, and Neonatal Nursing*, 25(6), 525-532.
- Marsiglio, W., Amato, P., Day, R.D., & Lamb, M.E. (2000). Scholarship on fatherhood in the 1990s and beyond. *Journal of Marriage and the Family*, 62(4), 1173-1191.
- Matthews, J.M., & Hudson, A.M. (2001). Guidelines for evaluating parent training programs. *Family Relations*, 50(1), 77-86.
- McBride, B. A. (1990). The effects of a parent education/play group program on father involvement in child rearing. *Family Relations*, 39(3), 250-256.
- McGillicuddy-De Lisi, A.V. & Seigel I.E. (1995). Parental beliefs. In M. Bornstein (Ed.), *Handbook of parenting: Vol. 3. Status and social conditions of parenting* (pp. 333 - 358). Mahwah, NJ: Lawrence Erlbaum Associates Publishers.
- McGuire, S. (2001). Are behavioral genetic and socialization research compatible? *American Psychologist*, 56(2), 171.
- Mertensmeyer, C., & Fine, M. (2000). Parent link: A model of integration and support for parents. *Family Relations*, 49(3), 257-265.
- Mercer, R.T. (1985). The process of maternal role attainment of the first year. *Nursing Research*, 34(4). 198-204.
- National Longitudinal Survey of Children and Youth*. Available October 25, 2003: <http://www.hrdc-drhc.gc.ca/sp-ps/arb-dgra/nlscy-elnej/home.shtml>
- Niccols, A., & Mohamed, S. (2000). Parent-child interaction skills training in groups: Pilot study with parents of infants with developmental delay. *Journal of Consulting and Clinical Psychology*, 53, 846-851.
- Nolan, M.L. (1997). Antenatal education--where next? *Journal of Advanced Nursing*, 25(6). 1198-1204.
- Oldershaw, L. (2002). *A National Survey of Parents of Young Children*, Toronto, ON: Invest in Kids.
- Onozawa, K., Glover, V., Adams, D., Modi, N., & Kumar, C. (2001) Infant massage improves mother-infant interaction for mothers with postnatal depression. *Journal of Affective Disorders*, 63(1-3), 201-207.
- Ostergren, C.S. (1997). Differential utility of temperament-based guidance materials for parents of infants. *Family Relations*, 46(1), 63-71.
- Palkovitz, R. (1985). Fathers' birth attendance, early contact and extended contact with their newborns: A critical review. *Child Development*, 56, 392-406.
- Papousek, H., & Papousek, M. (1992). Beyond emotional bonding: The role of preverbal communication in mental growth and health. *Infant Mental Health Journal*, 13(1), 43-53.
- Papousek, H., and Papousek, M. (1995). Intuitive Parenting. In M. Bornstein (Ed.), *Handbook of Parenting: Vol. 2, Biology and Ecology of Parenting*. (pp.117 - 136). Mahwah, NJ: Lawrence Erlbaum Associates Publishers.
- Parke, R.D. (1995). Fathers and families. In M. Bornstein (Ed.), *Handbook of parenting: Vol. 3. Status and social conditions of parenting* (pp. 27-73). Mahwah, NJ: Lawrence Erlbaum Associates Publishers.

Patterson, G.R. (1997). Performance Models for Parenting: A Social Interactional Perspective. In J.E. Grusec & L. Kuczynski (Eds.), *Parenting and Children's Internalization of Values: A Handbook of Contemporary Theory* (pp. 193-226). Toronto: John Wiley & Sons, Inc.

Pleck, J.H. (1997). Paternal involvement: Levels, sources, and consequences. In M.E. Lamb (Ed.), *The role of the father in child development*. (pp. 66-103). Toronto: John Wiley and Sons, Inc.

Powell, D.R. (1998). Issues in evaluating parenting curricula. *Parenthood in America* [On-line]. Available July 2003: <http://parenthood.library.wisc.edu/Powell/Powell.html>

Pushkar, D., and Stack, D.M. (1998). Emergent themes in studying competence across the lifespan: Introduction. In D. Pushkar, W.M. Bukowski, A.E. Schwartzman, D.M. Stack, & D.R. White (Eds.), *Improving competence across the lifespan: Building interventions based on theory and research*. New York, NY: Plenum Press.

Pridham, K.F., & Chang, A.S. (1992). Transition to being the mother of a new infant in the first 3 months: maternal problem solving and self-appraisals. *Journal of Advanced Nursing*, 17, 204-216.

Redman, S., Oak, S., Booth, P., Jensen, J., & Saxton, A. (1991). Evaluation of an antenatal education programme: Characteristics of attenders, changes in knowledge and satisfaction of participants. *Australia and New Zealand Journal of Obstetrics and Gynecology*, 31(4), 310-316.

Rising, S.S. (1998). Centering pregnancy: An interdisciplinary model of empowerment. *Journal of Nurse-Midwifery*, 43(1), 46-54.

Rogan, F., Shmied, V., Barclay L., Everitt L., & Wyllies, A. (1997). Becoming a mother -- Developing a new theory of early motherhood. *Journal of Advanced Nursing*, 25(5), 877-885.

Rogers, S.J., & White, L.K. (1998). Satisfaction with parenting: The role of marital happiness, family structure and parents' gender. *Journal of Marriage and the Family*, 60(2). 293-308.

Rothbart, M.K. (1989). Temperament and Development. In G.A. Kohnstamm, J.E. Bates, & M.K. Rothbart (Eds.), *Temperament in childhood* (pp. 187 - 247). Chichester, England: Wiley.

Rubin, R. (1984). *Maternal identify and the maternal experience*. New York, NY: Springer Publishing Company.

Ruble, D.N., Fleming, A.S., Hackel, L.S., & Stangor, C. (1988). Changes in the marital relationship during the transition to first time motherhood: Effects of violated expectations concerning division of household labor. *Journal of Personality and Social Psychology*, 55(11), 78-87.

Sanson, A., & Rothbart, M.K. (1995). Child temperament and parenting. In M. Bornstein (Ed.), *Handbook of parenting: Vol. 4. Applied and practical parenting* (pp. 299-321). Mahwah, N.J.: Lawrence Erlbaum Associates.

Schneider, B.H., Atkinson, L., & Tardif, C. (2001). Child-parent attachment and children's peer relations: A quantitative review. *Developmental Psychology*, 37(1), 86-100.

Simpson, A.R. (1997). The role of the mass media in parenting education. Harvard School of Public Health. Available October 25, 2003: <http://www.hsph.harvard.edu/chc/parenting/massmedia.html>

Smetana, J. (1997). Parenting and the development of social knowledge reconceptualized: A social domain analysis. In J. Grusec & L. Kuczynski (Eds.), *Parenting and children's internalization of values: A handbook of contemporary theory* (pp. 162-192). Toronto: John Wiley & Sons, Inc.

- Smith, C.A. (1999). Family life pathfinders on the new electronic frontier. *Family Relations*, 48(1), 31-34.
- Solchany, J.E. (2001). *Promoting maternal mental health during pregnancy: Theory, practice & intervention*, 1st paperback ed. Seattle, WA: NCAST Publications.
- Stack, Dale M., & Poulin-Dubois, D. (1998). Socio-emotional and cognitive competence in infancy: Paradigms, assessment strategies and implications for intervention. In D. Pushkar, W.M. Bukowski, A.E. Schwartzman, D.M. Stack, & D.R. White (Eds.), *Improving competence across the lifespan: Building interventions based on theory and research*, 37 - 57. New York: Plenum Press.
- Statistics Canada. (2002, July 25). Household Internet Use Survey (HIUS). [On-line] The Daily. Available: [www.statcan.ca/Daily/English/020725/d020725a/htm](http://www.statcan.ca/Daily/English/020725/d020725a/htm)
- Statistics Canada. (2002, July 25). Selected dwelling characteristics and household equipment. [On-line] Available: [www.statcan.ca/english/Pgdb/People/Families/famil09b.htm](http://www.statcan.ca/english/Pgdb/People/Families/famil09b.htm)
- Stevens, J.H. (1984). Child development knowledge and parenting skills. *Family Relations*, 33, 237-244.
- Thomas, A., Chess, S., & Birch, H.G. (1965). *Your child is a person*. New York, NY: Viking.
- Thomas, R. (1996). Reflective dialogue parent education design: Focus on parent development. *Family Relations*, 45(2), 189-200.
- Thomas, R. & Footrakoon, O. (1998). What curricular perspectives can tell us about parent education curricula. *Parenthood in America* [On-line]. Available: July 2003, <http://parenthood.library.wisc.edu/Thomas/Thomas.html>
- Tremblay, R. E. (2000). The development of aggressive behaviour during childhood: What have we learned in the past century? *International Journal of Behavioral Development*, 24(2), 129-141.
- Trevarthen, C., & Aitken, K.J. (2001). Infant intersubjectivity: Research, theory and clinical applications. *Journal of Child Psychology and Psychiatry*, 42(1), 3-48.
- Uzgir, I.C., & Raeff, C. (1995). Play in parent-child interactions. In M. Bornstein (Ed.), *Handbook of parenting: Vol. 4. Applied and practical parenting* (pp. 353-376). Mahwah, N.J.: Lawrence Erlbaum Associates.
- Valsiner, J., Branco, A.U., & Dantas, C.M. (1997). Co-construction of human development: Heterogeneity within parental belief orientations. In J. Grusec, & L. Kuczynski (Eds.), *Parenting and children's internalization of values: A handbook of contemporary theory* (pp. 283-304). Toronto: John Wiley & Sons, Inc.
- Van den Boom, D. (1994). The influence of temperament and mothering on attachment and exploration: An experimental manipulation of sensitive responsiveness among lower-class mothers with irritable infants. *Child Development*, 65, 1457-1477.
- Walker, L.O., & Wilging, S. (2000). Rediscovering the "M" in "MCH": Maternal health promotion after childbirth. *Journal of Obstetric, Gynecologic, and Neonatal Nursing*, 29(3), 229-236.
- Werner, E.E. (1986). Resilient offspring of alcoholics: A longitudinal study from birth to age 18. *Journal of Studies on Alcohol*, 47, 34 - 40.
- Werner, E.E. & Smith, R.S. (1982). *Vulnerable, but invincible: A longitudinal study of resilient children and youth*. New York, NY: McGraw-Hill.

Willms, J.D., (2002) (Ed.), *Vulnerable Children: Findings from Canada's National Longitudinal Survey of Children and Youth*. Edmonton, AB: University of Alberta Press.

Willms, J.D. (2002). The Prevalence of Vulnerable Children. In J.D. Willms (Ed.), *Vulnerable Children: Findings from Canada's National Longitudinal Survey of Children and Youth* (pp. 45 - 69). Edmonton, AB: University of Alberta Press.

Willms, J.D. (2002). Socioeconomic Gradients for Childhood Vulnerability. In J.D. Willms (Ed.), *Vulnerable Children: Findings from Canada's National Longitudinal Survey of Children and Youth* (pp. 71 - 102). Edmonton, AB: University of Alberta Press.

Wilson, B.J. & Gottman, J.M. (1995). Marital interaction and parenting. In M. Bornstein (Ed.), *Handbook of parenting: Vol. 4. Applied and practical parenting* (pp. 33-55). Mahwah, N.J.: Lawrence Erlbaum Associates.

Wolfson, A., Lacks, P., & Futterman, A. (1992). Effects of parenting on infant sleeping patterns, parents' stress, and perceived parental competence. *Journal of Consulting and Clinical Psychology*, 60(1), 41-48.

Zeanah, C.H. (Ed.) (2000). *Handbook of infant mental health*, 2nd ed. New York, NY: The Guilford Press.

Zigler, E. (1995). Foreword. In M. Bornstein (Ed.), *Handbook of parenting: Vol. 1. Children and parenting* (pp. xii - xv). Mahwah, NJ: Lawrence Erlbaum Associates Publishers.



Invest in Kids  
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