# The Developing Family: How Is It Doing with Nurturing Young Children?

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## **Parental Disengagement**

Every time I visit a culture or country different from my own I gain a new perspective on families and children. One theme I have observed in Asian cultures is the caregiving of the infant and young child by other family members. In China the maternal grandmother cares for the new baby as well as for the young parents; often the families live together. In Taiwan it is customary for the paternal grandmother to help with the newborn. In France there is a well-developed system of day nurseries supported by the government.

In both Canada and the United States it has been customary for parents to do the caregiving of infants and toddlers. I therefore find it interesting to read studies about the mother's perceptions of her experience both working and mothering. I detect a shift in our two countries as the care of young children becomes less exclusively the responsibility of parents. David Hamburg made the assertion, while President of the Carnegie Foundation in the 1980s, that the United States is experiencing an epidemic of parental disengagement. He suggested that postindustrial society has found a non-adaptive solution for child care, expecting the family to bear full responsibility; the society, including government and private corporations, has not assumed its share of responsibility in helping families care for children, while at the same time it has created work demands on the family for regulating the economy. In the United States over 60% of women are back in the work force by the time their infant is 1 year of age. As a society we are removing caregiving as a priority from the family agenda by employing the parents, yet government/business provides little assistance for the care of children. This is an issue that must be addressed by both scholars in human development and policy makers in human service delivery.

In fact we have much to learn from scholars in other countries about their strategies for early child care and their observations of child

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outcomes. International nursing congresses could be the focus of rich exchange concerning the issues of early family life and child care.

#### The Changing Roles of Parents

Several researchers have studied the role expectations of parents and the influences of parents' own well-being on their ability to parent (Killien, 1998; Lederman & Miller, 1998; Solchany, 1998; Walker, Flescher, & Heaman, 1998). Their work reflects the many changes that are occurring in early parenting, precipitated by the factors of more working mothers, more child-care involvement by fathers, more cultural heterogeneity within the population, and more unmarried women with children. Parenting of young children is changing; mothers are no longer the only primary caregivers. Solchany's research focuses on becoming a family by adoption, a topic largely neglected in the study of family formation.

Demonstrating the biological basis of behaviour is another important avenue of early family research. Humenick, Hill, Thompson, and Hart (1998), for example, examined the sodium content of breast milk and its relationship to breastfeeding. This research strategy informs while at the same time adds to the credibility of health and behavioural practices, leading to increased understanding of phenomena and increased recognition of the issue by biologically oriented scientists.

Often the complex and comprehensive perspective that nursing embraces forces us to use small sample sizes. Edwards, Sims-Jones, and Breithaupt's (1998) epidemiological design using a large sample to examine trends of maternal smoking and choice of infant-feeding methods might, however, be an indication that we have "come of age." Questions surrounding the feeding of young infants represent a vital issue in early development. The evidence that the most natural form of infant feeding — breastfeeding — is better for the child's growth and development suggests that health-care providers understand more fully the biological and lifestyle factors that influence breastfeeding success.

### **Important Questions for Nursing Science**

Today nursing science uses a variety of designs and methodologies, ranging from large quantitative studies to theory-generating qualitative ones. This is a positive indicator of its developmental maturity. However, the reporting of nursing research today puts greater emphasis on the questions and the answers than it did in the past, when typically we were preoccupied with design and methods. This change in emphasis in publishing study results is important, because as a practice-related discipline we must apply our scientific findings. It is on the answers to practice-related questions that nursing science must focus.

## New Questions Concerning Caregiving Environments

A critical issue facing society today concerns the care of the youngest children. Who is providing the care? What are the consequences of nonparental early care? History can be informative, but most historical accounts of early child care date from times of extreme stress, when countries were facing war and famine. As we approach the year 2000 we have an opportunity to study early caregiving informed by childdevelopment and family research. We presently know more than we ever have in recorded history about optimal environments for promoting the health and well-being of children. We have the new challenges of the information age and the global village as the contexts in which children will become adults. We know that early development can be promoted in emotionally supportive environments both within and outside the immediate family context. Human potential is a critical issue; change is constant, and children must be prepared to cope with changing environments. I submit that by studying children under optimal conditions we can discover new levels of human development, where mind, body, and soul are integrated more fully than they have ever been. We need to learn how the potential of human genetic phenotypes can be achieved by conditions of rearing. We can examine the limits of developmental potential given our increasing capacity to nurture the individual differences of each child.

## **Expanding Our Knowledge Base of Caregiving Environments**

What do we know about the early caring environment? How can the caregiving environment be studied and measured? Recent methodological advances have brought us tools to measure the early environment. My own research has developed several instruments for observing and coding parent/caregiver behaviour and child responses in feeding and teaching contexts (Barnard et al., 1989; Sumner & Spietz, 1994). Our accumulated data demonstrate the predictive value of parent-child interaction in the first 2 years of life (Barnard, 1994; Morisset, 1994). The parent's performance as a social partner is a strong predictor of the child's language and cognitive development. Parents' scores on the Nursing Child Assessment Satellite Training (NCAST) Parent-Child Interaction Scales during the first 2 years predict the child's IQ. Knowing the parent's influence on the child's micro environment is both important and interesting, but the changes in early parenting necessitate more studies on non-parental caregiver/child interaction. We need to understand how the child's complementary caregiving partnerships predict competencies. Nursing scholarship and research have been focused on the nuclear family; we now need to broaden our lens — the young child is no longer primarily in the care of parents.

Recent attention to early brain development and outcomes in animal and human studies (Shore, 1997) also highlights the need for intensified study of infant and toddler caregiving. As the society collaborates with parents on early child care, we need to answer several questions: What is the appropriate environment for the developing child? What does the brain need to develop well? What type and number of emotional connections does the young child require? What role do temperament and self-regulation play in developmental processes? We have the ability to bring to early child care knowledge and resources that have never before been available. We can truly test the ultimate nurturing of human potential.

As the society becomes more involved in and more responsible for the care of young children, we need to collectively establish and implement standards of caregiving. The process is beginning. Recently published daycare guidelines (American Public Health Association & American Academy of Pediatrics, 1992) speak to brain development and the social-emotional needs of young children. The document calls for activities in the child-care facility (centre- or home-based) that offer young children opportunities to develop personal and affectionate relationships with a small number of caregivers; experiences coping with separation and loss of their parent caregivers for large parts of the day; experiences communicating in the language of their family; and play opportunities that help reduce anxiety, resolve conflicts, and adapt to reality, and that combine the inner and outer worlds. These guidelines have their foundation in theories and empirical evidence of child-development research, demonstrating the practical application of research in caring for children.

## The Best of Times and the Worst of Times

While for many families and children early childhood is the best of times, for some children early development is the worst of times. In my research partnership with an Early Head Start program, we are finding that mothers whose relationship past has been troublesome, and who are even as new mothers struggling with relationship issues, are often emotionally unavailable to their infants. Their unresolved losses and trauma bring great emotional distress and conflict, manifesting as posttraumatic stress symptoms. How do we deal with such a parent? How can a mother possibly nurture a child unless she is freed from her own anxiety, terror, and despair? Parent-support and education intervention strategies with unavailable caregivers are ineffective in helping the parent recover fast enough to meet the needs of a child on a rapid developmental timetable (Barnard, 1998; Barnard & Morisset, 1995; Barnard, Morisset, & Spieker, 1993). These parents are unfortunately providing environments in which the child experiences rejection, fear, and despair. In later years such children often exhibit the depression and aggression so epidemic and troublesome in our human family (Karr-Morse & Wiley, 1997). As members of the scientific community we have an obligation not only to study the context of family and child well-being, but also to serve as advocates for changing the conditions of family formation and function in relation to child care. I encourage your participation in the research on early child-rearing and also in redefining society's responsibility to the care of children.

The final challenge I would bring to you is the need for a better understanding of social-emotional development. An overwhelming issue for many parents is the management of their own adult emotional states. The rates of family conflict and domestic violence are a major issue in families at all social-economic levels. The development of emotional expression and emotional regulation in the young family is an important area for future research. The nurturing of the emotional system, while a complex process, has been studied only superficially. Many alarming national statistics demonstrate an increasing amount of aggression expressed by both children and adults in schools and in the community at large. This increased aggression fuels violent acts within families and communities.

The role of the early environment in developing the cortical feedback systems to regulate the aggression is emerging as one of the major issues in neuroscience. My challenge to nursing colleagues is to increase our attention to this critical area of human function, in the hope that nursing science will bring new insights into this dimension of human functioning — the formation of compassionate and caring relationships with one another.

### References

American Public Health Association & American Academy of Pediatrics. (1992). Caring for our children: National health and safety performance standards —

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*Guidelines for out-of-home child care programs.* Washington: National Center for Education in Maternal and Child Health, Georgetown University.

- Barnard, K.E. (1994). What the NCAST feeding scale measures. In G. Sumner & A. Spietz (Eds.), NCAST caregiver/child feeding manual. Seattle: NCAST Publications, University of Washington.
- Barnard, K.E. (1998). Developing, implementing, and documenting interventions with parents and young children. *Zero to Three*, 18(4), 23–29.
- Barnard, K.E., Hammond, M.A., Booth, C.L., Bee, H.L., Mitchell, S.K., & Spieker, S.J. (1989). Measurement and meaning of parent-child interaction. In F.J. Morrison, C.E. Lord, & D.P. Keating (Eds.), *Applied developmental psychology* (Vol. 3). New York: Academic Press.
- Barnard, K.E., & Morisset, C. (1995). Preventive health and developmental care for children: Relationships as a primary factor in service delivery with at risk populations. In H. Fitzgerald, B. Lester, & B. Zuckerman (Eds.), *Children and poverty.* Hamden, CT: Garland Publishing.
- Barnard, K.E., Morisset, C.E., & Spieker, S.J. (1993). Preventive interventions: Enhancing parent-infant relationships. In Charles Zeanah (Ed.), *Handbook* on infant mental health (pp. 386–401). New York: Guilford Press.
- Edwards, N., Sims-Jones, N., & Breithaupt, K. (1998). Smoking in pregnancy and postpartum: Relationship to mothers' choices concerning infant nutrition. *Canadian Journal of Nursing Research*, 30(3), 83–98.
- Humenick, S.S., Hill, P.D., Thompson, J., & Hart, A.M. (1998). Breast-milk sodium as a predictor of breastfeeding patterns. *Canadian Journal of Nursing Research*, 30(3), 67–81.
- Karr-Morse, R., & Wiley, M. (1997). *Ghosts from the nursery: Tracing the roots of violence*. New York: Atlantic Monthly Press.
- Killien, M.G. (1998). Postpartum return to work: Mothering stress, anxiety, and gratification. *Canadian Journal of Nursing Research*, 30(3), 53–66.
- Lederman, R., & Miller, D.S. (1998). Adaptation to pregnancy in three different ethnic groups: Latin-American, African-American, and Anglo-American. *Canadian Journal of Nursing Research*, 30(3), 37–51.
- Morisset, C. (1994). What the NCAST teaching scale measures. In G. Sumner & A. Spietz (Eds.), *NCAST caregiver/child feeding and teaching manuals*. Seattle: NCAST Publications, University of Washington.
- Shore, R. (1997). *Rethinking the brain*. New York: Work and Family Institute (212-465-2044).
- Solchany, J.E. (1998). Anticipating the adopted child: Women's preadoptive experiences. *Canadian Journal of Nursing Research*, 30(3), 123–129.
- Sumner, G., & Spietz, A. (Eds.). (1994). NCAST caregiver/child feeding and teaching manuals. Seattle: NCAST Publications, University of Washington.
- Walker, L.O., Flescher, R.G., & Heaman, M. (1998). Is a healthy lifestyle related to stress, parenting confidence, and health symptoms among new fathers? *Canadian Journal of Nursing Research*, 30(3), 21–36.