

Emotional Development in Children Ages 0 to 3 Years
By: Sue duTrel, PhD, LCSW

Parent who attend the Parents Empowering Parents (PEP) program; learn that there are some important tasks for the very young child (age 0 to 3 years old) to accomplish in order to grow up healthy. This paper will add to that information, what a child is experiencing emotionally during this early period of development. With this knowledge, parents will have more ability to empathize with their child and consequently respond with more confidence and understanding.

PEP teaches us that during the period from birth to two years old, the tasks of the child are developing trust, developing attachments, and being able to discriminate himself from others. Margaret Mahler, [1] one of the best known child development theorist, explains that for about a month after birth the baby is half asleep and half awake. He is much like he was when in his mother's ¹ body. It is like he is inside an egg. His contacts with the external world are only his physical needs to be fed, kept warm, and eliminate waste. His body has reflexes to help him such as sucking, rooting, grasping, and clinging. The total purpose of his life is to maintain a stable and in a constant condition. Emotionally he is only connected to himself, until as Freud [2] describes he begins to turn his head to his mother's breast. This visual effort is the beginning of an emotional connection with the external world.

As the baby enters his second month of life and until his fourth or fifth month of life he cannot tell the difference between his mother responding to his hunger by feeding him or his own ability to release unpleasurable tension by urinating, coughing, vomiting, defecating, sneezing, or spitting. However, over time he begins to understand pleasurable/good verses painful/bad types of experiences. The eggshell is beginning to crack and now he emotionally joins with his mother and sees himself as one with her. The mother's act of holding the child and looking directly into his face encourages this sense of oneness and eventually the baby gives back a social smile. The need

¹ The term "mother" in this paper is used to describe the primary caregiver of the child during this developmental period. Often that may actually be both parents or in some instances a father, grandparent, other relative, or a guardian of the child. Additionally, we will use the term, "he" to represent the child, but the child could be either male or female.

for his mother eventually becomes a wish and memory begins to form, which leads to a feeling of longing for her when she is gone.

Mahler then describes the period of time from 4 months to 24 months as a time when he becomes an individual. At 4 to 5 months old the baby has increased wakefulness and awareness of his mother's coming and going. He is hatching from the egg. By 6 months he sees himself as different from his mother. He begins pulling on her hair and putting food in her mouth. A transitional object or pattern of behavior becomes important when mother is not there. An example of a transitional object would be if his mother covers him with a particular blanket when holding him, he will feel much more secure with that blanket when she is not there. Or, a pattern of behavior would be when the mother has a way of stroking his face or bouncing him when he is held, and then when she is gone he will attempt to repeat these patterns. John Bowlby, another well know developmental theorist, described what is occurring at this time as "attachment." A successful attachment will act as a guide for future successful relationships throughout the child's life. The mother's ability to respond sensitively to her infant's signals is a major influence on this secure attachment according to Bowlby [3].

A mother of a child with a bleeding disorder, especially if it is the first child in the family with a bleeding disorder probably has recently learned of her son's diagnosis. This is a period of great emotional turmoil for the mother and the entire family. It is important that the family receive detailed education from a hemophilia treatment center. The many concerns the family may have will be lessened by learning from the medical staff about the excellent treatment we have available today, by learning from the social worker what feelings the family can anticipate will arise, and by knowing there is a place to get their questions answered. If some of the turmoil can be reduced, a mother will have more opportunity to be aware of her child's initial emotional connection to her and be better able to respond to him so that the attachment is secure.

By 7 to 8 months the baby will move away from his mother, but will check back to make sure she is still there. He also becomes uncomfortable around strangers. Two things have

Emotional Development in Children Ages 0 to 3 Years
By: Sue duTreib, PhD, LCSW

happened; the baby is aware of being physically separate from his mother, but he also develops an awareness of his independence.

From 8 months until about 18 months old he begins to practice his independence, but always checks in with his mother as he explores the world. He feels excited and all powerful. He likes to play peek-a-boo, because he can instantly lose and then regain his mother. He also likes to run away from his mother because he knows she will always catch him and this can be repeated. He can walk and this helps him to grow emotionally, because now he can test reality. He also will discover his body parts during this time.

From 18 months to 24 months he does not feel as safe as he did when he was younger. He almost constantly wants his mother. His awareness of being separate from his mother is growing. He suffers separation anxiety, because he is able to remember his mother after she leaves, but doesn't understand that she will come back. Additionally as his intelligence grows so does his need to have his mother participate in everything he is doing. Verbal communication becomes more important. For the mother of a child with a bleeding disorder, this is the time when her toddler will have more opportunities to injure himself when crawling or making attempts to climb, or to fall while trying to learn to walk; consequently there is more potential for bleeding. However, knowing what he is experiencing emotionally it is helpful for a mother to be able to encourage independence at this time. Today through the use of prophylaxis children with severe hemophilia can reach these levels of independence, because mothers can feel more secure that their child is protected.

From two years to three years the PEP program defines not only what the child is accomplishing, but also what the parent needs to do to assist in these tasks. For the child it is a time of dramatic changes where he gains control of his surroundings and will. Additionally, it is a time where he experiences an explosion of learning. For the parents, it is a time where establishment of balance between structure and stifling, between safety and freedom, and establishment of consistent limits and appropriate consequences are what is needed from them.

What is most important for a parent to understand at this point is the feeling a child experiences when he is attempting to comply with what the parent wants him to do. If a child is complying because he fears punishment he must at the same time hide his anger. When people hide anger they often feel sad. Feeling sad repetitively over time increases the likelihood of low self esteem, depression, and helplessness. However, if a child complies because he accepts his parent's goal then he feels in control of himself and this feels good and this leads to a good self concept [4].

The tools PEP offers and explains to parents to help them help their child develop a good self concept and to feel in control include, the three golden rules for a family to live by: (do not hurt yourself, do not hurt others, and do not damage your surroundings), praise and attention, material rewards, privileges, Premack's Principle: (a person will do something that he does not like if this gives him the opportunity to do something that he does like), ignoring, removing privileges, time out, modeling, distracting, teaching, suggesting alternatives, providing structure, supervising, making prior parental agreements, preparing in advance, and removing sources of temptation. The PEP program describes each of these tools in-depth and gives parents ideas about how to practice them.

Conclusions

It can be very helpful for parents of children with bleeding disorders to understand their child's early emotional development. This understanding can be a wonderful way to assess where you are in your own development as a parent. As your child grows emotionally, your responses to him change. So if you can anticipate what changes are coming you are more likely to respond with more awareness and thoughtfulness. Your child will consequently feel more secure in your presence and will want to please you more. Establishing this type of relationship with your child is a major accomplishment of parenting and will have lifelong positive affects for both of you. Attending PEP can help you learn how to establish this relationship.

References

1. Mahler MS, Pine P, & Bergman A. The psychological birth of the human infant. New York, Basic Books. 1975.
2. Freud S. "Project for a scientific psychology," in Standard Edition. Edited by J. Strachey. London: Hogarth Press. 1:281-397. 1895.
3. Bowlby, J. Attachment and loss: Vol. 1. Attachment (2nd ed.). New York: Basic Books. 1982. (Original work published in 1969)
4. Crockenberg S. & Leerkes E. Infant social and emotional development in family context. In C.H. Zeanah, Jr. (Ed), Handbook of infant mental health (pp. 60-90). New York: Guilford Press. 1993.