Psychology of Parent-Child Relationship

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Abstract: Findings that have been gained from psychological studies on parent-child relationship desired for the healthy development of the mind in infants, with particular emphasis on how to raise infants are discussed herein. First, a conceptual scheme to examine mother-infant relationship, the most important aspect of early parent-child relationship, is presented. For instance, structural components of mother-infant interactions are shown diagrammatically. Based on the figures, development of infants during the first two years since birth is discussed in relation to the mother-infant interactions by dividing it into three phases. Specifically, primary characteristics of developmental changes in the ability of infants to communicate during the first two months of life, two to six months, and six to 18 months are exemplified, and the characteristics of the mother-infant interactions strongly related to such changes are organized. Subsequently, how the behavioral changes in parent-child relationship might be related to the tasks concerning mind development in infants is clarified. Finally, the current situation of the parenting environment in Japan, including the issue of participation by fathers, and clinical tasks are presented.

Key words: Early mother-infant interaction; Developmental task; Parent-child relationship; Parenting environment in Japan; Affect attunement

Introduction

For this article, I have been asked to discuss the parent-child relationship recommended for healthy development of the mind in infants, with particular emphasis on how to raise infants, based on findings that have been gleaned from psychological studies. First, the basic components of parent-child relationship are summarized. Subsequently, the relationship between tasks concerning psychological development of infants and parenting environment is discussed. Finally, the future parenting environment, including the issue of participation by fathers, is mentioned.
Behavioral Exchanges and Exchange of Minds

“Relationships” are “exchanges” that exist among people. Early parent-child relationships are often discussed in terms of the importance of the mother-infant relationship. In psychology, exchanges between a mother and an infant is called “mother-infant interaction” and studied commonly. Mother-infant interaction is developed not only one-sidedly, but as a mother and an infant affect each other, each changing their own behavior to match the other’s, and vice versa. From birth, a child takes the initiative to actively exercise his or her abilities to communicate depending on the development stage (Fig. 1).

Characteristics of the interactions up to two years are summarized by each primary developmental transition. The subjective experience of a child in the mother-infant interaction during these two years is qualitatively different from how things are experienced thereafter, due to how infants develop during this phase, which is very important to know if one is to offer advice on how to take care of and raise infants.

1. Up to two months of age

What is required during the initial stage of early mother-infant relationship is for both to share the moment they interact with each other. For example, newborns have characteristic behaviors and affective expression patterns at different conditions of alertness that overall “appeal” to mothers for something. Namely, interactive experiences start irrespective of the intent of the newborn when the mother seeks out meaning in the behavior of the newborn.

Although infants cannot subjectively experience these interactions as adults do, there is at least a “world of meanings” from the perspective of the mother that supports visual behavioral exchanges. In other words, this is a qualitative aspect of the interaction that concerns how a mother is experiencing what the child is experiencing. Expanding the basic components of mother-infant interaction in Fig. 1 to Fig. 2 may be of clinical help in understanding parent-child relationships.

The most important point in clinical psychology during the parenting phase is to listen to how a mother feels regarding her involvement with a child. Stern calls what parties involved in an interaction subjectively experience “representation.” The world of infant’s representation remains in a speculative territory since we cannot ask an infant, “What is your experience?”

2. Two to six months of age

Qualitative changes occur in the ability a newborn is either born with or rapidly develops each day. Transition from spontaneous smiles to social smiles occurs, and infants begin to smile at their mothers as though they are full of affection. They also become able to look into another person’s eyes, which increases the moments when mothers feel that they have built a mutual relationship. Although it has not been thoroughly determined why this sort of dramatic developmental changes occur at two months of age, it can be said that infants are
further involved in human interactions during this stage of mother-infant interaction.

Mothers continually but finely adjust how they communicate with the infant and adjust the alertness of the infant in order to draw the infant’s attention and to keep the infant happy. It is important to maintain the best possible condition of alertness in an infant to make communication with others possible under favorable conditions. This is not a matter dependent only on the mother.

For example, due to individual differences among infants, some infants may be temperamentally irritable and not very good at calming down. In such cases, they would get easily excited, but start crying or break down with little stimulation, making it difficult to carry on long interactions with other people.

However, during this phase, many healthy mothers are deeply involved with their relationship to their children that such objective individual differences in how infants react does not seem to affect the subjective experiences of mother-infant interaction from the perspective of mothers. Namely, all mothers tend to overlook the difficulty in dealing with infants, viewing it rather as individuality, which is preferable. Resultantly, this likely protects mothers from the hurt that comes from failed interactions.

On the other hand, infants also adjust their own alertness in their own way by interrupting and resuming interactions. For example, infants are known to commonly look away as though to reject any involvement when a mother’s response is too strong and stimulating. By this behavior, the flow of interaction becomes temporarily uncomfortable, causing the mother to immediately correct the intensity of her response, which in turn resumes the interaction.

3. Six to 18 months of age

During this phase, qualitatively great changes occur in the mother-infant interactions as it becomes possible for an infant to have intersubjective involvement in relation to sharing intersubjective affects with others. Specifically, infants begin to understand not only their own intentions and feelings, but also that others have them also.

For example, we begin to observe social referencing when the infant determines the next action based on the mother’s affective expression when faced with uncertainty of her own judgement.

There is also a concept called affect attunement in relation to sharing intersubjective affects between a mother and an infant. This is a series of interactions that occurs when a mother senses the affective condition within the infant from the infant’s behaviors, and responds to the infant in a way that reflects how the infant is feeling, thereby enabling the infant to feel that the same affective condition that is shared by the mother.

For example, let us say that an infant raised a toy and vocalized to the mother with a happy look. The mother will likely respond, “Oh, wow!” subconsciously nodding her head to a degree that would match the intensity of the infant’s hand motion or voice. When the infant then goes back to playing by taking toys up and down with great satisfaction, we would say that affect attunement has occurred. The internal understanding that the mother shares the amusement of playing with toys enables the infant to store this experience of interaction as an experience of even greater joy. The presence of these interactions teaches us that an exchange of “mind” between a mother and an infant has been established.

In clinical situations, I occasionally see parent-child relationships that do not seem to be right even though there may be no specific behaviors out of the ordinary. At times like this, observation of the parent-child interactions from the perspective of the infant has sometimes revealed that there is a slight repetition of mismatched response on the parent’s part to the affective expression of the infant. This is called mis-attunement, and it is one of the characteristics of parents and children who have relational problems.
Psychological Development of Infants and Parent-Child Relationship

Early mother-infant interactions begin by the mother adding meaning to the child’s behaviors, which move on to mutual adjustment of emotions as exchanges increase, and then the interactions begin to be experienced intersubjectively as the infant begins to understand the presence of intentions and minds in other people. Mother-infant interaction begins to have significance called “shared experience of emotions (mind)” that is essential for affective development of infants or the personality formation.

The important qualitative aspect of mother-infant interaction will have already been established by the time the infant begins to interact with others using words during the second half of the two years since birth.

Let us think about this in relation to the tasks of psychological development during this phase, based on Erikson’s theory. It is well known that he stated that the task of psychological development for the first year of life is to gain basic trust, and the task around the age of two is to gain autonomy.

Erikson says that these tasks for development are achieved through an appropriate parenting environment for the infant, namely, a qualitatively favorable maternal relationship. What is a “favorable maternal relationship”? Actually, this does not imply a one-sided relationship offered by the mother. Rather, as Emde et al. put it, it signifies the reciprocating relationship that psychologically rewards the parent as well when the infant expresses emotions in response to the mother’s response. This is no different from the development of healthy mother-infant interactions mentioned earlier.

Therefore, maternal relationships required for the infant to develop basic trust and to perform tasks of psychological development imply repeatedly shared experiences of the infant asking for something, the parent fulfilling this need, and the parent being fulfilled by seeing the infant fulfilled. Because there is such a reciprocal aspect to the mother-infant relationship, an intimate relationship where the mother and child are a pair, such as one described by Winnicott in his statement “there is no baby who is alone,” can be maintained.

Various System that Surrounds the Parent-Child Relationship

Anyone would admit that a good parenting environment is essential for the healthy development of a child’s body and mind. However, in our society today, people have started to recognize the wrongfulness of burdening the mother with the entire responsibility to create a good parenting environment. The most significant problem ought to be the fact that realistic measures in response to the rapidly declining parenting function in local areas due to reduced birthrates are overdue, while delusions that women can naturally carry out parenting when they give birth to a child remain unexamined.

The heavier burden of parenting a mother carries, amidst the trend toward the nuclear family, may reflect the reality that the father cannot take on the role expected of him in accordance with the changes in family structures. The Ministry of Health and Welfare (currently, the Ministry of Health, Labour, and Welfare) created a catch phrase in 1999 as one of their measures to support reduced birthrates and parenting which goes, “Men not involved in parenting will not be called fathers.” I recall there were various discussions surrounding the issue of whether or not this was appropriate at the time. It is clear fathers are not commonly involved with parenting in Japan from surveys that have been conducted in Japan and overseas.

For example, a basic survey on social life conducted by the Census Bureau of the Management and Coordination Agency (currently, the Ministry of Public Management, Home Affairs, Posts and Telecommunications) in 1996
showed that even the generation of fathers that is most involved with parenting (25–29 years of age) spend only 12 minutes on an average each day “parenting” (2 hrs 02 min. for mothers). A survey conducted to determine the reasons for such little involvement in parenting on the part of men disclosed three primary reasons: “business with work,” “views of gender roles” (men are to work and women are to take care of the home), and “fathers’ views of children” (for example, people who think “children will grow without parents” are less involved with parenting).8)

All three reasons are greatly affected by our social model. What jumps into a clinician’s eyes first in clinical psychology is the presence of a mother heavily involved with her children’s problems. However, in my clinical experience, such cases are most often not free of the problem of poor parenting function on the father’s part.

Family is the strongest cooperator of cares surrounding children. Even family members who do not directly affect the act of raising children have important roles of supporting the family member with the heaviest parenting burden.

In addition, there is a multifarious system that supports the relationship between a parent-child pair. It may also be important to look around the surrounding environment of the parent-child relationship that needs to change and consider supportive resources that could be used.

REFERENCES