

Developmental Reality and the Reality of Experience

LESLEY KOPLOW

MUCH HAS BEEN WRITTEN about the process of child development in the early years. While theories of development may differ, no one can deny the transformation process that propels the cheerfully seated 5-month-old to crawl across the room 1 month later or that compels the compliant young toddler to take an increasingly oppositional stance as she nears her second birthday. Given a supportive and nurturing environment, the healthy child's developmental agenda will unfold, including the predictable milestones charted on the pediatrician's checklist. Each will be achieved with the unique style and expressive quality of the individual child. Yet, unlike the slow-budding blossom of a flower best captured in the silence of time-lapse photography, the baby's developmental process requires an eye for action and an orchestra of sound. There is nothing neat or quiet about a baby's struggle to grow up.

The early childhood education community has grown to respect the child's developmental process and has fought to structure early childhood education programs in accordance with the child's developmental agenda. The National Association for the Education of Young Children's (NAEYC) Developmentally Appropriate Curriculums guide the early childhood professional and help her refrain from imposing expectations that are at odds with the developmental tasks of each age group. Piaget's belief that a child's intelligence unfolds through her own interaction with the environment informs our values and gives open-ended experience a primary role in the education of our young children.

Then along comes a child who seems ill-equipped to follow his own developmental agenda. Many essential ego functions may seem out of sync or qualitatively different from those of other children. This child's internal disorganization spills over the classroom like a geyser, threatening to drown children and staff and compelling the teacher to act swiftly to stem the flow.

The social worker who referred the child to the program may have little to say about his puzzling developmental status but much to say about the reality of the child's experience. The child's psychosocial history may include disruptions, deprivations, and traumas that are painful for the staff to consider. The teacher may feel empathic toward her student, yet exasperated as she struggles to contain his difficult behaviors and to follow his idiosyncratic developmental path.

The frightening tales that fill the little boy's psychosocial history may give the teacher insight into her young pupil's environmental reality but may leave her at a loss as to how to proceed with the job of acting as a facilitator of his development. She may ask herself, "How does it happen that difficult experiences arrest or actually alter the developmental process of a young child?" Indeed, in order to build a bridge between developmental reality and the reality of experience, the early childhood professional must reconsider the genesis of healthy ego development in well-supported children. Only by revisiting the origins of typical developmental achievements can the atypical child's struggle become clear.

IMAGE AND DEVELOPMENTAL REALITY

Certainly, we must begin our journey toward understanding developmental reality before the baby is born, by visiting the mother who is giving birth to a psychological image of her child-to-be (Cohen & Slade, 2000; Galinsky, 1987; Huth-Bocks, Levendosky, Bogat, & von Eye, 2004; Lieberman, 1997). During pregnancy, both parents endow the unborn child with identities and attributes, creating fantasies that prepare them for the reality of making room for a new person in their lives. The baby who comes is seldom the baby of fantasy, and much depends on the parents' ability to let go of "would-be" images and replace them with images that can change and be modified by the real, live child. The woman who longs for a daughter and has imagined herself braiding long hair will need to develop new images if she gives birth to a son. When parents can evolve images that are ever-changing and modified by the actual child, the images serve an important purpose. They can become the psychological equivalent of setting up and decorating a nursery for the coming child, ensuring that there will be a space ready to receive him right from the start. Parents who have done this psychological work of imaging may be more available for the intimate experience of bonding and building an attachment relationship once the child arrives.

Partnership

When the baby is born, she and her caregivers must engage one another in a profound and mutual way, allowing the umbilical cord that has been cut and tossed away to be replaced by an invisible, durable, and more elastic connection. Bowlby (1973; Waters & Cummings, 2000) conceptualized the child's need

for care and the parents' caregiving response as the nucleus of the attachment relationship. The well-nurtured child who has the experience that his dependency needs can be attended to and satisfied within the context of a loving relationship will develop a secure attachment. The baby works just as hard as the parent to contribute to this union, making winning facial expressions, flashing beautiful smiles, and emitting irresistible cooing sounds in order to ensure that parental response will be forthcoming.

If the baby is successful, she will have a partner in the early developmental work of regulating state and will develop comfortable body rhythms and maintain physical and emotional equilibrium. She will have protection from overwhelming or toxic environmental influences—shielded by the adult's body as she rides securely in her snuggly or lulled by the hum of the dehumidifier that drowns out the discordant sounds of the street. As the baby begins to hold up her head, pull away from a close hold, and strive to maintain a sitting position, her growing interest in the world becomes overt and perceptible to the well-attuned adult. The well-attached baby will not be bored or understimulated. The culture of the responsive adult may determine whether the infant is stimulated with toys or solely through parent-child or sibling-child play. But the essential elements of response to the child's need for exploration can be answered and accommodated without damage to the relationship.

First Steps

During the second half of the first year of the baby's life, she begins a journey of locomotion that takes her farther and farther away from parental arms and results in her standing, however precariously, on her own two feet. The crawling, standing, cruising, and then walking child is faced with many new dilemmas. If she is to explore the beckoning world beyond mommy's lap, she must be comfortable being physically separate from the mother. She must risk adversity that may befall her when out of her parents' sight, and she must know the road back to safety if feared events occur. Indeed, the mobile child will prefer to station the adult in one spot, and then to journey out into the world and back again to make contact with the parent. Mahler, Bergman, and Pine (1975/2000) referred to this as "refueling," that is, returning to the source of emotional sustenance and then resuming exploration (Honig, 2002). In this way, the parent acts as a psychological "home base," allowing the toddler to develop an orientation to the environment by exploring it within the organizing influence of the parent-child relationship. The caregiver's predictable location gives the securely attached child a destination when she meets adversity, allowing her to evade danger as she seeks proximity to the attachment figure (Ainsworth, 1973; Bowlby, 1973; Main, Kaplan, & Cassidy, 1985).

When these parameters of closeness are no longer satisfying to the child whose motor urge has intensified, she may solve her dilemma by using a transitional

object. A blanket, stuffed animal, or other soft toy is endowed with meaning and symbolizes the attachment figure that the child must leave behind. Armed with this comforting symbol, the toddler is able to journey beyond the confines of the parental circle.

Essential Discoveries

Before we let this toddler walk away, there is another important event to record that occurs while the baby is still crawling. At 4 or 5 months, she may play with interest with a rattle toy but take no action to recover the toy if it falls out of sight. Indeed, although the crawling 6- or 7-month-old has the motor means to seek a lost object, she cannot pursue it. The rattle exists for her only if it is pressed into her hand, making shaking sounds within her hearing, turning before her eyes, or being explored in her mouth. The infant is dependent on her sensory perception of it in order to realize its existence. Piaget tells us that before 9 months of age, the infant perceives items only as part of herself. Once out of contact with the self, the item ceases to be. Yet, somewhere between the ages of 9 and 12 months, the baby begins to pursue the lost object (Piaget, 1974). This achievement of object permanence lets us know that the infant has acquired the ability to differentiate between self and other-than-self, and can maintain the image of an item as a separate entity.

The baby or toddler who has acquired object permanence makes a tremendous discovery. If each item in his world is an entity unto itself, separate from the baby and distinctive from all other items, then each must have a name of its own. Thus, the young toddler begins his mission of identifying and labeling the world around him. He points, and his pointing is rewarded with names. While object permanence is primarily considered to be a cognitive milestone, the parental role in developmental mastery is significant. The persistent baby engages the patient adult in hours of play around retrieving lost objects. Pacifiers, rattles, and squeaky toys are thrown from cribs and high chairs with a twinkling expression that challenges the caregiver to prove that what is out of sight can be recovered.

When the young toddler points to his stuffed bunny and looks at his caregiver with an inquiring expression, he is inviting her to share in and help define the new world (Greenspan & Wieder, 2006; Siegel, 1999; Stern, 1985/2000;). The special names that children and parents often invent for toys, people, and routines are charged with personal meaning, helping children make an intimate and creative connection between language and experience. These personal symbols are precursors for more abstract and elaborate uses of language.

Challenge to the Self

The walking, talking toddler has much to accomplish. While transitional objects may help to bridge the increasing physical distance between child and caregiver,

the toddler can now also use words to connect with others who are out of sight. As toddlers are driven to explore the world around them, they experience a heightened ambivalence about their newly acquired independence and their very real dependency needs. Parents often have the feeling that they can never be completely satisfying to their children at this stage. The child seems to assume an oppositional stance in spite of the parents' best efforts to be accommodating.

In fact, the toddler's oppositionalism serves him well. He needs to counter the adult in order to feel his emerging autonomy. He needs to have the freedom to test the limits of the adult authority so that he can feel safe and contained as his own person within the secure boundaries provided by the adult. "No" helps him more clearly delineate himself from the other he is opposing. "Mine" states his claim on the world and announces his intention to relinquish the passive infantile position for a more active, initiating role.

By continually testing his parents and making sure they are there when needed, the 2-year-old is helping himself to internalize a constant parental presence. Over and over again, the toddler in his third year of life challenges himself to integrate the adult's shifting affects into one stable image. The mommy who looks angry and says "no" is the same mommy who smiles a comforting smile and gives a bottle of milk. Once able to integrate positive and negative experiences with the nurturing adult, the child will have achieved object constancy: an ability to access the image of the nurturer even when he or she is out of sight. This developmental milestone will help the child to feel confident in the face of separation.

There is a parallel task confronting the child: to internalize a constant image of himself. Indeed, the volatile, moody toddler must come to feel whole and complete as one individual person with many feeling states. This is a difficult task. The child at this age has many worries about his caregiver's safety and many worries about his own safety. He worries about the integrity of his body and frequently fears injury, medical procedures, bathtub drains, haircuts, toilets, and so forth. While haircuts may not be physically painful, children feel threatened by any experience that implies a loss of self at this age. The falling hair may symbolize part of them that is now dispensable to their parents.

During this period, toilet-training issues are paramount for both parents and children. Children may want to comply with their parents' wishes to gain approval but fear parting with something they have produced that may still feel like part of their bodies. Young children worry about being as dispensable as their body products that are being flushed away. Their feelings require much patience and reassurance during this period in order to resolve these fears and accomplish the challenge of toileting.

The Preschooler's Agenda

The well-functioning preschool child is generally able to show at least partial mastery over these developmental issues, but she remains vulnerable to frequent

regressions. She enters preschool with a belief in the permanence of objects and in the constancy of people. She carries an image of caregiver with her and is able to use this image to comfort herself in times of stress. Strong and stable attachment relationships at home allow her to develop trust in her surrogate caregivers at school and to seek and accept help when needed. The child's symbolic capacities have expanded beyond the use of transitional objects and language labels and have grown to include rich and elaborate symbolic play, accompanied by descriptive, action-filled language.

While adults remain central to the child's feeling of well-being at this age, peers are also compelling, and relationships with other people are growing in significance. Children are motivated to negotiate with one another over toys and shared space in order to have the pleasure of each other's company. As the negotiations proceed and the socialization process unfolds, there is less struggle over issues of domain, and more energy can be devoted to the emergence of dramatic play skills. Children begin to pool their symbols and their play metaphors and to create collaborative play ventures that allow a more profound level of sharing to occur. Not only can children share materials, but they can share experiences with one another through play. This important avenue allows them to diminish feelings of isolation and to feel empowered in a miniature world of their own design.

The preschool child's receptivity to more structured input will depend partially on her ability to feel relieved of survival concerns and relaxed in her environment. The well-cared-for, well-attached preschool child is free to devote her attention to her own learning and will be receptive to story time and other teacher-directed activities.

The needy infant and toddler undoubtedly continues to surface at times in the preschool classroom. There are frequent battles, tearful goodbyes, wet pants, and periods where dependency needs seem to cry out more loudly than the child's call for independent mastery. Yet, in developmentally healthy children, these small regressions often herald a new cycle of growth as children revisit their younger selves before moving on. This dance between progress and regress is essential to the young child's process of internalization and integration. It allows them to test the reality of their own self-constancy, as well as the stability of the adult who can accommodate both dependency needs and the need for independent mastery.

As children realize their ability to have an impact on their environments, they explore the extent of their own personal effectiveness and discover their own limitations. In order to avoid feeling overwhelmed by relative helplessness, preschool children borrow strength through their identifications with parental figures and "superheroes" who become sources of pride and hopefulness. While it is difficult for children to fulfill their desire to "be big like Daddy" in the here and now, enacting superhero fantasies allows them a less conflicted route to a position of power and status. The well-functioning 4-year-old has no problem assuming the role of

caped crusader on the playground and later relinquishing the cape in favor of a flannel blanket when the lights go out for rest time. For the preschool child, strength and fragility are dual realities. The child's pockets must be large enough to accommodate the Power Ranger as well as the blanket square.

EXPERIENTIAL REALITY AND THE DISTORTED IMAGE

The child whose experience does not support development may not be able to hold onto these two essential developmental realities simultaneously. Teachers are often overwhelmed by needy children who vacillate between phases of pseudomaturity, disconnectedness, independent functioning, and complete emotional disintegration in the face of the most basic challenges. The psychosocial histories of these children may indeed provide clues to the gaps in development that their teachers observe.

Consider the child whose history indicates that the prenatal period was highly stressed by survival issues, maternal or paternal depression or illness, or the experience of loss or trauma. The psychological work of imaging may be preempted under those circumstances, as parents attend to the crises or to the intrapsychic issues that preoccupy them. The birth of a baby then occurs within the context of crisis. For instance, the baby born to a family whose survival needs are unmet may come to symbolize burden or parental failure because the parents fear they will not be able to care for their child adequately. Women who ignore their need for prenatal care, or who engage in high-risk behaviors such as drinking or drug use, may be denying the existence of the growing child inside of them. There may be a poverty of images surrounding the child-to-be. The birth of the child may not pierce that denial. The child may be the recipient of the unrealistic expectations that she will meet the mother's needs, while her own dependency needs continue to be denied.

The child born to depressed or grieving parents may come to symbolize the only hope for the family's future, thus assuming a grave responsibility at birth.

In all of these situations, the experience of the parent casts a shadow over the relationship with the infant. The urgency of parental need may cloud the parents' abilities to hear actual messages coming from the new baby and affect the quality of the emerging parent-infant dialogue.

Children Without Partners

If a parent is emotionally or physically unavailable to the infant during the first 6 months of life, and there is no other consistent caregiver acting as surrogate, the baby may be deprived of the opportunity to attach. We have seen the dire results of the most extreme cases of maternal deprivation in Spitz's (1965) study

of institutionalized infants who became depressed and lifeless. Indeed, some developed failure-to-thrive and lost their lives. More recently, researchers have studied the results of neglect on infants and toddlers by following the developmental course of Romanian orphans who were cared for in extremely depriving conditions before being adopted. These children showed a range of medical, developmental, and psychological problems as well as atypical attachment behaviors (O'Connor, Marvin, Rutter, Olrick, & Britner, 2003; Zeenah, Smyke, Koga, & Carlson, 2005; Zilberstein, 2006).

While it is rare for early childhood professionals to encounter children who have experienced such extreme deprivation, it is, unfortunately, increasingly common to see children whose opportunity to attach has been severely limited, disrupted, or arrested.

If the adult who cares for a baby cannot be attentive to his dependency needs, the infant may frequently be uncomfortable and in distress (Lieberman, 1997). His own attempts to maintain emotional and physical homeostasis without help from the adult may consume all of his energy and result in less awareness and responsiveness to environmental stimuli. If the infant's cries do not bring a response of compassionate care, there may be less investment in communication in general. The baby may shut down and become uncommunicative or unresponsive, or may be overwhelmed by high levels of stress that activate a physiologic "high-alert" response that leaves him hyperalert, impulsive, and difficult to comfort or calm (Essex, Klein, Cho, & Kalin, 2002; Lieberman, 1997).

The diagnosis of reactive attachment disorder is given to infants, toddlers, and young children who have been deprived of the opportunity for attachment and who have developed a pattern of undifferentiated relatedness, or who have become distant, disconnected, and unresponsive to others (American Psychiatric Association, 1987/2000; Zilberstein, 2006). These children face serious developmental dilemmas as they move through infancy to the toddler stage and on to early childhood. Their ability to develop social relationships may be severely restricted or may be indiscriminate and dangerous as the child attempts to compensate for the lack of internal connection to another.

When locomotion becomes an imperative, the toddler who has no secure attachment may be inhibited in his exploration of the environment. He may fear abandonment if he invests in his own activity. On the other hand, many such children do proceed to explore, but in a driven, impulsive, and disoriented manner. Lacking a psychological "home base" in the relationship with the adult, the toddler's forays into his world appear chaotic and unproductive. If the child meets adversity, he is at a loss to avoid danger by seeking comfort.

When actual separations occur from familiar adults or from the child's familiar environment, the child without consistent experience of nurture will not be able to solve his dilemma in the usual way—via the transitional object. Since the transitional object represents the child's attachment relationship, the attachment-disordered child lacks the experiential resources to accomplish this symbolic feat.

A Poverty of Symbols

Sadly, this is only one example of the ways that deprivation acts to depress symbolic functioning. When we review the developmental precursors for meaningful language acquisition, there are many essential roles reserved for the adult partner in the parent-child dyad. It is the adult who engages with the baby in preverbal dialogues of reciprocal cooing, eye gaze, and peek-a-boo games. It is the adult who retrieves the pacifiers that the 10-month-old gleefully tosses from his crib in a game of differentiating items from self and reexperiencing the viability of items that leave the sensory field. It is the adult who responds to the child's inquiring gesture of pointing at an object once object permanence has been achieved and who provides her with word labels and demonstrations of an item's function. It is the significant adult whom the toddler invites on his mission to co-define his expanding world, creating his own words and phrases to code his discoveries. It is the magic of the primary attachment relationship that endows the child's discoveries with symbolic value and, thus, brings the world to life. Therefore, it is likely that the attachment-disordered or neglected child will have difficulties with these early achievements and may demonstrate impoverished symbolic abilities. For example, delays in speech and language development are often present in children with histories of disrupted attachments, as well as delays in ability to generate symbolic play.

The Disrupted Self

Logically, the autonomy-seeking toddler cannot do the work of testing the limits of his attachment relationships if there is no attachment relationship to oppose. Without the secure base of attachment, the toddler's forays toward a deeper sense of self are hampered. Of course, not all children experiencing difficulty in toddlerhood have been attachment-deprived. In many instances, parents and children seemed to have the opportunity and capacity to form secure attachment relationships. Problems may have arisen later in the child's developmental course, when issues of autonomy, body integrity, separation, and constancy of self and other are primary.

Difficult situations that exist during the child's infancy may become more problematic in toddlerhood. For example, a family living in inadequate housing, with exposed wiring and rotten floor boards, may have used a snuggly or baby seat to provide a safe environment for their infant. However, this family might have been forced to inhibit the curious toddler's motor learning by confining her to a crib. The equation of confinement and safety may thwart the child's movement toward separation-individuation and delay the child's struggle for autonomy. On the other hand, the experience of confinement might generate frustration in the child, who then protests her situation by becoming increasingly oppositional and provocative. Certainly, experience impinges on the process of development

in either case, although the meaning of the experience is unique to the individual child in question.

Because the toddler in his third year of life is in the process of internalizing stable representations of self and other, major disruptions during this period may be particularly harmful to the developmental process. Psychosocial histories that include multiple or persistent separations from primary attachment figures, instances of abuse or neglect, foster-care placement, mental illness in parental figures, exposure to violence, death of family members, illness, hospitalization or intrusive medical procedures, or loss of home due to fire or eviction will alert professionals to the need for developmental monitoring.

It is easy to see why the highly stressed toddler would be at risk for developmental difficulty. Recall that children at this age have many fears about injury and physical integrity. They require much parental support and reassurance to favorably resolve toileting fears and to maintain self-esteem in spite of the failures inherent in the learning process. They need patient parental intervention to allow themselves to sleep in a darkened room without experiencing an invasion by monsters born of their own aggressive impulses that come back to haunt them at night.

When children are neglected during this period, they not only sustain more physical injuries but are also vulnerable to becoming overwhelmed by their own fears and feelings of fragility. Without appropriate adult attention, children are unlikely to develop adequate mastery of toileting and other self-care routines. The experience of failure may be accompanied by feelings of shame and may discourage involvement in more age-appropriate challenges for fear of defeat. Often children who are not well supported develop a pseudomastery of these tasks, learning to comply without achieving psychological mastery and thus without pride of ownership. Children may assume an aggressive stance to defend themselves from their feelings of deprivation and vulnerability. Because aggression is not adequately contained within the parent-child relationship, it cannot be contained by the child and is likely to come out in social situations away from his parents.

An Image Divided

Physically painful experiences are often problematic for toddlers who are in the process of trying to master body integrity issues. Intrusive medical procedures are especially risky during the toddler stage. The already vulnerable toddler must suffer intrusions that seem to be sanctioned by his parents. Psychological recovery may require more time than physical recovery, since the toddler must regain feelings of sure-footedness and being physically intact.

Abusive behavior is also extremely damaging to children during this period. Children who are physically abused by their parents within the developmental context of establishing stable and positive concepts of self and other are unable to

successfully complete their developmental task. The abuse shatters both constructs simultaneously. The child who is alternately injured and nurtured by his parents is in the untenable position of being dependent on someone who is hurtful. Many children survive this dilemma by identifying with the aggressive parent and detaching from their own pain. Their image of themselves as someone who needs or deserves punishment may become the strongest self-representation. If abuse is the parental response to the normal 2-year-old's oppositional stance that heralds the toddler's emergence of self, the self that emerges may be fused with negative feeling. The toddler may be withdrawn and compliant in order to remain as pleasing to the adult as possible at the cost of her own sense of autonomy and mastery. Conversely, the toddler may be driven to engage the adult's wrath because he does not recognize himself as separate from the punishing incidents.

Clearly, the achievement of object constancy is complex and difficult for abused and neglected children. Children cannot internalize a stable, comforting image of an adult if adults are intentionally harming them. Frequently, abused children cope with the impossible task of integrating the good and bad experience with their parents by splitting the image in two. They develop an idealized image of their parents to replace the conflicted one and attribute the danger that belongs to the parent-child relationship to the environment itself. Therefore, the world may be experienced as menacing, and the child may cry out in panic for the idealized mommy's and daddy's comfort. Sadly, the child cannot evoke the comforting image internally, since the idealized image does not represent the child's actual experiences. Children with poor object constancy feel as though they are alone when adversity strikes in preschool and rarely can use the teacher as a source of help or comfort. Rather, they are likely to use preemptive aggression or physical retaliation when they feel threatened in socializing with other children.

Similar to children with abusive histories, children who have mentally ill parents or substance-abusing parents may find it very difficult to achieve object constancy. Since parents with these issues often have extremely discordant moods and unpredictable affects, children struggle to integrate their disparate experiences with their parents. Parents with mental illness or substance-abuse issues may find it hard to take in and mirror their children's affects. Therefore, their children may have difficulty expressing affects that reflect their true feeling states. Their emotions may be difficult for their teachers and caregivers to read.

A Whole Child

Let us return to the troubled child mentioned earlier in the chapter. This child is out of sync with classmates, and it requires heroic measures to maintain him in his early childhood classroom.

There are several manifestations of dysfunction in this little boy. He is marginally verbal, inattentive to the language of others, and uninterested in age-level

tasks. He has a high activity level, appears random and disoriented as he moves about the room, and shows a low frustration tolerance when challenged. He is alternately fearful and aggressive, has difficulty with separation, and seems at a loss to comfort himself or accept comfort from others. Routines such as eating, napping, and toileting are fraught with conflict. He is unable to play productively, ignores the play of his peers, and uses toys only for hoarding.

When faced with such a child, there is a temptation to push the troubling history aside and instead to evaluate his performance and then provide remediation for each deficit area noted. While the little boy may not be functioning on a typical 4-year-old level, this child's behaviors are understandable within the context of his life experience. The psychosocial history tells us that the child's mother became involved with drugs when he was 6 months old and that he was placed in his grandmother's care at age 2½, after his mother was charged with neglect. His grandmother reports that her grandson still has difficulty sleeping and frequently awakens with nightmares. She notes that during the day he is "all over the place" and doesn't seem to be deterred by being told "no." He cries and becomes fearful when he has to use the bathroom.

Clearly, this 4-year-old's developmental processes were disrupted at critical stages. How can a neglected 6-month-old discover the permanence of objects in an unattended, chaotic world? How can he internalize a safe and stable adult presence if he experiences extreme inconsistencies and unmet dependency needs? How can he learn to symbolize his relationship with toys and words if he has no true relationship partner? How can he sleep through the night or be calm and attentive at school if he is preoccupied with his own survival?

There is much unfinished business in this child's early developmental process. Intervention for him cannot be effective unless it acknowledges history and addresses those developmental issues that could not be resolved initially, given the nature of the child's experiences. In order for the preschool child to build a solid developmental basis for learning, he must have new experiences that support the acquisition of essential developmental precursors. In order to heal this child, his preschool will have to acknowledge the primacy of relationships as the organizer of development for young children and the foundation for symbolic learning. This preschool will have to infuse its caregiving routines, teacher-child interactions, and curriculums with its knowledge about attachment and symbolic development. Preschools that heal will have to provide children with an opportunity to attend to their unfinished business before insisting that they devote their energies to the mastery of abstract preacademic tasks. These preschools will consider the child's unresolved developmental issues to be his or her primary agenda during the schoolday. Staff will work to foster the child's ego capacities, but recitation or writing of the ABC's will not be the goal. Rather, staff members will look forward to the day when the child's development supports language, play, and drawing that symbolizes his emotional experience and allow him to tell his own story.

REFERENCES

- Ainsworth, M. D. S. (1973). The development of infant-mother attachment. In B. M. Caldwell & H. N. Ricciuti (Eds.), *Review of Child Development Research* (Vol. 3, pp. 1-194). Chicago: University of Chicago Press
- American Psychiatric Association. (2000). *Diagnostic and statistical manual: DSM-IV-TR*. Washington, DC: Author. (Original work published 1987)
- Bowlby, J. (1973). *Attachment and loss, separation anxiety and anger*. New York: Basic Books.
- Cohen, L. J., & Slade, A. (2000). Psychology and psychopathology of pregnancy. In C. H. Zeanah (Ed.), *Handbook of infant mental health* (2nd ed., Chap. 2). New York: Guilford.
- Essex, M. J., Klein, M. H., Cho, E., & Kalin, N. H. (2002). Maternal stress beginning in infancy may sensitize children to later stress exposure: Effects on cortisol and behavior. *Biological Psychiatry*, 52(8), 776-784.
- Galinsky, E. (1987). *The six stages of parenthood*. Boston: Addison-Wesley.
- Greenspan, S., & Wieder, S. (2006). *Engaging Autism*. Cambridge, MA: Da Capo.
- Honig, A. S. (2002). *Secure relationships, nurturing infant/toddler attachment in early care settings*. Washington, DC: National Association for the Education of Young Children.
- Huth-Bocks, A. C., Levendosky, A. A., Bogat, G. A., & von Eye, A. (2004). The impact of maternal characteristics and contextual variables in infant-mother attachment. *Child Development*, 75(2), 480-496.
- Lieberman, A. F. (1997). Toddler's internalization of maternal attributions as a factor in quality of attachment. In L. Atkinson & K. J. Zucker (Eds.), *Attachment & psychotherapy* (pp. 277-291). New York: Guilford.
- Mahler, M., Bergman, A., & Pine, F. (2000). *The psychological birth of the human infant*. New York: Basic Books. (Original work published 1975)
- Main, M., Kaplan, N., & Cassidy, J. (1985). Security in infancy, childhood, and adulthood: A move to the level of representation. In I. Bretherton & E. Waters (Eds.), *Growing points of attachment theory and research* (pp. 66-104). [Monograph of the Society for Research in Child Development, 50 (1-2).] Chicago: University of Chicago.
- O'Conner, T., Marvin, R., Rutter, M., Olrick, J., Britner, P., & the English and Romanian Adoptees Study Team. (2000). Child-parent attachment following early institutional deprivation. *Development & Psychopathology*, 15, 19-38.
- Piaget, J. (1974). *The origins of intelligence in children*. New York: International Universities Press.
- Siegel, D. J. (1999). *The developing mind: How relationships and the brain interact to shape who we are*. New York: Guilford.
- Spitz, R. (1965). *The first year of life: A psychoanalytic study of normal and deviant development of object relations*. New York: International Universities Press.
- Stern, D. (2000). *The interpersonal world of the infant*. New York: Basic Books. (Original work published 1985)
- Waters, E., & Cummings, E. M. (2000). A secure base from which to explore close relationships. *Child Development*, 71(1), 164-172.