

INFLUENCES ON EMOTIONAL-SOCIAL DEVELOPMENT OF INFANTS IN DAYCARE CENTERS

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***Abstract:** The article addresses the emotional-social development of infants, the individual characteristics that influence their emotional social development, the educational caregiver's role in the social emotional context, the beliefs and positions of the educational caregiver regarding the emotional-social development, and the importance of the system of relations that develops between the educational caregiver and the infant.*

While many research studies have focused on children in the preschool and the kindergarten in the educational framework, there are few research works regarding infants in the daycare centers. However, many research studies address the emotional-social realm and its influence regarding both infants and older children. In addition, the influence of the educational caregiver in the frameworks for early childhood has been examined.

***Keywords:** Social-Emotional Development, Infants, , Daycare Centers, Social relation, Sensitive response.*

Emotional-Social Development of Infants

Emotional-social development is defined as the emotional-social ability that combines abilities from both areas, emotional and social. The emotional-social development includes the child's ability to express a variety of emotions, to be aware of them, to read the emotions of others, and to understand the source of the emotion in a certain situation in him and in others. In addition, it includes the ability to control emotional experiences and emotional expression according to the goals, the social context, and another person's emotions. The emotional-social development also includes the ability to initiate contacts with others and to fit in among them successfully and the ability to adjust the emotional and social response to the emotional-social context (Rozenthal, Gat, &Tzur, 2008).

Research studies have found that already at the age of two weeks infants display a different attitude towards people and towards objects. Around the age of two months there is a different response of the infant to different facial expressions, and at

age four to seven months the infant can identify emotions according to the hearing of the voice, without needing to see the facial expression. At the age of ten to twelve months, the infant has an understanding of the meaning of the emotional expression (Rozenthal, Gat, & Tzur, 2008).

Empathy is an emotional response that appears in infancy. It was defined by Hoffman (1975) as an emotional response characterized by emotions of concern, sympathy, compassion, and softness towards another person and the desire to ease his distress. Empathy is based on an innate ability that is first expressed in infancy in overall behavior.

Hoffman (1990, 2000) defined four stages in the development of empathy from birth to adolescence. The first two stages are expressed in the period of infancy. The first stage, 'global empathy', is expressed in that another person's signs of distress cause the infant an unpleasant emotional arousal that causes him to respond to the other's distress as if it were his own. The second stage, 'egocentric and instrumental empathy', expresses the infant's understanding that his distress and the other person's distress are two separate things. In the second year of life, most children put forth effort to comfort the other person and ease his distress.

The infant is active and attempts to create communication with the adult. These abilities of infants, according to Denham (2001), constitute the basis for the development of social relations with adults and with the peer group. Tomasello, Carpenter, Grosse, and Behne (2010) maintain that infants communicate with others intentionally in their first year of life.

Sroufe et al. (1998) note behaviors that indicate the infants' willingness to hold social relations. These include ability to express needs that will be understood by the adults, the tendency to be pulled more to social stimuli, the tendency to respond to spoken voices, the ability to adjust to the caregiver's pace and mode of care, the ability to create eye contact and follow up after the people's look, and the ability to imitate the behavior of the caregiving adult.

Evidence of the early appearance of pro-social behavior was obtained in countless research studies on social relations of infants and toddlers and documented forms of cooperation, involvement, and responses to the distress of others that happen with parents, adults, siblings, and peers. In addition, it was found that early

involvement is so widespread that a lack of such involvement is an indication of autism (Hay, Castle, Demetriou, & Stimson, 1999).

Infants prefer social stimuli and people are the most fascinating stimulus for them. The infant has a mechanism that directs him to focus on people more than on any other thing. The newborn has initial communication ability, for instance he makes sounds when he is spoken to, and this ability rapidly develops in the first months (Rozenenthal, Gat, & Tzur, 2008).

The sequence of the acquisition of social abilities in the framework of peer relations is similar to the sequence in which these abilities are acquired in the parent-child relations. First the child acquires the skills in his relations with his parents, and then he acquires the skills in his relations with his peers (Hay et al., 2004).

Social ability is defined as the individual's ability to create and maintain reciprocal and satisfying relations with his peers (Katz & McClellan, 1997).

There is a sequence of development of social contacts that begins with simple random interest that appears until the age of six months. Afterwards, there are short and unfocused contacts until the age of ten months. At this stage there is the preference to play beside other children and it is possible to see looks, smiles, intentional crawling, touching, and caressing. In the next stage, till the age of one year, it is possible to see interest in another child's play, in the object the other child has, and this interest leads to the development of the ability of shared attention. The last stage in infancy, from age one year to two years, is characterized by imitation games and the contacts among the children are frequent, lengthy, and more complex. The imitation games enable joint attention with others (Rozenenthal, Gat, & Tzur, 2008).

Individual Characteristics that Influence the Emotional Social Development

Leifield and Sanders (2007) addressed in their research study the educational caregiver's responsive care and the importance it has on the emotional-social development of infants.

For the educational caregiver to provide sensitive and responsive care to the infants in her charge, she must know about the difference among infants. Individual differences influence the development of social skills and the responses to the stay in

the educational framework. Temperament, control ability, and ability to deal with stress, as well as the abilities of the educational caregiver to provide emotional support, will also influence the stay in the framework. Individual difference between children, especially in the temperament, self-control, and response to stress influence is influenced by quality of the daycare center, by the reference to the social field, and by the educational caregivers' ability to include and enable in this field. Children who are sensitive in temperament will also be sensitive to environmental conditions and will respond accordingly; if their sensitivity is taken into consideration, they will develop optimally and if not, their development will be harmed (Phillips, Fox, & Gunner, 2011).

Pluess and Belsky (2009) in the differential vulnerability theory maintain that there are children who tend to excessive vulnerability and biological sensitivity to context. Their innate tendencies cause them to be especially sensitive, for better or for worse, to the patterns of care of the adults around them.

Children who tend to oversensitivity will not necessarily express stress responses in every daycare, preschool, or kindergarten environment. When they are found in non-optimal environmental conditions, they may develop problems of adjustment and challenging behaviors. However, when they are exposed to an optimal educational environment, they can attain especially high developmental achievements.

In addition, not all children develop an identical level of abilities of self-control, and there are many differences in the individual development of these abilities. Certain factors influence differences on the level of the individual. Temperament differences among infants on the one hand and the environment, on the other hand, have considerable influence on the development of the self-control of emotions. Sroufe (1983, 1995) maintained that the roots of self-control lie in the dyadic control that occurs in the framework of the relations with the attachment figure.

Rothbart (1989) presented a model in which temperament is defined as personal differences in responsiveness, or in other words, the rapidness, style, and power of the initial emotional or behavioral response and in the self-control. Namely, the model refers to the ability to adjust the response through the activation of

behavioral strategies and adoption of effort, the purpose of which is self-control (Posner & Rothbart, 2000; Rothbart, 1989).

There are individual differences in the self-control abilities, for instance, in the ability to perform the selective direction of attention to the stimulus, to direct the attention from it or to delay dominant-reflexive responsive tendency. This temperamental factor is called effortful control.

The ability to control emotions and behavior in a situation of stress is related to temperamental characteristics. The temperamental characteristic of the ability to control the effort was found to be significant to the construction of the ability to control emotions and behavior in a situation of stress (Taylor et al., 2013).

Infants come into the world with a set of responses to the environment. The set includes movement, emotions, and attention. Consequently, infants are very different in their response to events. One infant is easily frustrated and has a short attention span and cries even from a game with a slow stimulus, while another infant enjoys rough play and searches for exciting events. This response to the environment, along with the mechanism that regulates it, comprises the temperament. Temperament derives from genetics but is influenced by the individual's experience. Temperament explains individual differences in the tendency to stress and in innate and acquired mechanisms of control (Rothbart & Rueda, 2005).

The familiarity with the infant's temperament will help the creation of secure attachment and sensitive and responsive care.

Rothbart (2007) found a relation between temperament characteristics such as apprehensiveness and effortful control and the development of empathy.

Empathic behavior aimed at another person's distress appears already in the child's first year of life (Brownell, 2013). In addition, it was found that children whose mothers acknowledged their emotions and gave them a place were more empathic and showed higher ability in recognition and understanding of emotions (Brophy-Herb et al., 2011).

Emotional care that begins at an early age and quality of attachment of the child with the caregiving figure has long-term influences not only on his quality of attachment at an older age (Bowlby, 1973, 1980) but also on the quality of

mechanisms of self-control, which is key to the coping with situations of stress (Goldberg, 2000; Schore, 1994).

A high correlation was found between the level of emotional self-regulation and the level of social and scholastic skills of children (Denham et al., 2003). Children who do well to regulate inappropriate behaviors and to postpone satisfaction and who adopt cognitive methods to control their emotions and behavior tend to be socially skilled, accepted, and loved by their friends and possessed of high adjustment ability (Calkins & Dedmon, 2000; Eisenberg et al., 2001; Lemery, Essex, & Smider, 2002; Lengua, 2002). Conversely, children who evince high intensities of negative emotionality are less accepted by their peers (Stocker & Dunn, 1990).

Response to the directions and requirements on the part of caregiving figures is a challenging and decisive developmental achievement that is supposed to occur over the process of socialization (Kaler & Kopp, 1990). The development of the responsiveness ability depends, on the one hand, on the quality of the reciprocal relations between the mother and the child and on the socialization process and on the other hand, on the individual temperament traits, especially as they are expressed in the self-control ability (Kochanska, 2001).

The challenge of the educational caregiver, to respond to the distress in a responsive and sensitive manner, necessitates familiarity with the individual development of every person and with its influences.

The Role of the Educational Caregiver in the Social Emotional Context

Leifield and Sanders (2007) addressed in their research the the educational caregiver's responsive care and the importance that it has on the infants' social-emotional development.

Shin (2010) in her research study examined the relations among the infants in the group and the role of the educational caregiver in these relations. Shin found that there are social relations and there are preferences of friends. In addition, she found that the educational caregiver's role in the encouragement of these relations is significant and that to the same extent that she addressed the developing relations and indications of this, she can also ignore them.

Parlakian and Seibel (2002) present a guide to the promotion of the emotional social development of infants. In this guide, they maintain that supportive relations with primary caregivers are critical to the physical survival and social emotional health of infants and toddlers.

Howes (2000) maintains that the quality of the early relations of infants with educational caregivers in the daycare centers predicts social relations in the peer group at a later age. The infants use their relations with the educational caregivers to organize their activity in the framework. When the infants have warm relations with the caregivers they can use them as a source of social relations and as social relations with peers. The creation of positive social relations is important to the social-emotional development and influences the development in general. Therefore, Williams, Mastergeorge, and Ontai (2010) maintain that the educational caregiver's reference to and encouragement of the formation of social relations are important.

Taylor, Eisenberg, Spinrad, Eggum, and Sulik (2013) examined early personality and environmental predictors of the development of empathy among young children and the relation of empathy to pro-social behavior with peers at a later age. Their research found that the infant's ability to regulate emotions in a time of pressure and parental behavior around emotions and social relations predicted the development of empathy and empathy predicted later pro-social behavior.

The educational caregivers who provide care for the infants can in their behavior encourage the development of empathy and thus support the infant's emotional social development. One of the ways of encouraging empathy is encouraging them to see the other person's viewpoint (Farrant, Devine, Maybery, & Fletcher, 2012).

Badanes, Dmitrieva, and Watamura (2012) found that during their everyday interactions the educational caregivers and the children develop close relations characterized by the search for closeness, reinforcements, and other behaviors that characterized attachment relations. Through the ongoing and sensitive relationship with the educational caregiver, the children who feel secure can develop control abilities, which will allow them to adjust responses to the stress more effectively. Children with secure attachment are more equipped to cope with an educational framework because of their ability to manage the emotional arousal that is created in

social situations. Their research found a direct relation between the level of cortisol, which denotes stress, and the attachment to the educational caregiver. Secure attachment led to the reduction in the level of cortisol, thus indicating that a good system of relations with the educational caregiver can be a barrier against a rise in the level of stress in the educational framework.

The social experience in the peer group offers many learning opportunities and influences the social behavior of the children: it contributes to the development of social abilities and to learning how to convey intentions, to the understanding of what the other child conveys, and to the creation of the shared relationship to activities. Children with experience with others their age have an opportunity to acquire more social and emotional knowledge, communication skills, and negotiation skills (NICHD, 2001).

Bronson (2000) found that the optimal environment for the encouragement of the development of emotional and behavioral self-control has the following characteristics: it is consistent, orderly, secure, and adequately stimulating. It is attentive, responsive, and sensitive to the child's needs and perspectives. It conveys confidence and encouragement. It sets clear boundaries and standards and enforces them firmly. It serves as an example and a model for imitation. It provides opportunities for activities for the development of autonomous self-control.

In addition, it is recommended that the caregiving figures, especially in daycare centers, preschools, and kindergartens, develop, encourage, and cultivate emotional intelligence among the children, since it was found that this ability is linked strongly with emotional control and social skills of children (Denham et al., 2003).

Beliefs and Positions of Educational Caregivers in the Context of Social Emotional Development

The adult's perception of the innate behaviors as signaling social behaviors and their appropriate response to them will lead to these behaviors becoming distinct and intentional communication skills. The infant will adopt greater initiative in the relationship, and the relationship will become a situation of 'give and take' (Rubin et al., 1998).

Shin (2010) in her research work found that the educational caregiver's role in the encouragement of the social relations is significant and to the same extent that she addressed the developing relations and the signs of it, she can also ignore them. The signs are preliminary, and therefore educational caregiver's knowledge of them is important, as is the meaning she gives them.

Quinn-Leering (1999) sought to better understand the relationship between the beliefs of the educational caregivers about early childhood and their work in the context of social development. In the research she took four homeroom teachers of children aged 24-36 months, observed them, and interviewed them. It was found that every educational caregiver has a number of main beliefs that influenced her work. In addition, she found that there is a relationship between their beliefs and the way they created an atmosphere in their class that cultivated social relations or delayed them. All the educational caregivers addressed primarily the cooperation and help and not as much the other social behaviors. In addition, they addressed the social issue during their activity in the group and not at other times during the day.

Research studies show that the teachers' professional attitudes influence their behavior at work (Van-Veen, Theunissen, Slegers, Bergen, Klasse, & Hermans, 2003). Therefore, it is important to know the beliefs and positions that motivate the educational caregivers.

In addition to the beliefs and positions of the educational caregivers that influence their behavior with the infants, as described by Onchwari(2010), the lack of professional readiness to cope with the distress of children and with their emotional needs influences behavior.

Pearce and Morrison (2011) emphasized the fact that when the kindergarten teacher is an active partner and is aware of the structuring of her professional identity and as such this is done in discussion with others, her professional strength increases. The responses of adults were found to be directly related to their positions. This finding indicates the worthwhile intervention. Influence on positions can happen through learning, when the learning of the caregivers to be more sensitive to the infant was found to influence the dynamics between the caregiver and the infant (Zeifman, 2003).

House (2002) notes that research studies indicate consistently that as the educational caregiver has a broader formal education about early childhood, her tendency is to provide a response of higher quality. Her research found that educational caregivers with broad formal education about early childhood that was acquired at the beginning of her work and educational caregivers who obtained a non-formal education during work in seminars and in-service training sessions created more emotional interactions with the children and thus provided a higher quality response than did other educational caregivers. In addition, it was found that during the seminars and in-service training workshops that addressed sensitive and quality care a difference was found between the educational caregivers with an academic degree and the educational caregivers who did not have an educational background in all that pertains to the quality of the care provided to the children.

Importance of the System of Relations that Develops between the Educational Caregiver and the Infant

Bowlby (1969) maintains in the attachment theory that the infant's emotional relationship with his mother at the beginning of life determines the duration of his emotional-social development. The mother's degree of sensitivity and responsiveness in the infant's moments of distress will determine whether he feels secure in other systems of relations.

The network model in the context of attachment addresses the fact that infants create emotional social systems of relations with a number of caregivers and the inner representations of systems of relations fit together and influence together their development (Van Ijendoorn et al., 1992).

Howes, Speaker, Cassidy, and Shaver (2008) hold that since care is not the exclusive province of the parents, they do not constitute an exclusive attachment figure. A child who is found in a framework can develop a non-parental attachment to the caregiver. During the infant's first months of life, he can focus only on one person, towards the middle of the first year he develops the ability for tripartite interaction, the ability to address two adults simultaneously (Fivaz et al., 2005). The ability to create significant relations with additional adults has great adjustment significance in everyday experience, through which the infant understands the

differentiation between the self and the other, extends the concept of reciprocity, and sharpens the awareness of emotional involvement (Stern, 2004).

Feldman, Bamberger, and Kent-Maimon (2013) assert that the reciprocity in relations between the infant and his parents is a significant element in the infant's social development in the continuation of his life. The infant's early interaction with the caregiver shapes the way in which the child creates interactions in the social world with his peers, close friends, and partners; hence, the relationship between attachment and social learning and social cognition.

The system of relations of the child during early childhood with the educational caregiver can also constitute compensation or can provide a remedial experience for problematic or unsecure attachment with the parents (Howes, 2000).

Infants are born with a variety of attachment behaviors with the goal of maintaining physical closeness with attachment figures so that they will be protected from physical and psychological threats and so as to calm the experience of distress. Success will lead to secure attachment, to a feeling that the world is a safe place, which can be relied upon, when the environment can be safely investigated and social relations can be created. Attachment figures will address these behaviors with sensitivity and responsiveness that will reduce the distress. The adult who responds to the child not only reduces distress but also helps self-control, which begins from shared control of the adult and the child (Mikulincer, Shaver, & Pereg, 2003).

Attachment, therefore, is the first emotional-social situation in which the infant indicates to his main caregiver when he is in distress and offers her to care for him. Educational caregivers in the daycare center framework provide a response to infants in situations of distress such as hunger, tiredness, crying, and conflicts in social situations. Through the response to these situations the attachment between the infant and the educational caregiver is built. The emotional-social learning happens during the everyday experiences, through the regular occurrences and the repetitive experiences.

Around the feeling of hunger is built a system of relations in which the educational caregiver offers the food to the infant and the infant eats it. The concept of feeding emphasizes the dyadic nature of eating among infants and toddlers. When the infant reaches an appropriate level of regulation, he can move and become

available to create a reciprocal relationship with the caregiver. This relationship is characterized by eye contact, reciprocal vocal expressions, and physical mutual contact of hugging and cuddling. Since most of the interactions with the caregiver in this period of life revolve around food, this has implications on the emotional relationship with the caregiver. A deficient relationship influences the feeding and raising of the infant (Chatoor, 2002).

When the interaction is performed with indifference, in a harmful or inadequate approach, frequently the early learning is delayed and the closeness is harmed (Bowlby, 1953).

The infant himself searches for a relationship when feeding, when he takes initiated breaks in nursing. In the reference, speaking, and caressing between one nursing and another, which the mother initiates, a dialogue begins between the mother and the infant and reciprocal relationships develop between them. Thus, the mother establishes the constellation for the creation of an interpersonal relationship, which is most important to the emotional nurturing and the physical growth. When the infant learns that the breaks he initiates are not acceptable to his mother and that this even angers her, he will avoid creating a relationship with her and in extreme cases he will not want to receive food from her, even when he is hungry (Samish-Talor, 2006).

Shtor (2012) found in her research that there is a correlation between eating disorder in infancy and social and emotional problems at a later age. In addition, she found continuity in the eating behaviors, such as emotional behaviors from infancy to mid-childhood, which reinforces the relation between early eating problems and emotional difficulties.

Infants in a framework undergo a transition from the nurturing from a bottle to eating solid foods. This process requires the educational caregiver's adjustment to the infant. Around the transition to solid food there occurs a process of shared regulation of the educational caregiver and the infant; then the quality of the interaction and the educational caregiver's ability to let the infant express his developing abilities are expressed. Objection to food at this stage can indicate the quality of the interaction. (Van Dijk, Hunnius, & Van Geert, 2009).

Moroska, Lewis, Morto, and Daniels (2014) found that there is especial significance to the interaction between the caregiver and the infant in the stage of the

transition to solid food. The attachment that is created will be influenced by the sensitivity and responsiveness to the signs that the infant displays during the meal.

The system of relations between the educational caregiver and the infant is also built around the issue of sense of tiredness. The relationship between the infant and his social environment influences sleep. Sleep constitutes a separation, and therefore it activates attachment mechanisms. Children with ambivalent attachment display anxiety, discomfort, distress, and difficulty regulating emotions of separation from the therapist. The ambivalent attachment is created from the lack of consistency in access. Ambivalent attachment not only is linked to sleeping problems in the first year but also predicts sleeping problems in the second year. In addition, parental behavior that intervenes in the development of the infant's self-calming is linked to sleeping disorders (Morrell & Steele, 2003).

Field (1994) maintained that in the groups of children it is necessary to support biological rhythms in general and the sleeping-waking rhythm in particular to prevent over arousal. It is important that the educational caregivers understand the importance of sleep to the wakefulness time.

The educational caregiver needs to support the creation of regularity in the transition from a state of wakefulness to a state of sleep. The infant should not be woken for feeding; it is necessary to rely upon his feeling of hunger to waken him to demand food. When the infant shows signs of tiredness, he should be allowed to enter a state of sleep and should not be played with and overwhelmed with stimuli (Samish-Talor, 2006).

Crying awakens in the educational caregivers different feelings that influence their response and through it the attachment that is created with the infant. Despite the perception that the infant's crying will lead to an empathic response, the nature of crying is a source of negative emotional response, rise in the blood pressure, accelerated heartbeats, and shivers. In addition, there may be emotions of pressure, frustration, concern, anxiety, anger, powerlessness, guilt, and shame. These emotions of distress are not pleasant, and therefore the tendency is to want to end them, and this may cause negative responses.

When the caregiver is occupied in his emotions, it is reasonable to assume that he will not be sensitive to the infant (Lin &McFatter, 2012). Research studies show

that a rapid and sensitive response to the infant in distress is related to optimal development and secure attachment (Zeifman, 2003).

Crying is a part of the developmental system of attachment with the caregiver. Infants cry less in the last quarter of the first year if the caregivers responded rapidly to crying in the first quarter. Mothers who respond quickly have infants who develop more rapidly other communication abilities such as facial expressions, gestures, and murmurings. Towards the end of the first year infants use a voice of crying as a tool of communication and direct it to the caregiver and the intention can be mediated by a gesture (Chen, Green, & Gustafson, 2009).

Davidov and Grosec (2006) found in their research study that there is a relation between parental behavior that comforts and helps the child feel better when he is upset and high levels of empathy in the child. In addition, the mothers' understanding of what disturbs and what comforts their children predicts the children's pro-social behavior (Vilnik, Almas, & Grusec, 2011).

In addition, it was found that caregivers' beliefs and positions towards the crying will determine the way they will refer to him and whether they will address their emotions and the infant's emotions (Zeifman, 2003).

Around these everyday situations in which the educational caregiver responds to the infant's situations of distress, the attachment is built around them.

To conclude, infants have social emotional abilities from a young age, and the educational caregivers and their beliefs and positions towards these abilities have considerable influence on the infants' social emotional lives. The system of relations between the educational caregiver and infants is built on the basis of the everyday interactions created between them around situations of distress. The educational caregiver's sensitive and responsive reaction is the basis for the attachment with the infant and his emotional social development. The educational caregiver's positions and beliefs have great significance to their behavior in situations of distress. A conversation about these positions and beliefs can lead to a more sensitive and more adjusted response to the infants' needs and thus support their emotional social development

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