

# Talking with Toddlers

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IN THIS PAPER I WILL DESCRIBE SOME CLINICAL WORK WITH A TODDLER and her parents to illustrate a somewhat neglected area of preventive intervention. Work with the G. family gave rise to some questions and thoughts regarding the role of speech in early object relations and ego development, and to an attempt to amalgamate puzzling clinical phenomena with psychoanalytic knowledge and recent research in infant development.

Gina, aged 16 months, was brought by her parents for an evaluation because she had been waking in the night crying inconsolably for up to an hour. During these episodes she did not appear to be fully awake; she would not accept comfort from her father at all, did not seem to respond to her mother with recognition, but cried and kicked until she "wore herself out." Needless to say, her parents were also worn out and very distressed by Gina's suffering and their inability to intervene effectively.

Gina's parents were devoted, conscientious, middle-aged schoolteachers who had tried for many years to conceive their own child. They adopted Gina when she was 4 months old and adored her from the first moment, even though she arrived at the airport screaming furiously and refusing a bottle. She cried angrily in the same way when frustrated or in pain thereafter and the parents felt that there was grieving in her tone at such moments. Gina suffered repeated ear infections, which led to her having tubes inserted surgically in her ears at the age of 13 months. Soon thereafter Gina began to have repeated spells of crying at night and displayed signs of lowered frustration tolerance

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277

by banging her head or pulling at her hair when thwarted. She clung to her mother more frequently at times of transition to her familiar babysitters or when her father took his regular turn at childcare. Within 10 days of the outpatient surgery on her ears, Gina developed a bladder infection which was resistant to the first medication tried. This eventually led to a full urinary tract investigation, including catheterization.

By this time, Gina presented the picture of a very angry, willful 15-month-old. When the parents said "no," Gina laughed and defied them. Because all her gross motor milestones had been delayed compared with fine motor and cognitive skills and she was not yet walking, and also, I suspect, because of the helplessness her anger was arousing in her parents, a full neurological workup was done. No organic problems were found and Gina was assessed as functioning well above her age level in fine motor and social/emotional development, and at the 12-month level in gross motor development, which was within normal limits of variation. Gina began to walk between her parents' first phone call to me and our actual appointment; this step seemed quite literally to relieve much of her frustration, and the self-directed aggressive behavior faded out. When I saw her, it was therefore only the night crying which remained as a mysterious and disturbing behavior. The parents reported that her speech, which had been precocious (single words at 8 months, phrases at 1 year), had appeared to diminish as she began walking, but they could accept that this was normal behavior for an infant concentrating on a new developmental task.

Gina was sitting in her mother's lap, pacifier in her mouth, looking around alertly at the pictures in my waiting room when I went to meet them. Safe in her mother's arms, she responded with a shy smile to my greeting and looked with quick responsiveness and pleasure at the pictures I named for her. Gina indicated most definitely her unwillingness to walk with us into the playroom by holding her legs off the floor, but made no protest at Mrs. G. carrying her, and indeed she seemed eager to look around as long as mother held her. Mrs. G. was apologetic that Gina was not more forthcoming but was easily reassured and relieved by my remark that Gina was absolutely right to take her time with a complete stranger.

278

I will describe the playroom and the toys I had set out, so that we may better assess Gina's subsequent choices. The playroom is fairly large, all carpeted, with a wool hanging patterned with stars on one wall and a shiny mobile of fish hanging in one corner. There are two large cushions on the floor, one covered with smooth cotton, the other with velvety corduroy, as well as a small table and chairs. I had put out a stacking ring toy, a baby doll with a toy bottle, a Fisher-Price bus with little people, and some cloth blocks. Visible on a shelf, but out of Gina's reach, were a rag doll, some hand puppets, and a toy telephone.

Mrs. G. and I sat down on the floor with Gina. At her mother's mild request, Gina carefully put her pacifier into the top of mother's handbag, then checked twice to make sure it was there. She did not ask for it again during the session. Gina watched us each play with the stacking rings, listened while her mother named their colors, then ventured to lean out from mother's lap to put them on their peg. She smiled at our praise and gurgled with laughter when I dumped them off for her to do it again. Over the next few minutes she warmed up gradually and began exploring the space immediately around her mother. She played a peekaboo game with me, hiding behind her mother's back, then disclosing herself with glee. Gina leaned over her mother's shoulder repeatedly to show me her mother's earrings, and was pleased when I responded by showing her mine. She detoured to the baby doll and fed her with the bottle for a while, but returned again and again to show me her mother's earrings. After about seven repetitions, she pointed to her own ears and I said, "Those are Gina's ears, like Mommy's and Mrs. Novick's. Gina does not have earrings. Those are Gina's nice ears; there are Mommy's [I pointed] and here are Mrs. Novick's." Gina led me through the sequence again, then pointed her little index finger and shook it. Mrs. G. exclaimed, "Oh she wants to tell you her poem!"

Gina's 'poem' turned out to be a song with accompanying gestures which is commonly sung in mother-toddler classes and playgroups: "Five little monkeys jumping on the bed, one fell off and bumped his little head, mother called the doctor and the doctor said, 'NO MORE MONKEYS JUMPING ON THE BED!' Four little monkeys ... etc." The doctor's caveat is accompanied

279

by finger-wagging in the familiar gesture of scolding. Gina made the appropriate gestures as her mother chanted the words, and then she went to the toy shelf and pointed at the toy telephone. Mother assumed she wanted to play calling Grandma, which is a frequent game and real event at home, so the mother held the phone and spoke "talking to Grandma" dialogue. Gina listened patiently, then handed me the phone.

I pretended to call her, said hello, and asked how she was. Gina wagged her finger and handed me the phone again. Then a hypothesis began to crystallize; I tested it by pretending I was calling the doctor to ask how Gina's ears were. I reported from the phone that the doctor said Gina's ears were very nice and very good, that Gina was very nice and very good, and that she had tubes in her ears to take the hurt away. Gina pushed the phone into my hands again and again. Mother's eyes filled with tears as I repeated the doctor dialogue and we both became convinced that Gina had connected her medical difficulties with being a naughty, disobedient girl. I added to the phone conversation that now the hurt was gone, so Gina wouldn't have to wake up crying in the night anymore, and mommy and daddy wouldn't have to call the doctor so worried again. Gina turned to pick up the dolly and feed her once more, then got down on hands and knees, crawled to Mother's

handbag for her pacifier, and settled with a sigh against Mother's lap.

When Mr. and Mrs. G. came together with Gina a week later, they reported that the night crying had ceased from that day and had not recurred. In the second session Gina made a beeline for the toy telephone and pushed it eagerly into my hands. After two or three repetitions of the doctor dialogue she turned to the baby doll and fed it tenderly with the toy bottle. Gina offered me a turn with the doll and I took the opportunity to tell a story about how the doll's ears had hurt, like Gina's, and the doll's wee-wee had hurt, like Gina's, but the doctor had said they were lovely ears and wouldn't hurt anymore. I looked at the doll's diapers, smiled a lot, and said the dolly's wee-wee wouldn't hurt anymore either and what a nice wee-wee the dolly had.

I met with the parents for one further session to talk to them about talking to Gina. Both parents had stimulated her intellectually, reading books to her from the beginning, but they had

280

stayed on a concrete, naming level. It had not occurred to them to make causal connections for Gina yet, and certainly not to attempt to link events and feelings. Between the second session with Gina and the parent session, however, both father and mother had made an effort to take the time and trouble to explain things to Gina. They reported with affecting astonishment how much more tractable she had become. In addition to the phenomenological expansion of Gina's cognitive horizons, they were including the crucial element of feelings. In the supermarket they talked with Gina about being tired and how hard it was to wait; they extended their conscientious naming of objects into the realm of intangibles. Their increased joy in their child and Gina's relief made me feel confident of their capacity to manage the subsequent developmental hurdles more easily.

## DISCUSSION

The brief clinical contact I described above was gratifying to all concerned, but it raises many questions. The first area to be investigated involves understanding how Gina used what she had available to her to attempt to master overwhelming, probably traumatic, events and sensations. Here I will look at the intellectual development of infants before expressive speech is evident. The second has to do with trying to understand the parents' role in the psychological events I reconstructed, and this introduces the meaning in the parent-child relationship of different stages of the infant's intellectual development.

The current explosion of research on infants includes much investigation of infant learning; over the last 10 years or so this work has moved forward from the constraints of strictly Piagetian or anti-Piagetian studies to include a fuller view of the functioning child as a feeling, thinking, and doing person. Jerome Bruner (1983) provides a creative multifaceted account of the speech development of two little boys, which illuminates both sets of questions posed by Gina's problem and its resolution. Bruner examines particularly the games of the first year—peekaboo, object exchange, and hide-and-seek—as they arise in the context of the mother-child relationship and provide a setting for the development of speech.

281

Bruner describes the appearance of pointing from the age of 6 months on and notes that the child's ability to comprehend the adult's point preceded his own ability consistently by 1 or 2 months. This is a pattern which recurs in various infant studies; we should keep in mind that Gina and her peers are taking in meaningful material well before they can express similar content communicatively. By 11 to 13 months, the infant becomes capable of "indexicals," which relate a sign to an immediate element of nonlinguistic context; these are the pointing and naming games of the young toddler. Once these

are in the repertoire, the infant can move on to relating words to other words. Mr. and Mrs. G. reported that Gina was in this stage by 11 months.

Robert McCall (1979) suggested that "although the predominant character of mental performance changes from stage to stage, mental behavior at every age serves two functions—the acquisition of information and the disposition of the organism to influence the inanimate and animate environment, the latter notion being similar to White's (1959) concept of effectance" (p. 728f.). McCall and his coworkers proposed a description of stages in the developmental function of mental behavior, with major transitions occurring at 2 months, 8 months, 13 months, and 21 months. "The major cognitive event hypothesized to occur at approximately 8 months ... is the separation of means from ends... At approximately 13 months, stage IV marks the onset of complete sensorimotor decentering. The infant can appreciate the independence of entities in the world and understand that they carry with them their own properties, including their potential to be independent dynamic forces in the environment... This cognition enhances information acquisition and influencing by permitting consensual vocabulary" (1979p. 729f.).

We know from her parents' report that Gina had been "putting words together" before the medical interventions at 13 months; so she was capable of intellectual manipulation of her experience, but not yet practiced at assigning appropriate meaning to those experiences. Means-end thinking was rapidly being transformed into cause-and-effect hypotheses, but the nature of the connecting links remained obscure. What made Gina put together the specific poem about the monkeys jumping on the

282

bed with her efforts at mastery of invasive procedures? There could be several alternative explanations, some leaning upon the cognitive aspect, in the coincidence of the word "doctor" appearing in Gina's little poem, or upon the experiential aspect of being scolded for defiant toddler behavior and the doctor in the song scolding the disobedient monkeys; perhaps someone affectionately called Gina "a little monkey." A more sophisticated possibility would be using the song as a defense against anxiety aroused by helplessness and aggressive retaliatory impulses in the medical setting. The song was associated with fun with mother and thus stood for completely contrasting affective experience; the reversal defenses are specific to the anal phase, and the thoughts underlying Gina's behavior and symptom may well represent the beginning operation of defense mechanisms. In blaming her own naughtiness for the doctor's intervention, Gina may have been protecting her parents from her hostility; it is not inconceivable that a child this age would have reparative impulses. We have all seen toddlers pat hurt peers or adults consolingly.

Any of these possibilities is plausible, but I feel that they still beg the question of why the *particular* connection was made. I think the answer lies in the direction of multidetermination. It is difficult, perhaps impossible, to know why one thing means more to a baby than another, but it is clear from current research on infancy that cognition cannot be divorced from emotion. The affective life of the child is central to his development in all areas and informs his intellectual development at every point; Anny Katan's (1961) elegant exposition of the role in ego development of the verbalization of feelings is a seminal psychoanalytic statement of this point. The importance of the mother-child relationship has not always been as self-evident to researchers as to parents and so it is still possible to be pleasantly surprised by Bruner's decisive placing of language development in the context of the mutual attention of mother and child. He says, "language acquisition 'begins' before the child utters his first lexico-grammatical speech. It begins when mother and infant create a predictable format of interaction that can serve as a microcosm for communicating and for constituting a shared reality. The transactions that occur in such formats constitute the 'input'

283

from which the child then masters grammar, how to refer and mean, and how to realize his intentions communicatively" (p. 18). I think that Gina chose to make the connections she did because of the multiplicity of links available between the

monkey poem and her experiences around doctors, some of which we can describe, others of which are probably inaccessible to us and perhaps to Gina. There are many traceable links: the verbal occurrence of the word doctor, the behavioral sequence of the parents' telephoning in both poem and life, the pain in the head of the monkeys and Gina, scolding going on in life and the poem, physical adventurousness beginning for Gina as it was for the monkeys, etc. There is, however, another kind of multiplicity here—what we may call affective charge. Gina tried to master overwhelming events and sensations; to do this, she brought to bear material loaded with the most powerful affects available to her at the time, all connected to her parents. There was powerful negative charge in the scolding, the pain, the anxiety palpable in the parents' telephone calls to the doctor during the night and the day. On the other hand, great pleasure and gratification accompanied her performance of the poem for her mother; talking to grandma on the phone was a praised activity, while the parents had been urging her positively toward gross motor progression. Berta Bornstein (1935) described a similar condensation of experiences, impulses, and affects in the development of symptoms in a 2½-year-old child and observed how "complicated" was the mental life of a little child.

We must not forget, however, that Gina's efforts to make sense of her experience were taking place invisibly, in thought. She was not communicating the intellectual structure she was creating to her parents because she couldn't talk very much yet, and it didn't occur to them that she might be trying to. Indeed, her heroic mental attempts to master the traumas were failing, and she developed the symptom of night terrors. Luckily, her parents were people who could hear that Gina's crying meant *something*, even if they didn't know what. But this brings us to the second set of questions mentioned above, those involving the meaning in the parent-child relationship of this transitional and momentous phase in the child's mental development.

It is something of a truism that scientists are now demonstrating

284

things about tiny babies that mothers have always known, for example, that infant's facial expressions denote differentiated affects, or that babies recognize their mother's face or voice, etc. It looks as if, at least in the field of infant personality development, science follows life. But when we come to cognitive and language development, common knowledge lags curiously behind scientific observation. Most parents don't assume understanding in their babies or toddlers and few adults advise parents on the basis of babies' capacity for comprehension, whether it be pediatricians helping the frequent management problems of this age group or mothers talking over the toddlers' heads in the supermarket. I think we should be wondering why this should be so in general, just as we wonder why Gina's loving, involved parents never thought to talk to her about anything that was done to her.

Bruner gives us a clue when he says, "One special property of formats involving an infant and an adult is that they are asymmetrical with respect to the knowledge of the partners—one 'knows what's up,' the other does not know or knows less. Insofar as the adult is willing to 'hand over' his knowledge, he can serve in the format as model, scaffold, and monitor until the child achieves requisite mastery" (1983p. 133). The crux is the adult's willingness or unwillingness to hand over knowledge. We have seen that Gina was well able to think verbally, i.e., that there were specific verbal elements in the theory she built to account for her experiences. But her parents resisted recognition of this capacity for independent intellectual functioning. I think their resistance stemmed in part from the implications of intellectual independence—a child who can think has a separate life. Mr. and Mrs. G. had grappled with adoption and a difficult beginning to build a genuinely close relationship and foster excellent development in Gina. It was not easy for them, nor is it easy for any parent who has enjoyed the bliss of mutuality in the first year to give it up in favor of the uncertain communicative negotiations of the second year. Anny Katan describes how much more difficult it is for parents to guess at the child's feelings than to respond to a pointed finger.

It is not only the independence of the toddler that parents may find difficult to accept and manage; the anal phase brings with it

aggressive impulses and feelings which arouse powerful counterreactions in others. Parents may respond by hostile suppression of the toddler's defiance and rage, which carries with it suppression of accompanying tendrils of ego growth, or they may respond with their characteristic defenses against their own aggressive impulses, which serve equally to blot out perceptions of what is going on in the child.

Given good-enough parenting and good-enough stimulation, however, the child with adequate endowment will move inexorably toward thought and speech. Perhaps the "terrible twos" are a creation of the adult world's resistance to joining and fostering intellectual mastery of the internal and external environments by the infant toddling toward autonomy. Gina became happier, calmer, and "easier to manage" when her parents could see that she could understand the explanations of the inner and outer worlds they began to offer her. Gina has shown us that toddlers will make theories to account for their experiences whatever we do or don't do. But if we want their theories to reflect our view of reality and become part of a more sophisticated shared reality leading to progressive development and enrichment of the parent-child relationship, then we must provide the necessary ingredients and talk to our toddlers.

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