

Maternal Care that Promotes Social and Emotional Development of Infants

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Abstract

Social and emotional skills refers to the skills to behave appropriately in social situations consistent with one's psychological age. Infants' social and emotional skill is an important predictor of their later mental health, interpersonal skills, learning abilities, problem solving skills and social adaptation. As the primary caregiver after birth, the mother's caregiving practices ensure the development of the infant's social and emotional skills. Improving the quality of the mother's care can promote the development of the infant's social and emotional skills, and provides a solid foundation for later learning and lifelong development.

Keywords

Infants; Social and Emotional; Maternal Care; Sensitivity.

1. Introduction

In recent years, the development of children's social and emotional skills has received attention in various countries, and social and emotional learning programmes (SEL) are being conducted in Europe, the Americas, Oceania and South East Asia, with a commitment to enabling each individual to have the best possible chance of development. The development of social and emotional skills in early childhood is an important part of a child's healthy physical and psychological development and is the basis for the development of well-adjusted and healthy personality traits. Children with higher social and emotional skills tend to be better able to adapt academically and socially, and are more inclined to adopt positive coping styles and maintain a healthier mental state when faced with difficulties or stress. It has been found that infants' social and emotional development reaches a milestone within the first 6-12 months of life, but that the characteristics of infants' social and emotional development at this stage are influenced by their own individual differences, which stem from the care practices of the primary caregiver (mother). This article explores the importance of maternal care in the social and emotional development of infants and how to provide good care practices.

2. The Development of Social and Emotional Skills in Infants

2.1. The Important of Social and Emotional Skills

Social and emotional skills refers to the skills to behave appropriately in social situations consistent with one's psychological age, including the ability to recognize and express emotions, regulate emotions, sustain attention, motivate for improvement, empathise and interact with peers. Recently, CASEL in USA has redefined social and emotional skills into five major competencies: self-awareness, self-management, social awareness, relationship skills, and responsible decision-making [1]. Of which, self-awareness helps children to develop good peer relationships, while children's perceived self-achievement gives them more confidence to meet learning challenges and thus enhances their academic resilience. Self-management skills include emotion regulation, cognitive management and behavioral management, and higher self-management skills mean higher social and academic adaptability. Social awareness,

including perspective taking and empathy, which affects children's attitudes and perceptions of others and, consequently, their ability to adapt socially. Relationship skills directly influence how children interact with their peers and teachers, and children with higher interpersonal skills are more likely to take a positive, proactive approach to interactions, resulting in more attention, support and opportunities for academic success. Responsible decision-making is the ability to adopt positive strategies to solve problems, taking into account their own and others' needs and situations, and children with this ability are more likely to be welcomed by teachers and peers as they are able to balance the interests of both parties in conflict resolution [2]. Thus, it appears that the development of infants' social and emotional skills is an important predictor of their later relationship skills, problem-solving skills, learning abilities, emotional and behavioral problems and personality traits.

2.2. The Milestone in the Development of Social and Emotional Skills in Infants

Self-produced locomotion is the germ of motor development and a milestone in the social and emotional development of the infant. Between 6 and 12 months of age, self-produced locomotion are already present, for example, infants are usually crawling on their hands and knees by around 8 months of age, grasping objects with precision by around 10 months of age and standing and walking unaided by around 11 months of age [3]. During this period, infants' cognition and emotions change dramatically, because they are constantly trying to explore and manipulate their surroundings when more complex movements and orienting behaviors emerge, with occasional failures and successes bringing emotional experiences such as frustration, happiness, anxiety, etc. In addition, this newly acquired ability enables the infant to change his or her social distance from the mother (getting close to the mother), providing more opportunities for the mother to communicate and interact with the infant, supporting the infant's acquisition and understanding of social signals [4].

In conclusion, the self-produced locomotion occurring between 6 and 12 months after birth largely supports infants in exploring new environments and acquiring new perspectives as well as experiences, increasing their behavioral interactions and emotional attachments with their primary caregiver (mother) and thus influencing their social and emotional development. However, the development of infants' social and emotional skills can be influenced by their own individual differences that stem from changes in their relationship and social interactions with their mothers, i.e. maternal caregiving.

3. Maternal Care is an Important Safeguard for the Social and Emotional Development of Infants

For the first 6-12 months of life, the mother, as the primary caregiver, is the person with whom the infant has the closest daily contact. Through interaction with their mothers, infants develop a sense of themselves, a sense of their relationships, an understanding of the intentions of others and a sense of attachment. The quality of maternal care therefore plays an important role in the development of the infant's self-concept, social development and psychological well-being. Maternal sensitivity and physical contact between mother and child are two indicators of the quality of maternal care and are important factors in ensuring the social and emotional development of the infant.

3.1. Maternal Sensitivity

Since the 1970s, a number of studies have found that a mother's sensitivity to her baby is not only a central element in the formation of her secure attachment, but is also crucial to her long-term positive social and emotional development. Ainsworth, a leading American psychologist, once said, "Sensitive mothers are often able to spot problems from their children's perspective, perceive the signals their children are sending, interpret them accurately and respond in a

timely and appropriate manner." The mother's sensitivity allows her to respond to signals from the child, rather than just to the child [5]. For example, when a child is placed on an uncomfortable sofa, he may cry and a sensitive mother will recognize the problem behind this signal: my baby seems uncomfortable sitting here, I need to adjust his sitting position or move him to another place, while an insensitive mother will only respond to the crying baby itself: my baby is crying, I will go and play with him for a while. Although these two response patterns may lead to the same result: the child eventually stops crying, but the former response pattern helps the child to learn how to deal with some relationships, that will provide a basis for emotional regulation and give the child a sense of security, which is the driving force behind the child's environmental exploration and the beginning of social and emotional development [6].

In fact, the mother's sensitivity is divided into at least two dimensions: sensitivity to Infant Distress and Non-Distress [7]. As infants become able to distinguish between familiar and unfamiliar people and show preferential and direct attachment behavior towards a particular caregiver (mother) by around seven months of age [8], infants at this age often seek their mother's proximity and comfort in times of stress by giving distress signals [9], such as crying or wrinkled facial expressions accompanied by a slight body wriggle. From the perspective of attachment and evolutionary theories, infants' distress signals are highly social cues that suggest to caregivers that they are in need of something. If the mother is highly sensitive to the infant's distress signals and is able to respond appropriately and in a timely manner, the infant will develop a sense of self-efficacy in emotion regulation and believe that the expression and sharing of negative emotions is accepted and approved [10]. Conversely, insensitive responses or low maternal sensitivity, such as rejection or ignorance, may lead infants to have negative attitudes and perceptions of their social environment, thus repressing or masking their negative emotions rather than expressing or controlling them in an appropriate manner. It has been found that the unstable emotional expression of children's irritability and agitation is often closely related to the mother's low sensitivity to her early distress signals[11]; the less sensitive the mother is to her infant's distress signals, the more likely the infant's social and emotional development is to be hindered, and subsequently they will have the higher level of distress or stress (higher levels of stress mean poorer stress regulation responses, which are an indicator of subsequent social and emotional development in infants and young children) and poor social adjustment.

3.2. Physical Contact between Mother and Baby

In addition to the mother's sensitivity, physical contact between mother and infant is crucial to their later social and emotional development. Physical contact includes not only the mother's touch on the baby's skin, but also co-sleeping with the baby and breastfeeding [12]. Early studies of preterm infants found that, because they are placed in incubators after birth and do not have close physical contact with their mothers for long periods of time, preterm infants have poorer stress management systems and stress regulation responses than children born at term [13], and that the level of stress regulation responses affects the subsequent development of social and emotional and social adjustment skills in infants. To solve this problem, hospital caregivers had resorted to stress hormone interventions to treat and intervene with premature infants, and later, researchers discovered a physical therapy: Daily Massage. At home, mothers can also improve their preterm infants' cortisol response and heart rate by massaging them daily, and this frequent touch can help restore the infant's stress-regulated response and its stress management system. This functional and stimulating touch helps the infant's neurological development, social cognition and emotional development [14]. In addition, breastfeeding and co-sleeping also improve the stress-regulated responses of infants and promote their social and emotional development. During the first year of life, infants spend

most of their time feeding or sleeping. Feeding and putting the baby to sleep are therefore two of the most important parts of early care practice. Firstly, in the case of breastfeeding, human milk is rich in fat and leptin, nutrients that help to regulate the neuroendocrine system's response to stress and reduce the baby's stress levels. During breastfeeding, there is physical contact and interaction between the mother and her baby, such as touching, gazing and whispered conversations [15]. With these interactions, the mother's breast is no longer just a 'vessel' for feeding, but a 'regulator' to soothe the baby's emotions. Breastfeeding not only promotes the development of the hypothalamus and improves the physiological arousal of the infant, but also helps the mother to regulate her own stress and anxiety levels. Secondly, when it comes to co-sleeping. Some babies sleep alone in their own rooms after birth, while others sleep in a cot next to their mothers or in the same bed with their mothers, with co-sleeping usually referring to the latter two. Since 2000, the American Academy of Pediatrics has not recommended co-sleeping, and some studies have found that co-sleeping increases the risk of sudden infant death syndrome. However, this claim has been refuted by later studies, and the claim mortality lacks some evidence and is misleading, as it is not caused by co-sleeping but by the co-sleeping environment and the characteristics of the co-sleeper (e.g. parental smoking and alcohol use, etc.) [16]. Co-sleeping means that mothers are able to have more physical contact with their babies at night, and physical contact between mothers and babies at night increases the emotional security of babies [17]. When sleeping with the infant at night, the mother is more sensitive to signals from the infant and interacts more frequently with the infant, thus meeting the emotional and physical needs of the infant, which facilitates the development of the infant's stress regulating capacity.

4. How to Provide Quality Care

Pay attention to your own emotional state, to your child's psychological needs and to your child's emotional education. In daily life, mothers first need to focus on their own emotions and try to avoid showing negative emotions such as anger and depression in front of their children. They should adopt constructive and positive ways to relieve their emotions, such as seeking help from family members, distraction and self-encouragement. Secondly, mothers need to identify their children's psychological needs in a timely manner and provide scientific emotional education and emotional guidance to their children. Parents can share and communicate with their children. In the process of communication, especially when it comes to emotional issues, parents can take the initiative to share their own personal experiences and guide their children to empathise with them. In addition, parent-child reading can be used to help children sort out negative emotions such as depression through fun picture book reading. Increasing parenting sensitivity and creating a safe base for child's emotional regulation. Firstly, the mother needs to increase her sensitivity to the emotional changes or psychological needs of her child. One of the first and most important ways to do this is to engage in parent-child interaction. It is only after experiencing prolonged and close contact with the child that the mother becomes very sensitive to changes in the child. Therefore, it is important for the mother to be with her child as much as possible, to listen to her child and to support her child. With prolonged care and companionship, the child's trust in the mother grows. Trust increases the child's sense of security and when problems and difficulties arise, the child will solve them in a positive way rather than throwing tantrums or running away, etc. The second method is mindful training, which not only helps mothers to improve their awareness and concentration, but also helps them to reduce their anxiety and stabilise their minds. Mothers can do this at home by searching online for 'positive breathing exercises', 'positive meditation exercises', etc. Find something that interests you and that suits you and stick to it for half an hour a day. Secondly, creating a safe base for your child's emotional regulation requires the mother to work

with her partner. The most important safe base is a safe family, so parents need to learn to work together to care for each other and communicate more to reduce family conflicts and tensions. Taking the child to actively participate in family or community activities on holidays or days off, and providing opportunities for the child to spend time with other family members or community members, will on the one hand enhance the harmony between family members and on the other hand give the child the opportunity to experience different social emotions.

Please keep co-sleeping and breastfeed scientifically. Firstly, it is recommended that the mother chooses to co-sleep with her child. It is important that the mother does not smoke or take nerve-suppressing medication (e.g. cold medication) before bedtime; she should avoid mixed feeding and insist on breastfeeding during co-sleeping. The bed in which the child and the mother sleep should not be too soft and it is important to avoid the child sleeping between the parents, as the father is less alert than the mother and may squeeze the child. Therefore the correct sleeping position for the child should be on the mother's chest. The mother should try to avoid sleeping face to face with the child, as the mother's breathing will affect the quality of the child's sleep and the air environment. If the child is sleeping in a cot, no fluffy play or pillows should be placed in the cot during sleep to prevent the child from suffocating and the cot mattress should not be too soft. In addition, the cot needs to be close to the side where the mother sleeps to make it easier for her to nurse at night. Secondly, mothers need to breastfeed scientifically. The mother's body needs to produce milk to feed her child during breastfeeding as well as compensate for the loss and depletion of nutrients during pregnancy and childbirth, so mothers need to consume a large amount of nutrients to maintain the recovery of organ and system functions as well as to replenish the milk. However, care should be taken to control the intake of oils and fats, and to control the intake of refined white rice and meat. Both new and experienced mothers will encounter breast engorgement. The first thing a mother should do is to stay calm and learn to suck the milk with a breast pump or express it by hand under the guidance of a professional. It is important to note that before expressing milk by hand, mothers can drink warm water, take a hot bath and massage their backs to stimulate the let-down. Do not press casually during hand milking, and if there is galactoceles in the breast that is painful to express, apply a cold compress to the galactoceles with an ice pack and apply a little pressure to the galactoceles to facilitate milk extraction. In addition, a good and stable mood will make mothers' breastfeeding process smoother.

5. Conclusion

The quality of the mother's care has a significant impact on the child's social and emotional skills, and indicators of the quality of mothers' care include mothers' sensitivity and physical contact. The quality of care provided by mothers helps infants aged 6-12 months to regulate their stress levels, promote their social and emotional skills and develop healthy personality traits, thus enabling them to adapt better to society later in life.

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