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## Buchbesprechung

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# Preschool Experience in an African Culture: Reflections on Maternal Behavior and Normal Development

## Vorschulerfahrung in einer afrikanischen Kultur: Überlegungen zum Verhalten der Mutter und normaler Entwicklung

*Stabilität des sozialen Verhaltens ist ein artspezifisches Merkmal des Menschen. Die am häufigsten berichteten Unterschiede beziehen sich auf kommunikatives Verhalten, speziell auf verbale Kommunikation. Dies wird am Beispiel elterlicher Strategien der Kinderpflege und des Standards für Entwicklung in einem Gusii-Stamm in Südwest-Kenia gezeigt. Für die Mutter besteht die Aufgabe der Kinderpflege und -erziehung vorwiegend darin, daß die Kinder am Leben bleiben. Sie halten die Erregungen und Erwartungen bezüglich der mütterlichen Zuwendung möglichst niedrig, sehen eher eine Gefahr als einen positiven Wert darin, Babies ihre Umwelt explorieren zu lassen, und kommunizieren weit weniger häufig mit ihren Kindern als amerikanische Mittelschichtmütter. Soziale Stimulation wird auf ein späteres Alter verlegt. Einerseits sind daher Kinder, die unter diesen Bedingungen aufwachsen weniger aktiv, reagieren weniger auf kognitive Anregung und sind wahrscheinlich auch weniger erfolgreich in der Schule. Andererseits überleben sie nicht nur, sondern handeln angepaßt in der ländlichen Umgebung.*

*Variability in social behavior is a species-specific characteristic of humans. The most often reported dimensions of difference involve communicative behavior, specifically verbal communication. This is shown by the parents' strategies of child care and their standards for personal development in a Gusii community of southwestern Kenya. Gusii mothers approach the task of raising an infant with survival as their primary goal. They keep infant excitement and expectations for maternal attention low, see danger rather than positive value in letting babies explore their environment, and communicate far less frequently than American middle class care-takers. Social stimulation in this community is postponed to a later age. On the hand, children raised under these circumstances are less verbal, less activ and less responsive to cognitive training procedures and probably are less likely to do well in school. On the other hand children do not only survive but acquire skills and personal organization to act adaptively in the rural community.*

Cultural variations in child rearing practices are as significant for the understanding of child development and early education today as they were when Margaret Mead first conducted a study of education among the Manus people of New Guinea sixty years ago. She proposed that cultural variation constituted a unique laboratory for the study of human development, and that the anthropologist's task was to investigate each variant in context and bring home answers of practical as well as theoretical significance.

*From this vantage point of a thorough knowledge of the cultural background, it is then possible to study the educational process, to suggest solutions to educational problems which we would never be willing to study by experimentation upon our own children. But Manus has made the experiment for us; we have only to read the answer (Mead, 1930, p. 12).*

Reading the answers actually turned out to be more complex, ambiguous and controversial than Mead foresaw, but we have kept trying to do so, for one fundamental reason: It is impossible to make valid generalizations about child development in the human species from abstract theory or from observations in one society; it requires observations carried out in a wide variety of human environments. Ignoring this limitation, theorists have given us formulations of what is natural, normal and necessary in human development slanted heavily toward what is familiar, preferable and acceptable in our own society. The evidence from which a more accurate picture can be constructed is becoming available from studies by anthropologists and developmental psychologists in many parts of the world. In this article I shall present some findings from the cross-cultural study of infant care and mother-infant interaction and explore their implications for our understanding of early development.

First, a word about how cultural variations fit in to what we know about human nature. Variability in social behavior and organization at the population level is a species-specific characteristic of humans. No other species shows so much behavioral variation from one population to another in four basic adaptive functions: subsistence (i.e. the means of getting food), reproduction (i.e. sexuality, mating arrangements and the care of offspring), communication (i.e. language, emotional expressions and other symbol systems) and social regulation (i.e. the organization of face-to-face relationships, groups and hierarchies). These functions in humans are organized through population-specific codes of conduct — i.e. cultures — rather than by a single genetic code for the entire species. The human genome constrains the range of variation in cultures but does not dictate the specific behavioral plans. The human nervous system provides the hardware, but cultures are the software programs that give direction to individual behavior in a given population.

Rather than thinking of this variation as disorderly, we should realize that the flexibility of which it is the realization constitutes the greatest adaptive strength of our species, enabling human populations to occupy the most diverse environments, to change rapidly in response to environmental challenge and to create social and symbolic systems that could not have been predicted from a knowledge of our neural anatomy. Psychological theorists, however, have tended to neglect the population level in building conceptions of human development, consistently underestimating the capacity of cultures to give new meanings to the experience of parents and children.

What all this means for understanding early experience can be seen in the domain of mother-infant interaction. In reviewing observational studies published in the last decade, my colleagues and I found that most studies reported significant differences between culturally defined groups in maternal behavior to babies during the first year of life (usually at three months old), whether they were comparing Africans, Guatemalans, Yugoslavs or Navajo Indians with middle-class Anglo-Americans or various ethnic groups within the United States (Richman et al., 1988). The most often reported dimensions of difference involve communicative behavior, specifically verbal communication.

Mothers of some cultures spend a greater proportion of their time talking to their babies, with longer utterances and/or longer bouts of verbal interaction. The differences are large. Significant differences in maternal speaking are reported even when mean frequencies of other behaviors such as face-to-face position or mutual gaze do not differ and even where economic factors are controlled. Middle-class Anglo-Americans are repeatedly found to engage in more talking to babies, although some other groups, such as the Kalahari hunter-gatherers and low-incom Cubans in Miami, are relatively high in frequency of maternal talking. Within the United States, maternal talking correlates positively with socioeconomic status and probably reflects the mother's level of schooling. In Melanesia, however, it is associated with varying indigenous beliefs about whether infants can be taught to speak; where they are thought to be educable, mothers speak to them during the first year, but where they are not, mothers wait until the child produces words himself.

These findings are not surprising, but they suggest in a very crude way what I shall be describing in more detail, viz. that the average expectable environments of infants even at three months of age vary across populations and ethnic groups, that they differ in communicative behavior — which might be expected to have psychological consequences, and that these differences are due to culturally varying models of infant care. The term „average expectable environment" was coined by the psychoanalyst Heinz Hartmann (1939) in his effort to provide concepts uniting psychoanalytic ego psychology with evolutionary biology and the social sciences. He meant in part that the maturational schedule of the human infant was preadapted genetically to a particular range of environmental conditions that would be necessary for its normal development. Hartmann did not specify these conditions, nor is it clear that he thought these conditions could be specified without empirical research. John Bowlby (1969) based his evolutionare model of attachment on this concept of Hartmann's, claiming that the expectable environment for humans was that of our hominid ancestors, who would have fallen prey to wild animals during the first years of life if they were not predisposed to form close attachments to their mothers soon enough.

In Bowlby's model, the concepts of normal psychological development are derived from this theoretical speculation without seeking to ground them in data on diverse living populations.

In my view, the concept of an average expectable environment for the normal development of children can only be generated from empirical research findings on a wide variety of human populations. In other words, we will not know what the average expectable environment for child development is until we know the range of actual environments in which children develop normally. I believe that Hartmann was also inclined in this direction, since he assigned a high priority to the direct observation of infants, particularly in their earliest communications with their mothers, and in other cultures as well as our own (LeVine, 1989). Hence I consider it important that the published observational literature to date, limited as it is, shows cultural difference in the average frequency of mothers speaking to babies at three months of age.

I shall present in this article some findings from our own research that enable us to say more about the average expectable environment and its implications for what is normal and abnormal in child care. The data will show that there is cultural divergance in mother-infant communication, not only at three months of age but throughout the first two years of life, creating divergent pathways for early child development. These differences reflect parents' strategies of child care and their standards for personal development. I shall argue that culture-specific strategies and standards for child development tend to be adaptive in their local contexts, but involve a choice to develop certain individual potentials at the expense of others, and further that each culturally organized pathway for child development entails distinctive psychological risks as well as benefits.

It would be hard to find mothers whose beliefs and practices concerning child care contrast more with those of middle class America than those we studied in a Gusii community of southwestern Kenya during the mid-1970s. This study, carried out in collaboration with T. Berry Brazelton, Suzanne Dixon and their colleagues at Harvard Medical School and Herbert Leiderman and his colleagues at Stanford Medical School, included a longitudinal examination of 28 children over a 17-month period, from as early as right after birth to as late as 30 months of age. The study was part of an ongoing relationship I have had with these people over more than thirty years — most recently renewed in the summer of 1988, shortly after we finished a book summarizing the infant research.

The Gusii now number almost a million and inhabit a beautiful highland region, most of it over 5000 feet above sea level, just east of Lake Victoria in the southwestern corner of Kenya. They speak a Bantu language, and their culture resembles that of many other peoples among the Bantu-speaking majority in Africa south of the Equator. Before their conquest by the British in 1908, the Gusii were cattle-herders and agriculturalists

who lived in patrilineal clans without centralized leadership in a well-watered region of abundant land. The younger men, the warriors, lived in nearby cattle camps, and the middle-aged and older men lived as the polygamous patriarchs of extended family homesteads dispersed across the hills. Each wife, married in from another clan, had her own house and adjacent parcel of land allotted to her. Women were expected then, as they are now, to grow the crops from which her own children will be fed.

The most valuable resource of each Gusii family and community was the number of its people: women to cultivate the soil and bear children, men to herd the cattle and defend the property from attack, children to herd the sheep and goats, fetch water and help with household tasks. The more wives a man had, the more land he could cultivate; the more sons his wives bore, the more secure their military protection; the more daughters his wives bore, the more cattle he would obtain as their brideprices when they married into other clans. Thus effective reproduction was the basis of wealth, safety and even political power, limited primarily by the high mortality among infants and young children. Fertility was one of the foremost goals of social life and was celebrated as a personal and group achievement; pronatalist values pervaded Gusii culture and have remained important down to the present day.

The average Gusii woman currently (as of the 1979 census) bears 8.7 live children, which makes the Gusii one of the most fertile populations in the world but only slightly more so than other peoples of highland Kenya. Infant mortality is harder to estimate but was probably about 80 in the mid-1970s, which makes it low for Africa but about five times that of the United States. In the precolonial period, fertility would have been somewhat lower (due to later marriage and longer breast-feeding) and infant mortality more than twice as high — probably around 200 per thousand live births, i.e. with one out of every five babies dying during the first 12 months. Like most other subsaharan peoples, the Gusii tried to maintain a long interval between births — more than two years — to ensure the survival of each child before a woman became pregnant again, in a regular succession of births from marriage to menopause.

Gusii mothers approach the task of raising an infant — now as in the past — with survival as their primary goal and a strong desire to protect the baby against disease and physical hazards and to ensure his physical growth, particularly during the first year of life. With a heavy agricultural work load and a commitment to giving birth about every two years, Gusii mothers view their own attention as a scarce resource and deploy it according to a strategy that is carefully calculated if not completely explicit. In this strategy, infant care takes place in the interval between two births; once the next child is born, the mother turns her primary attention to that one. Thus her goals for a particular child must be accomplished within a period of two years, and in fact nowadays something closer to 16 or 17 months, the point at which a baby is to be weaned from the breast. During that time, as never again, the mother

considers her energies to be devoted to that child. Since the Gusii believe (correctly) that children are at greatest risk of death during that period, the mother's deployment of her attention to her newest offspring is justified and driven by the survival goal. Even beyond that, however, Gusii mothers concentrate their efforts on the earliest months, when they see the child as most vulnerable, and on those babies who appear most vulnerable or sick during the first year of life. As they become convinced that a child is growing normally and progressing normally in his motor development, Gusii mothers gradually diminish their attention to that child, particularly after the child can walk, thereby preparing the toddler for weaning and replacement by a sibling. This is their general strategy, but it presumes a context which I shall now describe before we go on to the specific features of mother-infant interaction.

The context presumed by Gusii mothers is that each child will be breast-fed from birth until about 17 months nowadays (it used to be a few months longer), will sleep with the mother at her breast in the nighttime during that period, and will be held by the mother or a child caregiver most of the daytime between birth and about 15 months of age. Holding usually means carrying the baby strapped to the back or sitting down with the baby in one's arms. In addition to intensive breast-feeding, babies are fed supplementary foods and liquids from an early age. The baby is never alone, usually held, and fed on demand — i.e. whenever he cries. These are the basic elements of good infant care according to the model of Gusii mothers.

Next I shall review some of the more specific features of Gusii infant care as practiced and interpreted by the mothers we observed. First, physical care and protection. In the mother's view, all of the basic elements I have mentioned are designed to provide warmth, protection and the feeding necessary for health and physical growth. We have come to call the earliest months, when the mother has not resumed her full round of agricultural tasks, the period of post-partum incubation, since the mother is approximating for the infant conditions left behind in the womb. This is most clearly seen in the cases of abnormal births, i.e. twins, breech deliveries and prematurely born babies, who are ritually secluded in the house with the mother for at least a month, when they are almost continually breast-fed and warmed by the cooking fire before emerging to the outside world in an elaborate ceremony. These children are accurately seen as the most vulnerable neonates, and they get the most womb-like treatment to ensure their survival. (This treatment stands in contrast to that of some other peoples in subsaharan Africa among whom it is customary to kill twins and breech-delivered infants at birth.)

A similar sensitivity to early vulnerability, though not ritualized, emerged from observations of the 12 children in our sample who had been assessed at birth using the Brazelton scale. Those who showed signs of vulnerability in neonatal assessment were held even more frequently than others, more frequently by their mothers as opposed to child

caregivers and were more often observed with their mothers nearby during the first three months. Furthermore, babies who were smaller in size or of low birth weight received more attentive care from mothers and children during this period, and those who weighed less were more frequently observed being held up to nine months of age — which is remarkable, given the high frequency of holding for all infants during this time. This increased frequency of holding and maternal proximity is symptomatic of the more intensive care elicited by a baby who appears vulnerable to the mother either in size or behavioral organization. Intensive care is also seen when a healthy baby becomes ill and the mother stays home all day constantly nursing the baby, holding him in her arms and nursing him at the breast. Thus physical care is seen as the primary need of all babies during the early months, but those whose health is in jeopardy get more of it.

A related feature of Gusii maternal care is the goal of soothing, i.e. to keep the baby calm, quiet and unexcited. Rapid responsiveness to crying is considered essential, and videotapes of American mothers who let babies cry briefly (by our standards) were responded to with horror by our Gusii mothers; they thought there was something very wrong with an American mother who put her screaming infant on the changing table while reaching for a clean diaper, as opposed to holding on to the distressed child. They respond to the infant's cry by holding and jiggling and if that does not work, by breast-feeding, and they enjoin child caretakers to be physically responsive to the baby's cry too. Infant crying at 3-4 months was more than twice as frequent in our American comparison group than among the Gusii babies, suggesting that the Gusii mothers are successfull in keeping their babies calmer. This goal is maintained at later ages, too, when babies are more capable of communication. For example, the American mothers were looking at their 9-10-month-old babies 28% of the time, and the babies were looking at the mothers 8% of the time; in the Gusii sample the babies were looking at the mother 9% of the time, but the mothers were looking at their babies only 9%. We believe that the Gusii mothers want to prevent their babies from becoming aroused through visual interaction, a point that became clearer in the videotaped face-to-face interaction during early infancy, in which Gusii mothers spent less time eliciting positive excitement in their infants and more time averting their gaze, usually when the infants became excited (Dixon et al., 1981). Figure 1 shows this comparison.

The overall contrast in patterns of social excitement between the routine environments of Gusii and American middle-class infants is even greater than this graph indicates. The American infant is put into complete isolation for sleeping but is often the center of interactive attention and stimulation when awake, thus creating great swings of arousal — from high peaks to deep valleys across the diurnal cycle of everyday social experience. The Gusii infant, on the other hand, is never alone, even

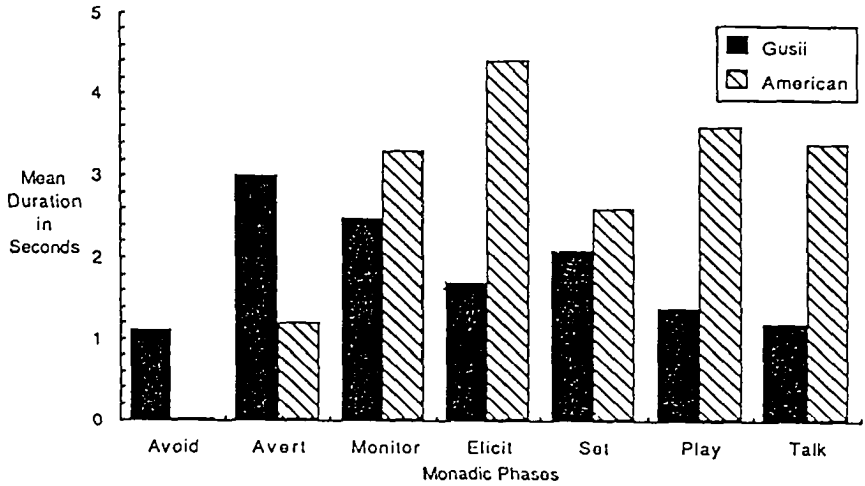


Figure 1: The Face-to-Face Behavior of Gusii and American Mothers to their Infants: Duration of Monadic Phases (from Dixon et al., 1981)

when asleep, but is rarely the focus of playful attention even when awake. Present at all domestic occasions, usually as a spectator rather than participant, the Gusii infant simply falls asleep when so inclined on the body of the mother or a child caregiver without being segregated from the rest of the family. Every effort is made to keep infants calm and quiet when awake, so that their level of arousal would show few peaks and valleys across the diurnal cycle.

The practice of soothing babies and keeping them calm contributes to the goal of survival and growth by enabling the young infant, particularly the smaller ones, to conserve the energy that would be expended in crying and use the calories for ther physical growth. From the Gusii mother's point of view, it also represents sensible management of behavior, enabling her to comfort the baby easily. The impressive quiet that prevails in the waiting rooms of local pediatric clinics is testimony to the effectiveness of this way of managing babies. Furthermore, Gusii mothers seek to keep expectations for maternal attention low — partly to foster the compliance that will be useful in getting the toddler over the transitions of the second year with a minimum of disturbance, and partly to inculcate the virtues of obedience and respect. A mother will be irritated if, having sent the baby to her own mother for some time, the grandmother indulgently leads the toddler to expect more attention and accomodate less easily to the normal separations and demands of the second and third years.

Gusii mothers see danger rather than positive value in letting babies explore their environment. Thus, though most of our sample children could walk by nine or ten months, they were still being carried until well into the second year. Mothers rarely praise their children or acknowledge

their accomplishments, even in the experimental teaching situation we structured for them, in which praise and acknowledgement were the most frequent responses of the American mothers. The Gusii mother sees praising a child as fostering conceit rather than developing a valued quality such as self-confidence.

Thus the Gusii mother's aim is to keep infant excitement and expectations for maternal attention low, while responding rapidly to signs of distress, illness, serious growth faltering or developmental delays. Gusii mothers go to great lengths for medical treatment for a sick or disabled child and spend any amount of time and energy needed to restore the child's health. This is only possible because they are constantly monitoring the infant in terms of health and normal motor development, diminishing their attention gradually as they are convinced that normal progress is being made.

By the time the mother gives birth again, she expects that the toddler will have become integrated socially into the group of older siblings, including his former child nurse, and that his experience with play, conversation and the learning of useful tasks will occur in that play group with little need for her attention. This is a key element in the Gusii mother's role from her own point of view; she sees herself as the critical nurturer of the child in its struggle for survival, as well as his primary source of comfort, but she presumes that the sibling group rather than the mother will provide the child with normal social stimulation and experience.

In the case of Gusii infant care, we have one of those experiments of nature that Margaret Mead was referring to when she wrote that there are peoples who subject their children to conditions we would never dare to inflict on our own; they have done the experiment for us, and we have only to „read the answer" by observing what happens. So let us see what we can make of the Gusii case. First, I hope it is clear that Gusii mothers believe they are meeting the needs of their children during the first years of life. They define these needs rather narrowly as survival and growth in the face of risk, especially during the post-partum period and particularly for conspicuously vulnerable or endangered babies, allocating their energies adaptively to assure survival within constraints set by very high fertility goals. They do not conceive infants as having psychological needs beyond the desire for food and comfort, and they view their own role more as pediatrician than as educator, on the assumption that the ordinary domestic environment of a Gusii household will provide social experience and the learning of tasks with minimal parental intervention. Are the psychological needs of Gusii infants being neglected under this regime?

From the viewpoint of current developmental perspectives, it must be said that the average environment of the Gusii infant is lacking in many of the elements held to contribute to normal psychological development during the first two years. The infrequency of visual and verbal

interaction with the mother — particularly contingent social interaction and playful exchange — and the witholding of approval and support for the child's earliest initiatives, self-assertions, exploration and independence, can be interpreted as grossly understimulating to normal cognitive, linguistic and emotional development. Gusii babies do not receive, for example, the kind of „mirroring" that the self psychology of Heinz Kohut (1977) considers essential to the establishment of a healthy self organization. They get more attention for distress signals than for positive ones. Furthermore, Gusii mothers begin reducing their attention to the infant just as the child becomes more capable of social interaction and communication, the very stage at which American mothers are normally building an increasingly verbal communicative and educational relationship with their children. Yet the close physical contact in co-sleeping and breast-feeding until almost 18 months do not facilitate the processes of seperation and individuation (Mahler et al., 1975). In short, the early environment of the average Gusii child looks like a recipe for developmental disaster.

The outcomes are certainly not as disastrous as might be predicted from our own developmental conceptions. Many generations of Gusii, and others whose early environments resemble theirs in many parts of the Third World, have not only survived such infant experience patterns but have acquired the skills and personal organization to act adaptively in the rural communities of agrarian societies, and in recent years this has included schoolgoing. So the severe deficits in ego development that might be expected on the premises of some psychoanalytic formulations are simply not observable among Gusii adults or children. On the other hand, there is little doubt that children raised under these circumstances are less verbal, less active and less responsive to cognitive assessment and training procedures than children raised under middle-class Euroamerican conditions. They are probably less likely to do well in school, at least at first. And we believe also that Gusii even as adults experience more anxiety about self-assertion in competitive situations than their American counterparts. These can be countet as psychological costs incurred by the Gusii style of child rearing, but they are not the drastic disabilities our theories would lead us to expect.

Thus, none of the Western developmental theories I know has proven entirely wrong, and most have proven useful, in understanding the Gusii material, but they tend to exaggerate the psychological consequences of deviating from what is regarded as an optimal environment in our middle class society. Instead of assuming that deviations from *our* concept of optimal development necessarily leads to psychopathology, we need to distinguish minimal requirements for healthy development that might apply to all humen societies from optimal standards that make for better performance in a particular cultural context. It is the minimal requirements that I believe Winnicott (1958) had in mind when he talked of „good-enough mothering" and „the ordinary devoted mother".

Our Gusii mothers are good mothers in this sense, providing each baby with a stable caregiving environment consistently responsive to his physical needs and providing comfort, protection and tactile stimulation during the first year and beyond. Their postponement of social stimulation to a later age, and largely with children rather than parents, does not realize our (i.e. Euroamerican) developmental goals — oriented as they are toward education and personal independence — but it does not necessarily damage their children either and probably helps preadapt them to the demands of a traditional agrarian society. Their low expectation for interpersonal attention and excitement may also protect Gusii children from disappointments, discontinuities and other potential traumata during the early years. I am proposing that while in some sense the needs of infants are universal, there are more ways of meeting them than we have imagined to date. Case studies like this one can show us not only what is necessary and what contingent in the early environments of children but also permit us to discover that each cultural style of preschool child rearing develops certain potentials at the expense of others.

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