

# Social interaction in child development



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In the first two years of an infant's life, they undergo many changes that allow them to develop into a fully functioning human being. Social interaction is an important contributing factor that influences that development. To see how important social interaction is for the development of a child in the first two years of its life, it is important to observe key areas of behaviour such as attachment to others, the child's temperament and their language acquisition.

One of the most researched areas of development is attachments and how we form them. Attachment, as defined by Ainsworth and Bell 1970, is "an affectional tie that once person forms between himself and another specific one". Research by Shaffer and Emerson, conducted in 1964, and suggested that there are three stages in the development of primary attachments; the asocial stage, the stage of indiscriminate attachment and the stage of specific attachment. The asocial stage, which spans from birth to six weeks, is when the infant uses signals to interact with its environment, for example crying, babbling, and smiling etc. which is not aimed specifically to anyone. The stage of indiscriminate attachment when the infant has learnt that if it cries it will receive attention, but is still not aimed at a particular individual and can be comforted by anyone. This stage lasts until around seven months after birth. The last stage, specific attachment, can be observed between seven and eleven months. It suggests that the infant will start to form specific attachments to caregivers and a bond is made, and therefore is unable to be comforted by others.

Bowlby (1988), described attachment behaviour as "any form of behaviour that results in a person attaining or maintaining proximity to some other

clearly identified individual who is conceived as better able to cope with the world”.

There have been three key theories to try and explain why we form attachments, and if it is important for children to form bonds in their early stages of life. The psychoanalytical theory proposes that feeding and the production of food is the main reason why we form attachments. Based on Freud's psychosexual stages, this theory focuses on the oral stage (the first of the stages), and suggests that the child gets pleasure from attaining food through sucking (Miller, 1993). Erikson in his stage theory (1950, 1968) states that the first year of life is where the infant establishes trust between themselves and a caregiver, who in return provides nutrition and comfort.

There are two main learning theories, the first being the early learning theory. This theory revolves around the secondary drive hypothesis by Dollard and Miller (1950), which explains that infants attach to others to gain access to important things that are needed for survival, things that they cannot provide for themselves e. g. food and warmth, all of which soothe the child's cries, which is then becomes associated with the caregiver. However, this hypothesis disagrees with Shaffer and Emerson's research (1964), which suggests that the infant becomes attached to more than one caregiver, and that is not necessarily the sole provider to these physiological needs.

The second learning theory for attachment is the social learning theory (Hay and Vespo, 1988). The theory states that the child does not automatically become attached to the mother, or caregivers, but by the caregivers

interacting socially with the child and showing them affection, they then form a relationship together. .

Another important theory of attachment is Ethological theory, which suggests there is an evolutionary role in why we as humans attach; mothers are already biologically predisposed to become attached to their offspring, and therefore ensures that they survive, and the species can continue (REFERENCE). Research to support this theory was mainly collected by Bowlby (1969, 1980), who suggests that attachment is monotropic; attachment is focused on only one caregiver, namely the mother. However, research by Ainsworth (YEAR) disagrees with Bowlby's theory of monotropy, and suggests that infants form more than one attachment to many different caregivers. This is supported by Shaffer and Emerson's study, which displayed attachments to other close family members such as siblings and grandparents.

If a child has little to no social interaction in the first two years of their life, it can be particularly harmful to the child's development. This can be explained by the social stimulation hypothesis which can be observed in research collected in the 1940's, which showed that children growing up in institutions with a low staff to child ratio rarely had any interaction with a caregiver. The children were also segregated from each other and therefore were cut off from all forms of social stimulation. At first the infants acted no different from those brought up where they are given lots of attention and social interaction, but after six months there was a noticeable difference; the children's behaviour changes and the children were completely avoidant of any social activities ( create a negative working model of the self) as they

are not getting noticed by others (negative working model of others), (Goldfarb, 1943; Provence and Lipton, 1962; Ribble, 1943; Spitz, 1945). This implies that children need constant social interaction to develop properly. Bowlby (1953) looked at institutional care after the Second World War, in which he saw that the care that the children were receiving was more physical rather than for their “ emotional needs”. He developed the maternal deprivation hypothesis; suggested that infant should “ experience a warm, intimate and continuous relationship with his mother”. Conversely, infants in institutions in which there are a much higher staff to infant ratio generally interact ‘ normally’ with their caregivers and develop normally throughout life and have fewer effects (Tizard and Rees, 1975).

Another important factor in childhood that is affected by social interaction in the first two years of life is temperament. Thomas and Chess (1977, 1989) reported three main type of temperamental styles; ‘ Easy’ infants, ‘ Slow to warm up’ infants and ‘ Difficult’ infants.

“ Easy” infants (40% of sample) – adapt well to novel experiences, tend to be cheerful and easily pacified when distressed.

“ Slow to warm up” infants (10%) – tend to adapt slowly to novel experiences, prone to crying and fussing and are somewhat irregular in their daily routines.

“ Difficult” infants (15%) – tend to withdraw in the face of novel experiences, are generally negative in their moods and more intense in their reactions and are irregular in their sleeping and eating habits.

Hartup and Van Lieshout 1995 - temperament has fundamental implications for how an infant relates to other people.

Language is another element of development in the first two years that is strongly influenced by social interaction. There are three main theories that discuss what influences our language acquisition. The learning/empiricist perspective explains that children learn their language by listening to their parent's speech and imitating it (Bandura, 1971) and by positive reinforcement when the infant says something grammatically correct (Skinner 1957). Research by Weisman and Snow (2001) found that if caregivers expose their children to more advanced words earlier on in life, then the child's language will be better developed than other children. However, it has been argued that children do not learn syntax this way, for example as seen by Baron (1992); Brown, Cazden and Bellugi, 1969) when children are just learning new sentences, they create statements that adults do not say and therefore could not have imitated, such as "IT BROKED".

Chomsky (1959, 1968) disagrees with the learning perspective and suggests a more biological/nativist approach. He suggests that language is too complicated for it to just be learned from caregivers and that we are born with an innate language acquisition device (LAD) in the brain which processes verbal input. The LAD supposedly enables infants to combine vocabulary that has been collected, enables the child to understand what it means, and then the infant can use this knowledge to create sentences. Slobin (1985), thinks that instead of a LAD, we have an inborn language-making capacity (LMC), a specialised area in the brain, especially designed for learning a language.