Objectives

After reading this chapter, you should be able to:

- Use the 3A's in daily child care.
- Compare the concepts of the 3A's with your own experiences.
- Clearly define differences between the 3A's of child care and the 3A's of self-health.
- Incorporate the 3A's of child care and 3A's of self-health in your own life for one day as an experiment.
- Observe and record the process of using the 3A's with a child.

Chapter Outline

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The 3A's: Attention, Approval, and Affection as Tools
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INTRODUCTION

Have you ever heard the cry of a troubled newborn that sends ripples down your spine? Ask any new parents in the first few nights of adjusting to family life what their baby’s cry feels like to them. Instinctively, humans feel the distress almost as if the cry reaches the very fiber of our being. The response is almost universal: do whatever is necessary to soothe, calm, and reassure the fragile infant. Once the goal of comforting is achieved, the experience is a sense of triumph like no other. How do we respond so quickly? What lost memory motivates us to take such sudden action? Could it be that we re-experience our own sense of utter aloneness, a vibration so familiar and so foreboding that every cell wishes to quiet the call? The answer to all these questions, which can be found in these chapters, is yes.

Teaching the concepts of the 3A’s—Attention, Approval, and Affection—has been a passion for the authors for more than 30 years. The life-long effects of positive, consistent, and conscious infant and toddler care has been understood by child development experts for a long time. A working premise of this book is that what you do with children matters, and that positive intention coupled with caring delivery of proven skills makes a profound difference in the lives of children.

Children give back what they are given during early childhood. They return kindness, stability, consistency, and caring as they grow up and relate to the world in the schools, workplace, and in their own families. Their interactions and caregiving become that of their own caregivers through their behavior toward other people. As previously discussed in development of the nervous system, the quality of your caring, including actions, verbal messages, voice tone and tempo, and secure handling, helps create the nerve pathways that determine each child’s perceptions and map of the world. Your interactions with young children help determine how each child will eventually perceive himself or herself as worthy, unworthy, guilty, hopeful, or hopeless.

Caregivers are the engineers of the future generations. Your mission is monumental in nature. Your daily movements, efforts, and attitudes help shape and determine the destiny of the planet. You affect the very fiber of each child, and no position in society is more important. The 3A’s are the master tools that ensure that your effect on children is positive and productive. In this age of mechanistic impulse redundancy, our newly awakened genetic units (our children) need to claim their human right to humane care. There is no better way available to provide this care than a wonderfully soothing dose of consciously administered 3A’s.

The abilities to understand and fulfill academic requirements and to master specific skills, such as bathing and feeding babies, are necessary to your work and may even extend into your personal life. These immensely important aspects of child care, however, are not enough.

Students studying child care need to integrate their “self” into their work because no other professional field is in need of self-integration more than this most humanistic endeavor. Taking charge of tomorrow’s leaders on a daily basis demands human investment since it perpetuates all future human relationships. Just how important are these future connections? Let’s look at what other experts have to say.

“The child’s self is constructed in the interpersonal relationships that bind her to others, she is known in the experience of connection and is defined by the responsiveness of human engagement” (Gilligan, 1988).
“It is in the context of relationships that the needs and wishes of very young children are met, or not. . . . It is in the context of relationships that infants and toddlers continue to develop expectations about how the world is, how the adults in that world behave, and their own place in the social world” (Pawl, 1990).

“When there is a sudden breakdown in the relationship between caregiver and child, whether that is natural or due to conflict, the results can profoundly affect momentarily or cumulatively the meanings children give to themselves now and in later experience” (Douville-Watson, L., 1995).

Jane Healy, in her book *Your Child’s Growing Mind*, discusses the importance of warm, loving, verbal interactions between parent or caregiver and child, particularly in the first two years. She indicates that praise, prompt attention, and immediate feedback about objects in the environment develop better vocabulary and higher scores on later intelligence tests (Healy, 1988).

How important are these human connections? “. . . every experience lives on in further experiences” (Dewey, 1938, p. 28). Repeated emotional experiences are integrated into children’s understandings about themselves, others, and the world they share (Denzin, 1984). In this way, “the experiences and feelings of childhood endure” (Bowman, 1989, p. 450); “they become part of children’s biographies, providing the emotional foundation for future interactions and relationships” (Hatch, 1995).

How important are these connections to long-term life experiences? How do early life connections affect later years? Here is one study with remarkable conclusions. Jon Kabat-Zinn, Ph.D., in his book *Full Catastrophe Living: Using the Wisdom of Your Body and Mind to Face Stress, Pain and Illness* (1991), discusses a 40-year longitudinal health study recording illnesses and subsequent deaths. The study, done by Dr. Caroline Bell Thomas on incoming medical students at Johns Hopkins Medical School, tracked life experiences through the disease process. The study found that “the importance of emotional experiences early in life may play a strong role in shaping our health later in life.”

Phillip S. Riback (1997), an assistant professor of neurology and pediatrics at Albany Medical College, stated: “Since babies are so highly dependent on their caregivers for everything, it makes some sense that their emotional state, and eventually their own emotional responses, are affected by the emotions of those who care for them.”

How important are human connections? Who is responsible for these outcomes? Hatch (1995) writes, “When mother’s importance is shared with others, such as fathers, preschool teachers, and day care providers, someone is still responsible for a variety of positive and negative outcomes.” If we acknowledge our responsibility as caregivers, we can readily accept that “infants become partners in the give and take of human relationships” (Snow, 1989).

Why do we call people who integrate their “self” every day in their work simply caregivers, providers, teachers, or specialists? Why don’t we address them respectfully in terms of the possible outcomes of their personal investment? They should really be referred to as “Most Powerful Maker of the Highly Intelligent, Serenely Compassionate, Healthy, Adaptive, Future Human Race.” Although wordy, it is an accurate description of the impact your daily commitment can have on children and their future outcomes.

So, Most Powerful Outcome Maker, what can you learn for your “self” that will allow you to be available, fresh, interested, involved, and ready to take on this awesome
The 3A’s: The Master Tools for Child Care

Indeed, caregivers must learn to take good care of themselves, to not neglect their “self” in daily routines, and to use self-health techniques. The “master tools” for accomplishing this are the 3A’s: Attention, Approval, and Affection.

THE 3A’S: ATTENTION, APPROVAL, AND AFFECTION AS TOOLS

The 3A’s of child care are the master tools for promoting a positive environment and maintaining a positive emotional connection between the young child and the caregiver. The 3A’s of child care—Attention, Approval, and Affection—are extremely powerful tools available to any person in just about any situation. They are not only valuable tools; their use is essential in the care of children. The 3A’s are called master tools because they apply to everything we do all day long. Attention, Approval, and Affection are necessary to function well, have good self-esteem, remain at ease, and interact with other people in a positive and productive manner.

Examples of Attention, Approval, and Affection are meant to empower the caregiver and help facilitate an attitude change toward oneself, which emphasizes that caregiver feelings have a profound effect on children. These skills help motivate children, and when the caregiver uses these skills for personal development, he or she can enjoy the same benefit. These concepts are widely used in areas of psychology and medicine. They include techniques from the scientific study of bioenergetics and relaxation therapy that can effectively revitalize the caregiver and help him or her stay “on center.” They provide that badly needed second to think and are most useful in fighting the inevitable outcome of caring for children all day, called exhaustion.

THE ATTACHMENT DEBATE AND DIMINISHED FATHER AND MOTHER ROLES

Discussion of the 3A’s begins with the scientific fact that infants and toddlers require secure attachment to their caregivers for normal, healthy development. Further, a large body of research supports positive Attention, Approval, and Affection between caregivers and children as the foundation for secure attachment.

An ongoing debate in the research literature concerns whether infants exhibit less secure attachment when raised in child care as opposed to being home-reared. This debate cannot be discussed without considering the changing roles of mothers and fathers in the care of infants. As we saw in Chapter 1, one historical view was that only the mother could bond with the infant sufficiently to ensure healthy development. With the advent of a great number of infants and toddlers spending the majority of their day in child care, the question of how much attachment to one consistent person an infant requires in order to develop security and trust is being studied more intensely.
Researchers have identified a secure pattern of attachment and three insecure patterns (Ainsworth et al., 1978; Main & Soloman, 1990).

1. **Secure attachment.** The infant uses a parent as a secure base, strongly prefers the parent over a stranger, actively seeks contact with the parent, and is easily comforted by the parent after being absent.

2. **Avoidant attachment.** The infant is usually not distressed by parental separation and may avoid the parent or prefer a stranger when the parent returns.

3. **Resistant attachment.** The infant seeks closeness to the parent and resists exploring the environment, usually displays angry behavior after the parent returns, and is difficult to comfort.

4. **Disoriented attachment.** The infant shows inconsistent attachment and reacts to the parent returning with confused or contradictory behavior (looking away when held or showing a dazed facial expression).

A related characteristic to attachment is **separation anxiety**, which appears to be a normal developmental experience, since children from every culture exhibit it. Infants from various cultures all over the world have been found to exhibit separation anxiety starting around six months and increasing in intensity until approximately 15 months (Kagan et al., 1978). Separation anxiety is exhibited by securely attached infants, as well as different types of insecurely attached infants.

A summary of the research on infant attachment suggests that infants are actively involved in the attachment bond. Drastic changes in family circumstances, such as divorce, death, or job loss, detrimentally affect infant attachment and babies are normally capable of attaching securely to more than one adult or parent. Caregiving that is supportive and sensitive to the child’s needs using the 3A’s promotes secure attachment, and insensitive or inconsistent care results in insecure attachment. Finally, secure infant attachment and continuity of caregiving is related to later cognitive, emotional, and social competence.

Several important implications for caregiving and parenting and changes in father and mother roles result from these findings. The trend toward working mothers places more importance on fathers, other family members, and child care specialists to provide secure and consistent attachment and bonding with infants. Research on attachment security of infants with full-time working mothers suggests that most infants of employed mothers are securely attached, and while some studies report a difference between home-reared and child care-reared children, not all studies report a difference (Roggman et al., 1994). Since family circumstances have been shown to affect infant attachment, the stress level of the mother may partly explain differences (Owen & Cox, 1988).

The question of whether fathers are capable of bonding and establishing secure attachment with infants has been positively answered by research. In 1978, Allison Clarke-Stewart published a landmark study that observed children at 15, 20, and 30 months of age alone with their fathers, alone with their mothers, and with both parents present. Unstructured or natural observations as well as structured or limited-choice situations were arranged. The major findings showed that children were equally attached to both parents and responded more to play initiated by their fathers in structured situations and to their mothers under natural conditions. A major outcome of this study was the understanding that fathers affect their children directly and indirectly through the children’s mother.
In 1981, Parke and Tinsley reported that social class made no difference in the fathers’ response to their newborns, nor did attending childbirth classes. All the fathers studied looked at, touched, talked to, and kissed their newborns as much as the mother did.

In 1992, Cox and colleagues reported that, as with caregiving mothers, the more contact fathers have with their children, the more positively the relationship is affected.

Also in 1992, Laura Berk reported that, among the Aka hunters and gatherers of Central Africa, fathers devote more time to infant care than in any other known society. Husbands and wives are extremely close as they share hunting, food preparation, and social activities. The more they are together, the more the father bonds and forms attachment with the children.

In 1997, Laura Berk stated, “Fathers’ affectional bonds with their babies are just as emotionally intense as mothers.” When interacting with infants, mothers devote more time to physical care and expression of affection and fathers devote more time to stimulating playful interactions.

It appears that, as the economic situation has brought mothers out of the home, the need for fathers to be more involved in direct care has increased, and that fathers are capable of providing the kind of bonding and secure attachment that young children require to develop normally.

However, there are fewer fathers in American families today than there ever has been, including during World Wars I and II. Alarming statistics regarding the shrinking presence of fathers in families are presented by David Blankenhorn in *Fatherless America*: “Tonight, about 40 percent of American children will go to sleep in homes in which their fathers do not live.” According to Blankenhorn (1995), the importance of the father role in child care and development has been diminished to the point where even public and political figures have no difficulty openly admitting lack of responsibility for offspring. While Blankenhorn offers 12 proposals to reverse the trend of absent fathers, nowhere in the research presented or in solutions offered is the idea that fathers must take a more direct nurturing, bonding, or hands-on approach to parenting. In fact, in Blankenhorn’s definition of “The Good Family Man,” which was derived from in-depth interviews with over 200 fathers, there is no direct mention of the need for fathers to nurture or directly participate in the daily hands-on care of young children.

One major outcome of the changing roles of mothers and fathers is that the primary care of infants and toddlers is becoming more the responsibility of child care specialists than parents. Yet the research clearly shows that infants need a strong and consistent bond with their parents in order to develop healthy self-concepts and the trust and security necessary to form loving relationships as adults.

The child care program, then, is often the only place in society to help parents and young children form and maintain healthy attachments. This can best be accomplished through child care programs ensuring that each infant and toddler have as few caregivers as possible, who provide consistency and predictability over time. The second half of this awesome responsibility is to provide parent and family support and training to help parents form and maintain secure attachments with their children. Parent education should include the importance of fathers and other family members providing direct nurturing and caring of the children so that mothers can work and still have loving and healthy relationships with their children.
Caregiver behaviors that ensure consistent and secure bonding and attachment with infants and toddlers are the 3A’s of child care. Child care specialists who fully understand the 3A’s, use them effectively with children, and systematically model and teach parents to use them with their children do more than any other present force in society to ensure emotional security for infants and toddlers.

THE 3A’S PART I: THE OUTWARD EXPRESSION

Attention

“Smile and the whole world smiles with you.” We’ve often been put at ease when greeted by a stranger’s smile or felt instant rapport with someone when he or she has returned our smile. So much is communicated without words; often the unspoken message reflects the exact meaning of how a person is feeling. When we realize that 70 percent of our total communication is nonverbal, it is easily understood why a smile says so much.

A smile is a way to attend to yourself and to someone else. When you bring attention to a behavior in another person, the behavior increases in frequency simply because you are paying attention to it. Behaviors that are attended to, whether good or bad, desired or undesired, increase in frequency. When you tell children they have done a good job, they seem to try harder the next time. The same is true of negative behaviors. When you label a child as bad, you will likely observe more bad behaviors in that child. The power of attention is remarkable.

Of course, there are two general types of attention, falling at opposite ends of a continuum: positive and negative attention. Behavior experts know that we live in a negative attention society; that is, when we behave correctly we are largely ignored, and when we misbehave we receive negative attention, such as criticism, penalties, and fines. For example, several years ago the state of California attempted to implement a pilot driving program by having the police stop motorists to thank them for safe driving and give them a certificate to reduce insurance premiums. They had to discontinue the program after only a month because motorists, who are accustomed to receiving only negative attention from police, complained about being stopped even for positive attention.

Attention of any kind increases the frequency of the behavior attended to. This behavioral research finding is extremely important for caregivers because, when we attend to negative behaviors—even when the attention is negative—we actually increase the frequency of those negative behaviors! This simple but powerful principle is overlooked by most adults in our society. How many times have you seen posted class or group rules that focus attention on what not to do rather than on the behaviors we want to see? Even public signs on roads and parks break this behavioral rule by focusing attention on what not to do (Don’t skate, spit, curse, and so on).

It has also been clearly demonstrated that focusing attention on positive behaviors results in an increase in frequency of those positive behaviors. Therefore, child care specialists must be conscious to “catch the child being good” and focus positive attention on rules and positive behaviors. Every negative behavior can be turned into the positive opposite expectation. For example, the positive counterpart of yelling is
talking softly, of cursing is speaking politely, and of hitting is respecting others. Phrase all rules as general positive expectations and heap genuine positive attention on appropriate behaviors and everyone’s experience will be positive.

Specific techniques for increasing positive behavior are discussed in a later chapter.

Approval

Approval from others teaches us to approve of ourselves. The best type of attention is approval. Approval of another person is a clear message that you have positive regard for that person. To children, approval says they have done something right, and it helps them feel worthwhile. Approval builds trust and self-confidence, which in turn encourages children to try new things without fear. The most important concept a caregiver must learn is always to approve of the child, even when you disapprove of his or her behavior. For example, it must be made clear to the child that I like who you are, but not what you are doing right now.

Appropriate and consistent approval develops trust in the child. Once a sense of trust is developed, children can readily approve of themselves. According to Erikson’s eight stages of man, the general state of trust suggests that one has learned not only to “rely on the sameness and continuity of the other providers, but also that one may trust oneself.” (Erikson, 1963).

Trust depends not only on the quantity (how many times you do a task), but also on the quality of the caregiver’s relationship with the child. The caregiver’s positive approval creates a sense of trust as a result of the sensitive way in which the caregiver takes time to care for the child’s individual needs. Adults must convey to the child an honest concern for the child’s welfare, and a deep conviction that there is meaning in what they are doing. Trust based on consistent positive caring allows the child to grow up with a sense of meaningful belonging and trust.

According to ethological theory, parental responsiveness is adaptive in that it ensures that the basic needs of the infant are met and provides protection from danger. It brings the baby into close contact to the caregiver, who can respond sensitively to a wide range of infant behaviors (Bell & Ainsworth, 1972).

As discussed in Chapter 3, the super-ego, conscience, or “you” voice is developed by the time a child is three years of age, and the most important factor in the development of a positive “you” voice is positive approval for genuine accomplishments by the primary caregivers. Children develop self-esteem from making positive statements to themselves about their own value and worth, and the child’s primary caregivers are directly responsible for approving and disapproving statements that children learn to make about themselves. Caregivers should ignore behavior that is not harmful to the child, another person, or the environment, and give genuine approval for positive behaviors and accomplishments. By following this simple principle, the child care specialist can help children develop a healthy super-ego that results in good self-esteem.

Some caution should be exercised regarding when you give approval. Caregivers who approve of every little behavior and shower children with unconditional approval lose respect and authority with children. Genuine approval for real accomplishments serves to encourage children to try harder and helps them value their own efforts. Make sure the child has made genuine effort or has accomplished something of value and your approval will help children become the best that they can be.
**Affection**

It is hard to describe a smile and the feeling that an approving smile generates without also recognizing that affection is generally felt by the people involved. For both the sender and the receiver of the smile, an approving smile communicates warmth and affection (Figure 4–1). Gentle touching, kind words, compliments, and accepting eye contact are all ways to express affection.

When a caregiver masters the skill of giving attention to appropriate behaviors and communicating genuine approval of the child, affection is a natural outcome. There is no greater outward expression you can use than a combination of all 3A’s when the child is trying to do what you expect. No clearer physical or emotional message can be given. To smile, hug, and verbally approve in a sincere way is the greatest motivator of positive behavior available to you.

Our positive focused attention toward children’s behavior directs our energy and intention, the genuine approval for real success and effort is our behavior toward children, and affection is our feelings of acceptance, approval, and appreciation of children. When we, as child care specialists, combine all three of these, children cannot help but respond positively to us, their world, and themselves. That is why the 3A’s are the master tools for child development and care.

In addition to creating a positive learning environment by increasing appropriate behavior in children, all 3A’s used together can effectively promote self-health in the caregiver. The following discussion is taken from a lecture series entitled *Caregiver Self-Health* (Douville-Watson, 1988a).

*Figure 4–1* Smiles communicate the 3A’s.
DEFINITION OF CAREGIVER SELF-HEALTH

Self-health is defined as having the inner resources necessary for sustained energy. This sustained energy, as well as other skills you will learn in the chapter, will give you the tools necessary to continue to provide the high quality of child care you desire throughout each day.

The direction of attention in self-health is not outside of you but is directed inward. You “attend” to yourself. The way to do this is simple, and you already do it even though you may not have been aware of it. It is necessary to learn to be still, to be without motion, to indulge in quiet within yourself, and to create for yourself a place of peace. This special place is available to you whenever you “need a second to think,” want to “get yourself together,” or are trying to “be on center.”

The following exercise will help you focus attention and organize your inner self. With practice, you can provide all the self-nourishment needed to support your daily routine without the plague of exhaustion. Practice this exercise at home after you have had a relaxing bath or shower.

1. Choose a quiet place where you can arrange to have no interruptions for at least a half hour.
2. Get comfortable. Many people sit on a pillow on the floor or in a chair, with their feet flat on the floor in front of them.
3. Close your eyes.
4. Breathe deeply through your nose (if possible) and try to consciously pull the air up from your lower abdomen without moving your shoulders. Take long, slow breaths that have a wave-like rhythm to them.
5. Stay in this posture. Try to avoid thinking about anything. Tell your mind to help keep your body quiet. Make your abdomen into a “balloon” as you inhale.
6. Try to imagine a quiet, peaceful place that you know, perhaps a place where you’ve vacationed or felt safe when you were a child. Try to recreate this place in your mind. Visualize (with your eyes closed) what it looks like. Smell the special odors associated with this place. Feel the air move around you. Hear the noises as they gently pass your ears. Listen for the familiar sounds. Be with your “self.” Be with yourself in your special place. Enjoy you!

This exercise is called self-attending. When you attend to yourself, you visit your inner self. You can learn to do this inward attending in a very short time. You can use this technique during a hectic work day to refuel yourself. When you have practiced using this tool at work during lunch time or on your short breaks, add this self-affirming inventory before returning to work: (1) I am ready to help; (2) I have the best interests of the children in mind; and (3) I am willing to be involved with their concerns now. This will help you redirect your energy back to the children.

Child care is hard work. It is also extremely rewarding, but as in any occupation, it can sometimes be stressful. The stress you encounter, however, can largely be avoided. In fact, low stress is healthy and high stress does not add anything useful to any situation.

Dr. Phil Neurnberger is one of the top corporate trainers in the country. For years he has been a model of a person who applies self-health techniques. In his
book, *The Quest for Personal Power: Transforming Stress into Strength* (1996), he states, “We are the source of our own stress. Stress never happens to us; stress is our reaction to the things that happen to us. . . . No stress is necessary . . . when the mind is disturbed, that disturbance is reflected in our environment, in our social relationships, and in our bodies. A balanced, healthy mind, in charge of its power and resources, creates a healthy body and a healthy environment. On the other hand, an unbalanced, disturbed mind creates disturbances at all levels. To create a healthy body, a healthy environment, and a healthy culture, we must become masters of the subtle thoughts and emotions of our own minds.” We are also responsible for our own state of ease.

The 3A’s deal with caregiver self-care and self-health. Once the caregiver understands and practices these techniques, the experience generalizes into the care of children. Only after caregivers take responsibility to care for themselves are they ready to deal with the needs of children. The fact is, you cannot give what you do not have. This is a basic premise of this book. The personal resources of the caregiver are monumentally important for successful outcomes with children.

Another basic premise of this book is that caregiving is a partnership between the adult and child. No one wants a partnership that is exhausting, draining, and without rewards. No healthy person can make a real commitment to such a relationship. That is why these techniques are essential for the caregiver. Take care of yourself so you have the resources to have your day centered on the child.

The outward expression of the 3A’s uses Attention, Approval, and Affection as actual humanistic tools to help each child experience the commitment to your partnership. The most essential aspect of successful caregiving is the commitment to yourself in the care of children. By integrating yourself into your daily activities, you are able to begin to make the child in your care the primary focus of your work.

**THE 3A’S PART II: THE INWARD EXPRESSION**

**Attention**

The focus of attention in self-health does not go outside but stays within you; you “attend” to yourself. An accepted and proven way to bring attention to yourself is to develop the skill of meditation. Meditation can be a quiet exercise that you do by yourself in a quiet environment, or it can be an active, awake exercise that you incorporate into your daily activity as a way of focusing your positive intention on what you are doing at the time. Both forms of meditation are extremely helpful rejuvenators. Both are examples of inward expression of Attention and Self-Health.

Other wellness experts agree on the benefits of meditation. Jon Kabat-Zinn states the following: “In meditation, the breath functions as an anchor for our attention. Tuning in to it anywhere, we feel it in the body. It allows us to drop below the surface agitations of the mind into relaxation, calmness and stability . . . when we shift our attention to the breath for a moment.”

“In meditation, the active mind is withdrawn to its source; just as this changing universe had to have a source beyond change, your mind, with all its restless activity, arises from a state of awareness beyond thought, sensation,
emotion, desire and memory . . . in place of change or loss . . . there is a steadiness and you have a feeling of fullness” (Chopra, 1993).

Bernie Siegel, world-renowned wellness expert, writes about meditation in Love, Medicine and Miracles (1988): “I know of no other single activity that by itself can produce such great improvements in the quality of life.”

The following is another exercise that will help you to organize your inner self. With practice you can provide all the self-nourishment needed to support your daily routine. Conscious caregiving requires you to take the opportunity to rest, breathe, and relax. A simple and restorative tool to accomplish this is to use a relaxation technique. All you need is three minutes to focus your thoughts and clear your mind.

1. Place yourself in a quiet area and focus your thoughts on yourself.
2. Clear your mind of problems.
4. Use hypoallergenic hand cream and gently massage each finger, palm, and hand.
5. Continue focusing your thoughts on what you’re doing and how it feels for three minutes.
6. Stay in this posture. Try to avoid thinking about anything. Tell your mind to help keep your body quiet. If your thoughts begin again, recenter yourself by concentrating on your breathing.

Approval

The inward self-expression of approval is a second tool to use for improving self-health. When you listen to yourself quietly, you may sometimes hear things you do not want to hear and phrases that make you feel bad or unworthy, such as “You should have done this or that better.” These phrases that you hear when you are quiet may rob you of power to further your best interests. These outdated expressions accumulate in your brain over a lifetime. Although many people do not talk about it, self-criticism happens to most adult human beings. What we experience is simply an accumulation of old phrases that other people used to control or to protect us in the past that have become part of our “you” voice or super-ego.

These outdated messages are there for us to master. “You talk” must be replaced by language that helps you identify what you need. Self-approval begins with an honest relationship with yourself. Self-health begins with understanding what you are feeling, the relevance of your feelings, and the conscious direction of your energy. Stopping the “you talk” begins with learning to witness what your mind is chattering about. You learn to observe this chatter by visualizing it as if you are at the movies. Let it go. Don’t be involved with it. Say the words “cancel” or “stop.” Then consciously let go of it. When you watch this process, you become aware of how much your mind hangs on to old messages. You simply say these phrases, “Go away. I don’t need you now that I am an adult.”

The next step is to change your inside talk to “I messages.” “I messages” begin with statements like “I want,” “I feel,” “I need.” These are more relevant to your present needs, and are useful in your work of self-care. When you take responsibility for your own needs, you gain self-acceptance and approval. The way to gain self-approval is to install new, conscious “You messages” that completely support and agree with the “I messages.” For example, if you use the I message “I want to succeed,” self-approval will
result when that I message is immediately followed by a conscious supportive you statement such as “You will succeed; you have the right to do well and can do well.”

As discussed in Chapter 3, the dialogues between the “I” and “You” voices form the basis for self-esteem, confidence, and being at ease regardless of the environment. Attitude ceilings on success are the result of critical, limiting “You” statements, so to short-circuit these old messages, we need to install a positive, conscious “You” voice. This is accomplished by making “I” statements about what we want or need and immediately making a conscious “You” statement that fully supports the “I” voice. For example, let’s say that Mary is a caregiver whose parents were overly critical of her weight as a child. If Mary makes the “I” statement, “I’m feeling hungry,” it’s very likely that her old “You” voice will make critical responses: “You shouldn’t be hungry, you eat too much, you’re getting fat,” and so on. Mary can short-circuit these harmful messages if she states her desire (“I’m feeling hungry”) and immediately makes conscious positive “You” statements that start with her name and support the “I” voice, such as “Mary, of course you’re hungry, you didn’t have breakfast, you should eat to stay healthy.” By listening to how children speak about emotions, we can obtain some understanding of these emotional ideas (Greenspan & Greenspan, 1985).

The skill of short-circuiting old, critical “You” statements with conscious positive “You” statements in support of the “I” voice takes both self-awareness and practice. Give yourself regular quiet, undisturbed time to listen to the “I” and “You” voices and practice making supportive “You” statements that start with your name. The self-approval that evolves will be well worth the time and effort you expend to learn this essential skill.

With a little daily practice at making I statements and conscious supportive you statements, you will begin to feel the confidence and security that comes from self-approval. When you can replace old you statements with I messages and supportive you statements, you will in turn be able to help children interpret their environment from this perspective, teaching them to say “I need,” “I want,” “I feel,” when it is relevant to do so. Your voice then becomes part of the inside talk of young children—positive inside talk. They will use this to build their own foundation of the “self,” as we see in this quote: “The crying child who is comforted begins to realize that she is not alone with her private experiences. She begins to realize that they are expressed to others and can be shared with them. Here is the cornerstone of the social structuring of experience that we call the self” (Cahill, 1990, p. 2).

These exercises will help you approve of yourself more openly. It is necessary for self-esteem to recognize and state your worthwhileness out loud and congratulate yourself for a job well done. When you are able to praise yourself, you will more easily be able to praise others. “At the same time children create, differentiate, and individuate themselves, they come to understand themselves in the mirror of what others have constructed as a world” (Wartofsky, 1983).

**Affection**

Affection is the natural outcome of positive attention and approval. Self-affection comes from the belief that we have the right to take care of ourselves and have our needs met. Affection for yourself is a good example of self-health. It is a result of acknowledged self-attention and self-approval. It is the positive energy that comes from being able to relate affectionately to yourself and others, to have a sense of being worthy to give and receive, and to nurture and accept being nurtured by others. There is nothing wrong with taking positive energy from children as well as giving it to them.
Be aware when you give a hug to take one back, take the positive smile a child gives you when you give approval, and relish the open affection young children shower on you in return for your care. For example, affectionate touching may be more than simply a combination of touching and love; it may be an experience or effect in its own right (Dworetzky, 1996). Further, female infants tend to be more sensitive to touch than males, and this continues to be true among most adults (Pick & Pick, 1970). Touch includes many sensations; there are different neural receptors for heat, warmth, cold, dull pain, deep pressure vibrations, and light pressure (Miller, 1983). Taking as well as giving the 3A's helps maintain your emotional energy and avoids stress and burn out.

The 3A's of child care—Attention, Approval, and Affection—are powerful tools. The outward and inward expression of these skills will help you become actively aware and you will be motivated by your positive intentions to use them first with yourself and then teach them to your children.

**USING THE 3A'S SUCCESSFULLY WITH INFANTS AND TODDLERS**

The 3A's of child care are progressive work, a process in action. In all likelihood, you use the 3A's already without much thought about them. The 3A's are powerful and rejuvenating. They elicit responses in children that will sustain you in your vocation. When you learn to use self-health techniques with inward expression and understand your outward expression, you shape positive behaviors in children.

Observe your initial approach to unknown infants. You get down to their level (floor, blanket, or chair). You are calm, move slowly, make eye contact, enter their space, get even closer to them physically, smile, and gently begin soft speech to engage them. If you believe you have permission from them to stay close, you keep eye contact and begin slowly to inquire what they are doing, such as playing or eating. When they gesture, you follow the gesture with a similar response, this time making a sound that seems to identify their movement and keep pace with them. This usually elicits a smile or giggle. Once again you smile and make noise. You may try gently touching a shoulder or finger, and before long, you are accepted as an approving addition to the children's space. This slow progression of rapport-building is also the slow progression of the use of the 3A's. First you give Attention, then Approval, and then Affection. When this is done consciously, both child and caregiver reap the benefits. All involved feel worthy of Attention, Approval, and Affection.

One of the most positive assurances of worthiness a caregiver can receive on a daily basis is that almighty hug given unconditionally as a gift from the gleeful toddler who sweeps down upon you when you are playing on the floor. This hug, which is often accompanied by a loud and joyful sound, enters your space with such focused positive energy that each of you feels the impact. The result of this positive energy is felt by the two of you, and brings smiles to the faces of all who observe it.

Young children benefit from these important techniques. These tools help shape the child’s development as it relates to mastery. Mastery is related to a child’s sense of well-being, self-achievement, and eventual self-esteem. Being aware of the master tools of the 3A's helps encourage children to master their environment. Your outward expression of the 3A's helps build the child’s inward development of the self, or ego.
Your patient, consistent use of these tools on a daily basis is what forms the child’s inner self and places those inner voices there for their protection.

The language that is successful for you, the “I messages” and “You messages,” and your use of inner approval is what will be an outward expression of your work with (and love of) children. Your interactions on a daily basis will become part of the inner voices each child hears. Therefore you must pay careful attention to the messages you send. Your help in interpreting the environment in a positive way, your encouragement and approval, and your affection and use of the “I message” becomes part of the child. The more you are able to be yourself in the child care setting and integrate yourself with your work, the more children will be able to develop positive self-concepts.

Your ability to create a positive learning environment allows children to feel safe, to gather information, and eventually to trust their senses for information about their world. All young children register their experiences through their senses. Their physical sense of hot-cold-touch-smell-hearing-and-sight is easily seen. Erikson (1963), in writing about autonomy, discusses the infant’s ability to emotionally evaluate his worth as “a series of alternate basic attitudes such as trust vs. mistrust in terms of ‘sense of’ as in ‘sense of health’ or ‘sense of being unwell.’ ” Young children rely on their senses.

Think of yourself as a recharging station—a physically and emotionally rewarding place where children feel a sense of security. The field of bioenergetics refers to these senses as part of our Human Energy Field, and states that we give off energy and in turn “sense” each other’s energy. Using the exercises already discussed allows you to keep your energy centered and positive, so you can bring that positive energy to the children in your care.

Barbara Brennan, in her book Hands of Light, speaks of energy as measurable and existing in all of us as the Human Energy Field. She states that “the Universal Energy Field is like a Cornucopia always continuing to create more energy” (Brennan, 1989)(Figure 4–2).

Figure 4–2 Children gravitate toward the caregiver’s “Circle of Energy” to rest.
Delores Krieger talks about prana, the ancient name of the Universal Energy Source, when she teaches professionals at New York University to use energy to promote healing in hospital patients. In her book The Therapeutic Touch, she states: “Conceive of the healer as an individual whose health gives him access to an over-abundance of prana and whose strong sense of commitment and intention to help ill people gives him or her certain control over the projection of this vital energy” (Krieger, 1992). The same energy is available to you.

The ability to help people by using the Human Energy Field is scientifically supported. So, as a child care specialist you can utilize these modern concepts to develop a strong sense of commitment and intention to help yourself and your children in child care settings. You can use the 3A’s to create a positive learning environment and use the inward-focused skills to express appreciation of yourself and the vital impact you have on the children in your care.

In summary, the healthiest relationships result in the experience of security and happiness most of the time. The best possible connection between caregiver and infant comes from each person being actively involved in the relationship, expressing and receiving a positive exchange.

When the 3A’s are focused on children, they promote appropriate behaviors and enhance a positive learning environment for children. The caregiver structures a safe place in which the young child explores and masters all of his or her growing abilities by solving problems that naturally occur within the environment. A stable, positive environment promotes trust and confidence and allows the growing infant to express all of his or her needs.

When the 3A’s are focused on self, they promote self-health, personal growth, and development of the caregiver. These skills help you to be more aware of your impact on children and revitalize you, so that you can sustain a high quality of care throughout the day. The knowledge you have learned promotes trust and ultimately teaches children, by your example, to be self-confident and have trust in themselves. The challenge presented to caregivers centers on their ability to maintain their own sense of well-being while caring for children (Gilligan, 1982; Hochschild, 1983).

Using the 3A’s allows children to experience the environment as a safe place to express needs and to believe that expressing all emotion is healthy. This ability to express emotion without fear promotes a healthy, happy, well-balanced individual who feels competent to handle life’s challenges.

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**Key Terms**

- Affection
- Approval
- Attention
- avoidant attachment
- disoriented attachment
- Human Energy Field
- negative attention society
- prana
- resistant attachment
- secure attachment
- self-attending
- self-health
- separation anxiety
- Universal Energy Source
**Student Activities**

1. Practice attending exercises for self-health two times this week, and take notes about your reactions.
2. Two times during the day, allow yourself five minutes to perform revitalizing exercises.
3. Apply all 3A’s to two separate children, and write down their reactions.
4. List why the 3A’s of self-health might affect your personal life in general.
5. Write a scenario using examples of the ways in which the 3A’s might calm children and promote a positive learning environment.

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**CASE STUDY**

Pia Eduardo was born premature, weighing 2 pounds, 10 ounces. She is now 12 days old and weighs 3 pounds, 4 ounces. She lies on her stomach sleeping in an incubator, where the temperature is mechanically controlled to duplicate the mother’s womb. Pia sleeps on a slant board to help her breathe. She has intravenous lines for fluids, and heart and brain monitors are attached to evaluate her life functions continuously.

Anthony, Pia’s father, comes to the hospital during his lunch hour and briefly at night because he works overtime to make enough money for Tonya, Pia’s mother, to stay most of the time at the hospital with their daughter. Tonya, with the help of the hospital staff, frequently lifts Pia out of the incubator and lays her on her chest to provide skin-to-skin contact. Tonya strokes Pia’s hands, feet, back, and legs, massaging them gently while she talks softly and slowly to deliberately soothe Pia. She wears no cologne so Pia can smell her natural odor and remains conscious of keeping her breathing in rhythm with Pia’s breathing. This procedure of touching the skin has been shown to release brain chemicals that increase physical growth (Schanberg & Field, 1987).

The Attention, Approval, and Affection that Tonya consciously gives Pia directly affects Pia’s life functions, as recorded on the monitors. When Tonya is touching, holding, bonding, soothing, and loving Pia, her heart and brain waves become stronger and more regular, her breathing becomes deeper and calmer, and she generally produces healthier patterns of physiological responses. This procedure of bonding with premature babies and providing conscious attention, approval, and affection has become standard practice in hospitals because research shows that infants who receive this bonding grow more quickly and are healthier than babies who do not receive this attention. In addition, many hospitals now conduct parenting groups to teach parents to give attention, approval, and affection to infants as a functional tool to promote health and growth.

1. From the case study, what is the most important tool a caregiver can use with a young infant?
2. What is the relationship between bonding and attachment indicated by this case study?
3. How does interactional synchrony apply to this case study?
Chapter Review

1. List the 3A's of child care.
2. What is the difference between giving attention to children and attending to your inner self?
3. How do you go about approving of yourself?
4. Why is using all of the 3A's together a powerful tool for motivating children?
5. Why would learning skills to revitalize yourself help you fight off exhaustion during your day?
7. What is the most important aspect of this chapter for you?

References


**Additional Resources**


**Helpful Web Sites**

**10 Things Your Child Care Provider Should Expect From You** Make sure your child has ongoing affection. http://www.geocities.com/Athens/6478/PRNTS.html

**Divorce Wizards: Top 10 Tips to Help Your Child** If one parent is disapproving of affection a child expresses toward the other parent, the child will begin to withdraw. http://www.divorcewizards.com/top10child.html
Epinions.com—Advice on How to Show Affection  Showing affection for your child requires the use of many “hearts.” http://www.epinions.com/kifm-Showing Affection


Fernside Online—How to Help a Grieving Child  Love each other and share hugs often. Express affection in a way your family finds most comfortable. http://www.fernside.org/grownups/how.html


For additional infant and toddler resources, visit our Web site at http://www.earlychilded.delmar.com