

## ON BECOMING BABYWISE

Gary Ezzo and Robert Bucknam, M.D.

### EXCERPTS FROM CHAPTER TWO: FEEDING PHILOSOPHIES

#### **Defining the Terms**

Prior to this century, common sense, not theoretical concepts, was most critical in raising children. Mothers nursed babies when they were hungry, having pre-established guidelines for babies' hunger patterns. A mother shaped her baby's hunger cycles to match her need to care for the entire family. A mom had no cause for clockwatching to know feeding time was at hand. Her schedule was set by domestic duties which ruled her day. Thus, routine feedings fit into her schedule in a way orchestrated to meet her baby's needs alongside those of her entire family.

As the industrial revolution progressed, new infant-management theories evolved. During this century, two theories have dominated American parenting. In the early years, the first theory was introduced by a group of scientists called *behaviorists*. Their belief was that a child was molded by his or her environment. The infants developing emotions and feelings went unrecognized, over-ruled by specific and controlled care. Such outward structure, behaviorists believed, produced in the child controlled emotions. This was considered desirable.

Based on this theory, American mothers in the 1920s were introduced to a feeding practice called hyperscheduling or clock feeding the baby. A strict four-hour feeding schedule was established. Every good mother followed it to the minute. If baby seemed hungry after three hours, too bad. No feeding would occur until that fourth hour had passed. The clock was the final authority with no regard for the baby's, and certainly not the mother's, needs.<sup>1</sup>

By the mid-1940s, a second theory, an adaptation of Sigmund Freud's child-rearing theories, started to nudge out the rigidity of behaviorism. Freud's twentieth-century followers stressed the instinctive, animal-like qualities of infancy as the starting point for child management. Structure was not as important to those theorists as were the child's developing emotions. With revisions made to Freud's theories, the American parent was pulled to the other extreme. Now, the baby was fed at the first indication of fussiness whether or not the baby was actually hungry. Under this theory, nursing the baby satisfied both nutritional needs as well as presumed psychological needs.

To what type of psychological need were these theorists referring? Psychoanalysts attempted to locate the origin and nature of adult neuroses by discovering, through psychoanalysis, significant traumatic experiences in early childhood. Originally, the quest into the past ended in the preschool years (two or three years of age). When no traumatic experiences were found in the average patient, analysts were forced to either abandon their theory or, by faith, move to the conclusion that the original source of traumatic experience was the birthing process itself, as postulated by Austrian psychoanalyst Otto Rank in 1929. Even Freud greeted such a notion with skepticism.

That belief inspired the neoprimitivistic school of child care, supported by Ribble (1944); Aldrich (1945); Trainham, Pilafian, and Kraft (1945); and Frank (1945). The title "neoprimitivistic" is not name-calling, but a specific school of thought. This theory postulates that the separation at birth momentarily interrupts the mother-child in utero harmony. Therefore, the goal of early parenting is to reestablish that harmony. How is this supposed to be achieved? Only by the constant day-and-night presence and availability of the mother to the child. New mothers are instructed to do whatever it takes to neutralize the supposed trauma of birth and offset its effect. By 1949, the birth-trauma theory, lacking objective verifiable data, was dismissed. But that was not the end of it. Twenty-five years later, it resurfaced. Bearing slight modification, the birth trauma theory now carries a revised banner—*attachment parenting*.

It is important to note that the attachment parenting theory and the *theories of attachment* are not necessarily the same. The first is a parenting philosophy driven by an interesting but unproven philosophical assumption—birth trauma. The second is a generally accepted truth that infants are born with both the capacity and need for warm, loving, and intimate relationships. When these relationships are secured from loving parents, the foundation for all future emotional bonds is established. *On Becoming Babywise* will help you connect with your baby and meet his attachment needs and more.

As a result of the birth trauma speculation, the American mother in the early 1950s began leaning more towards a nonstructured approach in parenting. During this time, Dr. Benjamin Spock rightly rejected behaviorists' assumptions of absolute structure and veered parents toward a healthy mix of structure with flexibility. This was a radical idea in the 1950s and a much needed redirection for mothering.

By 1970, Spock's views were being replaced by demand-feeding. This practice operated on the assumption that baby clearly knows best. Mothers were advised to abandon any parent-guided routine and let the baby's cry be the exclusive signal for nursing. Today, the term demand-feeding carries a variety of meanings. Mothers who have converted from their own style of demand-feeding to a style consistent with what is suggested in *Babywise* offer these definitions.

For example, Julia, a second-time mom, describes what demand-feeding looked like for her. "I demand-fed my first child every three hours." For Julia, demand-feeding offered predictability. In contrast, Barbara, a fourth-time mom, defined her last experience as having some flexibility within defined limits. "I fed my baby on demand whenever he was hungry," she said, "But never sooner than two hours and never longer than four hours."

Allicin, a third-time mom and former attachment-parenting follower, describes a more fatiguing experience. "I nursed my babies whenever they cried or began to fuss. On average, I was told that mothering attachment required me to nurse every two hours around the clock for the first six weeks," says Allicin. "I was exhausted."<sup>2</sup>

Obviously definitions vary from household to household. For the purpose of this book, Allicin's definition of attachment parenting will be used when referring to demand-feeding rather than the other two moderate forms described by Julia and Barbara. When attachment parenting, abbreviated AP, is noted, we are implying that the baby's cry is the primary signal for nursing. This is regardless of whether that cry is for food or the baby's presumed psychological need. The baby is offered the breast simply and immediately without any regard for the amount of time that has elapsed since the last feeding. The next feeding may be in three hours or in thirty minutes.

By the early 1980s, the neoprimitivistic school of infant care and its attachment theories gained more ground. AP theorists today believe that babies are born with lingering womb attachments and that birth only changes the way the attachment need is met. In order for the baby to get the best start in life, an artificial womb-like environment must be created and maintained after birth.<sup>3</sup>

This theory overlooks one all-important consideration. The baby is not in the womb any more because he has developed beyond the need for a womb environment. If nature has taken the baby beyond the womb, then creating an artificial, second womb hinders this natural process of growth and development. Why would a parent wish to stagnate a natural progression in their child's life?

The updated version of attachment parenting is remarkably similar to the 1940s version. Back then, theorists told mothers to carry their babies whenever possible, sleep with them, breast-feed day and night without routine, and continue breast-feeding well into their second, even third or fourth year of life. The child, not the mother, initiated weaning from the breast. Likewise, toilet training was left to the child's whims or expression of interest. These practices exalted the child as central to the family universe. Parenting was fashioned to avoid conflict, anxiety and discomfort, any of which threatened to create in the child a debilitating psychosis in later years.

Attachment theorists subscribe to the doctrine of felt needs as the cue for care and training. Continuous access to the mother's breast and immediate gratification are primary parts of the attachment process. These theories suggest that the sensitivity that helps a mother do the right thing at the right time develops more quickly (and to a greater degree) through nursing. They claim that this is why you supposedly can never nurse too long or too often. All wants are to be interpreted as needs, and each nursing experience is a deposit of love.

This explains why the devout "attachment" mother will respond to her baby's cry with the breast even if it is the third time in an hour. She is acting on the conviction that her child is signaling her with an unpleasant emotion. If it is not dealt with immediately, attachment may not occur. Justified in her thinking by the statement, "Every cry is to be interpreted as a need for breast food or breast comfort," she moves dutifully toward her child, never realizing that her child's lack of contentment is most likely the result of her parenting style. Like many parenting theories in existence, attachment-parenting ideas quickly lose value when overstated or oversimplified.

Among attachment-parenting theorists, child-centered beliefs have encouraged exaggerated concerns about a child's momentary feelings and emotional well-being. Too often, adult-centered feelings-feelings that do not really exist for the child-are attributed to the child. It is not that parents are wrong to be concerned about such things, but such concerns must be aligned with a child's actual vulnerabilities. If they are not, then protection turns to overprotection which leads to exaggerated parenting strategies to the detriment of the child.

Overprotective strategies easily carry over into the toddler and post-toddler years. Imagine the three-year-old boy who signals for a snack by pulling on his mother's blouse. When his mother offers him the breast, if even for a minute, she is acting on the belief that he still has an attachment need. To tell him no, say the theorists, would be to deny him the love he needs.<sup>4</sup>

Obviously, a developing body of theory is not the same thing as a developing body of facts. Possibly the child does have a need. But is it the result of birth trauma or a philosophy of parenting? Might the methods used to manufacture a secure, attached child actually be producing the symptoms of an emotionally-stressed, high-need, insecure baby? These symptoms may include a combination of excessive fussiness and colic-like symptoms; instability in feeding and sleep cycles; waking for night nursing for up to two years; low tolerance for delayed gratification; underdeveloped self-comforting and coping skills; limited self-play adeptness-and one tired mom.

The weakness of the womb-and-birth-trauma theory is found in its very premise. Does the birthing process really create psychologically fragile children? Do the stability of all future human emotions really hinge on the necessity of recreating a second artificial womb?

More likely, newborns have zero memory of birth, let alone the ability to recall anxiety that is specific to the experience. Memory function and synapse development depend on the brain receiving highly oxygenated blood which comes from breathing. Breathing cannot begin until the lungs inflate, which occurs after, not during birth. In addition, higher brain centers are still developing at the time of birth. Even if there is any minimal memory function, enough sophistication for baby to associate birthing with trauma remains highly unlikely.

Just for arguments sake, assume functioning memory in the prebirth state is possible. If we attribute wishes, hopes, and fears to the unborn, as adult-centered perceptions often do, we can assume that toward the end of pregnancy the child longs to be born. His or her environment is no longer paradise. The squirming, turning, wrenching, jerking, and kicking in the last month forces the assumption that the child is more eager to be freed from this environment than longing to stay in it. The womb restrains and holds the baby back.

What about these memories of restraint created in the last month? Do they produce a reservoir of anxiety? Could womb confinement be the original source of trauma? You see, once you open the door of speculation regarding memory function in a prebirth state, all kinds of theories are possible.

Advocates of the birth trauma theory base their conclusion on hypotheses not facts. They interpret their varied hypotheses as equivalent to having objective and supportive data. Hopeful speculation abounds, based upon a minute amount of objective and verifiable information. To date, no one has demonstrated a relationship between the birthing experience, the lack of a second womb, and subsequent neurosis.

While behaviorists emphasize outward structure and not the inner person, the neoprimitivistic school emphasizes the inner person at the expense of outward structure. As professionals, we believe both approaches are extreme. We believe they are both wrong and harmful to the healthy development of any baby and soon-to-be toddler.

### **The Babywise Alternative**

Some mothers emotionally thrive on an attachment style of parenting. That is not the case for all women. A more user-friendly, less fatiguing alternative is available called *parent-directed feeding* (PDF). Parent-directed feeding is a twenty-four hour infant-management strategy designed to help moms connect with their babies and their babies connect with them. It is a proactive approach to infant care, meeting the needs of the newborn and those of the rest of the family.

It is our experience that both baby and mom do better when a baby's life is guided by a flexible routine. PDF is the center point between hyperscheduling on one extreme and attachment parenting at the other. It has enough structure to bring security and order to your baby's world, yet enough flexibility to give mom freedom to respond to any need at anytime.

A parent-directed strategy brings out the best in both parent and baby because it is child-oriented, not child-centered or mother-centered. With this common sense approach, a mother cooperates with her baby's needs and her baby, in return, learns to cooperate with mother's guidance. The result is true connectedness. With PDF, a mother feeds her baby when he is hungry but takes advantage of the first few weeks to guide the baby's hunger patterns by a basic routine. Because the baby is regarded as a welcome member of the family, but not the center of it; and because he is not as emotionally fragile as attachment theorists believe, everyone wins—baby, mother, father, and the often-forgotten siblings.

Alternative parenting styles that suggest that all a mother has to do is open herself up to her baby's cues in order to form an attachment are missing half the equation. The difference here is profound. The cooperative parenting style as advocated by *Babywise*, recognizes that both baby and mom respond to cues—not just mom. It also operates from the premise that both mother and father are important in the childrearing process. While mom may be the primary caregiver, dad is still part of the management team. Babies respond to all of this with healthy growth, healthy sleep, and the security of knowing they are loved.

### **What Will It Be for You?**

Every parent wants to be a good mother or good father. This is satisfying and certainly socially acceptable. There was a time not long ago in our society when the success of a mother's influence was measured by the results of her labors, not the methods. The successful mother of the past proficiently managed her children, their day, and their behavior.

Today the rules have changed. Good mothering is often measured by the method of parenting rather than the results. Therefore, the definition of "good mother" has come to mean different things to different people. Where does that leave you? How do you choose which parenting route to take?

Because every philosophy of parenting has a corresponding pathology, we invite new and expectant parents to consider, evaluate, and decide which philosophy is best for their family. Review all the options. Examine carefully the alternative theories, approaches, and specifically observe the end results. Determine which parenting strategy is right for you, especially when it comes to infant nurturing.

Spend time with relatives and friends who follow the attachment parenting style, hyperscheduling, and those who do *Babywise*. In which homes do you observe order, peace and tranquility? Observe the marriages as well as the children. Is mom in a perpetual state of exhaustion? Is dad sleeping on the couch? What is family life like when a child is six, twelve, and eighteen months? Is mom stressed, exhausted, frustrated or insecure? Is the baby stressed, exhausted, frustrated or insecure? Who is sleeping and where?

The best evaluation of any parenting philosophy, including *Babywise*, is not found in the reasoning or the logic of the hypothesis. End results speak clearly. Let your eyes confirm what works and what doesn't. You will be most confident in your parenting when you see the desired results lived out in other families.

Copyright 1998, Used by permission